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June 12, 1998

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Presidential Documents

Title 3—

The President

Executive Order 13088 of June 9, 1998

Blocking Property of the Governments of the Federal Republic of Yugoslavia (Serbia and Montenegro), the Republic of Serbia, and the Republic of Montenegro, and Prohibiting New Investment in the Republic of Serbia in Response to the Situation in Kosovo

By the authority vested in me as President by the Constitution and the laws of the United States of America, including the International Emergency Economic Powers Act (IEEPA) (50 U.S.C. 1701 *et seq.*), the National Emergencies Act (50 U.S.C. 1601 *et seq.*), and section 301 of title 3, United States Code,

I, WILLIAM J. CLINTON, President of the United States of America, find that the actions and policies of the Governments of the Federal Republic of Yugoslavia (Serbia and Montenegro) and the Republic of Serbia with respect to Kosovo, by promoting ethnic conflict and human suffering, threaten to destabilize countries of the region and to disrupt progress in Bosnia and Herzegovina in implementing the Dayton peace agreement, and therefore constitute an unusual and extraordinary threat to the national security and foreign policy of the United States, and hereby declare a national emergency to deal with that threat.

I hereby order:

Section 1. (a) Except to the extent provided in section 2 of this order, section 203(b) of IEEPA (50 U.S.C. 1702(b)), and in regulations, orders, directives, or licenses that may hereafter be issued pursuant to this order, all property and interests in property of the Governments of the Federal Republic of Yugoslavia (Serbia and Montenegro), the Republic of Serbia, and the Republic of Montenegro that are in the United States, that hereafter come within the United States, or that are or hereafter come within the possession or control of United States persons, including their overseas branches, are hereby blocked.

(b) The blocking of property and property interests in paragraph (a) of this section includes the prohibition of financial transactions with, including trade financing for, the Governments of the Federal Republic of Yugoslavia (Serbia and Montenegro), the Republic of Serbia, and the Republic of Montenegro by United States persons.

Sec. 2. Nothing in section 1 of this order shall prohibit financial transactions, including trade financing, by United States persons within the territory of the Federal Republic of Yugoslavia (Serbia and Montenegro) if (a) conducted exclusively through the domestic banking system within the Federal Republic of Yugoslavia (Serbia and Montenegro) in local currency (dinars), or (b) conducted using bank notes or barter.

Sec. 3. Except as otherwise provided in regulations, orders, directives, or licenses that may hereafter be issued pursuant to this order, all new investment by United States persons in the territory of the Republic of Serbia, and the approval or other facilitation by United States persons of other persons' new investment in the territory of the Republic of Serbia, are prohibited.

Sec. 4. Any transaction by a United States person that evades or avoids, or has the purpose of evading or avoiding, or attempts to violate, any of the prohibitions set forth in this order is prohibited.

Sec. 5. For the purposes of this order:

(a) The term ''person'' means an individual or entity;

(b) The term ''entity'' means a partnership, association, trust, joint venture, corporation, or other organization;

(c) The term ''new investment'' means (i) the acquisition of debt or equity interests in, (ii) a commitment or contribution of funds or other assets to, or (iii) a loan or other extensionof credit to, a public or private undertaking, entity, or project, including the Government of the Republic of Serbia, other than donations of funds for purely humanitarian purposes to charitable organizations;

(d) The term ''United States person'' means any United States citizen, permanent resident alien, juridical person organized under the laws of the United States (including foreign branches), or any person in the United States;

(e) The term ''Government of the Federal Republic of Yugoslavia (Serbia and Montenegro)'' means the government of the Federal Republic of Yugoslavia (Serbia and Montenegro), its agencies, instrumentalities, and controlled entities, including all financial institutions and state-owned and socially owned entities organized or located in the Federal Republic of Yugoslavia (Serbia and Montenegro) as of June 9, 1998, any successors to such entities, and their respective subsidiaries and branches, wherever located, and any persons acting or purporting to act for or on behalf of any of the foregoing;

(f) The term ''Government of the Republic of Serbia'' means the government of the Republic of Serbia, including any subdivisions thereof or local governments therein, its agencies, instrumentalities, and controlled entities, including all financial institutions and state-owned and socially owned entities organized or located in the Republic of Serbia as of June 9, 1998, any successors to such entities, and their respective subsidiaries and branches, wherever located, and any persons acting or purporting to act for or on behalf of any of the foregoing;

(g) The term ''Government of the Republic of Montenegro'' means the government of the Republic of Montenegro, including any subdivisions thereof or local governments therein, its agencies, instrumentalities, and controlled entities, including all financial institutions and state-owned and socially owned entities organized or located in the Republic of Montenegro as of June 9, 1998, any successors to such entities, and their respective subsidiaries and branches, wherever located, and any persons acting or purporting to act for or on behalf of any of the foregoing.

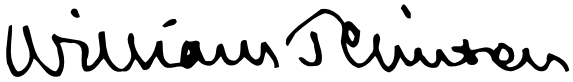
Sec. 6. The Secretary of the Treasury, in consultation with the Secretary of State, is hereby authorized to take such actions, including the promulgation of rules and regulations, and to employ all powers granted to me by the International Emergency Economic Powers Act, as may be necessary to carry out the purposes of this order. The Secretary of the Treasury may redelegate any of these functions to other officers and agencies of the United States Government, all agencies of which are hereby directed to take all appropriate measures within their authority to carry out the provisions of this order, including suspension or termination of licenses or other authorizations in effect as of the effective date of this order.

Sec. 7. The Secretary of the Treasury, in consultation with the Secretary of State, shall give special consideration to the circumstances of the Government of the Republic of Montenegro and persons located in and organized under the laws of the Republic of Montenegro in the implementation of this order.

Sec. 8. Nothing contained in this order shall confer any substantive or procedural right or privilege on any person or organization, enforceable against the United States, its agencies or its officers.

Sec. 9. (a) This order is effective at 12:01 a.m. eastern daylight time on June 10, 1998.

(b) This order shall be transmitted to the Congress and published in the **Federal Register**.



THE WHITE HOUSE,
June 9, 1998.

[FR Doc. 98–15888
Filed 6–11–98; 8:45 am]
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Rules and Regulations

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

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DEPARTMENT OF JUSTICE

8 CFR Parts 214 and 299

[INS No. 1328–98]

RIN 1115–AB52

Nonimmigrant Classes; NATO–1, NATO–2, NATO–3, NATO–4, NATO–5, NATO–6, NATO–7; Control of Employment of Aliens

AGENCY: Immigration and Naturalization Service, Justice.

ACTION: Final rule.

SUMMARY: This rule amends the regulation of the Immigration and Naturalization Service (Service) governing employment authorization procedures for certain dependents of principal aliens admitted into the United States as representatives, officials, and employees of the North Atlantic Treaty Organization (NATO). This amended regulation is necessary to provide procedures that recognize the significant diplomatic and international considerations involved in NATO matters and to expand and secure employment opportunities on the basis of reciprocity for dependents of United States military personnel and certain Department of Defense (Defense) civilian personnel stationed in NATO member countries.

EFFECITVE DATE: This rule is effective August 11, 1998.

FOR FURTHER INFORMATION CONTACT: Katharine Auchincloss-Lorr, Adjudications Officer, Immigration and Naturalization Service, 425 I Street, NW., Room 3214, Washington, DC 20536, Telephone (202) 514–5014.

SUPPLEMENTARY INFORMATION:

Background

On February 7, 1994, the Service published a proposed rule in the **Federal Register** at 59 FR 5533 for the purpose of revising the regulations at 8 CFR 214.2(s) governing employment authorization procedures for certain dependents of principal nonimmigrant aliens admitted to the United States as employees, officials, and representatives of NATO member countries and classified as NATO–1, NATO–2, NATO–3, NATO–4, NATO–5, and NATO–6 nonimmigrants. In recognition of the diplomatic and international concerns involved in NATO matters, the proposed rule paralleled to the extent possible existing regulations providing employment authorization procedures for dependents of foreign government diplomats, officials, and employees assigned to official duty in the United States and classified as A–1 and A–2 nonimmigrants and their A–3 servants.

Although public comments were solicited, the Service received none. This final rule is identical to the proposed rule except as discussed in the section of the preamble entitled Changes from the proposed rule. The Department of State (State), Defense, and the Office of NATO's Supreme Allied Commander, Atlantic (SACLANT) have collaborated closely with the Service in developing this rule.

This final rule applies to certain dependents of NATO military personnel, who typically serve a 3-year tour-of-duty with SACLANT, the major NATO command headquarters in Norfolk, Virginia. It also applies to: (1) Certain dependents of NATO civilian employees and officials who work at SACLANT for extended periods; and (2) certain dependents of NATO personnel stationed in other locations in the United States.

This final rule is being published in order to expand and secure employment opportunities on the basis of reciprocity for dependents of United States military personnel and certain Defense civilian personnel stationed in NATO member countries. All parties which collaborated in the drafting of this rule agree that expanding employment opportunities in the United States for NATO–1 through NATO–6 dependents will further this goal. The previous regulation enabled a dependent of a NATO principal nonimmigrant to apply for employment authorization in the United States only if he or she were covered under the terms of a bilateral agreement. (See 8 CFR 214.2(s)(3))

This final rule expands eligibility to apply for employment authorization to certain dependents of NATO–1, NATO–2, NATO–3, NATO–4, NATO–5, and NATO–6 nonimmigrants covered by the terms of *de facto* arrangements. A *de facto* arrangement exists when the United States Government determines that a foreign country allows appropriate employment ''on the local economy'' for certain dependents of Untied States Government personnel assigned to official duty in that foreign country. Based on that determination, certain dependents of foreign government personnel assigned to official duty in the United States may apply for employment authorization reciprocally. This final rule provides for such benefits to the extent that *de facto* privileges are continued or established in NATO member states for dependents of United States military personnel and certain Defense civilian personnel.

This final rule recognizes the importance to United States families of the freedom to work ''on the economy'' abroad. This regulation attempts to alleviate the stresses on military family life occasioned by the high cost of living in some countries where United States personnel are stationed and the limited number of jobs available on United States bases abroad, coupled with household moves every few years which disrupt a dependent's career and which are exacerbated if a dependent is barred from employment overseas.

This final rule parallels, as much as possible, the regulations governing ''A'' and ''G'' nonimmigrants. For example, the NATO–7 classification contains periods for admission and extension of stay that are parallel to the A–3 classification. The definitions used (for example, of the words ''dependent'' and ''*de facto*'') also parallel the definitions used in those regulations. Like the ''A'' and ''G'' regulations, this regulation extends the period for dependent employment authorization up to 3 years and requires that NATO dependents must pay taxes and Social Security on their earnings.

Similarly, like the ''A'' and ''G'' regulations, the regulations at 8 CFR 214.2(s)(2)(v) and (5)(vi) authorizes NATO dependent employment procedures for sons and daughters who are physically or mentally disabled to the extent that they cannot adequately care fore themselves or cannot establish, maintain, or reestablish their own households.

Effect of Engaging in Unauthorized Employment

The Service is responsible for enforcing the requirements of section 274A of the Act (employer sanctions). Employers who knowingly hire or knowingly continue to employ unauthorized aliens are subject to civil monetary penalties under section 274A of the Act. Like ''A'' and ''G'' nonimmigrants, NATO aliens may not engage in employment outside the scope of their specific authorization. NATO principal aliens may work only for NATO in accordance with 8 CFR 274a.12(b)(17). (For the purpose of that section, employment by NATO includes employment by a NATO Member State.) NATO dependents, in turn, may engage in only the specific employment authorized by an approved application filed in accordance with 8 CFR 214.2(s)(5).

The Operations Instructions for ''A'' and ''G'' nonimmigrants provide that, when it comes to the attention of the Service that an ''A'' or ''G'' alien is engaged in unauthorized employment, the Service shall notify the employer and the alien that the employment is unauthorized. See OI 214.2(a)(10) and (g)(10). Such procedures shall now apply to NATO aliens who engage in unauthorized employment as well.

In this regard, as in the case of an ''A'' and ''G'' alien, if a NATO alien is engaged in unauthorized employment, the local Service office will create an A-file and a full report documenting all aspects of the unauthorized employment, with the details provided in the Operating Instructions for ''A'' and ''G'' aliens. This report will be forwarded expeditiously through Service channels to Headquarters, where it will be forwarded to the Office of the Secretary of Defense. Subsequently, if Defense notifies the Service in writing that the alien no longer is entitled to NATO status, the Service may initiate appropriate action, including removal proceedings, on the basis of the unauthorized employment. If, however, Defense notifies the Service in writing that it continues to recognize the alien as entitled to NATO classification, the Service will be precluded from taking removal action against the alien as long as the alien remains in NATO status. However, the alien's unauthorized employment shall be considered as a violation of status under 8 CFR 214.1(e). Therefore, applications for change of nonimmigrant classification or adjustment of status by a NATO alien who has engaged in unauthorized employment are deniable based on the alien's violation of status.

Changes From the Proposed Rule

8 CFR 214.2(s)(10) and 8 CFR 274a.12(c)(7)

The paragraph of the proposed rule at 8 CFR 214.2(s)(10) discussed dependents of NATO–7 principal nonimmigrants. The regulation at 8 CFR 214.2(a)(9) governing ''A'' nonimmigrants precludes employment by A–3 dependents. To ensure conformity with the regulations for ''A'' nonimmigrants, the proposed rule sought to amend 8 CFR 274a.12(c)(7) to eliminate future grants of employment authorization for NATO–7 dependents, but would have allowed those NATO–7 dependents currently with employment authorization to continue until the expiration of such authorization. The Service has determined not to amend 8 CFR 274a.12(c)(7) at this time in order to address all issues relating to employment authorization in a separate regulation on that subject. Accordingly, proposed 8 CFR 214.2(s)(10) has also been deleted. Current 8 CFR 274a.12(c)(7) continues to authorize NATO dependent employment for all NATO 1–7 dependents only upon issuance of a Service employment authorization document (EAD). NATO–7 dependents with EADs will continue to be work authorized until the expiration of the EAD, but this final rule does not authorize the Service to issue new EADs to NATO–7 dependents.

This rule also eliminates a sentence in 8 CFR 214.2(s)(2)(iv) in the proposed rule which referenced State's advice that the bilateral agreements with Canada, Denmark, Norway, and France permit the employment of unmarried sons and daughters under the age of 25 in full-time attendance at post-secondary educational institutions. These are the four countries covered by such agreements at present, but it is unnecessary to list them in the regulation.

This final rule also eliminates references to any jurisdictional immunities because NATO personnel enjoy no such immunities by virtue of the NATO treaties.

Use of Form I–566

The requirement in the proposed rule, at 8 CFR 214.2(s)(5), Application procedures, that a dependent applicant for employment authorization submit a letter certified by SACLANT or Defense, is replaced in this final rule by the requirement to submit a completed revised Form I–566, Inter-Agency Record of Individual Requesting Change/Adjustment to, or from, ''A'' or ''G'' Status; or requesting ''A'' or ''G'' Dependent Employment Authorization. The revised Form I–566 is implemented with the publication of this regulation.

Previously, Form I–566 was used exclusively by both the Service and State in adjudicating applications relating to diplomats, officials, and representatives of foreign governments and international organizations in ''A'' and ''G'' nonimmigrant classification; it was not used for NATO-related purposes. As revised, Form I–566 includes provisions for identifying the NATO dependent applicant for employment authorization and the principal NATO nonimmigrant from whom the dependent's status is derived. NATO will provide direct certification of requests by NATO dependents for employment authorization on the revised Form I–566, just as State provides direct certification of such requests by dependents of ''A'' and ''G'' nonimmigrants. Use of a standard Form I–566, rather than certification letters, ensures that the Service adjudication can proceed uniformly and efficiently, without delay occasioned by lack of essential information. Use of Form I–566 also ensures the objective of this regulation to achieve uniformity with the employment application procedures available for ''A'' and ''G'' nonimmigrants.

It should be emphasized that, under this rule, Form I–566 may not be used for other NATO-related purposes, such as change of status to a NATO classification or adjustment to lawful permanent residence. Nonimmigrant aliens in the United States cannot change into NATO classification by means of an application to the Service; such classification is secured from NATO and demonstrated by the personal identity card issued by the sending state of the individual or collective movement order. The exemption from passport and visa requirements provided in 8 CFR 235.1(c) and in 22 CFR 41.1 (d) and (e) (see also the Foreign Affairs Manual at 41.1, Note 1 and 2) for armed services personnel of NATO members does not extend to the dependents of such members or the members of a civilian component and their dependents. NATO aliens seeking to adjust status must use the Form I–485. Requests by NATO nonimmigrants to change to another nonimmigrant status or to adjust to lawful permanent residence will continue to be handled as routine nonimmigrant matters, without use of Form I–566 or any certification of

NATO review on that form prior to INS adjudication.

Reflecting the decision to require a certified Form I–566 rather than a certification letter, much of the language at paragraph (5) of the proposed regulation has been deleted. The final regulation simply requires the applicant to provide the information required by the Form I–566.

8 CFR 214.2(s)(4)

The proposed rule stated that the applicability of a formal bilateral agreement shall be based on the NATO Member State which employs the principal alien and not on the nationality of the principal alien or dependent. The applicability of an informal de facto arrangement shall be based on the NATO Member State which employs the principal alien, and the principal alien must also be a national of the NATO Member State which employs him or her in the United States. Employees of NATO (SACLANT) receive dependent employment privileges based upon the nationality of the principal NATO employee. This arrangement has been retained, and clarified, in the final rule.

Other Changes

In addition, the Service has made a number of non-substantive corrections and improvements to the proposed rule which are not specifically discussed in this Supplementary Information, such as clarifying the description of NATO and describing more thoroughly the NATO–1 through NATO–5 categories in the background.

Regulatory Flexibility Act

The Commissioner of the Immigration and Naturalization Service, in accordance with the Regulatory Flexibility Act (5 U.S.C. 605(b)), has reviewed this regulation and certifies that the rule will not have a significant economic impact on a substantial number of small entities. This rule primarily affects applications for employment which can only be filed by a limited number of individuals who are NATO dependents.

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 million or more in any 1 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.

Small Business Regulatory Enforcement Fairness Act of 1996

This rule is not a major rule as defined by section 804 of the Small Business Regulatory Enforcement Act of 1996. This rule will not result in an annual effect on the economy of $100 million or more; a major increase in costs or prices; or significant adverse effects on competition, employment, investment, productivity, innovation, or on the ability of United States-based companies to compete with foreign-based companies in domestic and export products.

Executive Order 12866

This rule is not considered by the Department of Justice, Immigration and Naturalization Service, to be a ''significant regulatory action'' under Executive Order 12866, § 3(f), Regulatory Planning and Review, and the Office of Management and Budget has waived its review process under section 6(a)(3)(A).

Exeucitive Order 12612

The regulations proposed herein will not have substantial direct effects on the States, on the relationship between the National Government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

Executive Order 12988 Civil Justice Reform

This rule meets the applicable standards set forth in sections 3(a) and 3(b)(2) of E.O. 12988.

Paperwork Reduction Act

The information collection requirements contained in this rule have been cleared by the Office of Management and Budget (OMB) under the provisions of the Paperwork Reduction Act. Clearance numbers for these collections are contained in 8 CFR 299.5, Display of Control Numbers.

List of Subjects

8 CFR Part 214

Administrative practice and procedure, Aliens, Authority delegation (Government agencies), Employment.

8 CFR Part 299

Immigration, Reporting and recordkeeping requirements.

Accordingly, chapter I of title 8 of the Code of Federal Regulations is amended as follows:

PART 214—NONIMMIGRANT CLASSES

1. The authority citation for part 214 continues to read as follows:

Authority: 8 U.S.C. 1101, 1103, 1182, 1184, 1186a; 8 CFR part 2.

2. In § 214.2, paragraph (s) is revised to read as follows:

§ 214.2 Special requirements for admission, extension, and maintenance of status.

* * * * *

(s) *NATO nonimmigrant aliens*—(1) *General*—(i) *Background.* The North Atlantic Treaty Organization (NATO) is constituted of nations signatory to the North Atlantic Treaty. The Agreement Between the Parties to the North Atlantic Treaty Regarding the Status of Their Forces, signed in London, June 1951 (NATO Status of Forces Agreement), is the agreement between those nations that defines the terms of the status of their armed forces while serving abroad.

(A) Nonimmigrant aliens classified as NATO–1 through NATO–5 are officials, employees, or persons associated with NATO, and members of their immediate families, who may enter the United States in accordance with the NATO Status of Forces Agreement or the Protocol on the Status of International Military Headquarters set up pursuant to the North Atlantic Treaty (Paris Protocol). The following specific classifications shall be assigned to such NATO nonimmigrants:

(*1*) NATO–1—A principal permanent representative of a Member State to NATO (including any of its subsidiary bodies) resident in the United States and resident members of permanent representative's official staff; Secretary General, Deputy Secretary General, Assistant Secretaries General and Executive Secretary of NATO; other permanent NATO officials of similar rank; and the members of the immediate family of such persons.

(*2*) NATO–2—Other representatives of Member States to NATO (including any of its subsidiary bodies) including representatives, advisers and technical experts of delegations, and the members of the immediate family of such persons; dependents of members of a force entering in accordance with the provisions of the NATO Status of Forces Agreement or in accordance with the provisions of the Paris Protocol; members of such a force, if issued visas.

(*3*) NATO–3—Official clerical staff accompanying a representative of a

Member State to NATO (including any of its subsidiary bodies) and the members of the immediate family of such persons.

(*4*) NATO–4—Officials of NATO (other than those classifiable under NATO–1) and the members of their immediate family

(*5*) NATO–5—Experts, other than NATO officials classifiable under NATO–4, employed on missions on behalf of NATO and their dependents.

(B) Nonimmigrant aliens classified as NATO–6 are civilians, and members of their immediate families, who may enter the United States as employees of a force entering in accordance with the NATO Status of Forces Agreement, or as members of a civilian component attached to or employed by NATO Headquarters, Supreme Allied Commander, Atlantic (SACLANT), set up pursuant to the Paris Protocol.

(C) Nonimmigrant aliens classified as NATO–7 are attendants, servants, or personal employees of nonimmigrant aliens classified as NATO–1, NATO–2, NATO–3, NATO–4, NATO–5, and NATO–6, who are authorized to work only for the NATO–1 through NATO–6 nonimmigrant from whom they derive status, and members of their immediate families.

(ii) *Admission and extension of stay.* NATO–1, NATO–2, NATO–3, NATO–4, and NATO–5 aliens are normally exempt from inspection under 8 CFR 235.1(c). NATO–6 aliens may be authorized admission for duration of status. NATO–7 aliens may be admitted for not more than 3 years and may be granted extensions of temporary stay in increments of not more than 2 years. In addition, an application for extension of temporary stay for a NATO–7 alien must be accompanied by a statement signed by the employing official stating that he or she intends to continue to employ the NATO–7 applicant, describing the work the applicant will perform, and acknowledging that this is, and will be, the sole employment of the NATO–7 applicant.

(2) *Definition of a dependent of a NATO–1, NATO–2, NATO–3, NATO–4, NATO–5, or NATO–6.* For purposes of employment in the United States, the term *dependent* of a NATO–1, NATO–2, NATO–3, NATO–4, NATO–5, or NATO–6 principal alien, as used in this section, means any of the following immediate members of the family habitually residing in the same household as the NATO–1, NATO–2, NATO–3, NATO–4, NATO–5, or NATO–6 principal alien assigned to official duty in the United States:

(i) Spouse;

(ii) Unmarried children under the age of 21;

(iii) Unmarried sons or daughters under the age of 23 who are in full-time attendance as students at post-secondary educational institutions;

(iv) Unmarried sons or daughters under the age of 25 who are in full-time attendance as students at post-secondary educational institutions if a formal bilateral employment agreement permitting their employment in the United States was signed prior to November 21, 1988, and such bilateral employment agreements do not specify under the age of 23 as the maximum age for employment of such sons and daughters;

(v) Unmarried sons or daughters who are physically or mentally disabled to the extent that they cannot adequately care for themselves or cannot establish, maintain, or re-establish their own households. The Service may require medical certification(s) as it deems necessary to document such mental or physical disability.

(3) *Dependent employment requirements based on formal bilateral employment agreements and informal de facto reciprocal arrangements*—(i) *Formal bilateral employment agreements.* The Department of State's Family Liaison office (FLO) shall maintain all listing of NATO Member States which have entered into formal bilateral employment agreements that include NATO personnel. A dependent of a NATO–1, NATO–2, NATO–3, NATO–4, NATO–5, or NATO–6 principal alien assigned to official duty in the United States may accept, or continue in, unrestricted employment based on such formal bilateral agreement upon favorable recommendation by SACLANT, pursuant to paragraph (s)(5) of this section, and issuance of employment authorization documentation by the Service in accordance with 8 CFR part 274a. The application procedures are set forth in paragraph (s)(5) of this section.

(ii) *Informal de facto reciprocal arrangements.* For purposes of this section, an informal de facto reciprocal arrangement exists when the Office of the Secretary of Defense, Foreign Military Rights Affairs (OSD/FMRA), certifies, with State Department concurrence, that a NATO Member State allows appropriate employment in the local economy for dependents of members of the force and members of the civilian component of the United States assigned to duty in the NATO Member State. OSD/FMRA and State's FLO shall maintain a listing of countries with which such reciprocity exists. Dependents of a NATO–1, NATO–2, NATO–3, NATO–4, NATO–5, or NATO–6 principal alien assigned to official duty in the United States may be authorized to accept, or continue in, employment based upon informal de facto arrangements upon favorable recommendation by SACLANT, pursuant to paragraph (s)(5) of this section, and issuance of employment authorization by the Service in accordance with 8 CFR part 274a. Additionally, the application procedures set forth in paragraph (s)(5) of this section must be complied with, and the following conditions must be met:

(A) Both the principal alien and the dependent requesting employment are maintaining NATO–1, NATO–2, NATO–3, NATO–4, NATO–5, or NATO–6 status, as appropriate;

(B) The principal alien's total length of assignment in the United States is expected to last more than 6 months;

(C) Employment of a similar nature for dependents of members of the force and members of the civilian component of the United States assigned to official duty in the NATO Member State employing the principal alien is not prohibited by the NATO Member State;

(D) The proposed employment is not in an occupation listed in the Department of Labor's Schedule B (20 CFR part 656), or otherwise determined by the Department of Labor to be one for which there is an oversupply of qualified United States workers in the area of proposed employment. This Schedule B restriction does not apply to a dependent son or daughter who is a full-time student if the employment is part-time, consisting of not more than 20 hours per week, of if it is temporary employment of not more than 12 weeks during school holiday periods; and

(E) The proposed employment is not contrary to the interest of the United States. Employment contrary to the interest of the United States includes, but is not limited to, the employment of NATO–1, NATO–2, NATO–3, NATO–4, NATO–5, or NATO–6 dependents who have criminal records; who have violated United States immigration laws or regulations, or visa laws or regulations; who have worked illegally in the United States; or who cannot establish that they have paid taxes and social security on income from current or previous United States employment.

(iii) State's FLO shall inform the Service, by contacting Headquarters, Adjudications, Attention: Chief, Business and Trade Services Branch, 425 I Street, NW., Washington, DC 20536, of any additions or changes to the formal bilateral employment

agreements and informal de facto reciprocal arrangements.

(4) *Applicability of a formal bilateral agreement or an informal de facto arrangement for NATO–1, NATO–2, NATO–3, NATO–4, NATO–5, or NATO–6 dependents.* The applicability of a formal bilateral agreement shall be based on the NATO Member State which employs the principal alien and not on the nationality of the principal alien or dependent. The applicability of an informal de facto arrangement shall be based on the NATO Member State which employs the principal alien, and the principal alien also must be a national of the NATO Member State which employs him or her in the United States. Dependents of SACLANT employees receive bilateral agreement or de facto arrangement employment privileges as appropriate based upon the nationality of the SACLANT employee (principal alien).

(5) *Application procedures.* The following procedures are required for dependent employment applications under bilateral agreements and de facto arrangements:

(i) The dependent of a NATO alien shall submit a complete application for employment authorization, including Form I–765 and Form I–566, completed in accordance with the instructions on, or attached to, those forms. The complete application shall be submitted to SACLANT for certification of the Form I–566 and forwarding to the Service.

(ii) In a case where a bilateral dependent employment agreement containing a numerical limitation on the number of dependents authorized to work is applicable, the certifying officer of SACLANT shall not forward the application for employment authorization to the Service unless, following consultation with State's Office of Protocol, the certifying officer has confirmed that this numerical limitation has not been reached. The countries with such limitations are indicated on the bilateral/de facto dependent employment listing issued by State's FLO.

(iii) SACLANT shall keep copies of each application and certified Form I–566 for 3 years from the date of the certification.

(iv) A dependent applying under the terms of a de facto arrangement must also attach a statement from the prospective employer which includes the dependent's name, a description of the position offered, the duties to be performed, the hours to be worked, the salary offered, and verification that the dependent possesses the qualifications for the position.

(v) A dependent applying under paragraph (s)(2) (iii) or (iv) of this section must also submit a certified statement from the post-secondary educational institution confirming that he or she is pursuing studies on a full-time basis.

(vi) A dependent applying under paragraph (s)(2)(v) of this section must also submit medical certification regarding his or her condition. The certification should identify both the dependent and the certifying physician, give the physician's phone number, identify the condition, describe the symptoms, provide a clear prognosis, and certify that the dependent is unable to maintain a home of his or her own.

(vii) The Service may require additional supporting documentation, but only after consultation with SACLANT.

(6) *Period of time for which employment may be authorized.* If approved, an application to accept or continue employment under this paragraph shall be granted in increments of not more than 3 years.

(7) *Income tax and Social Security liability.* Dependents who are granted employment authorization under this paragraph are responsible for payment of all Federal, state, and local income taxes, employment and related taxes and Social Security contributions on any remuneration received.

(8) *No appeal.* There shall be no appeal from a denial of permission to accept or continue employment under this paragraph.

(9) *Unauthorized employment.* An alien classified as a NATO–1, NATO–2, NATO–3, NATO–4, NATO–5, NATO–6, or NATO–7 who is not a NATO principal alien and who engages in employment outside the scope of, or in a manner contrary to, this paragraph may be considered in violation of status pursuant to section 237(a)(1)(C)(i) of the Act. A NATO principal alien in those classifications who engages in employment outside the scope of his or her official position may be considered in violation of status pursuant to section 237(a)(1)(C)(i) of the Act.

* * * * *

PART 299—IMMIGRATION FORMS

3. The authority citation for Part 299 continues to read as follows:

Authority: 8 U.S.C. 1101, 1103; 8 CFR part 2.

4. Section 299.1 is amended by revising the entry to the form ''I–566'' to read as follows:

§ 299.1 Prescribed forms.

* * * * *

Form no.	Edition date	Title
*	*	*
I–566	10–15–96	Inter-Agency Record of Individual Requesting Change/Adjustment to, or from, A or G status; or Requesting A, G or NATO Dependent Employment Authorization.
*	*	*

Dated April 15, 1998.

Doris Meissner,

Commissioner, Immigration and Naturalization Service.

[FR Doc. 98–15689 Filed 6–11–98; 8:45 am]

BILLING CODE 4410–10–M

DEPARTMENT OF AGRICULTURE

Animal and Plant Health Inspection Service

9 CFR Part 71

[Docket No. 97–099–2]

EIA; Handling Reactors at Livestock Markets

AGENCY: Animal and Plant Health Inspection Service, USDA.

ACTION: Final rule.

SUMMARY: We are amending the regulations pertaining to livestock facilities under State or Federal veterinary supervision to require that any livestock facility accepting horses classified as reactors to equine infectious anemia must quarantine these animals at all times at least 200 yards from all equines that are not reactors to this disease. Currently, livestock facilities accepting reactors to equine infectious anemia are required to quarantine the reactors that will remain at the facility for longer than 24 hours at least 200 yards away from all other animals. This rule will help to prevent the interstate spread of equine infectious anemia, a contagious, vector-borne disease affecting equines.

EFFECTIVE DATE: July 13, 1998.

FOR FURTHER INFORMATION CONTACT: Dr. Tim Cordes, Senior Staff Veterinarian, National Animal Health Programs, VS, APHIS, 4700 River Road Unit 43, Riverdale, MD 20737–1231, (301) 734–3279.

SUPPLEMENTARY INFORMATION:

Background

The regulations in subchapter C, ''Interstate Transportation of Animals (Including Poultry) and Animal Products,'' of chapter I, title 9, of the Code of Federal Regulations contain provisions designed by the Animal and Plant Health Inspection Service (APHIS) to prevent the dissemination of animal diseases in the United States. Part 71 of subchapter C includes general provisions. Section 71.20 pertains to APHIS approval of livestock facilities, which include stockyards, livestock markets, buying stations, concentration points, or any other premises under State or Federal veterinary supervision where livestock are assembled. Section 71.20(a) includes an agreement that livestock facilities must execute to obtain APHIS approval. According to the agreement, any approved livestock facility that elects to accept horses that are reactors to equine infectious anemia (EIA) must place EIA reactors in a quarantine pen at least 200 yards from any non-EIA-reactor horses and other animals, unless the EIA reactors will be moving out of the facility within 24 hours of arrival. (According to the definitions in § 71.1, ''horses'' includes ''horses, asses, mules, ponies, and zebras.'' Throughout this document, the same definition applies.)

EIA is a contagious, potentially fatal disease affecting horses that is spread by infected blood coming into contact with the blood in a healthy animal. Therefore, humans can spread EIA from horse to horse through unsafe vaccination or blood-testing practices; naturally, the disease is spread by insect vectors. Although, theoretically, EIA could be spread by any type of blood-consuming insect, such as mosquitoes and deer flies, the disease is generally spread by large horse flies. EIA spreads when a blood-consuming insect is interrupted during a feeding on an infected animal and then resumes feeding on an uninfected animal while the infected blood is still on the insect's mouthparts. While mosquitoes have finely structured mouthparts that directly penetrate small blood vessels, the mouthparts of horse flies and deer flies include scissorlike blades that cut and slash the horse's skin leaving relatively large amounts of blood on the mouthparts. Research has shown that deer flies and smaller species of horse flies are not as easily disrupted from their bloodmeals on horses as are large horse flies. The large flies cause painful bites that trigger a physiological response from the horse. If disrupted by the horse while feeding, the horse fly may then move to another horse to complete the bloodmeal.[1]

Regulations pertaining to the interstate movement of animals affected with EIA are located in 9 CFR part 75. According to these regulations, EIA reactors may be moved interstate only for immediate slaughter, to a diagnostic or research facility, to the animal's home farm, or to an approved stockyard for sale for immediate slaughter. Approximately 1,500 horses in the United States test positive for EIA each year. Currently, an estimated 40 percent of these animals move through livestock markets on their way to slaughter.

On January 27, 1998, we published in the **Federal Register** (63 FR 3849–3851, Docket No. 97–099–1) a proposal to amend the regulations at § 71.20(a). Because EIA is transmitted by horse flies that feed on the blood of horses, allowing healthy horses to come into close contact with EIA reactors for any length of time could allow for infection of the healthy horses. Therefore, we proposed to remove the exemption from the quarantine requirement for EIA reactors that will be in an approved livestock facility for fewer than 24 hours. We also proposed to remove the requirement that EIA reactors be quarantined at least 200 yards away from nonequine animals because we no longer believe this requirement is necessary to prevent EIA transmission.

We solicited comments concerning our proposal for 60 days ending March 30, 1998. We received six comments by that date. They were from representatives of State departments of agriculture, organizations representing the veterinary profession, an equine industry association, and an organization that represents livestock auction markets and livestock dealers. Five of the comments supported the proposed rule as written. These commenters generally stated that the proposed rule would help to prevent the interstate spread of EIA and that APHIS should implement the proposed rule to help protect healthy horses from this disease. The concerns expressed by the one commenter not in favor of the proposed rule are discussed below.

The commenter stated that perhaps effective alternatives to the 200-yard separation requirement exist that were not considered by APHIS. The commenter raised questions about other control measures, such as using covered facilities to separate reactors and nonreactors, reducing the 200-yard separation requirement for horses not showing clinical signs of EIA, and using insecticide sprays to control the vector that transmits EIA. The commenter requested that the proposed rule be substantially altered or withdrawn for further consideration ''because much more information is needed on effective, practical control measures in the movement of EIA reactors through livestock markets.''

We disagree that such information is lacking. Separating EIA reactors from healthy horses by a distance of 200 yards is a scientifically proven and time-tested method of preventing EIA transmission by insect vector. This prevention measure is absolute; covered facilities and pesticides are only partial control measures. In regard to the suggestion to reduce the 200-yard separation requirement for horses not showing clinical signs of EIA, horses that are asymptomatic reactors are capable of spreading the disease.

The commenter also expressed concerns regarding two economic issues. The first was that markets with extremely limited land area will not be able to meet the 200-yard separation requirement and that this situation could have two effects: The number of livestock markets available to owners of EIA reactors would be limited, and livestock markets that cannot comply with the rule and that are near slaughter facilities will lose trade in EIA reactors to the slaughter facilities. The second concern was that this rule would give an unfair economic advantage to entities that compete with livestock markets because this rule would apply only to livestock markets and not other types of related businesses, such as independent buying stations.

In regard to the first concern, we believe that there are few livestock facilities that cannot comply with this rule because of a lack of adequate land area. Further, the effect of this rule on all livestock markets will be minimal. The number of EIA reactors moving through livestock markets annually is extremely small compared to the number of healthy horses and all other livestock combined that move through these markets. During the last decade, an average of 1,500 EIA reactors have been identified annually. We estimate that fewer than half of these animals are sent to slaughter. The business derived from the sale of EIA reactors to livestock markets is an extremely small percentage of the total business derived from the sale of all other U.S. livestock to these facilities.

In regard to the issue of this rule not applying to entities that compete with livestock markets, APHIS does not

[1] Information regarding research on EIA transmission may be obtained by contacting the person listed under **FOR FURTHER INFORMATION CONTACT**.

regulate intrastate movement of horses unless an extraordinary emergency is declared. Therefore, EIA reactors sold intrastate are normally outside of our jurisdiction. However, any facility that deals in EIA reactors sold interstate must be approved by APHIS and abide by this rule.

Therefore, based on the rationale set forth in the proposed rule and in this document, we are adopting the provisions of the proposal as a final rule without change.

Executive Order 12866 and Regulatory Flexibility Act

This rule has been reviewed under Executive Order 12866. The rule has been determined to be not significant for the purposes of Executive Order 12866 and, therefore, has not been reviewed by the Office of Management and Budget.

The regulations in 9 CFR part 71 require that any horses classified as EIA reactors and accepted by a facility for sale are to be placed in quarantine pens at least 200 yards from all non-EIA-reactor horses or other animals, unless moving out of the facility within 24 hours of arrival. This rule removes the ''less-than-24-hours'' exemption: Quarantine will be required regardless of the length of time between an EIA reactor's arrival and departure from a facility. This rule also amends the regulations by requiring that EIA reactors be quarantined at least 200 yards away from all horses that are not reactors, rather than at least 200 yards away from all other animals.

Facilities that buy and sell horses are included in the Small Business Administration's SIC (Standard Industrial Classification) category ''Livestock Services, Except Veterinary.'' Firms in this category with annual receipts of less than $5 million are considered small entities. It is likely that most, if not all, of the approximately 200 facilities that buy and sell horses are ''small'' under this definition.

Most facilities that buy and sell horses already have quarantine pens, in accordance with current regulations. The estimated 20 percent that do not have quarantine pens could build or modify existing pens for quarantine use at a relatively minor cost: APHIS estimates that, at most, construction of a quarantine pen would cost about $1,000.

However, costs of quarantine pen construction are not attributable to this rule because quarantine, per se, is not a new requirement. Only those facilities that accept EIA reactors and that in the past have always moved all EIA reactors within 24 hours of arrival would need to construct or modify pens for quarantine purposes as a consequence of this rule. As no facility can always be certain of movement of EIA reactors within 24 hours, no costs should be incurred strictly because of this rule. Moreover, by requiring all EIA reactors at approved livestock facilities to be quarantined, the horse industry in general will benefit from a further reduction in the risk of EIA transmission.

Under these circumstances, the Administrator of the Animal and Plant Health Inspection Service has determined that this action will not have a significant economic impact on a substantial number of small entities.

Executive Order 12372

This program/activity is listed in the Catalog of Federal Domestic Assistance under No. 10.025 and is subject to Executive Order 12372, which requires intergovernmental consultation with State and local officials. (See 7 CFR part 3015, subpart V.)

Executive Order 12988

This rule has been reviewed under Executive Order 12988, Civil Justice Reform. This rule: (1) Preempts all State and local laws and regulations that are in conflict with this rule; (2) has no retroactive effect; and (3) does not require administrative proceedings before parties may file suit in court challenging this rule.

Paperwork Reduction Act

This rule contains no information collection or recordkeeping requirements under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

List of Subjects in 9 CFR Part 71

Animal diseases, Livestock, Poultry and poultry products, Quarantine, Reporting and recordkeeping requirements, Transportation.

Accordingly, 9 CFR part 71 is amended as follows:

PART 71—GENERAL PROVISIONS

1. The authority citation for part 71 continues to read as follows:

Authority: 21 U.S.C. 111–113, 114a, 114a–1, 115–117, 120–126, 134b, and 134f; 7 CFR 2.22, 2.80, and 371.2(d).

§ 71.20 [Amended]

2. In § 71.20, paragraph (a), in the sample agreement, paragraph (16)(ii) is amended by removing the words ''or other animals, unless moving out of the facility within 24 hours of arrival.''

Done in Washington, DC, this 9th day of June 1998.

Charles P. Schwalbe,

Acting Administrator, Animal and Plant Health Inspection Service.

[FR Doc. 98–15749 Filed 6–11–98; 8:45 am]

BILLING CODE 3410–34–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 97–CE–110–AD; Amendment 39–10577; AD 98–12–23]

RIN 2120–AA64

Airworthiness Directives; British Aerospace Model H.P. 137 Jetstream Mk. 1, Jetstream Model 3101, Jetstream Model 3201, and Jetstream 200 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment adopts a new airworthiness directive (AD) that applies to certain British Aerospace (BAe) Model H.P. 137 Jetstream Mk. 1, Jetstream Model 3101, Jetstream Model 3201, and Jetstream 200 series airplanes. This AD requires replacing the windshield wiper arm attachment bolts and windshield wiper arm on all of the affected airplanes; and measuring the material thickness of the upper and lower toggle attachment brackets on the nose landing gear of the affected airplanes, and replacing the toggle attachment bracket lugs. This AD is the result of mandatory continuing airworthiness information (MCAI) issued by the airworthiness authority for the United Kingdom. The actions specified by this AD are intended to prevent the windshield wiper arm from corroding, detaching from the airplane during flight, and penetrating the fuselage, which could result in possible injury to the pilot and passengers; and to prevent collapse of the nose landing gear caused by design deficiency, which could result in loss of control of the airplane during landing operations.

DATES: Effective July 28, 1998.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of July 28, 1998.

ADDRESSES: Service information that applies to this AD may be obtained from British Aerospace Regional Aircraft., Prestwick International Airport, Ayrshire, KA9 2RW, Scotland;

telephone: (01292) 479888; facsimile: (01292) 479703. This information may also be examined at the Federal Aviation Administration (FAA), Central Region, Office of the Regional Counsel, Attention: Rules Docket No. 97–CE–110–AD, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106; or at the Office of the Federal Register, 800 North Capitol Street, NW, suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Mr. S. M. Nagarajan, Aerospace Engineer, Small Airplane Directorate, Aircraft Certification Service, FAA, 1201 Walnut, suite 900, Kansas City, Missouri 64106; telephone: (816) 426–6934; facsimile: (816) 426–2169.

SUPPLEMENTARY INFORMATION:

Events Leading to the Issuance of This AD

A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) to include an AD that would apply to certain BAe Model H.P. 137 Jetstream Mk. 1, Jetstream Model 3101, Jetstream Model 3201, and Jetstream 200 series airplanes was published in the **Federal Register** as a notice of proposed rulemaking (NPRM) on March 26, 1998 (63 FR 14656). The NPRM proposed to require replacing the windshield wiper arm and windshield wiper arm attachment bolt; and measuring the outer wall thickness of the nose landing gear (NLG) toggle bracket lugs and axle bracket lugs. The AD also proposed replacing the toggle bracket lugs and axle bracket lugs prior to further flight or at the end of their fatigue life limit, depending on the condition of the parts. Accomplishment of the proposed actions as specified in the NPRM would be in accordance with the following:

—Jetstream Series 3100/3200 Service Bulletin (SB) 30–JA 950641, which incorporates the following pages:

Pages	Revision level	Date
1	Revision 1	March 18, 1997.
2 through 8 ...	Revision 2	March 18, 1997.

This service bulletin specifies following the procedures provided in Rosemount Aerospace Inc. Service Bulletin No. 2314M–30–16, dated December, 1996;

—APPH Precision Hydraulics SB No. 32–66, which incorporates the following pages:

Pages	Revision level	Date
1, 3, 4, and 5	Revision 1	October 1996.
2 and 6	Revision 2	March 1997.

This service bulletin is referenced in Accomplishment Instructions section of Jetstream Series 3100/3200 Alert Service Bulletin No. 32–JA 960601, Original Issue: October 25, 1996, Revision No. 1: dated April 11, 1997.

The NPRM was the result of mandatory continuing airworthiness information (MCAI) issued by the airworthiness authority for the United Kingdom.

Interested persons have been afforded an opportunity to participate in the making of this amendment. No comments were received on the proposed rule or the FAA's determination of the cost to the public.

The FAA's Determination

After careful review of all available information related to the subject presented above, the FAA has determined that air safety and the public interest require the adoption of the rule as proposed except for minor editorial corrections. The FAA has determined that these minor corrections will not change the meaning of the AD and will not add any additional burden upon the public than was already proposed.

Cost Impact

The FAA estimates that 314 airplanes in the U.S. registry will be affected by the windshield wiper portion of this AD, that it will take approximately 2 workhours per airplane to accomplish the replacement required by this AD, and that the average labor rate is approximately $60 an hour. Parts will be provided at no cost. Based on these figures, the total cost impact for the windshield wiper portion of this AD on U.S. operators is estimated to be $37,680, or $120 per airplane.

The FAA estimates that 284 airplanes in the U.S. registry will be affected by the nose landing gear portion of this AD, that it will take approximately 2 workhours per airplane to accomplish the measurement required by this AD, and that the average labor rate is approximately $60 an hour. The cost impact only takes into account the cost of the initial inspection. The FAA has no way to determine the number of parts that may be found damaged or in need of replacement as a result of the initial inspection. Therefore, the FAA is not approximating the cost of parts or the workhours to accomplish a part replacement for this AD. Based on these figures, the total cost impact for the inspection of the nose landing gear portion of this AD on U.S. operators is estimated to be $34,080, or $120 per airplane.

Regulatory Impact

The regulations adopted herein will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this action (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A copy of the final evaluation prepared for this action is contained in the Rules Docket. A copy of it may be obtained by contacting the Rules Docket at the location provided under the caption **ADDRESSES**.

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

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

98–12–23 British Aerospace: Amendment 39–10577; Docket No. 97–CE–110–AD.

Applicability: Model H.P. 137 Jetstream Mk. 1, Jetstream Model 3101, Jetstream Model 3201, and Jetstream 200 series airplanes, all serial numbers, certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area

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

Compliance: Required as indicated in the body of this AD, unless already accomplished.

To prevent the windshield wiper arm from corroding, detaching from the airplane during flight, and penetrating the fuselage, which, if not corrected, could result in possible injury to pilot and passengers; and to prevent collapse of the nose landing gear caused by design deficiency, which could result in loss of control of the airplane during landing operations, accomplish the following:

(a) Within the next 90 days after the effective date of this AD, replace the windshield wiper arm and windshield wiper attachment bolt in accordance with the Accomplishment Instructions section in Jetstream Series 3100/3200 Service Bulletin (SB) 30–JA 950641, which incorporates the following pages:

Pages	Revision level	Date
1	Revision 1	March 18, 1997.
2 through 8 ...	Revision 2	March 18, 1997.

This service bulletin specifies following the procedures provided in the Accomplishment Instructions section of Rosemount Aerospace Inc. Service Bulletin No. 2314M–30–16, dated December 1996.

(b) Within the next 90 days after the effective date of this AD, measure the outer wall thickness of the nose landing gear (NLG) toggle bracket lugs and the axle bracket lugs in accordance with the Accomplishment Instructions in APPH Precision Hydraulics SB No. 32–66, which incorporates the following pages:

Pages	Revision level	Date
1, 3, 4, and 5	Revision 1	October 1996.
2 and 6	Revision 2	March 1997.

Note 2: The APPH SB is referenced in the Accomplishment Instructions in Jetstream Series 3100/3200 Alert Service Bulletin No. 32–JA 960601, Revision No. 1, April 11, 1997, Original Issue, October 25, 1996.

(1) Prior to further flight, replace the NLG toggle bracket lugs and axle bracket lugs, if the measurements of the outer wall thickness do not meet the criteria set out in the Table contained in paragraph B. (5) of the Accomplishment Instructions section in APPH Precision Hydraulics SB No. 32–66, as referenced in paragraph (b) of this AD.

(2) If the measurements of the outer wall thickness are within the criteria set out in the Table contained in paragraph B. (5) of the Accomplishment Instructions section in APPH Precision Hydraulics SB 32-66, as referenced in paragraph (b) of this AD, replace the NLG toggle bracket lugs and axle bracket lugs at the end of the fatigue life limits of the part, as specified in the Table referenced above, or within the next 50 landings after the measurement is taken, whichever occurs later.

Note 3: The compliance time in this AD takes precedence over the compliance times published in the applicable service bulletins.

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

(d) An alternative method of compliance or adjustment of the compliance time that provides an equivalent level of safety may be approved by the Manager, Small Airplane Directorate, Aircraft Certification Service, 1201 Walnut, suite 900, Kansas City, Missouri 64106. The request shall be forwarded through an appropriate FAA Maintenance Inspector, who may add comments and then send it to the Manager, Small Airplane Directorate.

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

(e) Questions or technical information related to the service information referenced in this AD should be directed to British Aerospace Regional Aircraft, Prestwick International Airport, Ayrshire, KA9 2RW, Scotland; telephone (01292) 79888; facsimile (01292) 671715. This service information may be examined at the FAA, Central Region, Office of the Regional Counsel, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106.

(f) The replacements required by this AD shall be done in accordance with Jetstream Series 3100/3200 Service Bulletin 30-JA 950641, which incorporates the following pages:

Pages	Revision level	Date
1	Revision 1	March 18, 1997.
2 through 8 ...	Revision 2	March 18, 1997.

This service bulletin specifies following the procedures provided in Rosemount Aerospace Inc. Service Bulletin No. 2314M–30–16, dated December, 1996;

—APPH Precision Hydraulics Service Bulletin No. 32–66, which incorporates the following pages:

Pages	Revision level	Date
1, 3, 4, and 5	Revision 1	October 1996.
2 and 6	Revision 2	March 1997.

This service bulletin is referenced in Accomplishment Instructions section of Jetstream Series 3100/3200 Alert Service Bulletin No. 32–JA 960601, Original Issue: October 25, 1996, Revision No. 1: dated April 11, 1997.

(1) This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51.

(2) Copies may be obtained from British Aerospace Regional Aircraft, Prestwick International Airport, Ayrshire, KA9 2RW, Scotland. Copies may be inspected at the FAA, Central Region, Office of the Regional Counsel, Room 1558, 601 E. 12th Street, Kansas City, Missouri, or at the Office of the Federal Register, 800 North Capitol Street, NW, suite 700, Washington, DC.

Note 5: The subject of this AD is addressed in British AD 002–10–96, not dated, for the nose landing gear condition; and British AD 006–08–96, not dated, for the windshield wiper condition.

(g) This amendment becomes effective on July 28, 1998.

Issued in Kansas City, Missouri, on June 3, 1998.

Ronald K. Rathgeber,

Acting Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 98–15360 Filed 6–11–98; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 98–CE–54–AD; Amendment 39–10584; AD 98–12–31]

RIN 2120–AA64

Airworthiness Directives; British Aerospace Jetstream Model 3101 Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Direct final rule; request for comments.

SUMMARY: This amendment adopts a new airworthiness directive (AD) that applies to certain British Aerospace Jetstream Model 3101 airplanes. This AD requires repositioning the fuel cross feed pipes in the lower center fuselage to give an overall clearance of 2 inches when measuring from the bottom of Frame Station 223. This AD is the result of mandatory continuing airworthiness information (MCAI) issued by the airworthiness authority for the United Kingdom. The actions specified in this AD are intended to prevent the fuel pipe from fracturing during a wheels up landing because of the positioning of the fuel cross feed pipes, which could result in an airplane fire.

DATES: Effective September 10, 1998.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of September 10, 1998.

Comments for inclusion in the Rules Docket must be received on or before July 17, 1998.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Central Region, Office of the Regional Counsel, Attention: Rules Docket No. 98–CE–54–AD, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106.

Service information that applies to this AD may be obtained from British Aerospace Regional Aircraft, Prestwick International Airport, Ayrshire, KA9 2RW, Scotland; telephone: (01292) 479888; facsimile: (01292) 479703. This information may also be examined at the Federal Aviation Administration (FAA), Central Region, Office of the Regional Counsel, Attention: Rules Docket No. 98–CE–54–AD, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106; or at the Office of the Federal Register, 800 North Capitol Street, NW, suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Mr. S.M. Nagarajan, Aerospace Engineer, FAA, Small Airplane Directorate, Aircraft Certification Service, 1201 Walnut, suite 900, Kansas City, Missouri 64106; telephone: (816) 426–6934; facsimile: (816) 426–2169.

SUPPLEMENTARY INFORMATION:

Events Leading to the Issuance of This AD

The Civil Aviation Authority (CAA), which is the airworthiness authority for the United Kingdom, notified the FAA that an unsafe condition may exist on certain British Aerospace Jetstream Model 3101 airplanes. The CAA reports that current positioning of the fuel cross feed pipes in the lower center fuselage could present a problem in the event of a wheels-up landing. A clearance of 2 inches measured from the bottom of Frame Station 223 is necessary to assure adequate crashworthiness of the airplane. Under the current configuration, this clearance is not present.

This condition, if not corrected, could result in the fuel pipe fracturing during a wheels up landing and could lead to an airplane fire.

Relevant Service Information

British Aerospace has issued Jetstream Service Bulletin 28–JM 7161, dated December 19, 1983, which specifies procedures for repositioning the fuel cross feed pipes in the lower center fuselage to give an overall clearance of 2 inches when measured from the bottom of Frame Station 223.

The Civil Aviation Authority (CAA), which is the airworthiness authority for the United Kingdom, classified this service bulletin as mandatory in order to assure the continued airworthiness of these airplanes in the United Kingdom. The CAA classifying a service bulletin as mandatory in the United Kingdom is the same as the FAA issuing an AD in the United States.

The FAA's Determination

This airplane model is manufactured in the United Kingdom and is type certificated for operation in the United States under the provisions of section 21.29 of the Federal Aviation Regulations (14 CFR 21.29) and the applicable bilateral airworthiness agreement. Pursuant to this bilateral airworthiness agreement, the CAA has kept the FAA informed of the situation described above.

The FAA has examined the findings of the CAA; reviewed all available information, including the service information referenced above; and determined that AD action is necessary for products of this type design that are certificated for operation in the United States.

Explanation of the Provisions of This AD

Since an unsafe condition has been identified that is likely to exist or develop in other British Aerospace Jetstream Model 3101 airplanes of the same type design registered in the United States, the FAA is issuing an AD. This AD requires repositioning the fuel cross feed pipes in the lower center fuselage to give an overall clearance of 2 inches when measured from the bottom of Frame Station 223. Accomplishment of the actions of this AD would be required in accordance with the previously referenced service bulletin.

Cost Impact

The FAA estimates that 2 airplanes in the U.S. registry will be affected by this AD, that it will take approximately 20 workhours per airplane to accomplish the required action, and that the average labor rate is approximately $60 per work hour. Based on these figures, the total cost impact of this AD on U.S. operators is estimated to be $2,400, or $1,200 per airplane.

The Direct Final Rule Procedure

The FAA anticipates that this regulation will not result in adverse or negative comment and therefore is issuing it as a direct final rule. The requirements of this direct final rule address an unsafe condition identified by a foreign civil airworthiness authority and do not impose a significant burden on affected operators. In accordance with Section 11.17 of the Federal Aviation Regulations (14 CFR 11.17) unless a written adverse or negative comment, or a written notice of intent to submit an adverse or negative comment, is received within the comment period, the regulation will become effective on the date specified above. After the close of the comment period, the FAA will publish a document in the **Federal Register** indicating that no adverse or negative comments were received and confirming the date on which the final rule will become effective. If the FAA does receive, within the comment period, a written adverse or negative comment, or written notice of intent to submit such a comment, a document withdrawing the direct final rule will be published in the **Federal Register**, and a notice of proposed rulemaking may be published with a new comment period.

Comments Invited

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

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

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this rule must

submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket No. 98–CE–54–AD.'' The postcard will be date stamped and returned to the commenter.

Regulatory Impact

The regulations adopted herein will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

The FAA has determined that this regulation is noncontroversial and unlikely to result in adverse or negative comments. For reasons discussed in the preamble, I certify that this regulation (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. A final evaluation has been prepared for this action and is contained in the Rules Docket. A copy of it may be obtained from the Rules Docket at the location provided under the caption **ADDRESSES.**

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

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

98–12–31 British Aerospace: Amendment 39–10584; Docket No. 98–CE–54–AD.

Applicability: Jetstream Model 3101 airplanes, serial numbers 602 through 605, certificated in any category.

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

Compliance: Required within the next 100 hours time-in-service (TIS) after the effective date of this AD, unless already accomplished.

To prevent the fuel pipe from fracturing during a wheels up landing because of the positioning of the fuel cross feed pipes, which could result in an airplane fire, accomplish the following:

(a) Reposition the fuel cross feed pipes in the lower center fuselage to give an overall clearance of 2 inches when measured from the bottom of Frame Station 223. Accomplish this action in accordance with British Aerospace Jetstream Service Bulletin 28–JM 7161, dated December 19, 1983.

(b) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

(c) An alternative method of compliance or adjustment of the compliance time that provides an equivalent level of safety may be used if approved by the Manager, Small Airplane Directorate, Aircraft Certification Service, 1201 Walnut, suite 900, Kansas City, Missouri 64106. The request shall be forwarded through an appropriate FAA Maintenance Inspector, who may add comments and then send it to the Manager, Small Airplane Directorate.

Note 2: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Small Airplane Directorate.

(d) The repositioning required by this AD shall be done in accordance with British Aerospace Jetstream Service Bulletin 28–JM 7161, dated December 19, 1983. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from British Aerospace Regional Aircraft, Prestwick International Airport, Ayrshire, KA9 2RW, Scotland. Copies may be inspected at the FAA, Central Region, Office of the Regional Counsel, Room 1558, 601 E. 12th Street, Kansas City, Missouri, or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

Note 3: The subject of this AD is addressed in British Aerospace Jetstream Service Bulletin 28–JM 7161, dated December 19, 1983. The airworthiness authority for the United Kingdom classified this service bulletin as mandatory.

(e) This amendment becomes effective on September 10, 1998.

Issued in Kansas City, Missouri, on June 3, 1998.

Ronald K. Rathgeber,

Acting Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 98–15499 Filed 6–11–98; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF COMMERCE

Bureau of Export Administration

Title 15, Chapter VII

[Docket No. 980520134–8134–01]

RIN 0694–AB49

Exports of Humanitarian Goods and Services to Cuba

AGENCY: Bureau of Export Administration, Commerce.

ACTION: Notice of policy.

SUMMARY: On March 20, 1998, the President announced three initiatives to increase the provision of humanitarian goods and services to Cuba. The Bureau of Export Administration (BXA) is streamlining procedures to facilitate the export of humanitarian goods consistent with recent legislation that provides support for the Cuban people.

FOR FURTHER INFORMATION CONTACT: James A. Lewis, Director, Office of Strategic Trade and Foreign Policy Controls, Bureau of Export Administration, telephone: (202) 482–4196.

SUPPLEMENTARY INFORMATION: On March 20, President Clinton announced that the United States is taking a number of steps to expand the flow of humanitarian assistance to Cuba and to help strengthen independent civil society and increase religious freedom in that country. These included lifting the ban imposed in 1996 on direct humanitarian flights to Cuba, streamlining procedures for the sale of medicines and medical equipment to Cuba, and allowing family remittances of specified amounts to close relatives in Cuba. These measures are fully consistent with the Cuban Democracy Act of 1992 (CDA) which, in addition to sustaining economic sanctions, also enable and encourage the Administration to conduct a program of support for the Cuban people. The resumption of direct humanitarian cargo flights will enable humanitarian assistance to reach the Cuban people in less time and at less cost.

As a result of this decision, direct humanitarian cargo flights may resume

under the Department of Commerce's Export Administration Regulations (EAR) (15 CFR parts 730–774). Aircraft on temporary sojourn to Cuba that are carrying humanitarian cargo and that satisfy all the requirements of License Exception AVS (§ 740.15 of the EAR) do not need a specific license from the Department of Commerce. Aircraft carrying humanitarian cargo to Cuba that do not satisfy all requirements of License Exception AVS will require a specific license from the Department of Commerce. License applications for aircraft on temporary sojourn carrying humanitarian cargo will be reviewed on a case-by-case basis and favorably considered. License applications involving aircraft flying for any other reason will be reviewed on a case-by-case basis. Cargo that is carried on such flights is subject to separate regulatory requirements. Certain donations may be eligible for a License Exception under § 740.12 of the EAR. However, other donations, such as donations of medicines and medical items, and all sales of humanitarian items require a specific license from Commerce.

In addition, procedures for exporting medicines and medical equipment to Cuba, either for sale or donation are being streamlined and license processing time reduced. Agencies will strive to reduce license review time by 50 percent. The CDA provides for exports of medicines and medical equipment and supplies to Cuba either on a donative or commercial basis. The Administration is taking steps to facilitate compliance with the on-site verification and monitoring requirement that applies to medical sales and certain donations to Cuba. A variety of possible entities may conduct on-site verification and monitoring as required by the CDA. These entities include, but are not limited to, representatives of the license applicant, religious or charitable groups, western diplomats and international nongovernmental organizations.

Related regulatory requirements: The Department of the Treasury's Office of Foreign Assets Control (OFAC) licenses companies that provide direct charter flight service between Miami, Florida and Havana, Cuba. OFAC also is responsible for licensing family remittances and the financial transactions of persons travelling to Cuba, including persons that accompany cargo on humanitarian cargo flights licensed by the Department of Commerce.

Dated: June 5, 1998.

R. Roger Majak,

Assistant Secretary for Export Administration.

[FR Doc. 98–15748 Filed 6–11–98; 8:45 am]

BILLING CODE 3510–33–P

SUSQUEHANNA RIVER BASIN COMMISSION

18 CFR Part 803

Review and Approval of Projects

AGENCY: Susquehanna River Basin Commission (SRBC).

ACTION: Correcting amendment.

SUMMARY This document contains a correction to the final regulations, which were published in the **Federal Register** on Thursday, June 15, 1995 (60 FR 31391). The regulations provided the procedural and substantive rules for SRBC review and approval of water resources projects. This correction conforms a definition to the language in the Susquehanna River Basin compact.

DATES: Effective May 11, 1995.

FOR FURTHER INFORMATION CONTACT: Richard A. Cairo, General Counsel, 717–238–0423; Fax: 717–238–2436; e-mail: rcairo@srbc.net

SUPPLEMENTARY INFORMATION:

Background

The SRBC adopted a final rule on May 11, 1995 establishing: (1) the scope and procedures for review and approval of projects under Section 3.10 of the Susquehanna River Basin Compact, Pub. L. 91–575; 83 Stat. 1509 *et seq.* (the Compact); and (2) special standards under Section 3.4 (2) of the Compact governing water withdrawals and consumptive use of water. The definitions included in that final rulemaking action were intended to match the definitions provided in the Compact. Because of a typographical transposition, the definition of ''project'' in the final rule does not match the definition of ''project'' in Article 1, Section 1.1 (7) of the Compact. Because this definition was intended to go into effect on May 11, 1995, this correcting amendment is made retroactive to that date.

Need for Correction

As published, the final regulations contain an error that may prove to be misleading to project applicants and needs to be corrected.

List of Subjects in 18 CFR Part 803

Administrative practice and procedure, Water resources.

Accordingly, 18 CFR part 803 is corrected by making the following correcting amendment:

PART 803—REVIEW AND APPROVAL OF PROJECTS

1. The authority citation for Part 803 continues to read as follows:

Authority: Secs. 3.4, 3.8, 3.10 and 15.2, Pub. L. 91–575, 84 Stat. 1509 et seq.

§ 803.3 [Corrected]

2. In § 803.3, revise the definition of ''Project'' to read as follows:

§ 803.3 Definitions.

* * * * *

Project. Any work, service, or activity which is separately planned, financed, or identified by the Commission, or any separate facility undertaken or to be undertaken by the Commission or otherwise within a specified area, for the conservation, utilization, control, development, or management of water resources which can be established and utilized independently or as an addition to an existing facility and can be considered as a separate entity for purposes of evaluation.

* * * * *

Dated: May 22, 1998.

Paul O. Swartz,

Executive Director.

[FR Doc. 98–15712 Filed 6–11–98; 8:45 am]

BILLING CODE 7040–01–P

DEPARTMENT OF TRANSPORTATION

Coast Guard

33 CFR Part 165

[CGD01–98–050]

RIN 2115–AA97

Safety Zone: Peekskill Summerfest 98 Fireworks, Peekskill Bay, Hudson River, New York

AGENCY: Coast Guard, DOT.

ACTION: Temporary final rule.

SUMMARY: The Coast Guard is establishing a temporary safety zone for the Peekskill Summerfest 98 fireworks program located on Peekskill Bay, Hudson River, New York. The safety zone is in effect from 8:30 p.m. until 10 p.m. on Saturday, June 20, 1998, with a rain date of Sunday, June 21, 1998, at the same time and place. This action is necessary to provide for the safety of life on navigable waters during the event. This action is intended to restrict vessel traffic in a portion of Peekskill Bay.

DATES: This rule is effective from 8:30 p.m. until 10 p.m. on Saturday, June 20,

1998, with a rain date of Sunday, June 21, 1998, at the same time and place.

ADDRESSES: The public docket is available for inspection and copying at the Waterways Oversight Branch (CGD01–98–050), Coast Guard Activities New York, 212 Coast Guard Drive, Staten Island, New York 10305, in room 205 between 8 a.m. and 3 p.m., Monday through Friday, except Federal holidays. The telephone number is (718) 354–4195.

FOR FURTHER INFORMATION CONTACT:

Lieutenant (Junior Grade) A. Kenneally, Waterways Oversight Branch, Coast Guard Activities New York, at (718) 354–4195.

SUPPLEMENTARY INFORMATION:

Regulatory History

Pursuant to 5 U.S.C. 553, a notice of proposed rulemaking (NPRM) was not published for this regulation. Good cause exists for not publishing an NPRM and for making this regulation effective less than 30 days after **Federal Register** publication. Due to the date this application was received, there was insufficient time to draft and publish an NPRM. Any delay encountered in this regulation's effective date would be contrary to public interest since immediate action is needed to close a portion of the waterway and protect the maritime public from the hazards associated with this fireworks display, which is intended for public entertainment.

Background and Purpose

Fireworks by Grucci has submitted an Application for Approval of Marine Event to hold a fireworks program on the waters of Peekskill Bay, on the Hudson River, at Peekskill, New York. The fireworks program is being sponsored by the Charles Point Business Association. This regulation establishes a safety zone in all waters of the Hudson River within a 360 yard radius of the fireworks barge located at approximate position 41°17′16″ N, 073°56′18″ W (NAD 1983), approximately 500 yards northeast of Peeksill Bay South Channel Buoy 3 (LLNR 37955). The safety zone is in effect from 8:30 p.m. until 10 p.m. on Saturday, June 20, 1998, with a rain date of Sunday, June 21, 1998, at the same time and place. The safety zone prevents vessels from transiting this portion of Peekskill Bay, and it is needed to protect boaters from the hazards associated with fireworks launched from a barge in the area.

Regulatory Evaluation

This final rule is not a significant regulatory action under section 3(f) of Executive Order 12866 and does not require an assessment of potential costs and benefits under section 6(a)(3) of that Order. It has not been reviewed by the Office of Management and Budget under that Order. It is not significant under the regulatory policies and procedures of the Department of Transportation (DOT) (44 FR 11040; February 26, 1979). The Coast Guard expects the economic impact of this final rule to be so minimal that a full Regulatory Evaluation under paragraph 10e of the regulatory policies and procedures of DOT is unnecessary. This finding is based on the limited marine traffic in the area, the minimal time that vessels will be restricted from the zone, that Peekskill Channel will be open to marine traffic, and extensive advance notifications which will be made.

Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*), the Coast Guard considered whether this rule will have a significant economic impact on a substantial number of small entities. ''Small entities'' include small businesses, not-for-profit organizations that are independently owned and operated and are not dominant in their field, and governmental jurisdictions with populations of less than 50,000.

For reasons discussed in the Regulatory Evaluation above, the Coast Guard certifies under section 605(b) of the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*) that this final rule will not have a significant economic impact on a substantial number of small entities.

Collection of Information

This final rule does not provide for a collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

Federalism

The Coast Guard has analyzed this final rule under the principles and criteria contained in Executive Order 12612 and has determined that this final rule does not have sufficient implications for federalism to warrant the preparation of a Federalism Assessment.

Environment

The Coast Guard has considered the environmental impact of this final rule and concluded that under Figure 2–1, paragraph 34(g), of Commandant Instruction M16475.1C, this final rule is categorically excluded from further environmental documentation.

A ''Categorical Exclusion Determination'' is available in the docket for inspection or copying where indicated under **ADDRESSES.**

List of Subjects in 33 CFR Part 165

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

Regulation

For the reasons discussed in the preamble, the Coast Guard amends 33 CFR Part 165 as follows:

PART 165—[AMENDED]

1. The authority citation for Part 165 continues to read as follows:

Authority: 33 U.S.C. 1231; 50 U.S.C. 191; 33 CFR 1.05–1(g), 6.04–1, 6.04–6, and 160.5; 49 CFR 1.46.

2. Add temporary § 165.T01–050 to read as follows:

§ 165.T01–050 Safety Zone: Peekskill Summerfest 98 Fireworks, Peekskill Bay, Hudson River, New York.

(a) *Location.* The following area is a safety zone: all waters of Peekskill Bay, on the Hudson River, within a 360-yard radius of the fireworks barge at approximate position 41°17′16″ N, 073°56′18″ W (NAD 1983), located approximately 500 yards northeast of Peekskill Bay South Channel Buoy 3 (LLNR 37955).

(b) *Effective period.* This section is effective from 8:30 p.m. until 10 p.m. on Saturday, June 20, 1998, with a rain date of Sunday, June 21, 1998, at the same time and place.

(c) *Regulations.*

(1) The general regulations contained in 33 CFR 165.23 apply.

(2) All persons and vessels shall comply with the instructions of the Coast Guard Captain of the Port or the designated on scene patrol personnel. U.S. Coast Guard patrol personnel include commissioned, warrant, and petty officers of the Coast Guard. Upon being hailed by a U.S. Coast Guard vessel via siren, radio, flashing light, or other means, the operator of a vessel shall proceed as directed.

Dated: May 29, 1998.

Richard C. Vlaun,

Captain, U.S. Coast Guard, Captain of the Port, New York.

[FR Doc. 98–15718 Filed 6–11–98; 8:45 am]

BILLING CODE 4910–15–M

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[SIPTRAX NO. PA 108–4073; FRL–6107–8]

Approval and Promulgation of Air Quality Implementation Plans; Pennsylvania; Source Specific Control Measures and a Revised Episode Plan for USX Clairton in the Liberty Borough PM–10 Nonattainment Area

AGENCY: Environmental Protection Agency (EPA).

ACTION: Direct final rule.

SUMMARY: EPA is approving a State Implementation Plan (SIP) revision submitted by the Pennsylvania Department of Environmental Protection (PADEP) for the Commonwealth of Pennsylvania. This revision establishes and requires control measures at USX's Clairton Coke Works in Clairton, Pennsylvania and enhances the Allegheny County Health Department's (ACHD) episode plan by requiring the USX to develop and maintain a source-specific episode plan subject to ACHD approval.

DATES: This direct final rule will become effective on August 11, 1998 without further notice, unless EPA receives adverse comment on the notice of proposed rulemaking by July 13, 1998. If adverse comment is received, EPA will publish a timely withdrawal of the direct final rule in the **Federal Register**.

ADDRESSES: Comments may be mailed to Makeba Morris, Chief, Technical Assessment Branch, Mailcode 3AP22, U.S. Environmental Protection Agency, Region III, 841 Chestnut Building, Philadelphia, Pennsylvania 19107. Copies of the documents relevant to this action are available for public inspection during normal business hours at the Air Protection Division, U.S. Environmental Protection Agency, Region III, 841 Chestnut Building, Philadelphia, Pennsylvania 19107; the Air and Radiation Docket and Information Center, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and the Allegheny County Health Department, Bureau of Environmental Quality, Division of Air Quality, 301 39th Street, Pittsburgh, Pennsylvania 15201.

FOR FURTHER INFORMATION CONTACT: Denis M. Lohman, (215) 566–2192, or by e-mail at lohman.denny@epamail.epa.gov. While requests for information may be made via e-mail, comments for EPA consideration regarding this proposal must be submitted in writing to the address indicated above.

SUPPLEMENTARY INFORMATION:

I. Background

On February 21, 1996, the Group Against Smog and Pollution (GASP), a citizen's environmental group, filed suit against EPA. This suit [1] pertained to certain Clean Air Act (Act) mandated planning activities for Allegheny County, Pennsylvania's Liberty Borough PM–10 nonattainment area. This suit was settled in a Settlement Agreement signed by GASP, USX, ACHD, PADEP, EPA, and the United States Department of Justice. The Settlement Agreement provided for, among other things, ACHD and PADEP proposal of and EPA action on revisions to the Allegheny County portion of the Pennsylvania SIP applicable to USX Clairton. The Technical Support document (TSD) prepared for this rulemaking includes a detailed summary of the settlement provisions. Copies of the TSD are available, upon request, from the EPA Regional Office listed in the **ADDRESSES** section of this document.

On October 30, 1997, PADEP submitted ACHD-adopted measures to EPA as revisions to the Allegheny County portion of the Pennsylvania SIP. The purpose of these revisions is to incorporate into the SIP the control measures required by USX by the Settlement Agreement. These control measures include a revised air quality episode plan, the prohibition of coal combustion (except during certain emergencies), improved coal handling procedures, the installation of a mist eliminator on cooling tower, and ''big plug'' doors on most coke ovens.

II. Contents of the State Submittal

The submittal is comprised of several revisions to Allegheny County's Article XXI and administrative material. Specifically, section 2104.02, 2105.21, and 2106.05 were revised as follows:

A. Revisions to section 2104.02 of Article XXI, limit USX Clairton's Boiler #1 to 0.02 pounds of particulate matter per million British thermal units of actual heat input, except for fuel emergencies; require specific improvements to coal handling at USX Clairton's #2 Secondary Pulverizer; and require the operation of a mist eliminator on USX Clairton's Keystone cooling tower.

B. Revisions to section 2105.21, Coke Ovens and Coke Oven Gas, require the installation of ''big plug'' coke oven doors (i.e., doors with a minimum thickness of refractory material) on most coke oven batteries.

C. The adoption of section 2106.05, USX Clairton Works PM–10 Self Audit Emergency Episode Plan strengthens ACHD's air quality episode planning by requiring USX Clairton to develop and maintain a source-specific episode plan subject to ACHD approval. Unlike general episode plans required by 40 CFR 51 Subpart H, which are designed to guide the state and local air pollution control agencies in undertaking certain actions to protect the public from acute danger from ambient pollutant concentrations greatly exceeding the NAAQS, the County's plan for USX is designed to effect timely action by USX in order to prevent exceedances of the 24-hour PM–10 NAAQS.

III. Analysis of State Submittal

As stated above, the purpose of the October 1997 SIP revision submittal was to fulfill certain requirements of the Settlement Agreement and to strengthen the PM–10 SIP for the Liberty Borough area. The SIP revision imposes source specific requirements on the USX Clairton Coke Works including the development of a source-specific air quality episode plan, the prohibition of coal combustion (except during certain emergencies), improved coal handling procedures, the installation of a mist eliminator on its cooling tower, and ''big plug'' doors on all coke ovens.

The rules were properly adopted by Allegheny County and submitted to EPA as a SIP revision by PADEP. The rule revisions contained in the submittal serve to strengthen the Liberty Borough PM–10 nonattainment area plan in the Allegheny County portion of the Pennsylvania SIP. Furthermore, the submittal fulfills the Allegheny County's and Pennsylvania's obligations under sections 6, 9, 12, 15, and 18 of the Settlement Agreement.

EPA has determined that the SIP revision is approvable and fulfills ACHD's and PADEP's obligations under the Settlement Agreement to propose and submit measures to reduce particulate matter emissions in the Liberty Borough area. This SIP revision is being approved pursuant to section 110 of the Act.

IV. Final Action

EPA is approving the revisions to the Allegheny County portion of the Pennsylvania SIP submitted by PADEP on October 30, 1997 which impose source-specific requirements on USX Clairton Coke Works to reduce PM–10 emissions. EPA is approving this rule without prior proposal because the Agency views this as a noncontroversial

[1] GASP v. Browner, Civil Action No. 96–322, Western District of Pennsylvania.

amendment and anticipates no adverse comments. However, in the proposed rules section of this **Federal Register** publication, EPA is publishing a separate document that will serve as the proposal to approve the SIP revision should EPA receive relevant comments on the notice of proposed rulemaking. This rule will become effective August 11, 1998 without further notice unless the Agency receives relevant adverse comments by July 13, 1998.

Should EPA receive such comments, it will publish a notice informing the public that this rule did not take effect. All public comments received will then be addressed in a subsequent final rule based on the proposed rule. EPA will not institute a second comment period on the proposed rule. Parties interested in commenting on this action should do so at this time. If no such comments are received, the public is advised that this rule will become effective on August 11, 1998 and no further action will be taken on the proposed rule.

If adverse comments are received that do not pertain to all paragraphs in this rule, those paragraphs not affected by the adverse comments will be finalized in the manner described here. Only those paragraphs which receive adverse comments will be withdrawn in the manner described here.

Nothing in this action should be construed as permitting or allowing or establishing a precedent for any future request for revision to any SIP. Each request for revision to the SIP shall be considered separately in light of specific technical, economic, and environmental factors and in relation to relevant statutory and regulatory requirements.

V. Administrative Requirements

A. Executive Order 12866

The Office of Management and Budget (OMB) has exempted this regulatory action from E.O. 12866 review.

B. Executive Order 13045

The final rule is not subject to E.O. 13045, entitled ''Protection of Children from Environmental Health Risks and Safety Risks,'' because it is not an ''economically significant'' action under E.O. 12866.

C. Regulatory Flexibility Act

Under the Regulatory Flexibility Act, 5 U.S.C. 600 *et seq.*, EPA must prepare a regulatory flexibility analysis assessing the impact of any proposed or final rule on small entities. 5 U.S.C. 603 and 604. Alternatively, EPA may certify that the rule will not have a significant impact on a substantial number of small entities. Small entities include small businesses, small not-for-profit enterprises, and government entities with jurisdiction over populations of less than 50,000.

SIP approvals under section 110 and subchapter I, part D of the Clean Air Act does not create any new requirements but simply approve requirements that the State is already imposing. Therefore, because the Federal SIP approval does not impose any new requirements, the Administrator certifies that it does not have a significant impact on any small entities affected. Moreover, due to the nature of the Federal-State relationship under the CAA, preparation of a flexibility analysis would constitute Federal inquiry into the economic reasonableness of state action. The Clean Air Act forbids EPA to base its actions concerning SIPs on such grounds. *Union Electric Co.* v. U.S. EPA, 427 U.S. 246, 255–66 (1976); 42 U.S.C. 7410(a)(2).

D. Submission to Congress and the General Accounting Office

The Congressional Review Act, 5 U.S.C. 801 *et seq.*, as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. Section 804, however, exempts from section 801 the following types of rules: rules of particular applicability; rules relating to agency management or personnel; and rules of agency organization, procedure, or practice that do not substantially affect the rights or obligations of non-agency parties. 5 U.S.C. 804(3). EPA is not required to submit a rule report regarding today's action under section 801 because this is a rule of particular applicability because it is applicable to only one entity, the USX Clairton Coke Works.

E. Unfunded Mandates

Under section 202 of the Unfunded Mandates Reform Act of 1995 (''Unfunded Mandates Act''), signed into law on March 22, 1995, EPA must prepare a budgetary impact statement to accompany any proposed or final rule that includes a Federal mandate that may result in estimated costs to State, local, or tribal governments in the aggregate; or to private sector, of $100 million or more. Under section 205, EPA must select the most cost-effective and least burdensome alternative that achieves the objectives of the rule and is consistent with statutory requirements. Section 203 requires EPA to establish a plan for informing and advising any small governments that may be significantly or uniquely impacted by the rule.

F. Petitions for Judicial Review

Under section 307(b)(1) of the Clean Air Act, petitions for judicial review of this action must be filed in the United States Court of Appeals for the appropriate circuit by August 11, 1998. Filing a petition for reconsideration by the Administrator of this final rule, approving control measures at USX Clairton does not affect the finality of this rule for the purposes of judicial review nor does it extend the time within which a petition for judicial review may be filed, and shall not postpone the effectiveness of such rule or action. This action may not be challenged later in proceedings to enforce its requirements. (See section 307(b)(2).)

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Incorporation by reference, Particulate matter.

Dated: May 28, 1998.

W. Michael McCabe,

Regional Administrator, Region III.

40 CFR part 52, subpart 2020 of chapter I, title 40 is amended as follows:

PART 52—[AMENDED]

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

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

Subpart NN—Pennsylvania

2. Section 52.2020 is amended by adding paragraphs (c)(133) to read as follows:

§ 52.2020 Identification of plan.

* * * * *

(c) * * *

(133) Revisions to the Pennsylvania State Implementation Plan consisting of Source-Specific Control Measures and a Revised Episode Plan for USX Clairton in the Liberty Borough PM–10 Nonattainment Area, submitted on October 30, 1997 by the Pennsylvania Department of Environmental Protection:

(I) Incorporation by reference.

(A) Letter of October 30, 1997 from the Pennsylvania Department of Environmental Protection transmitting a SIP revision for source specific control measures for USX Clairton located in the Liberty Borough PM–10 nonattainment area of Allegheny County.

(B) Revisions to Allegheny County's Article XXI applicable to USX's Clairton

Coke Works, effective August 15, 1997, specifically:

(*1*) Revisions to section 2104.02. limiting particulate matter emission from Boiler #1, requiring specific improvements to coal handling at Secondary Pulverizer #2, and requiring the operation of a mist eliminator at the Keystone cooling tower.

(*2*) Revisions to section 2105.21 requiring the installation of ''big plug'' doors on most coke ovens by January 1, 2000.

(*3*) The adoption of section 2106.05 requiring a source-specific ''self audit emergency action plan.''

(ii) Additional Material—Remainder of the October 30, 1997 State submittal.

[FR Doc. 98–15585 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 81

[AK 19–1707; FRL–6108–6]

Clean Air Act Reclassification; Anchorage, Alaska Nonattainment Area; Carbon Monoxide

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule.

SUMMARY: In this document EPA is making a final finding that the Anchorage, Alaska, carbon monoxide (CO) nonattainment area has not attained the CO national ambient air quality standards (NAAQS) under the Clean Air Act Amendments of 1990 (CAA). The CO nonattainment occurred after Anchorage received a one year extension to December 31, 1996 from the mandated attainment date of December 31, 1995 for moderate nonattainment areas. This finding is based on EPA's review of monitored air quality data for compliance with the CO NAAQS. As a result of this finding, the Anchorage CO nonattainment area is reclassified as a serious CO nonattainment area by operation of law. As a result of the reclassification, the State is to submit within 18 months from the effective date of this action a new State Implementation Plan (SIP) demonstrating attainment of the CO NAAQS as expeditiously as practicable but no later than December 31, 2000, the CAA attainment date for serious areas.

EFFECTIVE DATE: July 13, 1998.

FOR FURTHER INFORMATION CONTACT: Ms. Montel Livingston, Office of Air Quality, U.S. EPA, Region 10, Seattle, Washington, 98006, telephone (206) 553–0180.

SUPPLEMENTARY INFORMATION:

I. Background

A. CAA Requirements and EPA Actions Concerning Designation and Classifications

The CAA Amendments were enacted on November 15, 1990. Under section 107(d)(1)(C) of the CAA, each CO area designated nonattainment prior to enactment of the 1990 Amendments, such as the Anchorage nonattainment area, was designated nonattainment by operation of law upon enactment of the 1990 Amendments. Under section 186(a) of the CAA, each CO area designated nonattainment under section 107(d) was also classified by operation of law as either ''moderate'' or ''serious'' depending on the severity of the area's air quality problem. CO areas with design values between 9.1 and 16.4 parts per million (ppm), such as the Anchorage nonattainment area, were classified as moderate. These nonattainment designations and classifications were codified in 40 CFR part 81. See 56 FR 56694 (November 6, 1991).

States containing areas that were classified as moderate nonattainment by operation of law under section 107(d) were required to submit SIPs designed to attain the CO NAAQS as expeditiously as practicable but no later than December 31, 1995.[1]

B. Effect of Reclassification

CO nonattainment areas reclassified as serious are required to submit, within 18 months of the area's reclassification, SIP revisions providing for attainment of the CO NAAQS as expeditiously as practicable but no later than December 31, 2000. In addition, the State must submit a SIP revision that includes: (1) a forecast of vehicle miles traveled (VMT) for each year before the attainment year and provisions for annual updates of these forecasts; (2) adopted contingency measures; and (3) adopted transportation control measures and strategies to offset any growth in CO emissions from growth in VMT or number of vehicle trips. See CAA sections 187(a)(7), 187(a)(2)(A), 187(a)(3), 187(b)(2), and 187(b)(1). Finally, upon the effective date of this reclassification, contingency measures in the moderate area plan for the Anchorage nonattainment area must be implemented.

The reclassification to serious does not mean that CO pollution levels in Anchorage are getting worse. In Anchorage, CO levels have dropped by more than 50% since the early 1980's. Reclassification to serious allows additional planning time to develop control strategies to meet the CO NAAQS because Anchorage failed to attain the CO standard by the end of its extension date, December 31, 1996.

C. Attainment Determinations for CO Nonattainment Areas

EPA makes attainment determinations for CO nonattainment areas based upon whether an area has two years (or eight consecutive quarters) of clean air quality data.[2] Section 179(c)(1) of the CAA states that the attainment determination must be based upon an area's ''air quality as of the attainment date.''

EPA determines a CO nonattainment area's air quality status in accordance with 40 CFR 50.8 and EPA policy.[3] EPA has promulgated two NAAQS for CO: an 8-hour average concentration and a 1-hour average concentration. Because there were no violations of the 1-hour standard in the Anchorage nonattainment area, this document addresses only the air quality status of the Anchorage nonattainment area with respect to the 8-hour standard. The 8-hour CO NAAQS requires that not more than one non-overlapping 8-hour average in any consecutive two-year period per monitoring site can exceed 9.0 ppm (values below 9.5 are rounded down to 9.0 and they are not considered exceedances). The second exceedance of the 8-hour CO NAAQS at a given monitoring site within the same two-year period constitutes a violation of the CO NAAQS.

D. Proposed Finding of Failure to Attain

On December 2, 1997 (62 FR 63687), EPA proposed to find that the Anchorage CO nonattainment area had failed to attain the CO NAAQS by December 31, 1996, the CO attainment extension date. Anchorage did not have two consecutive years of CO data without violations of the CO NAAQS. This proposed finding was based on air quality data showing three violations of

[1] The moderate area SIP requirements are set forth in section 187(a) of the CAA and differ depending on whether the area's design value is below or above 12.7 ppm. The Anchorage area has a design value above 12.7 ppm. 40 CFR 81.302.

[2] See generally memorandum from Sally L. Shaver, Director, Air Quality Strategies and Standards Division, EPA, to Regional Air Office Directors, entitled ''Criteria for Granting Attainment Date Extensions, Making Attainment Determinations, and Determinations of Failure to Attain the NAAQS for Moderate CO Nonattainment Areas,'' October 23, 1995 (Shaver memorandum).

[3] See memorandum from William G. Laxton, Director Technical Support Division, entitled ''Ozone and Carbon Monoxide Design Value Calculations,'' June 18, 1990. See also Shaver memorandum.

the CO NAAQS during 1996. For the specific data considered by EPA in making this proposed finding, see 62 FR 63687.

E. Reclassification to a Serious Nonattainment Area

EPA has the responsibility, pursuant to sections 179 (c) and 186 (b)(2) of the CAA, for determining whether the Anchorage CO nonattainment area attained the CO NAAQS by December 31, 1995. Under section 186(b)(2)(A), if EPA finds that the area has not attained the CO NAAQS, the area is reclassified as serious by operation of law. There were three CO violations recorded in 1996. Additional control strategies are needed to further reduce CO concentrations in order to attain the CO standard. Pursuant to section 186(b)(2)(B) of the Act, EPA is publishing this notice to identify the Anchorage area as failing to attain the standard and therefore reclassified as serious by operation of law.

II. Response to Comments on Proposed Finding

During the public comment period on EPA's proposed finding, EPA received several comments. Below is EPA's response to all significant comments received.

Commenter: A commenter objected to the serious classification because good efforts have been made, and continue to be made, to attain the standards. Given the cold temperature environmental conditions which cause the elevated concentrations and the fact that the required 90% reduction in emissions from automobiles has not been achieved, the commenter believes additional time to attain the standard is necessary.

Response: EPA's actions are following the schedule and specific requirements imposed by Congress in the CAA. Additional time to attain the CO standard is allowed upon reclassification to serious. Under the CAA of 1990, the attainment date for a serious CO nonattainment area becomes December 31, 2000. The new attainment date of December 31, 2000 authorizes more time for Anchorage, together with ADEC, to devise an air quality control plan which will include additional control measures for attaining the CO standard.

EPA recognizes the progress Anchorage has achieved thus far toward improving air quality and decreasing the ambient levels of CO. Anchorage implements two basic air quality control measures, a decentralized inspection/maintenance program and an oxygenated gasoline program. However, because Anchorage failed to attain the CO NAAQS within the specified time frame allowed by the CAA, Congress mandated reclassification under section 186(b) of the CAA in specific circumstances once EPA determines the area has failed to meet the CO NAAQS.

The same commenter also raised another issue and stated that cold temperature certified cars will affect fleet emissions, without requiring unnecessary control programs.

Response: While EPA agrees that technology in new cars is expected to reduce emissions, the deadlines mandated by Congress in the CAA do not provide the flexibility to delay this action until older model cars are replaced. Fleet turnover in Anchorage to newer, cleaner cars is factored into mobile models for purposes of projecting and demonstrating attainment of the CO NAAQS. But because fleet turnover in Anchorage to newer, cleaner cars is a phased-in process over several years, additional control strategies must be planned for within the allowable CAA time frame to ensure clean air and protect the public's health from exposure to CO in ambient air. The CAA requires, under a serious reclassification, that additional control measures be adopted and implemented for inclusion into the SIP within 18 months of reclassification.

Commenter: A commenter stated that Anchorage has worked hard to achieve federal clean air standards for CO and remains committed to improving air quality. They believe this reclassification sends a counterproductive message to a community that has made a significant and largely successful effort to solve this problem. There are conditions that are unique to our sub-arctic environment that contribute to the CO problem, such as extraordinarily strong and persistent temperature inversions. Another aspect of our problem that needs further investigation and review is how cold climate affects driver behavior and consequent CO emissions.

Response: EPA's reclassification of Anchorage allows additional planning time to carry out wintertime research which will result in a better understanding and characterization of the CO problem in Anchorage. Projects will be underway in Anchorage during the winter of 1998–99 which have a goal of quantifying impacts that motor vehicle cold start emissions have on the overall emissions inventories. These projects will include enhanced CO air monitoring as well as observation and documentation of driver behavior in Anchorage. EPA supports these projects and continues to work with Anchorage and the State in their development of an air quality plan to meet the CO air quality standard by December 31, 2000, the new attainment deadline.

Stagnation and inversions are frequent climatological occurrences that must be considered in evaluating whether a control program is adequate to attain and maintain the NAAQS. Meteorological events such as these are almost never accepted as justification for waiving the NAAQS. Because inversions are expected to occur frequently and are part of normal weather patterns, they are not considered special events warranting exemptions from reclassification. In some parts of the United States, stagnation episodes usually persist for an extended period of time, and they can affect an entire air basin. While stagnations may not occur frequently, they are not uncommon; therefore, they are not considered sufficiently exceptional to waive application of the NAAQS.

The national CO standard is a health-based standard and is intended to provide an adequate margin of safety in the nonattainment area, recognizing the wide range of human susceptibility to CO exposure. Young infants, pregnant women, the elderly, and people with cardiovascular disease or emphysema are likely to be more susceptible to the health impacts from CO. Carbon monoxide can also impact mental function, vision, and alertness in healthy people, even at relatively low concentrations.

Commenter: A commenter stated that while air quality modeling combined with limited monitoring is the accepted means for determining the status of attainment versus nonattainment, he questions the conclusion that the area is in serious nonattainment when marginal exceedances of the 8 hour limit occur at select monitoring sites on a very infrequent basis. The commenter disagrees that the monitoring information portrays the area as nonattainment because it is not indicative of the area's air quality, which is the standard to be met.

EPA response. The action today is based on data measured by a monitoring network that was established to demonstrate attainment of the CO NAAQS. Two monitors in the immediate vicinity of major signalized road intersections and several businesses, the Spenard and Benson site and the Seward Highway and Benson site, have each recorded exceedances of the CO NAAQS three times in 1996. The 8-hour CO readings ranged from 10.1 ppm to 9.5 ppm. The CO national standard is 9 ppm (35 ppm for 1 hour),

and these standards have been developed to protect the public's health from exposure to CO in ambient air. More recently (early 1998), the Garden neighborhood monitoring site has shown high CO concentrations. These three permanent monitoring sites are part of a four site ''State and Local Air Monitoring Stations'' (SLAMS) CO monitoring network designed by the State to provide measurements that represent ambient air quality. The network provides a profile of high level, and potentially maximum, CO levels. Particular monitoring locations in the network have been established for site placement to meet the following SLAMS objectives:

- To measure the highest concentrations within the area.
- To measure representative concentrations within areas where population density is high.
- To measure the impact on ambient pollution levels of significant sources.

If any monitor within the network violates the CO NAAQS, an appropriate area, which includes the site, is defined as a ''nonattainment area.'' So although we agree with the commenter that the national standard was violated at specific locations on a small number of days, this situation does in fact describe a nonattainment condition.

The CO NAAQS is defined to protect human health and welfare. The goal of achieving the CO NAAQS standard applies to all locales, regardless of population density. Data from monitoring sites are the only available measure of air quality and it is maintained by use of an adequate quality assurance program. Thus, careful attention is given to the data within the monitoring network with respect to possibly harmful pollutant concentrations.

III. Today's Action

EPA is today taking final action to find that the Anchorage nonattainment area did not attain the CO NAAQS after it received a one year extension to December 31, 1996 from the mandated attainment date of December 31, 1995, the CAA attainment date for moderate CO nonattainment areas. As a result of this finding, the Anchorage nonattainment area is reclassified by operation of law as a serious CO nonattainment area as of the effective date of this document. This finding is based upon air quality data showing exceedances of the CO NAAQS during 1996. As a result of the reclassification, the State is to submit within 18 months from the effective date of this action a new SIP demonstrating attainment of the CO NAAQS as expeditiously as practical but no later than December 31, 2000, the CAA attainment date for serious areas.

IV. Executive Order (E.O.) 12866, ''Regulatory Planning and Review''

Under E.O. 12866, 58 FR 51735 (October 4, 1993), EPA is required to determine whether regulatory actions are significant and therefore should be subject to OMB review, economic analysis, and the requirements of the Executive Order. The Executive Order defines a ''significant regulatory action'' as one that is likely to result in a rule that may meet at least one of the four criteria identified in section 3(f), including, under paragraph (1), that the rule may ''have an annual effect on the economy of $100 million or more or adversely affect, in a material way, the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities''.

The Agency is making final the proposed determinations found in EPA's action published on December 2, 1997 (62 FR 63687) that the finding of failure to attain results in none of the effects identified in section 3(f) and finalize the proposed determinations found in EPA's.

Under section 186(b)(2) of the CAA, findings of failure to attain and reclassification of nonattainment areas are based upon air quality considerations and must occur by operation of law in light of certain air quality conditions. They do not, in and of themselves, impose any new requirements on any sectors of the economy. In addition, because the statutory requirements are clearly defined with respect to the differently classified areas, and because those requirements are automatically triggered by classifications that, in turn, are triggered by air quality values, findings of failure to attain and reclassification cannot be said to impose a materially adverse impact on State, local, or tribal governments or communities.

This final action is not subject to E.O. 13045, entitled ''Protection of Children from Environmental Health risks and Safety Risks,'' because it is not an ''economically significant'' action under E.O. 12866.

V. Regulatory Flexibility Act

Under the Regulatory Flexibility Act, 5 U.S.C. 600 *et seq.*, EPA must prepare a regulatory flexibility analysis assessing the impact of any proposed or final rule on small entities. 5 U.S.C. 603 and 604. Alternatively, EPA may certify that the rule will not have a significant impact on a substantial number of small entities. Small entities include small businesses, small not-for-profit enterprises, and government entities with jurisdiction over populations of less than 50,000. As discussed in section IV of this document, findings of failure to attain and reclassification of nonattainment areas under section 186(b)(2) of the CAA do not in-and-of-themselves create any new requirements. Therefore, I certify that today's action does not have a significant impact on small entities.

VI. Unfunded Mandates Act

Under section 202 of the Unfunded Mandates Reform Act of 1995 (''Unfunded Mandates Act''), signed into law on March 22, 1995, EPA must prepare a budgetary impact statement to accompany any proposed or final rule that includes a Federal mandate that may result in estimated costs to State, local, or tribal governments in the aggregate, or to the private sector, of $100 million or more. Under section 205, EPA must select the most cost-effective and least burdensome alternative that achieves the objectives of the rule and is consistent with statutory requirements. Section 203 requires EPA to establish a plan for informing and advising any small governments that may be significantly or uniquely impacted by the rule.

EPA believes, for reasons discussed above and as part of EPA's proposed determinations published on December 2, 1997 (62 FR 63687), that the finding of failure to attain and reclassification of the Anchorage nonattainment area are factual determinations based upon air quality considerations and must occur by operation of law and, hence, do not impose any Federal intergovernmental mandate, as defined in section 101 of the Unfunded Mandates Act.

VII. Submission to Congress and the General Accounting Office

The Congressional Review Act, 5 U.S.C. 801 *et seq.*, as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. This rule is not a ''major rule'' as defined by 5 U.S.C. 804(2).

List of Subjects in 40 CFR Part 81

Environmental protection, Air pollution control, Carbon monoxide, Intergovernmental relations.

Dated: May 29, 1998.

Chuck Clarke,

Regional Administrator, Region 10.

For the reasons set forth in the preamble, 40 CFR part 81 is amended as follows:

PART 81—[AMENDED]

1. The authority citation for part 81 continues to read as follows:

Authority: 42 U.S.C. 7401–7671q.

2. In § 81.302, the table for ''Alaska-Carbon Monoxide'' is amended for the Anchorage area by revising the entry for the Anchorage area to read as follows:

§ 81.302 Alaska.

* * * * *

Alaska-Carbon Monoxide

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
* * * *	*	*	*	*
Anchorage Area:				
Anchorage Election District (part) Anchorage nonattainment area boundary.	.....	Nonattainment ..	July 13, 1998 ...	Serious.
* * * *	*	*	*	*

[1] This date is November 15, 1990, unless otherwise noted.

[FR Doc. 98–15447 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 180

[OPP–300672; FRL–5795–7]

RIN 2070–AB78

Phospholipid: Lyso-PE (lysophosphatidylethanolamine); Time-Limited Pesticide Tolerance

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule.

SUMMARY: This rule establishes a time-limited tolerance for residues of the biochemical phospholipid: Lyso-PE (lysophosphatidylethanolamine) on apples, citrus, cranberries, grapes, nectarines, peaches, pears, strawberries, and tomatoes when used to promote pre-harvest and post-harvest ripening and extend the storage shelf life. J P BioRegulators, Inc. submitted a petition to EPA under the Federal Food, Drug, and Cosmetic Act (FFDCA) as amended by the Food Quality Protection Act of 1996 (FQPA) (Pub. L. 104-170) requesting the time-limited tolerance. This regulation eliminates the need to establish a maximum permissible level for residues of phospholipid. The tolerance will expire on June 1, 2001.

DATES: This regulation is effective June 12, 1998. Objections and requests for hearings must be received by EPA on or before August 11, 1998.

ADDRESSES: Written objections and hearing requests, identified by the docket control number [OPP–300672], must be submitted to: Hearing Clerk (1900), Environmental Protection Agency, Rm. M3708, 401 M St., SW., Washington, DC 20460. Fees accompanying objections and hearing requests shall be labeled ''Tolerance Petition Fees'' and forwarded to: EPA Headquarters Accounting Operations Branch, OPP ''Tolerance Fees'' and forwarded to: EPA Headquarters Accounting Operations Branch, OPP (Tolerance Fees), P.O. Box 360277M, Pittsburgh, PA 15251. A copy of any objections and hearing requests filed with the Hearing Clerk identified by the docket control number, [OPP-300672], must also be submitted to: Public Information and Records Integrity Branch, Information Resources and Services Division (7502C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. In person, bring a copy of objections and hearing requests to Rm. 119, CM #2, 1921 Jefferson Davis Hwy., Arlington, VA.

A copy of objections and hearing requests filed with the Hearing Clerk may be submitted electronically by sending electronic mail (e-mail) to: opp-docket@epamail.epa.gov. Copies of electronic objections and hearing requests must be submitted as an ASCII file avoiding the use of special characters and any form of encryption. Copies of electronic objections and hearing requests will also be accepted on disks in WordPerfect 5.1/6.1 file format or ASCII file format. All copies of electronic objections and hearing requests must be identified by the docket number [OPP-300672]. No Confidential Business Information (CBI) should be submitted through e-mail. Copies of electronic objections and hearing requests on this rule may be filed online at many Federal Depository Libraries.

FOR FURTHER INFORMATION CONTACT: By mail: Sheila A. Moats, Regulatory Action Leader, Biopesticides and Pollution Prevention Division (7511C), Environmental Protection Agency, 401 M St., SW, Washington, DC 20460. Office location, telephone number, and e-mail address: 9th fl., CM #2 1921 Jefferson Davis Hwy., Arlington, VA 22202, (703) 308–1259; e-mail: moats.sheila@epamail.epa.gov.

SUPPLEMENTARY INFORMATION: J P BioRegulators Inc., 1611 Maple Street, Middleton, Wisconsin 53562, has requested in pesticide petition (PP 7G4892) the establishment of a temporary exemption from the requirement of a tolerance for residues of the biochemical phospholipid. A notice of filing was published in the **Federal Register** on December 10, 1997 (62 FR 65077)(FRL-5749-3), and the notice announced that the comment period would end on January 11, 1998; no comments were received. This temporary exemption from the requirement of a tolerance will permit the marketing of apples, citrus, cranberries, grapes, nectarines, peaches, pears, strawberries, and tomatoes when treated in accordance with the provisions of the experimental use

permit 70515-EUP-1, which is issued under the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), as amended (Pub. L. 95-396, 92 Stat. 819; 7 U.S.C. 136). The data submitted in the petition and all other relevant materials have been evaluated. Following in Unit II. of this preamble is a summary of EPA's findings regarding this petition as required by section 408(d) of the FFDCA, 21 U.S.C. 346a, as recently amended by the FQPA, Pub. L. 104-170.

I. Risk Assessment and Statutory Findings

New section 408(b)(2)(A)(i) of the FFDCA allows EPA to establish an exemption from the requirement for a tolerance (the legal limit for a pesticide chemical residue in or on a food) only if EPA determines that the tolerance is ''safe.'' Section 408(b)(2)(A)(ii) defines ''safe'' to mean that ''there is a reasonable certainty that no harm will result from aggregate exposure to the pesticide chemical residue, including all anticipated dietary exposures and all other exposures for which there is reliable information.'' This includes exposure through drinking water and in residential settings, but does not include occupational exposure. Section 408(b)(2)(C) requires EPA to give special consideration to exposure of infants and children to the pesticide chemical residue in establishing a tolerance and to ''ensure that there is a reasonable certainty that no harm will result to infants and children from aggregate exposure to the pesticide chemical residue...'' EPA performs a number of analyses to determine the risks from aggregate exposure to pesticide residues. First, EPA determines the toxicity of pesticides. Second, EPA examines exposure to the pesticide through food, drinking water, and through other exposures that occur as a result of pesticide us in residential settings.

II. Summary

A. Proposed Use Practices

The experimental program will be conducted in the States of Arizona, California, Florida, Massachusetts, Michigan, Ohio, Washington, West Virginia and Wisconsin. Crops to be treated are apples, citrus, cranberries, grapes, nectarines, peaches, pears, strawberries, and tomatoes. Prior to use Lyso-PE (lysophosphatidylethanolamine, a specific type of phospholipid) is diluted with water to 1%, i.e., 10,000 ppm of the active ingredient Lyso-PE. Next 1 to 5 gallons of the 1% Lyso-PE solution is mixed with sufficient water to prepare 100 gallons of spray solution containing 100 to 500 ppm of active ingredient. This solution is sprayed to run-off for pre-harvest application. The pre-harvest treatment should be limited to one application only. For post-harvest treatment fruit will be dipped in the solution prepared as described above for 30 minutes, and air dry prior to storage. The rate of application for both pre and post-harvest is equivalent to 0.083-0.14 lbs of active ingredient per 100 gallons of water. The proposed experimental use program (EUP) would utilize 72/kg/year of formulated product. A maximum of 570 acres located in nine states will be treated under this EUP. Lyso-PE is intended for enhancing and ripening the shelf life of fruits.

B. Product Identity/Chemistry

The active ingredient Lysophosphatidylethanolamine (Lyso-PE), is a phospholipid derived from phosphatidylethanolamine (PE) by the enzymatic removal of one fatty acid. PE is found in large quantities in egg yolk and meat. Lyso-PE is naturally present in small amounts in plant tissues and other biological matrices and can account for up to 10% of the phospholipid content of cell membranes. Lyso-PE is found in many food commodities such as human breast milk, cow milk, corn grain and starch, oats and wheat. The current analytical methodology cannot distinguish between product ingredients present in or on food commodities following application of the product, and those ingredients that are naturally present in the food commodities. Lyso-PE is a fine white powder, with a pH of 6 to 8. Its specific gravity is approximately 1g/mL.

C. Toxicological Profile

Consistent with section 408(b)(2)(D) of the FFDCA, EPA has reviewed the available scientific data and other relevant information in support of this action and considered its validity, completeness and reliability and the relationship of this information to human risk. EPA has also considered available information concerning the variability of the sensitivities of major identifiable subgroups of consumers, including infants and children.

Additionally, section 408(b)(2)(D)(v) requires that, when considering whether to establish, modify, or revoke a tolerance, the Agency consider ''available information'' concerning the cumulative effects of a particular pesticide's residues and ''other substances that have a common mechanism of toxicity.''

Waivers of data requirements for toxicology and non-target organisms were requested and information obtained from the open technical literature was used to support the request. Waivers were accepted on the basis of favorable toxicological profile, the natural occurrence of the chemical, and inconsequential exposure resulting from label-directed uses.

D. Aggregate Exposures

In examining aggregate exposure, section 408 of the FFDCA directs EPA to consider available information concerning exposures from the pesticide residue in food and all other non-occupational exposures, including drinking water from groundwater or surface water and exposure through pesticide use in gardens, lawns, or buildings (residential and other indoor uses).

1. *Dietary exposure*. Dietary exposure due to topical applications of the phospholipid Lyso-PE is difficult to estimate because of its prevalence in nature; applications associated with the EUP would be minuscule compared to levels found in nature. Phospholipid in the environment is readily utilized by microorganisms. Furthermore, phospholipid is consumed by humans in the form of eggs, milk, grains etc. in relatively large quantities. The low toxicity, low application rate, and the use pattern leads the Agency to conclude that residues from the use of the phospholipid biochemical Lyso-PE will not pose a dietary risk of concern under foreseeable circumstances. Therefore, EPA concludes that there is a reasonable certainness of no harm from aggregate exposure under this temporary exemption.

2. *Non-dietary, non-occupational exposure*. Increased non-dietary exposure to Lyso-PE via lawn care, topical insect repellents, etc., is not applicable to this EUP.

E. Cumulative Exposure to Substances with Common Mechanisms of Toxicity

Section 408(b)(2)(D)(v) requires that, when considering whether to establish, modify, or revoke a tolerance, the Agency consider ''available information'' concerning the cumulative effects of a particular pesticide's residues and ''other substances that have a common mechanism of toxicity.''

Phospholipid is ubiquitous in nature. Incremental exposure resulting from this EUP program are minuscule when compared to the levels found naturally-occurring in food.

F. Safety Factors

Phospholipid is naturally occurring in food and is present in all cells in all organisms. Incremental exposure to

phospholipid resulting from this EUP is minuscule. Considering the negligible contributions to the environment resulting from the application of Lyso-PE, the abundance and role of phospholipid in foods and in cells of all living organisms and its prevalence in nature, the Agency concludes that the application of Lyso-PE to the aforementioned crops does not pose a dietary risk.

III. Other Considerations

A. Endocrine Disruptors

The Agency has no information to suggest that Lyso-PE will adversely affect the immune or endocrine systems. The Agency is not requiring information on the endocrine effects of this biochemical pesticide at this time; Congress had allowed three years after August 3, 1996, for the Agency to implement a screening program with respect to endocrine effects.

B. Analytical Method

An analytical method using High Performance Liquid Chromatography (HPLC/ELSD) for determining phospholipid content in Lyso-PE the end-use product, is available; however, because this phospholipid is found naturally in cells of all organisms, the Agency has determined that residue analysis would not yield meaningful results, i.e.,the analysis would not discern whether the source of phospholipid was from cells of organisms or the product treatment.

C. Codex Maximum Residue Level

There are no CODEX tolerances or international tolerance exemptions for Lyso-Pe at this time.

IV. Conclusion

Based on its abundance in nature and long history of use by humans without deleterious effects, there is reasonable certainty that no harm will result from aggregate exposure to the U.S. population, including infants and children, to residues of Lyso-PE. This includes all anticipated dietary exposures and all other exposures for which there is reliable information. The Agency has arrived at this conclusion because, as discussed above, exposure to Lyso-PE resulting from the EUP label-directed use is inconsequential, and it is consumed daily by the human population from both naturally-occurring sources and from processed foods. As a result, EPA establishes a temporary exemption from the requirement of a tolerance pursuant to FFDCA section 408(j)(3) for Lyso-PE (lysophosphatidylethanolamine) on the condition that it be used in accordance with the experimental use permit 70515-EUP-1, with the following provisions:

1. The total amount of the active ingredients to be used must not exceed the quantity authorized by the experimental use permits.

2. J P BioRegulators, Inc., must immediately notify the EPA of any findings from the experimental use that have a bearing on safety. The company must also keep records of production, distribution, and performance and on request make the records available to any authorized officer or employee of the EPA or the Food and Drug Administration (FDA).

This temporary exemption from the requirement of a tolerance expires and is revoked on June 1, 2001. Residues remaining in or on the raw agricultural commodity after this expiration date will not be considered actionable if the biochemical is legally applied during the term of, and in accordance with, the provisions of the amended experimental use permit and temporary exemption from the requirement of a tolerance. This temporary exemption from the requirement of a tolerance may be revoked if the experimental use permit is revoked or if any experience with or scientific data on this pesticide indicate that the tolerance is not safe.

EPA will publish a document in the **Federal Register** to remove the revoked temporary exemption from the Code of Federal Regulations.

V. Objections and Hearing Requests

The new section 408(g) of the FFDCA provides essentially the same process for persons to ''object'' to a regulation for an exemption from the requirement of a tolerance issued by EPA under new section 408(d)and as was provided in the old section 408 and in section 409. However, the period for filing objections is 60 days, rather than 30 days. EPA currently has procedural regulations which governs the submission of objections and hearing requests. These regulations will require some modification to reflect the new law. However, until those modifications can be made, EPA will continue to use those procedural regulations with appropriate adjustments to reflect the new law.

Any person may, by August 11, 1998, file written objections to any aspect of this regulation and may also request a hearing on those objections. Objections and hearing requests must be filed with the hearing clerk, at the address given under the ''Addresses'' section (40 CFR 178.20). A copy of the objections and/or hearing requests filed with the hearing clerk should be submitted to the OPP docket for this rulemaking. The objections submitted must specify the provisions of the regulation deemed objectionable and the grounds for the objections (40 CFR 178.25). Each objection must be accompanied by the fee prescribed by 40 CFR 180.33(i). If a hearing is requested, the objections must include a statement of the factual issues(s) on which a hearing is requested, the requestor's contentions on such issues, and a summary of any evidence relied upon by the objector (40 CFR 178.27). A request for a hearing will be granted if the Administrator determines that the material submitted shows the following: There is a genuine and substantial issue of fact; there is a reasonable possibility that available evidence identified by the requestor would, if established resolve one or more of such issues in favor of the requestor, taking into account uncontested claims or facts to the contrary; and resolution of the factual issues(s) in the manner sought by the requestor would be adequate to justify the action requested (40 CFR 178.32). Information submitted in connection with an objection or hearing request may be claimed confidential by marking any part or all of that information as CBI. Information so marked will not be disclosed except in accordance with procedures set forth in 40 CFR part 2. A copy of the information that does not contain CBI must be submitted for inclusion in the public record. Information not marked confidential may be disclosed publicly by EPA without prior notice.

VI. Public Record and Electronic Submissions

A record has been established for this rulemaking under docket control number [OPP–300672]. A public version of this record, which does not include any information claimed as CBI, is available for inspection from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays. The public record is located in Room 119 of the Public Information and Records Integrity Branch, Information Resources and Services Division(7502C), Office of Pesticide Programs, Environmental Protection Agency, Crystal Mall #2, 1921 Jefferson Davis Hwy., Arlington, VA 22202.

Electronic comments can be sent directly to EPA at:

opp-docket@epamail.epa.gov

Electronic comments must be submitted as an ASCII file avoiding the use of special characters and any form of encryption.

The official record for this rulemaking, as well as the public

version, as described above, is kept in paper form. Accordingly, in the event there are objections and hearing request, EPA will transfer any copies of objections and hearing requests received electronically into printed, paper form as they are received and will place the paper copies in the official rulemaking record. The official rulemaking record is the paper record maintained at the Virginia address in Addresses at the beginning of this document.

VII. Regulatory Assessment Requirements

This final rule establishes an exemption from the tolerance requirement under section 408(d) of the FFDCA in response to a petition submitted to the Agency. The Office of Management and Budget (OMB) has exempted these types of actions from review under Executive Order 12866, entitled Regulatory Planning and Review (58 FR 51735, October 4, 1993). This final rule does not contain any information collections subject to OMB approval under the Paperwork Reduction Act (PRA), 44 U.S.C. 3501 *et seq.*, or impose any enforceable duty or contain any unfunded mandate as described under Title II of the Unfunded Mandates Reform Act of 1995 (UMRA) (Pub.L. 104-4). Nor does it require and prior consultation as specified by Executive Order 12875, entitled Enhancing the Intergovernmental Partnership (58 FR 58093, October 28, 1993), or special considerations as required by Executive Order 12898, entitled Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations (59 FR 7629), February 16, 1994), or require OMB review in accordance with Executive Order 13045, entitled Protection of Children from Environmental Health Risks and Safety Risks (62 FR 19885, April 23, 1997). In additions, since tolerance exemptions that are established on the basis of a petition under FFDCA section 408(d), such as the exemption in this final rule, do not require the issuance of a proposed rule, the requirements of the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 *et seq.*) do not apply. Nevertheless, the Agency previously assessed whether establishing tolerances, exemptions from tolerances, raising tolerance levels or expanding exemptions might adversely impact small entities and concluded, as a generic matter, that there is no adverse economic impact. The factual basis for the Agency's generic certification for tolerance actions published on May 4, 1981 (46 FR 24950), and was provided to the Chief Counsel for Advocacy of the Small Business Administration.

VIII. Submission to Congress and the Comptroller General

The Congressional Review Act, 5 U.S.C. 801 *et seq.*, as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. This is not a ''major rule'' as defined by 5 U.S.C. 804(2).

List of Subjects in 40 CFR Part 180

Environmental protection, Administrative practice and procedure, Agricultural commodities, pesticides and pests, Reporting and recordkeeping requirements.

Dated: June 3, 1998.

Marcia E. Mulkey,

Director, Office of Pesticide Programs.

Therefore, 40 CFR chapter I is amended as follows:

PART 180—[AMENDED]

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

Authority: 21 U.S.C. 346a and 371.

2. Section 180.1199 is added to subpart D to read as follows:

§ 180.1199 Phospholipid: Lyso-PE (lysophosphatidylethanolamine); temporary exemption from the requirement of a tolerance.

The phospholipid biochemical Lyso-PE (lysophosphatidylethanolamine); is temporarily exempted from the requirement of a tolerance for residues when used on crops including: apples, citrus, cranberries, grapes, nectarines, peaches, pears, strawberries, and tomatoes. This temporary exemption from the requirement of a tolerance will permit the marketing of the food commodities in this paragraph when treated in accordance with the provisions of experimental use permit 70515-EUP-1, which is being issued under the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), as amended (7 U.S.C. 136). This temporary exemption from the requirement of a tolerance expires and is revoked on June 1, 2001. This temporary exemption from the requirement of a tolerance may be revoked at any time if the experimental use permit is revoked or if any experience with or scientific data on this pesticide indicate that the tolerance is not safe.

[FR Doc. 98–15597 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–F

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 180

[OPP–300670; FRL–5795–3]

RIN 2070–AB78

Propamocarb hydrochloride; Extension of Tolerances for Emergency Exemptions

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule.

SUMMARY: This rule extends time-limited tolerances for residues of the fungicide propamocarb hydrochloride in or on potatoes at 0.5 part per million (ppm); fat, meat, meatbyproducts (except kidney and liver) of cattle, goats, hogs, horses, and sheep; and milk at 0.1 ppm; and tomatoes at 0.5 ppm; tomato paste at 3 ppm; and tomato puree at 1 ppm for an additional year and a half. This action is in response to EPA's granting of emergency exemptions under section 18 of the Federal Insecticide, Fungicide, and Rodenticide Act authorizing use of the pesticide on potatoes and tomatoes. Section 408(l)(6) of the Federal Food, Drug, and Cosmetic Act (FFDCA) requires EPA to establish a time-limited tolerance or exemption from the requirement for a tolerance for pesticide chemical residues in food that will result from the use of a pesticide under an emergency exemption granted by EPA under section 18 of FIFRA.

DATES: This regulation becomes effective June 12, 1998. Objections and requests for hearings must be received by EPA, on or before August 11, 1998.

ADDRESSES: Written objections and hearing requests, identified by the docket control number, [OPP–300670], must be submitted to: Hearing Clerk (1900), Environmental Protection Agency, Rm. M3708, 401 M St., SW., Washington, DC 20460. Fees accompanying objections and hearing requests shall be labeled ''Tolerance Petition Fees'' and forwarded to: EPA Headquarters Accounting Operations

Branch, OPP (Tolerance Fees), P.O. Box 360277M, Pittsburgh, PA 15251. A copy of any objections and hearing requests filed with the Hearing Clerk identified by the docket control number, [OPP–300670], must also be submitted to: Public Information and Records Integrity Branch, Information Resources and Services Division (7502C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. In person, bring a copy of objections and hearing requests to Rm. 119, Crystal Mall #2, 1921 Jefferson Davis Hwy., Arlington, VA.

A copy of objections and hearing requests filed with the Hearing Clerk may be submitted electronically by sending electronic mail (e-mail) to: opp-docket@epamail.epa.gov. Copies of electronic objections and hearing requests must be submitted as an ASCII file avoiding the use of special characters and any form of encryption. Copies of electronic objections and hearing requests will also be accepted on disks in WordPerfect 5.1/6.1 or ASCII file format. All copies of electronic objections and hearing requests must be identified by the docket control number [OPP–300670]. No Confidential Business Information (CBI) should be submitted through e-mail. Copies of electronic objections and hearing requests on this rule may be filed online at many Federal Depository Libraries.

FOR FURTHER INFORMATION CONTACT: By mail: Libby Pemberton, Registration Division (7505C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. Office location, telephone number, and e-mail address: Rm. 272, CM #2, 1921 Jefferson Davis Hwy., Arlington, VA 22202, (703)–308–9364; e-mail:ie-lpemberton@epamail.epa.gov.

SUPPLEMENTARY INFORMATION: EPA issued final rules, published in the **Federal Register** of April 2, 1997 (FR 15615) (FRL–5597–2) and May 16, 1997(FR 26960)(FRL–5717–5), which announced that on its own initiative and under section 408(e) of the FFDCA, 21 U.S.C. 346a(e) and (l)(6), it established time-limited tolerances for the residues of propamocarb hydrochloride in or on potatoes at 0.5 ppm; fat, meat, meat byproducts (except kidney and liver) of cattle, goats, hogs, horses, and sheep; and milk at 0.1 ppm with an expiration date of March 15, 1999 and in or on tomatoes at 0.5 ppm, tomato paste at 3 ppm, and tomato puree at 1 ppm with an expiration date of May 15, 1999. EPA established the tolerances because section 408(l)(6) of the FFDCA requires EPA to establish a time-limited tolerance or exemption from the requirement for a tolerance for pesticide chemical residues in food that will result from the use of a pesticide under an emergency exemption granted by EPA under section 18 of FIFRA. Such tolerances can be established without providing notice or period for public comment.

EPA received a request to extend the use of propamocarb hydrochloride for this growing season due to continued failure to control immigrant strains of late blight in tomatoes and potatoes with registered fungicides. After having reviewed the submissions, EPA concurs that emergency conditions exist for the states which have requested this use. EPA has authorized under FIFRA section 18 the use of propamocarb hydrochloride on for control of late blight in potatoes and tomatoes.

EPA assessed the potential risks presented by residues of propamocarb hydrochloride in or on potatoes and tomatoes. In doing so, EPA considered the new safety standard in FFDCA section 408(b)(2), and decided that the necessary tolerance under FFDCA section 408(l)(6) would be consistent with the new safety standard and with FIFRA section 18. The data and other relevant material have been evaluated and discussed in the final rules of April 2, 1997 and May 16, 1997. Based on those data and information considered, the Agency reaffirms that extension of the time-limited tolerances will continue to meet the requirements of section 408(l)(6). Therefore, the time-limited tolerances are extended for an additional year and a half. Although these tolerances will expire and are revoked on September 15, 2000 and November 15, 2000, under FFDCA section 408(l)(5), residues of the pesticide not in excess of the amounts specified in the tolerances remaining in or on after these dates will not be unlawful, provided the pesticide is applied in a manner that was lawful under FIFRA and the application occurred prior to the revocation of the tolerances. EPA will take action to revoke these tolerances earlier if any experience with, scientific data on, or other relevant information on this pesticide indicate that the residues are not safe.

I. Objections and Hearing Requests

The new FFDCA section 408(g) provides essentially the same process for persons to ''object'' to a tolerance regulation issued by EPA under new section 408(e) and (l)(6) as was provided in the old section 408 and in section 409. However, the period for filing objections is 60 days, rather than 30 days. EPA currently has procedural regulations which govern the submission of objections and hearing requests. These regulations will require some modification to reflect the new law. However, until those modifications can be made, EPA will continue to use those procedural regulations with appropriate adjustments to reflect the new law.

Any person may, by August 11, 1998, file written objections to any aspect of this regulation and may also request a hearing on those objections. Objections and hearing requests must be filed with the Hearing Clerk, at the address given above (40 CFR 178.20). A copy of the objections and/or hearing requests filed with the Hearing Clerk should be submitted to the OPP docket for this rulemaking. The objections submitted must specify the provisions of the regulation deemed objectionable and the grounds for the objections (40 CFR 178.25). Each objection must be accompanied by the fee prescribed by 40 CFR 180.33(i). If a hearing is requested, the objections must include a statement of the factual issues on which a hearing is requested, the requestor's contentions on such issues, and a summary of any evidence relied upon by the requestor (40 CFR 178.27). A request for a hearing will be granted if the Administrator determines that the material submitted shows the following: There is genuine and substantial issue of fact; there is a reasonable possibility that available evidence identified by the requestor would, if established, resolve one or more of such issues in favor of the requestor, taking into account uncontested claims or facts to the contrary; and resolution of the factual issues in the manner sought by the requestor would be adequate to justify the action requested (40 CFR 178.32). Information submitted in connection with an objection or hearing request may be claimed confidential by marking any part or all of that information as CBI. Information so marked will not be disclosed except in accordance with procedures set forth in 40 CFR part 2. A copy of the information that does not contain CBI must be submitted for inclusion in the public record. Information not marked confidential may be disclosed publicly by EPA without prior notice.

II. Public Record and Electronic Submissions

The official record for this rulemaking, as well as the public version, as described above will be kept

in paper form. Accordingly, EPA will transfer any copies of objections and hearing requests received electronically into printed, paper form as they are received and will place the paper copies in the official rulemaking record which will also include all comments submitted directly in writing. The official rulemaking record is the paper record maintained at the Virginia address in ''ADDRESSES'' at the beginning of this document

Electronic comments may be sent directly to EPA at:

opp-docket@epamail.epa.gov.

The official record for this rulemaking, as well as the public version, as described above will be kept in paper form. Accordingly, EPA will transfer any copies of objections and hearing requests received electronically into printed, paper form as they are received and will place the paper copies in the official rulemaking record which will also include all comments submitted directly in writing. The official rulemaking record is the paper record maintained at the Virginia address in ''ADDRESSES'' at the beginning of this document.

III. Regulatory Assessment Requirements

This final rule extends time-limited tolerances that were previously extended by EPA under FFDCA section 408(d) in response to a petition submitted to the Agency. The Office of Management and Budget (OMB) has exempted these types of actions from review under Executive Order 12866, entitled Regulatory Planning and Review (58 FR 51735, October 4, 1993). In addition, this final rule does not contain any information collections subject to OMB approval under the Paperwork Reduction Act (PRA), 44 U.S.C. 3501 *et seq.*, or impose any enforceable duty or contain any unfunded mandate as described under Title II of the Unfunded Mandates Reform Act of 1995 (UMRA) (Pub. L. 104–4). Nor does it require any prior consultation as specified by Executive Order 12875, entitled Enhancing the Intergovernmental Partnership (58 FR 58093, October 28, 1993), or special considerations as required by Executive Order 12898, entitled Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations (59 FR 7629, February 16, 1994), or require OMB review in accordance with Executive Order 13045, entitled Protection of Children from Environmental Health Risks and Safety Risks (62 FR 19885, April 23, 1997).

In addition, under the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 et seq.), the Agency previously assessed whether establishing tolerances, exemptions from tolerances, raising tolerance levels or expanding exemptions might adversely impact small entities and concluded, as a generic matter, that there is no adverse economic impact. The factual basis for the Agency's generic certification for tolerance actions published on May 4, 1981 (46 FR 24950), and was provided to the Chief Counsel for Advocacy of the Small Business Administration.

IV. Submission to Congress and the Comptroller General

The Congressional Review Act, 5 U.S.C. 801 *et seq.*, as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the Agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and the Comptroller General of the United States. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. This rule is not a ''major rule'' as defined by 5 U.S.C. 804(2).

List of Subjects in 40 CFR Part 180

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

Dated: June 2, 1998.

James Jones,

Director, Registration Division, Office of Pesticide Programs.

Therefore, 40 CFR chapter I is amended as follows:

PART 180—[AMENDED]

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

Authority: 21 U.S.C. 346a and 371.

§ 180.499 [Amended]

2. In § 180.499, by amending paragraph (b) by changing the date ''3/15/99'' to read ''9/15/00'' and the date ''May 15, 1999'' to read ''11/15/00''.

[FR Doc. 98–15743 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–F

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 180

[OPP–300668; FRL 5794–8]

RIN 2070–AB78

Tebufenozide; Extension of Tolerances for Emergency Exemptions

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule.

SUMMARY: This rule extends time-limited tolerances for residues of the insecticide tebufenozide and its metabolites in or on undelinted cotton seed at 0.2 part per million (ppm), cottonseed meal 0.5 ppm, cottonseed oil 1.3 ppm, cottonseed hulls 0.8 ppm, cotton gin byproducts 4.0 ppm, for an additional 18 months, to December 31, 1999. This action is in response to EPA's granting of an emergency exemption under section 18 of the Federal Insecticide, Fungicide, and Rodenticide Act authorizing use of the pesticide on cotton. Section 408(l)(6) of the Federal Food, Drug, and Cosmetic Act (FFDCA) requires EPA to establish a time-limited tolerance or exemption from the requirement for a tolerance for pesticide chemical residues in food that will result from the use of a pesticide under an emergency exemption granted by EPA under section 18 of FIFRA.

DATES: This regulation becomes effective June 12, 1998. Objections and requests for hearings must be received by EPA, on or before August 11, 1998.

ADDRESSES: Written objections and hearing requests, identified by the docket control number, [OPP–300668], must be submitted to: Hearing Clerk (1900), Environmental Protection Agency, Rm. M3708, 401 M St., SW., Washington, DC 20460. Fees accompanying objections and hearing requests shall be labeled ''Tolerance Petition Fees'' and forwarded to: EPA Headquarters Accounting Operations Branch, OPP (Tolerance Fees), P.O. Box 360277M, Pittsburgh, PA 15251. A copy of any objections and hearing requests filed with the Hearing Clerk identified by the docket control number, [OPP–300668], must also be submitted to: Public Information and Records Integrity Branch, Information Resources and Services Division (7502C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. In person, bring a copy of objections and hearing requests to Rm. 119, Crystal Mall #2, 1921 Jefferson Davis Hwy., Arlington, VA.

A copy of objections and hearing requests filed with the Hearing Clerk may also be submitted electronically by sending electronic mail (e-mail) to: opp-docket@epamail.epa.gov. Follow the instructions in Unit II. of this preamble. No Confidential Business Information (CBI) should be submitted through e-mail.

FOR FURTHER INFORMATION CONTACT: By mail: Andrea Beard, Registration Division (7505C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. Office location, telephone number, and e-mail address: Rm. 267, CM #2, 1921 Jefferson Davis Hwy., Arlington, VA, 703–308–9356; e-mail: beard.andrea@epamail.epa.gov.

SUPPLEMENTARY INFORMATION: EPA issued a final rule, published in the **Federal Register** of July 2, 1997 (62 FR 35683) (FRL 5719–9), which announced that on its own initiative and under section 408(e) of the FFDCA, 21 U.S.C. 346a(e) and (l)(6), it established a time-limited tolerance for the residues of tebufenozide and its metabolites in or on undelinted cottonseed at 0.2 ppm, cottonseed meal 0.5 ppm, cottonseed oil 1.3 ppm, cottonseed hulls 0.8 ppm, cotton gin byproducts 4.0 ppm, with an expiration date of June 30, 1998. EPA established the tolerance because section 408(l)(6) of the FFDCA requires EPA to establish a time-limited tolerance or exemption from the requirement for a tolerance for pesticide chemical residues in food that will result from the use of a pesticide under an emergency exemption granted by EPA under section 18 of FIFRA. Such tolerances can be established without providing notice or period for public comment.

EPA received requests to extend the use of tebufenozide on cotton for this year's growing season due to the need to control beet armyworm, which has developed resistance to available pesticides; if not adequately controlled, this pest is expected to lead to significant economic losses for cotton growers in the affected states, AR, AL, FL, GA, LA, MS, NM, SC, and TX. After having reviewed the submissions, EPA concurs that emergency conditions exist for these states. EPA has authorized under FIFRA section 18 the use of tebufenozide on cotton for control of beet armyworm in cotton.

EPA assessed the potential risks presented by residues of tebufenozide in or on cotton. In doing so, EPA considered the new safety standard in FFDCA section 408(b)(2), and decided that the necessary tolerances under FFDCA section 408(l)(6) would be consistent with the new safety standard and with FIFRA section 18. The data and other relevant material have been evaluated and discussed in the final rule of July 2, 1997 (62 FR 35683). Based on that data and information considered, the Agency reaffirms that extension of the time-limited tolerances will continue to meet the requirements of section 408(l)(6). Therefore, the time-limited tolerances are extended for an additional 18 month period. Although these tolerances will expire and are revoked on December 31, 1999, under FFDCA section 408(l)(5), residues of the pesticide not in excess of the amounts specified in the tolerances remaining in or on cottonseed, meal, oil, hulls, and gin byproducts after that date will not be unlawful, provided the pesticide is applied in a manner that was lawful under FIFRA and the application occurred prior to the revocation of the tolerances. EPA will take action to revoke these tolerances earlier if any experience with, scientific data on, or other relevant information on this pesticide indicate that the residues are not safe.

I. Objections and Hearing Requests

The new FFDCA section 408(g) provides essentially the same process for persons to ''object'' to a tolerance regulation issued by EPA under new section 408(e) and (l)(6) as was provided in the old section 408 and in section 409. However, the period for filing objections is 60 days, rather than 30 days. EPA currently has procedural regulations which govern the submission of objections and hearing requests. These regulations will require some modification to reflect the new law. However, until those modifications can be made, EPA will continue to use those procedural regulations with appropriate adjustments to reflect the new law.

Any person may, by August 11, 1998, file written objections to any aspect of this regulation and may also request a hearing on those objections. Objections and hearing requests must be filed with the Hearing Clerk, at the address given above (40 CFR 178.20). A copy of the objections and/or hearing requests filed with the Hearing Clerk should be submitted to the OPP docket for this rulemaking. The objections submitted must specify the provisions of the regulation deemed objectionable and the grounds for the objections (40 CFR 178.25). Each objection must be accompanied by the fee prescribed by 40 CFR 180.33(i). If a hearing is requested, the objections must include a statement of the factual issues on which a hearing is requested, the requestor's contentions on such issues, and a summary of any evidence relied upon by the requestor (40 CFR 178.27). A request for a hearing will be granted if the Administrator determines that the material submitted shows the following: There is genuine and substantial issue of fact; there is a reasonable possibility that available evidence identified by the requestor would, if established, resolve one or more of such issues in favor of the requestor, taking into account uncontested claims or facts to the contrary; and resolution of the factual issues in the manner sought by the requestor would be adequate to justify the action requested (40 CFR 178.32). Information submitted in connection with an objection or hearing request may be claimed confidential by marking any part or all of that information as CBI. Information so marked will not be disclosed except in accordance with procedures set forth in 40 CFR part 2. A copy of the information that does not contain CBI must be submitted for inclusion in the public record. Information not marked confidential may be disclosed publicly by EPA without prior notice.

II. Public Record and Electronic Submissions

The official record for this rulemaking, as well as the public version, as described above will be kept in paper form. Accordingly, EPA will transfer any copies of objections and hearing requests received electronically into printed, paper form as they are received and will place the paper copies in the official rulemaking record which will also include all comments submitted directly in writing. The official rulemaking record is the paper record maintained at the Virginia address in ''ADDRESSES'' at the beginning of this document

Electronic comments may be sent directly to EPA at: opp-docket@epamail.epa.gov.

Electronic objections and hearing requests must be submitted as an ASCII file avoiding the use of special characters and any form of encryption. Objections and hearing requests will also be accepted on disks in WordPerfect 51/6.1 or ASCII file format. All copies of objections and hearing requests in electronic form must be identified by the docket control number [OPP–300668]. No CBI should be submitted through e-mail. Electronic copies of objections and hearing requests on this rule may be filed online at many Federal Depository Libraries.

III. Regulatory Assessment Requirements

This final rule extends a time-limited tolerance that was previously extended by EPA under FFDCA section 408(d) in response to a petition submitted to the Agency. The Office of Management and Budget (OMB) has exempted these types of actions from review under Executive Order 12866, entitled Regulatory Planning and Review (58 FR 51735, October 4, 1993). In addition, this final rule does not contain any information collections subject to OMB approval under the Paperwork Reduction Act (PRA), 44 U.S.C. 3501 *et seq.*, or impose any enforceable duty or contain any unfunded mandate as described under Title II of the Unfunded Mandates Reform Act of 1995 (UMRA) (Pub. L. 104–4). Nor does it require any prior consultation as specified by Executive Order 12875, entitled Enhancing the Intergovernmental Partnership (58 FR 58093, October 28, 1993), or special considerations as required by Executive Order 12898, entitled Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations (59 FR 7629, February 16, 1994), or require OMB review in accordance with Executive Order 13045, entitled Protection of Children from Environmental Health Risks and Safety Risks (62 FR 19885, April 23, 1997).

Since this extension of an existing time-limited tolerance does not require the issuance of a proposed rule, the requirements of the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 *et seq.*) do not apply. Nevertheless, the Agency has previously assessed whether establishing tolerances, exemptions from tolerances, raising tolerance levels or expanding exemptions might adversely impact small entities and concluded, as a generic matter, that there is no adverse economic impact. The factual basis for the Agency's generic certification for tolerance actions published on May 4, 1981 (46 FR 24950), and was provided to the Chief Counsel for Advocacy of the Small Business Administration.

IV. Submission to Congress and the General Accounting Office

Under 5 U.S.C. 801(a)(1)(A), as added by the Small Business Regulatory Enforcement Fairness Act of 1996, the Agency has submitted a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the General Accounting Office prior to publication of this rule in today's **Federal Register**. This is not a ''major rule'' as defined by 5 U.S.C. 804(2).

List of Subjects in 40 CFR Part 180

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

Dated: June 2, 1998.

James Jones,

Director, Registration Division, Office of Pesticide Programs.

Therefore, 40 CFR chapter I is amended as follows:

PART 180—[AMENDED]

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

Authority: 21 U.S.C. 346a and 371.

§180.482 [Amended]

2. In §180.482, by amending paragraph (b) by changing the date for cotton gin byproducts; cottonseed hulls; cottonseed meal; cottonseed oil; cottonseed, undelinted; from ''6/30/98'' to read ''12/31/99''.

[FR Doc. 98–15744 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–F

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 180

[OPP–300671; FRL–5795–4]
RIN 2070–AB78

Dimethomorph; Extension of Tolerances for Emergency Exemptions

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule.

SUMMARY: This rule extends a time-limited tolerance for residues of the fungicide dimethomorph in or on potatoes at 0.05 part per million (ppm) for an additional one and one-half-year period, to March 15, 2000. This action is in response to EPA's granting of emergency exemptions under section 18 of the Federal Insecticide, Fungicide, and Rodenticide Act authorizing use of the pesticide on potatoes. Section 408(l)(6) of the Federal Food, Drug, and Cosmetic Act (FFDCA) requires EPA to establish a time-limited tolerance or exemption from the requirement for a tolerance for pesticide chemical residues in food that will result from the use of a pesticide under an emergency exemption granted by EPA under section 18 of FIFRA.

DATES: This regulation becomes effective June 12, 1998. Objections and requests for hearings must be received by EPA, on or before August 11, 1998.

ADDRESSES: Written objections and hearing requests, identified by the docket control number, [OPP–300671], must be submitted to: Hearing Clerk (1900), Environmental Protection Agency, Rm. M3708, 401 M St., SW., Washington, DC 20460. Fees accompanying objections and hearing requests shall be labeled ''Tolerance Petition Fees'' and forwarded to: EPA Headquarters Accounting Operations Branch, OPP (Tolerance Fees), P.O. Box 360277M, Pittsburgh, PA 15251. A copy of any objections and hearing requests filed with the Hearing Clerk identified by the docket control number, [OPP–300671], must also be submitted to: Public Information and Records Integrity Branch, Information Resources and Services Division (7502C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. In person, bring a copy of objections and hearing requests to Rm. 119, Crystal Mall #2, 1921 Jefferson Davis Hwy., Arlington, VA.

A copy of objections and hearing requests filed with the Hearing Clerk may also be submitted electronically by sending electronic mail (e-mail) to: opp-docket@epamail.epa.gov. Follow the instructions in Unit II. of this preamble. No Confidential Business Information (CBI) should be submitted through e-mail.

FOR FURTHER INFORMATION CONTACT: By mail: Libby Pemberton, Registration Division (7505C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. Office location , telephone number, and e-mail address: Rm. 272, CM ı2, 1921 Jefferson Davis Hwy., Arlington, VA 22202, (703)–308–9364; e-mail: ie-lpemberton@epamail.epa.gov.
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SUPPLEMENTARY INFORMATION: EPA issued a final rule, published in the **Federal Register** of May 14, 1997 (FR 26412) (FRL–5715–5), which announced that on its own initiative and under section 408(e) of the FFDCA, 21 U.S.C. 346a(e) and (l)(6), it established a time-limited tolerance for the residues of dimethomorph in or on potatoes at 0.05 ppm, with an expiration date of March 15, 1999. EPA established the tolerance because section 408(l)(6) of the FFDCA requires EPA to establish a time-limited tolerance or exemption from the requirement for a tolerance for pesticide chemical residues in food that will result from the use of a pesticide under

an emergency exemption granted by EPA under section 18 of FIFRA. Such tolerances can be established without providing notice or period for public comment.

EPA received a request to extend the use of dimethomorph for this year's growing season due to continued failure to control immigrant strains of late blight in potatoes with registered fungicides. After having reviewed the submissions, EPA concurs that emergency conditions exist for the states which have requested this use. EPA has authorized under FIFRA section 18 the use of dimethomorph on for control of late blight in potatoes and tomatoes.

EPA assessed the potential risks presented by residues of dimethomorph in or on potatoes and tomatoes . In doing so, EPA considered the new safety standard in FFDCA section 408(b)(2), and decided that the necessary tolerance under FFDCA section 408(l)(6) would be consistent with the new safety standard and with FIFRA section 18. The data and other relevant material have been evaluated and discussed in the final rules of May 14 and July 25, 1997 (FR 26412 and 39956). Based on that data and information considered, the Agency reaffirms that extension of the time-limited tolerances will continue to meet the requirements of section 408(l)(6). Therefore, the time-limited tolerances are extended for an additional one and one-half-year period. Although these tolerances will expire and are revoked on September 15, 2000 and November 15, 2000, under FFDCA section 408(l)(5), residues of the pesticide not in excess of the amounts specified in the tolerances remaining in or on after these dates will not be unlawful, provided the pesticide is applied in a manner that was lawful under FIFRA and the application occurred prior to the revocation of the tolerances. EPA will take action to revoke these tolerances earlier if any experience with, scientific data on, or other relevant information on this pesticide indicate that the residues are not safe.

I. Objections and Hearing Requests

The new FFDCA section 408(g) provides essentially the same process for persons to ''object'' to a tolerance regulation issued by EPA under new section 408(e) and (l)(6) as was provided in the old section 408 and in section 409. However, the period for filing objections is 60 days, rather than 30 days. EPA currently has procedural regulations which govern the submission of objections and hearing requests. These regulations will require some modification to reflect the new law. However, until those modifications can be made, EPA will continue to use those procedural regulations with appropriate adjustments to reflect the new law.

Any person may, by August 11, 1998, file written objections to any aspect of this regulation and may also request a hearing on those objections. Objections and hearing requests must be filed with the Hearing Clerk, at the address given above (40 CFR 178.20). A copy of the objections and/or hearing requests filed with the Hearing Clerk should be submitted to the OPP docket for this rulemaking. The objections submitted must specify the provisions of the regulation deemed objectionable and the grounds for the objections (40 CFR 178.25). Each objection must be accompanied by the fee prescribed by 40 CFR 180.33(i). If a hearing is requested, the objections must include a statement of the factual issues on which a hearing is requested, the requestor's contentions on such issues, and a summary of any evidence relied upon by the requestor (40 CFR 178.27). A request for a hearing will be granted if the Administrator determines that the material submitted shows the following: There is genuine and substantial issue of fact; there is a reasonable possibility that available evidence identified by the requestor would, if established, resolve one or more of such issues in favor of the requestor, taking into account uncontested claims or facts to the contrary; and resolution of the factual issues in the manner sought by the requestor would be adequate to justify the action requested (40 CFR 178.32). Information submitted in connection with an objection or hearing request may be claimed confidential by marking any part or all of that information as CBI. Information so marked will not be disclosed except in accordance with procedures set forth in 40 CFR part 2. A copy of the information that does not contain CBI must be submitted for inclusion in the public record. Information not marked confidential may be disclosed publicly by EPA without prior notice.

II. Public Record and Electronic Submissions

The official record for this rulemaking, as well as the public version, as described above will be kept in paper form. Accordingly, EPA will transfer any copies of objections and hearing requests received electronically into printed, paper form as they are received and will place the paper copies in the official rulemaking record which will also include all comments submitted directly in writing. The official rulemaking record is the paper record maintained at the Virginia address in ''ADDRESSES''at the beginning of this document

Electronic comments may be sent directly to EPA at:

opp-docket@epamail.epa.gov.

Electronic objections and hearing requests must be submitted as an ASCII file avoiding the use of special characters and any form of encryption. Objections and hearing requests will also be accepted on disks in WordPerfect 51/6.1 or ASCII file format. All copies of objections and hearing requests in electronic form must be identified by the docket control number [OPP–300671]. No CBI should be submitted through e-mail. Electronic copies of objections and hearing requests on this rule may be filed online at many Federal Depository Libraries.

III. Regulatory Assessment Requirements

This final rule extends the time-limited tolerance that was previously extended by EPA under FFDCA section 408(d) in response to a petition submitted to the Agency. The Office of Management and Budget (OMB) has exempted these types of actions from review under Executive Order 12866, entitled Regulatory Planning and Review (58 FR 51735, October 4, 1993). In addition, this final rule does not contain any information collections subject to OMB approval under the Paperwork Reduction Act (PRA), 44 U.S.C. 3501 *et seq.*, or impose any enforceable duty or contain any unfunded mandate as described under Title II of the Unfunded Mandates Reform Act of 1995 (UMRA) (Pub. L. 104–4). Nor does it require any prior consultation as specified by Executive Order 12875, entitled Enhancing the Intergovernmental Partnership (58 FR 58093, October 28, 1993), or special considerations as required by Executive Order 12898, entitled Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations (59 FR 7629, February 16, 1994), or require OMB review in accordance with Executive Order 13045, entitled Protection of Children from Environmental Health Risks and Safety Risks (62 FR 19885, April 23, 1997).

Since this extension of an existing time-limited tolerance does not require the issuance of a proposed rule, the requirements of the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 *et seq.*) do not apply. Nevertheless, the Agency has previously assessed whether establishing tolerances, exemptions from tolerances, raising tolerance levels or expanding exemptions might adversely impact small entities and

concluded, as a generic matter, that there is no adverse economic impact. The factual basis for the Agency's generic certification for tolerance actions published on May 4, 1981 (46 FR 24950), and was provided to the Chief Counsel for Advocacy of the Small Business Administration.

IV. Submission to Congress and the General Accounting Office

Under 5 U.S.C. 801(a)(1)(A), as added by the Small Business Regulatory Enforcement Fairness Act of 1996, EPA submitted a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the General Accounting Office prior to publication of this rule in today's **Federal Register**. This is not a ''major rule'' as defined by 5 U.S.C. 804(2).

List of Subjects in 40 CFR Part 180

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

Dated: June 2, 1998.

James Jones,

Director, Registration Division, Office of Pesticide Programs.

Therefore, 40 CFR chapter I is amended as follows:

PART 180—[AMENDED]

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

Authority: 21 U.S.C. 346a and 371.

§ 180.493 [Amended]

2. In § 180.493, by amending paragraph (b) by changing the date ''3/15/99'' to read ''9/15/00''.

[FR Doc. 98–15745 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–F

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

49 CFR Part 571

[Docket No. NHTSA–98–3773]

RIN 2127–AF91

Federal Motor Vehicle Safety Standards; Seat Belt Assembly Anchorages

AGENCY: National Highway Traffic Safety Administration (NHTSA), DOT.

ACTION: Final rule.

SUMMARY: This document responds to a petition from Volvo Cars of North America (Volvo), by amending the seat belt anchorage strength requirements of FMVSS No. 210, ''Seat belt assembly anchorages,'' to require the anchorages of all lap/shoulder belts to meet a 6,000 pound strength requirement, regardless of whether a manufacturer has the option of installing a lap belt or a lap/shoulder belt at that seating position. Two different requirements existed for testing the anchorages of lap/shoulder belts. One requirement, applicable to lap/shoulder belts installed at locations where manufacturers did not have the option of installing any other type of belt, called for all three anchorages of a lap/shoulder belt to withstand a 6,000 pound strength test. The second requirement, applicable to lap/shoulder belts installed at locations where a manufacturer could install either a lap belt or a lap/shoulder belt, required the anchorages of the lap portions of a lap/shoulder belt to withstand the 5,000 pound strength test applied to lap belts. The adoption of this new certification requirement allows manufacturers to test all lap/shoulder belts alike, i.e. according to the 6,000 pound strength test appropriate for lap/shoulder belts, and no longer need also test the anchorages for the lap belt portion to the 5,000 pound test used for belts consisting of just a lap belt.

DATES: *Effective Date:* This final rule is effective June 14, 1999. Manufacturers wishing to comply with the requirements of this final rule may do so before the effective date commencing September 10, 1998.

Petition Date: Any petitions for reconsideration must be received by NHTSA no later than July 27, 1998.

ADDRESSES: Any petitions for reconsideration should refer to the docket and notice number of this notice and be submitted to: Administrator, National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590.

FOR FURTHER INFORMATION CONTACT: The following persons at the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590:

For non-legal issues: Mr. John Lee, Light Duty Vehicle Division, Office of Crashworthiness Standards, NPS–11, National Highway Traffic Safety Administration, telephone: (202) 366–4924, facsimile (202) 493–2739, electronic mail ''jlee@nhtsa.dot.gov''.

For legal issues: Otto Matheke, Office of the Chief Counsel, NCC–20, telephone (202) 366–5263, facsimile (202) 366–3820, electronic mail ''omatheke@nhtsa.dot.gov''.

SUPPLEMENTARY INFORMATION: Under Standard No. 208, ''Occupant crash protection,'' manufacturers have the option of installing a Type 1 seat belt (i.e., lap belt) instead of a Type 2 seat belt assembly (i.e., lap/shoulder belts) at these locations:

- Vehicles, including school buses, with a GVWR of more than 10,000 pounds: all seats, except passenger seats in buses;
- School buses with a gross vehicle weight rating (GVWR) of 10,000 pounds or less: the passenger seats; and
- All other vehicles with a GVWR of 10,000 pounds or less: all seats, except forward-facing outboard seats.

Prior to this final rule, the anchorage requirements in Federal Motor Vehicle Safety Standard No. 210, ''Seat belt assembly anchorages,'' required the lap belt anchorages for Type 2 belts installed at these positions to meet the 5,000 pound load requirement applicable to Type 1 belts. However, the anchorages for the shoulder belt portion were not subject to any load requirement. These requirements were established in a final rule published on April 30, 1990 (55 FR 17970) without any explanatory discussion in the preamble to the final rule. Where Type 2 belts were the only configuration allowed at a seating position, the Standard required the anchorages for Type 2 seat belts to withstand the simultaneous application of a 3,000-pound load applied to the lap belt anchorages and a separate 3,000-pound load to the shoulder belt anchorages.

The Volvo Petition

On May 18, 1995, Volvo Cars of North America, Inc. (Volvo) petitioned NHTSA to amend Standard No. 210. Volvo stated that it subjects the anchorages of its ''voluntarily installed Type 2 seat belts'' to two different tests.[1] Pursuant to Standard No. 210, it tests the anchorages for the lap belt portion of those belts for compliance with the anchorage requirements for a Type 1 seat belt. In addition, for quality control purposes, it tests the anchorages of its voluntarily installed Type 2 seat belts for compliance with the requirements

[1] Volvo's use of the term ''voluntarily installed'' reflects that company's interpretation that Standard No. 208 does not require the installation of Type 2 belts at locations where Standard No. 208 allows manufacturers to meet seat belt requirements by installing either a Type 1 or a Type 2 belt. As the minimum requirement for those locations can be met by installing a Type 1 belt, Volvo adheres to the view that Type 2 belts used where only a Type 1 is required are ''voluntarily installed'' belts.

for the anchorages of mandatorily installed Type 2 seat belts.

To reduce the amount of testing, Volvo requested that the Standard be amended to give manufacturers a choice of certifying the lap belt anchorages of a ''voluntarily installed'' Type 2 seat belt either to the requirements for Type 1 seat belt anchorages or to the requirements for a Type 2 seat belt anchorage. The adoption of this request would allow Volvo to cease separate testing of the lap belt portion of its voluntarily installed Type 2 seat belts.

Notice of Proposed Rulemaking

On May 14, 1996 (61 FR 24265), NHTSA published a Notice of Proposed Rulemaking (NPRM) proposing that FMVSS 210 be amended so that all Type 2 belts are tested alike. Manufacturers that choose to install Type 2 seat belts at positions where they are optional would be required to certify the anchorages according to the requirements for the anchorages for mandatory Type 2 seat belts.

Comments in Response to the NPRM

Six comments were received in response to the NPRM. The commenters included Volvo Cars of North America (Volvo), General Motors Corporation (GM), Insurance Institute for Highway Safety (IIHS), Volkswagen (VW), Truck Manufacturers Association (TMA), and American Automobile Manufacturers Association (AAMA). Additionally, a related letter was received from the National Transportation Safety Board (NTSB). All those submitting comments concurred with the proposal. However, General Motors (GM), Insurance Institute for Highway Safety (IIHS) and American Automotive Manufacturers Association (AAMA) had additional comments.

Although GM agreed with the agency proposal, it suggested that the proposed rule change might be unnecessary. GM commented that because FMVSS 208 expressly provides the vehicle manufacturer with the option of installing ''a Type 1 or a Type 2 seat belt assembly '' at certain designated seating positions, the Standard requires that one or the other be provided. In GM's view, if a vehicle manufacturer decides to provide a Type 2 seat belt assembly at the designated seating position, that Type 2 seat belt assembly becomes the FMVSS 208 required seat belt assembly for that designated seating position and, as such, becomes subject to the requirements for such belt assemblies as specified prior to this final rule.

IIHS made similar arguments. It supported proposed changes in the NPRM, but believes that the term ''voluntarily-installed'' is confusing. IIHS noted that Standard 208 states that either a Type 1 or Type 2 belt must be installed at all non-outboard forward-facing seats. In IIHS' view, nothing in Standard 208 indicates that the installation of a Type 2 belt is a voluntary decision and that the agency should not refer to Type 2 belts installed where they are not required as voluntarily installed seat belts.

AAMA suggested that S4.2.2 include the phrase ''and except for side-facing seats,'' and that the proposed changes become effective 30 days after the final rule.

In a letter dated September 20, 1996, offered in response to the NPRM, the National Transportation Safety Board (NTSB) recommended that NHTSA require installation of center rear lap/shoulder belts in all newly manufactured passenger vehicles for sale in the United States.

Analysis of Comments

The comments submitted by GM and IIHS concern the issue of whether a Type 2 seat belt installed at a seating position for which Standard No. 208 expressly provides the option of installing either a Type 1 or Type 2 seat belt is a voluntarily installed belt. GM contended that if a vehicle manufacturer decides to provide a Type 2 seat belt assembly at such a designated seating position, it is doing so to satisfy Standard 208 and the decision is therefore not a voluntary one. In GM's view, such Type 2 seat belt assemblies are installed to comply with Standard 208 and would be tested to conform to the specifications applicable to Type 2 seat belt assemblies installed where Standard 208 requires such belts.

In contrast, Volvo's petition for rulemaking is premised on the view that Type 2 belts installed in lieu of Type 1 belts are ''voluntarily installed.'' This view is based on NHTSA's prior interpretation supporting the concept of ''voluntarily installed'' belts and language previously found in S4.2.1(b) specifying that the lap belt portion of a Type 2 seat belt that is ''voluntarily installed at a designated seating position'' must withstand a 5,000 pound force.

Although GM and IIHS differ from Volvo about whether the standard would have required the 3,000 pound test load to be applied to the lap belt portion of the seat belt assembly simultaneously with a 3,000 pound test load applied to the shoulder belt portion uniformly to all Type 2 seat belt anchorages, they agree that uniformity is desirable. The agency concurs in this view. In proposing to amend the standard, the agency accepted Volvo's view that an amendment was necessary. Upon considering the comments from GM and IIHS, NHTSA concedes that the former language of the standard could support the interpretation those commenters gave it. However, Volvo's position also has support in the record and is in accord with earlier agency interpretations. To avoid future uncertainty, NHTSA concludes that the better course is to amend the standard as proposed. It accordingly amends S4.2.1. by deleting the reference to ''voluntarily installed'' Type 2 seat belts, thereby making the lap and shoulder anchorages for all such belts each subject to the 3,000 pound test requirements of S4.2.2. IIHS also suggested that S4.2.2 (b), as proposed in the NPRM, be removed on the basis that this text was superfluous. NHTSA agrees that S4.2.2(b) is superfluous and should be deleted.

The agency has also concluded that it is appropriate to follow AAMA's suggestion that the phrase ''and except for side-facing seats'' be incorporated into S4.2.2. Such an amendment makes the section consistent with the existing side-facing seat requirements of Standard 210. NHTSA does not agree, however, that the amendments incorporated in this final rule should be effective 30 days after publication.

NHTSA recognizes that these amendments simplify testing and lessen compliance burdens for many manufacturers. An early effective date would therefore benefit some members of the industry. However, since the amendment to S4.2.1 reverses an earlier NHTSA interpretation regarding Type 2 belts and their anchorages, the agency is concerned that some manufacturers who have relied on this prior interpretation to locate the upper anchorages for Type 2 belts be afforded sufficient time to implement changes to bring existing or planned vehicles into compliance with the anchorage location requirements of S4.3.2.

The agency has consistently maintained that systems or components installed in addition to required safety systems are not required to meet Federal safety standards, provided the additional components or systems do not impair the performance of required systems. In the case of Type 2 belts, NHTSA has said that manufacturers are permitted to locate the anchorage for the upper end of voluntarily installed shoulder belts outside of the area specified in S4.3.2 of Standard No. 210, provided that the voluntarily installed anchorages and shoulder belts do not destroy the ability of the required anchorages and lap belts to comply with

the requirements of the safety standards. The effect of the amendment made by this final rule is that anchorages for all Type 2 seat belts will be required to meet the location requirements as well as the strength requirements of Standard No. 210. To permit manufacturers who need to relocate their Type 2 anchorages to do so, the agency is providing that the rule will take effect one year from the date of its publication.

Section 30111(d) of Chapter 329, 49 U.S.C. 30111(d) prohibits establishment of an effective date for a seat standard less than 180 days or more than one year after the standard is prescribed. This restriction does not apply if, for good cause shown, that a different effective date is in the public interest.

NHTSA believes that setting the effective date one year after promulgation will not have a negative impact on safety. The principal effect of this rule will be to simplify testing requirements and harmonize anchorage strength criteria for Type 2 belts. Volvo and other manufacturers wishing to test the anchorages of Type 2 belts to the Type 2 requirements may do so before the effective date of this rule. It is expected that these manufacturers will do so, in order to avoid the costs of duplicative testing.

In regard to the suggestion provided by the NTSB that NHTSA require the installation of Type 2 seat belts at all designated seating positions, NHTSA believes that such a requirement is beyond the scope of this rulemaking. The instant action concerns the requirements for seat belt anchorages rather than what types of seat belts are required at different seating positions. NHTSA acknowledges that mandating the installation of Type 2 belts at all seating positions may have safety benefits. The agency has not, in the course of this rulemaking, examined those benefits or potential risks and costs of such a requirement. Accordingly, the agency is therefore respectfully declining to take the actions suggested by NTSB.

Final Rule

NHTSA is making several changes to the proposal outlined in the NPRM. The phrase ''and except for side-facing seats'' is added to S4.2.2. As discussed above, S4.2.2(b) is being deleted in its entirety.

Effective Date

In response to the NPRM, AAMA suggested that the agency establish an early effective date for the new anchorage requirements. As noted above, the rule will become effective one year from the date of publication in the **Federal Register**. Manufacturers wishing to comply prior to that date may do so commencing 90 days after publication.

Rulemaking Analyses and Notices

A. Executive Order 12866 and DOT Regulatory Policies and Procedures

NHTSA has considered the impact of this rulemaking action under E.O. 12866 and the Department of Transportation's regulatory policies and procedures. This rulemaking document was not reviewed under E.O. 12866, ''Regulatory Planning and Review.'' This action has been determined to be not ''significant'' under the Department of Transportation's regulatory policies and procedures. This final rule will result in reduced testing costs for manufacturers who had previously been testing Type 2 belt anchorages to two different strength standards. The cost savings will vary depending on the test procedure being used by the manufacturer. The agency believes that the impact of this final rule does not warrant the preparation of a full regulatory analysis.

B. Regulatory Flexibility Act

The Regulatory Flexibility Act of 1980 (Public Law 96–354) requires each agency to evaluate the potential effects of a final rule on small businesses. Modifications to standards for seat belt anchorages affect motor vehicle manufacturers, few of which are small entities. The Small Business Administration (SBA) has set size standards for determining if a business within a specific industrial classification is a small business. The Standard Industrial Classification code used by the SBA for Motor Vehicles and Passenger Car Bodies (3711) defines a small manufacturer as one having 1,000 employees or less.

I hereby certify that this final rule will not have a significant economic impact on a substantial number of small businesses. Very few single stage manufacturers of motor vehicles within the United States have 1,000 or fewer employees. Those that do are not likely to perform testing of seat belt anchorages and would be much more likely to contract with a larger manufacturer or a test facility to perform such testing. Furthermore, this rule reduces test burdens for manufacturers by eliminating any perceived need to test the anchorages of certain Type 2 seat belts to two different strength requirements. For this reason, NHTSA believes that this final rule will not have a significant impact on any small business.

C. Paperwork Reduction Act

In accordance with the Paperwork Reduction Act of 1980 (P.L. 96–511), there are no requirements for information collection associated with this final rule.

D. National Environmental Policy Act

NHTSA has also analyzed this final rule under the National Environmental Policy Act and determined that it would not have a significant impact on the human environment.

E. Executive Order 12612 (Federalism)and Unfunded Mandates Act

NHTSA has analyzed this final rule in accordance with the principles and criteria contained in E.O. 12612, and has determined that this final rule would not have significant federalism implications to warrant the preparation of a Federalism Assessment.

In issuing this final rule modifying seat belt anchorage strength requirements, the agency notes, for the purposes of the Unfunded Mandates Act, that it is pursuing the least cost alternative. This rulemaking does not impose new costs but reduces compliance test costs by eliminating potentially duplicative requirements.

F. Civil Justice Reform

This final rule will not have any retroactive effect. Under 49 U.S.C. 30103, whenever a Federal motor vehicle safety standard is in effect, a State may not adopt or maintain a safety standard applicable to the same aspect of performance which is not identical to the Federal standard, except to the extent that the state requirement imposes a higher level of performance and applies only to vehicles procured for the State's use. 49 U.S.C. 30161 sets forth a procedure for judicial review of final rules establishing, amending or revoking Federal motor vehicle safety standards. That section does not require submission of a petition for reconsideration or other administrative proceedings before parties may file suit in court.

List of Subjects in 49 CFR Part 571

Imports, Motor vehicle safety, Motor vehicles.

In consideration of the foregoing, 49 CFR Part 571 is amended as follows:

PART 571–FEDERAL MOTOR VEHICLE SAFETY STANDARDS

1. The authority citation for Part 571 of Title 49 continues to read as follows:

Authority: 49 U.S.C. 322, 30111, 30115, 30117, and 30166; delegation of authority at 49 CFR 1.50.

2. 571.210 is amended by revising sections S4.2.1 and S4.2.2 to read as follows:

§ 571.210 Standard No. 210, Seat Belt Assembly Anchorages.

* * * * *

S4.2.1 Except as provided in S4.2.5, and except for side-facing seats, the anchorages, attachment hardware, and attachment bolts for any of the following seat belt assemblies shall withstand a 5,000 pound force when tested in accordance with S5.1 of this standard:

(a) Type 1 seat belt assembly; and

(b) Lap belt portion of either a Type 2 or automatic seat belt assembly, if such seat belt assembly is equipped with a detachable upper torso belt.

S4.2.2 Except as provided in S4.2.5, and except for side facing seats, the anchorages, attachment hardware, and attachment bolts for any of the following seat belt assemblies shall withstand a 3,000 pound force applied to the lap belt portion of the seat belt assembly simultaneously with a 3,000 pound force applied to the shoulder belt portion of the seat belt assembly, when tested in accordance with S5.2 of this standard:

(a) Type 2 and automatic seat belt assemblies that are installed to comply with Standard No. 208 (49 CFR 571.208); and

(b) Type 2 and automatic seat belt assemblies that are installed at a seating position required to have a Type 1 or Type 2 seat belt assembly by Standard No. 208 (49 CFR 571.208).

* * * * *

Issued on June 4, 1998.

Ricardo Martinez,

Administrator.

[FR Doc. 98–15558 Filed 6–11–98; 8:45 am]

BILLING CODE 4910–59–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 648

[Docket No. 980529141–8141–01; I.D. 052198A]

RIN 0648–AL34

Fisheries of the Northeastern United States; Final Rule for the Loligo Squid/Butterfish, Scup, Black Sea Bass, and Illex Squid Fisheries; Moratorium Vessel Permit Eligibility

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

ACTION: Final rule.

SUMMARY: NMFS issues a final rule to amend the regulations implementing Amendment 5 to the Fishery Management Plan (FMP) for the Atlantic mackerel, squid, and butterfish fisheries (Amendment 5), and Amendments 8 and 9 to the FMP for the summer flounder, scup, and black sea bass fisheries (Amendments 8 and 9). The purpose of this final rule is to comply with the intent of Amendments 5, 8, and 9 regarding the application restrictions for initial moratorium permits.

DATES: Effective June 9, 1998.

FOR FURTHER INFORMATION CONTACT: Tom Warren, Fishery Management Specialist, (978) 281–9347.

SUPPLEMENTARY INFORMATION: The final rule that implemented the commercial vessel moratorium for the *Loligo* squid/butterfish fishery in Amendment 5 was published on April 2, 1996 (61 FR 14465). The measures implementing the *Illex* squid moratorium were revised and approved in resubmitted Amendment 5 on May 27, 1997 (62 FR 28638). The final rules that implemented Amendments 8 and 9 were published on August 23, 1996 (61 FR 43420), and November 15, 1996 (61 FR 58461), respectively and established moratoria on entry into the scup and black sea bass fisheries, respectively.

Application restrictions for moratorium vessel permits were specified for each of these fisheries. The regulations implementing Amendments 5, 8, and 9 specified that no one may apply for an initial commercial moratorium permit 12 months after the effective date of the final rule implementing each amendment. The application deadlines as specified in the final rule of each amendment are: *Loligo* squid/butterfish, May 2, 1997; scup, September 23, 1997; black sea bass, December 15, 1997; and *Illex* squid, June 26, 1998.

The intent of the regulations was to provide 12 months of opportunity for vessel owners to apply for initial moratorium permits. However, logistical problems developed in coordinating the availability of the initial application forms with the effective dates of the final regulations. As a consequence, notification to potential applicants of the application requirements, including the deadlines, was delayed. Since forms were not available for vessel owners to apply for a moratorium fishery, the actual time frame in which they could apply was truncated. As a result, applicants for the *Loligo* squid/butterfish fishery received 8 months to apply; scup applicants received 11 months; and black sea bass applicants received 8 months. The intent of the regulations to provide 12 months in which to apply was thus not fulfilled. By reopening the permit application period for these fisheries, NMFS is providing additional time for applicants to apply for initial moratorium permits, as was originally intended.

Since the application periods for these three fisheries have expired, they must be reopened. Reopening the application periods for initial moratorium permits for the *Loligo* squid/butterfish, scup, and black sea bass fisheries for the period from June 9, 1998, through August 31, 1998, will result in additional opportunity, though not continuous, for applicants to apply for an initial moratorium permit. Therefore, the intent of this rule is to allow a more equitable opportunity to apply for these moratorium permits.

This final rule also adjusts the deadline for submittal of applications for the *Illex* squid moratorium permit so that it coincides with the August 31, 1998, deadline implemented by this final rule for *Loligo* squid/butterfish, scup, and black sea bass. Revising the date of the application deadline for the *Illex* squid moratorium permit (August 31, 1998) will result in a uniform deadline and reduce confusion in the industry.

Classification

Pursuant to authority at 5 U.S.C. 553(b)(B), the Assistant Administrator, NMFS, finds good cause to waive the requirement to provide prior notice and opportunity for public comment for this rule as such procedures are unnecessary and contrary to the public interest. A proposed rule informing the public of the application limitation for these fisheries was previously published for the original application deadlines. An additional comment period is unnecessary and will protract the permitting process for these fisheries without any concomitant benefit. The rule operates to relieve an unintended restriction and to avoid confusion in the industry by providing a uniform extension of the permit application deadline and the shortest hiatus in the permitting process. Because this rule relieves a restriction under 5 U.S.C. 553(d)(1), it is not subject to a 30-day delay in effective date.

Because prior notice and opportunity for public comment are not required for this rule by 5 U.S.C. 553, or any other law, the analytical requirements of the Regulatory Flexibility Act, 5 U.S.C. 601 *et seq.*, are inapplicable.

This rule has been determined to be not significant under E.O. 12866.

List of Subjects in 50 CFR Part 648

Fisheries, Fishing, Reporting and recordkeeping requirements.

Dated: June 8, 1998.

Rolland A. Schmitten,

Assistant Administrator for Fisheries, National Marine Fisheries Service.

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

PART 648—FISHERIES OF THE NORTHEASTERN UNITED STATES

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

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

2. Section 648.4 is amended by revising paragraphs (a)(5)(i)(B)(*1*), (a)(5)(ii)(B)(*1*), (a)(6)(i)(B)(*1*), and (a)(7)(i)(B)(*1*) to read as follows:

§ 648.4 Vessel and individual commercial permits.

(a) * * *

(5) * * *

(i) * * *

(B) * * *

(*1*) August 31, 1998; or

* * * * *

(ii) * * *

(B) * * *

(*1*) August 31, 1998; or

* * * * *

(6) * * *

(i) * * *

(B) * * *

(*1*) No one may apply for an initial scup moratorium permit after August 31, 1998.

* * * * *

(7) * * *

(i) * * *

(B) * * *

(*1*) August 31, 1998; or

* * * * *

[FR Doc. 98–15725 Filed 6–9–98; 3:10 pm]

BILLING CODE 3510–22–F

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 679

[Docket No. 980212037–8142–02; I.D. 012798A]

RIN 0648-AJ87

Fisheries of the Exclusive Economic Zone Off Alaska; Halibut Donation Program

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

ACTION: Final rule.

SUMMARY: NMFS issues regulations to implement Amendment 50 to the Fishery Management Plan for Groundfish of the Gulf of Alaska and Amendment 50 to the Fishery Management Plan for the Groundfish Fishery of the Bering Sea and Aleutian Islands Area (FMPs). This rule authorizes the distribution of Pacific halibut taken as bycatch in the specified groundfish trawl fisheries off Alaska to economically disadvantaged individuals through tax-exempt organizations selected by NMFS to be authorized distributors. This rule is applicable only until December 31, 2000, so that management agencies may assess the program prior to determining whether or not to continue it under a future regulatory amendment. This action is necessary to promote the goals and objectives of the FMPs. The intended effect of this action is to reduce the amount of regulatory discards in the groundfish fisheries by processing dead halibut for human consumption.

DATES: Effective July 13, 1998.

ADDRESSES: Copies of Amendments 50/50 and the Environmental Assessment/Regulatory Impact Review (EA/RIR) prepared for this action are available from the Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau AK 99802, Attn: Lori J. Gravel, or by calling the Alaska Region, NMFS, at 907–586–7228. Send comments regarding burden estimates or any other aspect of data requirements, including suggestions for reducing burdens to NMFS and to the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB), Washington, DC 20503, Attn: NOAA Desk Officer.

FOR FURTHER INFORMATION CONTACT: Alan Kinsolving, 907–586–7228.

SUPPLEMENTARY INFORMATION: The domestic groundfish fisheries in the exclusive economic zone off Alaska are managed by NMFS under the FMPs. The FMPs were prepared by the North Pacific Fishery Management Council (Council) under the Magnuson-Stevens Fishery Conservation and Management Act (Magnuson-Stevens Act). Regulations governing the Alaska groundfish fisheries appear at 50 CFR parts 600 and 679. Fishing for Pacific halibut in waters in and off Alaska is governed by the Convention between the United States and Canada for the Preservation of the Halibut Fishery of the North Pacific Ocean and Bering Sea (Convention) and by regulations adopted by the International Pacific Halibut Commission (IPHC) and approved by the Secretary of State of the United States pursuant to section 4 of the Northern Pacific Halibut Act (16 U.S.C. 773–773k). Regulations of the IPHC are published as annual management measures in the **Federal Register** each year pursuant to regulations at 50 CFR 300.62.

A Notice of Availability of Amendments 50/50 was published in the **Federal Register** on February 4, 1998 (63 FR 5777), with comments invited through April 6, 1998. A proposed rule to implement Amendments 50/50 was published in the **Federal Register** on March 4, 1998 (63 FR 10583), with comments invited through April 20, 1998. Four comments were received, and they are summarized and responded to in the Comments and Responses section. No changes were made from the proposed rule to the final rule.

The regulations implementing Amendments 50/50 expand the existing Salmon Donation Program by creating a Prohibited Species Donation (PSD) program that includes Pacific halibut as well as salmon. The regulations authorize the voluntary distribution of halibut taken as bycatch in the groundfish trawl fishery to needy individuals by tax-exempt organizations through a NMFS-authorized distributor.

The program is limited to dead halibut landed by trawl catcher vessels to shoreside processors. Many of the halibut taken in the groundfish fishery are discarded alive. However, dead halibut are sometimes landed shoreside by trawl catcher vessels because at-sea sorting of catch is not practicable. This action will not have any impact on the halibut resource because the groundfish fisheries operate with a halibut prohibited species catch limit that requires closure of a fishery when that limit has been reached.

The regulations implementing Amendments 50/50 are applicable until December 31, 2000. This sunset provision was advocated by the Council and the IPHC so that management agencies could assess the effectiveness of the halibut donation program, relative to the program's objectives, before the Council took action to extend the program beyond the year 2000 by regulatory amendment.

Additional information on this action is contained in the preamble to the proposed rule and in the EA/RIR (see **ADDRESSES**). Upon reviewing Amendments 50/50, the Administrator, Alaska Region, NMFS has determined that Amendments 50/50 are necessary for the conservation and management of

the groundfish fisheries off Alaska and are consistent with the Magnuson-Stevens Act and with other applicable laws.

Comments and Responses

Comment 1: The concept of a PSD program is a good one, but the plan amendments should be structured to allow the donation of any prohibited species and not just halibut.

Response: The Council has recommended that the PSD program be limited to the existing salmon donation program and to the new halibut donation program implemented by this action. If the PSD program is successful, the Council may consider its expansion at a future date. At this time, the only authorized distributor has not expressed interest in receiving donations of other species.

Comment 2: The Council and NMFS have been moving in the direction of increasing the utilization of harvested fish. While expanding the salmon donation program is worthwhile, the Secretary of Commerce should encourage the Council to rethink its management of prohibited species. Many of the regulatory discard rules may no longer be necessary in the light of increased retention/increased utilization policies that have been recently implemented.

Response: Comment noted. NMFS will continue to examine viable alternatives to the existing programs for managing bycatch and reducing the need for regulatory discard. NMFS believes that this action is a positive step in this direction.

Comment 3: The preamble to the proposed rule asserts that the retention of halibut for donation will provide additional opportunity to collect biological samples and scientific data. NMFS should consider the possibility that prohibited species catch data, which may be collected as a result of the program, could be misleading. This should be addressed when considering the approval of these amendments.

Response: The primary goals of Amendments 50/50 is to reduce regulatory discards and to provide a mechanism for the donation of dead halibut to economically disadvantaged individuals. While this action provides an opportunity for increased collection of data, NMFS does not currently have plans to collect new data through this program. If such plans develop in the future, we will keep this comment in mind.

Comment 4: The EA prepared for this action erroneously states that trawl gear accounts for 84 percent of the halibut bycatch in the FMP managed groundfish fisheries. The correct statement would be that trawl gear accounts for 84 percent of the halibut bycatch mortality.

Response: The executive summary of the final EA has been revised to indicate that trawl gear is estimated to account for 84 percent of the halibut bycatch mortality.

Classification

At the proposed rules stage, the Assistant General Counsel for Legislation and Regulation of the Department of Commerce certified to the Chief Counsel for Advocacy of the Small Business Administration that this rule would not have a significant economic impact on a substantial number of small entities. The rationale for this determination appeared in the proposed rule. No comments were received regarding this certification. As a result, a regulatory flexibility analysis was not prepared.

This final rule has been determined to be not significant for the purposes of E.O. 12866.

This final rule contains collection-of-information requirements subject to the Paperwork Reduction Act (PRA). The collection of this information has been approved by OMB under OMB control number 0648–0316.

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

Public reporting burdens for these collections of information are estimated to average: 40 hours per response for a distributor to complete an application; 40 hours per year per response per distributor to comply with the documentation requirements; 0.1 hours per response for processors to properly label processed halibut; and 0.25 hours per response for the vessels/processors to list vessels/processors. The estimated response times shown include the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information.

Send comments on these or any other aspects of the collection of information, including suggestions for reducing burdens, to NMFS and to OMB (see **ADDRESSES**).

List of Subjects in 50 CFR Part 679

Alaska, Fisheries, Reporting and recordkeeping requirements.

Dated: June 5, 1998.

Rolland A. Schmitten,

Assistant Administrator for Fisheries, National Marine Fisheries Service.

For the reasons set out in the preamble, 50 CFR part 679 is amended as follows:

PART 679—FISHERIES OF THE EXCLUSIVE ECONOMIC ZONE OFF ALASKA

1. The authority citation for 50 CFR part 679 continues to read as follows:

Authority: 16 U.S.C. 773 *et seq.*, 1801 *et seq.*, and 3631 *et seq.*

2. In § 679.2, the definitions of ''SDP'' and ''SDP permit'' are removed, the definitions of ''PSD program'' and ''PSD permit'' are added, and paragraph (1) of the definition of ''Catcher vessel'' is revised, in alphabetical order as follows:

§ 679.2 Definitions.

* * * * *

Catcher vessel means:

(1) With respect to groundfish recordkeeping and reporting, the PSD program and subpart E of this part, a vessel that is used for catching fish and that does not process fish on board.

* * * * *

PSD Permit means a permit issued by NMFS to an applicant who qualifies as an authorized distributor for purposes of the PSD.

PSD Program means the Prohibited Species Donation Program established under § 679.26.

* * * * *

3. In § 679.7, paragraph (a)(12) is revised to read as follows:

§ 679.7 Prohibitions.

* * * * *

(a) * * *

(12) *Prohibited species donation program*. Retain or possess prohibited species, defined at § 679.21(b)(1), except as permitted to do so under the PSD program as provided by § 679.26 of this part, or as authorized by other applicable law.

* * * * *

§ 679.21 [Amended]

In § 679.21 paragraph (c)(1) is amended by changing the word ''SDP'' to the phrase ''PSD program''.

4. In § 679.26, the section heading is revised; paragraphs (a) through (c) are redesignated as paragraphs (b) through (d); redesignated paragraphs (b)(1)(xii), (b)(2)introductory text, (b)(2)(iii), (b)(3)(ii), (b)(3)(iv), (b)(3)(v), (c)(1), (c)(2), (c)(3) and (d)(4) are revised; and new paragraphs (a) and (b)(1)(xiv) are added to read as follows:

§ 679.26 Prohibited Species Donation Program.

(a) *Authorized species*. The PSD program applies only to the following species:

(1) Salmon.

(2) (Applicable through December 31, 2000) Halibut delivered by catcher vessels using trawl gear to shoreside processors.

(b) * * *

(1) * * *

(xii) A signed statement from the applicant and from all persons who are listed under paragraph (b)(1)(xi) of this section and who would conduct activities pursuant to the PSD permit waiving any and all claims against the United States and its agents and employees for any liability for personal injury, death, sickness, damage to property directly or indirectly due to activities conducted under the PSD program.

* * * * *

(xiv) A separate application must be submitted for each species listed under paragraph (a) of this section that the applicant seeks to distribute.

(2) *Selection*. The Regional Administrator may select one or more tax-exempt organizations to be authorized distributors under the PSD program based on the information submitted by applicants under paragraph (b)(1) of this section. The number of authorized distributors selected by the Regional Administrator will be based on the following criteria:

* * * * *

(iii) The anticipated level of bycatch of prohibited species listed under paragraph (a) of this section.

* * * * *

(3) * * *

(ii) The Regional Administrator may impose additional terms and conditions on a PSD permit consistent with the objectives of the PSD program.

* * * * *

(iv) *Effective period*—(A) *Salmon*. A PSD permit for salmon remains in effect for a 3-year period after the selection notice is published in the **Federal Register** unless suspended or revoked. A PSD permit issued to an authorized distributor may be renewed following the application procedures in this section.

(B) A PSD permit issued for halibut will expire December 31, 2000.

(v) If the authorized distributor modifies any information on the PSD permit application submitted under paragraph (b)(1)(xi) or (b)(1)(xiii) of this section, the authorized distributor must submit a modified list of participants or a modified list of delivery locations to the Regional Administrator.

(c) * * *

(1) A vessel or processor retaining prohibited species under the PSD program must comply with all applicable recordkeeping and reporting requirements. A vessel or processor participating in the PSD program must comply with applicable regulations at §§ 679.7(c)(1) and 679.21(c) that allow for the collection of data and biological sampling by a NMFS-certified observer prior to processing any salmon under the PSD program.

(2) Prohibited species retained under the PSD program must be packaged, and all packages must be labeled with the date of processing, the name of the processing facility, the contents and the weight of the fish contained in the package, and the words, ''NMFS PROHIBITED SPECIES DONATION PROGRAM - NOT FOR SALE - PERISHABLE PRODUCT - KEEP FROZEN''.

(3) A processor retaining or receiving fish under the PSD program and an authorized distributor must keep on file and make available for inspection by an authorized officer all documentation, including receipt and cargo manifests setting forth the origin, weight, and destination of all prohibited species bycatch. Such documentation must be retained until 1 year after the effective period of the PSD permit.

(d) * * *

(4) No prohibited species that has been sorted from a vessel's catch or landing may be retained by a vessel or processor, or delivered to a delivery location under this section, unless the vessel or processor and delivery location is included on the list provided to the Regional Administrator under paragraph (b)(1)(xi), (b)(1)(xiii) or (b)(3)(v) of this section.

§ 679.26 [Amended]

5. In addition to the amendments set forth above, § 679.26 is amended by making the following nomenclature changes:

a. In paragraphs (b)(1)(vi), (b)(1)(viii), (b)(1)(xi), (d)(1), and (d)(3), the word ''SDP'' is removed wherever it appears and the phrase ''PSD program'' is added in its place.

b. In paragraphs (b)(2)(i), (b)(3)(i), and (b)(3)(iii) the word ''SDP'' is removed wherever it appears and the word ''PSD'' is added in its place.

c. In paragraphs (b)(1)(ii), (b)(1)(v), (b)(1)(viii), (b)(1)(xiii), (b)(2)(ii), (c)(1), (d)(1) and (d)(2) the word ''salmon'' is removed wherever it appears and the word ''fish'' is added in its place.

d. In paragraph (d)(3), the word ''salmon'' is removed wherever it appears and the phrase ''prohibited species'' is added in its place.

[FR Doc. 98–15595 Filed 6–11–98; 8:45 am]

BILLING CODE 3510–22–F

Proposed Rules

Federal Register
Vol. 63, No. 113
Friday, June 12, 1998

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

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Parts 1001, 1002, 1004, 1005, 1006, 1007, 1012, 1013, 1030, 1032, 1033, 1036, 1040, 1044, 1046, 1049, 1050, 1064, 1065, 1068, 1076, 1079, 1106, 1124, 1126, 1131, 1134, 1135, 1137, 1138, and 1139

[Docket No. AO–14–A68, et al.; DA–98–01]

Milk in the New England and Other Marketing Areas; Final Decision on Proposed Amendments to Tentative Marketing Agreements and to Orders and Termination of Proceeding

7 CFR Part	Marketing area	AO Nos.
1001	New England	AO–14–A68
1002	New York-New Jersey	AO–71–A83
1004	Middle Atlantic	AO–160–A72
1005	Carolina	AO–388–A10
1006	Upper Florida	AO–356–A33
1007	Southeast	AO–366–A39
1012	Tampa Bay	AO–347–A36
1013	Southeastern Florida	AO–286–A43
1030	Chicago Regional	AO–361–A33
1032	Southern Illinois-Eastern Missouri.	AO–313–A42
1033	Ohio Valley	AO–166–A66
1036	Eastern Ohio-Western Pennsylvania.	AO–179–A60
1040	Southern Michigan	AO–225–A47
1044	Michigan Upper Peninsula	AO–299–A30
1046	Louisville-Lexington-Evansville.	AO–123–A68
1049	Indiana	AO–319–A43
1050	Central Illinois	AO–355–A30
1064	Greater Kansas City	AO–23–A63
1065	Nebraska-Western Iowa	AO–86–A52
1068	Upper Midwest	AO–178–A50
1076	Eastern South Dakota	AO–260–A34
1079	Iowa	AO–295–A46
1106	Southwest Plains	AO–210–A56
1124	Pacific Northwest	AO–368–A26
1126	Texas	AO–231–A64
1131	Central Arizona	AO–271–A34
1134	Western Colorado	AO–301–A25
1135	Southwestern Idaho-Eastern Oregon.	AO–380–A16
1137	Eastern Colorado	AO–326–A29
1138	New Mexico-West Texas	AO–335–A40
1139	Great Basin	AO–309–A34

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Final decision and termination of proceeding.

SUMMARY: We are denying a proposal to establish a price floor under the Basic Formula Price (BFP) used to calculate Federal milk marketing order prices for Class I and Class II milk, and we are terminating the rulemaking proceeding The record does not justify establishing a price floor, given the current and projected supply and demand for milk. The price floor would have unequal effects in different regions of the country, even for farms of similar size, because of different Class I milk utilization rates. As a result, those who would benefit the most from a price floor would not necessarily be the farms that have the greatest financial need for such assistance.

FOR FURTHER INFORMATION CONTACT: Constance M. Brenner, Marketing Specialist, USDA/AMS/Dairy Programs, Order Formulation Branch, Room 2971, South Building, P.O. Box 96456, Washington, DC 20090–6456, (202) 720–2357, e-mail address Connie__M__Brenner@usdagov.

SUPPLEMENTARY INFORMATION: This action is covered by Sections 556 and 557 of Title 5 of the United States Code and, therefore, is excluded from the requirements of Executive Order 12866.

Small Business Consideration

In accordance with the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*), the Agricultural Marketing Service (AMS) has considered the economic effect of this action on small entities. For the purpose of the Regulatory Flexibility Act, a dairy farm is considered a small business if it has annual gross revenue of less than $500,000, and a handler is a small business if it has fewer than 500 employees. To determine which farms are small businesses, we determined that the $500,000 annual revenue criterion equals 326,000 pounds of milk production per month. A small plant will be considered a large business if it is part of a company with more than 500 employees.

AMS analyzed the regulatory impact of the proposal on small entities and determined that adoption of the proposed $13.50 floor would have unequal effects on similar-sized farms in different regions of the country because of differences in Class I milk utilization rates, and that it would benefit the largest farms most. During the effective period, the floor would have increased the average gross Class I price by $1.05 per hundredweight (cwt). The benefit to an individual producer would have depended on the blend price under the order in which the producer's milk was pooled. The blend price is the weighted average of all revenues from all uses of milk in the order area. So, a producer whose milk is pooled under an order with high Class I use of 80 percent would receive $0.84 of the overall $1.05 per cwt. On the other hand, a producer whose milk is pooled under an order with low Class I use such as 20 percent would only receive an additional $0.21 per cwt.

This means that, for a small farm in Wisconsin with 60 cows, average revenues would increase by only $630 for the last half of 1998 because the blend price would increase only $0.14 per cwt. The same size farm in New York would receive $0.48 per cwt, or $2,160 more revenue for the same period. The difference is caused by the higher percentage of Class I use in the order covering New York.

For a medium-sized farm in Texas with 400 cows, the average revenue increase would be $23,040, based on a higher blend price of $0.64. However, because of differences in blend prices, the same size farm in Illinois would receive over $40,000 in additional revenue over the last half of 1998.

Finally, for a large 2,000-cow farm in New Mexico, average revenues would increase by $72,000, based on a higher blend price of $0.36, while the same size farm in Florida would have average revenues increase by $216,000. Again, this difference is due to a higher percentage of Class I use in Florida than in New Mexico.

Clearly, farms in higher Class I utilization markets, or large farms, would have benefited more than farms in markets with lower Class I utilization, or small farms, regardless of financial need.

Because this action terminates the rulemaking proceeding without amending the present rules, the economic conditions of small entities will remain unchanged. Also, this action does not change reporting, record keeping, or other compliance requirements.

Economic Analyses

The Notice of Hearing in this proceeding contained an Initial Regulatory Flexibility Analysis and a Preliminary Cost-Benefit Analysis. We

analyzed the effects of adopting the proposal using March 1998 projections of milk production, use, and prices. The analysis, and a description of the economic model used in the analysis, are available in the Regulatory Impact Analysis (RIA) of Establishing a Price Floor Under Class I Milk Marketed Under Federal Milk Marketing Orders, and can be obtained from Dairy Programs at (202) 720–4392, any Market Administrator office, or via the Internet at http://www.ams.usda.gov/dairy.

Prior document in this proceeding:

Notice of Hearing: Issued January 21, 1998; published January 26, 1998 (63 FR 3667).

Preliminary Statement

The United States Department of Agriculture (USDA) held a public hearing to consider proposed amendments to all marketing agreements and orders regulating the handling of milk. The hearing was held at Washington, D.C., between February 17 and 20, 1998.

The deadline for post-hearing briefs on the proposal and on whether the proposal should be considered on an expedited basis was March 11, 1998.

The issues of the hearing were:

1. Should we adopt a floor under the Basic Formula Price (BFP) used to compute the Federal milk marketing order Class I and Class II prices?

2. If such a floor were adopted, should it be implemented on an emergency basis?

Findings and Conclusions

We have adopted the following findings and conclusions relating to the material issues of this proceeding:

1. *Should we adopt a floor under the Basic Formula Price used to compute the Federal milk order Class I and Class II prices.* A proposal by Mid-America Dairymen, Inc., (now part of Dairy Farmers of America, or DFA) would establish a $13.50 per cwt. floor under the Basic Formula Price (BFP) for Class I and Class II milk. The proposed floor would remain in effect only until the Federal milk marketing order reform process is complete, no later than April 4, 1999. Proponents urged that the proposed floor be adopted on an emergency basis, without first issuing a recommended decision. The record does not contain sufficient evidence to adopt the proposed pricing floor, as explained below.

Fourteen U.S. dairy farmers and seven representatives of cooperative associations spread across the country testified in support of the proposal, saying that the current BFP does not accurately represent the value of milk used in manufactured products, that volatility in farm-level milk prices has damaged producers, and that many producers are in debt and in danger of financial failure. According to proponents, prices paid to producers in recent years have been below the costs of producing milk, making it hard for the U.S. dairy industry to ensure an adequate supply of milk for fluid use. Proponents testified that producers are earning returns that are less than the minimum wage, and that price volatility makes planning and budgeting nearly impossible.

The proponents argued that the brief duration of the proposed floor price would make it unlikely that increased prices would lead to increased production. In addition, they stated that such a floor would not necessarily cause higher prices to consumers. The witnesses acknowledged that, while retail milk prices generally rise when prices to producers rise, retail prices do not fall by the same amount or as fast as falling farm prices. According to one cooperative association representative, the recent volatility of milk prices has increased the margin between farm and retail prices. The witness stated that it is important, therefore, to establish a BFP floor while the BFP is relatively high to avoid having middlemen increase retail margins further after the BFP declines.

The proponents noted that feed costs, which make up approximately 50 percent of the cost of producing milk, have risen while the price of milk has not risen comparably. They also stated that other production costs, such as supplies and utilities, are also increasing at a much faster rate than milk prices to producers, which have changed little in 20 years.

The proponents also said that handlers are paying producers more than minimum Class I order prices for milk used for fluid use in order to insure a sufficient supply for most markets. The larger payments, they said, are evidence that Class I differentials under the orders are not high enough. The Northeast Interstate Dairy Compact (the Compact), which has established a $13.70 floor under Class I prices, and Maine's state-regulated prices were cited as examples of effective programs. A witness stated that Maine's price level is enhanced by $1.00 under State regulation while, at the same time, Maine's consumers enjoy low prices. The Vermont Commissioner of Agriculture argued, in a brief, that the Compact has not harmed retail sales or boosted production. Several witnesses stated that the proposed floor under Class I and II prices would provide some price stability for producers, and help dairymen stay in business.

Six dairy farmers and a representative of a national farmers organization testified that they support a $14.50 price floor for all milk uses. They said that such a level would not cause burdensome production increases. Additionally, a brief filed on behalf of a cooperative association argued that a $14.00 floor on all milk would reflect the minimum cost of producing milk. A business that supplies hay to dairy farms recommended a $14.50 floor for both Class I and II milk.

Proponents noted a decline in the number of dairy farms and, in some regions, declining production, as factors that severely affect small firms that do business with dairy farms, such as those that provide feed, equipment, and veterinary service. When the number of dairy farms in a region declines below a certain level, they testified, these small businesses disappear, making it more difficult for milk production to continue.

A DFA witness stated that domestic use of milk was greater than domestic production during 1997. The witness projected that per capita consumption of dairy products would increase by 5 pounds per year for the near future, and that DFA expects the milk production shortage to worsen if no action is taken to increase revenue to producers.

The Louisiana and Mississippi Commissioners of Agriculture, a Louisiana State Senator, and an Extension Service dairy economist from Louisiana State University testified that their dairy industries are in desperate straits, marked by a decrease in the number of dairy farmers and milk production. They favored adopting the proposed floor for a short period to provide stability for dairy farmers, until milk marketing order reform is completed. These witnesses said that many young people see no future in dairy farming, and are not becoming dairy farmers.

A brief filed on behalf of a cooperative association argued that the proposed floor would not interfere with the operation of futures markets. Even if it did, the brief concluded, the interests of futures markets should not be preferred over the interests of dairy farmers. According to proponents, the pilot program recently announced by USDA to encourage producers to use risk management tools to minimize their exposure to price volatility would affect producers in only 36 counties nationwide, and should not be a reason to deny the BFP floor proposal.

Most of the witnesses supporting adoption of a Class I price floor also

supported such a floor for the Class II price. The proponents argued that Class I and II prices currently move together based on the BFP for the second previous month, that products in both classes often are marketed and distributed together, that products in both classes are perishable, and that the use of milk in both classes is driven by consumer demand.

However, several cooperative association representatives expressed reservations about adopting a floor under the Class II price because regulated handlers who process Class II products compete with unregulated handlers. Because they could make more money, handlers who process milk for Class II use might use nonfluid ingredients rather than fluid milk if the Class II and III or III–A prices differ by a large amount.

One Northeast Class I handler representative reluctantly supported the proposed floor for Class I milk only, but generally opposed decoupling prices for Class I milk from the value of milk used in manufactured products. The witness argued that the New York milkshed needs to be more competitive in pricing Class I milk relative to milk in the Compact region, and that the interim Class I pricing stability needs to be ensured in case Federal order Class I differentials are invalidated by court action before the conclusion of the Federal order reform process.

Two New Mexico producers opposed the floor but testified that the current BFP does not fully reflect the value of Grade A milk used in manufactured products. A New Mexico producer organization argued in a brief that replacing the current BFP with a price series that tracks both Grade A and Grade B prices for milk used in manufactured products would result in more accurate Class I prices, would increase income to farmers, and would better reflect market forces. A New Mexico dairy farmer testified that high-quality milk from very large farms can be delivered regularly between regions and arrive at its destination sooner, and fresher, than locally produced milk that is picked up at the farm every other day.

Opponents of the price-flooring proposal included two witnesses representing upper Midwest producers, a Midwest cooperative association representative, the Wisconsin State Secretary of Agriculture, the Minnesota State Commissioner of Agriculture, and two University of Wisconsin dairy economists. They contended that the proposal would have a negative effect on upper Midwest dairy farmers, and would not affect U.S. producers equally because of different Class I utilization between regions. They stated that enhancement of Class I prices would increase production and reduce Class I use nationally, reducing returns to upper Midwest producers as a result of lower prices paid for milk used in manufactured products. In addition, they argued, flooring Class I and II prices would shift more price volatility to the manufacturing markets. The upper Midwest witnesses stated that the number of dairy farms in the upper Midwest is declining, threatening the existence of the dairy processing industry, and argued that adopting the proposal would hasten the decline of the upper Midwest dairy industry.

They argued further that the average BFP has not been above $13.00 for some time, and is not projected to reach the proposed floor level during the proposed period. One upper Midwest witness also stated that production and demand are in balance nationally, and are expected to remain so for the foreseeable future. These witnesses argued that Federal orders were not intended as a price support system, and should not be so used.

Twenty representatives of milk processors, including 12 representatives of processors of Class II products, also testified in opposition to the proposal. They argued that current national milk production is in balance with consumption of dairy products and is projected to remain so. Any price increase not justified by the supply/demand interaction reflected in the BFP almost certainly would stimulate production, which would divert large surpluses of milk to manufactured product markets, they said. This, they argued, would drive down prices of milk used in manufactured products, even as the proposed floor would increase costs of fluid milk to consumers and reduce its consumption. Further, they argued that adopting such a floor for Class I and II prices would hurt dairy industry efforts to create export markets for value-added dairy products.

Most processors and some producer organizations opposed a pricing floor on Class II milk. Opponents stated that Class II products are processed in plants that also process fluid milk products and are fully regulated under Federal milk marketing orders, or in plants that process only one or two Class II products and are not fully regulated. Members of the Class II milk processing industry argued that, if fully regulated handlers processing Class II products are subject to a floored Class II price, they will not be able to compete with handlers who are not subject to Federal order pricing, such as California handlers.

Class II milk processors stated that flooring the BFP for Class II milk may cause handlers to switch to nonfat dry milk and butter as ingredients in such products as ice cream, cottage cheese, and yogurt. They argued that fluid milk that would have been used in these products would be shifted to lower-valued manufacturing uses. They concluded that producers, therefore, would lose revenue.

The milk processor representatives claimed that current efforts to encourage the use of futures contracts, as well as USDA's pilot program for risk management for dairy farmers, would be meaningless if the floor were adopted. They argued this because, they claimed, a major portion of the U.S. milk supply would be without price risk, as the proposed price floor of $13.50 would be higher than any of the futures options for the period for which the floor is proposed. They argued that futures and options on futures are market-oriented pricing tools for producers and the industry to manage risk and stabilize revenues in a less regulated market.

A milk processor representative opposed flooring the Class I price because the resulting increase in producer prices would not be pooled nationally. Another milk processor stated that the declining number of farms is affecting the dairy processing industry, but concluded that this does not mean that there will be a shortage of milk.

Two representatives of consumer organizations testified that the proposed floor would increase prices of fluid milk to consumers, reduce fluid milk consumption, and increase government program costs for the school lunch program and the Special Supplemental Program for Women, Infants and Children.

Several opponents indicated that proponents' argument for flooring was based on the faulty premise that Federal milk marketing orders should insure an adequate supply of milk for all uses, instead of for fluid use only.

Conclusions

Despite a 46-percent reduction in the number of U.S. dairy farms from 1988 through 1997, milk production increased 8 percent. The data contained in the record of the public hearing in this proceeding provide no basis to expect that an adequate supply of milk for fluid use will not be available nationwide. Therefore, the record does not support adopting the proposal, which would encourage more milk production.

Proponents argue from USDA statistical data that consumption of dairy products exceeded commercially marketed milk in 1997, and that the gap between consumption and production will continue to grow. We have concluded, however, that the data in fact demonstrate that production and consumption are in balance. Milk production increased by 11.3 billion pounds from 1985 to 1996. During the same period, commercial use increased by 24.5 billion pounds as prices decreased and annual net removals (USDA purchases) declined by 13.1 billion pounds. When the USDA price support program ends on December 31, 1999, USDA projects that imports will remain flat through 2007 and growth in use will come from increased milk production.

DFA's projection that consumption will exceed production by a widening margin through the year 2010 is derived by extending the 1985–1996 trends in milk consumption and production. However, extending these two independent trend lines into the future ignores the ongoing interaction between milk prices, supply, and demand.

USDA baseline projections of milk production and commercial use through marketing year 2007/08 indicate continued balance between production and use, with no sharp increase in farm or retail milk prices that would accompany a shortfall in milk production.

National milk production has increased by 8 percent since 1988 while the U.S. population has increased by 7.3 percent. The hearing record provides no evidence that milk production will not continue to keep pace with population growth and the increase in demand for fluid milk. There is even less evidence to show that there is now or will be a national shortage of fluid milk over the next several years.

Based on the March 1998 USDA economic analysis referred to earlier in the Economic Analyses section of this document, the percentage of milk in Class I use may decrease by approximately 0.2 percent for the period that the floor would be in effect, with minor changes from the baseline through 2002.

USDA analysis of the proposed floor for Class I prices indicates that commercially marketed milk production would increase by approximately 0.11 percent during the period the floor would be in effect. Commercially marketed milk production would increase an additional 0.09 percent through 2002. This additional milk production would result in the increased manufacture of dairy products in lower-priced classes, primarily in the areas of the country where more milk is used in manufactured dairy products than in fluid products.

The proposed floor under Class I and II prices would have unequal effects on farm-level milk prices unrelated to the financial need of the farmers affected. The benefit of the proposed floor to a producer would depend on the proportion of Class I and II milk used in the order in which the producer's milk is pooled. Thus, a producer whose milk is pooled under a marketing order with a relatively high 80 percent Class I and Class II use would get 80 percent of the projected $1.05 difference between the proposed floored price and the projected BFP for the last half of 1998 and early 1999, or $0.84 per cwt. On the other hand, producers in marketing order areas with a relatively low 20 percent Class I and Class II use would receive the benefit of only $0.21 of the $1.05 increase in class prices. Producers in high Class I use areas already receive higher blend prices for their milk than producers in areas with lower levels of Class I use, and the effects of the price floor proposal would widen the differences between such areas.

The higher Class I and II prices would also increase milk production and reduce fluid milk consumption, which would lower prices for milk used in manufactured dairy products. Lower prices for these other classes of milk would be even more detrimental to producers in low Class I and II utilization markets.

The petition for flooring the BFP is denied because there is no evidence of a national milk shortage, either for all uses or for fluid uses. Furthermore, flooring the BFP would have widely varying effects in different regions of the country unrelated to the financial need of farmers. In addition, flooring the BFP to establish Class II prices is denied because it would interfere with competitive relationships within the industry. The record indicates that most handlers who manufacture Class II products can easily switch to nonfluid ingredients, such as butter and nonfat dry milk when they are less costly than fluid milk. Even handlers who cannot make the switch immediately may nonetheless find that a shift to nonfluid ingredients might be in their long-term interest. The substitution of lower-valued nonfat dry milk and butter for fresh milk valued at the higher Class II price could result in the loss of Class II revenues to farmers.

2. *If such a floor were adopted, should it should be implemented on an emergency basis?* Proponents of the BFP floor proposal urged that USDA take emergency action to make the Class I and II price flooring action effective as soon as possible. They stressed that dairy farmers need immediate price relief, and they emphasized the importance of establishing a floor before the BFP declines. According to the proponents, adopting the floor when the BFP is at a relatively high level, rather than when the BFP has fallen seasonally, would eliminate the incentive for wholesalers and retailers to raise prices to consumers.

Opponents of the proposed pricing floor argued that no emergency exists, and that there is no evidence that milk supplies are threatened in the near or distant future.

The facts clearly demonstrate that the proposed floor is not required by supply and demand conditions. Further briefing or argument would not change these facts, but would only cause further uncertainty in the industry. Therefore, this decision denying the proposal is issued on an expedited basis to let producers and processors know that the proposed floor is not approved.

Rulings on Proposed Findings and Conclusions

All briefs, proposed findings and conclusions, and the evidence in the record were considered in reaching the findings and conclusions set forth above. The petition to floor the BFP used to calculate Federal milk marketing order prices for Class I and Class II milk is denied for the reasons previously stated in this decision.

Our action makes it unnecessary to address legal arguments advanced in opposition to this proceeding.

Determination

Our findings and conclusions do not require any changes in the marketing orders regulating the handling of milk.

Authority: 7 U.S.C. 601–674.

Dated: June 9, 1998.

Kenneth C. Clayton,

Acting Administrator, Agricultural Marketing Service.

[FR Doc. 98–15775 Filed 6–10–98; 3:00 pm]

BILLING CODE 3410–02–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 97–ANE–58–AD]

RIN 2120–AA64

Airworthiness Directives; Pratt & Whitney R–1340 Series Reciprocating Engines

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: This document proposes the adoption of a new airworthiness directive (AD) that is applicable to Pratt & Whitney R–1340 series reciprocating engines. This proposal would require initial and repetitive visual and fluorescent penetrant inspections of cylinders, Part Number 399359, for head cracking. This proposal is prompted by reports of cylinder head cracking. The actions specified by the proposed AD are intended to prevent cylinder head cracking, which can result in engine power loss, forced landing, and damage to the aircraft.

DATES: Comments must be received by August 11, 1998.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), New England Region, Office of the Regional Counsel, Attention: Rules Docket No. 97–ANE–58–AD, 12 New England Executive Park, Burlington, MA 01803–5299. Comments may also be sent via the Internet using the following address: ''9-ad-engineprop@faa.dot.gov''. Comments sent via the Internet must contain the docket number in the subject line. Comments may be inspected at this location between 8:00 a.m. and 4:30 p.m., Monday through Friday, except Federal holidays.

The service information referenced in the proposed rule may be obtained from Pratt & Whitney, Publications Department, Supervisor Technical Publications Distribution, M/S 132–30, 400 Main Street, East Hartford, CT 06108; telephone (860)565–7700, fax (860)565–4503. This information may be examined at the FAA, New England Region, Office of the Regional Counsel, 12 New England Executive Park, Burlington, MA.

FOR FURTHER INFORMATION CONTACT: Wego Wang, Aerospace Engineer, Engine Certification Office, FAA, Engine and Propeller Directorate, 12 New England Executive Park, Burlington, MA 01803–5299; telephone (781) 238–7134, fax (781) 238–7199.

SUPPLEMENTARY INFORMATION:

Comments Invited

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

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the proposed rule. All comments submitted will be available, both before and after the closing date for comments, in the Rules Docket for examination by interested persons. A report summarizing each FAA-public contact concerned with the substance of this proposal will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this notice must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket Number 97–ANE–58–AD.'' The postcard will be date stamped and returned to the commenter.

Availability of NPRMs

Any person may obtain a copy of this NPRM by submitting a request to the FAA, New England Region, Office of the Regional Counsel, Attention: Rules Docket No. 97–ANE–58–AD, 12 New England Executive Park, Burlington, MA 01803–5299.

Discussion

The Federal Aviation Administration (FAA) has received reports of cylinder head cracking on Pratt & Whitney (PW) R–1340 series reciprocating engines. The investigation has revealed cracking on top of the engine cylinder head, usually from one spark plug hole to another. In one case the engine's #1 cylinder head split into two pieces. One repair station has indicated that at least one or two cracked cylinder heads will be found on each engine during an engine repair cycle. An A&P mechanic, specializing in the maintenance of radial engines, has stated that he has removed at least thirteen cylinders with cracked cylinder heads from PW R–1340 engines in the first eight months of 1997. The operator involved in the above-mentioned accident has experienced one similar in-flight cylinder failure every year since operating PW R–1340 engines, and has discovered several cylinders with cracked cylinder heads during daily pre-flight inspections in 1997. Since the majority of aircraft with this engine installation are agricultural and fly at very low altitudes, engine power loss even short of a complete engine failure can result in a forced landing. This condition, if not corrected, could result in cylinder head cracking, which can result in engine power loss, forced landing, and damage to the aircraft.

The FAA has reviewed and approved the technical contents of PW Service Bulletin (SB) No. 1787, September 7, 1983, that describes procedures for visual and fluorescent penetrant inspections (FPI) of cylinders, Part Number 399359, for head cracking.

Since an unsafe condition has been identified that is likely to exist or develop on other products of this same type design, the proposed AD would require initial and repetitive visual inspections of cylinders for head cracking at intervals based upon whether the engines are cowled and baffled, or unbaffled installations. Cracked cylinder heads must be replaced with serviceable parts if found cracked. In addition, this AD would require FPI of each cylinder at overhaul. The actions would be required to be accomplished in accordance with the SB described previously.

There are approximately 3,000 engines of the affected design in the worldwide fleet. The FAA estimates that 2,535 engines installed on aircraft of U.S. registry would be affected by this proposed AD, that it would take approximately 1 work hour per engine to accomplish the visual inspection, and 15 work hours to accomplish the FPI, and that the average labor rate is $60 per work hour. Required parts would cost approximately $2,000 per engine. In addition, the FAA estimates that 5% of the fleet will require replacement parts upon inspection. Based on these figures, the total cost impact of the proposed AD on U.S. operators is estimated to be $2,687,100.

The regulations proposed herein would not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this proposal would not have sufficient

federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this proposed regulation (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) if promulgated, will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A copy of the draft regulatory evaluation prepared for this action is contained in the Rules Docket. A copy of it may be obtained by contacting the Rules Docket at the location provided under the caption **ADDRESSES.**

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

The Proposed Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

2. Section 39.13 is amended by adding the following new airworthiness directive:

Pratt & Whitney: Docket No. 97–ANE–58–AD.

Applicability: Pratt & Whitney (PW) R–1340 series reciprocating engines, with cylinders, Part Number 399359, installed. These engines are installed on but not limited to the following aircraft Air Tractor AT301, Schweizer G164A, and DeHavilland DHC3 series aircraft.

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

Compliance: Required as indicated, unless accomplished previously.

To prevent cylinder head cracking, which can result in engine power loss, forced landing, and damage to the aircraft, accomplish the following:

(a) Perform initial and repetitive visual inspections of cylinders for head cracking, and replace cracked cylinders with serviceable parts, in accordance with PW Service Bulletin (SB) No. 1787, dated September 7, 1983, as follows:

(1) For cowled and baffled installations, as follows:

(i) Perform the initial visual inspection within 125 hours TIS after the effective date of this AD.

(ii) Thereafter, visually inspect at intervals not to exceed 250 hours TIS since last inspection.

(2) For all other installations, as follows:

(i) Perform the initial visual inspection within 50 hours time-in-service (TIS) after the effective date of this AD.

(ii) Thereafter, visually inspect at intervals not to exceed 100 hours TIS since last inspection.

(b) At the next cylinder overhaul after the effective date of this AD, and at each subsequent overhaul, perform a fluorescent penetrant inspection (FPI) of cylinders for head cracking, and replace cracked cylinders with serviceable parts, in accordance with PW SB No. 1787, dated September 7, 1983.

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

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

Issued in Burlington, Massachusetts, on June 4, 1998.

Ronald L. Vavruska,

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

[FR Doc. 98–15621 Filed 6–11–98; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 98–NM–146–AD]

RIN 2120–AA64

Airworthiness Directives; Aerospatiale Model ATR42 and ATR72 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: This document proposes the adoption of a new airworthiness directive (AD) that is applicable to certain Aerospatiale Model ATR42 and ATR72 series airplanes. This proposal would require one-time inspections to verify the correct shape of the stiffeners for the upper engine cowl and to detect wear of the aft upper fittings of the rear engine mounts, and corrective actions, if necessary. This proposal is prompted by issuance of mandatory continuing airworthiness information by a foreign civil airworthiness authority. The actions specified by the proposed AD are intended to prevent wear (scratches or grooving) of the aft upper fittings of the rear engine mount, and consequent reduced structural integrity of the engine mounts.

DATES: Comments must be received by July 13, 1998.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 98–NM–146–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056. Comments may be inspected at this location between 9:00 a.m. and 3:00 p.m., Monday through Friday, except Federal holidays.

The service information referenced in the proposed rule may be obtained from Aerospatiale, 316 Route de Bayonne, 31060 Toulouse, Cedex 03, France. This information may be examined at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington.

FOR FURTHER INFORMATION CONTACT: Norman B. Martenson, Manager, International Branch, ANM–116, FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (425) 227–2110; fax (425) 227–1149.

SUPPLEMENTARY INFORMATION:

Comments Invited

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

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of

the proposed rule. All comments submitted will be available, both before and after the closing date for comments, in the Rules Docket for examination by interested persons. A report summarizing each FAA-public contact concerned with the substance of this proposal will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this notice must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket Number 98–NM–146–AD.'' The postcard will be date stamped and returned to the commenter.

Availability of NPRMs

Any person may obtain a copy of this NPRM by submitting a request to the FAA, Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 98–NM–146–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056.

Discussion

The Direction Générale de l'Aviation Civile (DGAC), which is the airworthiness authority for France, notified the FAA that an unsafe condition may exist on certain Aerospatiale Model ATR42 and ATR72 series airplanes. The DGAC advises that it has received reports indicating that wear (scratches or grooving) was found between the aft upper fittings of the rear engine mount and the stiffener of the upper engine cowl. Investigation revealed that the stiffener of the upper engine cowl, which protects the aft upper fittings, was not shaped properly during manufacturing, which caused interference between the engine mount and the stiffener. Installation of these misshapen stiffeners could result in wear of the aft upper fittings of the rear engine mount. Such wear, if not corrected, could result in reduced structural integrity of the engine mounts.

Explanation of Relevant Service Information

The manufacturer has issued Avions de Transport Regional Service Bulletins ATR42–54–0019 (for Model ATR42 series airplanes) and ATR72–54–1011 (for Model ATR72 series airplanes), both dated March 9, 1998. These service bulletins describe procedures for a one-time visual inspection to verify the correct shape of the stiffeners for the upper left and right engine cowls; and a one-time detailed visual inspection to detect wear (scratches or grooving) of the aft upper fittings of the left- and right-hand rear engine mounts; and corrective actions, if necessary. The corrective actions include modification of the stiffener or replacement with a new stiffener, and repair of the aft upper fittings. Accomplishment of the actions specified in the service bulletins is intended to adequately address the identified unsafe condition. The DGAC classified these service bulletins as mandatory and issued French airworthiness directives 98–069–073(B) (for Model ATR42 series airplanes), dated February 11, 1998; and 98–071–035(B) (for Model ATR72 series airplanes), dated February 11, 1998, as revised by Erratum 98–071–35(B), dated February 25, 1998, in order to assure the continued airworthiness of these airplanes in France.

FAA's Conclusions

These airplane models are manufactured in France and are type certificated for operation in the United States under the provisions of section 21.29 of the Federal Aviation Regulations (14 CFR 21.29) and the applicable bilateral airworthiness agreement. Pursuant to this bilateral airworthiness agreement, the DGAC has kept the FAA informed of the situation described above. The FAA has examined the findings of the DGAC, reviewed all available information, and determined that AD action is necessary for products of this type design that are certificated for operation in the United States.

Explanation of Requirements of Proposed Rule

Since an unsafe condition has been identified that is likely to exist or develop on other airplanes of the same type design registered in the United States, the proposed AD would require accomplishment of the actions specified in the service bulletins described previously, except as discussed below.

Differences Between Proposed Rule and Service Bulletin

Operators should note that, although the service bulletins specify that the manufacturer may be contacted for disposition of certain wear conditions, this proposal would require the repair of those conditions to be accomplished in accordance with a method approved by the FAA.

Cost Impact

The FAA estimates that 152 airplanes of U.S. registry would be affected by this proposed AD, that it would take approximately 15 work hours per airplane to accomplish the proposed actions, and that the average labor rate is $60 per work hour. Based on these figures, the cost impact of the proposed AD on U.S. operators is estimated to be $136,800, or $900 per airplane.

The cost impact figure discussed above is based on assumptions that no operator has yet accomplished any of the proposed requirements of this AD action, and that no operator would accomplish those actions in the future if this AD were not adopted.

Regulatory Impact

The regulations proposed herein would not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this proposal would not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this proposed regulation (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) if promulgated, will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A copy of the draft regulatory evaluation prepared for this action is contained in the Rules Docket. A copy of it may be obtained by contacting the Rules Docket at the location provided under the caption **ADDRESSES.**

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

The Proposed Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

2. Section 39.13 is amended by adding the following new airworthiness directive:

Aerospatiale: Docket 98-NM–146-AD.

Applicability: Model ATR42 and Model ATR72 series airplanes, as listed in Avions

de Transport Regional Service Bulletins ATR42–54–0019 (for Model ATR42 series airplanes) and ATR72–54–1011 (for Model ATR72 series airplanes), both dated March 9, 1998; certificated in any category.

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

Compliance: Required as indicated, unless accomplished previously.

To prevent wear (scratches or grooving) of the aft upper fittings of the rear engine mount, and consequent reduced structural integrity of the engine mounts, accomplish the following:

(a) Within 10 months after the effective date of this AD, perform a one-time visual inspection of the stiffeners for the upper left and right engine cowls to ensure the stiffeners have the correct lower edge profile, in accordance with the Accomplishment Instructions of Avions de Transport Regional Service Bulletin ATR42–54–0019 or ATR72–54–1011, both dated March 9, 1998, as applicable.

(1) If the lower edge profile of the stiffener meets the specifications of the applicable service bulletin, no further action is required by this paragraph.

(2) If the lower edge profile of the stiffener does not meet the specifications of the applicable service bulletin, prior to further flight, modify or replace the stiffener with a new stiffener in accordance with the applicable service bulletin.

(b) Within 10 months after the effective date of this AD, perform a one-time detailed visual inspection for wear (scratches or grooving) of the aft upper fittings of the left- and right-hand rear engine mounts, in accordance with Avions de Transport Regional Service Bulletin ATR42–54–0019 (for Model ATR42 series airplanes) or ATR72–54–1011 (for Model ATR72 series airplanes), both dated March 9, 1998, as applicable.

(1) If no wear is detected, no further action is required by this paragraph.

(2) If any wear is detected that cannot be removed with a Type I or II blend-out as described in the applicable service bulletin, prior to further flight, repair in accordance with a method approved by the Manager, International Branch, ANM–116, FAA, Transport Airplane Directorate.

(3) If any wear other than that specified in paragraph (b)(2) of this AD is detected, prior to further flight, repair in accordance with the Accomplishment Instructions of the applicable service bulletin.

(c) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, International Branch, ANM–116, FAA, Transport Airplane Directorate. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, International Branch, ANM–116.

Note 2: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the International Branch, ANM–116.

(d) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

Note 3: The subject of this AD is addressed in French airworthiness directives, 8–069–073(B) (for Model ATR42 series airplanes), dated February 11, 1998, and 98–071–035(B) (for Model ATR72 series airplanes), dated February 11, 1998, as revised by Erratum 98–071–35(B), dated February 25, 1998.

Issued in Renton, Washington, on June 5, 1998.

Darrell M. Pederson,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 98–15676 Filed 6–11–98; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 98–NM–73–AD]

RIN 2120–AA64

Airworthiness Directives; McDonnell Douglas Model DC–10–10, –15, –30, and –40 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: This document proposes the adoption of a new airworthiness directive (AD) that is applicable to certain McDonnell Douglas Model DC–10–10, –15, –30, and –40 series airplanes. This proposal would require installation of a new protector cap in all fuel tank boost/transfer pump housings. This proposal is prompted by reports of inoperative fuel boost/transfer pumps due to arcing or burning of the electrical connector. The actions specified by the proposed AD are intended to prevent damage to the fuel tank boost/transfer pump housings in case of an electrical connector malfunction, which could result in increased risk of a fuel tank explosion or fire.

DATES: Comments must be received by July 27, 1998.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 98–NM–73–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056. Comments may be inspected at this location between 9:00 a.m. and 3:00 p.m., Monday through Friday, except Federal holidays.

The service information referenced in the proposed rule may be obtained from The Boeing Company, Douglas Products Division, 3855 Lakewood Boulevard, Long Beach, California 90846, Attention: Technical Publications Business Administration, Dept. C1–L51 (2–60). This information may be examined at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the FAA, Transport Airplane Directorate, Los Angeles Aircraft Certification Office, 3960 Paramount Boulevard, Lakewood, California.

FOR FURTHER INFORMATION CONTACT: Roscoe Van Dyke, Aerospace Engineer, Propulsion Branch, ANM–140L, FAA, Transport Airplane Directorate, Los Angeles Aircraft Certification Office, 3960 Paramount Boulevard, Lakewood, California 90712–4137; telephone (562) 627–5254; fax (562) 627–5210.

SUPPLEMENTARY INFORMATION:

Comments Invited

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

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the proposed rule. All comments submitted will be available, both before and after the closing date for comments, in the Rules Docket for examination by interested persons. A report summarizing each FAA-public contact concerned with the substance of this proposal will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this notice

must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket Number 98–NM–73–AD.'' The postcard will be date stamped and returned to the commenter.

Availability of NPRMs

Any person may obtain a copy of this NPRM by submitting a request to the FAA, Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 98–NM–73–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056.

Discussion

As part of its long-term, continued operational safety program, the FAA has been conducting an ongoing, comprehensive review of large transport category airplanes with respect to designs and service histories associated with fuel tank-related problems. In particular, the FAA is focusing on all potential fuel tank ignition sources.

While some of the more recent investigations have focused on electrical power wiring in the fuel tanks, this proposed AD focuses on the electrical connectors inside the pump housings and the associated damage to the fuel pump housings that can be created when arcing occurs between pins on worn connectors.

The FAA has reviewed past reports of inoperative fuel boost/transfer pumps on McDonnell Douglas Model DC–10 series airplanes. Some of the failures have been attributed to arcing or burning of the electrical connectors of these pumps, which, in some cases, resulted in damage to the fuel pump housings. The pump electrical connector is located inside the pump housing, which is located in the fuel tank. If the arcing burns through the pump housing, it could ignite fuel vapors. (No reports of burn-throughs of the housing have been received, however.)

Based on this review, the FAA has determined that installation of a protector cap in all fuel pump housings is necessary to prevent the possibility of damage to the pump housing in case of an electrical connector malfunction. This condition, if not corrected, could result in increased risk of a fuel tank explosion or fire.

Explanation of Relevant Service Information

The FAA has reviewed and approved McDonnell Douglas DC–10 Service Bulletin 28–97, dated May 10, 1982, and Revision 1, dated October 8, 1985, which describes procedures for installation of a new protector cap in all fuel tank boost/transfer pump housings. Accomplishment of the action specified in the service bulletin is intended to adequately address the identified unsafe condition.

Explanation of Requirements of Proposed Rule

Since an unsafe condition has been identified that is likely to exist or develop on other products of this same type design, the proposed AD would require accomplishment of the actions specified in the service bulletin described previously.

Cost Impact

There are approximately 188 airplanes of the affected design in the worldwide fleet. The FAA estimates that 151 airplanes of U.S. registry would be affected by this proposed AD.

For airplanes identified as Group I in the referenced service bulletin, it would take approximately 12 work hours per airplane to accomplish the proposed modification, at an average labor rate of $60 per work hour. Required parts would cost approximately $3,400 per airplane. Based on these figures, the cost impact of the modification proposed by this AD on U.S. operators of Group I airplanes is estimated to be $4,120 per airplane.

For airplanes identified as Group II in the referenced service bulletin, it would take approximately 15 work hours per airplane to accomplish the proposed modification, at an average labor rate of $60 per work hour. Required parts would cost approximately $4,100 per airplane. Based on these figures, the cost impact of the modification proposed by this AD on U.S. operators of Group II airplanes is estimated to be $5,000 per airplane.

For airplanes identified as Group III in the referenced service bulletin, it would take approximately 17 work hours per airplane to accomplish the proposed modification, at an average labor rate of $60 per work hour. Required parts would cost approximately $4,800 per airplane. Based on these figures, the cost impact of the modification proposed by this AD on U.S. operators of Group III airplanes is estimated to be $5,820 per airplane.

The cost impact figures discussed above are based on assumptions that no operator has yet accomplished any of the proposed requirements of this AD action, and that no operator would accomplish those actions in the future if this AD were not adopted.

Regulatory Impact

The regulations proposed herein would not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this proposal would not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this proposed regulation (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) if promulgated, will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A copy of the draft regulatory evaluation prepared for this action is contained in the Rules Docket. A copy of it may be obtained by contacting the Rules Docket at the location provided under the caption **ADDRESSES.**

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

The Proposed Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

2. Section 39.13 is amended by adding the following new airworthiness directive:

McDonnell Douglas: Docket 98–NM–73–AD.

Applicability: Model DC–10–10, –15, –30, and –40 series airplanes, as listed in McDonnell Douglas DC–10 Service Bulletin 28–97, Revision 1, dated October 8, 1985; certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (b) of this AD. The request should include an assessment of the effect of the modification, alteration, or

repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

To prevent damage to the fuel tank boost/transfer pump housings in case of an electrical connector malfunction, which could result in increased risk of a fuel tank explosion or fire, accomplish the following:

(a) Within 24 months after the effective date of this AD, install a new protector cap in all fuel tank boost/transfer pump housings in accordance with McDonnell Douglas DC–10 Service Bulletin 28–97, dated May 10, 1982, or Revision 1, dated October 8, 1985.

(b) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, Los Angeles Aircraft Certification Office (ACO), FAA, Transport Airplane Directorate. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, Los Angeles ACO.

Note 2: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Los Angeles ACO.

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

Issued in Renton, Washington, on June 5, 1998.

Darrell M. Pederson,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 98–15675 Filed 6–11–98; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AAL–11]

Proposed Revision of Class E Airspace; King Salmon, AK

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: This action revises Class E airspace at King Salmon, AK. The establishment of Global Positioning System (GPS) instrument approaches to runway (RWY) 11 and RWY 29 at King Salmon, AK, have made this action necessary. Adoption of this proposal would result in the provision of adequate controlled airspace for Instrument Flight Rules (IFR) operations at King Salmon, AK.

DATES: Comments must be received on or before July 27, 1998.

ADDRESSES: Send comments on the proposal in triplicate to: Manager, Operations Branch, AAL–530, Docket No. 98–AAL–11, Federal Aviation Administration, 222 West 7th Avenue, Box 14, Anchorage, AK 99513–7587.

The official docket may be examined in the Office of the Regional Counsel for the Alaskan Region at the same address.

An informal docket may also be examined during normal business hours in the Office of the Manager, Operations Branch, Air Traffic Division, at the address shown above and on the Internet at Alaskan Region's homepage at http://www.alaska.faa.gov/at or at address http://162.58.28.41/at.

FOR FURTHER INFORMATION CONTACT: Robert van Haastert, Operations Branch, AAL–538, Federal Aviation Administration, 222 West 7th Avenue, Box 14, Anchorage, AK 99513–7587; telephone number (907) 271–5863; fax: (907) 271–2850; email: Robert.van.Haastert@faa.dot.gov. Internet address: http://www.alaska.faa.gov/at or at address http://162.58.28.41/at.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested parties are invited to participate in this proposed rulemaking by submitting such written data, views, or arguments as they may desire. Comments that provide the factual basis supporting the views and suggestions presented are particularly helpful in developing reasoned regulatory decisions on the proposal. Comments are specifically invited on the overall regulatory, aeronautical, economic, environmental, and energy-related aspects of the proposal. Communications should identify the airspace docket number and be submitted in triplicate to the address listed above. Commenters wishing the FAA to acknowledge receipt of their comments on this notice must submit with those comments a self-addressed, stamped postcard on which the following statement is made: ''Comments to Airspace Docket No. 98–AAL–11.'' The postcard will be date/time stamped and returned to the commenter. All communications received on or before the specified closing date for comments will be considered before taking action on the proposed rule. The proposal contained in this notice may be changed in light of comments received. All comments submitted will be available for examination in the Operations Branch, Air Traffic Division, Federal Aviation Administration, 222 West 7th Avenue, Box 14, Anchorage, AK, both before and after the closing date for comments. A report summarizing each substantive public contact with FAA personnel concerned with this rulemaking will be filed in the docket.

Availability of NPRM's

Any person may obtain a copy of this Notice of Proposed Rulemaking (NPRM) by submitting a request to the Operations Branch, AAL–530, Federal Aviation Administration, 222 West 7th Avenue, Box 14, Anchorage, AK 99513–7587. Communications must identify the notice number of this NPRM. Persons interested in being placed on a mailing list for future NPRM's should also request a copy of Advisory Circular No. 11–2A which describes the application procedure.

The Proposal

The FAA proposes to amend 14 CFR part 71 by revising the Class E airspace at King Salmon, AK, due the establishment of GPS instrument approaches to RWY 11 and RWY 29. The intended effect of this proposal is to provide adequate controlled airspace for Instrument Flight Rules (IFR) operations at King Salmon, AK.

The area would be depicted on aeronautical charts for pilot reference. The coordinates for this airspace docket are based on North American Datum 83. The Class E airspace areas designated as an 700/1200 foot transition area are published in paragraph 6005 in FAA Order 7400.9E, *Airspace Designations and Reporting Points*, dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1 (62 FR 52491; October 8, 1997). The Class E airspace listed in this document would be revised and published in the Order.

The FAA has determined that these proposed regulations only involve an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. It, therefore —(1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979); and (3) does not warrant preparation of a regulatory evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this rule, when promulgated, will not have a significant economic impact on a substantial number of small entities

under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

The Proposed Amendment

In consideration of the foregoing, the Federal Aviation Administration proposes to amend 14 CFR part 71 as follows:

PART 71—DESIGNATION OF CLASS A, CLASS B, CLASS C, CLASS D, AND CLASS E AIRSPACE AREAS; AIRWAYS; ROUTES; AND REPORTING POINTS

1. The authority citation for 14 CFR part 71 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40103, 40113, 40120; E.O. 10854, 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389.

§ 71.1 [Amended]

2. The incorporation by reference in 14 CFR 71.1 of Federal Aviation Administration Order 7400.9E, *Airspace Designations and Reporting Points*, dated September 10, 1997, and effective September 16, 1997, is to be amended as follows:

Paragraph 6005 Class E airspace extending upward from 700 feet or more above the surface of the earth.

* * * * *

AAL AK E5 King Salmon, AK

King Salmon Airport, AK
(Lat. 58°40′36″ N., long. 156°38′57″ W.)
King Salmon VORTAC
(Lat. 58°43′29″ N., long. 156°45′08″ W.)

That airspace extending upward from 700 feet above the surface within a 6.7-mile radius of the King Salmon Airport and within 4 miles northeast and 8 miles southwest of the King Salmon VORTAC 312° radial extending from the VORTAC to 21 miles northwest of the VORTAC and within 14 miles of the VORTAC 259° radial clockwise to the 004° radial and that airspace within 3.3 miles either side of the 132° radial of the VORTAC extending from the VORTAC to 17 miles southeast of the VORTAC; and that airspace extending upward from 1,200 feet above the surface within a 39-mile radius of the King Salmon Airport.

* * * * *

Issued in Anchorage, AK, on June 4, 1998.

Willis C. Nelson,

Manager, Air Traffic Division, Alaskan Region.

[FR Doc. 98–15716 Filed 6–11–98; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AAL–12]

Proposed Revision of Class E Airspace; Nome, AK

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: This action revises Class E airspace at Nome, AK. The establishment of Global Positioning System (GPS) instrument approaches to runway (RWY) 2, RWY 9, and RWY 27 at Nome, AK, have made this action necessary. Adoption of this proposal would result in the provision of adequate controlled airspace for Instrument Flight Rules (IFR) operations at Nome, AK.

DATES: Comments must be received on or before July 27, 1998.

ADDRESSES: Send comments on the proposal in triplicate to: Manager, Operations Branch, AAL–530, Docket No. 98–AAL–12, Federal Aviation Administration, 222 West 7th Avenue, Box 14, Anchorage, AK 99513–7587.

The official docket may be examined in the Office of the Regional Counsel for the Alaskan Region at the same address.

An informal docket may also be examined during normal business hours in the Office of the Manager, Operations Branch, Air Traffic Division, at the address shown above and on the Internet at Alaskan Region's homepage at http://www.alaska.faa.gov/at or at address http://162.58.28.41/at.

FOR FURTHER INFORMATION CONTACT: Robert van Haastert, Operations Branch, AAL–538, Federal Aviation Administration, 222 West 7th Avenue, Box 14, Anchorage, AK 99513–7587; telephone number (907) 271–5863; fax: (907) 271–2850; email: Robert.van.Haastert@faa.dot.gov. Internet address: http://www.alaska.faa.gov/at or at address http://162.58.28.41/at.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested parties are invited to participate in this proposed rulemaking by submitting such written data, views, or arguments as they may desire. Comments that provide the factual basis supporting the views and suggestions presented are particularly helpful in developing reasoned regulatory decisions on the proposal. Comments are specifically invited on the overall regulatory, aeronautical, economic, environmental, and energy-related aspects of the proposal. Communications should identify the airspace docket number and be submitted in triplicate to the address listed above. Commenters wishing the FAA to acknowledge receipt of their comments on this notice must submit with those comments a self-addressed, stamped postcard on which the following statement is made: ''Comments to Airspace Docket No. 98–AAL–12.'' The postcard will be date/time stamped and returned to the commenter. All communications received on or before the specified closing date for comments will be considered before taking action on the proposed rule. The proposal contained in this notice may be changed in light of comments received. All comments submitted will be available for examination in the Operations Branch, Air Traffic Division, Federal Aviation Administration, 222 West 7th Avenue, Box 14, Anchorage, AK, both before and after the closing date for comments. A report summarizing each substantive public contact with FAA personnel concerned with this rulemaking will be filed in the docket.

Availability of NPRM's

Any person may obtain a copy of this Notice of Proposed Rulemaking (NPRM) by submitting a request to the Operations Branch, AAL–530, Federal Aviation Administration, 222 West 7th Avenue, Box 14, Anchorage, AK 99513–7587. Communications must identify the notice number of this NPRM. Persons interested in being placed on a mailing list for future NPRM's should also request a copy of Advisory Circular No. 11–2A which describes the application procedure.

The Proposal

The FAA proposes to amend 14 CFR part 71 by revising the Class E airspace at Nome, AK, due to the establishment of GPS instrument approaches to RWY 2, RWY 9, and RWY 27. The intended effect of this proposal is to provide adequate controlled airspace for Instrument Flight Rules (IFR) operations at Nome, AK.

The area would be depicted on aeronautical charts for pilot reference. The coordinates for this airspace docket are based on North American Datum 83. The Class E airspace areas designated as an 700/1200 foot transition area are published in paragraph 6005 in FAA Order 7400.9E, *Airspace Designations and Reporting Points*, dated September 10, 1997, and effective September 16, 1997, which is incorporated by

reference in 14 CFR 71.1 (62 FR 52491; October 8, 1997). The Class E airspace listed in this document will be revised and published in the Order.

The FAA has determined that these proposed regulations only involve an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. It, therefore—(1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979); and (3) does not warrant preparation of a regulatory evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this rule, when promulgated, will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

The Proposed Amendment

In consideration of the foregoing, the Federal Aviation Administration proposes to amend 14 CFR part 71 as follows:

PART 71—DESIGNATION OF CLASS A, CLASS B, CLASS C, CLASS D, AND CLASS E AIRSPACE AREAS; AIRWAYS; ROUTES; AND REPORTING POINTS

1. The authority citation for 14 CFR part 71 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40103, 40113, 40120; E.O. 10854, 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389.

§ 71.1 [Amended]

2. The incorporation by reference in 14 CFR 71.1 of Federal Aviation Administration Order 7400.9E, *Airspace Designations and Reporting Points,* dated September 10, 1997, and effective September 16, 1997, is to be amended as follows:

Paragraph 6005 Class E airspace extending upward from 700 feet or more above the surface of the earth.

* * * * *

AAL AK E5 Nome, AK

Nome Airport, AK
(Lat. 64°30′44″ N., long. 165°26′43″ W)
Nome VORTAC
(Lat. 64°29′06″ N., long. 165°15′11″ W.)

That airspace extending upward from 700 feet above the surface within a 6.6-mile radius of the Nome Airport and within 14 miles of the Nome VORTAC extending clockwise from the 002° radial to the 175° radial of the VORTAC and within 20 miles of the Nome VORTAC extending clockwise from the 175° radial to the 305° radial of the VORTAC and within 4 miles north and 8 miles south of the 106° radial of the Nome VORTAC extending from the VORTAC to 16 miles east and within 4 miles north and 8 miles south of the Nome VORTAC 271° radial extending from the 6.6-mile radius to 27 miles west of the VORTAC; and that airspace extending upward from 1,200 feet above the surface within a 39-mile radius of the Nome VORTAC and within 39 miles each side of the Nome VORTAC 092° radial extending from the 39-mile radius to 77.4 miles east of the VORTAC.

* * * * *

Issued in Anchorage, AK, on June 4, 1998.

Willis C. Nelson,

Manager, Air Traffic Division, Alaskan Region.

[FR Doc. 98–15713 Filed 6–11–98; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AAL–10]

Proposed Revision of Class E Airspace; Unalakleet, AK

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: This action revises Class E airspace at Unalakleet, AK. The establishment of a Global Positioning System (GPS) instrument approach to runway (RWY) 14 at Unalakleet, AK, has made this action necessary. Adoption of this proposal would result in the provision of adequate controlled airspace for Instrument Flight Rules (IFR) operations at Unalakleet, AK.

DATES: Comments must be received on or before July 27, 1998.

ADDRESSES: Send comments on the proposal in triplicate to: Manager, Operations Branch, AAL–530, Docket No. 98–AAL–10, Federal Aviation Administration, 222 West 7th Avenue, Box 14, Anchorage, AK 99513–7587.

The official docket may be examined in the Office of the Regional Counsel for the Alaskan Region at the same address.

An informal docket may also be examined during normal business hours in the Office of the Manager, Operations Branch, Air Traffic Division, at the address shown above and on the Internet at Alaskan Region's homepage at http://www.alaska.faa.gov/at or at address http://162.58.28.41/at.

FOR FURTHER INFORMATION CONTACT: Robert van Haastert, Operations Branch, AAL–538, Federal Aviation Administration, 222 West 7th Avenue, Box 14, Anchorage, AK 99513–7587; telephone number (907) 271–5863; fax: (907) 271–2850; email: Robert.van.Haastert@faa.dot.gov. Internet address: http://www.alaska.faa.gov/at or at address http://162.58.28.41/at.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested parties are invited to participate in this proposed rulemaking by submitting such written data, views, or arguments as they may desire. Comments that provide the factual basis supporting the views and suggestions presented are particularly helpful in developing reasoned regulatory decisions on the proposal. Comments are specifically invited on the overall regulatory, aeronautical, economic, environmental, and energy-related aspects of the proposal. Communications should identify the airspace docket number and be submitted in triplicate to the address listed above. Commenters wishing the FAA to acknowledge receipt of their comments on this notice must submit with those comments a self-addressed, stamped postcard on which the following statement is made: ''Comments to Airspace Docket No. 98–AAL–10.'' The postcard will be date/time stamped and returned to the commenter. All communications received on or before the specified closing date for comments will be considered before taking action on the proposed rule. The proposal contained in this notice may be changed in light of comments received. All comments submitted will be available for examination in the Operations Branch, Air Traffic Division, Federal Aviation Administration, 222 West 7th Avenue, Box 14, Anchorage, AK, both before and after the closing date for comments. A report summarizing each substantive public contact with FAA personnel concerned with this rulemaking will be filed in the docket.

Availability of NPRM's

Any person may obtain a copy of this Notice of Proposed Rulemaking (NPRM) by submitting a request to the Operations Branch, AAL–530, Federal Aviation Administration, 222 West 7th Avenue, Box 14, Anchorage, AK 99513–7587. Communications must identify the notice number of this NPRM. Persons interested in being placed on a mailing list for future NPRM's should also request a copy of Advisory Circular

No. 11–2A which describes the application procedure.

The Proposal

The FAA proposes to amend 14 CFR part 71 by revising the Class E airspace at Unalakleet, AK, due the establishment of a GPS instrument approach to RWY 14. The intended effect of this proposal is to provide adequate controlled airspace for Instrument Flight Rules (IFR) operations at Unalakleet, AK.

The area would be depicted on aeronautical charts for pilot reference. The coordinates for this airspace docket are based on North American Datum 83. The Class E airspace areas designated as an 700/1200 foot transition area are published in paragraph 6005 in FAA Order 7400.9E, *Airspace Designations and Reporting Points*, dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1 (62 FR 52491; October 8, 1997). The Class E airspace listed in this document would be revised and published in the Order.

The FAA has determined that these proposed regulations only involve an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. It, therefore—(1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979); and (3) does not warrant preparation of a regulatory evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this rule, when promulgated, will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

The Proposed Amendment

In consideration of the foregoing, the Federal Aviation Administration proposes to amend 14 CFR part 71 as follows:

PART 71—DESIGNATION OF CLASS A, CLASS B, CLASS C, CLASS D, AND CLASS E AIRSPACE AREAS; AIRWAYS; ROUTES; AND REPORTING POINTS

1. The authority citation for 14 CFR part 71 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40103, 40113, 40120; E.O. 10854, 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389.

§ 71.1 [Amended]

2. The incorporation by reference in 14 CFR 71.1 of Federal Aviation Administration Order 7400.9E, *Airspace Designations and Reporting Points*, dated September 10, 1997, and effective September 16, 1997, is to be amended as follows:

Paragraph 6005 Class E airspace extending upward from 700 feet or more above the surface of the earth.

* * * * *

AAL AK E5 Unalakleet, AK

Unalakleet Airport, AK
(Lat. 63°53′18″N., long. 160°47′56″W.)
Unalakleet VORTAC
(Lat. 63°53′31″N., long. 160°41′04″W.)
Unalakleet Localizer
(Lat. 63°52′52″N., long. 160°47′42″W.)

That airspace extending upward from 700 feet above the surface within a 6.7-mile radius of the Unalakleet Airport and within 2 miles each side of the 289° radial of the Unalakleet VORTAC extending from the 6.7-mile radius to 14.1 miles west of the VORTAC and within 3 miles east and 3 miles west of the Unalakleet Localizer front course extending from the 6.7-mile radius to 12.9 miles north of the airport; and that airspace extending upward from 1,200 feet above the surface within a 22-mile radius of the Unalakleet VORTAC extending clockwise from the 165° radial to the 322° radial and within 4 miles east and 8 miles west of the Unalakleet Localizer front course extending from the Localizer to 22 miles north of the airport and within 4 miles north and 8 miles south of the Unalakleet VORTAC 289° radial extending from the VORTAC to 27 miles west of the VORTAC.

* * * * *

Issued in Anchorage, AK, on June 4, 1998.

Willis C. Nelson,

Manager, Air Traffic Division, Alaskan Region.

[FR Doc. 98–15714 Filed 6–11–98; 8:45 am]

BILLING CODE 4910–13–U

CONSUMER PRODUCT SAFETY COMMISSION

16 CFR Part 1700

Poison Prevention Packaging Requirements; Proposed Exemption of Sucraid

AGENCY: Consumer Product Safety Commission.

ACTION: Proposed rule.

SUMMARY: The Commission is proposing to exempt from its child-resistant packaging requirements the oral prescription drug Sucraid. Sucraid is a new liquid formulation of sacrosidase, a yeast derived form of the sucrase enzyme, used for the treatment of congenital sucrase-isomaltase deficiency. The Commission proposes this exemption because human experience has shown no evidence of serious toxicity.

DATES: Comments on the proposal should be submitted no later than August 26, 1998.

ADDRESSES: Comments should be mailed to the Office of the Secretary, Consumer Product Safety Commission, Washington, D.C. 20207, or delivered to the Office of the Secretary, Consumer Product Safety Commission, Room 502, 4330 East-West Highway, Bethesda, Maryland 20814–4408, telephone (301) 504–0800. Comments may also be filed by telefacsimile to (301) 504–0127 or by email to cpsc-os@cpsc.gov.

FOR FURTHER INFORMATION CONTACT: Jacqueline Ferrante, Ph.D., Division of Health Sciences, Directorate for Epidemiology and Health Sciences, Consumer Product Safety Commission, Washington, D.C. 20207; telephone (301) 504–0477 ext. 1199.

SUPPLEMENTARY INFORMATION:

A. Background

The Poison Prevention Packaging Act of 1970 (''PPPA''), 15 U.S.C. 1471–1476, provides the Commission with authority to establish standards for the ''special packaging'' of household substances, such as drugs, when child resistant packaging is necessary to protect children from serious personal injury or illness due to the substance and the special packaging is technically feasible, practicable, and appropriate for such substance. Accordingly, the Commission requires that oral prescription drugs be in child resistant (''CR'') packaging. 16 CFR 1700.14(a)(10).

The Commission's regulations allow companies to petition the Commission for exemption from CR requirements. 16 CFR Part 1702. Possible grounds for granting the exemption are that:

(a) The degree or nature of the hazard to children in the availability of the substance, by reason of its packaging, is such that special packaging is not required to protect children from serious personal injury or serious illness resulting from handling, using or ingesting the substance, or

(b) Special packaging is not technically feasible, practicable, or appropriate for the subject substance, or

(c) Special packaging is incompatible with the particular substance.16 CFR 1702.17.

On July 10, 1997, Orphan Medical, Inc. (''Orphan Medical'') petitioned the Commission to exempt its product, Sucraid, from the special packaging

requirements for oral prescription drugs. The petitioner stated that the exemption is justified because of lack of toxicity and lack of adverse human experience with the drug. The petitioner also stated that CR packaging is not technically feasible, practicable and appropriate for Sucraid. Because, as explained below, the Commission concludes that Sucraid lacks sufficient toxicity to justify special packaging, the Commission did not consider the technical feasibility, practicability, and appropriateness of special packaging for Sucraid.

Sucraid is a liquid formulation of sacrosidase, a yeast derived form of the sucrase enzyme. It is used to treat patients with congenital sucrase-isomaltase deficiency (''CSID''). The petitioner estimates that there are approximately 3000 to 10,000 cases of CSID in the United States. CSID is a condition characterized by absent or low levels of sucrase and isomaltase, two enzymes in the small intestine. Sucrase breaks down sucrose (table sugar) so that it can be absorbed. Persons with CSID have such symptoms as diarrhea, abdominal pain, bloating, and gas. Patients with severe CSID may require hospitalization for diarrhea, dehydration, malnutrition, weakness and muscle wasting. Sacrosidase is an enzyme replacement therapy that reduces the symptoms of CSID.

B. Toxicity Data

Sacrosidase is derived from bakers yeast. It is Generally Recognized as Safe (''GRAS'') for use in food by the Food and Drug Administration (''FDA''). 21 CFR 170.30. Sucraid contains about 1.5 milligrams per milliliter of the enzyme in a 50:50 solution of glycerol and water.

One bottle of Sucraid contains 150 mg of protein, 59 ml of water and 59 ml of glycerol. Similar to dietary proteins, the protein component of Sucraid is digested to amino acids which are used to make new protein and are not expected to cause toxicity. Glycerol is a sweet liquid used as a solvent, preservative, and moisturizer. FDA recognizes glycerol as GRAS for use as a food. 21 CFR 182.1320. It is also used as a drug, for example, to reduce intraocular and intracranial pressure. It also can be used as a laxative.

Possible adverse effects associated with glycerol include nausea, vomiting, headache, and dehydration. Less commonly reported effects include diarrhea, thirst, dizziness, and mental confusion. Some more serious effects have been reported with intravenous administration of glycerol and with certain high risk patients. However, the Hazardous Chemicals Desk Reference indicates that glycerol is only mildly toxic by ingestion. In addition, the Handbook of Common Poisonings in Children characterizes glycerol as a laxative, stating that ''acute exposure to most laxatives produces nausea, vomiting, and diarrhea, which are usually mild and self-limiting.''

The CPSC staff found three cases in the National Electronic Injury Surveillance System (''NEISS'') of children under five years old ingesting products containing glycerol. The products involved were a glycerol suppository, a baby enema preparation, and an ear solution. In all three cases the child was treated and released or examined and released without treatment.

Thus, based on the information discussed above, the glycerol component of Sucraid is not likely to cause significant toxicity to children.

C. Human Experience Data

According to the petitioner, there have been three clinical trials of Sucraid, two of which are complete. The clinical investigators conducting the trials did not rate any of the adverse effects encountered as probably or definitely related to the drug. Some effects were considered to be possibly related to the drug.

The investigators considered most of the adverse effects to be unrelated to Sucraid and due to illnesses common to children (e.g., flu, ear infection and strep throat). Unrelated effects included sore throat, fever, cough, runny nose, diarrhea, cramping and abdominal pain.

The clinical investigator did rate some adverse events in the second trial as possibly related to Sucraid. These symptoms included abdominal pain, diarrhea, nausea, vomiting, constipation, dehydration, cramps, headache, insomnia, nervousness, and wheezing. The petitioner noted that many of these were gastrointestinal symptoms typical of CSID. Thus, the dose of Sucraid given may not have been adequate to alleviate all symptoms of the disease. An asthmatic child had an acute hypersensitivity reaction (wheezing) to Sucraid that resolved without sequelae. This patient was withdrawn from the trial.

D. Action on the Petition

After considering the information provided by the petitioner and other available toxicity and human experience data, the Commission preliminarily concludes that the degree and nature of the hazard to children presented by the availability of Sucraid do not require special packaging to protect children from serious personal injury or serious illness resulting from handling, using, or ingesting the substance. Therefore, the Commission voted to grant the petition and begin a rulemaking proceeding to exempt Sucraid from the special packaging requirements for oral prescription drugs.

E. Regulatory Flexibility Act Certification

Under the Regulatory Flexibility Act, 5 U.S.C. 601 *et seq.*, an agency that engages in rulemaking generally must prepare proposed and final regulatory flexibility analyses describing the impact of the rule on small businesses and other small entities. Section 605 of the Act provides that an agency is not required to prepare a regulatory flexibility analysis if the head of an agency certifies that the rule will not have a significant economic impact on a substantial number of small entities.

The Commission's Directorate for Economic Analysis prepared a preliminary assessment of the impact of a rule to exempt Sucraid from special packaging requirements. The staff reports that because of the small number of cases of CSID (3,000 to 10,000 in the U.S.), the market for Sucraid is expected to be small. The petitioner, Orphan Medical, is a small manufacturer based on its employment and sales. Orphan Medical has marketing exclusivity for Sucraid for seven years. The exemption from special packaging requirements will allow the company to avoid costs associated with obtaining CR packaging.

Based on this assessment, the Commission preliminarily concludes that the proposed amendment exempting Sucraid from special packaging requirements would not have a significant impact on a substantial number of small businesses or other small entities.

F. Environmental Considerations

Pursuant to the National Environmental Policy Act, and in accordance with the Council on Environmental Quality regulations and CPSC procedures for environmental review, the Commission has assessed the possible environmental effects associated with the proposed PPPA amendment.

The Commission's regulations state that rules requiring special packaging for consumer products normally have little or no potential for affecting the human environment. 16 CFR 1021.5(c)(3). Nothing in this proposed rule alters that expectation. (3) Therefore, because the rule would have no adverse effect on the environment, neither an environmental assessment

nor an environmental impact statement is required.

G. Executive Orders

According to Executive Order 12988 (February 5, 1996), agencies must state in clear language the preemptive effect, if any, of new regulations.

The PPPA provides that, generally, when a special packaging standard issued under the PPPA is in effect, ''no State or political subdivision thereof shall have any authority either to establish or continue in effect, with respect to such household substance, any standard for special packaging (and any exemption therefrom and requirement related thereto) which is not identical to the [PPPA] standard.'' 15 U.S.C. 1476(a). A State or local standard may be excepted from this preemptive effect if (1) the State or local standard provides a higher degree of protection from the risk of injury or illness than the PPPA standard; and (2) the State or political subdivision applies to the Commission for an exemption from the PPPA's preemption clause and the Commission grants the exemption through a process specified at 16 CFR Part 1061. 15 U.S.C. 1476(c)(1). In addition, the Federal government, or a State or local government, may establish and continue in effect a non-identical special packaging requirement that provides a higher degree of protection than the PPPA requirement for a household substance for the Federal, State or local government's own use. 15 U.S.C. 1476(b).

Thus, with the exceptions noted above, the proposed rule exempting Sucraid from special packaging requirements would preempt non-identical state or local special packaging standards for the substance.

In accordance with Executive Order 12612 (October 26, 1987), the Commission certifies that the proposed rule does not have sufficient implications for federalism to warrant a Federalism Assessment.

List of Subjects in 16 CFR Part 1700

Consumer protection, Drugs, Infants and children, Packaging and containers, Poison prevention, Toxic substances.

For the reasons given above, the Commission proposes to amend 16 CFR part 1700 as follows:

PART 1700—[AMENDED]

1. The authority citation for part 1700 continues to read as follows:

Authority: Pub. L. 91–601, secs. 1–9, 84 Stat. 1670–74, 15 U.S.C. 1471–76. Secs 1700.1 and 1700.14 also issued under Pub. L. 92–573, sec. 30(a), 88 Stat. 1231. 15 U.S.C. 2079(a).

2. Section 1700.14 is amended by republishing paragraph (a) introductory text and paragraph (a)(10) introductory text, and by adding new paragraph (a)(10)(xx) to read as follows:

§ 1700.14 Substances requiring special packaging.

(a) *Substances.* The Commission has determined that the degree or nature of the hazard to children in the availability of the following substances, by reason of their packaging, is such that special packaging meeting the requirements of § 1700.20(a) is required to protect children from serious personal injury or serious illness resulting from handling, using, or ingesting such substances, and the special packaging herein required is technically feasible, practicable, and appropriate for these substances:

* * * * *

(10) *Prescription Drugs.* Any drug for human use that is in a dosage form intended for oral administration and that is required by Federal law to be dispensed only by or upon an oral or written prescription of a practitioner licensed by law to administer such drug shall be packaged in accordance with the provisions of § 1700.15 (a), (b), and (c), except for the following:

* * * * *

(xx) Sacrosidase (sucrase) preparations in a solution of glycerol and water.

Dated: June 4, 1998.

Sadye E. Dunn,

Secretary, Consumer Product Safety Commission.

List of Relevant Documents

1. Briefing memorandum from Jaqueline Ferrante, Ph.D., EH, to the Commission, ''Petition (PP 97–1) to Exempt Sucraid from the Special Packaging Requirements for Oral Prescription Drugs,'' May 20, 1998.
2. Memorandum from Jaqueline Ferrante, Ph.D., EH, to Mary Ann Danello, Ph.D., Associate Executive Director, EH, ''Sucraid Review'' April 1, 1998.
3. Memorandum from Marcia P. Robins, EC, to Jacqueline Ferrante, Ph.D., EH, ''Economic Considerations: Petition for Exemption from PPPA Requirements for Oral Prescription Drug Sucraid,'' April 2, 1998.

[FR Doc. 98–15493 Filed 6–11–98; 8:45 am]

BILLING CODE 6355–01–P

SOCIAL SECURITY ADMINISTRATION

20 CFR Part 416

RIN 0960–AE77

Denial of Supplemental Security Income Benefits for Fugitive Felons and Probation and Parole Violators

ACTION: Proposed rules.

SUMMARY: These proposed regulations would change our rules to reflect an amendment to the Social Security Act (the Act) made by Public Law 104–193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The amendment prohibits payment of Supplemental Security Income (SSI) benefits to certain fugitives and probation and parole violators.

DATES: To be sure that your comments are considered, we must receive them no later than August 11, 1998.

ADDRESSES: Comments should be submitted in writing to the Commissioner of Social Security, P.O. Box 1585, Baltimore, MD 21235; sent by telefax to (410) 966–2830; sent by E-mail to ''regulations@ssa.gov''; or delivered to the Office of Process and Innovation Management, Social Security Administration, L2109 West Low Rise, 6401 Security Boulevard, Baltimore, MD 21235, between 8:00 A.M. and 4:30 P.M. on regular business days. Comments may be inspected during these same hours by making arrangements with the contact person shown below.

FOR FURTHER INFORMATION CONTACT: Teresa Robinson, Policy Analyst, Office of Program Benefits Policy, Social Security Administration, 6401 Security Boulevard, Baltimore, MD 21235, (410) 965–7960 for information about these rules. For information on eligibility or claiming benefits, call our national toll-free number, 1–800–772–1213.

SUPPLEMENTARY INFORMATION:

Background

Section 202(a) of Public Law 104–193 added section 1611(e)(5) of the Act to preclude eligibility for SSI benefits for certain fugitives and probation and parole violators. In general, section 1611(e)(5) of the Act provides that a person shall not be considered an eligible individual or eligible spouse for purposes of the SSI program for any month during which the person is—

- Fleeing to avoid prosecution for a crime, or an attempt to commit a crime, which is a felony under the laws of the place from which the person flees (or which, in the case of the State of New Jersey, is a high misdemeanor under the laws of that State);
- Fleeing to avoid custody or confinement after conviction for a crime, or an attempt to commit a crime, which is a felony under the laws of the place from which the person flees (or which, in the case of the State of New Jersey, is a high misdemeanor under the laws of that State); or

• Violating a condition of probation or parole imposed under Federal or State law.

Section 1611(e)(5) of the Act was effective on August 22, 1996, the date of the enactment of Public Law 104–193, and applies with respect to eligibility for SSI benefits for months beginning in August 1996.

Proposed Regulations

We are proposing to amend our regulations concerning the SSI program under title XVI of the Act to indicate that a person will not be eligible for SSI benefits under the circumstances described in section 1611(e)(5) of the Act. For this purpose, we propose to make changes to the regulations in subparts B, G, and M of 20 CFR part 416, the part which contains the regulations for the SSI program.

Subpart B of 20 CFR part 416 explains the general rules that we apply in determining a person's eligibility for SSI benefits. In general, a person may be eligible for SSI benefits if he or she is a resident of the United States, has limited income and resources, and is age 65 or older, blind, or disabled.

Section 416.202 lists the basic requirements which must be met in order for a person to be eligible for SSI benefits. We propose to amend § 416.202 to indicate that, in order to be eligible for SSI benefits, a person must not be—

(1) Fleeing to avoid prosecution for a crime, or an attempt to commit a crime, which is a felony under the laws of the place from which the person flees (or which, in the case of the State of New Jersey, is a high misdemeanor under the laws of that State);

(2) Fleeing to avoid custody or confinement after conviction for a crime, or an attempt to commit a crime, which is a felony under the laws of the place from which the person flees (or which, in the case of the State of New Jersey, is a high misdemeanor under the laws of that State); or

(3) Violating a condition of probation or parole imposed under Federal or State law.

To make this change, we propose to redesignate existing paragraph (f) of § 416.202 as paragraph (g) and to add a new paragraph (f) which would contain the provisions described above.

The regulations in subpart G of 20 CFR part 416 require an SSI recipient, a representative payee of an SSI recipient, or an applicant for SSI benefits to report events that may affect eligibility or continued eligibility for SSI benefits or the amount of benefits. The regulations explain that a failure to make a timely report of such an event may result in the assessment of a penalty deduction against an individual's SSI benefits.

Section 416.708 of the regulations describes events which must be reported by an individual receiving SSI benefits, a representative payee for an SSI recipient, or an applicant awaiting a final decision on an application for SSI benefits. Under section 416.722 of the regulations, a penalty deduction will be applied if the SSI applicant, recipient or representative payee, without good cause, fails to report such events, and received benefits that would have been reduced, suspended or terminated if the event had been timely reported. The circumstances described in section 1611(e)(5) of the Act would make such applicant or recipient ineligible for SSI benefits. Therefore, we are proposing to amend § 416.708 by adding a new paragraph (o) to the list of events that must be reported, and that if not reported, may result in the assessment of a penalty deduction. New paragraph (o) would require an SSI applicant or recipient, or a representative for an SSI recipient, to report to us the occurrence of any of the circumstances specified in section 1611(e)(5) of the Act which would make such applicant or recipient ineligible for SSI benefits.

Of course, we recognize that many SSI applicants or recipients may not report their status under section 1611(e)(5) of the Act to us. Thus, we will not depend on the reports of the individual recipient or applicant for information that he or she is fleeing prosecution, custody or confinement or violating a condition of probation or parole. We will place heavy emphasis on other sources of such information in determining whether someone is ineligible under this provision. Our principal source will be records of Federal and State law enforcement agencies and penal institutions, but we will continue to explore *all* other avenues of independent sources of information which will help us decide whether individuals are ineligible, particularly under the provisions of section 1611(e)(5) of the Act.

Subpart M of 20 CFR part 416 provides rules for suspending or terminating an individual's SSI benefit payments when he or she no longer meets the requirements for eligibility for SSI benefits. We are proposing to add new § 416.1339 to this subpart to explain the requirement to suspend payments when an SSI recipient is found to be an individual who falls under one of the provisions of section 1611(e)(5) of the Act.

Proposed § 416.1339 provides that suspension of benefit payments because an individual is a fugitive or a probation or parole violator, as described above, is effective with the first day of whichever of the following months is earlier—

• The month in which a warrant or order for the individual's arrest or apprehension, an order requiring the individual's appearance before a court or other appropriate tribunal (e.g., a parole board), or a similar order is issued by a court or other duly authorized tribunal on the basis of an appropriate finding that the individual—

(1) Is fleeing, or has fled, to avoid prosecution for a crime, or an attempt to commit a crime, which is a felony under the laws of the place from which the person flees (or which, in the case of the State of New Jersey, is a high misdemeanor under the laws of that State);

(2) Is fleeing, or has fled, to avoid custody or confinement after conviction for a crime, or an attempt to commit a crime, which is a felony under the laws of the place from which the person flees (or which, in the case of the State of New Jersey, is a high misdemeanor under the laws of that State); or

(3) Is violating, or has violated, a condition of his or her probation or parole imposed under Federal or State law; or

• The first month during which the individual fled to avoid such prosecution, fled to avoid such custody or confinement after conviction, or violated a condition of his or her probation or parole, if indicated in such warrant or order, or in a decision by a court or other appropriate tribunal.

Proposed § 416.1339 explains that an individual will not be considered to be ineligible for SSI benefits and benefit payments will not be suspended under the provisions of that section for any month prior to August 1996.

Proposed § 416.1339 also explains that benefits will be resumed, if otherwise payable, effective with the first month throughout which the individual is determined to be no longer fleeing to avoid such prosecution, fleeing to avoid such custody or confinement after conviction, or violating a condition of his or her probation or parole.

We also propose to amend the second sentence of § 416.1337(b)(3)(ii) which contains a cross-reference to the sections of subpart M which describe conditions under which SSI benefits are suspended. We propose to revise the cross-reference to include a reference to new § 416.1339.

Electronic Version

The electronic file of this document is available on the Federal Bulletin Board (FBB) at 9:00 A.M. on the date of publication in the **Federal Register**. To download the file, modem dial (202) 512–1387. The FBB instructions will explain how to download the file and the fee. This file is in WordPerfect and will remain on the FBB during the comment period.

Regulatory Procedures

Executive Order 12866

We have consulted with the Office of Management and Budget (OMB) and determined that these proposed rules do meet the criteria for a significant regulatory action under Executive Order 12866.

Regulatory Flexibility Act

We certify that these proposed regulations, if promulgated, will not have a significant economic impact on a substantial number of small entities because these rules affect only individuals. Therefore, a regulatory flexibility analysis as provided in Public Law 96–354, the Regulatory Flexibility Act, as amended by Public Law 104–121, is not required.

Paperwork Reduction Act

These proposed rules contain a reporting requirement in proposed § 416.708(o). As required by 44 U.S.C. 3507, as amended by section 2 of the Paperwork Reduction Act of 1995, we submitted a copy of the proposed rules to OMB for its review.

Section 416.708(o) of the proposed regulations requires an SSI applicant or recipient, or a representative payee of an SSI recipient, to report to SSA that the applicant or recipient is a fugitive or probation or parole violator as described in that section if such event occurs. The information reported will be used by SSA to deny eligibility for SSI benefits or suspend SSI benefit payments. The respondents are SSI applicants, recipients or representative payees. We estimate that the public reporting burden will be 1 minute per response for 1,000 respondents, resulting in 16.6 annual burden hours. This includes the time it will take to read any instructions and provide the information. If you have any comments or suggestions on this estimate, write to OMB and SSA at the following addresses:

Office of Management and Budget, OIRA, Attention: Laura Oliven, Room 10230, New Executive Office Building, Washington, D.C. 20503 and Social Security Administration, DCFAM, Attention: Nicholas E. Tagliareni, 1–A–21 Operations Building, 6401 Security Boulevard, Baltimore, MD 21235.

In addition to your comments on the accuracy of the Agency's burden estimate, we are soliciting comments on the need for the information; its practical utility; ways to enhance its quality, utility and clarity; and on ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology.

(Catalog of Federal Domestic Assistance Program No. 96.006, Supplemental Security Income)

List of Subjects in 20 CFR Part 416

Administrative practice and procedure, Aged, Blind, Disability benefits, Public assistance programs, Reporting and recordkeeping requirements, Supplemental Security Income (SSI).

Dated: February 25, 1998.

Kenneth S. Apfel,

Commissioner of Social Security.

For the reasons set out in the preamble, subparts B, G, and M of part 416 of chapter III of title 20 of the Code of Federal Regulations are proposed to be amended as follows:

PART 416—SUPPLEMENTAL SECURITY INCOME FOR THE AGED, BLIND, AND DISABLED

Subpart B to Part 416—[Amended]

1. The authority citation for subpart B of part 416 continues to read as follows:

Authority: Secs. 702(a)(5), 1110(b), 1602, 1611, 1614, 1615(c), 1619(a), 1631, and 1634 of the Social Security Act (42 U.S.C. 902(a)(5), 1310(b), 1381a, 1382, 1382c, 1382d(c), 1382h(a), 1383, and 1383c); secs. 211 and 212, Pub. L. 93–66, 87 Stat. 154 and 155 (42 U.S.C. 1382 note); sec. 502(a), Pub. L. 94–241, 90 Stat. 268 (48 U.S.C. 1681 note); sec. 2, Pub. L. 99–643, 100 Stat. 3574 (42 U.S.C. 1382h note).

2. Section 416.202 is amended by redesignating paragraph (f) as paragraph (g) and by adding a new paragraph (f) to read as follows:

§ 416.202 Who may get SSI benefits.

* * * * *

(f) You are not—

(1) Fleeing to avoid prosecution for a crime, or an attempt to commit a crime, which is a felony under the laws of the place from which you flee (or which, in the case of the State of New Jersey, is a high misdemeanor under the laws of that State);

(2) Fleeing to avoid custody or confinement after conviction for a crime, or an attempt to commit a crime, which is a felony under the laws of the place from which you flee (or which, in the case of the State of New Jersey, is a high misdemeanor under the laws of that State); or

(3) Violating a condition of probation or parole imposed under Federal or State law.

* * * * *

Subpart G to Part 416—[Amended]

3. The authority citation for subpart G of part 416 continues to read as follows:

Authority: Secs. 702(a)(5), 1611, 1612, 1613, 1614, and 1631 of the Social Security Act (42 U.S.C. 902(a)(5), 1382, 1382a, 1382b, 1382c, and 1383); sec. 211, Pub. L. 93–66, 87 Stat. 154 (42 U.S.C. 1382 note).

4. Section 416.708 is amended by adding a new paragraph (o) to read as follows:

§ 416.708 What you must report.

* * * * *

(o) *Fleeing to avoid criminal prosecution or custody or confinement after conviction, or violating probation or parole.* You must report to us that you are—

(1) Fleeing to avoid prosecution for a crime, or an attempt to commit a crime, which is a felony under the laws of the place from which you flee (or which, in the case of the State of New Jersey, is a high misdemeanor under the laws of that State);

(2) Fleeing to avoid custody or confinement after conviction for a crime, or an attempt to commit a crime, which is a felony under the laws of the place from which you flee (or which, in the case of the State of New Jersey, is a high misdemeanor under the laws of that State); or

(3) Violating a condition of probation or parole imposed under Federal or State law.

Subpart M to Part 416—[Amended]

5. The authority citation for subpart M of part 416 continues to read as follows:

Authority: Secs. 702(a)(5), 1611–1615, 1619, and 1631 of the Social Security Act (42 U.S.C. 902(a)(5), 1382–1382d, 1382h, and 1383).

6. In § 416.1337, the second sentence of paragraph (b)(3)(ii) is revised to read as follows:

§ 416.1337 Exceptions to the continuation of previously established payment level.

* * * * *

(b) * * *

(3) * * *

(ii) * * * However, if the individual's benefits had been correctly suspended as provided in §§ 416.1321 through

416.1330 or § 416.1339 and they should have remained suspended but a benefit that exceeded the dollar limitation was paid, no further payment shall be made to him at this time and notice of the planned action shall not contain any provision regarding continuation of payment pending appeal. * * *

* * * * *

7. New § 416.1339 is added to subpart M to read as follows:

§ 416.1339 Suspension due to flight to avoid criminal prosecution or custody or confinement after conviction, or due to violation of probation or parole.

(a) *Basis for suspension.* An individual is ineligible for SSI benefits for any month during which he or she is—

(1) Fleeing to avoid prosecution for a crime, or an attempt to commit a crime, which is a felony under the laws of the place from which the individual flees (or which, in the case of the State of New Jersey, is a high misdemeanor under the laws of that State); or

(2) Fleeing to avoid custody or confinement after conviction for a crime, or an attempt to commit a crime, which is a felony under the laws of the place from which the individual flees (or which, in the case of the State of New Jersey, is a high misdemeanor under the laws of that State); or

(3) Violating a condition of probation or parole imposed under Federal or State law.

(b) *Suspension Effective date.* (1) Suspension of benefit payments because an individual is a fugitive as described in paragraph (a)(1) or (a)(2) of this section or a probation or parole violator as described in paragraph (a)(3) of this section is effective with the first day of whichever of the following months is earlier—

(i) The month in which a warrant or order for the individual's arrest or apprehension, an order requiring the individual's appearance before a court or other appropriate tribunal (e.g., a parole board), or similar order is issued by a court or other duly authorized tribunal on the basis of an appropriate finding that the individual—

(A) Is fleeing, or has fled, to avoid prosecution as described in paragraph (a)(1) of this section;

(B) Is fleeing, or has fled, to avoid custody or confinement after conviction as described in paragraph (a)(2) of this section; or

(C) Is violating, or has violated, a condition of his or her probation or parole as described in paragraph (a)(3) of this section; or

(ii) The first month during which the individual fled to avoid such prosecution, fled to avoid such custody or confinement after conviction, or violated a condition of his or her probation or parole, if indicated in such warrant or order, or in a decision by a court or other appropriate tribunal.

(2) An individual will not be considered to be ineligible for SSI benefits and benefit payments will not be suspended under this section for any month prior to August 1996.

(c) *Resumption of payments.* If benefits are otherwise payable, they will be resumed effective with the first month throughout which the individual is determined to be no longer fleeing to avoid such prosecution, fleeing to avoid such custody or confinement after conviction, or violating a condition of his or her probation or parole.

[FR Doc. 98–15699 Filed 6–11–98; 8:45 am]

BILLING CODE 4190–29–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

26 CFR Part 1

[REG–106031–98]

RIN 1545–AW13

Trading Safe Harbors

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice of proposed rulemaking and notice of public hearing.

SUMMARY: This document contains proposed rules for the treatment of foreign taxpayers trading in derivative financial instruments for their own account. These proposed rules provide that foreign taxpayers who effect transactions in derivative financial instruments for their own accounts are not thereby engaged in a trade or business in the United States if they are not dealers in stocks, securities, commodities or derivatives. These proposed rules affect foreign persons that conduct such trading for their own account either directly through U.S. offices or indirectly through partnerships or other agents. This document also provides notice of a public hearing on these proposed regulations.

DATES: Written comments must be received by September 10, 1998. Outlines of oral comments to be discussed at the public hearing scheduled for September 9, 1998, must be received by August 19, 1998.

ADDRESSES: Send submissions to: CC:DOM:CORP:R (REG–106031–98), room 5226, Internal Revenue Service, POB 7604, Ben Franklin Station, Washington, DC 20044. Submissions may be hand delivered between the hours of 8 a.m. and 5 p.m. to: CC:DOM:CORP:R (REG–106031–98), Courier's Desk, Internal Revenue Service, 1111 Constitution Avenue NW., Washington, DC. Alternatively, taxpayers may submit comments electronically via the Internet by selecting the ''Tax Regs'' option on the IRS Home Page, or by submitting comments directly to the IRS Internet site at http://www.irs.ustreas.gov/prod/tax—regs/comments.html. The public hearing will be held in room 2615, Internal Revenue Building, 1111 Constitution Avenue NW., Washington, DC.

FOR FURTHER INFORMATION CONTACT: Milton Cahn of the Office of Associate Chief Counsel (International), (202) 622–3870; concerning submissions and the hearing, LaNita Van Dyke, (202) 622–7190 (not toll-free numbers).

SUPPLEMENTARY INFORMATION:

Background

Section 864(b) of the Code provides that the phrase ''trade or business within the United States'' generally includes the performance of personal services within the United States at any time during the taxable year but, under certain circumstances, does not include trading in stocks, securities, or commodities through an independent agent or for a taxpayer's own account (the ''trading safe harbors'').

Regulations regarding certain aspects of the trading safe harbors were promulgated in 1972. Since the promulgation of these regulations, the use of derivative financial instruments has increased significantly. This is due in large measure to the overall expansion and growing sophistication of global capital markets. Although guidance concerning the tax treatment of derivatives and notional principal contracts has been issued under other provisions of the Code (see, e.g., §§ 1.446–3, 1.863–7(b)), the section 864(b) regulations have not been modernized to take into account the manner in which taxpayers customarily use derivative transactions.

Explanation of Provisions

1. In General

These proposed regulations provide that foreign taxpayers who are not dealers with respect to any derivative transactions, who are not otherwise dealers in stocks, securities, or commodities, and who enter into derivative transactions for their own

accounts are not engaged in trade or business within the United States solely by reason of those transactions. The term ''derivative'' is defined as an interest rate, currency, equity or commodity notional principal contract or an evidence of an interest in, or derivative financial instrument in, any commodity, currency, or any of the items described in Code section 475(c)(2)(A)–(D).

For purposes of these proposed regulations, the term ''currency'' is limited to those currencies that are of a kind customarily dealt in on an organized commodity exchange. No inference is intended, however, as to whether currencies that are not traded on an organized commodity exchange are ''of a kind'' customarily dealt in on an organized commodity exchange. Comments are solicited on this issue.

Under the statutory safe harbors, taxpayers who are dealers in stocks and securities but not commodities may avail themselves of the commodities trading safe harbor of section 864(b)(2)(B)(ii), and likewise, dealers in commodities but not stocks and securities may avail themselves of the stocks and securities trading safe harbor of section 864(b)(2)(A)(ii). The proposed regulations, however, do not specify into which statutory safe harbor any particular derivative transaction falls. Accordingly, dealers in stocks, securities, commodities, or derivatives may not avail themselves of the benefits of these proposed regulations.

Treasury and the IRS are considering the appropriate application of both the stocks and securities safe harbor of section 864(b)(2)(A)(ii) and the commodities safe harbor of section 864(b)(2)(B)(ii) with respect to a dealer in a derivative which arguably might be classified as both a security and a commodity. Treasury and the IRS are also considering the appropriate application of the section 864(b)(2)(A)(ii) and (B)(ii) safe harbors to dealers in either stocks and securities or commodities who enter into a derivative transaction which arguably might be classified within both sections. Comments are solicited on these points including the classification of specific derivatives for purposes of the safe harbors.

Comments are also solicited regarding whether the final regulations should include derivative transactions in either the stocks and securities, or commodities trading safe harbors under sections 864(b)(2)(A)(i) and (B)(i). In particular, the IRS solicits comments as to whether certain dealers could inappropriately avoid the limitations of section 864(b)(2)(C) with respect to derivative transactions effected through independent agents in the United States.

2. Eligible Nondealer

Until Treasury and the IRS determine whether particular derivative transactions should be classified under the stocks and securities or commodities safe harbors, the proposed regulations provide that derivative transactions (including hedging transactions) do not constitute a U.S. trade or business if the taxpayer meets the newly proposed definition of an ''eligible nondealer.''

An eligible nondealer is defined as a foreign resident taxpayer who is not a dealer in stocks, securities, commodities or derivatives at any time during the taxable year. Dealer status is determined on a worldwide basis and disqualifies a taxpayer from the safe harbor of the proposed regulations even if no dealing activities are conducted in the United States. For example, if a taxpayer is a dealer in commodities through its home country office and conducts no dealing activities through its U.S. office, but enters into derivative transactions for its own account through the U.S. office, the taxpayer fails to be an eligible nondealer.

Under the proposed regulations, the definition of dealer in stocks or securities refers to § 1.864–2(c)(2)(iv) and the definition of dealer in commodities refers to the use of that term in § 1.864–2(d). The definition of eligible nondealer contains language based on the definition of dealer in securities in 475(c)(1)(B), including regularly holding oneself out, in the ordinary course of one's trade or business, as being willing and able to enter into either side of a derivative transaction. See § 1.475(c)–1(a)(2).

Treasury and the IRS are considering issuing additional guidance with respect to the definition of a dealer for purposes of applying the trading safe harbors generally. Comments are solicited regarding the definition of a dealer, including the adequacy of the present rules in § 1.864–2(c)(2)(iv) and § 1.864–2(d), possible rules for identifying derivative transactions entered into with customers in the ''ordinary course,'' and the appropriateness of adopting a definition similar to that provided in section 475(c)(1).

3. Swaps on U.S. Equities

Treasury and the IRS are aware that in order to avoid the tax imposed on U.S. source dividends under sections 871 and 881 and Chapter 3 of the Code, some foreign investors use notional principal contract transactions based on U.S. equities (''U.S. based equity swaps''). Accordingly, Treasury and the IRS are considering whether rules should be developed to preserve the withholding tax with respect to such transactions. Specifically, Treasury and the IRS are evaluating whether conduit (e.g., section 7701(l)) or other principles should be invoked in regulations, to characterize payments made with respect to U.S. based equity swaps as subject to U.S. withholding tax.

Treasury and the IRS are considering whether or not finalization of the proposed regulations as they relate to U.S. based equity swaps should await guidance concerning the application of the withholding rules to such transactions. Broadening the section 864(b)(2)(A)(ii) and (B)(ii) safe harbors to include derivatives could impair the ability of the United States to tax U.S. source dividend payments.

Congress enacted the stocks and securities trading safe harbor in 1936 to provide certainty that foreign persons who merely trade stocks and securities would not be subject to the net income tax regime. Section 211(b), Revenue Act of 1936, Pub. L. 74–740, 49 Stat. 1648, 1714–15 (1936); S. Rep. No. 2156, 74th Cong., 2d Sess. 21 (1936). Congress' decision to include the safe harbor was premised on the fundamental assumption that ordinary income from U.S. stocks and securities would be appropriately subject to U.S. taxation through the withholding tax on fixed and determinable or annual and periodic income (''FDAP''), and that activities beyond the scope of the safe harbor would remain subject to net tax if the taxpayer was engaged in a trade or business or had an office in the United States. Id. The Foreign Investors Tax Act of 1966, which expanded the trading safe harbors to include trading activities conducted by or on behalf of a non-U.S. resident taxpayer through a U.S. office for the foreign taxpayer's own account, built upon the same principles reflected in the Revenue Act of 1936. See Section 102(d), Foreign Investors Tax Act of 1966, Pub. L. 89–809, 80 Stat. 1539, 1544 (1966); S. Rep. No. 1701, 99th Cong., 2d Sess. 16–17, 22–23, 32–33 (1966).

Treasury and the IRS request comments regarding the U.S. taxation of non-U.S. persons investing in derivatives generally in addition to the treatment of derivatives under the trading safe harbors. Comments are also solicited concerning the appropriate source of payments made pursuant to U.S. based equity swaps and whether conduit or other principles should be invoked for purposes of sections 871, 881 and Chapter 3 of the Code, including the circumstances under which such payments between non-U.S.

resident counterparties (i.e., foreign-to-foreign payments) may be included in such regulations. In addition, comments are also solicited concerning the appropriate treatment of swaps or other derivative transactions on property (other than stocks and securities) that produce FDAP income, e.g., rents and royalties.

Special Analyses

It has been determined that this notice of proposed rulemaking is not a significant regulatory action as defined in EO 12866. Therefore, a regulatory impact analysis is not required. It also has been determined that section 553(b) of the Administrative Procedure Act (5 U.S.C. chapter 5) does not apply to these regulations, and because the regulation does not impose a collection of information on small entities, the Regulatory Flexibility Act (5 U.S.C. chapter 6) does not apply. Therefore, a Regulatory Flexibility Analysis under the Regulatory Flexibility Act (5 U.S.C. Chapter 6) is not required. Pursuant to section 7805(f) of the Code, this notice of proposed rulemaking will be submitted to the Chief Counsel for Advocacy of the Small Business Administration for comment on their impact on small business.

Comments and Public Hearing

Before these proposed regulations are adopted as final regulations, consideration will be given to any written comments that are submitted timely to the IRS (a signed original and eight (8) copies). All comments will be available for public inspection and copying.

A public hearing has been scheduled for September 9, 1998, at 10:00 A.M., in room 2615, Internal Revenue Building, 1111 Constitution Avenue NW, Washington, DC. Because of access restrictions, visitors will not be admitted beyond the Internal Revenue Building lobby more than 15 minutes before the hearing starts.

The rules of 26 CFR 601.601(a)(3) apply to the hearing. Persons that wish to present oral comments at the hearing must submit written comments by September 10, 1998, and submit an outline of the topics to be discussed and the time to be devoted to each topic by August 19, 1998.

A period of 10 minutes will be allotted to each person for making comments.

An agenda showing the scheduling of the speakers will be prepared after the deadline for receiving outlines has passed. Copies of the agenda will be available free of charge at the hearing.

Proposed Effective Date

These regulations are proposed to be effective for taxable years beginning 30 days after the date final regulations are published in the **Federal Register**. Taxpayers may elect to apply the provisions of the final regulations to taxable years beginning before the date which is 30 days after these regulations are published as final in the **Federal Register**. No inference is intended regarding the treatment of derivative transactions under sections 864(b)(2)(A)(ii) and (B)(ii) and the current regulations. For periods prior to the effective date, taxpayers engaged in derivative transactions may take any reasonable position with regard to the section 864(b)(2)(A)(ii) and (B)(ii) safe harbors. Positions consistent with these proposed regulations will be considered reasonable.

Drafting Information

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

List of Subjects in 26 CFR Part 1

Income taxes, Reporting and recordkeeping requirements.

Proposed Amendments to the Regulations

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

PART 1—INCOME TAXES

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

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

Par. 2. Section 1.864(b)–1 is added to read as follows:

§ 1.864(b)–1 Trading in derivatives.

(a) *Trading for taxpayer's own account.* As used in part I (section 861 and following) and part II (section 871 and following), subchapter N, chapter 1 of the Internal Revenue Code (Code), and chapter 3 (section 1441 and following) of the Code, and the regulations thereunder, if a taxpayer is an eligible nondealer, the term *engaged in trade or business within the United States* does not include effecting transactions in derivatives for the taxpayer's own account, including hedging transactions within the meaning of § 1.1221–2.

(b) *Definitions*—(1) *Eligible nondealer.* For purposes of this section, an *eligible nondealer* is a person that is not a resident of the United States and is not, at any place (domestic or foreign), nor at any time during that person's taxable year, any of the following—

(i) A dealer in stocks or securities as defined in § 1.864–2(c)(2)(iv)(*a*);

(ii) A dealer in commodities as that term is used in § 1.864–2(d); or

(iii) A person that regularly offers to enter into, assume, offset, assign or otherwise terminate positions in derivatives with customers in the ordinary course of a trade or business, including regularly holding oneself out, in the ordinary course of one's trade or business, as being willing and able to enter into either side of a derivative transaction.

(2) *Derivative.* For purposes of this section, the term *derivative* includes—

(i) An interest rate, currency (as defined in paragraph (b)(3) of this section), equity, or commodity (as the term is used in section 864(b)(2)(B) and § 1.864–2(d)) notional principal contract (as the term is used in section 475(c)(2)); or

(ii) An evidence of an interest, or a derivative financial instrument (including any option, forward contract, short position and any similar financial instrument), in any—

(A) Commodity (as the term is used in section 864(b)(2)(B) and § 1.864–2(d));

(B) Currency (as defined in paragraph (b)(3) of this section);

(C) Share of stock (as the term is used in § 1.864–2(c)(2));

(D) Partnership or beneficial ownership interest in a widely held or publicly traded partnership or trust;

(E) Note, bond, debenture, or other evidence of indebtedness; or

(F) Notional principal contract described in paragraph (b)(2)(i) of this section.

(3) *Limitation.* For purposes of this section, the term *currency* is limited to currencies of a kind customarily dealt in on an organized commodity exchange.

Michael P. Dolan,

Deputy Commissioner of Internal Revenue.

[FR Doc. 98–15452 Filed 6–11–98; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE INTERIOR

Minerals Management Service

30 CFR Chapter II

Review of Existing Regulations

AGENCY: Minerals Management Service (MMS), Interior.

ACTION: Review of regulations; request for comment.

SUMMARY: MMS has been performing annual reviews of its significant regulations and asking the public to participate in these reviews since 1994. The purpose of the reviews is to identify and eliminate regulations that are obsolete, ineffective, or burdensome. In addition, the reviews are meant to identify essential regulations that should be revised because they are either unclear, inefficient, or interfere with normal market conditions. As MMS moves towards performance based regulations, we are looking at ways to offer regulatory relief to industry for exceptional performance. We request your comments and suggestions with respect to which regulations could be more performance based and less prescriptive.

The purpose of this document is twofold. First, we want to provide the public an opportunity to comment on MMS regulations that should be eliminated or revised, or could be more performance based. Second, we are providing a status update of the actions MMS has taken on comments previously received from the public in response to documents published March 1, 1994, March 28, 1995, May 20, 1996, and April 24, 1997. We will only include in this document status updates on comments which have not been closed/implemented in the four previous status update documents listed above.

DATES: Written comments must be received by August 11, 1998.

ADDRESSES: Mail written comments to Department of the Interior; Minerals Management Service; Mail Stop 4230; 1849 C Street NW; Washington, DC 20240; Attention: Bettine Montgomery, MMS Regulatory Coordinator, Policy and Management Improvement.

FOR FURTHER INFORMATION CONTACT: Bettine Montgomery, Policy and Management Improvement, telephone: (202) 208–3976; Fax: (202) 208–4891; and E-Mail: Elizabeth.Montgomery@mms.gov.

SUPPLEMENTARY INFORMATION: MMS began a review of its regulations in early 1994 under the directives contained in the President's Executive Order 12866. The Executive Order calls for periodic regulatory reviews to ensure that all significant regulations are efficient and effective, impose the least possible burden upon the public, and are tailored no broader than necessary to meet the agency's objectives and Presidential priorities.

We invited the public to participate in the regulatory review. The invitation was sent out via different media, namely a **Federal Register** document dated March 1, 1994 (59 FR 9718); MMS and independent publications; and public speeches by MMS officials during that time.

MMS received approximately 40 public comments which were almost equally divided between its Royalty Management and Offshore Minerals Management Programs. We acknowledged the comments in a July 15, 1994 (59 FR 36108), document and set forth our planned actions to address the comments, along with an estimated timetable for these actions.

In the **Federal Register** notices published March 28, 1995 (60 FR 15888); May 20, 1996 (61 FR 25160); and April 24, 1997 (62 FR 19961), MMS: (a) asked for further public comments on its regulations, and (b) provided a status update of actions it had taken on the major public comments received to date. We received 10 responses from the 1995 document; 5 responses from the 1996 document; and 2 responses from the 1997 document. A number of the commentators expressed appreciation for our streamlining efforts and responsiveness to suggestions from our regulated customers.

This document updates the MMS planned actions and related timetables on the major comments received to date. It also solicits additional comments from the public concerning regulations that should be either eliminated or revised, or could be more performance based. Since some of the public responses received in response to prior documents contained comments on very specific and detailed parts of the regulations, this document does not address every one received. For information on any comment submitted which is not addressed in this document, please contact Mrs. Montgomery at the number and location stated in the forward sections of this document.

MMS regulations are found at Title 30 in the Code of Federal Regulations. Parts 201 through 243 contain regulations applicable to MMS's Royalty Management Program; Parts 250 through 282 are applicable to MMS's Offshore Minerals Management; and Part 290 is applicable to Administrative Appeals.

Status Report

The following is a status report by program area on the comments MMS has received, to date, on its regulations.

A. Offshore Minerals Management (OMM) Program

OMM is currently reviewing the following 14 sections of OMM regulations:

1. Regulations Governing Conservation of Resources and Diligence (30 CFR 250, Subpart A.)

Comments Received—(a) ''Revise Determination of Well Producibility to make wireline testing and/or mud logging analysis optional * * *.'' (b) ''* * * consider comments from the 11/30/95 MMS sponsored workshop to formulate policy for granting SOP (suspension of production) approvals based on host capacity delays, non-contiguous unitization, and market conditions/economic viability.''

Action Taken or Planned—For (a) above, a proposed rule, ''Postlease Operations,'' revising Subpart A was published on February 13, 1998 (63 FR 7335). This revision addresses the determination of well producibility process, and the public is invited to comment on this and all areas of the proposed rule. The comment period closes on July 17, 1998. For (b) above, MMS did consider the comments from the 11/30/95 workshop on granting suspensions of production when preparing the proposed rule.

Timetable—The projected publication date for a final rule is April 1999.

2. Revision of the Process for Incorporating Codes and Standards by Reference (30 CFR 250.1, Subpart A)

Comments Received—''* * * review individual documents when changed and recommend adoption or rejection to reduce confusion as to the standard that should be used.''

Action Taken or Planned—On November 26, 1996 (61 FR 60019), MMS published a final rule that updated over 50 documents incorporated by reference. In the preamble of the rule, MMS discussed its new policy for incorporating documents into the regulations. This will result in a much quicker and more efficient process for incorporating documents. If MMS determines that the changes to documents are minor, result in safety improvements or represent new industry standard technology, and do not impose undue costs on the affected parties, MMS will incorporate the new edition with a final rule published in the **Federal Register**. This will keep the number of out-of-date documents incorporated by reference to a minimum. This also means that a new edition becomes effective without public comment.

Timetable—Completed.

3. Regulations Applicable to Directional Surveys (30 CFR 250.51, Subpart D)

Comments Received—''Revise directional survey requirements to allow

a composite measurement-while-drilling directional survey to be acceptable * * *.''

Action Taken or Planned—MMS is rewriting the regulations governing Oil and Gas Drilling Operations, found in 30 CFR Part 250, Subpart D, in plain English. During this rewrite, MMS is making appropriate revisions to the regulations. Updating the requirements for directional survey requirements is one of the revisions planned for this rewrite.

Timetable—We plan to publish a Notice of Proposed Rulemaking this fall.

4. Regulations Applicable to Blowout Preventer (BOP) Testing and Maintenance Requirements (30 CFR 250.56 and 250.57, Subpart D)

Comments Received—''Revise BOP testing regulations to allow for less frequent and shorter tests. Allow 14 day BOP test interval vs. current 7-day interval.''

Action Taken or Planned—MMS published a proposed rule to amend the regulations governing the testing requirements for BOP systems used in drilling and completion operations in the **Federal Register** on July 15, 1997 (62 FR 37819). The rule proposed to allow a lessee up to 14 days between BOP pressure tests. We made the decision to allow the extended testing time frame based on a completed study of BOP performance by an engineering consulting firm. The study concluded that no statistical difference in failure rates existed between BOP's tested as required, every 7 days, and those tested between an 8 to 14-day interval. The new testing time frame applies to drilling, sidetrack, and completion activities, but not to workover activities since they were not examined in the performance study. MMS has made minor revisions to the rule based on the five sets of comments on the proposed rule, and we published the final rule on June 1, 1998 (63 FR 29604).

Timetable—Completed.

5. Approval and Reporting Processes for Well-Completion Operations (30 CFR 250.83)

Comments Received—''* * * a recompletion operation requires that a Well Summary Report MMS–125 be filed within 30 days. Much of this data is repetitious of data previously submitted on the Sundry Notice MMS–124. The process could be changed to provide only data that has changed.''

Action Taken or Planned—We will study this process to decide whether or not to change reporting requirements through rulemaking.

Timetable—Ongoing.

6. Safety System Design and Installation (30 CFR 250.122)

Comments Received—Safety System Design and Installation (30 CFR 250.122)—''We believe that the (Safety and Environmental Management Program) SEMP/RP 75 Performance Measure process of alternative compliance for operators who voluntarily implement RP 75 and have ''good'' performance should allow those operators to periodically update drawings and other documents of production safety system installations and routine modifications instead of receiving required MMS approval of these documents before any modifications are performed (Comment #14 of our July 17, 1996 letter). This is one example of the alternative compliance process that we suggest.''

Action Taken or Planned—This comment expresses an interest for regulatory relief in exchange for ''compliance'' with API RP75. This industry standard captures the essence of SEMP. On August 13, 1997, the MMS published a **Federal Register** notice on SEMP (62 FR 43345). This notice publicly relayed our intent to continue collaborative efforts with the U.S. offshore oil and gas industry to promote the non-regulatory (i.e., voluntary) adoption of SEMP; it simultaneously relayed our intent to increasingly focus on operator performance in the field. This decision was made after extensive review of the industry's actions to adopt RP75. We have seen important strides made in the development of SEMP programs by the majority of OCS operators. We have, however, still not seen widespread implementation of these programs on offshore installations. In the most recent SEMP notice, we asked senior company officers to notify MMS when they had ''fully'' implemented SEMP at the field level. In our view, ''fully'' means that an operator has developed their SEMP plan and has implemented it at enough of their offshore installations to commence continuous improvement efforts (e.g., SEMP audits). At the end of April 1998, we had received such notifications from only five OCS operators. This fact leads us to conclude that SEMP is not yet broadly implemented at the field level. Therefore, any requests for regulatory relief in exchange for SEMP implementation will need to be made to MMS on an ad hoc basis by operators who are prepared to demonstrate, and have the MMS verify, both the extent of their SEMP implementation and their field-level performance.

MMS has begun the process of revising 30 CFR Part 250, Subpart H. The process changes suggested above will be considered internally during preparation of the Notice of Proposed Rulemaking.

Timetable—MMS expects the Notice of Proposed Rulemaking for a revised 30 CFR Part 250, Subpart H, to be published for comment in the fall of 1998.

7. Regulations Applicable to Production on the Outer Continental Shelf (OCS) (30 CFR Part 250, Subpart H)

Comments Received—Production Safety System Testing and Records (30 CFR 250.124)—''OOC (Offshore Operators Committee) is very much interested in working with MMS on a research project beginning in 1997 to consider appropriate leak rate tolerances for critical safety devices (Comment #11 of our July 17, 1996 letter) as well as testing frequencies of accurate and reliable new generation safety devices (Comment #13 of our July 17, 1996 letter).''

Action Taken or Planned—MMS has initiated a research project with Southwest Research Institute which will investigate the question of leak rate tolerances for critical safety devices. First results from the study should become available in the fall of 1998. MMS has also initiated the rulemaking process to revise all of subpart H. As part of this process, testing frequencies for safety devices will be discussed internally. Any proposed changes to testing frequencies will appear in the Notice of Proposed Rulemaking for subpart H.

Timetable—MMS expects the Notice of Proposed Rulemaking for a revised subpart H to appear in the **Federal Register** this fall.

8. Regulations Governing Safety and Pollution Prevention Equipment (SPPE) (30 CFR Part 250.126, Subpart H)

Comments Received—(a) *Quality Assurance (30 CFR 250.126)*—''We encourage MMS to eliminate unnecessary record keeping requirements (Comment #16 of our July l7, 1996 letter) as proposed in the December 18, 1996, **Federal Register** notice 61 FR 66639. However, we strongly object to eliminating functional noncertified SPPE that is currently in service for any reason other than hot work or remanufacture as explained in our February 14, 1997, comments on the proposal at 61 FR 66639.'' (b) ''Revise regulations governing Safety Valves to increase time between test and allowable leakage rates.''

Action Taken or Planned—For (a) above, revised quality assurance requirements were published as a

Notice of Final Rulemaking in the **Federal Register** on August 8, 1997 (62 FR 42669). To reduce paperwork, the new rule eliminated the need for companies to update their list of noncertified SPPE. It also eliminated the detailed reporting requirements regarding the installation and failure of certified equipment. The final rule requires replacement of noncertified SPPE only when the noncertified SPPE requires offsite repair, remanufacturing, or hot work, such as welding. This allows operators to continue using noncertified SPPE provided the equipment works properly, and when necessary, requires only minor repairs. Once noncertified SPPE requires offsite repair, manufacturing, or hot work, it may not be used on the OCS.

For (b) above, as discussed under Item No. 7, MMS contracted with Southwest Research Institute in September 1997 to study leakage rates for surface and subsurface safety valves.

Timetable—The Southwest Research Institute will complete the study in the fall of 1998.

9. Regulations Regarding Construction and Removal of Platforms and Structures (30 CFR 250, Subpart I)

Comments Received—(a) ''Modify platform design wave return period calculation by placing a cap of 100 years on the field life calculation * * *.'' (b) ''Adopt API RP2A (20th edition) Section 14, Surveys, in its entirety * * *.'' (c) ''Revise site clearance requirements * * *.'' (d) ''Revise requirements for placing protective domes over well stubs * * *,'' etc.

Action Taken or Planned—For (a), (c), and (d) above, the proceedings for the International Workshop on Offshore Lease Abandonment and Platform Disposal held in April 1996 were published in 1997. We will be considering the comments we received from the proceedings in drafting a proposed rule on decommissioning. For (b) above, NTL98–4N was issued on March 4, 1998. It contains interim guidance for applying ''Simplified Fatigue Analysis'' Procedure from American Petroleum Institute (API) Recommended Practice 2A (RP2A), Planning, Designing, and Constructing Fixed Offshore Platforms, Nineteenth Edition (August 1, 1991), and Twentieth Edition (July 1, 1993), and its supplement 1 (February 1, 1997).

Timetable—For (a), (c), and (d) above, MMS plans to draft a rule on decommissioning by December 1998. For (b) above, ongoing.

10. Regulations Applicable to Pipelines and Pipeline Rights-of-Way (30 CFR 250, Subpart J)

Comments Received—Revise regulations to avoid duplication of requirements between the Department of the Interior (DOI) and the Department of Transportation (DOT). The following comments were submitted on the proposed rule on regulating pipelines which was published October 2, 1997 (62 FR 51614):—Commentators raised concerns about the Notice of Proposed Rulemaking involving technical issues affecting the applicability of the rule to producer-operated pipelines. The pipelines were either previously subject to DOT regulation under terms of the former 1976 Memorandum of Understanding between DOI and DOT, or cross into State waters without first connecting to a transporting operator's pipeline on the OCS as described in the 1996 Memorandum of Understanding.

Action Taken or Planned—As stated in our previous Notice, ''Reviewing Existing Regulations'' (April 24, 1997), a Memorandum of Understanding on the pipeline issue between DOI and DOT became effective December 10, 1996, and was published in the **Federal Register** on February 14, 1997 (62 FR 7037). Since then, we have published a proposed rule on October 2, 1997 (62 FR 51614) clarifying regulatory jurisdiction of the pipelines. MMS is now proceeding with a final rule that will clarify and resolve the technical issues raised during the comment period on the proposed rule.

Timetable—We plan to publish the Notice of Final Rulemaking incorporating comments on the proposed rule by mid-summer.

11. Allocation Meter Facility Requirements (30 CFR 250.180(e))

Comments Received—''We suggest that the regulations be revised to recognize the use of liquid turbine meters and the inability to physically make adjustments to these types of meters, and to clarify that samples should be taken proportional to flow to reflect present industry practice.''

Action Taken or Planned—MMS published a proposed rule, ''Oil and Gas Production Measurement, Surface Commingling, and Security,'' on February 26, 1997 (62 FR 8665), that addressed this comment. The final rule was published May 12, 1998 (63 FR 26361), and will be effective June 29, 1998.

Timetable—Completed.

12. Model Unit Agreement (30 CFR 250.194)

Comments Received—''In several instances within the Model Unit Agreement language, the defined terms are not used when it seems appropriate. We recommend that the defined terms be used to avoid confusion when reviewing the agreements.''

Action Taken or Planned—On July 3, 1996 (61 FR 28525), MMS published a final rule which removed the Model Unit Agreement from the Code of Federal Regulations. We have no plans to revise the Agreement at this time. A final rule on Unitization was published on February 5, 1997 (62 FR 5329), and was effective March 7, 1997.

Timetable—Completed.

13. Shallow Hazards Requirements (NTL No. 83–3)

Comments Received—''* * * revise (Notice to Lessees) NTL No. 83–3 which relates to shallow hazards requirements. Industry has requested that MMS allow use of navigational positioning equipment in lieu of buoying pipelines.''

Action Taken or Planned—We are revising NTL No. 83–3 and are in the process of developing guidance for navigational positioning equipment technology. In the revised NTL, industry may still use buoying, but if they choose not to use buoying, the NTL will require the use of state-of-the-art navigational systems. This will assure the accuracy and safety of anchoring operations in the vicinity of pipelines.

Timetable—Ongoing.

14. Regulations Applicable to Production Safety System Training (30 CFR 250.214, Subpart O)

Comments Received—In response to a June 10, 1997, workshop on the development of a performance based training rule, MMS received a variety of comments from the oil and gas industry and MMS accredited training schools. These comments include: (a) ''Continue to implement the current Subpart O training system.'' (b) ''Develop a dual training system incorporating elements from both a performance based program and MMS's current system.'' (c) ''Companies may neglect training under a performance based system.'' (d) ''MMS should use caution when changing from the current prescriptive training system * * *'' (e) ''* * * use of a written MMS test may cause employees stress that would lead to poor performance on the exams.'' (f) ''* * * hands-on simulator testing is an excellent and realistic means of gauging performance. * * * MMS may not have the expertise or

equipment to properly conduct simulator tests.'' (g) ''Hands-on testing should only be conducted onshore, not offshore.'' (h) ''How will MMS react to a company that does not train its employees but has a good safety record * * *.'' (i) ''This may not be the right time to move towards a performance system because of the increase in OCS activity and the shortage of trained and experienced workers.''

Activity Taken or Planned—MMS has prepared a proposed rule on a performance based training program which relies on industry to design its training needs. We would monitor the program through tests and audits. In developing the rule, we took into consideration the comments received in the June 10, 1997, workshop.

Timetable—We plan to publish the Notice of Proposed Rulemaking for comment by late summer.

B. Royalty Management Program (RMP)

RMP is reviewing regulations in the following 12 subject areas:

1. Statute of Limitations and Record Retention

Comments Received—''Statute of limitations is unclear.''—''Establish a reciprocal 5-year statute of limitations from the date an obligation becomes due.''—''Absence of a record retention program creates some confusion. Regulations should require record retention to coincide with the 5-year statute of limitations.''

Action Taken or Planned—The Federal Oil and Gas Royalty Simplification and Fairness Act (Act) was signed into law on August 13, 1996. The Act contains language to implement a 7-year statute of limitations for MMS processes. We are changing processes, developing implementation plans, and preparing regulatory changes to comply with the requirements of the Act.

Timetable—Ongoing.

2. Interest on Overpayments

Comment Received—''Interest accrual should be equitable between the agency and industry.''

Action Taken or Planned—The Act provides for the payment of interest on overpayments for oil and gas leases on Federal lands. On March 31, 1997, we issued a Dear Payor letter about the Act's provisions involving interest issues. We issued another Dear Payor letter on October 1, 1997, explaining interest calculations and interest reporting requirements. MMS is designing system changes to implement the requirements of the Act and preparing regulations to be published.

Timetable—A Notice of Rulemaking providing for interest on overpayments and underpayments will be published for comment in 1998.

3. Interest Assessments

Comments Received—''A de minimis provision should be established for the assessment of interest.''—''* * * MMS should enhance their existing interest assessment system to allow for the offsetting of prior period adjustments made on the MMS Form 2014 before calculating applicable interest.''

Action Taken or Planned—The Act not only provides for the payment of interest on overpayments for oil and gas leases on Federal lands, but allows industry to calculate the correct interest assessment. Also, the Act allows interest that has accrued on overpayments to be applied to reduce underpayments. We have included billing thresholds in our interest system to prevent bills for de minimis amounts. In May 1997, we started sending interest statements instead of interest bills, and the statements contain totals for interest that MMS owes and for interest owed to MMS. MMS is implementing system changes to conform with the requirements of the Act and preparing regulations.

Timetable—As noted under Item 2, Timetable, a Notice of Rulemaking for comment on payment of interest will be published in 1998.

4. Gas Valuation

Comments Received—(a) ''Define gross proceeds more equitably and clearly in this ever changing gas marketing environment.'' (b) ''It is important that the Federal Gas Valuation Rule final rule not discriminate against producers which are affiliated with marketing companies and are party to non-arms-length contracts.'' (c) ''Extend the elimination of processing and transportation allowance forms to oil.'' (d) ''* * *commends the MMS on their use of negotiated rulemaking process to address the valuation of gas. Rule should result in administrative cost savings for all parties.'' (e) ''If the Takes vs. Entitlements policy stays in effect, MMS should strictly enforce reporting on actual quantities taken for all industry participants.'' (f) ''Eliminate Transportation and Processing Allowance Forms for Indians.''

Action Taken or Planned—For (c) above, a final rule revising the valuation regulations governing allowances was published in the **Federal Register** on February 12, 1996 (61 FR 5448). This rule eliminated most allowance forms filing requirements for oil, gas, and coal produced from Federal leases.

For (a) above, on December 16, 1997, MMS published a final rule clarifying what deductions may be taken from gross proceeds for the costs of transportation under Federal Energy Regulatory Commission (FERC) Order No. 636. The rule was effective February 1, 1998 (63 FR 65753). For (a), (b), and (d) above, the Federal Gas Valuation proposed rule was published in the **Federal Register** on November 6, 1995 (60 FR 56007), and the comment period closed on February 5, 1996. In light of the comments received from 44 entities, on May 21, 1996, MMS reopened the public comment period and asked for public comment on five options for proceeding with further rulemaking (61 FR 25421). The reopened public comment period closed August 19, 1996. MMS reconvened the Federal Gas Valuation Negotiated Rulemaking Committee on June 12–14, 1996, and asked the Committee to provide input into the five options.

MMS performed a cost benefit analysis on three viable options for proceeding with gas valuation regulations. Given the results of the cost benefit analysis ($20 million annual loss in royalties) and changes occurring in the gas market, MMS withdrew the proposed rulemaking on April 22, 1997 (62 FR 19536). MMS is developing a framework for offshore gas valuation and will conduct workshops to obtain constituent input. We will work with the States to develop an onshore perspective.

For (e) above, the Act contains language requiring ''takes'' reporting for stand alone leases and agreements containing 100 percent Federal leases. The Act also requires ''entitlements'' reporting for so-called mixed agreements (agreements containing Federal, State, Indian, and/or fee leases) with an exception to use ''takes'' reporting for marginal properties. We are changing processes, developing implementation plans, and preparing regulatory changes to comply with the requirements of the Act.

For (f) above, a proposed rule developed by the Indian Gas Valuation Negotiated Rulemaking Committee was published on September 23, 1996 (61 FR 49894). The Indian Valuation Negotiated Rulemaking Committee was reconvened on March 26, 1997. This rule addressed the valuation for royalty purposes of natural gas produced from Indian leases. The rule proposes to reduce substantially the transportation and allowance reporting forms for gas from Indian leases. The proposed rule would add a methodology to calculate

the major portion value and an alternative methodology for dual accounting as required by Indian lease terms. The proposed rulemaking would simplify and add certainty to the valuation of production from Indian leases.

Timetable—We plan to publish a Notice of Proposed Rulemaking for comment on takes vs. entitlements early in 1999. We plan to publish a Notice of Final Rulemaking on Valuation of Gas From Indian Leases in 1998.

5. Reporting Procedures and Threshold

Comments Received—''Eliminate or streamline MMS Form 2014 reporting.''

—''Report prior period adjustments on a ''net'' basis.''

—''Change estimated payment from lease level to payor level.''

—''Assess interest at the payor level—for the Indian leases on the basis of each Indian Tribe.''

—''Eliminate Payor Information Form (PIF) Filings. This is an unnecessary and costly reporting requirement.''

—''MMS should modify the regulations and system tolerances/thresholds so that only those exceptions that are cost beneficial for MMS to pursue are generated.''

—''Set thresholds or tolerances for regulations to save costs to both MMS and industry. (Example: Invoices are sent for less than $1.00.)''

—''MMS should not implement regulations until its systems are programmed to handle the new regulations.''

—''* * *the prompt implementation of the recommendations of the Royalty Policy Committee Audit and Royalty Reporting and Production Accounting Subcommittees will achieve those simplification and streamlining goals * * *.''

Action Taken or Planned—Building upon the Royalty Policy Committee's earlier study, the RMP Reengineering Team (Team) analyzed current information reporting requirements to determine the data necessary for future RMP processes. The Team identified opportunities for easing reporting burden, avoiding data duplication, decreasing error rates, and increasing processing efficiency. The Team developed 32 reporting changes that are in their report titled ''Preliminary Design Concepts of the RMP Reengineering Team.'' If these changes are implemented, they will significantly reduce the volume of lines reported and processed, minimize errors and related error correction workload, simplify reporting, and lower costs for both reporters and RMP. The Team's changes generally incorporate or exceed the Royalty Policy Committee's recommendations.

In addition to our reengineering work, we continue to pursue shorter range reporting improvements not requiring significant system changes. For example, the Payor Information Form MMS–4025 is being streamlined to eliminate numerous data fields. Also, many production reporting changes are being implemented where redundant or unnecessary data collection is identified. We will continue to review and revise our billing thresholds and assessment policies to reduce administrative costs.

On April 14, 1998 (63 FR 17133), we published a proposed rule requesting that all reports be submitted electronically by December 31, 1998. Electronic submission significantly reduces the amount of time necessary for a company to complete the monthly reports and MMS processing time, since no manual entry is required.

Timetable—Ongoing.

6. Refunds Due to Industry Which Are Controlled by Section 10 of the OCS Lands Act

Comments Received—''Section 10 refund requirements should be eliminated. The refund process used for onshore properties should be established for offshore properties.''

—''* * * we would urge the MMS to facilitate elimination of the Section 10 recoupment procedures in its entirety. The current practice is administratively burdensome and not cost effective for the industry or MMS.''

—''Eliminate documentation requirements for refund requests over $250M (million); and/or increase this threshold to $500M; raise the refund request limit to $5M. Exempt pure accounting adjustments for items such as production date adjustments and incorrect AID (Accounting Identification) numbers; exempt unit revisions because these revisions are often made more than 2 years after the date of production; establish a time limit on MMS for review of a refund request to expedite the process; and overpayments on OCS properties should be allowed to be offset against any OCS underpayment.''

Action Taken or Planned—The Act repeals the Section 10 refund procedures of the OCS Lands Act. On November 25, 1996, we mailed a Dear Payor letter with guidelines on refund procedures. We are presently developing a proposed rule implementing the new refund procedures.

Timetable—Ongoing.

7. Electronic Data Exchange

Comments Received—''* * * MMS (should) continue their ongoing effort to exchange data by electronic means rather than hard copy thereby enabling the industry to adjust the data elements to integrate with each company's systems.''

Action Taken or Planned—We continue to encourage the exchange of data electronically. Our Reporter and Payor Training sessions stress the benefits of electronic reporting and provide reporters and payers with options for reporting by electronic data interchange, diskette, or magnetic tape. On April 22, 1997 (62 FR 19497), we published a final rule specifying how payments are made for mineral royalties, rentals, and bonuses that requires all payments to be made electronically to the extent it is cost effective and practical. We also published on April 8, 1998 (63 FR 17133), a proposed rule to require reporters to submit royalty and production reports electronically. Another way we publicize electronic reporting is on the MMS/Royalty Management Program Internet website.

Timetable—Reporter and Payor Training sessions are planned for the summer of 1998. We will work towards publishing a Notice of Final Rulemaking on Electronic Reporting in 1999.

8. Parameters for Identifying Improper MMS Form 2014 Adjustments

Comments Received—''The MMS currently inquires as to any variances between any Form 2014 adjustments and its original Form 2014 entry that exceed $1.00, which is an insignificant amount. It is suggested that the MMS's review should be relevant to the amount of the adjustment such as a given percentage.''

Action Taken or Planned—At this time, MMS does not plan to make changes in this procedure. We need to ensure accuracy and integrity in the accounting systems, and retain precise records for the auditors. In our reengineering effort, we are looking at streamlined reporting for short- and long-term benefits for MMS and industry.

Timetable—Ongoing.

9. Publish Final Rules Expeditiously

Comments Received—(a) ''* * * primary recommendation is the expeditious completion and publication of pending final rules, for example, the proposed rules on administrative offset and limitations on credit adjustments, and the proposed rule on payor liability.

* * * Certainly, publication of the final federal (and Indian) gas valuation rule should be facilitated to the maximum extent possible.'' (b) '' * * * it would be extremely beneficial for MMS to publish its proposed rule implementing the Federal Energy Regulatory Commission's (FERC) Order 636 as soon as possible because of its impact on and relationship to the federal gas valuation rule.''

Action Taken or Planned—For (a) above, we are in the process of finalizing the Indian gas valuation rule. As for the final **Federal Register** (62 FR 19536) that withdrew the proposed rule because of changes occurring in the gas market. MMS is developing a framework for offshore gas valuation and will conduct workshops to obtain constituent input. We will work with the States to develop an onshore perspective.

New language in the Act will cause a number of changes in the Payor Liability rule and the Administrative Offset and Limitations on Credit Adjustments rule. We are working to incorporate the effects of the Act in these rules.

For (b) above, the final rule implementing FERC Order 636 was published on December 16, 1997 (62 FR 65753).

Timetable—Ongoing.

10. The Appeals Process

Comments Received—''Current appeals process is too long.''

Action Taken or Planned—The Act imposed a 33-month time frame for the Department of the Interior to decide appeals involving royalties on Federal oil and gas leases. This deadline does not apply to appeals on royalties involving Indian leases and Federal leases for minerals other than oil and gas.

On October 28, 1996 (61 FR 55607), MMS published a proposed rule establishing a 16-month deadline for MMS to decide all appeals to the Director, including Indian leases and appeals for royalties on minerals other than oil and gas. After MMS's decision, the appellants can further appeal to the Interior Board of Land Appeals. The comment period for this proposed rule ended on March 27, 1997.

The Royalty Policy Committee, a Federal Advisory Committee reporting to the Secretary, established a subcommittee of State, Indian, and industry representatives to study the appeals process. The Royalty Policy Committee reported its recommendations to the Secretary in March 1997, and the Secretary accepted the recommendations, with minor changes, in September 1997. The Department now is preparing a revised proposed rule to implement these recommendations.

Timetable—We plan to issue a revised Notice of Proposed Rulemaking on the Administrative Appeals Process by late 1998, and a Notice of Final Rulemaking in 1999.

11. Valuation of Coal From Federal Leases

Comments Received—''* * * [A]mending this section to allow the use of the lessee's arm's length contracts to support the value for a nonarm's-length contract would make this section more effective and also eliminate the need to use third-party proprietary information in many instances.'' ''* * * [T]he use of the lessee's arm's-length contracts is the best evidence of the comparable value of any nonarm's-length sales by the lessee.''

Action Taken or Planned—The Royalty Policy Committee's Coal Subcommittee is reviewing issues related to coal valuation, and we will use the Royalty Policy Committee's recommendations to make improvements to the coal royalty valuation and reporting procedures and associated regulations.

Timetable—Ongoing.

12. Other MMS/Royalty Management Program Regulatory Actions

This past year we published proposed rules that would amend the valuation of oil produced from Federal and Indian leases and held a number of public meetings to receive input on the proposals. After analyzing the comments received, we plan to issue final rules in late 1998.

The Act expanded the authorities and responsibilities that the Secretary of the Interior may delegate to the States. To implement this, we published a final rule on August 12, 1997 (62 FR 43076), for Delegation of Royalty Management Functions to the States.

We invite you to comment on our existing regulations and also the actions we have taken in response to comments and enacted legislation. And, we invite you to stay further informed on many of the topics discussed in this status report by visiting the MMS Internet Website at www.mms.gov.

Cynthia Quarterman,

Director, Minerals Management Service

[FR Doc. 98–15626 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–MR–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[SIPTRAX NO. PA108–4073b; FRL–6107–5]

Proposed Approval and Promulgation of Air Quality Implementation Plans; Pennsylvania; Source Specific Control Measures and a Revised Episode Plan for USX Clairton in the Liberty Borough PM–10 Nonattainment Area

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: EPA proposes to approve the State Implementation Plan (SIP) revision submitted by the State of Pennsylvania for the purpose of establishing control measures at USX's Clairton Coke Works in Clairton, Pennsylvania and enhancing the Allegheny County Health Department's (ACHD) episode plan by requiring that USX develop and maintain a source-specific episode plan subject to ACHD approval. In the Final Rules section of this **Federal Register**, EPA is approving the State's SIP revision as a direct final rule without prior proposal because the Agency views this as a noncontroversial SIP revision and anticipates no adverse comments. A detailed rationale for the approval is set forth in the direct final rule and the technical support document for this rulemaking. If no adverse comments are received in response to this proposed rule, no further activity is contemplated in relation to this proposed rule. If EPA receives adverse comments, it will publish a document informing the public that the direct final rule did not take effect and EPA will address all public comments received in a subsequent final rule based on this proposed rule. EPA will not institute a second comment period on this action. Any parties interested in commenting on this action should do so at this time.

DATES: Comments must be received in writing by July 13, 1998.

ADDRESSES: Comments may be mailed to Makeba Morris, Chief, Technical Assessment Branch, Mailcode 3AP22, U.S. Environmental Protection Agency, Region III, 841 Chestnut Building, Philadelphia, Pennsylvania 19107. Copies of the documents relevant to this action are available for public inspection during normal business hours at the Air Protection Division, U.S. Environmental Protection Agency, Region III, 841 Chestnut Building, Philadelphia, Pennsylvania 19107; the Air and Radiation Docket and

Information Center, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and the Allegheny County Health Department, Bureau of Environmental Quality, Division of Air Quality, 301 39th Street, Pittsburgh, Pennsylvania 15201.

FOR FURTHER INFORMATION CONTACT: Denis M. Lohman, (215) 566–2192, or by e-mail at lohman.denny@epamail.epa.gov. While requests for information may be made via e-mail, comments for EPA consideration regarding this proposal must be submitted in writing to the address indicated above.

SUPPLEMENTARY INFORMATION: See the information provided in the Direct Final action of the same title (pertaining to source-specific requirements for the USX Clairton Coke Works in the Liberty Borough PM–10 nonattainment area) which is located in the Rules and Regulations Section of this **Federal Register**.

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Incorporation by reference, Particulate matter.

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

Dated: May 28, 1998.

W. Michael McCabe,

Regional Administrator, Region III.

[FR Doc. 98–15584 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[SIPTRAX PA039/067–4072; FRL–6107–9]

Approval and Promulgation of Air Quality Implementation Plans; Pennsylvania: Attainment Demonstration and Contingency Measures for the Liberty Borough PM–10 Nonattainment Area

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule and withdrawal of proposed rule.

SUMMARY: EPA is proposing to approve state implementation plan (SIP) revisions submitted by the Pennsylvania Department of Environmental Protection (PADEP) consisting of an attainment demonstration and contingency measures for Allegheny County, Pennsylvania's Liberty Borough particulate matter nonattainment area. In fact, EPA is reproposing to approve the attainment demonstration because the Allegheny County Health Department's (ACHD) modeling analysis (submitted as a SIP revision by PADEP) adequately demonstrates that the regulatory portion of the attainment plan is sufficient to attain and maintain the National Ambient Air Quality Standards (NAAQS) for particulate matter that was in effect at the time of the submittal, and because its analyses have been corroborated by monitored air quality data. EPA is proposing to approve the contingency measures for the area because they satisfy the requirements of the Clean Air Act (the Act). EPA approved the regulatory portion of the attainment plan for the Liberty Borough area as a SIP revision in an earlier rulemaking action.

Because EPA is reproposing approval of the attainment demonstration portion of the attainment plan for the Liberty Borough area, it is withdrawing its earlier April 11, 1995 (60 FR 18385) proposal to approve the County's attainment demonstration. Any interested parties who would like to comment on EPA's reproposal to approve the attainment demonstration and its proposal to approve the contingency measures for the Liberty Borough area should do so at this time by following the directions below.

Elsewhere in the Proposed Rules section of today's **Federal Register**, EPA is also proposing to find that the Liberty Borough area has attained the NAAQS for particulate matter and is withdrawing an earlier proposal to find that the area did not attain the NAAQS. In the Final Rules section of today's **Federal Register**, EPA is taking direct final action to approve source-specific control requirements for the USX Clairton Coke Works which further strengthen the SIP for Liberty Borough area.

DATES: Comments must be received on or before July 13, 1998.

ADDRESSES: Comments may be mailed to Makeba Morris, Chief, Technical Assessment Branch, Mailcode 3AP22, U.S. Environmental Protection Agency, Region III, 841 Chestnut Building, Philadelphia, Pennsylvania 19107. Copies of the documents relevant to this action are available for public inspection during normal business hours at the Air Protection Division, U.S. Environmental Protection Agency, Region III, 841 Chestnut Building, Philadelphia, Pennsylvania 19107; the Allegheny County Health Department, Department of Air Quality, 301 39th Street, Pittsburgh, Pennsylvania 15201; and Pennsylvania Department of Environmental Protection, Bureau of Air Quality, P.O. Box 8468, 400 Market Street, Harrisburg, Pennsylvania 17105.

FOR FURTHER INFORMATION CONTACT: Denis M. Lohman, (215) 566–2192, or by e-mail at lohman.denny@epamail.epa.gov. While requests for information may be made via e-mail, comments for EPA consideration regarding this proposal must be submitted in writing to the address indicated above.

SUPPLEMENTARY INFORMATION:

I. Background

On January 6, 1994, the Pennsylvania Department of Environmental Protection (PADEP) submitted an attainment plan to EPA on behalf of Allegheny County for the Liberty Borough PM–10 nonattainment area.[1] (PM–10 is particulate matter smaller than 10 microns in diameter.) The purpose of this revision to the PADEP's SIP is to fulfill the requirements under section 189 of the Act for a regulatory plan to attain the PM–10 NAAQS and to submit a demonstration (including air quality modeling) that the plan is sufficient to attain this goal. These ''Part D'' requirements are described in more detail in the technical support document (TSD) to this rulemaking. Copies of the TSD are available, upon request, from the EPA Regional office listed in the **ADDRESSES** section of this document.

On April 11, 1995, EPA proposed to approve the January 1994 attainment plan submittal, as well as two SIP revisions that the Commonwealth had submitted previously (see 60 FR 18385). The attainment plan consisted of regulatory requirements to reduce PM–10 emissions and an attainment demonstration. After EPA proposed to approve the demonstration, the County reported that the PM–10 NAAQS had been exceeded twice in March of 1995. These exceedances called the County's attainment demonstration into question, and, although EPA took final action[2] to approve the regulatory portion of the attainment plan (which included limits on a variety of industrial sources), to make these regulations part of the SIP and federally enforceable, EPA took no action on the attainment demonstration at that time.

On July 12, 1995, PADEP submitted contingency measures to EPA for the Liberty Borough area. Contingency measures, as required by section 172(c)(9) of the Act, are enforceable emission limitations and/or emission reduction measures, beyond what was

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[1] The Liberty Borough PM–10 nonattainment area is comprised of the City of Clairton and the Boroughs of Glassport, Liberty, Lincoln, and Port Vue.

[2] See 61 FR 29664.

required to demonstrate attainment, that must go into effect upon a finding by EPA that an area has failed to attain the particulate matter NAAQS.

On July 18, 1997, EPA revised the NAAQS for particulate matter.[3] In this notice, however, ''NAAQS'' and ''PM–10 NAAQS'' refer to the previously existing NAAQS that were in effect at the time that the attainment plan was required and submitted.

II. Statutory, Regulatory and Settlement Requirements

As noted above, areas that became nonattainment for PM–10 by operation of the Clean Air Act Amendments of 1990 must submit a demonstration (including air quality modeling) showing that the plan will provide for attainment of the PM–10 NAAQS as expeditiously as practicable but no later than December 31, 1994. (See section 189(a)(1)(B) of the Act.) Alternatively, the State may show that attainment by December 31, 1994 is impracticable. The 24-hour PM–10 NAAQS is 150 micrograms/cubic meter ($\mu g/m^3$), and the standard is attained when the expected number of days per calendar year with a 24-hour average concentration greater than 150 $\mu g/m^3$ is equal to or less than one. The annual PM–10 NAAQS is 50 $\mu g/m^3$, and the standard is attained when the expected annual arithmetic mean concentration is less than or equal to 50 $\mu g/m^3$ (see 40 CFR 50.6). The requirements for approvable attainment demonstrations are found in 40 CFR 51, Appendix W, the *Guideline on Air Quality Models.*

On February 21, 1996, the Group Against Smog and Pollution (GASP), a citizen's environmental group, sued EPA in order to compel Agency action on a number of planning activities regarding the Liberty Borough area. The settlement of this suit requires, among other things, that EPA to take action on the County's attainment demonstration by March 31, 1998, in light of air quality data collected from 1995 through 1997. The TSD includes a detailed summary of the Settlement Agreement's provisions.

Section 172(c)(9) of the Act, requires that all moderate nonattainment area SIPs that demonstrate attainment must include contingency measures. These measures must take effect without further regulatory action by the State or EPA, upon a determination by EPA that the area has failed to make reasonable further progress toward attainment or has failed to attain the PM–10 NAAQS by the applicable statutory attainment date. Contingency measures should consist of other available measures that are not already part of the area's control strategy, and should contain emission reductions representing approximately one year or reasonable further progress toward attainment (see the General Preamble to Title I of the Clean Air Act Amendments of 1990, especially 57 FR 13543–13544).

III. The State Submittals

Allegheny County produced an attainment demonstration for the Liberty Borough area using air quality modeling. The demonstration showed that the NAAQS for PM–10 would be attained beginning in 1995 and maintained in future years. Allegheny County's analysis shows that, even if all sources emitted at their maximum allowable emission rates, the 24-hour PM–10 concentration would not exceed 150 $\mu g/m^3$ more than once per year.[4] Similarly, the demonstration shows that, in the attainment year, the annual PM–10 concentration will not exceed the annual PM–10 NAAQS of 50 $\mu g/m^3$. No separate analysis to demonstrate that the PM–10 NAAQS will be maintained in future years was necessary because the population of the Liberty Borough is decreasing.

Section 189(e) of the Act requires that all Part D control requirements applicable to PM–10 (e.g., RACT, new source review) must also apply to PM–10 precursors. The County's analysis, submitted by PADEP, demonstrated that while locally emitted sulfur dioxide was a significant precursor to ambient PM–10, volatile organics and nitrogen oxides were not. Therefore, according to the County's analysis, the PM–10 control requirements, pursuant to Part D section 189(e) of the Act, should apply to sulfur dioxide but not to volatile organics or nitrogen oxides. EPA is reproposing to approve Allegheny County's attainment demonstration for the Liberty Borough area, submitted by PADEP, because the demonstration is technically sound and comports with 40 CFR Part 51, Appendix W (the *Guideline on Air Quality Models*). In addition, the most recent three full years of air quality data indicate that the area is attaining the NAAQS. The TSD for this proposal provides a detailed description of EPA's rationale for proposing to approving the County's attainment demonstration for the Liberty Borough area. For additional information, see EPA's April 11, 1995 proposed approval (60 FR 18385). The TSD for that proposal is also available upon request from the EPA Regional Office listed in the **ADDRESSES** section, above.

The County's contingency measures, submitted by PADEP, consist of an amendment to section 2105.21.e of Article XXI. It requires that within 30 days following a notice by the ACHD that EPA has made a finding that the area has not attained the NAAQS, USX's Clairton Coke Works (the largest source of PM–10 in the nonattainment area) shall improve procedures to capture pushing emissions by holding hot coke under the hood of the pushing emissions control device for at least 67 seconds immediately after the pusher ram begins to move and the damper to the PEC device is opened, or for at least 15 seconds immediately following the fall of the last coke into the coke car, whichever is longer. This provision is applicable to all USX-Clairton batteries except Battery B (which is equipped with a coke-side shed). EPA is proposing to approve this submittal because it fulfills the requirements of section 172(c)(9), as described above.

IV. Proposed Action

EPA is reproposing to approve the attainment demonstration portion of the attainment plan for the Liberty Borough PM–10 nonattainment area. EPA is also proposing to find that the PM–10 precursor requirements of 189(e) of the Act do not apply to volatile organic compounds or to nitrogen oxides and that they do apply for sulfur dioxide. In addition, EPA is proposing to approve the July 12, 1995 contingency measures submittal for the area. EPA is withdrawing its prior April 11, 1995 proposal to approve the County's attainment demonstration for the Liberty Borough area, because three years of air quality data are now available to corroborate the County's demonstration, and this data provides further information not available at the time of the 1995 proposal.

Nothing in this proposal should be construed as permitting or allowing or establishing a precedent for any future request for revision to any SIP. Each request for revision to the SIP shall be considered separately in light of specific technical, economic and environmental factors and in relation to relevant statutory and regulatory authority.

V. Administrative Requirements

A. Executive Order 12866

The Office of Management and Budget (OMB) has exempted this regulatory action from E.O. 12866 review.

[3] See 62 FR 38652.

[4] This demonstration did not account for the additional emission reduction requirements on USX Clairton contained in the SIP-strengthening, ''post-settlement'' SIP revision being approved in the Final Rules section of today's **Federal Register** .

B. Executive Order 13045

The proposed rule is not subject to E.O. 13045, entitled ''Protection of Children from Environmental Health Risks and Safety Risks,'' because it is not an ''economically significant'' action under E.O. 12866.

C. Regulatory Flexibility Act

Under the Regulatory Flexibility Act, 5 U.S.C. 600 *et seq.*, EPA must prepare a regulatory flexibility analysis assessing the impact of any proposed or final rule on small entities. 5 U.S.C. 603 and 604. Alternatively, EPA may certify that the rule will not have a significant impact on a substantial number of small entities. Small entities include small businesses, small not-for-profit enterprises, and government entities with jurisdiction over populations of less than 50,000.

SIP approvals under section 110 and subchapter I, part D of the Clean Air Act do not create any new requirements but simply approve requirements that the State is already imposing. Therefore, because the Federal SIP approval does not impose any new requirements, the Administrator certifies that it does not have a significant impact on any small entities affected. Moreover, due to the nature of the Federal-State relationship under the CAA, preparation of a flexibility analysis would constitute Federal inquiry into the economic reasonableness of state action. The Clean Air Act forbids EPA to base its actions concerning SIPs on such grounds. *Union Electric Co.* v. *U.S. EPA*, 427 U.S. 246, 255–66 (1976); 42 U.S.C. 7410(a)(2).

D. Unfunded Mandates

Under section 202 of the Unfunded Mandates Reform Act of 1995 (''Unfunded Mandates Act''), signed into law on March 22, 1995, EPA must prepare a budgetary impact statement to accompany any proposed or final rule that includes a Federal mandate that may result in estimated costs to State, local, or tribal governments in the aggregate; or to private sector, of $100 million or more. Under section 205, EPA must select the most cost-effective and least burdensome alternative that achieves the objectives of the rule and is consistent with statutory requirements. Section 203 requires EPA to establish a plan for informing and advising any small governments that may be significantly or uniquely impacted by the rule.

EPA has determined that the approval action being proposed does not include a Federal mandate that may result in estimated costs of $100 million or more to either State, local, or tribal governments in the aggregate, or to the private sector. This Federal action approves pre-existing requirements under State or local law, and imposes no new requirements. Accordingly, no additional costs to State, local, or tribal governments, or to the private sector, result from this action.

The Administrator's decision to approve or disapprove this SIP revision for the Liberty Borough PM–10 nonattainment area revision will be based on whether it meets the requirements of section 110(a)(2)(A)–(K) and part D of the Clean Air Act, as amended, and EPA regulations in 40 CFR part 51.

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Hydrocarbons, Nitrogen dioxide, particulate matter, Sulfur oxide.

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

Dated: May 28, 1998.

W. Michael McCabe,

Regional Administrator, Region III.

[FR Doc. 98–15582 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF TRANSPORTATION

Office of the Secretary

49 CFR Part 24

[FHWA Docket No. FHWA–98–3379]

RIN 2125–AE34

Uniform Relocation Assistance and Real Property Acquisition Regulations for Federal and Federally Assisted Programs

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Notice of proposed rulemaking (NPRM); request for comments.

SUMMARY: This proposal would implement several amendments to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (Uniform Act), 42 U.S.C. 4601–4655, that were made by Pub. L. 105–117, enacted on November 21, 1997. Those amendments provide that an alien not lawfully present in the United States shall not be eligible to receive relocation payments or any other assistance provided under the Uniform Act, unless such ineligibility would result in exceptional and extremely unusual hardship to the alien's spouse, parent, or child, and such spouse, parent, or child is a citizen or an alien admitted for permanent residence. The amendments direct the lead agency (the FHWA) to promulgate implementing regulations within one year of their enactment. If promulgated, this rule would apply to the Uniform Act activities of all Federal departments and agencies that are covered by the Act.

DATES: Comments must be received on or before August 11, 1998.

ADDRESSES: Your signed, written comments must refer to the docket number appearing at the top of this document and you must submit the comments to the Docket Clerk, U.S. DOT Dockets, Room PL–401, 400 Seventh Street, SW., Washington, DC 20590–0001. All comments received will be available for examination at the above address between 10 a.m. and 5 p.m., e.t., Monday through Friday, except Federal holidays. Those desiring notification of receipt of comments must include a self-addressed, stamped envelope or post card.

FOR FURTHER INFORMATION CONTACT: Marshall Schy, Office of Right-of-Way, (202) 366–2035; or Reid Alsop, Office of the Chief Counsel, HCC–31, (202) 366–1371, Federal Highway Administration, 400 Seventh Street, SW., Washington, DC 20590. Office hours are from 7:45 a.m. to 4:15 p.m., e.t., Monday through Friday, except Federal holidays.

SUPPLEMENTARY INFORMATION:

Electronic Access

Internet users can access all comments received by the U.S. DOT Dockets, Room PL–401, by using the universal resource locator (URL): http://dms.dot.gov. It is available 24 hours each day, 365 days each year. Please follow the instructions online for more information and help.

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Background

The Uniform Act designates the Department of Transportation (the Department) as the lead agency for implementing the Uniform Act. The Department has delegated this responsibility to the FHWA (49 CFR 1.48 (cc)). Pursuant to section 213 of the Uniform Act, the FHWA promulgated a single governmentwide regulation for implementing the Uniform Act, at 49 CFR part 24. That regulation was developed with the active cooperation

of the Department of Housing and Urban Development, and was coordinated with sixteen other affected Federal agencies.

Pub. L. 105–117, 111 Stat. 2384, was enacted on November 21, 1997. It amends the Uniform Act to provide that an alien who is not lawfully present in the United States is not eligible for relocation benefits or assistance, under the Uniform Act, unless the denial of eligibility would result in an exceptional and extremely unusual hardship to such alien's spouse, parent, or child who is a citizen or is lawfully admitted for permanent residence in the United States. This amendment was apparently enacted in response to a well publicized case in California in which a person considered to be an illegal immigrant was provided with a substantial relocation payment.

Persons who are forced to move from their homes, businesses, or farms by Federal or federally assisted programs or projects suffer substantial inconvenience and, in many cases, may also suffer financial burdens or other hardships. The Uniform Act is intended to provide assistance to such persons.

Section 201(b) of the Uniform Act makes it clear that the Act is intended to establish a uniform policy for the fair and equitable treatment of persons who are displaced as a direct result of programs or projects that are undertaken by a Federal agency or with Federal financial assistance. Its primary purpose is to ensure that displaced persons ''shall not suffer disproportionate injuries as the result of programs and projects designed for the benefit of the public as a whole and to minimize the hardship of displacement on such persons.''

Consistent with the overall objectives of the Uniform Act, this proposed rule seeks to implement Pub. L. 105–117 in a way that would avoid imposing significant administrative or procedural burdens on the thousands of persons who are displaced from their homes, businesses, and farms each year by Federal or federally assisted activities. The proposal also seeks to minimize the administrative burdens that would be imposed on the many Federal, State and local agencies that implement the Uniform Act.

This proposal would require each person seeking relocation payments or assistance under the Uniform Act to certify, as a condition of eligibility, that he or she is lawfully present in the United States. The certification could be a part of a person's claim for relocation benefits (described in 49 CFR 24.207).

Displacing agencies would deny eligibility only if: (1) a person fails to provide the required certification; or (2) the agency determines that a person's certification is invalid, based on a fair and nondiscriminatory review of an alien's documentation or other information that the agency considers reliable and appropriate. However, no specific level or type of review would be prescribed. If a displacing agency believes, based on its review or on other credible evidence, that a person is an alien not lawfully present in the United States, it would obtain verification from the local office of the Immigration and Naturalization Service before making a final determination to deny eligibility.

Another option, not proposed in this NPRM, would be to establish more detailed requirements that would mandate such things as documentation that would have to be provided by each person to be displaced, and the review procedures that would have to be followed and the findings that would have to be made by affected Federal, State or local agencies.

We believe that the proposal set forth in this NPRM document is adequate to prevent payment of relocation benefits in cases, such as the one that gave rise to Pub. L. 105–117, in which a person is determined by the displacing agency to be an illegal alien, without imposing substantial administrative burdens and costs on displaced persons or displacing agencies.

The NPRM also contains a proposed definition of the term ''alien not lawfully present in the United States''. The proposed definition includes aliens whose entry into the United States was unlawful and aliens who may have entered lawfully but whose presence in the United States has become unlawful. Immigration and Naturalization Service (INS) regulations currently contain a definition of the term ''alien who is lawfully present in the United States'' at 8 CFR 103.12. The proposed definition would utilize that INS definition, by providing that an ''alien not lawfully present'' in the U.S. is someone who is not included in the INS's definition of an ''alien who is lawfully present'' in the U.S.

Further, the proposal provides that relocation eligibility would be allowed, even if a person is not lawfully present in the United States, if the agency concludes that denial would result in ''exceptional and extremely unusual hardship'' to such person's spouse, parent, or child who is a citizen or is lawfully admitted for permanent residence in the United States. Any person who is denied eligibility may utilize the existing appeals procedure, described in 49 CFR 24.10.

This proposed rule includes a definition of the phrase ''exceptional and extremely unusual hardship'' as it applies to such spouse, parent, or child, which focuses on significant and demonstrable impacts upon health, safety, or family cohesion.

In drafting this proposal, consideration was given to cases in which some, but not all, occupants of a dwelling are not lawfully present in the United States and would be denied Uniform Act benefits under this rule. In such cases we believe that only the eligible occupants should be considered in selecting comparable dwellings and computing a replacement housing payment. However, this proposal does not contain detailed information concerning the computation of a replacement housing payment in such a situation. Comments are requested as to whether additional information or guidance on this subject should be included in the final rule.

It should be noted that most States have their own relocation statutes, which enable State agencies to comply with the Uniform Act on programs or projects that receive Federal financial assistance. Such States should consider whether any changes to State law or regulations are necessary to comply with Pub. L. 105–117. While specific details concerning the law's implementation will not be known until a final rule is promulgated, it appears probable that, in order to comply with the Uniform Act, State or local displacing agencies will need to obtain some type of certification or verification from all persons who are to be displaced as the result of a federally assisted project. Further, while we do not believe that Pub. L. 105–117 preempts provisions of State relocation statutes, Federal funds could no longer participate in the costs of any relocation payments or assistance, provided to aliens on federally assisted projects, that are not consistent with the provisions of Pub. L. 105–117 and implementing regulations.

Finally, this proposed rule would make two technical changes to 49 CFR 24.2 unrelated to Pub. L. 105–117. First, it would eliminate the paragraph designations in the alphabetized list of definitions contained therein, to reflect current drafting policies of the Office of the Federal Register. Second, it would modify the definition of ''State'' to delete the outdated reference to the Trust Territories of the Pacific Islands.

Cross References

Part 24 of title 49, CFR, constitutes the governmentwide regulation implementing the Uniform Act. The regulations and directives of many other Federal departments and agencies

contain a cross reference to this part in their regulations, and the change proposed in this notice of proposed rulemaking would be directly applicable to the relocation assistance activities of these departments and agencies. The proposed changes would also apply to other agencies within DOT that are covered by the Act. The parts of the Code of Federal Regulations which contain a cross reference to this part, are listed below:

Department of Agriculture, 7 CFR part 21
Department of Commerce, 15 CFR part 11
Department of Defense, 32 CFR part 259
Department of Education, 34 CFR part 15
Department of Energy, 10 CFR part 1039
Environmental Protection Agency, 40 CFR part 4
Federal Emergency Management Agency, 44 CFR part 25
General Services Administration, 41 CFR part 105–51
Department of Health and Human Services, 45 CFR part 15
Department of Housing and Urban Development, 24 CFR part 42
Department of Justice, 41 CFR part 128–18
Department of Labor, 29 CFR part 12
National Aeronautics and Space Administration, 14 CFR part 1208
Pennsylvania Avenue Development Corporation, 36 CFR part 904
Tennessee Valley Authority, 18 CFR part 1306
Veterans Administration, 38 CFR part 25

Rulemaking and Analyses and Notices

Executive Order 12866 (Regulatory Planning and Review) and DOT Regulatory Policies and Procedures

The FHWA has determined that this action is not a significant regulatory action within the meaning of Executive Order 12866, nor is it a significant regulatory action within the Department of Transportation's regulatory policies and procedures. It is anticipated that the economic impact of this rulemaking will be minimal; therefore, a full regulatory evaluation is not required. The FHWA does not consider this action to be a significant regulatory action because the amendments would merely update existing regulations so that they are consistent with Pub. L. 105–117. By this rulemaking, the agency merely proposes to implement several amendments to the Uniform Act to ensure that aliens not lawfully present in the United States are ineligible for relocation benefits or assistance. In an effort to protect other occupants of a dwelling, however, this proposal would allow the displacing agency to grant relocation eligibility if the agency concludes that denial would result in ''exceptional and extremely unusual hardship'' to such person's spouse, parent, or child who is a citizen or is lawfully admitted for permanent residence in the United States. Neither the individual nor cumulative impact of this action would be significant because this action would not alter the funding levels available in Federal or federally assisted programs covered by the Uniform Act. The proposal would merely prevent payment of relocation benefits in cases where the displacing agency determines a person to be in this country unlawfully.

Regulatory Flexibility Act

In compliance with the Regulatory Flexibility Act (Pub. L. 96–354, 5 U.S.C. 601–612), the agency has evaluated the effects of this rule on small entities and hereby certifies that this action will not have a significant economic impact on a substantial number of small entities. This action would merely update and clarify existing procedures used by displacing agencies so as to prevent the payment of relocation benefits to aliens who are in this country unlawfully, in accordance with Pub. L. 105–117.

Environmental Impacts

The FHWA has also analyzed this action for the purpose of the National Environmental Policy Act (42 U.S.C. 4321 *et seq.*), and has determined that this action would not have any effect on the quality of the human environment.

Executive Order 12612 (Federalism Assessment)

This action has been analyzed in accordance with the principles and criteria contained in Executive Order 12612, and it has been determined that this action does not have sufficient federalism implications to warrant the preparation of a federalism assessment. Pub. L. 105–117 would discourage State and local governments from providing relocation benefits under the Uniform Act to persons who are not lawfully present in the United States (unless certain hardships would result) by denying the participation of Federal funds in any such benefits. The FHWA expects this to affect only a relatively small percentage of all persons covered by the Uniform Act. Further, this proposal seeks to implement the requirements of Pub. L. 105–117 in a way that will keep administrative burdens to a minimum.

Unfunded Mandates Reform Act

Under Section 202 of the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4, 109 Stat. 48), the FHWA must prepare a budgetary impact statement on any proposal or final rule that includes a Federal mandate that may result in estimated annual costs to State, local or tribal government of $100 million or more. The Congressional Budget Office has concluded that Pub. L. 105–117 would impose no Federal mandates, as defined in the Unfunded Mandates Reform Act, and would impose no significant costs on State, local, or tribal governments. The FHWA concurs in that conclusion, and does not intend to impose any duties upon State, local or tribal governments beyond those prescribed by Pub. L. 105–117.

Paperwork Reduction Act

This proposal contains new collection of information requirements for purposes of the Paperwork Reduction Act of 1995, 44 U.S.C. 3501–3520. The proposed collection of information is mandated by section 1 of Pub. L. 105–117, 111 Stat. 2384, but this proposal seeks to minimize such collection requirements.

This NPRM would add additional information collection requirements to the Office of Management and Budget (OMB) approved information collection budget for OMB control number 2105–0508. Displacing agencies would require each person who is to be displaced by a Federal or federally assisted project, as a condition of eligibility for relocation payments or advisory assistance, to certify that he or she is lawfully present in the United States. This certification could normally be provided as a part of the existing relocation claim documentation used by displacing agencies.

The FHWA estimates that during 1996 there were approximately 6,900 persons displaced as a result of DOT programs or projects. Since the FHWA believes that each displaced person should know whether they are a citizen or are lawfully present in the United States, the FHWA estimates that the proposed certification would take no more than 10 seconds per person.

Accordingly, the FHWA estimates the public recordkeeping burden of this proposed collection of information to be 20 hours for each year of implementation.

Organizations and individuals desiring to submit comments only on the information collection requirements must direct them to the Office of Information and Regulatory Affairs, OMB, Room 10235, New Executive

Office Building, Washington, DC 20503; Attention: Desk Officer for Federal Highway Administration. Also, please send a copy of any comments forwarded to the OMB to FHWA, too.

Regulation Identification Number

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

List of Subjects in 49 CFR Part 24

Real property acquisition, Relocation assistance, Reporting and recordkeeping requirements, Transportation.

In accordance with the foregoing, the FHWA proposes to amend part 24 of title 49, Code of Federal Regulations, as set forth below.

PART 24—[AMENDED]

1. The authority citation for 49 CFR part 24 continues to read as follows:

Authority: 42 U.S.C. 4601 *et seq.*; 49 CFR 1.48(cc).

2. Section 24.2 is amended by removing the alphabetical paragraph designations from all definitions; by adding a new term *Alien not lawfully present in the United States;* by revising paragraph (1) introductory text of the definition of *Displaced person* and adding a paragraph (2)(xii); and revising the definition of *State* to read as follows:

§ 24.2 Definitions.

* * * * *

Alien not lawfully present in the United States. The phrase ''alien not lawfully present in the United States'' means an alien who is not ''lawfully present'' in the United States as defined in 8 CFR 103.12 and includes:

(1) An alien present in the United States who has not been admitted or paroled into the United States pursuant to the Immigration and Nationality Act and whose stay in the United States has not been authorized by the United States Attorney General, and

(2) An alien who is present in the United States after the expiration of the period of stay authorized by the United States Attorney General or who otherwise violates the terms and conditions of admission, parole or authorization to stay in the United States.

* * * * *

Displaced person—

(1) *General.* The term ''displaced person'' means, except as provided in paragraph (2) of this definition, any person who moves from the real property or moves his or her personal property from the real property: (This includes a person who occupies the real property prior to its acquisition, but who does not meet the length of occupancy requirements of the Uniform Act as described at §§ 24.401(a) and 24.402(a)): * * *

* * * * *

(2) * * *

(xii) A person who is not lawfully present in the United States and who has been determined to be ineligible for relocation benefits in accordance with § 24.208.

* * * * *

State. Any of the several States of the United States or the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or a political subdivision of any of these jurisdictions.

* * * * *

3. In part 24, in the list below, for each section indicated in the left column, remove the word or words indicated in the middle column wherever they appear in the section, and add the word or words indicated in the right column:

Section	Remove	Add
24.102(k)	24.2(w)	24.2.
24.103(c)	24.2(s)	24.2.
24.105(c)	24.2(s)	24.2.
24.202	24.2(g)	24.2.
24.203(b)	24.2(k)	24.2.
24.204(a)	24.2(d)	24.2.
24.205(c)(2): (ii)(B)	24.2(d) and (f)	24.2.
24.301 intro paragraph	24.2(g)	24.2.
24.303(a)	24.2(g)	24.2.
24.304 intro paragraph	24.2(t)	24.2.
24.306(a)(6)	24.2(e)	24.2.
24.306(c)	24.2(i)	24.2.
24.307(a)	24.2(aa) and (bb)	24.2.
24.401(c)(4)(ii)	24.2(f)	24.2.
24.403(a)	24.2(d)	24.2.
24.403(b)	24.2(f)	24.2.
24.404(c)(2)	24.2(d)(2)	24.2.
Appendix A under the heading of Section 24.2 Definitions:		
First Parag	Section 24.2(d)(2)	Removed.
	§ 24.2(d)(2)	24.2.
Fourth Parag	Section 24.2(d)(7)	Paragraph (7) under this definition.
Seventh Parag	Section 24.2(g)(2)	Removed.
Seventh Parag	Section 24.2(g)(2)(iv)	Paragraph (2)(iv) under this definition.
Ninth Parag	Section 24.2(k)	Removed.
Appendix A under the heading of Section 24.404 Replacement Housing of Last Resort:		
First Parag.	24.2(p)	24.2.

4. Part 24 is amended by redesignating § 24.208 as § 24.209 and by adding a new § 24.208 to read as follows:

§ 24.208 Aliens not lawfully present in the United States.

(a) Each person seeking relocation payments or relocation advisory assistance shall, as a condition of eligibility, certify that he or she is either:

(1) A citizen or national of the United States, or

(2) An alien who is lawfully present in the United States.

(b) The displacing agency shall consider the certification provided pursuant to paragraph (a) of this section to be valid, unless the displacing agency determines in accordance with paragraph (d) that it is invalid based on a review of an alien's documentation or other information that the agency considers reliable and appropriate.

(c) Any review by the displacing agency of the certifications provided pursuant to paragraph (a) of this section shall be conducted in a nondiscriminatory fashion. Each displacing agency will apply the same standard of review to all such certifications it receives, except that such standard may be revised periodically.

(d) If, based on a review of an alien's documentation or other credible evidence, a displacing agency has reason to believe that a person's certification is invalid (for example a document reviewed does not on its face reasonably appear to be genuine), and that, as a result, such person may be an alien not lawfully present in the United States, it shall obtain the following information before making a final determination.

(1) If the agency has reason to believe that the certification of a person who has certified that he or she is an alien lawfully present in the United States is invalid, the displacing agency shall obtain verification of the alien's status from the local Immigration and Naturalization Service (INS) Office. A list of local INS offices was published in the **Federal Register** on November 17, 1997 at 62 FR 61350. Any request for INS verification shall include the alien's full name, date of birth and alien number, and a copy of the alien's documentation.

(2) If the agency has reason to believe that the certification of a person who has certified that he or she is a citizen or national is invalid, the displacing agency shall request evidence of United States citizenship or nationality from such person and, if considered necessary, verify the accuracy of such evidence with the issuer.

(e) No relocation payments or relocation advisory assistance shall be provided to a person who is determined to be not lawfully present in the United States, unless such person can demonstrate to the displacing agency's satisfaction that the denial of relocation benefits will result in exceptional and extremely unusual hardship to such person's spouse, parent, or child who is a citizen of the United States, or is an alien lawfully admitted for permanent residence in the United States.

(f) For purposes of paragraph (e) of this section, ''exceptional and extremely unusual hardship'' to such spouse, parent, or child of the person not lawfully present in the United States means that the denial of relocation payments and advisory assistance to such person will directly result in:

(1) A significant and demonstrable adverse impact on the health or safety of such spouse, parent, or child;

(2) A significant and demonstrable adverse impact on the continued existence of the family unit of which such spouse, parent, or child is a member; or

(3) Any other impact that the lead agency determines will have a significant and demonstrable adverse impact on such spouse, parent, or child.

(g) The certification referred to in paragraph (a) of this section may be included as part of the claim for relocation payments described in § 24.207.

Issued on: June 5, 1998.

Kenneth R. Wykle,

Federal Highway Administrator.

[FR Doc. 98–15608 Filed 6–11–98; 8:45 am]

BILLING CODE 4910–22–P

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

49 CFR Part 571

[Docket No. 96–43, Notice 4]

International Regulatory Harmonization, Motor Vehicle Safety; Motor Vehicles and Motor Vehicle Equipment

AGENCY: National Highway Traffic Safety Administration (NHTSA), DOT.

ACTION: Notice of public meeting.

SUMMARY: This notice is to advise interested parties that the NHTSA Administrator, Dr. Ricardo Martinez, will conduct a public meeting on June 17, 1998. The meeting has several purposes. One is to provide a brief summary of the progress of negotiations concerning the draft Agreement on Global Technical Regulations for harmonizing and developing global technical regulations that promote ever higher levels of environmental protection, safety, energy efficiency and anti-theft performance of wheeled vehicles, equipment and parts which can be fitted and/or be used on wheeled vehicles. The Agreement is expected to be open for signature during the One Hundred and Fifteenth Session of the United Nations Economic Commission for Europe's Working Party on the Construction of Vehicles (UN/ECE/WP.29) to be held June 22–26, 1998, in Geneva, Switzerland. The other and more important purpose of the meeting is to outline and then invite discussion of possible measures that NHTSA can use for promoting effective public participation, here in the United States, and in Geneva, in the implementation of the Agreement.

DATES: The public meeting will be held on Wednesday, June 17, 1998, at the address given below, and will begin at 4:00 p.m. and end at 5:30 p.m.

ADDRESSES: The public meeting will be held in Room 6332–36 of the Nassif Building, 400 Seventh St, SW., Washington, DC 20590.

FOR FURTHER INFORMATION CONTACT: Ms. Julie Abraham, Acting Director, Office of International Harmonization, National Highway Traffic Safety Administration, 400 Seventh Street SW., Washington, DC 20590. Tel.: (202) 366–2114, and Fax: (202) 366–2106.

Persons planning to attend the meeting are requested to contact Ms. Julie Abraham by June 16, 1998.

SUPPLEMENTARY INFORMATION: On October 12, 1997, the Department of State authorized NHTSA and the U.S. Environmental Protection Agency (EPA) to conclude an agreement under the auspices of the UN/ECE concerning the establishment of global technical regulations relating to vehicles and related equipment and parts. on March 12, 1998, the U.S., Japan and the EC reached agreement on a text which was presented to the members of WP.29 for comments and final negotiations during the June 1998 Session of WP.29. It is anticipated that the text will be finalized and officially opened for signature on June 25, 1998 by all countries that are members of the UN.

The negotiations concerning the text of the Agreement have been and will continue to be guided by principles set forth by Dr. Martinez as requirements that need to be met for the agency to become involved in any international

harmonization activity concerning vehicle safety standards. These guiding principles include advancing vehicle safety by identifying and adopting vehicle regulations that clearly reflect best practices; preserving the ability of countries that become Contracting Parties to the Agreement to adopt measures that meet their vehicle safety needs; and ensuring the creation of an open and transparent process for the consideration and establishment of global technical regulations. As a result of efforts by this agency and EPA, each of these principles is expressly recognized in the draft Agreement.

In light of the advanced stage of the negotiations concerning the Agreement, NHTSA has begun exploring issues relating to the implementation of the Agreement. In this regard, NHTSA emphasizes that the same principles that have guided the agency during the negotiations will also guide it in the implementation of the Agreement. With respect to transparency, the agency is exploring methods that would promote effective public participation in activities relating to harmonizing and developing of global technical regulations within this agency's statutory responsibilities.

More specifically, NHTSA is considering the pre-rulemaking steps it could take in the U.S. simultaneously with the process in Geneva for establishing global technical regulations. NHTSA recognizes the need to outline plans for providing advance notice about its plans for submitting a proposal under the Agreement for a global technical regulation as well as for periodically reporting on recent developments and seeking public input regarding upcoming events in Geneva. These issues will be the subject of discussion during the meeting.

All interested persons and organizations are invited to attend the meeting. To assist interested parties in preparing for the meeting, the agency has developed a preliminary outline, shown below, of topics to be discussed at the meeting. The agency intends to conduct the meeting informally. The interactive exchange and development of ideas among all participants during the meeting is critical to its success. NHTSA believes that an interactive discussion will aid the agency in identifying measures that would promote effective public participation in the implementation of the Agreement. The results of the meeting will aid the agency in developing a draft statement of policy to be published for public comments in the near future.

Preliminary Outline of Topics for Public Meeting

1. Brief overview of the draft Agreement on Global Technical Regulations.

2. Discussion of possible measures that NHTSA could use for promoting effective public participation in the implementation of the Agreement.

Issued on June 10, 1998.

Julie Abraham,

Acting Director, Office of International Harmonization.

[FR Doc. 98–15859 Filed 6–10–98; 3:16 pm]

BILLING CODE 4910–59–M

Notices

Federal Register
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Friday, June 12, 1998

This section of the FEDERAL REGISTER contains documents other than rules or proposed rules that are applicable to the public. Notices of hearings and investigations, committee meetings, agency decisions and rulings, delegations of authority, filing of petitions and applications and agency statements of organization and functions are examples of documents appearing in this section.

DEPARTMENT OF AGRICULTURE

Office of the Secretary

Privacy Act; System of Records

AGENCY: Office of the Secretary, USDA.

ACTION: Notice of revised Privacy Act systems of records.

SUMMARY: Notice is hereby given that the USDA proposes to revise its systems of records relating to the Rural Development Mission Area.

EFFECTIVE DATE: This notice will be adopted without further publication in the **Federal Register** on August 11, 1998. Unless modified by a subsequent notice to incorporate comments received from the public. Although the Privacy Act requires only that the portion of the system which describes the ''routine uses'' of the system be published for comment, USDA invites comment on all portions of this notice. Comments must be received by the contact person listed below on or before [insert date 30 days after date of publication in the **Federal Register**].

FOR FURTHER INFORMATION CONTACT: Dorothy Hinden, Freedom of Information Officer, Support Services Division, Rural Development, U.S. Department of Agriculture, 1400 Independence Avenue, SW, Stop 0742, Washington, DC 20250–0742; telephone (202) 720–9638.

SUPPLEMENTARY INFORMATION: Pursuant to the Privacy Act, 5 U.S.C. 552a, USDA is redesignating and revising seven systems of records and deleting two systems of records formerly maintained by the Farmers Home Administration (''FmHA''). In 1994, USDA reorganized, transferring the farm loan functions of FmHA to the Farm Service Agency (''FSA''). The revisions USDA is proposing reflect this reorganization. The following are the constituent agencies of Rural Development: (1) Rural Housing Service, (2) Rural Business-Cooperative Service, and (3) Rural Utilities Service. Specifically, USDA will delete the system designated as USDA/FmHA–3, ''Designated Attorney and Escrow Agent File'' and incorporate the records maintained in that system into USDA/Rural Development-1, ''Applicant, Borrower, Grantee, or Tenant File.'' A second system of records, USDA/FmHA–7, ''Reserved Mineral Interests'', is being deleted because the records are no longer maintained by USDA. In addition, USDA is redesignating, reorganizing, and revising systems as follows:

(1) USDA will maintain the records relating to the Rural Development Mission Area formerly maintained under the system designation ''USDA/FmHA–1, ''Applicant, Borrower, Grantee, or Tenant File'' under the new designation ''USDA/Rural Development-1, Applicant, Borrower, Grantee, or Tenant File.'' That portion of the former system pertaining to Farmer Loan Programs has already been redesignated as a separate system entitled ''USDA/FSA–14, Applicant/Borrower.'' In addition to the redesignation to reflect the reorganization of FmHA programs as Rural Development programs, USDA is amending the system to include social security or employee identification number, bank routing and account number under the heading, ''categories of records in the system.''

USDA is making the following revisions to the routine uses in the system:

(1) Routine use number 3 which permits release of names, home addresses, social security numbers, and financial information to business firms in a trade area that buy chattel or crops or sell them for commission is being deleted because it is no longer needed. It is being replaced as follows: referral of legally enforceable debts to the Department of the Treasury under the Treasury Offset Program (TOP) and the Debt Collection Improvement Act of 1996, Pub. L. 104–134. (2) Additional language is being added to routine use number 7 to provide information from this system to assist the borrower in placing the property on the market through a real estate agent. Two new routine uses have been added: (1) Routine use number 17 which provides to consumer or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current. (2) Routine use number 18 which permits release of names, home and work addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.

(2) USDA is redesignating USDA/FmHA–2, ''Biographical Sketch File'' as USDA/Rural Development-2 ''Biographical Sketch File.'' This system is being amended to indicate a change in the record system location; and to indicate a change in the categories of individuals covered by the system.

(3) USDA is redesignating USDA/FmHA–5, ''Graduation File'' as USDA/Rural Development-3, ''Graduation File.'' This system is being amended to indicate a position title change and to remove the County Committee from the categories of records in the system since it is no longer needed. It is further being amended to add ''or to assist the borrower in the sale of the property'' to the routine use number 3. The purpose of this amendment is to assist the borrower in placing the property on the market through a real estate agent. Stylistic changes have been made in the three routine uses for purposes of clarification.

(4) USDA is redesignating USDA/FmHA–6, ''Housing Contractor Complaint File'' as USDA/Rural Development-4, ''Housing Contractor Complaint File.'' Stylistic changes have been made in routine uses 1 and 2.

(5) USDA/FmHA–8, ''Tort Claims File'' is being amended to indicate a change in the system designation to USDA/Rural Development-5 ''Tort Claims File.'' Rural Development has made stylistic changes in the language of the routine use.

(6) USDA/FmHA–9, ''Training File'' is being amended to indicate a change in the system designating to USDA/Rural Development-6, ''Training Files.'' This system is being amended to delete the Norman, OK site. Stylistic changes have been made in the routine use for purposes of clarification.

(7) USDA/FmHA–10, ''Travel Records'' is being amended to indicate a change in the system designation to USDA/Rural Development-7, ''Travel Records'' and to reflect that the period ''two years'' is being replaced with ''six

years'' under the retention and disposal schedule.

Changes in system locations, position titles for system managers, and addresses have been made where appropriate; and all references to Farmers Home Administration have been changed to Rural Development.

A ''Report on Revised System,'' required by 5 U.S.C. 552a(r), as implemented by Appendix III to OMB Circular A–130, was sent to the Chairman, Senate Committee on Governmental Affairs, the Chairman, House Committee on Government Reform and Oversight, and the Director, Office of Information and Regulatory Affairs, Office of Management and Budget on April 15, 1998.

Signed at Washington, D.C., on April 15, 1998.

Dan Glickman,

Secretary of Agriculture.

USDA/RURAL DEVELOPMENT-1

SYSTEM NAME:

Applicant, Borrower, Grantee, or Tenant File.

SYSTEM LOCATION:

Each Rural Development applicant's, borrower's, grantee's, or tenant's file is located in the Local, Area, or State Office through which the financial assistance is sought or was obtained; in the Centralized Service Center, St. Louis, Missouri; and in the Finance Office in St. Louis, Missouri. A State Office version of the Local or Area Office file may be located in or accessible by the State Office which is responsible for that Local or Area Office. Correspondence regarding borrowers is located in the State and National Office files.

A list of all State Offices and any additional States for which an office is responsible is as follows:

Montgomery, AL
Palmer, AK
Phoenix, AZ
Little Rock, AR
Woodland, CA
Lakewood, CO
Camden, DE–DC, MD
Gainesville, FL
Athens, GA
Hilo, HI—Western Pacific Terr.
Boise, ID
Champaign, IL
Indianapolis, IN
Des Moines, IA
Topeka, KS
Lexington, KY
Alexandria, LA
Bangor, ME
Amherst, MA–CT, RI
East Lansing, MI
St. Paul, MN
Jackson, MS
Columbia, MO
Bozeman, MT
Lincoln, NE
Carson City, NV
Mt. Holly, NJ
Albuquerque, NM
Syracuse, NY
Raleigh, NC
Bismarck, ND
Columbus, OH
Stillwater, OK
Portland, OR
Harrisburg, PA
Hato Rey, PR
Columbia, SC
Huron, SD
Nashville, TN
Temple, TX
Salt Lake City, UT
Montpelier, VT–NH, VI
Richmond, VA
Wenatchee, WA
Morgantown, WV
Stevens Point, WI
Casper, WY

The addresses of Local, Area, and State Offices are listed in the telephone directory of the appropriate city or town under the heading ''United States Government, Department of Agriculture, Rural Development,'' The Finance Office is located at 1520 Market Street, St. Louis, Missouri 63103.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

Present and former Rural Development applicants, borrowers, grantees, tenants, and their respective household members, including members of associations.

CATEGORIES OF RECORDS IN THE SYSTEM:

The system includes files containing the names of applicants, borrowers, grantees, tenants, their social security or employer identification number, bank routing and account numbers; and their respective household members' characteristics, such as gross and net income, sources of income, capital, assets and liabilities, net worth, age, race, number of dependents, marital status, reference material, farm or ranch operating plans, and property appraisal. The system also includes credit reports and personal references from credit agencies, lenders, businesses, and individuals. In addition, a running record of observation concerning the operations of the person being financed is included. A record of deposits to and withdrawals from an individual's supervised bank account is also contained in those files where appropriate. In some Local Offices, this record is maintained in a separate folder containing only information relating to activity within supervised bank accounts. Some items of information are extracted from the individual's file and placed in a card file for quick reference.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

7 U.S.C. 1921 et. seq., 42 U.S.C. 1471 et seq., and 42 U.S.C. 2706.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USERS:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating, or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prospective responsibility of the receiving entity.

2. A record from this system of records may be disclosed to a Member of Congress or to a congressional staff member in response to an inquiry of the congressional office made at the written request of the constituent about whom the record is maintained.

3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvements Act, Pub. L. 104–134, section 31001.

4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq.,) liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian housing authority serving the tribe(s).

5. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.

6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a)

The agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided, however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.

7. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance his Rural Development indebtedness as required by Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property.

8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 CFR 301.6402–6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C. 3720A.

9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by voluntary repayment, administrative or salary offset procedures, or by collection agencies.

10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.

11. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be under the direct and guaranteed loan programs.

12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with Rural Development.

13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

14. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.

15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.

16. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.

17. Rural Development, in accordance with 31 U.S. 3711(e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.

18. Referral of names, home and work addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.

DISCLOSURES TO CONSUMER REPORTING AGENCIES:

Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Federal Claims Collections Act (31 U.S.C. 3701(a)(3)).

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Records are maintained in file folders at the Local, Area, State, and National Offices. A limited subset of personal, financial, and characteristics data required for effective management of the programs and borrower repayment status is maintained on disc or magnetic tape at the Finance Office. This subset of data may be accessed by the authorized personnel from each office.

RETRIEVABILITY:

Records are indexed by name, identification number and type of loan or grant. Data may be retrieved from the paper records or the magnetic tapes. A limited subset of data is available through telecommunications capability, ranging from telephones to intelligent terminals. All Rural Development offices have the telecommunications capability available to access this subset of data.

SAFEGUARDS:

Records are kept in locked offices at the Local, Area, State, and National Offices. A limited subset of data is also maintained in a tape and disc library and an on-line retrieval system at the Finance Office. Access is restricted to authorized Rural Development personnel. A system of operator and terminal passwords and code numbers is used to restrict access to the on-line system. Passwords and code numbers are changed as necessary.

RETENTION AND DISPOSAL:

Records are maintained subject to the Federal Records Disposal Act of 1943 (44 U.S.C. 33), and in accordance with Rural Development's disposal schedules. The Local, Area, State, and National Offices dispose of records by shredding, burning, or other suitable disposal methods after established retention periods have been fulfilled. Finance Office records are disposed of

by overprinting. (Destruction methods may never compromise the confidentiality of information contained in the records.)

Applications, including credit reports and personal references, which are rejected, withdrawn, or otherwise terminated are kept in the Local, Area, or State Office for 2 full fiscal years and 1 month after the end of the fiscal year in which the application was rejected, withdrawn, canceled, or expired. If final action was taken on the application, including an appeal, investigation, or litigation, the application is kept for 1 full fiscal year after the end of the fiscal year in which final action was taken.

The records, including credit reports, of borrowers who have paid or otherwise satisfied their obligation are retained in the Local, Area, or State Office for 1 full fiscal year after the fiscal year in which the loan was paid in full. Correspondence records at the National Office which concern borrowers and applicants are retained for 3 full fiscal years after the last year in which there was correspondence.

SYSTEM MANAGER(S) AND ADDRESS:

The Community Development Manager at the Local Office, the Rural Development Manager at the Area Office, and the State Director at the State Office, the Deputy Chief Financial Officer in St. Louis, MO, and the respective Administrators in the National Office at the following addresses: Administrator, Rural Housing Service, USDA, 1400 Independence Avenue, SW, Room 5014, South Building, Stop 0701, Washington, DC 20250–0701; Administrator, Rural Business-Cooperative Service, USDA, 1400 Independence Avenue, SW, Room 5045, South Building, Stop 3201, Washington, DC 20250–3201; Administrator, Rural Utilities Service, USDA, 1400 Independence Avenue, SW, Room 4501, South Building, Stop 1510, Washington DC 20250–1510.

NOTIFICATION PROCEDURE:

Any individual may request information regarding this system of records, or determine whether the system contains records pertaining to him/her, from the appropriate System Manager, If the specific location of the record is not know, the individual should address his or her request to: Rural Development, Freedom of Information Officer, United States Department of Agriculture, 1400 Independence Avenue, SW., Stop 0742, Washington, DC 20250–0742.

A request for information pertaining to an individual must include a name; an address; the Rural Development office where the loan or grant was applied for, approved, and/or denied; the type of Rural Development program; and the date of the request of approval.

RECORD ACCESS PROCEDURES:

Any individual may obtain information regarding the procedures for gaining access to a record in the system which pertains to him or her by submitting a written request to one of the System Managers.

CONTESTING RECORD PROCEDURES:

Same as record access procedures.

RECORD SOURCE CATEGORIES:

Information in this system comes primarily from the applicant, borrower, grantee, or tenant. Credit reports and personal references come primarily from credit agencies and creditors.

EXEMPTIONS CLAIMED FOR THE SYSTEM:

None.

USDA/RURAL DEVELOPMENT–2

SYSTEM NAME:

Biographical Sketch File.

SYSTEM LOCATION:

USDA/Rural Development, 1400 Independence Avenue, SW., Stop 0730, Washington, DC 20250–0730.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

All employees and former employees of Rural Development at or above the Division Director level and all current and former Schedule C employees and Senior Executive Service members.

CATEGORIES OF RECORDS IN THE SYSTEM:

The system consists of files containing information concerning employee's educational and employment history, awards, marital status, number of children, present employment, place of birth, and current residence. The employee knows the file is maintained and has approved the biography.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

7 U.S.C. 1921 et seq., 42 U.S.C. 1471 et seq., and 5 U.S.C. 301.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSE OF SUCH USES:

This information is furnished to the news media, congressional committees, organizations to which the employee will be speaking, and other interested parties.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Records are maintained in file folders at the National Office.

RETRIEVABILITY:

Records are indexed by name.

SAFEGUARDS:

Records are kept in a building with full-time security.

RETENTION AND DISPOSAL:

Indefinite.

SYSTEM MANAGER(S) AND ADDRESSES:

Administrator, Rural Housing Service, USDA, 1400 Independence Avenue, SW, Room 5014, South Building, Stop 0701, Washington, DC 20250–0701; Administrator, Rural Business-Cooperative Service, USDA, 1400 Independence Avenue, SW, Room 5045, South Building, Stop 3201, Washington, DC 20250–3201; Administrator, Rural Utilities Service, USDA, 1400 Independence Avenue, SW, Room 4501, South Building, Stop 1510, Washington, DC 20250–1510.

NOTIFICATION PROCEDURE:

Any individual may request information concerning this system of records, or information as to whether the system contains records pertaining to him/her from the System Manager. A request for information pertaining to an individual should contain: Name, address, position(s) held in Rural Development, and dates of employment.

RECORD ACCESS PROCEDURES:

Any individual may obtain information as to the procedures for gaining access to and contesting a record in the system which pertains to him/her by submitting a written request to the System Manager.

CONTESTING RECORD PROCEDURES:

Same as record access procedures.

RECORD SOURCE CATEGORIES:

Information in this system is provided by the employee, or is taken from his/her record with his/her concurrence.

USDA/Rural Development-3

SYSTEM NAME:

Graduation File.

SYSTEM LOCATION:

Each borrower's graduation file is located in the Local and Area Offices through which the borrower obtained his loan, and, in some cases, at the State Office responsible for that Local and Area Offices.

A list of State Offices and any additional States for which an office is responsible is included under the system titled USDA/Rural Development-1 Applicant, Borrower, Grantee, or Tenant File.'' The addresses of State and Local Offices are listed in the telephone directory of the appropriate city or town under the heading ''United States Government, Department of Agriculture, Rural Development.''

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

All Rural Development borrowers whose loans are eligible for review to determine whether the borrower should obtain credit from other sources. All borrowers who have been in debt for at least five years on a real estate loan are considered eligible for review.

CATEGORIES OF RECORDS IN THE SYSTEM:

The system consists of files containing names of borrowers eligible for review, type of loan, whether graduation is advisable and any communications with the borrower concerning whether the loan has been paid off or if the borrower is unable to refinance, as well as comments of the Community Development Manager.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

7 U.S.C. 1921 et seq., 42 U.S.C. 1471 et seq., and 5 U.S.C. 301.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating, or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.

2. A record from this system of records may be disclosed to a Member of Congress or to a congressional staff member in response to an inquiry of the congressional office made at the written request of the constituent about whom the record is maintained.

3. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance his Rural Development indebtedness as required by Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Records are maintained in file folders.

RETRIEVABILITY:

Records are indexed by name.

SAFEGUARDS:

Records are kept in locked offices at all levels, and access is restricted to authorized Rural Development officials.

RETENTION AND DISPOSAL:

Records are retained for three years after the list of borrowers eligible for review was received by the Community Development Manager.

SYSTEM MANAGER(S) AND ADDRESS:

The Community Development Manager and the State Director at the appropriate levels.

NOTIFICATION PROCEDURE:

Any individual may request information regarding this system of records, or information as to whether the system contains records pertaining to him from the appropriate System Manager. If the specific location of the record is not known, the individual should address a request to the Freedom of Information Officer, Rural Development, USDA, 1400 Independence Avenue, SW., Stop 0742, Washington, DC 20250–0742. A request for information pertaining to an individual should contain: Name, address, State and county where loan was applied for or approved, and particulars involved (i.e. date of request/approval, type of loan, etc.).

RECORD ACCESS PROCEDURES:

Any individual may obtain information as to the procedures for gaining access to a record in the system which pertains to him/her by submitting a written request to one of the System Managers referred to in the preceding paragraph.

CONTESTING RECORD PROCEDURES:

Same as access.

RECORD SOURCE CATEGORIES:

Information in this system comes primarily from the borrower.

USDA/Rural Development-4

SYSTEM NAME:

Housing Contractor Complaint File

SYSTEM LOCATION:

Complaints concerning housing contractors may be filed in the Local, Area, and State Offices in any State, County or District in which the contractor has conducted business.

A list of State Offices and any additional State for which an office is responsible is included under the system titled ''USDA/Rural Development-1 Applicant, Borrower, Grantee, or Tenant File.'' The addresses of State and Local Offices are listed in the telephone directory of the appropriate city or town under the heading ''United States Government, Department of Agriculture, Rural Development.''

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

All housing contractors who have performed work for Rural Development borrowers and about whom the borrower has seen fit to file a complaint.

CATEGORIES OF RECORDS IN THE SYSTEM:

The system consists of files containing borrowers' complaints concerning contractors.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

7 U.S.C. 1921 et seq., 42 U.S.C. 1471 et seq., and 5 U.S.C. 301.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSE OF SUCH USES:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating, or prosecuting such violation or charged with enforcing or implementing that statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.

2. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) The agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any

employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided, however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Records are maintained in file folders.

RETRIEVABILITY:

Records are indexed by the contractor or name of the construction company.

SAFEGUARDS:

Records are kept in locked offices at all levels. Access at all levels is restricted to authorized Rural Development officials.

RETENTION AND DISPOSAL:

Records are maintained subject to the Federal Records Disposal Act of 1943 (44 U.S.C. 33) and in accordance with Rural Development's disposal schedules. Records are retained for three years after the fiscal year of the complaint.

SYSTEM MANAGER(S) AND ADDRESS:

The Community Development Manager at the Local Office level and the State Director at the State Office level.

NOTIFICATION PROCEDURE:

Any individual may request information regarding this system of records, or information as to whether the system contains records pertaining to him/her from the appropriate System Manager. If the specific location of the record is not known, the individual should address his/her request to the Freedom of Information Officer, Rural Development, USDA, 1400 Independence Avenue, SW., Stop 0742, Washington, DC 20250–0742. A request for information pertaining to an individual should contain: Name, address, and location where work was performed for Rural Development borrowers.

RECORD ACCESS PROCEDURES:

Any individual may obtain information as to the procedures for gaining access to a record in the system which pertains to him/her by submitting a written request to one of the System Managers referred to in the preceding paragraph.

CONTESTING RECORD PROCEDURES:

Same as access.

RECORD SOURCE CATEGORIES:

Information in this system comes primarily from the complainants.

USDA/Rural Development-5

SYSTEM NAME:

Tort Claims File, USDA/Rural Development.

SYSTEM LOCATION:

Each claimant's file is located in the office of the employee against whom the action was filed, the applicable State Office, and the National Office. A list of State Offices and any additional States for which an office is responsible is included under the system titled ''USDA/Rural Development-1 Applicant, Borrower, Grantee or Tenant File.'' The addresses of State and Local Offices are listed in the telephone directory of the appropriate city or town under the heading ''United States Government, Department of Agriculture, Rural Development.'' The National Office is located at the following address: USDA/Rural Development, 1400 Independence Avenue, SW., Stop 0742, Washington, DC 20250–0742.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

All claimants who have filed civil suits against employees of Rural Development, or against the Federal Government, including those filed under the Tort Claims Act, as a result of circumstances involving Rural Development.

CATEGORIES OF RECORDS IN THE SYSTEM:

The system consists of files containing information as to the circumstances of the loss for which the claimant is seeking relief, opinions of the Office of General Counsel, USDA, and disposition of the case.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

7 U.S.C. 1921 et seq., 42 U.S.C. 1471 et seq., and 5 U.S.C. 301.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:

When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating, or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Records are maintained in file folders.

RETRIEVABILITY:

Records are indexed by claimant's name.

SAFEGUARDS:

Records are kept in locked offices at all levels. Access at all levels is restricted to authorized Rural Development officials.

RETENTION AND DISPOSAL:

Records are maintained subject to the Federal Records Disposal Act of 1943 (44 U.S.C. 33) and in accordance with Rural Development's disposal schedules. Records are retained for five years after the last written report or document was placed in the file.

SYSTEM MANAGER(S) AND ADDRESS:

The Community Development Manager at the Local Office level, the State Director at the State Office level and the respective Administrators in the National Office at the following addresses: Administrator, Rural Housing Service, USDA, 1400 Independence Avenue, SW., Room 5014, South Building, Stop 0701, Washington, DC 20250–0701; Administrator, Rural Business-Cooperative Service, USDA, 1400 Independence Avenue, SW., Room 5045, South Building, Stop 3201, Washington, DC 20250–3201; Administrator, Rural Utilities Service, USDA, 1400 Independence Avenue, SW, Room 4501, South Building, Stop 1510, Washington, DC 20250–1510.

NOTIFICATION PROCEDURE:

Any individual may request information regarding this system of records, or information as to whether the system contains records pertaining to him/her from the appropriate System Manager. If the specific location of the record is not known, the individual should address his/her request to the Freedom of Information Officer, Rural Development, USDA, 1400 Independence Avenue, SW., Stop 0742,

Washington, DC 20250–0742. A request for information pertaining to an individual should contain: Name, address, defendant in the action and date of the initiation of the action.

RECORD ACCESS PROCEDURES:

Any individual may obtain information as to the procedures for gaining access to a record in the system which pertains to him/her by submitting a written request to one of the System Managers referred to in the preceding paragraph.

CONTESTING RECORD PROCEDURES:

Same as access.

RECORD SOURCE CATEGORIES:

Information in this file comes primarily from the claimant.

USDA/Rural Development-6

SYSTEM NAME:

Training Files.

SYSTEM LOCATION:

Training files may be located at the Rural Development National Office, 501 School Street, SW., Washington, DC 20024.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

All persons who have received or applied for training at the Rural Development Training Center and other locations if such training was to be at Rural Development expense.

CATEGORIES OF RECORDS IN THE SYSTEM:

Name of individual, date(s) of training and course(s) taken or applied for are included in this record.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

7 U.S.C. 1921 et seq., 42 U.S.C. 1471 et seq., and 5 U.S.C. 301.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:

When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating, or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Records are maintained in file folders at the National Office.

RETRIEVABILITY:

Records are indexed by the name of the individual receiving/applying for training.

SAFEGUARDS:

Records are kept in a locked office.

RETENTION AND DISPOSAL:

Retention is indefinite.

SYSTEM MANAGER(S) AND ADDRESS:

Administrator, Rural Housing, USDA, 1400 Independence Avenue, SW., Room 5014, South Building, Stop 0701, Washington, DC 20250–0701; Administrator, Rural Business-Cooperative Service, USDA, 1400 Independence Avenue, SW., Room 5045, South Building, Stop 3201, Washington, DC 20250–3201; Administrator, Rural Utilities Service, USDA, 1400 Independence Avenue, SW., Room 4501, South Building, Stop 1510, Washington, DC 20250–1510.

NOTIFICATION PROCEDURE:

Any individual may request information regarding this system of records, or information as to whether the system contains records pertaining to him/her from the appropriate System Manager. Requests should include name and address.

RECORD ACCESS PROCEDURES:

Any individual may obtain information as to the procedures for gaining access to a record in the system which pertains to him/her by submitting a written request to the System Manager.

CONTESTING RECORD PROCEDURES:

Same as access.

RECORD SOURCE CATEGORIES:

Information in this system comes from the applicant.

USDA/Rural Development-7

SYSTEM NAME:

Travel Records.

SYSTEM LOCATION:

Each traveler's file is located in the Local Office or Area Office in which he/she is employed; the State Office responsible for that Local Office or Area Office; or in the National Office if the traveler is employed at either of those levels.

A list of State Offices and any additional States for which an office is responsible is included under the system titled ''USDA/Rural Development-1 Applicant, Borrower, Grantee, or Tenant File.'' The addresses of State, Local, and Area Offices are listed in the telephone directory of the appropriate city or town under the heading ''United States Government, Department of Agriculture, Rural Development.''

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

All Rural Development employees and former employees whose travel expenses have been paid for by Rural Development.

CATEGORIES OF RECORDS IN THE SYSTEM:

The system consists of files containing employees; itineraries and travel vouchers.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

7 U.S.C. 1921 et seq., 42 U.S.C. 1471 et seq., and 5 U.S.C. 301.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:

When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating, or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Records are maintained in file folders.

RETRIEVABILITY:

Records are indexed by name.

SAFEGUARDS:

Records are kept in locked offices at all levels. Access at all levels is restricted to authorized Rural Development officials.

RETENTION AND DISPOSAL:

Records are maintained subject to the Federal Records Disposal Act of 1943 (44 U.S.C. 33) and in accordance with Rural Development's disposal schedules. Records are disposed of six years after the fiscal year in which the travel occurred.

SYSTEM MANAGER(S) AND ADDRESS:

The Community Development Manager at the Local Office level, the State Director at the State Office level, the Deputy Chief Financial Officer for Finance Office records and the respective Administrators, for the National Office files at the following addresses in the National Office: Administrator, Rural Housing Service, USDA, 1400 Independence Avenue, SW., Room 5014, South Building, Stop 0701, Washington, DC 20250–0701; Administrator, Rural Business-Cooperative Service, USDA, 1400 Independence Avenue, SW., Room 5045, South Building, Stop 3201, Washington, DC 20250–3201; Administrator, Rural Utilities Service, USDA, 1400 Independence Avenue, SW., Room 4501, South Building, Stop 1510, Washington, DC 20250–1510.

NOTIFICATION PROCEDURE:

Any individual may request information regarding this system of records, or information as to whether the system contains records pertaining to him/her from the appropriate System Manager. If the specific location of the record is not known, the individual should address his/her request to the Freedom of Information Officer, Rural Development, USDA, 1400 Independence Avenue, SW., Stop 0742, Washington, DC 20250–0742. A request for information pertaining to an individual should contain: Name, address, and dates and places of employment.

RECORD ACCESS PROCEDURES:

Any individual may obtain information as to the procedures for gaining access to a record in the system which pertains to him/her by submitting a written request to one of the System Managers referred to in the preceding paragraph.

CONTESTING RECORD PROCEDURES:

Same as access.

RECORD SOURCE CATEGORIES:

Information in this system comes primarily from the employee.

[FR Doc. 98–15753 Filed 6–11–98; 8:45 am]

BILLING CODE 3410–07–M

DEPARTMENT OF AGRICULTURE

Agricultural Research Service

Notice of Federal Invention Available for Licensing and Intent To Grant Exclusive License

AGENCY: Agricultural Research Service, USDA.

ACTION: Notice of availability and intent.

SUMMARY: Notice is hereby given that a Federally owned invention U.S. Serial No. 09/041,056, filed March 10, 1998, entitled ''Chemical Attractants for Yellowjackets and Paper Wasps'' is available for licensing and the U.S. Department of Agriculture, Agricultural Research Service, intends to grant to Sterling International, Inc., of Veradale, Washington, an exclusive license to Serial No. 09/041,056.

DATES: Comments must be received on or before September 10, 1998.

ADDRESSES: Send comments to: USDA, ARS, Office of Technology Transfer, Room 415, Building 005, BARC-West, Beltsville, Maryland 20705–2350.

FOR FURTHER INFORMATION CONTACT: June Blalock of the Office of Technology Transfer at the Beltsville address given above; telephone: 301–504–5989.

SUPPLEMENTARY INFORMATION: The Federal Government's patent rights to this invention are assigned to the United States of America, as represented by the Secretary of Agriculture. It is in the public interest to so license this invention as Sterling International, Inc., has submitted a complete and sufficient application for a license. The prospective exclusive license will be royalty-bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective exclusive license may be granted unless, within ninety (90) days from the date of this published Notice, the Agricultural Research Service receives written evidence and argument which establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR 404.7.

Richard M. Parry, Jr.,

Assistant Administrator.

[FR Doc. 98–15750 Filed 6–11–98; 8:45 am]

BILLING CODE 3410–03–P

DEPARTMENT OF AGRICULTURE

Rural Utilities Service

Cordova Electric Cooperative, Inc.; Adoption of Environmental Documents & Finding of No Significant Impact

AGENCY: Rural Utilities Service, USDA.

ACTION: Adoption of Environmental Documents & Finding of No Significant Impact.

SUMMARY: Notice is hereby given that the Rural Utilities Service (RUS), pursuant to the National Environmental Policy Act of 1969, as amended, the Council on Environmental Quality Regulations (40 CFR Parts 1500–1508), and RUS Environmental Policies and Procedures (7 CFR Part 1794), has adopted the Environmental Assessment (EA) prepared by the Federal Energy Regulatory Commission (FERC) and made a Finding of No Significant Impact (FONSI) with respect to a hydroelectric project proposed by Cordova Electric Cooperative, Inc. (CEC), of Cordova, Alaska.

CEC is anticipated to request financing assistance from RUS for the project to be located on Power Creek, a tributary to Eyak Lake, near Cordova, in southeast Alaska.

The proposed project is a 6-megawatt (MW) hydroelectric generating plant and it consists primarily of (1) A diversion dam and intake structure located at stream mile 3.3; (2) a tunnel-and-pipeline power conduit conveying water approximately 5,900 feet; (3) a powerhouse containing 3 generating units with a total installed capacity of 6.0 MW; (4) a 7.2 mile-long buried transmission line; and (5) approximately 2.5 miles of access road. The project bypasses of about 1 mile of Power Creek. On January 6, 1997, Whitewater Engineering Corporation (WEC) of Bellingham, Washington, filed an application to FERC for a license for construction and operation of the Power Creek Project. WEC will transfer the license to CEC. CEC will be responsible for compliance with the terms and conditions of the license. WEC will construct the project for CEC.

The FONSI is based on the final EA issued by FERC. RUS concurs with the FERC determination that issuing a license would not be a major Federal action significantly impacting the quality of the human environment. In accordance with § 1794.83, RUS has adopted the final EA issued by FERC as its EA for the project.

FOR FURTHER INFORMATION CONTACT: Nurul Islam, Environmental Protection Specialist, RUS, Engineering and

Environmental Staff, Stop 1571, 1400 Independence Avenue, SW, Washington, DC 20250—1571, telephone (202)-720–1784.

SUPPLEMENTARY INFORMATION: In accordance with its regulations, FERC issued a notice of the application filed by WEC on March 3, 1997. Motions to intervene were filed by the National Marine Fisheries Service and the U.S. Fish and Wildlife Service and were granted. FERC issued a draft EA for public comment on October 8, 1997. All comments received were considered by FERC prior to issuing the final EA and the Finding of No Significant Impact (FONSI) on December 23, 1997. The license for the project was issued on December 24, 1997.

RUS has reviewed the final EA issued by FERC and determined that the proposed project will have no significant effect on wetlands, floodplains, important farmlands, threatened or endangered species, formally classified areas, cultural resources, and water quality. RUS has identified no other potential significant impact resulting from construction and operation of the proposed hydroelectric plant.

Alternatives examined for the proposed project included the proposed project, no action, and denial of license by FERC to build the project. RUS determined that the proposed project is an environmentally acceptable alternative that meets CEC's need with a minimum of adverse environmental impact. The project would allow CEC to construct and operate the project as a small but dependable source of renewable electrical energy and it would help meet the increasing demand for electric power in Cordova and avoid the need for an equivalent amount of fossil-fuel-fired electric generation and capacity, thereby continuing to help conserve these nonrenewable energy resources.

RUS has concluded that approval of RUS financing for the project would not constitute a major Federal action significantly affecting the quality of the human environment. Therefore, the preparation of an environmental impact statement is not necessary.

In accordance with its regulations, FERC issued a notice of the application submitted by WEC. FERC issued a draft EA for public comment on October 8, 1997. FERC has adequately considered all comments received from interested agencies and individuals in issuing the final EA. A license was issued to WEC to construct the Power Creek Project on December 24, 1997. The notice published by FERC meets the RUS notice requirements contained in § 1794.62.

Copies of the FERC EA are available for review at, or may be obtained from RUS at the address provided above or from Cordova Electric Cooperative, Inc., P.O. Box 20, Cordova, Alaska 99574, telephone (907) 424–5555 during normal business hours.

Blaine D. Stockton, Jr.,

Assistant Administrator, Electric Program.

[FR Doc. 98–15752 Filed 6–11–98; 8:45 am]

BILLING CODE 3410–15–P

ASSASSINATION RECORDS REVIEW BOARD

Formal Determinations and Additional Releases

AGENCY: Assassination Records Review Board.

ACTION: Notice.

SUMMARY: The Assassination Records Review Board (Review Board) met in a closed meeting on June 4, 1998, and made formal determinations on the release of records under the President John F. Kennedy Assassination Records Collection Act of 1992 (JFK Act). By issuing this notice, the Review Board complies with the section of the JFK Act that requires the Review Board to publish the results of its decisions in the **Federal Register** within 14 days of the date of the decision.

FOR FURTHER INFORMATION CONTACT: Peter Voth, Assassination Records Review Board, Second Floor, Washington, D.C. 20530, (202) 724–0088, fax (202) 724–0457. The public may obtain an electronic copy of the complete document-by-document determinations by contacting <Eileen__Sullivan@jfk-arrb.gov>.

SUPPLEMENTARY INFORMATION: This notice complies with the requirements of the President John F. Kennedy Assassination Records Collection Act of 1992, 44 U.S.C. 2107.9(c)(4)(A) (1992). On June 4, 1998, the Review Board made formal determinations on records it reviewed under the JFK Act.

Notice of Formal Determinations

4 Church Committee Documents: Postponed in Part until 10/2017
10 CIA Documents: Postponed in Part until 05/2001
3 CIA Documents: Postponed in Part until 10/2003
1097 CIA Documents: Postponed in Part until 10/2017
1 DIA Document: Postponed in Part until 10/2017
197 FBI Documents: Postponed in Part until 10/2017
2 Ford Library Documents: Open in Full
17 Ford Library Documents: Postponed in Part until 10/2017
1 HSCA Document: Postponed in Part until 10/2003
11 HSCA Documents: Postponed in Part until 10/2017
3 JCS Documents: Postponed in Part until 10/2017
7 LBJ Library Documents: Postponed in Part until 10/2017
35 US ARMY (Califano) Documents: Postponed in Part until 10/2017
17 US ARMY (IRR) Documents: Open in Full
60 US ARMY (IRR) Documents: Postponed in Part until 10/2017

Notice of Other Releases

After consultation with appropriate Federal agencies, the Review Board announces that documents from the following agencies are now being opened in full: 1085 FBI documents; 23 Ford Library documents; 10 JCS documents; 13 LBJ Library documents; 162 U.S. Army (Califano) documents; 407 U.S. Army (IRR) documents.

Dated: June 8, 1998.

T. Jeremy Gunn,

Executive Director.

[FR Doc. 98–15757 Filed 6–11–98; 8:45 am]

BILLING CODE 6118–01–P

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Procurement List Proposed Additions and Deletions

AGENCY: Committee for Purchase From People Who Are Blind or Severely Disabled.

ACTION: Proposed additions to and deletions from procurement list.

SUMMARY: The Committee has received proposals to add to the Procurement List services to be furnished by nonprofit agencies employing persons who are blind or have other severe disabilities, and to delete commodities previously furnished by such agencies.

COMMENTS MUST BE RECEIVED ON OR BEFORE: July 13, 1998.

ADDRESSES: Committee for Purchase From People Who Are Blind or Severely Disabled, Crystal Gateway 3, Suite 310, 1215 Jefferson Davis Highway, Arlington, Virginia 22202–4302.

FOR FURTHER INFORMATION CONTACT: Beverly Milkman (703) 603–7740.

SUPPLEMENTARY INFORMATION: This notice is published pursuant to 41 U.S.C. 47(a) (2) and 41 CFR 51–2.3. Its purpose is to provide interested persons an opportunity to submit comments on the possible impact of the proposed actions.

Additions

If the Committee approves the proposed addition, all entities of the Federal Government (except as otherwise indicated) will be required to procure the services listed below from nonprofit agencies employing persons who are blind or have other severe disabilities.

I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. The action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities other than the small organizations that will furnish the services to the Government.

2. The action does not appear to have a severe economic impact on current contractors for the services.

3. The action will result in authorizing small entities to furnish the services to the Government.

4. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46–48c) in connection with the services proposed for addition to the Procurement List. Comments on this certification are invited. Commenters should identify the statement(s) underlying the certification on which they are providing additional information. The following services have been proposed for addition to Procurement List for production by the nonprofit agencies listed:

Janitorial/Custodial, Fort Benjamin Harrison, Emmett J. Bean Center, Building 1, Indianapolis, Indiana
NPA: Goodwill Industries of Central Indiana, Inc., Indianapolis, Indiana
Janitorial/Custodial, Internal Revenue Service, Pendleton Trade Center, 3849 N. Richard Street, Indianapolis, Indiana
NPA: Goodwill Industries of Central Indiana, Inc., Indianapolis, Indiana
Laundry Service, Barksdale Air Force Base, Louisiana
NPA: The Arc of Caddo-Bossier, Shreveport, Louisiana
Mess Attendant, Janitorial/Grounds Maintenance, Naval Station, Everett, Washington
NPA: Northwest Center for the Retarded, Seattle, Washington

Deletions

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.

2. The action does not appear to have a severe economic impact on future contractors for the commodities.

3. The action will result in authorizing small entities to furnish the commodities to the Government.

4. 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 commodities proposed for deletion from the Procurement List.

The following commodities have been proposed for deletion from the Procurement List:

Pad, Litter
6530–00–137–3016
Towel Pack, Surgical
6530–00–110–1854
Drape, Surgical, Disposable
6530–01–032–4089
Pad, Pre-Operative Preparation
6530–00–457–8193
Tube, Bleeding
6630–01–NIB–0001
Paper, Looseleaf, Blank
7530–00–286–6983
7530–00–286–6984

Beverly L. Milkman,

Executive Director.

[FR Doc. 98–15733 Filed 6–11–98; 8:45 am]

BILLING CODE 6353–01–P

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Procurement List Additions

AGENCY: Committee for Purchase From People Who Are Blind or Severely Disabled.

ACTION: Additions to the procurement list.

SUMMARY: This action adds to the Procurement List commodities and services to be furnished by nonprofit agencies employing persons who are blind or have other severe disabilities.

EFFECTIVE DATE: July 13, 1998.

ADDRESSES: Committee for Purchase From People Who Are Blind or Severely Disabled, Crystal Gateway 3, Suite 310, 1215 Jefferson Davis Highway, Arlington, Virginia 22202–4302.

FOR FURTHER INFORMATION CONTACT: Beverly Milkman (703) 603–7740.

SUPPLEMENTARY INFORMATION: On April 24 and May 1, 1998, the Committee for Purchase From People Who Are Blind or Severely Disabled published notices (62 F.R. 20377 and 24153) of proposed additions to the Procurement List.

After consideration of the material presented to it concerning capability of qualified nonprofit agencies to provide the commodities and services and impact of the additions on the current or most recent contractors, the Committee has determined that the commodities and services listed below are suitable for procurement by the Federal Government under 41 U.S.C. 46–48c and 41 CFR 51–2.4.

I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. The action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities other than the small organizations that will furnish the commodities and services to the Government.

2. The action will not have a severe economic impact on current contractors for the commodities and services.

3. The action will result in authorizing small entities to furnish the commodities and services to the Government.

4. 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 commodities and services proposed for addition to the Procurement List.

Accordingly, the following commodities and services are hereby added to the Procurement List:

Commodities

Coveralls, Disposable
8415–01–092–7529
8415–01–092–7530
8415–01–092–7531
8415–01–092–7532
8415–01–092–7533
(Remaining 20% of the Government's requirement)

Services

Base Supply Center, Travis Air Force Base, California
Base Supply Center, Goodfellow Air Force Base, Texas
Grounds Maintenance, Family and Child Care Office, Building 7175, Edwards Air Force Base, California
Janitorial/Custodial, Travis Air Force Base, California
Operation of Individual Equipment Element, Shaw Air Force Base, South Carolina

This action does not affect current contracts awarded prior to the effective date of this addition or options that may be exercised under those contracts.

Beverly L. Milkman,

Executive Director.

[FR Doc. 98–15734 Filed 6–11–98; 8:45 am]

BILLING CODE 6353–01–P

COMMISSION ON CIVIL RIGHTS

Agenda and Notice of Public Meeting of the Colorado Advisory Committee

Notice is hereby given, pursuant to the provisions of the rules and regulations of the U.S. Commission on Civil Rights, that a meeting of the Colorado Advisory Committee to the Commission will convene at 1:00 p.m. and adjourn at 3:00 p.m. on July 23, 1998, at 1700 Broadway, Suite 490, Denver, Colorado 80290. The purpose of the meeting is to discuss followup to Fort Collins community forum and plans for public meeting in Pueblo, and to hold a roundtable discussion on civil rights issues in Colorado.

Persons desiring additional information, or planning a presentation to the Committee, should contact John Dulles, Director of the Rocky Mountain Regional Office, 303–866–1040 (TDD 303–866–1049). Hearing-impaired persons who will attend the meeting and require the services of a sign language interpreter should contact the Regional Office at least ten (10) working days before the scheduled date of the meeting.

The meeting will be conducted pursuant to the provisions of the rules and regulations of the Commission.

Dated at Washington, DC, June 4, 1998.

Carol-Lee Hurley,

Chief, Regional Programs Coordination Unit.

[FR Doc. 98–15617 Filed 6–11–98; 8:45 am]

BILLING CODE 6335–01–P

COMMISSION ON CIVIL RIGHTS

Agenda and Notice of Public Meeting of the Tennessee Advisory Committee

Notice is hereby given, pursuant to the provisions of the rules and regulations of the U.S. Commission on Civil Rights, that a meeting of the Tennessee Advisory Committee to the Commission will convene at 2:00 p.m. and adjourn at 5:00 p.m. on July 8, 1998. The Committee will reconvene at 9:00 a.m. and adjourn at 5:00 p.m. on July 9, 1998. The Committee will meet on July 8 for new member orientation, planning, and discussion of civil rights problems and progress. On July 9 the Committee will receive information on enforcement of Title VI of the Civil Rights Act of 1964 in Tennessee.

Persons desiring additional information, or planning a presentation to the Committee, should contact Bobby D. Doctor, Director of the Southern Regional Office, 404–562–7000 (TDD 404–562–7004). Hearing-impaired persons who will attend the meeting and require the services of a sign language interpreter should contact the Regional Office at least ten (10) working days before the scheduled date of the meeting.

The meeting will be conducted pursuant to the provisions of the rules and regulations of the Commission.

Dated at Washington, DC, June 4, 1998.

Carol-Lee Hurley,

Chief, Regional Programs Coordination Unit.

[FR Doc. 98–15618 Filed 6–11–98; 8:45 am]

BILLING CODE 6335–01–P

DEPARTMENT OF COMMERCE

International Trade Administration

[A–557–805]

Extruded Rubber Thread From Malaysia; Antidumping Duty Administrative Review; Time Limits

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

ACTION: Notice of extension of time limits of preliminary results of review.

SUMMARY: The Department of Commerce is extending the time limits of the preliminary results of the fifth antidumping duty administrative review of extruded rubber thread from Malaysia. The review covers four manufacturers/exporters of the subject merchandise to the United States and the period October 1, 1996, through September 30, 1997.

EFFECTIVE DATE: June 12, 1998.

FOR FURTHER INFORMATION CONTACT: Shawn Thompson, AD/CVD Enforcement, Group II, Office V, Import Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, N.W., Washington, D.C. 20230, telephone: (202) 482–1776.

SUPPLEMENTARY INFORMATION: Because it is not practicable to complete this review within the time limits mandated by the Uruguay Round Agreements Act (245 days from the last day of the anniversary month for preliminary results, 120 additional days for final results), pursuant to section 751(a)(3)(A) of the Tariff Act of 1930, as amended, the Department is extending the time limit for completion of the preliminary results until November 2, 1998. *See Memorandum to Robert S. LaRussa,* dated June 4, 1998.

This extension is in accordance with section 751(a)(3)(A) of the Tariff Act of 1930, as amended (19 U.S.C. 1675(a)(3)(A)).

Dated: June 4, 1998.

Louis Apple,

Acting Deputy Assistant Secretary for Import Administration.

[FR Doc. 98–15747 Filed 6–11–98; 8:45 am]

BILLING CODE 3510–DS–P

COMMITTEE FOR THE IMPLEMENTATION OF TEXTILE AGREEMENTS

Adjustment of Import Limits for Certain Cotton and Wool Textile Products Produced or Manufactured in Colombia

June 9, 1998.

AGENCY: Committee for the Implementation of Textile Agreements (CITA).

ACTION: Issuing a directive to the Commissioner of Customs adjusting limits.

EFFECTIVE DATE: June 15, 1998.

FOR FURTHER INFORMATION CONTACT: Roy Unger, International Trade Specialist, Office of Textiles and Apparel, U.S. Department of Commerce, (202) 482–4212. For information on the quota status of these limits, refer to the Quota Status Reports posted on the bulletin boards of each Customs port or call (202) 927–5850. For information on embargoes and quota re-openings, call (202) 482–3715.

SUPPLEMENTARY INFORMATION:

Authority: Section 204 of the Agricultural Act of 1956, as amended (7 U.S.C. 1854); Executive Order 11651 of March 3, 1972, as amended.

The current limit for Category 443 is being increased for swing, reducing the limit for Category 315 to account for the swing being applied.

A description of the textile and apparel categories in terms of HTS numbers is available in the CORRELATION: Textile and Apparel Categories with the Harmonized Tariff Schedule of the United States (see **Federal Register** notice 62 FR 66057, published on December 17, 1997). Also see 62 FR 60825, published on November 13, 1997.

Troy H. Cribb,

Chairman, Committee for the Implementation of Textile Agreements.

Committee for the Implementation of Textile Agreements

June 9, 1998.

Commissioner of Customs,
Department of the Treasury, Washington, DC 20229.

Dear Commissioner: This directive amends, but does not cancel, the directive issued to you on November 6, 1997, by the

Chairman, Committee for the Implementation of Textile Agreements. That directive concerns imports of certain cotton and wool textile products, produced or manufactured in Colombia and exported during the twelve-month period which began on January 1, 1998 and extends through December 31, 1998.

Effective on June 15, 1998, you are directed to adjust the current limits for the following categories, as provided for under the Uruguay Round Agreement on Textiles and Clothing:

Category	Adjusted twelve-month limit [1]
315	23,662,747 square meters.
443	136,745 numbers.

[1] The limits have not been adjusted to account for any imports exported after December 31, 1997.

The Committee for the Implementation of Textile Agreements has determined that these actions fall within the foreign affairs exception of the rulemaking provisions of 5 U.S.C. 553(a)(1).

Sincerely,

Troy H. Cribb,

Chairman, Committee for the Implementation of Textile Agreements.

[FR Doc. 98–15737 Filed 6–11–98; 8:45 am]

BILLING CODE 3510–DR–F

DEPARTMENT OF DEFENSE

Office of the Secretary

Proposed Collection; Comment Request

AGENCY: Office of the Under Secretary of Defense (Personnel and Readiness).

ACTION: Notice.

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Under Secretary of Defense (Personnel and Readiness) announces the following proposed reinstatement of a public information collection and seeks public comment on the provisions thereof. Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of burden of the proposed information collection; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the information collection on respondents, including through the use of automated collection techniques or other forms of information technology.

DATES: Consideration will be given to all comments received by August 11, 1998.

ADDRESSES: Written comments and recommendations on the proposed information collection should be sent to the Office of the Under Secretary of Defense (Personnel and Readiness) (Force Management Policy/Military Personnel Policy/Compensation), ATTN: Thomas R. Tower, 4000 Defense Pentagon, Washington, DC 20301–4000.

FOR FURTHER INFORMATION CONTACT: To request more information on this proposed information collection or to obtain a copy of the proposal and associated collection instruments, please write to the above address or call at (703) 693–1059.

Title, Associated Form, and OMB Control Number: Application for Annuity—Certain Military Surviving Spouses, DD Form 2769, OMB 0704–0402.

Needs and Uses: The Defense Authorization Act of Fiscal Year 1998, Public Law 105–85, Section 644, requires the Secretary of Defense to pay an annuity to qualified surviving spouses. The DD Form 2769, ''Application for Annuity—Certain Military Surviving Spouses,'' used in this information collection, provides a vehicle for the surviving spouse to apply for the annuity benefit. The Department will use this information to determine if the applicant is eligible for the annuity benefit and make payment to the surviving spouse. The respondents of this information collection are surviving spouses of each member of the uniformed services who (1) died before March 21, 1974, and was entitled to retired or retainer pay on the date of death or (2) was a member of a reserve component of the Armed Forces during the period beginning on September 21, 1972, and ending on October 1, 1978, and at the time of member's death would have been entitled to retired pay.

Affected Public: Individuals or households.

Annual Burden Hours: 400.

Number of Respondents: 400.

Responses Per Respondent: 1.

Average Burden Per Response: 1 hour.

Frequency: On occasion.

SUPPLEMENTARY INFORMATION:

Summary of Information Collection

The Defense Authorization Act of FY 1998, Public Law 105–85, Section 644, requires the Secretary of Defense to pay an annuity to qualified surviving spouses. As required by the Act, no benefit shall be paid to any person under this section unless an application for such benefit is filed with the Secretary concerned by or on behalf of such person. This information collection is needed to provide a vehicle for the qualified surviving spouse to apply for the annuity benefit. It is also needed to obtain the necessary data so that the Department can determine if the applicant is eligible for the annuity benefit and make payment to the surviving spouse.

Dated: June 8, 1998.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 98–15627 Filed 6–11–98; 8:45 am]

BILLING CODE 5000–04–M

DEPARTMENT OF DEFENSE

GENERAL SERVICES ADMINISTRATION

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[OMB Control No. 9000–0023]

Proposed Collection; Comment Request Entitled Balance of Payments Program Certificate; Correction

AGENCIES: Department of Defense (DOD), General Services Administration (GSA), and National Aeronautics and Space Administration (NASA).

ACTION: Notice of request for comments regarding an extension to an existing OMB clearance (9000–0023).

SUMMARY: The notice document concerning OMB clearance 9000–0023 published on June 2, 1998 (63 FR 29976) contained incomplete information. Therefore, the entire document is reprinted for the convenience of the reader.

DEPARTMENT OF DEFENSE

GENERAL SERVICES ADMINISTRATION

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[OMB Control No. 9000–0023]

Proposed Collection; Comment Request Entitled Balance of Payments Program Certificate; Correction

AGENCIES: Department of Defense (DOD), General Services Administration (GSA), and National Aeronautics and Space Administration (NASA).

ACTION: Notice of request for comments regarding an extension to an existing OMB clearance (9000–0023).

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the Federal

Acquisition Regulation (FAR) Secretariat will be submitting to the Office of Management and Budget (OMB) a request to review and approve an extension of a currently approved information collection requirement concerning Balance of Payments Program Certificate.

DATES: Comments may be submitted on or before August 11, 1998.

FOR FURTHER INFORMATION CONTACT: Paul Linfield, Office of Federal Acquisition Policy, GSA (202) 501–1757.

ADDRESSES: Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: FAR Desk Officer, OMB, Room 10102, NEOB, Washington, DC 20503, and a copy to the General Services Administration, FAR Secretariat (MVRS), 1800 F Street, NW, Room 4035, Washington, DC 20405.

SUPPLEMENTARY INFORMATION:

A. Purpose

Under the Balance of Payments Program, unless specifically exempted by statute or regulation, the Government gives preferences to the acquisition of domestic end products or services, provided that the cost of the domestic items is reasonable. The Balance of Payments Program differs from the Buy American Act in that it applies to acquisitions for use outside the United States.

The contracting officer uses the information to identify which end products or services are domestic, and which are of foreign origin. In order to be considered domestic, the cost of its components mined, produced, or manufactured in the United States must exceed 50 percent of the cost of all its components. Services are considered domestic if 25 percent or less of their total cost are attributable to performance occurring outside the United States. The contracting officer determines reasonableness of cost by applying an evaluation factor of 50 percent. If this procedure results in a tie, the domestic offer shall be considered successful.

B. Annual Reporting Burden

Public reporting burden for this collection of information is estimated to average *.167* hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The annual reporting burden is estimated as follows: Respondents, *1,243;* responses per respondent, *5;* total annual responses, *6,215;* preparation hours per response, *.167;* and total response burden hours, *1,038.*

Obtaining Copies of Proposals

Requester may obtain a copy of the justification from the General Services Administration, FAR Secretariat (MVRS), 1800 F Street, NW, Room 4035, Washington, DC 20405, telephone (202) 501–4755. Please cite OMB Control No. 9000–0023, Balance of Payments Program Certificate, in all correspondence.

Dated: June 6, 1998.

Sharon A. Kiser,

FAR Secretariat.

[FR Doc. 98–15711 Filed 6–11–98; 8:45 am]

BILLING CODE 6820–34–P

DEPARTMENT OF DEFENSE

Office of the Secretary

Privacy Act of 1974; System of Records

AGENCY: Office of the Secretary, DoD.

ACTION: Notice to delete systems of records.

SUMMARY: The Office of the Secretary proposes to delete three systems of records notices from its inventory of records systems subject to the Privacy Act of 1974 (5 U.S.C. 552a), as amended.

DATES: The deletions will be effective on June 12, 1998.

ADDRESSES: Send comments to OSD Privacy Act Coordinator, Records Section, Directives and Records Division, Washington Headquarter Services, Correspondence and Directives, 1155 Defense Pentagon, Washington, DC 20301–1155.

FOR FURTHER INFORMATION CONTACT: Mr. David Bosworth at (703) 695–0970 or DSN 225–0970.

SUPPLEMENTARY INFORMATION: The Office of the Secretary of Defense notices for systems of records subject to the Privacy Act of 1974 (5 U.S.C. 552a), as amended, have been published in the **Federal Register** and are available from the address above.

The proposed action is not within the purview of subsection (r) of the Privacy Act (5 U.S.C. 552a), as amended, which would require the submission of a new or altered system report.

Dated: June 8, 1998.

L. M. BYNUM,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

DELETIONS:

DWHS P09

SYSTEM NAME:

Computer Data Base *(February 22, 1993, 58 FR 10227).*

Reason: These records are covered under the OPM Government-wide system of records notice OPM/GOVT-1, General Personnel Records.

DWHS P39

SYSTEM NAME:

Clerical Merit Promotion File *(February 22, 1993, 58 FR 10227).*

Reason: Records are no longer needed for perform an agency function. Records have been destroyed.

DODDS 25

SYSTEM NAME:

DODDS Internal Review Office Project File *(February 22, 1993, 58 FR 10227).*

Reason: These records are covered under the DoD Inspector General system of records CIG–16, entitled DoD Hotline Program Case Files *(February 22, 1993, 58 FR 10213).*

[FR Doc. 98–15625 Filed 6–11–98; 8:45 am]

BILLING CODE 5000–04–F

DEPARTMENT OF DEFENSE

Department of the Navy

Notice of Intent To Grant Exclusive Patent License; Concord Circuits

AGENCY: Department of the Navy, DOD.

ACTION: Notice.

SUMMARY: The Department of the Navy hereby gives notice of its intent to grant to Concord Circuits, a revocable, nonassignable, exclusive license in the United States to practice the Government owned invention described in U.S. Patent No. 5,274,775 entitled ''Process Control Apparatus for Executing Program Instructions'' in the fields of digital and UNIX/Linex applications.

DATES: Anyone wishing to object to the grant of this license must file written objections along with supporting evidence, if any, not later than August 11, 1998.

ADDRESSES: Written objections are to be filed with the Office of Naval Research, ONR 00CC, Ballston Tower One, 800 North Quincy Street, Arlington, Virginia 22217–5660.

FOR FURTHER INFORMATION CONTACT: Mr. R. J. Erickson, Staff Patent Attorney, Office of Naval Research, ONR 00CC, Ballston Tower One, 800 North Quincy Street, Arlington, Virginia 22217–5660, telephone (703) 696–4001.

(Authority: 35 U.S.C. 207, 37 CFR Part 404)

Dated: June 2, 1998.

Lou Rae Langevin,

LT, JAGC, USN, Alternate Federal Register Liaison Officer.

[FR Doc. 98–15612 Filed 6–11–98; 8:45 am]

BILLING CODE 3810–FF–P

DEPARTMENT OF ENERGY

Golden Field Office; Notice of Solicitation for Financial Assistance Applications; National Industrial Competitiveness Through Energy, Environment and Economics (NICE ^{3})

AGENCY: Golden Field Office, DOE.

ACTION: Notice of solicitation for financial assistance applications for the national industrial competitiveness through energy, environment and economics (NICE ^{3}), DE–PS36–98GO10294.

SUMMARY: The Office of Industrial Technologies of the Department of Energy, Golden Field Office is funding a State Grant Program entitled National Industrial Competitiveness through Energy, Environment and Economics (NICE ^{3}). The goals of the NICE ^{3} Program are to improve energy efficiency, promote cleaner production, and to improve competitiveness in industry. The intent of the NICE ^{3} program is to fund innovative projects that have completed the research and development stage and are ready to demonstrate a fully integrated commercial unit. Some industrial technologies that the NICE ^{3} program has funded follow: SO_3 Cleaning Process in the Manufacture of Semiconductors; Innovative Design of a Brick Kiln Using Low Thermal Mass Technology; Continuously Reform Electroless Nickel Plating Solutions; Fiber Loading for Paper Manufacture; and HCl Acid Recovery System. For the past eight years the NICE ^{3} program has offered 88 grants (approximately $29.3 million) to fund innovative industrial technologies. In 1998 the Department of Energy offered $3.8 million in grants to 10 U.S. companies in 8 states and the Commonwealth of Puerto Rico.

DATES: DOE expects to issue the solicitation on June 15, 1998.

ADDRESSES: To obtain a copy of the solicitation, once issued, eligible parties may write to the U.S. Department of Energy Golden Field Office, Attention: Jim Damm, Contract Specialist, 1617 Cole Boulevard, Golden, Colorado 80401. Facsimiles and electronic mail are acceptable and can be transmitted to(303) 275–4788 or jim__damm@nrel.gov. Beginning June 15, 1998, applicants are encouraged to obtain an electronic copy through the Golden Field Office Home Page at http://www.eren.doe.gov/golden/solicitions.htm. Only written requests for the solicitation will be honored.

FOR FURTHER INFORMATION CONTACT: Jim Damm, Contract Specialist at 303–275–4744 or Eric Hass at 303–275–4728.

SUPPLEMENTARY INFORMATION:

Restricted Eligibility

Eligible applicants for purposes of funding under the program include any authorized agency of the 50 States, the District of Columbia, the U.S. Virgin Islands, the Commonwealth of Puerto Rico, and any territory or possession of the United States. For convenience, the term State in this notice refers to all eligible State agency applicants. Local governments, State and private universities, private non-profits, private businesses and individuals, who are not eligible as direct applicants, must work with the appropriate State agencies in developing projects and forming participation arrangements. DOE requires these types of cooperative arrangements in support of program goals. The Catalog of Federal Domestic Assistance number assigned to this program is 81.105. Cost sharing is required by all participants. The Federal Government will provide up to 50 percent of the funds for the project. The remaining funds must be provided by the eligible applicants and/or cooperating project participants. Cost sharing, by industry/State partners, beyond the 50 percent required match is desirable. In addition to direct financial contributions, cost sharing can include beneficial services or items, such as manpower, equipment, consultants and computer time that are allowable in accordance with applicable cost principles. The inclusion of industrial partners is required for a proposal to be considered responsive to the solicitation to be eligible for grant consideration. A State agency application signed by an authorized State official is required for a proposal to be responsive.

Availability of Funds in FY 1999

With this publication, DOE is announcing the availability of up to $6 million in grant/cooperative agreement funds for fiscal year 1999. The awards will be made through a competitive process. In response to the solicitation, a State agency may include up to 10 percent, not to exceed $25,000 per project, for State agency program support. The Federal share of grants including State agency program support may range up to $425,000 with a maximum of $400,000 for the industrial partner. Projects may cover a period of up to 3 years. DOE reserves the right to fund, in whole or in part, any, all, or none of the proposals submitted in response to this notice.

Issued in Golden, Colorado, on June 5, 1998.

Dated: June 4, 1998.

John W. Meeker,

Chief, Procurement, GO.

[FR Doc. 98–15721 Filed 6–11–98; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP98–571–000]

ANR Pipeline Company; Notice of Application

June 8, 1998.

Take notice that on May 29, 1998, as clarified on June 4, 1998, ANR Pipeline Company (ANR), 500 Renaissance Center, Detroit, Michigan 48243, filed in Docket No. CP98–571–000 an abbreviated application pursuant to Section 7(b) of the Natural Gas Act and Sections 157.7 and 157.18 of the Commission's Regulations to abandon a firm natural gas transportation service for Texas Gas Transmission Corporation (Texas Gas) performed under ANR's Rate Schedule X–63, all as more fully set forth in the application which is on file with the Commission and open to public inspection.

ANR states that the transportation service was originally authorized by the Commission in an order issued January 13, 1977 in Docket No. CP75–125–000, and involved the transportation by ANR on a firm basis of up to 196,640 Mcf per day from West Cameron Area Block 167 in offshore Louisiana, to a point of interconnection with Texas Gas' pipeline facilities in Acadia Parish, Louisiana and/or up to 100,000 Mcf per day to an interconnection with Texas Gas at Cameron Parish, Louisiana.

No facilities are proposed to be abandoned, and ANR requests an effective date of June 15, 1998 for the abandonment authorization.

Any person desiring to be heard or to make any protest with reference to said application should on or before June 29,

1998, file with the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, a motion to intervene or a protest in accordance with the requirements of the Commission's Rules of Practice and Procedure (18 CFR 385.214 or 385.211) and the Regulations under the Natural Gas Act (18 CFR 157.10). All protests filed with the Commission will be considered by it in determining the appropriate action to be taken but will not serve to make the protestants parties to the proceeding. Any person wishing to become a party to a proceeding or to participate as a party in any hearing therein must file a motion to intervene in accordance with the Commission's Rules.

Take further notice that, pursuant to the authority contained in and subject to the jurisdiction conferred upon the Federal Energy Regulatory Commission by Sections 7 and 15 of the Natural Gas Act and the Commission's Rules of Practice and Procedure, a hearing will be held without further notice before the Commission or its designee on this application if no motion to intervene is filed within the time required herein, if the Commission on its own review of the matter finds that permission and approval for the proposed abandonment are required by the public convenience and necessity. If a motion for leave to intervene is timely filed, or if the Commission on its own motion believes that a formal hearing is required, further notice of such hearing will be duly given.

Under the procedure herein provided for, unless otherwise advised, it will be unnecessary for ANR to appear or be represented at the hearing.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–15662 Filed 6–11–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP98–91–006]

CNG Transmission Corporation; Notice of Tariff Compliance Filing

June 8, 1998.

Take notice that on June 3, 1998, CNG Transmission Corporation tendered for filing as part of its FERC Gas Tariff, Second Revised Volume No. 1, 2nd Substitute Second Revised Sheet No. 361A, with a proposed effective date of June 15, 1998.

CNG states that this filing is being made pursuant to a conversation with FERC staff regarding the correct pagination of ''duplicately numbered'' tariff sheet from CNG's May 29, 1998 compliance filing in Docket No. RP98–91, *et al.* CNG proposes no substantive revision to the content of these tariff sheets, other than that which was reflected in CNG's May 29 compliance filing.

CNG respectfully requests a waiver of Section 154.207 of the Commission's Regulations, so that its proposed repagination tariff sheet may become effective June 15, 1998, CNG submits that good cause exists to permit this limited waiver, because CNG is merely complying with the Commission's January 14, 1998 Order in this docket.

CNG states that copies of its filing has been mailed to CNG's customers and interested state commissions.

Any person desiring to protest this filing should file a protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Section 385.211 of the Commission's Rules and Regulations. All such protests must be filed as provided in Section 154.210 of the Commission's Regulations. 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 proceedings. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–15672 Filed 6–11–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP98–234–001]

CNG Transmission Corporation; Notice of Tariff Filing

June 8, 1998.

Take notice that on June 3, 1998 CNG Transmission Corporation (CNG) tendered for filing as part of its FERC Gas Tariff, Second Revised Volume No. 1, the following tariff sheets, with a proposed effective date of June 15, 1998:

Third Revised Sheet No. 361A

CNG states that the filing is being made pursuant to a conversation with FERC staff regarding the correct pagination of ''duplicately numbered'' tariff sheet from CNG's May 29, 1998 compliance filing in Docket No. RP98–234. CNG proposes no substantive revision to the content of these tariff sheets, other than that which was reflected in CNG's May compliance filing.

CNG respectfully requests a waiver of Section 154.207 of the Commission's Regulations, so that its proposed repagination tariff sheet may become effective June 15, 1998. CNG submits that good cause exists to permit this limited waiver, because CNG is not making any substantive changes to its May 29 filing.

CNG state that copies of its filing has been mailed to CNG's customers and interested state commissions.

Any person desiring to protest this filing should file a protest with the Federal Energy Regulatory Commission, 888 First Street, N.W., Washington, D.C. 20426, in accordance with Section 385.211 of the Commission's Rules and Regulations. All such protests must be filed as provided in Section 154.210 of the Commission's Regulations. 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 proceedings. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–15674 Filed 6–11–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP98–584–000]

Columbia Gas Transmission Corporation; Notice of Application

June 8, 1998.

Take notice that on June 2, 1998, Columbia Gas Transmission Corporation (CGT), 12801 Fairlakes Parkway, Fairfax, Virginia 22030–0146, filed in Docket No. CP98–584–000 an application, pursuant to Sections 7(b) and 7(c) of the Natural Gas Act, for a certificate of public convenience and necessity authorizing replacement of certain natural gas facilities and abandonment of the facilities being replaced, all as more fully set forth in the application which is on file with the Commission and open to public inspection.

CGT seeks to construct and operate approximately 0.25 miles of 4-inch diameter fuel gas line and appurtenances and abandon the 0.25 miles of 6-inch and 4-inch storage

pipeline and appurtenances being replaced. The facilities being replaced and abandoned are designated as Columbia's Line 9369 all located in Schuyler County, New York. CGT states that the purpose of this replacement and abandonment is due to physically deteriorating and aging pipeline.

Any person desiring to participate in the hearing process or to make any protest with reference to said application should on or before June 29, 1998, file with the Federal Energy Regulatory Commission, Washington, DC 20426, a motion to intervene or a protest in accordance with the requirements of the Commission's Rules of Practice and Procedure (18 CFR 385.214 or 385.211) and the Regulations under the Natural Gas Act (18 CFR 157.10). All protests filed with the Commission will be considered by it in determining the appropriate action to be taken but will not serve to make the protestants parties to the proceeding. The Commission's rules require that protestors provide copies of their protests to the party or person to whom the protests are directed. Any person wishing to become a party to a proceeding or to participate as a party in any hearing therein must file a motion to intervene in accordance with the Commission's Rules.

A person obtaining intervenor status will be placed on the service list maintained by the Secretary of the Commission and will receive copies of all documents issued by the Commission, filed by the applicant, or filed by other intervenors. An intervenor can file for rehearing of any Commission order and can petition for court review of any such order. However, an intervenor must submit copies of comments or any other filing it makes with the Commission to every other intervenor in the proceeding, as well as filing an original and 14 copies with the Commission.

A person does not have to intervene, however, in order to have comments considered. A person, instead, may submit two copies of such comments to the Secretary of the Commission. Commenters will be placed on the Commission's environmental mailing list, will receive copies of environmental documents, and will be able to participate in meetings associated with the Commission's environmental review process. Commenters will not be required to serve copies of filed documents on all other parties. However, Commenters will not receive copies of all documents filed by other parties or issued by the Commission and will not have the right to seek rehearing or appeal the Commission's final order to a Federal court.

The Commission will consider all comments and concerns equally, whether filed by Commenters or those requesting intervenor status.

Take further notice that, pursuant to the authority contained in and subject to the jurisdiction conferred upon the Federal Energy Regulatory Commission by Sections 7 and 15 of the Natural Gas Act and the Commission's Rules of Practice and Procedure, a hearing will be held without further notice before the Commission or its designee on this application if no motion to intervene is filed within the time required herein, if the Commission on its own review of the matter finds that a grant of the certificate is required by the public convenience and necessity. If a motion for leave to intervene is timely filed, or if the Commission on its own motion believes that a formal hearing is required, further notice of such hearing will be duly given.

Under the procedure herein provided for, unless otherwise advised, it will be unnecessary for CGT to appear or be represented at the hearing.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–15666 Filed 6–11–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. ID–3179–000]

Junona A. Jones; Notice of Filing

June 8, 1998.

Take notice that on April 13, 1998, Junona A. Jones (Applicant) tendered for filing an application under section 305(b) of the Federal Power Act to hold the following positions:

Vice President—Pacific Gas & Electric Gas & Electric Supply

Governor—California Power Exchange Corporation

Any person desiring to be heard or to protest said filing should file a motion to intervene or 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 and 18 CFR 385.214). All such motions or protests should be filed on or before June 19, 1998. 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 motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–15660 Filed 6–11–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP98–557–000]

Koch Gateway Pipeline Company; Notice of Application

June 8, 1998.

Take notice that on May 15, 1998, Koch Gateway Pipeline Company (Koch Gateway), Post Office Box 1478, filed in Docket No. CP98–557–000, an application pursuant to Section 7(b) of the Natural Gas Act (NGA) for authorization and approval to abandon an obsolete natural gas transportation service for Mississippi Valley Gas Company (MVG) all as more fully set forth in the application on file with the Federal Energy Commission (Commission) and open to public inspection.

Koch Gateway proposes to abandon an obsolete transportation service formally provided to MVG pursuant to Koch Gateway's Rate Schedule X–105. Koch Gateway states that MVG concurs with the proposed abandonment and that no facilities are proposed to be abandoned.

Any person desiring to be heard or to make any protest with reference to said application should on or before June 29, 1998, file with the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, a motion to intervene or a protest in accordance with the requirements of the Commission's Rules of Practice and Procedure (18 CFR 385.214 or 385.211) and the Regulations under the NGA (18 CFR 157.10). All protests filed with the Commission will be considered by it in determining the appropriate action to be taken but will not serve to make the Protestants parties to the proceeding. Any person wishing to become a party to a proceeding or to participate as a party in any hearing therein must file a motion to intervene in accordance with the Commission's Rules.

Take further notice that, pursuant to the authority contained in and subject to the jurisdiction conferred upon the Federal Energy Regulatory Commission

by Sections 7 and 15 of the NGA and the Commission's Rules of Practice and Procedure, a hearing will be held without further notice before the Commission or its designee on this application if no motion to intervene is filed within the time required herein, if the Commission on its own review of the matter finds that a grant of the certificate is required by the public convenience and necessity. If a motion for leave to intervene is timely filed, or if the Commission on its own motion believes that a formal hearing is required, further notice of such hearing will be duly given.

Under the procedure herein provided for, unless otherwise advised, it will be unnecessary for Koch Gateway to appear or be represented at the hearing.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–15661 Filed 6–11–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP98–578–000]

MIGC, Inc.; Notice of Request Under Blanket Authorization

June 8, 1998.

Take notice that on June 1, 1998, MIGC, Inc. (MIGC), 12200 North Pecos Street, Suite 230, Denver, Colorado 80234, filed in Docket No. CP98–578–000 a request pursuant to Sections 157.205 and 157.216 of the Commission's Regulations under the Natural Gas Act (18 CFR 157.205 and 157.216) for permission and approval to abandon, by removal, the 1,215 horsepower Nortex Compressor located in Converse County, Wyoming. MIGC makes such request under its blanket certificate issued in Docket No. CP82–409–000 pursuant to Section 7 of the Natural Gas Act, all as more fully set forth in the request on file with the Commission and open to public inspection.

MIGC states that the Nortex Compressor was installed in 1991 in conjunction with the installation of a sales lateral to serve an oil field engaged in a gas repressurization campaign. It is averred that repressurization operations require high volumes of gas during the initial phase of operations in order to pressure up the reservoir, and the during the first year of operation, an average of 30,750 Mcf of natural gas daily was compressed by the Nortex Compressor and flowed on the sales lateral. MIGC indicates that subsequent to the initial phase of the operations, deliveries declined as less and less gas was required to maintain the pressure in the oil field. It is further stated that concurrent with the decline in volumes on the sales lateral, volumes on MIGC's mainline have steadily increased which has resulted in an increase in mainline pressure. MIGC firmly states that the net results of the decrease in volumes flowing on the sales lateral and the increase in pressures on the MIGC mainline is that the Nortex Compressor is not longer necessary to provide sufficient pressure for gas to flow on the sales lateral.

It is stated that this abandonment will not affect MIGC's ability to perform jurisdictional services, nor will it disrupt the flow of production into the MIGC system. MIGC therefore states its intent to move the Nortex Compressor to a new location on its system where it can be better utilized to serve system operations.

MIGC is a wholly-owned subsidiary of Western Gas Resources, Inc. (Western). Western has title to all of the gas flowing into the sales lateral which has historically been served by the Nortex Compressor, and Western has consented to MIGC's proposal to abandon the Nortex Compressor.

Any person or the Commission's staff may, within 45 days after issuance of the instant notice by the Commission, file pursuant to Rule 214 of the Commission's Procedural Rules (18 CFR 385.214) a Motion to intervene or notice of intervention and pursuant to Section 157.205 of the Regulations under the Natural Gas Act (18 CFR 157.205) a protest to the request. If no protest is filed within the time allowed therefor, the proposed activity shall be deemed to be authorized effective the day after the time allowed for filing a protest. If a protest is filed and not withdrawn within 30 days after the time allowed for filing a protest, the instant request shall be treated as an application for authorization pursuant to Section 7 of the Natural Gas Act.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–15664 Filed 6–11–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. GP98–36–000]

Joyce A. Mims, Robert E. Mims, et al.; Notice of Petition for Dispute Resolution

June 8, 1998.

Take notice that, on June 2, 1998, Joyce A. Mims, Robert E. Mims, Barbara J. Wilson, Inc., the Estate of Barbara J. Wilson, Rings of Saturn, Inc., Kerry L. Carlson (successor-in-interest to Robert P. Wilson, Jr. and Janet J. Wilson, now Janet Wilson Edwards) (collectively: Applicants) filed a petition requesting the Commission to resolve any potential dispute they have with Panhandle Eastern Pipe Line Company (Panhandle) as to whether Applicants owe Panhandle any Kansas ad valorem tax refunds. Applicants request that the Commission find that they have no Kansas ad valorem tax refund liability to Panhandle for the period from 1983 to 1988, based on a November 1, 1989 Settlement Agreement between Applicants and Panhandle (1989 Settlement). Applicants' petition is on file with the Commission and open to public inspection.

The Commission, by order issued September 10, 1997, in Docket No. RP97–369–000 *et al.*,[1] on remand from the D.C. Circuit Court of Appeals,[2] required first sellers to refund the Kansas ad valorem tax reimbursements to the pipelines, with interest, for the period from 1983 to 1988. In its January 28, 1998 Order Clarifying Procedures [82 FERC ¶ 61,059 (1998)], the Commission stated that producers (i.e., first sellers) could file dispute resolution requests with the Commission, asking the Commission to resolve the dispute with the pipeline over the amount of Kansas ad valorem tax refunds owed.

Applicants state that Panhandle has attempted to collect Kansas ad valorem tax refunds from them for the period from 1983 to 1988. Applicants contend that these efforts are a breach of their 1989 Settlement with Panhandle, because the 1989 Settlement released Applicants and Panhandle from all claims against each other relating to Applicants' various gas purchase contracts with Panhandle. Applicants

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[1] See 80 FERC ¶ 61.264 (1997); order denying reh'g issued January 28, 1998, 82 FERC ¶ 61,058 (1998).

[2] *Public Service Company of Colorado* v. *FERC*, 91 F.3d 1478 (D.C. 1996), cert. denied, Nos. 96–954 and 96–1230 (65 U.S.L.W. 3751 and 3754, May 12, 1997).

also state that they have placed the principal and interest involved into an escrow account, and request that, if necessary, the Commission authorize Applicants to place these sums into the escrow account, pending resolution of their dispute with Panhandle. Applicants also request that the Commission establish a briefing schedule so that Applicants can fully advise the Commission of their position.

Any person desiring to comment on or make any protest with respect to the above-referenced petition should, on or before June 29, 1998, file with the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, a motion to intervene or protest in accordance with the requirements of the Commission's Rules of Practice and Procedure (18 CFR 385.214 or 385.211). All protests filed with Commission will be considered by it in determining the appropriate action to be taken, but will not serve to make the protestants parties to the proceeding. Any person wishing to become a party to the proceeding, or to participate as a party in any hearing therein, must file a motion to intervene in accordance with the Commission's Rules.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–15667 Filed 6–11–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP98–579–000]

Natural Gas Pipeline Company of America; Notice of Application

June 8, 1998.

Take notice that on June 1, 1998, Natural Gas Pipeline Company of America (Natural), 747 East 22nd Street, Lombard, Illinois 60148, filed in Docket No. CP98–579–000 an application pursuant to Section 7(b) of the Natural Gas Act for permission and approval to abandon, by sale to Timberland Gathering & Processing Company, Inc. (Timberland), a Texas corporation, certain certificated facilities located near the town of Hooker, Texas County, Oklahoma. Natural proposes to abandon approximately 3.64 miles of Natural's 26-inch Hooker Lateral, a meter station consisting of four 10-inch meters, a 12-inch check meter, and approximately 4,748 feet of 20-inch line, all as more fully set forth in the application on file with the Commission and open to public inspection.

Natural states that the 3.64-mile segment of pipe is located at the western end of the Hooker Lateral. It is further stated that all of the other facilities proposed to be abandoned are, in turn, near the western end of the 3.64-mile segment. Natural indicates that Timberland proposes to cut the 3.64-mile segment away from the Hooker Lateral and then to interconnect it with another existing line owned by Timberland. It is averred that the 3.64-mile segment, in conjunction with the other line, will then be used to move unprocessed gas from the Hooker Gathering System to Timberland's Tyrone Processing Plant which is about 13.25 miles north of the Hooker Lateral. Natural states that based on the facts presented in this proceeding, that it requests that the Commission find that all of the facilities will be non-jurisdictional, following their abandonment and transfer to Timberland.

Any person desiring to be heard or to make any protest with reference to said application should on or before June 29, 1998, file with the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, a motion to intervene or a protest in accordance with the requirements of the Commission's Rules of Practice and Procedure (18 CFR 385.214 or 385.211) and the Regulations under the Natural Gas Act (18 CFR 157.10). All protests filed with the Commission will be considered by it in determining the appropriate action to be taken but will not serve to make the protestants parties to the proceeding. Any person wishing to become a party to a proceeding or to participate as a party in any hearing therein must file a motion to intervene in accordance with the Commission's Rules.

Take further notice that, pursuant to the authority contained in and subject to the jurisdiction conferred upon the Federal Energy Regulatory Commission by Sections 7 and 15 of the Natural Gas Act and the Commission's Rules of Practice and Procedure, a hearing will be held without further notice before the Commission or its designee on this application if no motion to intervene is filed within the time required herein, if the Commission on its own review of the matter finds that permission and approval for the proposed abandonment are required by the public convenience and necessity. If a motion for leave to intervene is timely filed, or if the Commission on its own motion believes that a formal hearing is required, further notice of such hearing will be duly given.

Under the procedure herein provided for, unless otherwise advised, it will be unnecessary for Natural to appear or be represented at the hearing.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–15665 Filed 6–11–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. GT98–48–000]

Natural Gas Pipeline Company of America; Notice of Proposed Changes in FERC Gas Tariff

June 8, 1998.

Take notice that on June 3, 1998, Natural Gas Pipeline Company of America (Natural) tendered for filing Title Pages as part of its FERC Gas Tariff, Sixth Revised Volume No. 1 and Second Revised Volume No. 2, to be effective July 3, 1998.

Natural states that the purpose of the filing is to reflect an address change and a name change regarding the contact person and the contact person's telephone and facsimile numbers.

Natural requested waiver of the Federal Energy Regulatory Commission's (Commission) Regulations to the extent necessary to permit the tendered Title Pages to become effective July 3, 1998, thirty (30) days from the date of the filing.

Natural states that copies of the filing are being mailed to Natural's customers and interested state regulatory agencies.

Any person desiring to be heard or to protest this filing should file a motion to intervene or a protest with the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, in accordance with Sections 385.214 and 385.211 of the Commission's Rules and Regulations. All such motions or protests must be filed as provided in Section 154.210 of the Commission's Regulations. 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 proceedings. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–15669 Filed 6–11–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket Nos. RP98–203–000 and RP98–203–001]

Northern Natural Gas Company; Notice of Technical Conference

June 8, 1988.

In the Commission's order issued on May 28, 1998, in the above referenced proceeding, the Commission directed that a technical conference be held to address issues raised by the filing.

Take notice that the technical conference will be held on Tuesday, June 16, 1998, at 10:00 a.m., in a room to be designated at the offices of the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426.

All interested parties and staff are permitted to attend.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–15673 Filed 6–11–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP97–177–008]

Steuben Gas Storage Company; Notice of Request for Further Extension of Time To Implement Business Standards

June 8, 1998.

Take notice that on May 14, 1998, Steuben Gas Storage Company (Steuben), filed a request for an indefinite extension of time to implement the electronic communications and Internet transaction requirements of the Commission's Order Nos. 587–B, 587–C and 587–G (Gas Industry Standards Board Standards 4.3.1 to 4.3.4).

Steuben states that a copy of this request has been sent to each person on the official service list.

Any person desiring to protest this filing should file a protest with the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, in accordance with Section 385.211 of the Commission's Rules and Regulations. All such protests must be file on before June 15, 1998. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not service to make protestants parties to the proceedings. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–15650 Filed 6–11–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. GT98–50–000]

Stingray Pipeline Company; Notice of Proposed Changes in FERC Gas Tariff

June 8, 1998.

Take notice that on June 3, 1998, Stingray Pipeline Company (Stingray) tendered for filing Title Page as part of its FERC Gas Tariff, Third Revised Volume No. 1, to be effective July 3, 1998.

Stingray states that the purpose of the filing is to reflect an address change and a name change regarding the contact person and the contact person's telephone and facsimile numbers.

Stingray requested waiver of the Federal Energy Regulatory Commission's (Commission) Regulations to the extent necessary to permit the tendered Title Page to become effective July 3, 1998, thirty (30) days from the date of the filing.

Stingray states that copies of the filing are being mailed to Stingray's customers and interested state regulatory agencies.

Any person desiring to be heard or to protest this filing should file a motion to intervene or a protest with the Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426, in accordance with Sections 385.214 and 385.211 of the Commission's Regulations. 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 proceedings. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–15671 Filed 6–11–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. GT98–49–000]

Trailblazer Pipeline Company; Notice of Proposed Changes in FERC Gas Tariff

June 8, 1998.

Take notice that on June 3, 1998, Trailblazer Pipeline Company (Trailblazer) tendered for filing Title Page as part of its FERC Gas Tariff, Third Revised Volume No. 1, to be effective July 3, 1998.

Trailblazer states that the purpose of the filing is to reflect an address change and a name change regarding the contact person and the contact person's telephone and facsimile numbers.

Trailblazer requested waiver of the Federal Energy Regulatory Commission's (Commission) Regulations to the extent necessary to permit the tendered Title Page to become effective July 3, 1998, thirty (30) days from the date of the filing.

Trailblazer states that copies of the filing are being mailed to Trailblazer's customers and interested state regulatory agencies.

Any person desiring to be heard or to protest this filing should file a motion to intervene or a protest with the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, in accordance with Sections 385.214 and 385.211 of the Commission's Rules and Regulations. All such motions or protests must be filed as provided in Section 154.210 of the Commission's Regulations. 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 proceedings. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–15670 Filed 6–11–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP98–576–000]

Williams Gas Pipelines Central, Inc.; Notice of Request Under Blanket Authorization

June 8, 1998.

Take notice that on May 29, 1998, Williams Gas Pipelines Central, Inc. (Williams), P.O. Box 3288, Tulsa, Oklahoma 74101, filed in Docket No. CP98–576–000 a request pursuant to Section 157.205 of the Commission's Regulations under the Natural Gas Act (18 CFR 157.205) to abandon, by sale, certain facilities in Woods County, Oklahoma, under William's blanket certificates issued in Docket No. CP82–474–000 pursuant to Section 7 of the Natural Gas Act, all as more fully set forth in the request which is on file with the Commission and open to public inspection.

Williams states that it would abandon by sale to Sigma-Level-Aurora Joint Venture, L.L.C. dba Aurora Field Services, L.L.C. (Aurora) approximately 5.2 miles of the 8-inch Waynoka lateral pipeline.

No service, it is said, would be abandoned as a result of the proposal.

Any person or the Commission's staff may, within 45 days after issuance of the instant notice by the Commission, file pursuant to Rule 214 of the Commission's Procedural Rules (18 CFR 385.214) a motion to intervene or notice of intervention and pursuant to Section 157.205 of the Regulations under the Natural Gas Act (18 CFR 157.205) a protest to the request. If no protest is filed within the time allowed therefor, the proposed activity shall be deemed to be authorized effective the day after the time allowed for filing a protest. If a protest is filed and not withdrawn within 30 days after the time allowed for filing a protest, the instant request shall be treated as an application for authorization pursuant to Section 7 of the Natural Gas Act.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–15663 Filed 6–11–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. EG98–83–000, et al.]

El Dorado Energy, LLC, et al.; Electric Rate and Corporate Regulation Filings

June 4, 1998.

Take notice that the following filings have been made with the Commission:

1. El Dorado Energy, LLC

[Docket No. EG98–83–000]

Take notice that on June 1, 1998, El Dorado Energy, LLC (Applicant), with its principal offices at 1111 Louisiana, 16th Floor, Houston, Texas, 77002, and 101 Ash Street, San Diego, California, 92101, filed with the Federal Energy Regulatory Commission (the Commission) an application for determination of exempt wholesale generator status pursuant to Part 365 of the Commission's Regulations. Applicant states that it will be engaged directly, or indirectly through one or more affiliates, as defined in Section 2(a)(11)(B) of PUHCA, and exclusively in the business of owning and or/operating, an undivided interest in an eligible facility and selling electric energy at wholesale.

Applicant is a limited liability company that is constructing and will own a 492–MW generating plant near Boulder City, Nevada.

Comment date: June 24, 1998, in accordance with Standard Paragraph E at the end of this notice. The Commission will limit its consideration of comments to those that concern the adequacy or accuracy of the application.

2. Northern States Power Company (Minnesota), Northern States Power Company (Wisconsin)

[Docket No. ER98–1890–003, Docket No. ER98–2060–003]

Take notice that on June 1, 1998, Northern States Power Company (Minnesota) and Northern States Power Company (Wisconsin) (together NSP), submitted for filing its compliance filing in compliance with the Commission's Order of April 30, 1998 in this proceeding.

Comment date: June 19, 1998, in accordance with Standard Paragraph E at the end of this notice.

3. Oklahoma Gas and Electric Company

[Docket No. ER98–2990–000]

Take notice that on June 3, 1998, Oklahoma Gas and Electric Company (OG&E), tendered for filing an amended filing of its May 13, 1998, filing of service agreements for parties to take service under its short-term power sales agreement.

Copies of this filing have been served on each of the affected parties, the Oklahoma Corporation Commission and the Arkansas Public Service Commission.

Comment date: June 23, 1998, in accordance with Standard Paragraph E at the end of this notice.

4. Louisville Gas And Electric Company

[Docket No. ER98–3189–000]

Take notice that on June 2, 1998, Louisville Gas and Electric Company (LG&E), tendered for filing an unexecuted Purchase and Sales Agreement between LG&E and ConAgra Energy Services, Inc., under LG&E's Rate Schedule GSS.

Comment date: June 22, 1998, in accordance with Standard Paragraph E at the end of this notice.

5. Louisville Gas And Electric Company

[Docket No. ER98–3190–000]

Take notice that on June 2, 1998, Louisville Gas and Electric Company (LG&E), tendered for filing an unexecuted Purchase and Sales Agreement between LG&E and DuPont Power Marketing, Inc., under LG&E's Rate Schedule GSS.

Comment date: June 22, 1998, in accordance with Standard Paragraph E at the end of this notice.

6. Upper Peninsula Power Company

[Docket No. ER98–3191–000]

Take notice that on June 3, 1998, Upper Peninsula Power Company (UPPCO), tendered for filing a Service Agreement for Non-Firm Point-to-Point Transmission service under its open access transmission service tariff for service to AYP Energy, Inc. UPPCO proposes to make the service agreement effective as of July 19, 1998.

Comment date: June 23, 1998, in accordance with Standard Paragraph E at the end of this notice.

7. Minnesota Power & Light Company

[Docket No. ER98–3192–000]

Take notice that on June 2, 1998, Minnesota Power & Light Company tendered for filing signed Non-Firm and Short-term Firm Point-to-Point Transmission Service Agreements with Powerex (British Columbia Power Exchange Corporation) under its Non-Firm Point-to-Point Transmission Service to satisfy its filing requirements under this tariff.

Comment date: June 22, 1998, in accordance with Standard Paragraph E at the end of this notice.

8. Western Resources, Inc.

[Docket No. ER98–3193–000]

Take notice that on June 2, 1998, Western Resources, Inc., (Western Resources), tendered for filing two agreements between Western Resources and Chillicothe Municipal Utilities, and Western Resources and The Board of Municipal Utilities of Sikeston, Missouri. Western Resources states that the purpose of the agreements is to permit the customers to take service under Western Resources' market-based power sales tariff on file with the Commission. The agreements are proposed to become effective May 5, 1998 and May 18, 1998, respectively.

Copies of the filing were served upon Chillicothe Municipal Utilities, The Board of Municipal Utilities of Sikeston, Missouri, and the Kansas Corporation Commission.

Comment date: June 22, 1998, in accordance with Standard Paragraph E at the end of this notice.

9. Cinergy Services, Inc.

[Docket No. ER98–3194–000]

Take notice that on June 2, 1998, Cinergy Services, Inc. (Cinergy), tendered for filing a service agreement under Cinergy's Open Access Transmission Service Tariff entered into between Cinergy and Detroit Edison Company (DEC).

Cinergy and DEC are requesting an effective date of May 19, 1998.

Comment date: June 22, 1998, in accordance with Standard Paragraph E at the end of this notice.

10. New England Power Company

[Docket No. ER98–3195–000]

Take notice that on June 2, 1998, New England Power Company (NEP), filed an amendment to Network Integration Service Agreement No. 89 with Green Mountain Power Corporation under NEP's open access transmission service, FERC Electric Tariff, Original Volume No. 9.

Comment date: June 22, 1998, in accordance with Standard Paragraph E at the end of this notice.

11. Northern States Power Company (Minnesota), Northern States Power Company (Wisconsin)

[Docket No. ER98–3196–000]

Take notice that on June 2, 1998, Northern States Power Company (Minnesota) and Northern States Power Company (Wisconsin) (jointly NSP), tendered for filing three Firm Point-to-Point Transmission Service Agreements between NSP and NSP Wholesale.

NSP requests that the Commission accept the agreements effective May 1, 1998, and requests waiver of the Commission's notice requirements in order for the agreement to be accepted for filing on the date requested.

Comment date: June 22, 1998, in accordance with Standard Paragraph E at the end of this notice.

12. Commonwealth Edison Company

[Docket No. ER98–3197–000]

Take notice that on June 3, 1998, Commonwealth Edison Company (ComEd), submitted for filing one Short-Term Firm Service Agreement establishing Central Illinois Light Company (CIL), as a customer under the terms of ComEd's Open Access Transmission Tariff (OATT).

ComEd requests an effective date of August 1, 1998, for the service agreements, and accordingly seeks waiver of the Commission's notice requirements.

Copies of this filing were served on CIL, and the Illinois Commerce Commission.

Comment date: June 23, 1998, in accordance with Standard Paragraph E at the end of this notice.

13. Minnesota Power & Light Company

[Docket No. ER98–3198–000]

Take notice that on June 3, 1998, Minnesota Power & Light Company tendered for filing a signed Non-Firm Point-to-Point Transmission Service Agreement with Entergy Power Marketing Corp., under its Non-Firm Point-to-Point Transmission Service to satisfy its filing requirements under this tariff.

Comment date: June 23, 1998, in accordance with Standard Paragraph E at the end of this notice.

14. PacifiCorp

[Docket No. ER98–3199–000]

Take notice that on June 3, 1998, PacifiCorp, tendered for filing in accordance with 18 CFR 35 of the Commission's Rules and Regulations, Umbrella Service Agreements with City of Mesa, Arizona (Mesa); Morenci Water & Electric Co. (Morenci); Nautilus Energy Company, LLC (Nautilus); and New Energy Ventures, L.L.C. (New Energy), under PacifiCorp's FERC Electric Tariff, First Revised Volume No. 12.

Copies of this filing were supplied to the Public Utility Commission of Oregon and the Washington Utilities and Transportation Commission.

Comment date: June 23, 1998, in accordance with Standard Paragraph E at the end of this notice.

15. Western Resources, Inc.

[Docket No. ER98–3200–000]

Take notice that on June 3, 1998, Western Resources, Inc. (Western Resources), tendered for filing two agreements between Western Resources and Commonwealth Edison, and Western Resources and Rainbow Energy Marketing Corporation. Western Resources states that the purpose of the agreements is to permit the customers to take service under Western Resources' Market-Based Power Sales Tariff on file with the Commission. The agreements are proposed to become effective May 15, 1998 and May 18, 1998, respectively.

Copies of the filing were served upon Commonwealth Edison, Rainbow Energy Marketing Corporation, and the Kansas Corporation Commission.

Comment date: June 23, 1998, in accordance with Standard Paragraph E at the end of this notice.

16. Northern States Power Company (Minnesota), Northern States Power Company (Wisconsin)

[Docket No. ER98–3201–000]

Take notice that on June 3, 1998, Northern States Power Company (Minnesota) and Northern States Power Company (Wisconsin) (jointly NSP), tendered for filing a Non-Firm Point-to-Point Transmission Service Agreement between NSP and Entergy Power Marketing Corp.

NSP requests that the Commission accept both the agreements effective May 8, 1998, and requests waiver of the Commission's notice requirements in order for the agreements to be accepted for filing on the date requested.

Comment date: June 23, 1998, in accordance with Standard Paragraph E at the end of this notice.

17. Florida Power Corporation

[Docket No. ER98–3206–000]

Take notice that on June 3, 1998, Florida Power Corporation (FPC), tendered for filing a Service Agreement between FPC and Seminole Electric Cooperative, Inc., dated May 21, 1998, pursuant to FPC's Cost-Based Wholesale Power Sales Tariff (CR–1), FERC Electric Tariff No. 9. FPC requests an effective date of May 21, 1998, for the Service Agreement.

Comment date: June 23, 1998, in accordance with Standard Paragraph E at the end of this notice.

18. Montaup Electric Company

[Docket No. ER98–3207–000]

Take notice that on June 3, 1998, Montaup Electric Company (Montaup), tendered for filing addenda to the

Standard Offer Service Agreements between Montaup and its two retail affiliates doing business in Rhode Island, Blackstone Valley Electric Company and Newport Electric Corporation, and between Montaup and its retail affiliate doing business in the Commonwealth of Massachusetts, Eastern Edison Company. Montaup requests that the addenda for Blackstone and Newport be accepted and allowed to be made effective as of January 1, 1998, and that the addendum for Eastern be accepted and allowed to be made effective as of March 1, 1998, *i.e.*, the respective Retail Access Date for each of these companies under Montaup's restructuring settlement filed in Docket Nos. ER97–2800 *et al.*

Copies of the filing were served upon Montaup's jurisdictional customers and upon affected state agencies.

Comment date: June 23, 1998, in accordance with Standard Paragraph E at the end of this notice.

19. Duke Power

[Docket No. ER98–3208–000]

Take notice that on June 3, 1998, Duke Power, a division of Duke Energy Corporation (Duke), tendered for filing a Market Rate Service Agreement (the MRSA) between Duke and Avista Energy, Inc., dated as of March 31, 1998.

Comment date: June 23, 1998, in accordance with Standard Paragraph E at the end of this notice.

Standard Paragraph

E. Any person desiring to be heard or to protest said filing should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 18 CFR 385.214). All such motions or protests should be filed on or before the comment date. 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 motion to intervene. Copies of these filings are on file with the Commission and are available for public inspection.

David P. Boergers,

Acting Secretary.

[FR Doc. 98–15652 Filed 6–11–98; 8:45 am]

BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Office of Hearings and Appeals

Notice of Issuance of Decisions and Orders; Week of March 30 Through April 3, 1998

During the week of March 30 through April 3, 1998, the decisions and orders summarized below were issued with respect to appeals, applications, petitions, or other requests filed with the Office of Hearings and Appeals of the Department of Energy. The following summary also contains a list of submissions that were dismissed by the Office of Hearings and Appeals.

Copies of the full text of these decisions and orders are available in the Public Reference Room of the Office of Hearings and Appeals, Room 7117, Comsat Building, 950 L'Enfant Plaza SW., Washington, DC 20585–0107, Monday through Friday, between the hours of 1:00 p.m. and 5:00 p.m., except federal holidays. They are also available in *Energy Management: Federal Energy Guidelines,* a commercially published loose leaf reporter system. Some decisions and orders are available on the Office of Hearings and Appeals World Wide Web site at http://www.oha.doe.gov.

Dated: June 2, 1998.

George B. Breznay,

Director, Office of Hearings and Appeals.

Decision List No. 79; Week of March 30 through April 3, 1998

Appeals

David R. Berg, 4/2/98, VFA–0376

The Department of Energy denied a Privacy and Freedom of Information Acts (FOIA) Appeal filed by David R. Berg from a determination issued by the Deputy Assistant Secretary for Human Resources that certain documents relating to Mr. Berg and several co-workers were exempt from mandatory disclosure. The DOE found that the withheld material was exempt from mandatory disclosure under subsection (d)(5) of the Privacy Act and Exemption 6 of the FOIA, but that Exemptions 7(C) and 7(F) of the FOIA were inapplicable because the documents were not compiled for law enforcement purposes.

Dr. Nicolas Dominquez, 4/2/98, VFA–0368, VFA–0387, VFA–0388, VFA–0389

Dr. Nicolas Dominguez appealed four Determinations issued to him in response to a request under the Freedom of Information Act (FOIA). The Appellant sought information concerning his termination by Lockheed Martin Energy Research Corporation (LMERC), including two memos, his job description and identifying information concerning a ''group of peers'' which heard testimony regarding the termination. In its Determination, the Oak Ridge Operations Office (ORO) found that all responsive documents were owned by LMERC. On appeal, the DOE rejected the argument that all records funded by the taxpayers were subject to release under the FOIA. The DOE, however, found that ORO did possess responsive agency records regarding the ''group of peers,'' and that some of the requested documents were subject to release because they were owned by DOE. Accordingly, two of the Appeals were granted and two were denied.

Eugene Maples, 3/30/98, VFA–0382

Eugene Maples (Maples) appealed determinations issued to him by the Offices of the Inspector General (OIG) and the General Counsel (OGC). In his Appeal, Maples asserted that OIG improperly withheld, pursuant to FOIA Exemptions 6 and 7(C), names from documents relating to recoupment of Petroleum Violation Escrow (PVE) funds from the State of South Carolina. Maples also argued that OIG and OGC conducted inadequate searches for responsive documents. The DOE determined that OIG and OGC conducted adequate searches for responsive documents, but that OIG may have improperly applied Exemptions 6 and 7(C) to the withheld names. Consequently, Maples's Appeal was granted in part.

Personnel Security Hearing

Personnel Security Hearing, 4/3/98, VSO–0172

A Hearing Officer recommended that the access authorization of an individual employed by a DOE contractor not be reinstated. The individual was charged with deliberately omitting information relevant to his eligibility for access authorization from two written security questionnaire forms, making false statements during a DOE personnel security interview, and with ''unusual conduct'' that tended to show he was not honest, reliable or trustworthy, including violation of a DOE Drug Certification and a pattern of repeated arrests. The Hearing Officer found that the individual had mitigated some of the charges, including a number of minor inconsistencies in his statements to the local DOE security office, and his violation of the Drug Certification five years before the hearing, but had failed to mitigate the charges that he had deliberately omitted or falsified

information relevant to his eligibility for access authorization. He thus recommended against reinstating the individual's access authorization.

Refund Applications

The Office of Hearings and Appeals issued the following Decisions and Orders concerning refund applications, which are not summarized. Copies of the full texts of the Decisions and Orders are available in the Public Reference Room of the Office of Hearings and Appeals.

American Aggregates Corp. et al	RF272–76986	4/1/98
John R. Olivares, Inc. et al	RK272–04778	4/1/98

Dismissals

The following submissions were dismissed.

Name	Case No.
Cass County, North Dakota	RF272–86469
Ikard & Newsom	RF340–00134
Patricia McCracken	VFA–0392
Personnel Security Hearing	VSO–0196

[FR Doc. 98–15722 Filed 6–11–98; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF ENERGY

Office of Hearings and Appeals

Notice of Issuance of Decisions and Orders; Week of April 27 Through May 1, 1998

During the week of April 27 through May 1, 1998, the decisions and orders summarized below were issued with respect to appeals, applications, petitions, or other requests filed with the Office of Hearings and Appeals of the Department of Energy. The following summary also contains a list of submissions that were dismissed by the Office of Hearings and Appeals.

Copies of the full text of these decisions and orders are available in the Public Reference Room of the Office of Hearings and Appeals, 950 L'Enfant Plaza, SW, Washington, DC, Monday through Friday, except federal holidays. They are also available in *Energy Management: Federal Energy Guidelines,* a commercially published loose leaf reporter system. Some decisions and orders are available on the Office of Hearings and Appeals World Wide Web site at http://www.oha.doe.gov.

Dated: June 2, 1998.

George B. Breznay,

Director, Office of Hearings and Appeals.

Decision List No. 83; Week of April 27 through May 1, 1998

Appeals

Diane C. Larson, 4/30/98, VFA–0405

The DOE denied a Freedom of Information Act (FOIA) Appeal filed by Diane C. Larson. Larson sought the release of names withheld from investigative files released to her by the DOE's Office of the Inspector General. In its decision, the DOE found that the withholding of the names was appropriate under FOIA Exemptions 6 and 7(C).

Eva Glow Brownlow, 4/30/98, VFA–0397

Eva Glow Brownlow appealed a determination issued to her by the Albuquerque Operations Office (AL) that denied a request for information she filed under the Freedom of Information Act (FOIA). In her Appeal, Ms. Brownlow contended that AL improperly withheld the requested information from disclosure under Exemption 5, of the FOIA. The DOE found that AL properly applied Exemption 5, and concluded that the release of the document would not be in the public interest. Consequently, the Appeal filed by Ms. Brownlow was denied.

McGraw-Hill Companies, 4/28/98, VFA–0398

The DOE denied a Freedom of Information Act (FOIA) Appeal that was filed by McGraw-Hill Companies (McGraw-Hill). In its Appeal, McGraw-Hill contested the adequacy of the search for responsive documents carried out by the DOE's Office of Civilian Radioactive Waste Management. The DOE found that the search was adequate.

Tamara L. Mix, 4/27/98, VFA–0394

Tamara L. Mix (Mix) appealed a determination issued to her by the Oak Ridge Operations Office (OR). In her Appeal, Mix asserted that OR failed to conduct an adequate search for various Oak Ridge community relations documents she sought pursuant to a Freedom of Information Act Request. The DOE determined that OR had conducted an adequate search for documents responsive to Mix's Request. Consequently, Mix's Appeal was denied.

Whistleblower Proceeding

Daniel Holsinger, VWC–0001; K-Ray Security, Inc., 4/27/98, VWC–0002

Upon remand by the Deputy Secretary, the Director of the OHA considered whether K-Ray Security, Inc., a subsequent contractor, should be required to reinstate Daniel Holsinger, who was terminated by a prior DOE contractor after making a disclosure protected under 10 CFR, Part 708 (Contractor Employee Protection Program). After considering all the equities involved, and in particular the important goals of Part 708, the Director found that K-Ray had not shown that it would experience any undue burden if it were required to reinstate Holsinger for one eight-hour shift per week.

Refund Application

Gulf Oil Corp./Amerigas Propane, Inc., RR300–00292; Gulf Oil Corp./Utility Propane Co., 4/28/98, RF300–21843

The DOE granted a Motion for Reconsideration filed by Amerigas Propane, Inc. (Amerigas) in the Gulf refund proceeding. The DOE had previously determined that Utility Propane Co., rather than Amerigas was entitled to a refund based on the purchases of Utility Propane. Upon reconsideration, the DOE determined that the sale and purchase agreement between Utility Propane and Amerigas contained sufficiently broad language to transfer the right to the refund to Amerigas. Accordingly, the refund granted to Utility Propane was

rescinded, and a refund was granted to Amerigas.

Refund Applications

The Office of Hearings and Appeals issued the following Decisions and Orders concerning refund applications, which are not summarized. Copies of the full texts of the Decisions and Orders are available in the Public Reference Room of the Office of Hearings and Appeals.

Advance Publications, Inc	RR272–00305	4/28/98
McCann-Shields Paint Co	RF272–94052	5/1/98
N. Central Local Schl Dist. et al	RF272–95741	5/1/98
Pritchard & Van Zandt et al	RK272–04794	4/30/98

Dismissals

The following submissions were dismissed.

Name	Case No.
William H. Payne	VFA–0408

[FR Doc. 98–15723 Filed 6–11–98; 8:45 am]

BILLING CODE 6450–01–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–6110–9]

Agency Information Collection Activities: Submission for OMB Review; Comment Request; State Small Business Stationary Source Technical and Environmental Compliance Assistance Program Annual Reporting Form

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*), this document announces that the following Information Collection Request (ICR) has been forwarded to the Office of Management and Budget (OMB) for review and approval: State Small Business Stationary Source Technical and Environmental Compliance Assistance Program Annual Reporting Form, OMB Control Number 2060–0337, expiration date 7/31/98. The ICR describes the nature of the information collection and its expected burden and cost; where appropriate, it includes the actual data collection instrument.

DATES: Comments must be submitted on or before July 13, 1998.

FOR FURTHER INFORMATION CONTACT: For a copy of the ICR, call Sandy Farmer at EPA, by phone at (202) 260–2740, by E-Mail at Farmer.Sandy@epamail.epa.gov or download off the Internet at http://www.epa.gov/icr/icr.htm, and refer to EPA ICR No. 1748.02.

SUPPLEMENTARY INFORMATION:

Title: State Small Business Stationary Source Technical and Environmental Compliance Assistance Program Annual Reporting Form, OMB Control Number 2060–0337, EPA ICR Number 1748.02, expiration date 7/31/98. This is a request for extension of a currently approved collection.

Abstract: As part of the Clean Air Act Amendments of 1990, The U.S. Congress included, as part of Section 507, the requirement that each state establish a Small Business Stationary Source Technical and Environmental Compliance Assistance Program (SBTCP) to assist small businesses comply with the Act. EPA must provide the Congress with periodic reports from the EPA Small Business Ombudsman (SBO) on these programs, including their effectiveness, difficulties encountered, and other relevant information. Each state assistance program will submit requested information to EPA for compilation and summarization.

This collection of information is mandatory pursuant to section 507 (a), (d), and (e) of the Clean Air Act as amended in 1990, Public Law 101–549, November 15, 1990. This Act directs EPA to monitor the SBTCPs and to provide a report to Congress. This responsibility has been delegated to the EPA SBO.

Response to the collection is not required to obtain or retain a benefit.

Information in the Annual Report to Congress is aggregated and is not of a confidential nature. None of the information collected by this action results in or requests sensitive information of any nature from the states.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR part 9 and 48 CFR Chapter 15. The **Federal Register** document required under 5 CFR 1320.8(d), soliciting comments on this collection of information was published on 2/26/98 (63 FR 9791); 15 comments were received.

Burden Statement: The annual public reporting and recordkeeping burden for this collection of information is estimated to average 80 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: Respondents will be one of the following state offices: environmental agency (SIC 9511), commerce or economic development department (SIC 9611), governor's office (SIC 9111), or ombudsman's office (SIC 9511). These departments/agencies typically are responsible for the conduct of the SBTCPs.

Estimated Number of Respondents: 53.

Frequency of Response: Annual.

Estimated Total Annual Hour Burden: 4,240 hours.

Estimated Total Annualized Cost Burden: 0.

Send comments on the Agency's need for this information, the accuracy of the

provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the following addresses. Please refer to EPA ICR No. 1748.02 and OMB Control No. 2060–0337 in any correspondence.

Ms. Sandy Farmer, U.S. Environmental Protection Agency, Office of Policy, Planning, & Evaluation, Regulatory Information Division (2137), 401 M Street, SW, Washington, DC 20460; and

Office of Information and Regulatory Affairs, Office of Management and Budget, Attention: Desk Officer for EPA, 725 17th Street, NW, Washington, DC 20503.

Dated: June 8, 1998.

Joseph Retzer,

Director, Regulatory Information Division.

[FR Doc. 98–15742 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–6107–3]

Proposed Determination of Attainment of the Air Quality in the Liberty Borough, Pennsylvania PM–10 Nonattainment Area

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed finding of attainment and withdrawal of previously proposed finding.

SUMMARY: EPA is proposing to find that air quality in the Liberty Borough, Pennsylvania moderate nonattainment area has attained national ambient air quality standards (NAAQS) for particulate matter of nominal aerodynamic diameters smaller than 10 micrometers (PM–10). The Clean Air Act (the Act) establishes a December 31, 1994 attainment date for moderate PM–10 nonattainment areas, and requires EPA to determine the attainment status of such areas by June 30, 1995. For the reasons explained herein, this proposed finding is based on monitored air quality data for the area during the years 1995–1997. EPA is also withdrawing its previous September 19, 1995 proposal to find that the area did not attain the NAAQS. Elsewhere in the Proposed Rules section, EPA is also proposing to approve the Allegheny County Health Department's (ACHD's) attainment demonstration, submitted to EPA by the Commonwealth of Pennsylvania, that the state implementation plan (SIP) requirements for the Liberty Borough area are sufficient to attain and maintain the NAAQS. In the same document EPA is also proposing to approve contingency measures for the area. In the Final Rules section of today's **Federal Register**, EPA is taking direct final action to approve a SIP revision requiring additional control measures at the USX Clairton coke works. On July 18, 1997, EPA revised the NAAQS for particulate matter. In this document, ''NAAQS'' and ''PM–10 NAAQS'' refer only to the previously existing NAAQS that were in effect at the time that the attainment plan was submitted.

DATES: Comments must be received on or before July 13, 1998.

ADDRESSES: Comments may be mailed to Makeba Morris, Chief, Technical Assessment Branch, Mailcode 3AP22, U.S. Environmental Protection Agency, Region III, 841 Chestnut Building, Philadelphia, Pennsylvania 19107. Copies of the documents relevant to this action are available for public inspection during normal business hours at the Air, Radiation, and Toxics Division, U.S. Environmental Protection Agency, Region III, 841 Chestnut Building, Philadelphia, Pennsylvania 19107 and the Allegheny County Health Department, Department of Air Quality, 301 39th Street, Pittsburgh, Pennsylvania 15201.

FOR FURTHER INFORMATION CONTACT: Denis M. Lohman, (215) 566–2192, or by e-mail at lohman.denny@epamail.epa.gov. While requests for information may be made via e-mail, comments for EPA's consideration regarding this proposal must be submitted in writing to the address indicated above.

SUPPLEMENTARY INFORMATION:

I. Background

A. Clean Air Act Requirements

Upon enactment of Clean Air Act Amendments of 1990, PM–10 areas meeting the criteria of section 107(d)(4)(B) of the Act was designated nonattainment by operation of law. Once an area is designated nonattainment, section 188 of the Act outlines the process for classification of the area and establishes the area's attainment date. Pursuant to section 188(a), all PM–10 nonattainment areas were initially classified as moderate by operation of law upon designation as nonattainment, and the attainment date for these areas were December 31, 1994. These nonattainment designations and moderate area classifications were codified in 40 CFR part 81 on November 6, 1991 (56 FR 56694).

States containing areas which were designated as moderate nonattainment by operation of law under section 107(d)(4)(B) were to develop and submit SIPs to provide for the attainment of the PM–10 NAAQS. Those SIPs were to include the adoption and implementation of PM–10 reduction requirements which constitute reasonably available control measures, (RACM), including reasonably available control technology (RACT). Pursuant to section 189(a)(2) of the Act, those SIP revisions were to be submitted to EPA by November 15, 1991. Section 188(c)(1) sets December 31, 1994 as the attainment date, and section 188(b)(2) requires that EPA determine the attainment status of the area by June 30, 1995. EPA is guided in these determinations by 40 CFR 50.6 and 40 CFR part 50, appendix K.

B. Regulatory Activity to Date

On January 6, 1994, the Pennsylvania Department of Environmental Protection (PADEP) submitted an attainment plan to EPA, produced by the Allegheny County Health Department (ACHD), for the Liberty Borough PM–10 nonattainment area.[1] The purpose of this revision to the Pennsylvania SIP is to fulfill the requirements under section 189 of the Act for a regulatory plan to attain the PM–10 NAAQS and to submit a demonstration (including air quality modeling) that the plan is sufficient to attain this goal. These ''Part D'' requirements are described in more detail in the technical support document (TSD) to this rulemaking. On April 11, 1995, EPA proposed to fully approve the January 1994 attainment plan submittal, as well as two SIP revisions that the County had submitted previously (see 60 FR 18385). After EPA proposed to approve the County's demonstration, the County reported that the PM–10 NAAQS had been exceeded twice in March of 1995. These exceedances brought the adequacy of the County's attainment plan into doubt, and, though EPA took final action to approve the regulatory portion of the attainment plan (61 FR 29664), EPA took no action on the modeled attainment demonstration at that time.

Pursuant to its obligations under section 188(b)(2), on September 19, 1995, EPA proposed to find that the Liberty Borough moderate nonattainment area did not attain the NAAQS (60 FR 48439). This proposal was based on the available air quality data at the time, which showed that the number of expected exceedances of the

[1] The Liberty Borough PM–10 nonattainment area is comprised of the City of Clairton and the Boroughs of Glassport, Liberty, Lincoln, and Port Vue.

daily NAAQS (i.e., the number of exceedances per years expected when missing data and/or trends are taken into account) exceeded the NAAQS criterion of 1.0 expected exceedances per year. EPA based its attainment determination on air quality data monitored in the nonattainment area from 1992 to 1994, the three most recent calendar years of data available at the time of proposal. In addition, two exceedances already monitored in 1995 reflected full implementation of the attainment SIP.

C. The GASP Lawsuit

On February 21, 1996, the Group Against Smog and Pollution (GASP), a citizen environmental advocacy group, sued EPA in order to compel EPA action on a number of planning activities regarding the Liberty Borough area. The Settlement Agreement reached on this suit requires, among other things, that EPA determine the attainment status of the Liberty Borough area by March 31, 1998, in light of air quality data collected from 1995 through 1997. The TSD prepared for this rulemaking provides a more detailed summary of the Settlement Agreement's provisions. Copies of the TSD are available upon request from the EPA Regional Office listed in the ADDRESSES section of this document.

D. Revisions to the PM NAAQS

On July 18, 1997, EPA revised the NAAQS for particulate matter.[2] Currently, both the pre-existing and revised NAAQS are in effect in the Liberty Borough area. In this document, ''NAAQS'' and ''PM–10 NAAQS'' refer to the previously existing NAAQS that were in effect at the time and for which the Liberty Borough area was classified as moderate nonattainment on November 6, 1991.

II. Rationale for Today's Proposed Action

Air quality has improved in the Liberty Borough nonattainment area since 1995, when EPA proposed to find that the area did not attain the PM–10 NAAQS by the December 31, 1994 attainment date. (See Table 1, below) Pursuant to the Settlement Agreement, EPA has waited until three years of air quality data which reflect full implementation of the County's attainment SIP were available. The data, which were collected by a monitoring network that meets the requirements of 40 CFR part 58, show that the air quality of the area has attained the NAAQS. The number of expected exceedances per year are 0.67, which is less than the 1.0 allowed by the NAAQS. Although one monitoring station was out of service during part of the first quarter of 1995, ACHD has credibly determined that it is unlikely that any exceedances of the NAAQS were missed. More detail is provided in the TSD, referenced above.

TABLE 1.—EXCEEDANCES OF THE 24-HOUR PM–10 NAAQS MEASURED IN LIBERTY BOROUGH PM–10 NON-ATTAINMENT AREA 1992–1997 (μg/m³)

Date	Lincoln Hi-Vol	Lincoln TEOM	Liberty
1992–1994			
1/28/92	.....	.....	175
12/15/92	186	.....	.....
5/10/93	167	.....	.....
11/23/93	223	195	.....
2/19/94	163	.....	.....
3/7/94	157	.....	.....
1995–1997			
3/12/95	193	.....	188
3/13/95	209	193	.....
1996	No exceedances.		
1997	Do.		

The 24-hour PM–10 National Ambient Air Quality Standard is 150 μg/m³.

The NAAQS is attained at any location when the expected number of exceedances per year is ≤ to 1.0.

The Lincoln station reported incomplete data for the first quarter of 1995.

The Lincoln Hi-Vol was discontinued during the second quarter of 1996.

III. Proposed Action

EPA is proposing to find, pursuant to section 188(b)(2), that the Liberty Borough moderate nonattainment area has attained the NAAQS for PM–10. EPA is withdrawing its September 1995 proposal to find that the area did not attain the NAAQS.

Nothing in this proposal should be construed as permitting or allowing or establishing a precedent for any future request for revision to any SIP. Each request for revision to a SIP shall be considered separately in light of specific technical, economic and environmental factors and in relation to relevant statutory and regulatory authority.

IV. Administrative Requirements

A. Executive Order 12866

The Office of Management and Budget (OMB) has exempted this regulatory action from E.O. 12866 review.

B. Executive Order 13045

The proposed rule is not subject to E.O. 13045, entitled ''Protection of Children from Environmental Health Risks and Safety Risks,'' because it is not an ''economically significant'' action under E.O. 12866.

C. Regulatory Flexibility Act

Under the Regulatory Flexibility Act, 5 U.S.C. 600 *et seq.*, EPA must prepare a regulatory flexibility analysis assessing the impact of any proposed or final rule on small entities. 5 U.S.C. 603 and 604. Alternatively, EPA may certify that the rule will not have a significant impact on a substantial number of small entities. Small entities include small businesses, small not-for-profit enterprises, and government entities with jurisdiction over populations of less than 50,000.

Determinations of attainment under the Clean Air Act do not impose any new requirements on small entities. Therefore, EPA certifies that this determination does not have a significant impact on a substantial number of small entities.

D. Unfunded Mandates

Under section 202 of the Unfunded Mandates Reform Act of 1995 (''Unfunded Mandates Act''), signed into law on March 22, 1995, EPA must prepare a budgetary impact statement to accompany any proposed or final rule that includes a Federal mandate that may result in estimated costs to State, local, or tribal governments in the aggregate; or to private sector, of $100 million or more. Under section 205, EPA must select the most cost-effective and least burdensome alternative that achieves the objectives of the rule and is consistent with statutory requirements. Section 203 requires EPA to establish a plan for informing and advising any small governments that may be significantly or uniquely impacted by the rule. EPA has determined that the approval action being proposed does not include a Federal mandate that may result in estimated costs of $100 million or more to either State, local, or tribal governments in the aggregate, or to the private sector. This Federal action approves pre-existing requirements under State or local law, and imposes no new requirements. Accordingly, no additional costs to State, local, or tribal governments, or to the private sector, result from this action.

The Regional Administrator's final decision to find that the Liberty Borough area attained or did not attain the NAAQS will be based on sections 179(c) and 188(b)(2) of the Clean Air Act, as amended, and EPA regulations in 40 CFR part 50.

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

[2] See 62 FR 38652.

Dated: May 28, 1998.

W. Michael McCabe,

Regional Administrator, Region III.

[FR Doc. 98–15583 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[ER–FRL–5492–5]

Environmental Impact Statements; Notice of Availability

Responsible Agency: Office of Federal Activities, General Information (202) 564–7167 or (202) 564–7153. Weekly receipt of Environmental Impact Statements Filed June 1, 1998 Through June 5, 1998 Pursuant to 40 CFR 1506.9.

EIS No. 980208, Draft EIS, AFS, AK, Sea Level Harvest Timber Sale, Implemention, Tongass National Forest, Ketchikan Ranger District, U.S. Coast Guard Permit, NPDES Permit and COE Section 10 and 404 Permit, Revillagigedo (Revilla) Island/Cleveland Peninsula, AK, Due: August 7, 1998, Contact: Peter Griffin (907) 228–4131.

EIS No. 980209, Final EIS, FHW, CA, I–805 Nobel Drive Interchange and Extension Project, Improvements, between Nobel Drive and Miramar Road/LaJolla Village Drive and the extension of Nobel Drive from Shoreline Drive to Miramar Road, in the City of San Diego, San Diego County, CA, Due: July 13, 1998, Contact: G. Glenn Clinton (916) 498–5037.

EIS No. 980210, Final EIS, JUS, CA, Service Processing Center (SPC) for Detainees, Construction and Operation, Possible Sites, Stockton and Tracy Sites, San Joaquin Counties, CA, Due: July 13, 1998, Contact: William A. Kopitz (202) 307–1877.

EIS No. 980211, Final EIS, AFS, CA, Payen, Pass Creek and English Range Allotments, Grazing Land Management Plan, Implementation, Tahoe National Forest, Sierraville Ranger District, Sierra and Nevada Counties, CA, Due: July 13, 1998, Contact: Fred Kent (530) 994–3401.

EIS No. 980212, Final Supplement, AFS, OR, Summit Fire Recovery Forest Restoration Project, Implementation, Malheur National Forest, Long Creek Ranger District, Grant County, OR, Due: July 13, 1998, Contact: Michael Hutchins (541) 575–3000.

EIS No. 980213, Final EIS, BOP, DC, District of Columbia, Department of Corrections (DCDC), Felony Inmate Population, Implementation, Contracting Private Correctional Facilities for Housing of Inmate Population, United States Capitol, City of Washington, D.C., Due: July 13, 1990, Contact: David D. Dorworth (202) 514–6470.

EIS No. 980214, Final EIS, FHW, PA, US 222 Corridor Design Location Study, Improvements from Breingsville to the I–78 Interchange, Funding, Lower and Upper Macungie Township, Lehigh County, PA, Due: July 13, 1998, Contact: Ronald W. Carmichael (717) 221–3461.

EIS No. 980215, Draft EIS, USA, AZ, Fort Huachuca Real Property Master Planning, Approval of Land Use and Real Estate Investment Strategies, Cochise County, AZ, Due: July 27, 1998, Contact: Gregory Brewer (703) 693–4583.

EIS No. 980216, Final EIS, COE, CA, Yuba River Basin Investigation Study, Flood Protection, Also Portions of the Feather River Basin below Oroville Dam, City of Maryville Yuba County, CA, Due: July 13, 1998, Contact: Jack Rinck (916) 557–6715.

EIS No. 980217, Draft EIS, DOC, PR, VI, Corals and Reef Associated Plants and Invertebrates, Fishery Management Plan, Amendment I Marine Conservation District (MCD), Exclusive Economic Zone (EEZ), Puerto Islands and U.S. Virgin Islands, PR and VI, Due: July 27, 1998, Contact: Andrew J. Kemmerer (813) 570–5305.

EIS No. 980218, Draft EIS, COE, AK, Beaufort Sea Oil and Gas Development Northstar Project, Implementation, NPDES Permit, Sea Island, Alaskan Beaufort Sea, Offshore Marine Environment and Onshore Northslope of Alaskan Coastal Plain, AK, Due: July 27, 1998, Contact: Ms. Terry Carpenter (907) 753–2712.

EIS No. 980219, Final EIS, AFS, MT, Bighorn Sheep Range and China Basin Salvage Project, Wildlife Habitat Enhancement Activities and Watershed Restoration Activities, Kootenai National Forest, Libby Ranger District, Lincoln County, MT, Due: July 13, 1998, Contact: Kirsten Kaiser (406) 293–7773.

EIS No. 980220, Legislative Draft EIS, USN, NV, Fallon Naval Air Station, Renewal of the B–20 Land Withdrawal, City of Fallon, Churchill County, NV, Due: August 3, 1998, Contact: Sam Dennis (650) 244–3007.

EIS No. 980221, Draft EIS, USA, IN, Newport Chemical Depot, Construction and Operation, Pilot Testing of Neutralization/Supercritical Water Oxidation of VX Agent, Vermillion County, IN, Due: July 27, 1998, Contact: Matt Hurlburt (410) 612–7207.

EIS No. 980222, Draft EIS, GSA, NY, Governors Island Disposition of Surplus Federal Real Property, Implementation, Upper New York Bay, NY, Due: July 27, 1998, Contact: Peter A. Sneed (212) 264–3581.

EIS No. 980223, Draft EIS, NPS, MT, Interagency Bison Management Plan for State of Montana and Yellowstone National Park, Implementation, Maintain a wild, Free Ranging Population, Address the risk of Brucellosis Transmission, Park and Gallatin Counties, MT, Due: October 1, 1998, Contact: Sarah Bransom (303) 969–2310.

EIS No. 980224, Final EIS, COE, GA, Brunswick Harbor Deepening Federal Navigation Project, Improvements, Brunswick, Glynn County, GA, Due: July 13, 1998, Contact: William G. Bailey (912) 652–5781.

Dated: June 9, 1998.

Ken Mittelholtz,

Environmental Specialist, NEPA Compliance Division, Office of Federal Activities.

[FR Doc. 98–15758 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–U

ENVIRONMENTAL PROTECTION AGENCY

[ER–FRL–5492–6]

Environmental Impact Statements and Regulations; Availability of EPA Comments

Availability of EPA comments prepared May 25, 1998 Through May 29, 1998 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 10, 1998 (63 FR 17856).

Draft EISs

ERP No. D–MMS–G02007–TX Rating LO, Western Planning Area, Proposed Western Gulf of Mexico 1997–2002 (5-Year Program) Outer Continental Shelf Oil and Gas Sales 171, 174, 177 and 180, Lease Offering, Offshore Marine Environmental and Coastal Counties/Parishes of Texas and Louisiana.

Summary: EPA had no objections to the selection of the preferred alternative. EPA encourages MMS to continue the practice of applying those stipulations

provided to previous lease sales for the OCS to the proposed sales of 1997 to 2002.

ERP No. D–NOA–L90027–AK Rating *LO, Kackhemak Bay National Estuarine Research Reserve (KBNERR) Management Plan, Operations and Development, Southcentral, AK.

Summary: EPA Region 10 used a screening tool to conduct a limited review of this action. Based upon the screen, EPA does not foresee having any environmental objections to the proposed project. Therefore, EPA will not be conducting a detailed review.

Final EISs

ERP No. F–AFS–K65201–CA Liberty Forest Health Improvement Project, Implementation, Tahoe National Forests, Sierraville Ranger District, Sierra and Nevada Counties, CA.

Summary: Review of the Final EIS was not deemed necessary. No formal comment letter was sent to the preparing agency.

ERP No. F–FHW–E40751–NC US 70 Goldsboro Bypass Construction, US 70 in the vicinity of NC–1237 to US 70 in the vicinity of NC–1731, Funding and COE Permits, Wayne County, NC.

Summary: EPA continues to be concerned regarding impact related to noise, relocations, and flood plain impacts.

ERP No. F–FHW–K50011–CA Carquinez Bridge Project, Replace/Retrofit the westbound I–80 between Cummings Skyway and CA–29, Funding, US Coast Guard and COE Section 10 and 404 Funding, Contra Costa and Solano Counties, CA.

Summary: Review of the Final EIS was not deemed necessary. No formal comment letter was sent to the preparing agency.

Dated: June 9, 1998.

Ken Mittelholtz,

Environmental Specialist, NEPA Compliance Division, Office of Federal Activities.

[FR Doc. 98–15759 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–U

ENVIRONMENTAL PROTECTION AGENCY

[FRL–6110–8]

Proposed Policies Affecting the Drinking Water State Revolving Fund (DWSRF) Program and Announcement of Stakeholder Meeting

AGENCY: Environmental Protection Agency.

ACTION: Notice.

SUMMARY: The U.S. Environmental Protection Agency (EPA) is proposing to issue two policy decisions for the Drinking Water State Revolving Fund (DWSRF) program. The first would allow eligible privately-owned public water systems to be reimbursed for costs incurred after a State notifies the system that it will provide a loan, but before the system actually receives the loan. This will allow privately-owned systems to move ahead with construction to take advantage of construction seasons. The second policy would allow States to make loans for projects that are needed to solve public health problems for residents currently served by contaminated ground water wells. This policy would expand the universe of eligible loan recipients by allowing loans to an entity that is not currently a public water system, but which will become a public water system upon completion of the project.

EPA has also developed a proposed strategy to be used, if necessary, for implementing withholding of DWSRF funds in cases where States fail to meet statutory requirements for ensuring capacity of new systems commencing operation after October 1, 1999.

EPA is soliciting comments on these proposals until July 19, 1998. Comments in writing should be directed to Veronica Blette, Implementation and Assistance Division, Office of Ground Water and Drinking Water, U.S. EPA, (4606), 401 M Street SW, Washington, D.C. 20460, by fax to (202) 260–4656 or by E-mail to blette.veronica@epa.gov. EPA is also holding a stakeholders meeting on July 13, 1998 in Washington, D.C. to discuss the proposals, and to provide an opportunity for participants to comment, ask questions and express their views.

Background

The DWSRF program was established by the reauthorized Safe Drinking Water Act (SDWA) (Pub. L. 104–182), signed by President Clinton on August 6, 1996. The SDWA Amendments authorizes $9.6 billion for the DWSRF program and related programs from fiscal year 1994 through fiscal year 2003. EPA's budget included $1.275 billion for the DWSRF program and related programs in FY 1997 and $725 million in FY 1998. Final Guidelines [EPA 816–R–97–005] for the program were released on February 28, 1997. Funding provided by EPA from the national DWSRF appropriation is used by States to establish DWSRF loan programs. States can also use part of the funds to support State and local programs related to source water protection, operator certification and drinking water programs.

State DWSRF programs can make loans to both privately-owned and publicly-owned community water systems and not-for-profit non-community water systems. A community water system is a system that serves at least 15 service connections used by year-round residents of the area served by the system; or regularly serves at least 25 year-round residents. A non-community water system is a public water system that is not a community water system. States have the flexibility to tailor DWSRF programs to address local needs as long as the programs meet minimum Federal requirements. States must develop a priority system which will be used to prioritize use of DWSRF funds. Funding priority must be based on three criteria: projects needed to protect public health, achieve or maintain SDWA compliance, and to help those systems with the greatest economic need. States are required annually to develop, and subject to public review, a comprehensive priority list of projects that have applied for funding and a fundable list, which is a list of the highest ranked projects which are expected to receive funding in that year.

Proposals

(1) The Safe Drinking Water Act (SDWA) contains a provision which allows State DWSRF programs to provide loans to municipally owned systems to refinance debt incurred for eligible projects. Specifically, section 1452(f)(2) allows States ''to buy or refinance the debt obligation of a municipality, intermunicipal or interstate agency within the State * * * in any case in which a debt obligation is incurred after July 1, 1993.'' However, the SDWA does not have a similar provision for privately-owned facilities.

A number of States have expressed concern that a strict interpretation of this refinance provision could delay construction of some privately-owned projects that are needed to solve public health problems. States would like the option of reimbursing eligible privately-owned systems for debt or costs incurred by the system after it receives notification from the State that the State intends to offer it a loan in the near future. Costs incurred after the notification, but before the loan was made, would be eligible for reimbursement. This would encourage systems to move ahead with construction in order to, for example, take advantage of seasonal construction cycles.

EPA believes that projects which have been approved for funding from the DWSRF, but move ahead with construction prior to the actual award, should be able to include these short

term construction costs in the DWSRF loan under certain conditions. In these cases, where a privately-owned project incurs a cost prior to receiving a loan, even if by means of a short term debt, that debt will be treated as a previously incurred cost that is eligible for loan assistance.

The Agency is proposing that any project that has been given approval, authorization to proceed, or any similar action by the State prior to the actual project construction will be eligible for reimbursement of construction expenses incurred after such State action, provided that the project meets all of the requirements of the DWSRF program. Such a project must be on the State's fundable list, developed using a priority system approved by EPA. A project on the comprehensive list which is funded when a project on the fundable list is bypassed using the State's bypass procedures may also be eligible for reimbursement of costs incurred after the system has been informed that it will receive funding. These requirements would apply regardless of whether the system financed costs using a short-term debt instrument or internal capital.

Projects receiving reimbursement of incurred costs would be subject to all other Federal requirements required of a recipient of Federal funds, including an environmental review which must consider the impacts of the project based on the preconstructing site conditions. Failure to comply with the State's environmental review process cannot be justified on the grounds that costs had already been incurred, environmental impacts had already been caused, or contractual obligations had been made prior to the binding commitment.

(2) Section 1452(a)(2) of the SDWA Amendments states that ''financial assistance under this section may be used by a public water system only for expenditures * * * which * * * will facilitate compliance with national primary drinking water regulations * * *.'' The Act defines a public water system (PWS) as a ''system * * * (of) pipes or other constructed conveyances'' which regularly serves at least 15 service connections or at least 25 individuals. Several States have indicated that a strict interpretation of this provision would prevent them from providing funds to an entity (e.g., homeowners' association) that has a public health problem and is not currently a PWS, but which would become a PWS upon construction of a piped system. States want the flexibility to provide DWSRF funds to these entities in order to solve public health problems posed by contaminated wells. While the SDWA does allow States to lend funds to an existing PWS to extend lines to solve these types of public health problems, not all of these situations have an existing PWS nearby that is willing or able to help.

EPA believes that the statute permits the DWSRF to create a federally regulated PWS in limited circumstances to solve the public health problems intended to be addressed by the statute; for example, health risks faced by homeowners currently served by individual wells. The conditions which would have to be met are: (a) upon completion of the project, the entity responsible for the loan must meet the definition of a Federal community public water system; (b) funding is limited to projects on the State's fundable list where an actual public health problem with serious risks exists; (c) the project must be limited in scope to the specific geographic area affected by contamination; (d) the project can only be sized to accomodate a reasonable amount of growth expected over the life of the facility—growth cannot be a substantial portion of the project; and (e) the project must meet the same technical, financial and managerial capacity requirements that the SDWA requires of all DWSRF assistance recipients.

(3) Section 1452(a)(1)(g) of the SDWA Amendments requires the Administrator to withhold 20% of a State's DWSRF allotment unless the State has the legal authority or other means to ensure that all new community water systems and new nontransient, noncommunity water systems commencing operation after October 1, 1999 demonstrate technical, managerial, and financial capacity with respect to each drinking water regulation in effect, or likely to be in effect, on the date operations commence (section 1420(a)). EPA proposes that for award of FY99 funds, a State will receive 100% of its allotment if it has the statutory authority and has completed or is in the process of a scheduled administrative rulemaking or equivalent approach with the realistic expectation that the State will have a fully functional program as of 10/1/99. States failing to meet this will have 20% of their allotment held back. If a State subsequently meets these requirements by 9/30/99 the held back funds will be released. If the State fails to meet the requirements by 9/30/99 the funds will be permanently withheld and reallotted to other States.

For FY2000 funds and beyond, EPA is proposing to withhold and reallot 20% of the State's allotment if the State fails to demonstrate that it has, and is implementing, a fully functional program to ensure that new systems have capacity. The assessment will be performed as part of the capitalization grant application review, but will be based on the status of the State program as of October 1 of the fiscal year that the funds were allotted to the State.

DATES: A Stakeholder meeting to address these proposals and other implementation issues associated with the DWSRF program has been scheduled for July 13, 1998 from 1 p.m. to 5 p.m. The meeting will be held at the Washington Information Center (WIC) at EPA Headquarters, 401 M Street SW, Washington, DC 20460.

To register for the meeting, contact the Safe Drinking Water Act Hotline, telephone (800) 426–4791. Interested parties who cannot attend the meeting may participate via conference call and should register with the Safe Drinking Water Hotline by July 6, 1998 to guarantee availability.

FOR FURTHER INFORMATION CONTACT: The Safe Drinking Water Act Hotline, telephone (800) 426–4791. Information about the DWSRF program, including program guidelines and State contact information, is available from the EPA Office of Ground Water and Drinking Water Web Site at the URL address ''http://www.epa.gov/OGWDW.''

Dated: June 5, 1998.

Cynthia C. Dougherty,

Director, Office of Ground Water and Drinking Water.

[FR Doc. 98–15738 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[OPP–00245; FRL–5798–1]

EPA's Endocrine Disruptor Screening and Testing Advisory Committee; Notice of Public Meeting

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: EPA is announcing the final meeting of the Endocrine Disruptor Screening and Testing Advisory Committee (EDSTAC), a committee established under the provisions of the Federal Advisory Committee Act (FACA) to advise EPA on developing a strategy to screen and test chemicals, including pesticides, for their potential to disrupt endocrine functions in humans, fish, and other wildlife.

DATES: The final meeting of the EDSTAC will be held on Wednesday, June 17, 1998, from 9 a.m. to 5:30 p.m., and

Thursday, June 18, 1998, from 8:30 a.m. to 4 p.m.

ADDRESSES: The final meeting of the EDSTAC will be held at the Capital Hilton Hotel, 16th and K Sts., NW., Washington, DC; telephone: (202) 639–5095.

FOR FURTHER INFORMATION CONTACT: *For technical information contact*: Anthony Maciorowski, telephone: (202) 260–3048, e-mail: maciorowski.anthony@epa.gov or Gary Timm, telephone: (202) 260–1859, e-mail: timm.gary@epa.gov at EPA.

For information on the facility and logistics, contact: The Keystone Center, P.O. Box 8606, Keystone, CO 80435, telephone: (970) 468–5822, fax: (970) 262–0152.

SUPPLEMENTARY INFORMATION:

The EDSTAC was established by EPA in November 1996 to implement the 1996 Food Quality Protection Act (FQPA) and 1996 amendments to the Safe Drinking Water Act which required EPA to establish a screening and testing program for endocrine disrupting chemicals. Representation on the committee include government, industry, academia, public health, and public interest groups. Information about EDSTAC and related documents can be found on the EDSTAC website http://www.epa.gov/opptintr/opptendo/index.htm.

The EDSTAC meetings are open to the public under section 10(a)(2) of the Federal Advisory Committee Act, Pub. L. 92–463.

Among the topics to be discussed at this final meetings are: an overview of EDSTAC efforts since the last meeting, the report layout and proposed changes to the chapters in the report, priority setting issues, screening and testing issues, communications and outreach issues, implementation issues, and recommendations issues.

List of Subjects

Environmental protection, Chemicals, Hazardous substances.

Dated: June 9, 1998.

Susan H. Wayland,

Acting Assistant Administrator, Office of Prevention, Pesticides and Toxic Substances

[FR Doc. 98–15840 Filed 6–10–98; 2:35 pm]

BILLING CODE 6560–50–F

ENVIRONMENTAL PROTECTION AGENCY

[OPP–30456; FRL–5794–4]

3M Canada Co.; Application to Register a Pesticide Product

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: This notice announces receipt of an application submitted by 3M Canada Company, to register a pesticide product containing a new active ingredient not included any previously registered product pursuant to the provisions of section 3(c)(4) of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), as amended.

DATES: Written comments must be submitted by July 13, 1998.

ADDRESSES: By mail, submit written comments identified by the document control number [OPP–30456] and the file symbols to: Public Information and Records Integrity Branch (7502C), Information Resources and Services Division, Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. In person, bring comments to: Environmental Protection Agency, Rm. 119, CM #2, 1921 Jefferson Davis Hwy., Arlington, VA.

Comments and data may also be submitted electronically to: opp-docket@epamail.epa.gov. Follow the instructions under ''SUPPLEMENTARY INFORMATION.'' No Confidential Business Information (CBI) should be submitted through e-mail.

Information submitted as a comment concerning this notice may be claimed confidential by marking any part or all of that information as CBI. Information so marked will not be disclosed except in accordance with procedures set forth in 40 CFR part 2. A copy of the comment that does not contain CBI must be submitted for inclusion in the public record. Information not marked confidential may be disclosed publicly by EPA without prior notice. The public docket is available for public inspection in Rm. 119 at the Virginia address given above, from 8:30 a.m. to 4 p.m., Monday through Friday, excluding holidays.

FOR FURTHER INFORMATION CONTACT: By mail: Sheila Moats, Regulatory Action Leader, Biopesticides and Pollution Prevention Division, (7511C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. Office location and telephone number: Rm. 14, 9th floor, 1921 Jefferson Davis Highway, CM #2, Arlington, VA, 22202, (703) 308–1259; e-mail: moats.sheila@epamail.epa.gov.

SUPPLEMENTARY INFORMATION: EPA received an application from 3M Canada Co., P.O. Box 5757 London, Ontario N6A 4TI, to register the pesticide product 3M MEC Eastern Pine Shoot Borer Pheromone Concentrate (EPA File Symbol 10350–UA), containing the active ingredient (*Z*)-9-dodecenyl acetate and (*E*)-9-dodecenyl acetate at 16.0 and 4.0 percent respectively, an ingredient not included in any previously registered product pursuant to the provisions of section 3(c)(4) of FIFRA. The product is a timed release microencapsulated pheromone concentrate used for mating disruption of the Eastern Pine Shoot Borer Moth in forest and woodland applications. This chemical is part of the Pheromone Joint Review Pilot Program currently underway between Canada Pest Management Regulatory Agency (PMRA) and the United States EPA. The application for registration of the technical grade of the active ingredient is submitted under the same Pheromone Joint Review Pilot Program for the product ''Bedoukian 9-Dodecenyl Acetate Technical Pheromone,'' (EPA File Symbol 52991–RN) by Bedoukian Research Inc., 21 Finance Drive, Danbury, CT 06810. Notice of receipt of the application does not imply a decision by the Agency on the application.

Notice of approval or denial of an application to register a pesticide product will be announced in the **Federal Register**. The procedure for requesting data will be given in the **Federal Register** if an application is approved.

Comments received within the specified time period will be considered before a final decision is made; comments received after the time specified will be considered only to the extent possible without delaying processing of the application.

Public Record and Electronic Submission

The official record for this notice, as well as the public version, has been established for this notice under docket number [OPP–30456] (including comments and data submitted electronically as described below). A public version of this record, including printed, paper versions of electronic comments, which does not include any information claimed as CBI, is available for inspection from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays. The official notice record is located at the address in ''ADDRESSES'' at the beginning of this document.

Electronic comments can be sent directly to EPA at:
opp-docket@epamail.epa.gov

Electronic comments must be submitted as an ASCII file avoiding the use of special characters and any form of encryption. Comment and data will also be accepted on disks in Wordperfect 5.1/6.1 or ASCII file format. All comments and data in electronic form must be identified by the docket number [OPP–30456]. Electronic comments on this notice may be filed online at many Federal Depository Libraries.

Authority: 7 U.S.C. 136.

List of Subjects

Environmental protection, Pesticides and pests, Product registration.

Dated: May 22, 1998.

Janet L. Andersen,

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

[FR Doc. 98–15741 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–F

ENVIRONMENTAL PROTECTION AGENCY

[PF–809; FRL–5792–7]

Notice of Filing of Pesticide Petitions

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: This notice announces the initial filing of a pesticide petition proposing to establish an exemption from the requirement of a tolerance for copper ammonium complex in or on all raw agricultural commodities.

DATES: Comments, identified by the docket control number PF–809, must be received on or before July 13, 1998.

ADDRESSES: By mail submit written comments to: Public Information and Records Integrity Branch, Information Resources and Services Division (7502C), Office of Pesticides Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. In person bring comments to: Rm. 119, CM #2, 1921 Jefferson Davis Highway, Arlington, VA.

Comments and data may also be submitted electronically by following the instructions under ''SUPPLEMENTARY INFORMATION.'' No confidential business information should be submitted through e-mail.

Information submitted as a comment concerning this document may be claimed confidential by marking any part or all of that information as ''Confidential Business Information'' (CBI). CBI should not be submitted through e-mail. Information marked as CBI will not be disclosed except in accordance with procedures set forth in 40 CFR part 2. A copy of the comment that does not contain CBI must be submitted for inclusion in the public record. Information not marked confidential may be disclosed publicly by EPA without prior notice. All written comments will be available for public inspection in Rm. 119 at the address given above, from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays.

FOR FURTHER INFORMATION CONTACT: The product manager listed in the table below:

Product Manager	Office location/telephone number	Address
Cynthia Giles-Parker	Rm. 247, CM #2, 703–305–7740, e-mail: giles-parker.cynthia@epamail.epa.gov.	1921 Jefferson Davis Hwy, Arlington, VA

SUPPLEMENTARY INFORMATION: EPA has received a pesticide petition as follows from Chemical Specialties, Inc., One Woodlawn Green, Suite 250, Charlotte, N.C. 28217, proposing pursuant to section 408(d) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. 346a(d), to amend 40 CFR part 180 to establish an exemption from the requirement of a tolerance for copper ammonium complex in or on all raw agricultural commodities when used in accordance with good agricultural practice as an active ingredient in pesticide formulations applied to growing crops. EPA has not fully evaluated the sufficiency of the submitted data at this time or whether the data supports granting of the petition. Additional data may be needed before EPA rules on the petition.

The official record for this notice of filing, as well as the public version, has been established for this notice of filing under docket control number [PF–809] (including comments and data submitted electronically as described below). A public version of this record, including printed, paper versions of electronic comments, which does not include any information claimed as CBI, is available for inspection from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays. The official record is located at the address in ''ADDRESSES'' at the beginning of this document.

Electronic comments can be sent directly to EPA at:
opp-docket@epamail.epa.gov

Electronic comments must be submitted as an ASCII file avoiding the use of special characters and any form of encryption. Comment and data will also be accepted on disks in Wordperfect 5.1/6.1 file format or ASCII file format. All comments and data in electronic form must be identified by the docket control number [PF–809] and appropriate petition number. Electronic comments may be filed online at many Federal Depository Libraries.

List of Subjects

Environmental protection, Agricultural commodities, Food additives, Feed additives, Pesticides and pests, Reporting and recordkeeping requirements.

Dated: June 2, 1998.

James Jones,

Director, Registration Division, Office of Pesticide Programs.

Summaries of Petitions

Petitioner summary of the pesticide petition is printed below as required by section 408(d)(3) of the FFDCA. The summary of the petition was prepared by the petitioner and represents the views of the petitioner. EPA is publishing the petition summary verbatim without editing them in any way.

Chemical Specialties, Inc.

PP 8F4959

EPA has received a pesticide petition (PP 8F4959) from Chemical Specialties, Inc., One Woodlawn Green, Suite 250, Charlotte, N.C. 28217, proposing pursuant to section 408(d) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. 346a(d), to amend 40 CFR part 180 to establish an exemption from the requirement of a tolerance for copper ammonium complex in or on all raw agricultural commodities when used in accordance with good agricultural

practice as an active ingredient in pesticide formulations applied to growing crops. EPA has determined that the petition contains data or information regarding the elements set forth in section 408(d)(2) of the FFDCA; however, EPA has not fully evaluated the sufficiency of the submitted data at this time or whether the data supports granting of the petition. Additional data may be needed before EPA rules on the petition.

A. Residue Chemistry

1. *Plant metabolism*. No plant metabolism studies have been submitted in support of this tolerance exemption petition since copper ammonium complex forms, upon aqueous dilution, copper hydroxide. Accordingly, the actual plant residue is copper, which is an essential trace element critical for the propagation of plants.

2. *Analytical method*. Since the petitioner has requested a tolerance exemption, a residue analytical method is not required.

3. *Magnitude of residues.* No crop residue studies were conducted since copper is naturally found at significant levels (> 1 ppm) in many different types of food. In addition, residue trials are not practical since it is very difficult to distinguish copper residues from naturally occurring copper versus copper residues from copper ammonium complex.

B. Toxicological Profile

Acute toxicity. The acute oral LD_{50} for a 31.4% solution of copper ammonium complex is approximately than 2,200 milligrams/kilogram (mg/kg). Accordingly, copper ammonium complex is relatively non-toxic by the oral route.

The petitioner has requested that the Agency waive all sub-chronic, chronic/oncogenicity, mutagenicity, developmental and reproductive toxicity study requirements for copper ammonium complex. The basis for this request is that the dietary residue is copper and the Agency has previously concluded (refer to the Toxicology Chapter for Group II Copper Compounds) that:

1. Copper is essential for well-being in humans.

2. Humans possess a natural efficient homeostatic mechanism for regulating copper body levels over a wide range of dietary intake.

3. There is an overwhelming lack of evidence for any chronic effects induced by dietary ingestion of copper unless the intake is of such enormous magnitude that there is a disruption of the natural homeostatic mechanism for controlling body levels.

C. Aggregate Exposure

1. *Dietary exposure*. Twelve FDA total diet studies, conducted from mid 1982–1984, examined dietary intake of copper for age groups 14–16, 25–30 and 60–65 years. The copper intake ranged from 0.77 (14–16 year old females) to 1.24 mg/day (25–30 year old males). .

2. *Food*. Copper is naturally found in several types of foods, such as fruits and vegetables, at levels ranging from 0.3–3.9 ppm.

3. *Drinking water.* A 1987 EPA report noted that the average copper concentration in drinking water is approximately 130 ppb and a little over 1% of drinking water exceeds the Maximum Contaminant Level (MCL) of 1 ppm.

4. *Non-dietary exposure*. Air concentrations of copper, based on several thousand samples assembled by EPA's Environmental Monitoring Systems Laboratory, ranges from 0.003–7.32 $\mu g/m^3$.

Using the above exposure values, the petitioner estimates that the aggregate exposure to copper from food, drinking water and air ranges from < 1 to 3 mg/day. Consequently, the petitioner anticipates that the use of copper ammonium complex as a pre-harvest fungicide on established crops will, at most, make a negligible contribution to existing aggregate copper exposure.

D. Cumulative Effects

No cumulative adverse effects are expected from long-term exposure to copper ammonium copper.

E. Safety Determination

1. *U.S. population*. Several copper compounds, such as copper sulfate, are currently approved for use on food crops (40 CFR 180.1001(b)(1). Since copper ammonium complex is a substitute for these copper compounds, and, under use-conditions, releases equivalent amounts of copper, approval of this petition will not increase dietary exposure to copper. Moreover, copper is an essential trace element for which the National Academy of Sciences has issued a recommended daily allowance of up to 3 mg/day for adults.

Accordingly, there is reasonable certainty that no harm will result from aggregate exposure of the U.S. population to copper.

2. *Infants and children*. Since copper is also an essential trace element for infants and children and the contribution to daily copper exposure from the use of copper ammonium complex is anticipated to be trivial, no adverse effects on infants or children are expected.

F. International Tolerances

There are no approved CODEX maximum residue levels (MRLs) established for residues of copper ammonium complex.

[FR Doc. 98–15596 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–F

ENVIRONMENTAL PROTECTION AGENCY

[FRL–6110–6]

Research Strategy for Oxygenates in Water

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of availability of external review draft.

SUMMARY: This document announces the availability of an external review draft of a document, Research Strategy for Oxygenates in Water, EPA/600/R–98/048, prepared by the Office of Research and Development of the U.S. Environmental Protection Agency. The purpose of this document is to identify key issues related to assessing and managing the potential health and environmental risks of water contamination by oxygenates. The term oxygenates refers to chemicals added to fuels (which then may be known as ''oxyfuels'') to increase the oxygen content and thereby reduce certain emissions from use of the fuel. This research strategy builds on and extends an earlier document, Oxyfuels Information Needs (U.S. Environmental Protection Agency, 1996, EPA/600/R–96/069), which included water issues but tended to focus more on inhalation health risk issues. As a research strategy, the present document focuses on those gaps and limitations in current information that constitute the most critical and immediate needs to be addressed. The document is primarily intended to serve as a starting point and general guide to planning needed research. It is not a comprehensive review of issues related to oxygenates in water, and it does not attempt to specify in detail the specific studies and projects that may be needed. An earlier draft of this document was peer reviewed in a workshop held on October 7, 1997, in Washington, DC. Comments received on the workshop draft were considered in preparing the current external review draft.

DATES: Anyone who wishes to comment on this document may do so in writing

by August 28, 1998. Send the written comments to the Project Manager for Fuel Oxygenates, National Center for Environmental Assessment-RTP Office (MD–52), U.S. Environmental Protection Agency, Research Triangle Park, NC 27711.

ADDRESSES: To obtain a copy of the Research Strategy for Oxygenates in Water (External Review Draft) 1998, EPA/600/R–98/048, contact Diane H. Ray, National Center for Environmental Assessment-RTP Office (MD–52), U.S. Environmental Protection Agency, Research Triangle Park, NC 27711; telephone: 919–541–3637; facsimile: 919–541–1818; E-mail: ray.diane@epa.gov. Internet users may obtain a copy from the EPA's National Center for Environmental Assessment (NCEA) home page. The URL is http://www.epa.gov/ncea/.

FOR FURTHER INFORMATION CONTACT: Dr. J. Michael Davis, National Center for Environmental Assessment-RTP Office (MD–52), U.S. Environmental Protection Agency,Research Triangle Park, NC 27711; telephone: 919–541–4162; facsimile: 919–541–0245; E-mail: davis.jmichael@epa.gov.

Dated: June 4, 1998.

William H. Farland,

Director, National Center for Environmental Assessment.

[FR Doc. 98–15740 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–6110–5]

Notice of Proposed Prospective Purchaser Agreement Pursuant to the Comprehensive Environmental Response, Compensation and Liability Act of 1980, as Amended by the Superfund Amendments and Reauthorization Act, Triggs Trailer-Kanawha Superfund Site

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice; request for public comment.

SUMMARY: Notification is hereby given that a proposed prospective purchaser agreement associated with the Triggs Trailer-Kanawha Superfund Site located in Kanawha, Iowa was executed by the Agency on April 23, 1998 and executed by the United States Department of Justice on May 25, 1998. This agreement is subject to final approval after the comment period. The Prospective Purchaser Agreement would resolve certain potential EPA claims under sections 106 and 107 of the Comprehensive Environmental Response, Compensation and Liability Act of 1980, as amended by the Superfund Amendments and Reauthorization Act of 1986 (''CERCLA''), against Timothy Johnson d/b/a Johnson Trucking and Brownfield, Inc., the prospective purchasers (''the purchasers'').

The settlement would require the purchasers to pay the U.S. Environmental Protection Agency $25,400. The purchasers intend to use the purchased property for truck/tractor/trailer storage and maintenance. The purchasers agreed to not use the property for vehicle painting except spot-painting of frames and fenders for maintenance purposes. They also agreed to not use the property for engine rebuilding. The purchasers must comply with the institutional controls notice by deed, contract for sale or any other instrument conveying an interest in the property that no on-site wells are to be dug and the property is subject to the Prospective Purchaser Agreement. The purchasers must also provide EPA and the state of Iowa access to the site.

For thirty (30) days following the date of publication of this document, the Agency will receive written comments relating to the proposed settlement. The Agency's response to any comments received will be available for public inspection at the U.S. Environmental Protection Agency, Region VII 726 Minnesota Avenue, Kansas City, Kansas 66101.

DATES: Comments must be submitted on or before July 13, 1998.

AVAILABILITY: The proposed settlement is available for public inspection at the U.S. Environmental Protection Agency, Region VII, 726 Minnesota Avenue, Kansas City, Kansas City, Kansas 66101. A copy of the proposed agreement may be obtained from Jeffrey Weatherford, On-Scene Coordinator, U.S. Environmental Protection Agency, Region VII, 726 Minnesota Avenue, Kansas City, Kansas 66101. Comments should reference the ''Triggs Trailer-Kanawha Superfund Site Prospective Purchaser Agreement'' and should be forwarded to Jeffrey Weatherford, On-Scene Coordinator, at the above address.

FOR FURTHER INFORMATION CONTACT: Denise L. Roberts, Assistant Regional Counsel, United States Environmental Protection Agency, Region VII, 726 Minnesota Avenue, Kansas City, Kansas 66101, (913) 551–7559.

Dated: June 2, 1998.

William Rice,

Acting Regional Administrator.

[FR Doc. 98–15739 Filed 6–11–98; 8:45 am]

BILLING CODE 6560–50–M

FEDERAL DEPOSIT INSURANCE CORPORATION

Sunshine Act Meeting

Pursuant to the provisions of the ''Government in the Sunshine Act'' (5 U.S.C. 552b), notice is hereby given that at 10:01 a.m. on Tuesday, June 9, 1998, the Board of Directors of the Federal Deposit Insurance Corporation met in closed session to consider (1) matters relating to the Corporation's supervisory activities, (2) reports of the Office of Inspector General, and (3) personnel matters.

In calling the meeting, the Board determined, on motion of Vice Chairman Andrew C. Hove, Jr., seconded by Director Joseph H. Neely (Appointive), concurred in by Mr. Richard M. Riccobono, acting in the place and stead of Director Ellen S. Seidman (Director, Office of Thrift Supervision), Director Julie L. Williams (Acting Comptroller of the Currency), and Chairman Donna A. Tanoue, that Corporation business required its consideration of the matters on less than seven days' notice to the public; that no earlier notice of the meeting was practicable; that the public interest did not require consideration of the matters in a meeting open to public observation; and that the matters could be considered in a closed meeting by authority of subsections (c)(2), (c)(40), (c)(6), (c)(8), (c)(9)(A)(ii), and (c)(9)(B) of the ''Government in the Sunshine Act'' (5 U.S.C. 552b(c)(2), (c)(4)), (c)(6), (c)(8), (c)(9)(A)(ii), and (c)(9)(B)).

The meeting was held in the Board Room of the FDIC Building located at 550–17th Street, N.W., Washington, D.C.

Dated: June 9, 1998.

Federal Deposit Insurance Corporation.

James D. LaPierre,

Deputy Executive Secretary.

[FR Doc. 98–15797 Filed 6–9–98; 4:45 pm]

BILLING CODE 6714–01–M

FEDERAL MARITIME COMMISSION

Ocean Freight Forwarder License Applicants

Notice is hereby given that the following applicants have filed with the Federal Maritime Commission applications for licenses as ocean freight

forwarders pursuant to section 19 of the Shipping Act of 1984 (46 U.S.C. app. 1718 and 46 CFR 510).

Persons knowing of any reason why any of the following applicants should not receive a license are requested to contact the Office of Freight Forwarders, Federal Maritime Commission, Washington, DC 20573. Colonial Trade Co., Inc., 8319 Lages Lane, Baltimore, MD 21244, Officers: Joel Rozencwaig, President, Benito Rozencwaig, Vice President.

Dated: June 8, 1998.

Joseph C. Polking,

Secretary.

[FR Doc. 98–15630 Filed 6–11–98; 8:45 am]

BILLING CODE 6730–01–M

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of Banks 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 offices 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 June 26, 1998.

A. Federal Reserve Bank of Minneapolis (Karen L. Grandstrand, Vice President) 90 Hennepin Avenue, P.O. Box 291, Minneapolis, Minnesota 55480-0291:

1. Anton James Ringsmuth, Wakefield, Michigan; to acquire additional voting shares of Ringsmuth Family Limited Partnership, Wakefield, Michigan, and Wakefield Bancorporation, Inc., Wakefield, Michigan, and thereby indirectly acquire additional voting shares of First National Bank of Wakefield, Wakefield, Michigan.

Board of Governors of the Federal Reserve System, June 8, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–15636 Filed 6–11–98; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies; Correction

This notice corrects a notice (FR Doc. 98-13033) published on pages 27085-27086 of the issue for Friday, May 15, 1998.

Under the Federal Reserve Bank of New York heading, the entry for Travelers Group, Inc., New York, New York, is revised to read as follows:

A. Federal Reserve Bank of New York (Betsy Buttrill White, Senior Vice President) 33 Liberty Street, New York, New York 10045-0001:

1. Travelers Group Inc., New York, New York (Travelers), to become a bank holding company by acquiring Citicorp, New York, New York, and thereby indirectly acquiring Citibank, N.A., New York, New York; Universal Bank, N.A., Columbus, Georgia; Citibank (New York State), Perinton, New York; Citicorp Holdings, Inc., New Castle, Delaware; Citibank Delaware, New Castle, Delaware; Citibank (Nevada), N.A., Las Vegas, Nevada; and Citibank (South Dakota), N.A., Sioux Falls, South Dakota. Upon consummation of the proposed transaction, Travelers would be renamed Citigroup Inc.. Travelers also may form one or more intermediate bank holding companies.

In connection with the proposed transaction, Travelers also has provided notice to acquire all of the nonbank subsidiaries of Citicorp and to engage, directly or indirectly through the nonbank subsidiaries of Travelers and Citicorp, in a variety of nonbanking activities that have been previously determined to be permissible for bank holding companies.

The comment period on this application has been extended. Comments on this application must be received by June 25, 1998.

Board of Governors of the Federal Reserve System, June 8, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–15637 Filed 6–11–98; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

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 July 6, 1998.

A. Federal Reserve Bank of Kansas City (D. Michael Manies, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. The Winter Trust of December 3, 1974, and El Paso Bancshares, Inc., both of Monument, Colorado; to merge with Peoples Trust of 1987, and Peoples, Inc., both of Ottawa, Kansas, and thereby indirectly acquire Peoples National Bank & Trust, Ottawa, Kansas, Johnson County Bank, Overland Park, Kansas, and Peoples National Bank, Overland Park, Kansas.

Board of Governors of the Federal Reserve System, June 8, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–15638 Filed 6–11–98; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the

banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

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 June 29, 1998.

A. Federal Reserve Bank of Minneapolis (Karen L. Grandstrand, Vice President) 90 Hennepin Avenue, P.O. Box 291, Minneapolis, Minnesota 55480-0291:

1. JDOB, Inc., Sandstone, Minnesota; to acquire at least 80 percent of the voting shares of Lakeland National Bank, Lino Lakes, Minnesota a *de novo* bank.

Board of Governors of the Federal Reserve System, June 9, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–15736 Filed 6–11–98; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Notice of Proposals to Engage in Permissible Nonbanking Activities or to Acquire Companies that are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR Part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than June 26, 1998.

A. Federal Reserve Bank of Cleveland (Paul Kaboth, Banking Supervisor) 1455 East Sixth Street, Cleveland, Ohio 44101-2566:

1. Central Bancshares, Inc., Lexington, Kentucky; to acquire Pioneer Financial Corporation, Winchester, Kentucky, and thereby indirectly acquire Pioneer Federal Savings Bank, Winchester, Kentucky, and thereby engage in permissible savings and loan activities, pursuant to § 225.28(b)(4)(ii) of Regulation Y.

Board of Governors of the Federal Reserve System, June 8, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–15635 Filed 6–11–98; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Notice of Proposals to Engage in Permissible Nonbanking Activities or to Acquire Companies that are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR Part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than June 25, 1998.

A. Federal Reserve Bank of Richmond (A. Linwood Gill III, Assistant Vice President) 701 East Byrd Street, Richmond, Virginia 23261-4528:

1. BB&T Corporation, Winston-Salem, North Carolina; to acquire W. E. Stanley & Company, Inc., Greensboro, North Carolina, and thereby indirectly acquire Corporate Compensation Plans of N.C., Inc., and Corporate Group Services, Inc., both of Greensboro, North Carolina, and thereby engage in employee benefits consulting services, pursuant to § 225.28(b)(9)(ii) of Regulation Y.

Board of Governors of the Federal Reserve System, June 8, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–15639 Filed 6–11–98; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Notice of Proposals to Engage in Permissible Nonbanking Activities or to Acquire Companies that are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR Part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than July 9, 1998.

A. Federal Reserve Bank of Richmond (A. Linwood Gill III,

Assistant Vice President) 701 East Byrd Street, Richmond, Virginia 23261-4528:

1. BB&T Corporation, Winston-Salem, North Carolina; to acquire Maryland Federal Bancorp, Inc., Hyattsville, Maryland, and thereby indirectly acquire its subsidiary, Maryland Federal Savings and Loan Association, Hyattsville, Maryland, and thereby engage in operating a savings and loan association, securities brokerage, and marketing credit-related insurance, pursuant to §§ 225.28(b)(4)(ii), (b)(7)(i), and (b)(11)(i) of Regulation Y.

B. Federal Reserve Bank of Chicago (Philip Jackson, Applications Officer) 230 South LaSalle Street, Chicago, Illinois 60690-1413:

1. Blackhawk Bancorp, Inc., Beloit, Wisconsin; to acquire First Financial Bancorp, Inc., Belvidere, Illinois, and thereby indirectly acquire First Federal Savings Bank of Belvidere, Belvidere, Illinois, and thereby engage in the operation of a savings association, pursuant to § 225.28(b)(4)(ii) of Regulation Y.

Board of Governors of the Federal Reserve System, June 9, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–15735 Filed 6–11–98; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Sunshine Act Meeting

TIME AND DATE: 10:00 a.m., Wednesday, June 17, 1998.

PLACE: Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, N.W., Washington, D.C. 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any matters carried forward from a previously announced meeting.

CONTACT PERSON FOR MORE INFORMATION: Lynn S. Fox, Assistant to the Board; 202–452–3204.

SUPPLEMENTARY INFORMATION: You may call 202–452–3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at http://www.bog.frb.fed.us for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

DATED: June 10, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–15810 Filed 6–10–98; 11:08 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–98–21]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

1. Statement in Support of Application for Waiver of Inadmissibility—(0920–0006)—Extension—National Center for Infectious Disease Control and Prevention (NCID)—Section 212(a)(1) of the Immigration and Nationality Act states that aliens with specific health-related conditions are ineligible to receive visas and ineligible for admission into the United States. The Attorney General may waive application of this inadmissibility on health-related grounds if an application for waiver is filed and approved by the consular office considering the application for a visa. The Division of Quarantine, NCID uses this application primarily to collect information to establish and maintain records of waiver applicants in order to notify the Immigration and Naturalization Service (INS) when terms, conditions, and controls imposed by waiver are not met. We are requesting the extension of this data collection for three years. There is no cost to the respondents.

Respondents	Number of respondents	Number of responses/ Respondents	Avg. burden/ responses (in hrs.)	Total burden (in hrs.)
Businesses or Organizations	200	1	.165	33
Total				33

Dated: June 8, 1998.

Charles W. Gollmar,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98–15684 Filed 6–11–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 98070]

Evaluation of Violence Prevention Programs for High-Risk Youth

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1998 funds for a cooperative agreement program for the Evaluation of Violence Prevention Programs. This program addresses the ''Healthy People 2000'' priority area of Violent and Abusive Behavior.

The purpose of this cooperative agreement is to support the implementation and evaluation of interventions which are designed to prevent violence-related injuries among high-risk youth (ages 13–21). For the purpose of this announcement, high-risk youth does not include youth that are detained.

Applicants may propose to implement and evaluate interventions to prevent injuries due to interpersonal youth (ages 13–21) violence. The aim for these interventions is to reduce the risk of violence related injury among high-risk youth and refers to impact assessment of efforts to target youths (ages 13–21) who are in alternative schools, or have been injured in a violent incident or have received treatment for a violence related assault or trauma.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, and State and local governments or their bona fide agents.

Note: Pub. L. 104–65, which became effective January 1, 1996, states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible to receive Federal funds constituting an award, grant (cooperative agreement), contract, loan, or any other form.

C. Availability of Funds

Approximately $1,500,000 is available in FY 1998 to fund approximately four awards. It is expected that the average award will be $375,000 ranging from $350,000 to $400,000. It is expected that the awards will begin on or about September 30, 1998 and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may change.

Non-competing continuation awards for new budget periods within an approved project period are made on the basis of satisfactory performance and availability of funds.

Funding Preferences

In making awards, priority consideration will be given to ensuring geographic balance, a representative mixture of target groups, diversity of intervention strategies, and settings. Priority will be given to proposed projects evaluating efforts to reduce risk of violence related injury among high-risk youth.

D. Cooperative Activities

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. (Recipient Activities), and CDC will be responsible for the activities listed under B. (CDC Activities).

1. Recipient Activities

a. Develop and implement an intervention protocol.

b. Develop and pilot test data collection instruments.

c. Analyze data and interpret findings.

d. Establish an advisory committee (who represents the target population) that will address issues related to violence to ensure community engagement.

e. Develop collaborative relationships with voluntary, community-based public and private organizations and agencies already involved in preventing violence.

f. Compile and disseminate the results from the project.

2. CDC Activities

a. Collaborate on the development of the intervention protocol.

b. Provide technical assistance on the development and evaluation of the data collection instruments.

c. Provide up-to-date scientific information about youth violence prevention.

d. Assist in the transfer of information and methods developed in these projects to other prevention programs.

E. Application Content

Use the information in the Cooperative Activities, Other Requirements, Evaluation Criteria sections and the Errata Sheet (Addendum III), included in the application package to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan.

The narrative should be no more than 30 double-spaced pages, printed on one side, with one inch margins, and unreduced font (no smaller than 10 cpi).

F. Submission and Deadline

Submit the original and five copies of PHS–398 (OMB Number 0925–0001) and adhere to the instructions on the Errata Instruction Sheet for PHS 398. Forms are in the application kit.

On or before AUGUST 13, 1998, submit to: Joanne Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 98070, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–13, Atlanta, GA 30305–2209.

If your application does not arrive in time for submission to the independent review group, it will not be considered in the current competition unless you can provide proof that you mailed it on or before the deadline (i.e., receipt from U.S. Postal Service or a commercial carrier; private metered postmarks are not acceptable).

G. Evaluation Criteria

Each application will be evaluated individually against the following criteria by an independent reviewer group appointed by CDC. Applicants will be evaluated according to the following criteria (Maximum of 100 total points):

1. Intervention Plan (35 Points)

a. Target Group. The extent to which the target group is described and access to the target population is demonstrated. The extent to which the target group has a high incidence or prevalence of the risk factors to be influenced by the proposed intervention and the extent to which appropriate demographic and morbidity data are described. The extent to which youth, who are the direct or indirect target group, have a high incidence of interpersonal violence and violence-related injuries, disabilities, and deaths. The extent to which the applicant demonstrates a capability to achieve a sufficient level of participation by the target group in order to evaluate the intervention in an

unbiased fashion. In addition, the degree to which the applicant has met the CDC/Agency for Toxic Substances and Disease Registry (ATSDR) policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed project. This includes:

i. The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

ii. The proposed justification when representation is limited or absent.

iii. A statement as to whether the design of the study is adequate to measure differences when warranted.

iv. A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits.

b. Intervention description. The extent to which the potential effectiveness of the intervention is theoretically justified and supported by epidemiologic, or social and behavioral research. The extent to which the intervention is feasible and can be expected to produce the expected results in the target group of interest. The extent to which the intervention, its implementation, the development of all necessary materials, and all necessary training are clearly described. The extent to which the desired outcomes (e.g., behavioral change, avoidance/prevention of injury, disability, or death) are specified and definitions of measurable endpoints are provided. The extent to which the setting in which the intervention is to be implemented is clearly described and shown to be adequate for reaching the target group and achieving the desired objectives. The status of all necessary measurement instruments or training materials must be described; if any of this material is not extant, methods and time frames for their development must be described. Necessary collaborators must be identified, and evidence of their ability and intention to participate must be supplied. The extent to which the proposed goals and objectives are clearly stated, time-phased, and measurable.

2. Evaluation Design and Analysis (35 Points)

The extent to which the evaluation design and the data analysis plan are clearly described and are appropriate for the target group, intervention, data collection opportunities, and proposed project period. The extent to which the various threats to the validity of the evaluation are recognized and addressed. The extent to which the sampling methods, sample size estimates, power estimates, and attrition of the participating population are clarified. The extent to which data collection, data processing, and management activities are clearly described. The extent to which the major phases of the project are clearly presented and logically and realistically sequenced. The extent to which the proposed goals and objectives are clearly stated, time-phased, and measurable.

3. Project Management and Staffing Plan (10 Points)

The extent to which project management staff and their working partners are clearly described, appropriately assigned, and possess pertinent skills and experiences to conduct the project successfully to completion. The extent to which the applicant has arranged to involve appropriate researchers and other personnel who reflect the racial/ethnic composition of the target group. The extent to which the applicant or a full working partner demonstrates the capacity and facilities to design, implement, and evaluate the proposed intervention.

4. Collaboration (20 Points)

The extent to which the necessary partners are clearly described and their qualifications and intentions to participate explicitly stated. The extent to which the applicant provides proof of support (e.g., letters of support and/or memoranda of understanding) for proposed activities. The extent to which a full working partnership between a community-based organization, a university or other academic institution, and a State or local health department has been established for applicants seeking funds for a 3 year project period. Evidence must be provided that these funds do not duplicate already funded components of ongoing projects.

5. Human Subjects (Not Scored)

If human subjects will be involved, how they will be protect, i.e., describe the review process which will govern their participation.

6. Proposed Budget (Not Scored)

The extent to which the budget request is clearly explained, adequately justified, reasonable, sufficient for the proposed project activities, and consistent with the intended use of the cooperative agreement funds. Budgets should include costs for travel for two project staff to attend two meetings per year in Atlanta with CDC staff.

H. Other Requirements

1. Technical Reporting Requirements

Provide CDC with an original plus two copies of:

a. Semi-annual progress reports.

b. Financial status report, no more than 90 days after the end of the budget period.

c. Final financial status report and performance report, no more than 90 days after the end of the project period.

Send all reports to: Joanne Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–13, Atlanta, GA 30305–2209.

Confidentiality of Records

All identifying information obtained in connection with the provision of services to any person in any program that is being carried out with a cooperative agreement made under this announcement shall not be disclosed unless required by a law of a State or political subdivision or unless written, voluntary informed consent is provided by persons who received services.

1. Nonpersonal identifying, unlinked information, which preserves the individual's anonymity, derived from any such program may be disclosed without consent:

a. In summary, statistical, or other similar form, or

b. For clinical or research purposes.

2. Personal identifying information: Recipients of CDC funds who must obtain and retain personal identifying information as part of their CDC-approved work plan must:

a. Maintain the physical security of such records and information at all times;

b. Have procedures in place and staff trained to prevent unauthorized disclosure of client-identifying information;

c. Obtain informed client consent by explaining the risks of disclosure and the recipient's policies and procedures for preventing unauthorized disclosure;

d. Provide written assurance to this effect including copies of relevant policies; and

e. Obtain assurances of confidentiality by agencies to which referrals are made.

Assurance of compliance with these and other processes to protect the confidentiality of information will be required of all recipients. A Department of Health and Human Services (DHHS) certificate of confidentiality may be required for some projects.

The following additional requirements are applicable to this

program. For a complete description of each, see Addendum I (included in the application kit).

AR98–1 Human Subjects Requirements

AR98–2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR98–9 Paperwork Reduction Act Requirements

AR98–10 Smoke-Free Workplace Requirements

AR98–11 Healthy People 2000

AR98–12 Lobbying Restrictions

AR98–13 Prohibition on Use of CDC Funds for Certain Gun Control Activities

I. Authority and Catalog of Federal Domestic Assistance Number

This program announcement is authorized under Sections 391, 392, 393, and 394 [42 U.S.C. 280b, 280b–1, 280b–1a, and 280b–2] of the Public Service Act, as amended. The Catalog of Federal Domestic Assistance number is 93.136.

J. Where To Obtain Additional Information

The program announcement and application forms may be downloaded from the Internet: www.cdc.gov (look under funding). You may also receive a complete application kit by calling 1–888–GRANTS4. You will be asked to identify the program announcement number and provide your name and mailing address. A complete announcement kit will be mailed to you.

Please refer to Program Announcement 98070 when you request information.

If you have questions after reviewing the forms, for business management technical assistance, contact: Joanne Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 98070, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–13, Atlanta, GA 30305–2209, telephone (404) 842–6535, E-mail address jcw6@cdc.gov.

For program technical assistance, contact Wendy Watkins, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop K–60, Atlanta, GA 30341–3724, telephone (770) 488–4646, E-mail address dmw7@cdc.gov.

Dated: June 8, 1998.

John L. Williams,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98–15686 Filed 6–11–98; 8:45 am]

BILLING CODE 4163–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98D–0307]

Draft Guidance for Industry; Exports and Imports Under the FDA Export Reform and Enhancement Act of 1996

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a draft guidance document entitled, ''FDA Draft Guidance for Industry on: Exports and Imports Under the FDA Export Reform and Enhancement Act of 1996.'' The draft guidance document addresses issues pertaining to the exportation of human drugs, animal drugs, biologics, food additives, and devices as well as the importation of components, parts, accessories, or other articles for incorporation or further processing into articles intended for export.

DATES: Written comments on the draft guidance document may be submitted by August 26, 1998. General comments on the agency's guidance documents may be submitted at any time.

ADDRESSES: Submit written comments on the draft guidance document to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Philip L. Chao, Office of Policy (HF–23), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–3380.

SUPPLEMENTARY INFORMATION: FDA is announcing the availability of a draft guidance document entitled, ''FDA Draft Guidance for Industry on: Exports and Imports Under the FDA Export Reform and Enhancement Act of 1996.'' Enacted and later amended in 1996, the FDA Export Reform and Enhancement Act (Pub. L. 104–134, as amended by Pub. L. 104–180) significantly changed the export requirements for human drugs, animal drugs, biologics, devices, and, to a limited extent, food additives. For example, before the law was enacted, most exports of unapproved new drug products could only be made to 21 countries identified in section 802 of the Federal Food, Drug, and Cosmetic Act (the act), and these exports were subject to various restrictions. The FDA Export Reform and Enhancement Act amended section 802 of the act to allow, among other things, the export of unapproved new drugs to any country in the world if the drug complies with the laws of the importing country and has valid marketing authorization from any of the following countries: Australia, Canada, Israel, Japan, New Zealand, Switzerland, South Africa, and the countries in the European Union (EU) and the European Economic Area (EEA). (Currently, the EU countries are Austria, Belgium, Denmark, Germany, Greece, Finland, France, Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain, Sweden, and the United Kingdom. The EEA countries are the EU countries, Iceland, Liechtenstein, and Norway. The list of countries will expand automatically if any country accedes to the EU or becomes a member of the EEA.)

The draft guidance document provides information on the statutory requirements for exporting human drugs, animal drugs, biologics, and medical devices, general requirements for products exported under section 801 of the act (21 U.S.C. 381), labeling requirements for drugs and biologics exported under section 801(e) of the act, export requirements for unapproved drugs, biologics, and devices under section 802(b) of the act (21 U.S.C. 382(b)), exports of unapproved drugs and devices for investigational use, exports of unapproved drugs and devices in anticipation of foreign approval; exports of drugs and devices for diagnosing, preventing, or treating a tropical disease or a disease ''not of significant prevalence in the United States,'' export notifications to FDA, and ''import for export.''

The draft guidance document represents the agency's current thinking on exports and imports-for-export under sections 801 and 802 of the act. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statute, regulations, or both.

Interested persons may submit to the Dockets Management Branch (address above) written comments on the draft guidance document. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. A copy of the draft guidance document and received comments may be seen in the office

above between 9 a.m. and 4 p.m., Monday through Friday. The agency invites comments on the following issues:

• What are the draft guidance document's strengths and weaknesses? For example, which topics might require more explanation?

• Which international standards organization(s), if any, should FDA recognize for purposes of section 802(f)(1) of the act? Which international standards should be used and for which products? Under section 802(f)(1) of the act, all drugs and devices exported under section 802 of the act must be in substantial conformity with current good manufacturing practice requirements or meet ''international standards as certified by an international standards organization recognized'' by FDA.

• Section 802(e) of the act requires an application to export a drug or device intended to treat a tropical disease or a disease that is not of significant prevalence in the United States. FDA may approve exportation if it finds that the drug or device will not expose patients in the foreign country to an unreasonable risk of illness or injury and that the probable health benefits from using the drug or device under its labeled conditions of use outweigh the risk of injury or illness from its use, ''taking into account the probable risks and benefits of currently available drug or device treatment.'' What should the application contain so that FDA may make these findings? How many applications might be submitted?

The draft guidance document, with a table of contents and ''quick locator guide,'' can be accessed electronically at http://www.fda.gov/opacom/fedregister/frexport.html. The full text of the draft guidance document, without the table of contents and quick locator guide (due to reformatting and pagination changes in the **Federal Register**), follows:

FDA Guidance for Industry on: Exports and Imports Under the FDA Export Reform and Enhancement Act of 1996

I. Introduction

This guidance document is intended to summarize and to explain the basic requirements and procedures for exporting and importing human drugs, animal drugs, biologics, devices, food additives, color additives, and dietary supplements that may not be sold or distributed in the United States under the FDA Export Reform and Enhancement Act of 1996 (Pub. L. 104–134, and amended by Pub. L. 104–180).[1] This law amended sections 801 and 802 of the Federal Food, Drug, and Cosmetic Act (the act), as well as section 351(h) of the Public Health Service Act, simplifying the requirements for exporting unapproved human drugs, biologics, and devices.[2] In addition, the FDA Export Reform and Enhancement Act substantially reduced the requirements for exporting unapproved new animal drugs, provided a new option for exporting unapproved devices, and added a new provision, at section 801(d)(3) of the act that permits the import of certain components, parts, and accessories of human drugs, biologics, devices, food additives, color additives, and dietary supplements for further processing or incorporation into products intended for export.

This guidance document does not address export certificates and fees. Information on these subjects can be found in Compliance Policy Guide 7150.01, ''Certification for Exports.''

Please note that a firm or product may be subject to additional statutory or regulatory requirements beyond those described in this guidance. For example, depending on the type of products it manufactures, a firm may be subject to registration requirements under section 510 of the act (21 U.S.C. 360).

This guidance document represents the agency's current thinking with respect to the exportation of various products under the FDA Export Reform and Enhancement Act of 1996 and replaces FDA's previous guidance on exports entitled, ''A Review of FDA's Implementation of the Drug Export Amendments of 1986.'' It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statute, regulations, or both.

II. Terms Used in This Guidance

This guidance uses the following terms:

''act'' means the Federal Food, Drug, and Cosmetic Act. Citations to specific sections of the act will use the numerical sequence specified in the act rather than the section numbers used in the U.S. Code.

''cGMP'' means current good manufacturing practice. For drugs and biologics, cGMP regulations can be found at parts 210 and 211 (21 CFR parts 210 and 211). For devices, cGMP regulations can be found at part 820 (21 CFR part 820). For blood and blood components, additional regulations can be found at part 606 (21 CFR part 606).

''FDA'' or ''agency'' means the Food and Drug Administration.

''IDE'' means an investigational device exemption application. These are applications containing requests to use an unapproved device in clinical tests using human subjects. The regulations are authorized under section 520(g) of the act (21 U.S.C. 360(g)), and the implementing regulations can be found at part 812 (21 CFR part 812).

''IND'' means an investigational new drug application. These applications are required for persons who intend to conduct clinical investigations involving products subject to section 505 of the act (21 U.S.C. 355) or to the licensure provisions of the Public Health Service Act (42 U.S.C. 262). The IND regulations are authorized by section 505(i) of the act and are found at part 312 (21 CFR part 312).

''1986 Amendments'' means the Drug Export Amendments Act of 1986 (Pub. L. 99–960). Most provisions in the 1986 Amendments were revised or eliminated by the 1996 Amendments.

''1996 Amendments'' means the FDA Export Reform and Enhancement Act of 1996 (Pub. L. 104–134 and amended by Pub. L. 104–180).

''PHS Act'' means the Public Health Service Act (42 U.S.C. 201 *et seq.*). Citations to specific sections of the PHS Act will use the numbers specified in the PHS Act rather than the section numbers used in the U.S. Code.

''PMA'' means a premarket approval application. This is a marketing application for certain devices under section 515 of the act. The regulation for PMA's can be found at 21 CFR part 814.

''312 Program'' means the regulatory program used by FDA for permitting the exportation of investigational drugs or biologics for clinical use in foreign countries. The principal statutory authority for the 312 Program is section 505(i) of the act, and the regulation can be found at § 312.110.

III. Statutory Background

Some background information on the statutory requirements that existed before the enactment of the 1996 Amendments is helpful to understand why the 1996 Amendments were enacted.

A. Exports of Drugs and Biologics That May Not be Sold in the United States

The export provision in the act had its origins in 1906 as part of the Federal Food and Drugs Act (Pub. L. 59–384).

[1] This guidance document may be supplemented by other guidance documents on specific topics.

[2] If a product meets the requirements for sale in the United States, the act has no restrictions on its exportation.

Section 2 of the 1906 Federal Food and Drugs Act stated that:

* * * no article shall be deemed misbranded or adulterated within the provisions of this act when intended for export to any foreign country and prepared or packed according to the specifications or directions of the foreign purchaser when no substance is used in the preparation or packing thereof in conflict with the laws of the foreign country to which said article is intended to be shipped; but if said article shall be in fact sold or offered for sale for domestic use or consumption, then this proviso shall not exempt said article from the operation of any of the other provisions of this act.

This export provision remained essentially unchanged in the Federal Food, Drug, and Cosmetic Act of 1938 (Pub. L. 75–717), where it was codified as section 801(d). Section 801(d) of the 1938 Act stated that:

A food, drug, device, or cosmetic intended for export shall not be deemed to be adulterated or misbranded under this Act if it (1) accords to the specifications of the foreign purchaser, (2) is not in conflict with the laws of the country to which it is intended for export, (3) is labeled on the outside of the shipping package that it is intended for export, and (4) is not sold or offered for sale in domestic commerce * * *.

The 1938 act, however, also defined the terms, ''drug,'' and ''new drug,'' and these definitions led to the conclusion that section 801(d)(1) of the act did not apply to new drugs. (See, e.g., *United States* v. *An Article of Drug, etc. * * * Ethionamide-INH*, No. 67 C 288 (E.D. N.Y., Aug. 19, 1967); *United States* v. *Yaron Laboratories, Inc.*, 365 F.Supp. 917, 919 (N.D. Cal. 1972); Compliance Policy Guide 7132c.01 (Oct. 1, 1980).) As a result, the act was interpreted as permitting the export of approved drugs, but not the export of unapproved new drugs. This interpretation was viewed as imposing hardships on the pharmaceutical industry (by impairing its ability to compete in international markets) without any accompanying public health benefits (see S. Rept. 99–225, 99th Cong., 2d sess. 5–6 (1985)).

To remedy the situation, Congress enacted the Drug Export Amendments Act of 1986 (Pub. L. 99–960). Insofar as human drug products and biologics were concerned, the 1986 Amendments created section 802 of the act and established three separate ''tracks'' for exporting unapproved drugs and unlicensed biologics. Under ''track 1,'' FDA was authorized to approve an application for the export of new human and animal drugs and biologics that were not approved in the United States, so long as the drug contained the same active ingredient(s) as a product for which marketing approval in the United States was being sought or the biological product was one for which licensing was actively being pursued. Exports under ''track 1'' were confined to 21 specific countries listed in section 802 of the act. Those countries were: Australia, Austria, Belgium, Canada, Denmark, the Federal Republic of Germany, Finland, France, Iceland, Ireland, Italy, Japan, Luxembourg, the Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, and the United Kingdom.

Under ''track 2,'' FDA was authorized to approve the export of drugs and biologics intended for the treatment of tropical diseases. Persons seeking to export a drug under track 2 had to submit an application to FDA, and FDA had to find, based on ''credible scientific evidence,'' that the drug would be safe and effective in the country to which it would be exported in the prevention or treatment of a tropical disease in that country.

''Track 3'' applied to partially processed biological products and amended section 351 of the PHS Act. FDA was authorized to approve the export of partially processed human biological products intended for further manufacture in any of the 21 listed countries, but the final product had to be approved or in the process of receiving approval from the foreign country.

Additionally, the 1986 Amendments added a new section 801(d) of the act (regarding importation of drugs), and renumbered the existing section 801(d) as a new section 801(e)(1) of the act. [3]

The 1986 Amendments, however, presented several problems and concerns. One significant problem was that the 1986 Amendments limited exports of unapproved drugs and biologics to 21 countries. Although the 1986 Amendments provided criteria for adding more countries to the list, it did not provide any administrative mechanism for doing so. Consequently, exports to countries that were not on the list were not permitted.

The requirement that the drug contain the same active ingredient as a drug for which marketing approval in the United States was being ''actively pursued'' also caused some concern in the industry. Questions arose concerning the degree to which the active ingredient had to be the ''same'' or how ''actively'' the manufacturer had to be seeking approval.

The concept in the 1986 Amendments which required FDA approval before a product could be exported generated criticism and debate as well. The 1986 Amendments required a person to file an application to export a drug at least 90 days before the date on which the applicant proposed to export the drug; required FDA to publish a notice in the **Federal Register** identifying the applicant, the drug to be exported, and the country to which the drug was being exported (for Track 1 exports only); and established requirements for the application as well as the agency's action on an application. For example, if the agency decided to disapprove an application, it had to provide a written statement to the applicant describing deficiencies that the applicant must correct and give the applicant 60 days to correct those deficiencies. Some firms charged that this approval process took too long; others questioned why the United States should have to approve the export of a product to a foreign country, particularly when the foreign country had its own public health authorities or had approved the product for marketing.

B. Exports of Animal Drugs That May Not be Sold in the United States

As stated earlier, section 801(e) of the act was construed as not applying to the exportation of unapproved new human drugs. This interpretation also covered unapproved new animal drugs, and was made explicit in 1968 as part of the Animal Drug Amendments of 1968 (Pub. L. 90–399). Although the initial Congressional bill would have permitted exportation of unapproved new animal drugs, Congress, at the request of the then-Department of Health, Education, and Welfare, elected to amend section 801 of the act to prevent the exportation of unapproved new animal drugs and animal feed containing unapproved new animal drugs (see S. Rept. 1308, 90th Cong., 2d sess., 1968 U.S. Code Cong. & Admin. News 2160). The legislative history explained that the amendment's purpose was to ''preserve, essentially, the status quo with respect to the export exemption'' (id.).

The Drug Export Amendments Act of 1986 altered the export requirements for unapproved new animal drugs in the same manner that it changed the export requirements for unapproved new human drugs (such as limiting exports to 21 countries and requiring the exporter to be pursuing product approval in the United States as a condition for allowing exportation). Consequently, an unapproved new

[3] The 1986 Amendments did not alter the export requirements for insulin and antibiotics. These products remained subject to the basic export requirements that are now seen in section 801(e)(1) of the act, and so exports could occur without prior FDA approval.

animal drug could be exported under section 802 of the act.

C. Exports of Devices That May Not be Sold in the United States

As stated earlier, then-section 801(d) of the Federal Food, Drug, and Cosmetic Act of 1938 (now codified at section 801(e)) stated that a food, drug, device, or cosmetic intended for export would not be considered adulterated or misbranded if the product: (1) Met the foreign purchaser's specifications; (2) was not in conflict with the laws of the country to which it was being exported; (3) was labeled on the outside of the shipping package that the product was intended for export; and (4) was not sold or offered for sale in domestic commerce.

This authority remained unchanged until 1976 when, as part of the Medical Device Amendments Act of 1976 (Pub. L. 94–295), Congress amended the provision to state that the four criteria did not apply to any device that did not comply with an applicable requirement under sections 514 (performance standards) or 515 (premarket approval) of the act, to devices that were exempt from sections 514 or 515 of the act under section 520(g) of the act (devices subject to an IDE), and to banned devices (under section 516 of the act) *unless*, in addition to requiring compliance with section 801(e)(1) of the act, the agency determined that exportation of the device would not be contrary to the public health and safety and the device had the approval of the foreign country that would receive the device. In other words, most unapproved devices could not be exported unless the agency determined that exportation would not be contrary to the public health or safety and that the foreign country approved of the device. This provision was, and remains, codified at section 801(e)(2) of the act (21 U.S.C. 381(e)(2)).

As in the case of FDA drug export approvals, the statutory requirement that FDA approve device exports began to generate criticism from the device industry. The device industry criticized the agency for the time FDA took to determine whether an export request met the statutory criteria. FDA reduced the average time for processing device export requests from an average of 91 days in 1992 to 10 days in 1995, yet, despite this significant reduction in processing time, the statute's export approval requirements were seen as adversely affecting the ability of U.S. firms to enter or to compete in foreign markets.

D. Enactment of the FDA Export Reform and Enhancement Act of 1996

The FDA Export Reform and Enhancement Act of 1996 (Pub. L. 104–134, and amended by Pub. L. 104–180) addressed industry's problems and concerns. For human drugs and biologics that may not be sold in the United States, the 1996 Amendments:

- Amended section 801(d) of the act to allow import of components of drugs and biologics into the United States that do not comply with other provisions in the act where those components are intended for incorporation or further processing by the initial owner or consignee into a drug or biologic that will be exported under section 801(e) or section 802 of the act or section 351(h) of the PHS Act.
- Amended section 801 of the act to allow exports of approved drugs (except for insulin and antibiotics) to countries that have different or additional labeling requirements. The new provision, at section 801(f) of the act, requires such drugs to be labeled in accordance with the requirements and conditions for use in the foreign country and to be labeled in accordance with the act. If the drug's labeling includes conditions of use that are not approved in the United States, the labeling must state that such conditions for use have not been approved under the act.
- Replaced section 802 of the act in its entirety with a new section 802 of the act that:
  - Eliminated the requirement for prior FDA approval of exports of unapproved drugs (in most cases),
  - Significantly expanded the list of countries to which unapproved products can be exported without prior FDA approval (and also provided administrative mechanisms for the Secretary of Health and Human Services (the Secretary) to add countries to the list and for FDA to permit exports of specific products to unlisted countries),
  - Authorized exports of unapproved drugs and biologics intended for use in clinical investigations in any of 25 countries identified in section 802(b)(1)(A) of the act,
  - Authorized the export of unapproved products to a listed country in anticipation of marketing approval in that country,
  - Created a simple notification process for most exported products (as opposed to the application process required under the 1986 Amendments). Notification is not required for drugs exported for investigational use in a listed country or drugs exported in anticipation of marketing authorization in a listed country, and
  - Authorized FDA to permit the export of unapproved products intended to treat tropical or other diseases that are ''not of significant prevalence in the United States.''

For animal drugs that may not be sold in the United States, the 1996 Amendments:

- Again restricted the authority to export an unapproved new animal drug to section 801 of the act.[4] However, unlike the situation that existed from 1968 to 1986, an unapproved new animal drug can be exported if it is: Intended for export; accords to the specifications of the foreign purchaser; is not in conflict with the laws of the importing country; is labeled on the outside of the shipping package that it is intended for export; and is not sold or offered for sale in interstate commerce (see section 801(e)(1) of the act).
- The only unapproved new animal drugs that cannot be exported under section 801 of the act are ''banned'' animal drugs (see section 801(e)(3) of the act). Neither the statute nor the legislative history explains what a ''banned'' animal drug is, and FDA is working on an interpretation as to what constitutes a ''banned'' animal drug.

For devices that may not be sold in the United States, the 1996 Amendments:

- Amended section 801(d) of the act to permit the import of component parts, accessories, or other articles of a device that do not comply with other provisions in the act, if those component parts, accessories, or other articles are intended for incorporation or further processing by the initial owner or consignee into a device that will be exported under section 801(e) or section 802 of the act or section 351(h) of the PHS Act;
- Amended section 801 of the act to permit exportation of devices under section 801(e) of the act *or* under section 802 of the act;
- Replaced section 802 of the act in its entirety with a new section 802 of the act that:
  - Eliminated the requirement for prior FDA approval for exports (for devices approved in a listed country or destined for clinical investigations in a listed country),
  - Created administrative mechanisms for the Secretary to add countries to the list and for FDA to approve exports of specific products to unlisted countries,
  - Authorized exports of unapproved devices intended for use in clinical investigations in any of 25 countries identified in section 802 of the act,
  - Authorized the export of unapproved devices to a listed country in anticipation of marketing approval in that country,
  - Created a simple notification process for exported devices (as opposed to the application process under section 801(e)(2) of the act). Notification is not required for devices exported for investigational use to a listed country or devices exported in

[4] Animal drugs cannot be exported under section 802 of the act because that section pertains to biologics, devices, and *human* drugs.

anticipation of marketing authorization in the listed country, and

• Authorized FDA to permit the export of unapproved devices intended to treat tropical diseases or other diseases that are ''not of significant prevalence in the United States.''

Additionally, the 1996 Amendments permit importation of food additives, color additives, and dietary supplements into the United States if those articles are intended for incorporation or further processing by the initial owner or consignee into a drug, biologic, device, food, food additive, color additive, or dietary supplement that will be exported.

This document describes the requirements for drugs (both human and animal), biologics, and devices under sections 801 and 802 of the act and section 351(h) of the PHS Act, as amended by the 1996 Amendments. It begins with a discussion of the principal export requirements under sections 801 and 802 of the act and section 351(h) of the PHS Act, followed by a discussion of the ''import-for-export'' requirements under section 801 of the act.

IV. General Requirements for Products Exported Under Section 801(e)(1) of the Act

Section 801(e)(1) of the act contains general requirements for any food, drug, device, or cosmetic that may not be sold in the United States and is intended for export. These requirements apply regardless of whether the product is exported under section 801(e) or section 802 of the act or section 351(h) of the PHS Act.[5] (Additional requirements apply to products exported under section 802 of the act and to devices exported under section 801(e)(2) of the act; those requirements are described later in this document).

Section 801(e)(1) of the act states that a food, drug, device, or cosmetic intended for export shall not be deemed to be adulterated or misbranded if the product: Accords to the specifications of the foreign purchaser; is not in conflict with the laws of the country to which it is intended for export; is labeled on the outside of the shipping package that it is intended for export; and is not sold or offered for sale in domestic commerce.

During routine inspections, FDA will evaluate whether a firm has complied with section 801(e)(1) of the act. Consequently, records are very important for demonstrating compliance with each element of section 801(e)(1) of the act.

To demonstrate that the product meets the foreign purchaser's specifications, FDA recommends that the firm exporting the product maintain records describing or listing the product specifications requested by the foreign purchaser. This would include details about the product (e.g., dosage strength, dosage form, purity, quality, operating parameters, composition, etc.) and any details concerning the product's manufacture (e.g., type of sterilization process to be used, compliance with a particular manufacturing standard, etc.) as requested by the foreign purchaser. FDA recommends that the firm have an English-language translation of the specifications document or be prepared to translate the document into English at the time of any FDA inspection.

To demonstrate that the product does not conflict with the laws of the importing country, FDA recommends that the firm obtain a letter from the foreign government agency, department, or other body stating that the product has marketing approval from the foreign government or does not conflict with that country's laws. Letters should *not* be from nongovernmental bodies or persons (such as company officials or attorneys in the foreign country). Additionally, if the letter from the foreign government is not in English, FDA recommends that the firm have an English-language translation of that document or be prepared to translate the document into English at the time of any FDA inspection. Such translations are essential because they will enable the firm to show, and for FDA to verify, that the product does not conflict with the laws of the importing country.

To demonstrate that the product is labeled on the outside of the shipping package that it is intended for export, FDA recommends that the firm place a statement on the shipping packages themselves. A statement such as ''For export only'' may be sufficient.

To demonstrate that the product is not sold or offered for sale in the United States, FDA recommends that the firm maintain records concerning the product, its labeling, and similar products sold or offered for sale in the United States. The labeling can simply state that the product is ''Not for sale in the United States,'' or bear a similar statement. As for the product itself, FDA examines whether the product (as opposed to batches, lots, or production runs of a product) is sold or offered for sale in the United States. For example, if company A makes five batches of a particular unapproved drug and intends to export two batches (and sell the remaining three batches in the United States), the fact that company A intends to export the two batches does *not* mean that the product is ''not sold or offered for sale in the United States.'' Instead, FDA considers the unapproved drug to be sold in the United States because other batches of the same product *are* sold in the United States.

The requirements in section 801(e)(1) of the act apply to foods, drugs (both human and animal (except for ''banned'' animal drugs, which may not be exported)), biologics, devices, and cosmetics intended for export, whether they are exported under section 801 or section 802 of the act or section 351(h) of the PHS Act. Furthermore, depending on the type of product being exported and the legal authority supporting the product's exportation, additional requirements may apply.

A. Special Requirements for Certain Devices

Some devices face additional statutory requirements before they can be exported under section 801(e)(1) of the act. Under section 801(e)(2) of the act, if an unapproved device does not comply with an applicable requirement under sections 514 (performance standards) or 515 (premarket approval) of the act, is exempt from either such section under section 520(g) of the act, or is a banned device under section 516 of the act, the device may be deemed to be adulterated or misbranded unless, in addition to the requirements in section 801(e)(1) of the act, FDA has determined that exportation of the device is not contrary to the public health and safety and has the approval of the country to which it is intended for export.

The act provides that any device introduced into interstate commerce after May 28, 1976, is automatically considered to be a ''class III'' device requiring premarket approval under section 515 of the act. Such devices may not be legally marketed, unless and until FDA: (1) Classifies the device into class I or II; (2) grants marketing clearance by issuing an order under section 513(i) of the act, in response to a report submitted by the sponsor under section 510(k) of the act, determining that the device is substantially equivalent to a predicate device that does not require premarket approval (hereinafter referred to as 510(k) marketing clearance); or (3) issues an order under section 515(d)(1)(A) of the act approving an application for premarket approval.

Although the act prohibits exportation of class III devices requiring premarket

[5] The requirements in section 801(e)(1) of the act apply to all products exported under section 802 of the act due to section 802(f)(3) of the act. That section prohibits exportation of a product under section 802 of the act if the requirements in section 801(e)(1)(A) through (e)(1)(D) of the act are not met. The requirements in section 801(e)(1) of the act also apply to partially processed biologics exported under section 351(h) of the PHS Act.

approval unless the criteria under section 801(e)(2) of the act are met,[6] FDA, in exercising its enforcement discretion, has not taken enforcement action against those manufacturers who have not complied with the export criteria in section 801(e)(2) of the act, provided that the manufacturers have reasonably concluded that, if a report under section 510(k) of the act had been submitted to FDA, FDA would have granted 510(k) marketing clearance. FDA intends to continue exercising its enforcement discretion in this manner, with respect to the requirements in section 801(e)(2) of the act. FDA emphasizes, however, that it does not intend to exercise enforcement discretion with respect to the requirements in section 801(e)(1) of the act for manufacturers who reasonably believe that their devices would receive a 510(k) marketing clearance.

To help FDA determine whether exportation of the device is not contrary to the public health and safety, FDA recommends that manufacturers provide basic safety data for the device. Such data often consists of a statement certifying that a search of medical databases has not identified any adverse safety data for similar devices or the materials used in the device, or summaries of any adverse safety data, including a discussion as to why the adverse effects should not be considered applicable to the device that is to be exported. Brief summaries of available animal safety studies conducted with the device and safety data from human clinical studies are also helpful.[7] FDA ordinarily does not need safety data if the device is the subject of an approved IDE or is considered to have an approved IDE and will be marketed or used in the importing country for the same intended use.[8]

To help FDA determine whether exportation of the device has the approval of the country to which it is intended for export, FDA recommends that the manufacturer obtain a letter from the foreign country approving of the device's importation. If the manufacturer is exporting the device to a country in the European Economic Area and the device has received a CE mark, documentation of the CE mark will ordinarily be sufficient.

Additional information regarding device exports under section 801(e)(2) of the act can be found in the guidance document entitled, ''Procedures for Obtaining FDA Approval to Export Unapproved Medical Devices.'' (See ''For Further Information Contact'' in section XII of this document.)

B. Special Requirements for Partially Processed Biologics

The 1996 Amendments also changed the export requirements for partially processed biological products. Under section 351(h) of the PHS Act, a partially processed biological product may be exported if it is: ''not in a form applicable to the prevention, treatment, or cure of diseases or injuries of man;'' not intended for sale in the United States; and intended for further manufacture into final dosage forms outside the United States.

Exports of such products must comply with section 801(e)(1) of the act and with cGMP's or international manufacturing standards as certified by an international standards organization recognized by the agency.

1. *What Constitutes a Partially Processed Biological Product?*

FDA interprets the term ''partially processed biological products'' as meaning biological products requiring purification, inactivation, fractionation, or significant chemical modification (such as the formation or breakage of covalent bonds and the incorporation of peptides into a diagnostic test kit) before being used in the formulation of a final product. Thus, a finished bulk product that could be formulated into a finished dosage form through manufacturing steps other than purification, inactivation, fractionation, or significant chemical modification would not constitute a partially processed biological product that could be exported under section 351(h) of the PHS Act. Certain other products, such as source plasma and source leukocytes, also would not be partially processed biological products because they are finished products (notwithstanding the possibility that their intended use may be as a source material for further manufacturing into another product), and FDA requires such products to be licensed.[9]

Products that do qualify as partially processed biological products include intermediate biological products that a manufacturer has partially processed and that would be subject to licensure as final products after the completion of additional manufacturing steps. For example, synthetic peptides that are a component of an in vitro diagnostic test kit would be partially processed biological products.

FDA encourages persons who may be uncertain as to whether their products are partially processed biological products to contact the Import/Export Team in the Center for Biologics Evaluation and Research (see the ''For Further Information Contact'' in section XII of this document for the address and phone number).

2. cGMP Requirements

Section 351(h) of the PHS Act also requires partially processed biological products to be ''manufactured, processed, packaged, and held in conformity with current good manufacturing practice requirements'' or international manufacturing standards recognized by the agency. FDA will inspect manufacturers to ensure that they are in compliance with cGMP's.

FDA acknowledges that section 351(h) of the PHS Act also refers to ''international manufacturing standards as certified by an international standards organization'' recognized by FDA. At this time, FDA has not recognized any such international standards or organizations for purposes of section 351(h) of the PHS Act, but is examining this issue closely.

3. Additional Requirements Under Section 351(h) of the PHS Act

All exports of FDA-regulated products that may not be sold or marketed in the United States, including partially processed biological products exported under section 351(h) of the PHS Act, must conform to the standard export requirements of section 801(e)(1) of the act. Thus, a product intended for export under section 351(h) of the PHS Act must: Accord with specifications of the foreign purchaser; not be in conflict with the laws of the country to which it is intended for export; be labeled on the outside of the shipping package that as intended for export; and not be sold or offered for sale in domestic commerce. Consistent with section 801(e)(1) of the act, section 351(h)(2) of the PHS Act further requires that the product may not be intended for sale in the United States.

Records are important in FDA's evaluation of compliance with section

[6] Such devices may be eligible for export under section 802 of the act. (A discussion of section 802 of the act appears in section VI.B of this document.)

[7] For in vitro diagnostic devices, where the device is to be the sole determinate of whether a particular course of treatment will be initiated for a life-threatening disease, the agency recommends that the manufacturer provide a statement indicating whether an alternative test will be available to confirm the test results.

[8] A device may be considered to have an approved IDE if an institutional review board determines that the device is a nonsignificant risk device, and provided the device has met the requirements for nonsignificant risk devices under § 812.2(b).

[9] Unlicensed biologics that fail to qualify for export under section 351(h) of the PHS Act may qualify for export under section 802 of the act.

351(h) of the PHS Act, including the requirements section 801(e)(1) of the act. FDA recommends that the firm or manufacturer maintain the following records for possible review during a routine annual or biennial FDA inspection. Depending on the particular circumstances of export, different or additional records may also be relevant.

- Evidence that product for export qualifies as a partially processed biological product;
- Evidence that the partially processed biological product complies with the laws of the country to which it is being exported and accords to the specifications of the foreign purchaser, in accordance with section 801(e)(1) of the act, and is intended for further manufacture into final dosage form outside the United States, in accordance with section 351(h)(3) of the PHS Act. Such evidence may consist of a valid marketing authorization for the partially processed biological product or the final product from the foreign ministry of health, contractual agreement, and purchase orders that may include foreign specifications;
- Records, such as manufacturing records, that trace the partially processed biological product through the assignment of a batch or lot numbering system at the U.S. exporting firm. The agency suggests that these records also include temperature stability data for product during the conditions of transit (export) and periodic checks of the capacity of the shipping containers;
- Distribution records of exported partially processed biological products;
- Copies of all labeling that accompanies the partially processed biological product for export (i.e., container label or any package insert). FDA recommends that the partially processed biological product's container label state, ''Caution: For Further Manufacturing Use Only;'' and
- Evidence that the product is not intended for sale in the United States and has not been sold or offered for sale in the United States. This may consist of purchase orders from the foreign purchaser and distribution records and records of the product's labeling and similar products sold in the United States. FDA examines whether the product itself (as opposed to batches or lots) is sold or offered for sale in the United States. For example, if a company produces five batches of a partially processed biological product and intends to export two batches and sell the remaining three in the United States, the product is deemed ''sold or offered for sale in the United States'' and ''intended for sale in the United States'' within the meaning of section 351(h) of the PHS Act.

Additionally, firms that manufacture, prepare, or process partially processed biologics for export must register with FDA and list their products under section 510 of the act and parts 207 and 607 (21 CFR parts 207 and 607).

V. Labeling Requirements for Drugs and Biologics Exported Under Section 801(e)(1) of the Act—Section 801(f) of the Act

The 1996 Amendments contained a new provision that permits the export of drugs (other than insulin, antibiotics, animal drugs, or drugs exported under section 802 of the act) [10] that may be sold in the United States. For these drugs, section 801(f) of the act imposes certain labeling requirements. If the drug that is approved in the United States is being exported to a country that has different or additional labeling requirements or conditions for use (compared to those on the FDA-approved labeling), and the foreign country requires the drug to be labeled in accordance with those requirements or uses, section 801(f)(1) of the act specifies that the drug may be labeled in accordance with the foreign requirements and conditions for use *so long* as the drug is also labeled in accordance with the act.

For those conditions of use that are not approved in the United States, section 801(f)(2) of the act requires the labeling to state that those uses are not approved under the act. The act defines ''labeling'' as ''all labels and other written, printed, or graphic matter (1) upon any article or any of its containers or wrappers, or (2) accompanying such article.'' Thus, to comply with section 801(f)(2) of the act, FDA suggests that a firm place a statement on the labeling regarding the uses that are not approved in the United States wherever an unapproved use appears. For example, if an unapproved use is on the immediate label and on the product's container, a statement identifying the uses that are not approved in the United States would appear on the immediate label and on the product's container.

FDA has received questions whether the statement identifying the uses that are not approved in the United States should be in the language used in the foreign country. Although section 801(f) of the act is silent on this point, the agency suggests that the statement be in the foreign language because the requirement would be meaningless if foreign consumers could not read the statement and would have no value for U.S. consumers who, because section 801(e)(1)(D) of the act prohibits the exported product from being sold or offered for sale in domestic commerce, would not have access to the product when labeled for the unapproved use(s).

In some instances, products that may be exported in compliance with the labeling requirements in section 801(f) of the act may also qualify for export under section 802(b)(1)(A) of the act (discussed later in section VII.D of this document). In such cases, a firm may elect to export a product under either section 801(e) or section 802(b) of the act so long as the product meets the statutory requirements for export. As discussed in section VII of this document, a drug exported under section 802 of the act is *not* subject to the labeling requirements in section 801(f) of the act.

VI. Exports of Unapproved Drugs, Biologics, and Devices Under Section 802(b) of the act

A. Drugs and Biologics

As stated earlier, courts and FDA have interpreted section 801(e) of the act as being inapplicable to unapproved new drugs and biologics. As a result, the 1986 Amendments amended the act so that the export of unapproved new drugs and biologics was regulated under section 802 of the act.

The 1996 Amendments, insofar as human drugs and biologics are concerned, modified the scope of section 802 of the act to state that the provision applies to drugs and biologics that: Require approval under section 505 of the act or, for biologics, require licensing under section 351 of the PHS Act; do not have such approval or license; and are not exempt from section 505 of the act or section 351 of the PHS Act.

Thus, section 802 of the act applies to unapproved new human drugs and biologics and to approved human drugs and biologics being exported for unapproved uses. [11] If FDA declines to approve or license a drug or biologic or

[10] Insulin and antibiotics were excluded from section 801(f) of the act because they have historically been subject only to the export requirements now seen in section 801(e)(1) of the act. In 1997, the Food and Drug Administration Modernization Act (Pub. L. 105–115) expressly stated that insulin and antibiotics may be exported without regard to the requirements in section 802 of the act so long as they meet the requirements in section 801(e)(1) of the act.

[11] While section 802(b) of the act refers to drugs requiring approval under section 505 of the act, it does not apply to insulin, antibiotics, or over-the-counter drug products that do not require approval under section 505 of the act. In 1997, the Food and Drug Administration Modernization Act amended section 802 of the act so that exports of insulin and antibiotics are subject to the export requirements in section 801(e)(1) of the act.

decides to withdraw approval or revoke licensure for a drug or biologic and that product has been exported to one or more foreign countries, section 802(a) of the act requires FDA to notify the appropriate foreign public health official in those countries of its decision.

Section 802 of the act also contains special provisions for drugs intended for investigational use in a listed country, drugs intended for further processing or labeling to fill the pipeline in anticipation of marketing authorization in a listed country, and drugs intended to treat a tropical disease or disease that is ''not of significant prevalence in the United States.'' These provisions are discussed in greater detail in sections VII through IX of this document.

B. Devices

Section 802(b) of the act, like section 801(e)(2) of the act, applies to devices that: Do not comply with an applicable requirement under section 514 or 515 of the act; are subject to an IDE; or are banned devices.

This means that devices that have premarket approval are *not* subject to section 802 of the act, nor are devices that are the subject of a marketing clearance under the premarket notification provision under section 510(k) of the act.

C. Basic Requirements for All Products Exported Under Section 802 of the Act

Under section 802(f) of the act, the basic requirements for all drugs, biologics, and devices exported under section 802 of the act are as follows:

- The product must be manufactured, processed, packaged, and held in ''substantial conformity'' with cGMP's or meet international standards as certified by an international standards organization recognized by FDA.[12] Neither the 1996 Amendments nor its legislative history explains what constitutes ''substantial conformity'' with cGMP's, but the legislative history for the Generic Drug Enforcement Act of 1992 may be instructive. In discussing the terms ''substantial compliance'' with cGMP's and good laboratory practices, the House Committee on Energy and Commerce suggested that ''substantial compliance'' could not mean *full* compliance with GMP's because FDA ''lacks the continuing presence that would be necessary to conclude that a firm is in full compliance with GMPs and GLPs'' (see H. Rept. 102–272, 102d Cong., 2d sess. 20 (1992)). The term does mean that the firm must have passed its most recent GMP inspection (or that GMP violations have been rectified, and the firm has credible systems and personnel in place to prevent a recurrence of the violation(s)). FDA interprets the term ''substantial conformity'' under section 802(f)(1) of the act in a similar manner.
- The product must not consist in whole or in part of any filthy, putrid, or decomposed substance and must not have been prepared, packed, or held under insanitary conditions where it may have been contaminated or made injurious to health;
- The container for the product must not be composed, in whole or in part, of any poisonous or deleterious substance which may render the contents injurious to health;
- The product must have the strength, purity, or quality that it is represented to possess;
- For drugs, no substance may be mixed or packed with the drug that would reduce the drug's quality or strength or may substitute in whole or in part for another substance in the drug;
- The product must comply with the requirements in section 801(e)(1) of the act. As stated earlier, section 801(e)(1) of the Act requires that the drug or device to be exported: (1) Accords to the specifications of the foreign purchaser; (2) not conflict with the laws of the country to which it is intended for export; (3) be labeled on the outside of the shipping package that it is intended for export;[13] and (4) not be sold or offered for sale in domestic commerce.[14] (A discussion of the requirements in section 801(e)(1) of the act appears earlier in this guidance.)
- The product cannot be the subject of a notice by FDA or the U.S. Department of Agriculture determining that the probability of reimportation of the exported product would present an imminent hazard to the public health and safety of the United States, such that exportation must be prohibited;
- The product cannot present an imminent hazard to the public health of the country to which it would be exported; and
- The product must be labeled in accordance with the requirements and conditions of use in the listed country[15] which authorized it for marketing and the country to which it is being exported, and must be labeled in the language and units of measurement used in or designated by the country to which the drug or device is being exported. Additionally, a drug or device may not be exported if the drug or device is not promoted in accordance with these labeling requirements.

If the above requirements are not met, section 802(f) of the act states that a drug or device may not be exported. Furthermore, in determining whether a drug or device may present an imminent hazard to the public health of the foreign country or is improperly labeled or promoted, section 802(f) of the act requires FDA to consult with the ''appropriate public health official in the affected country.''

Exporters are primarily responsible for determining whether export is permitted under the act and whether their exports meet the requirements in section 802(f) of the act. During an inspection, FDA will evaluate compliance with the relevant export provisions as appropriate. As discussed below, section 802(g) of the act requires persons exporting drugs and devices under section 802(b)(1) of the act to maintain records of such exported products and the countries to which they were exported and to provide a simple notification to the agency regarding such exports.

D. Exports of Unapproved New Drugs, Biologics, and Devices to a Listed Country—Section 802(b)(1)(A) of the Act

The principal provision authorizing the exportation of unapproved new drugs, biologics, and devices is section 802(b)(1)(A) of the act. Section 802(b)(1)(A) of the act states that a drug or device ''may be exported to any country, if the drug or device complies with the laws of that country and has valid marketing authorization by the appropriate authority'' in Australia, Canada, Israel, Japan, New Zealand, Switzerland, South Africa, or any member nation in the European Union or the European Economic Area.

[12] The agency has not recognized an international standards organization or standard for any FDA-regulated product for purposes of section 802(f) of the act, but is examining this issue closely.

[13] A statement on the outside of the shipping package, such as, ''For export only'' or similar language, may be sufficient.

[14] As stated in section IV of this document, FDA advises firms to maintain records concerning the product, its labeling, and similar products sold in the United States. The product's labeling can state that the product is ''Not for sale in the U.S.'' or use similar language.

[15] The listed countries, under section 802(b) of the act, are: Australia, Canada, Israel, Japan, New Zealand, Switzerland, South Africa, and the member nations of the European Union and the European Economic Area. As of January 1, 1998, the EU countries are Austria, Belgium, Denmark, Germany, Greece, Finland, France, Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain, Sweden, and the United Kingdom. The EEA countries are the EU countries, Iceland, Liechtenstein, and Norway. The number of listed countries expands automatically as countries become members of the EU or the EEA.

This means that a firm whose drug or device has received marketing authorization in *any* of the countries listed above can export that drug or device to any country in the world as long as the drug or device meets applicable requirements of the act, without submitting an export request to FDA or receiving FDA approval to export the drug or device. Moreover, in a change from the 1986 Amendments, firms do *not* have to seek U.S. approval of the product as a condition of exportation.

FDA interprets the terms ''marketing authorization'' as meaning an affirmative decision by the appropriate public health authority in a foreign country to permit the drug, biologic, or device to be sold in that country. For example, if country D approves a drug for investigational use, the approval would not constitute ''marketing authorization'' because country D's decision did not extend to commercial marketing. Likewise, a decision by country D to permit sales to another country would not represent ''marketing authorization'' because it does not permit sales within country D.

Some countries, however, have regulatory systems that permit marketing without an affirmative act or decision by the government. In such cases, FDA would consider a drug, biologic, or device to have ''marketing authorization'' if the listed country does not object to the product's marketing, and FDA recommends that the firm obtain a document from the relevant authority in the listed country indicating that it does not object to the product's marketing.

As for the word ''drug,'' the drug to be exported under section 802(b)(1)(A) of the act should be the same product as the drug that received marketing authorization in the listed foreign country. Thus, the issue of whether the drug to be exported must be exactly *identical* to the drug authorized in the listed country may depend on the conditions surrounding market authorization in the foreign country. For example, if country E's marketing authorization applies only to a drug product with a specific composition, rather than to drugs that have a particular active ingredient or general composition, then the drug that is to be exported from the United States must have the same composition as the drug that received marketing authorization in country E. If, however, country E approves a drug product and, as a result of that approval, permits marketing of other drugs using the same active ingredient, then the ''drug'' that could be exported under section 802(b)(1)(A) of the act could be any drug that has the same active ingredient. [16]

A similar concept applies to devices. Devices that are exported under section 802(b)(1)(A) of the act should be similar (to the degree that any variation could not affect the safety or effectiveness of the product) or identical to the devices that receive marketing authorization in a listed country, depending on the requirements of that listed country.

E. Expanding the List of Countries in Section 802(b)(1)(A) of the Act

The list of countries in section 802(b)(1)(A) of the act is not closed. The 1996 Amendments contain a mechanism whereby the Secretary may add other countries to the list, provided that the country meets certain criteria. These criteria include: (1) Statutory or regulatory requirements which require the review of drugs and devices for safety and effectiveness by a government entity in that country and which authorizes marketing approval of drugs and devices that trained and qualified experts acting on behalf of the government have determined to be safe and effective, (2) statutory or regulatory requirements pertaining to cGMP's, (3) statutory or regulatory requirements for reporting adverse events and for removing unsafe or ineffective drugs and devices from the market, (4) statutory or regulatory requirements that a product's labeling and promotion be in accordance with the product's approval, and (5) equivalence of the country's marketing authorization system with that in the listed countries.

The authority to add countries to the list, by law, cannot be delegated below the Office of the Secretary. Thus, FDA has no authority to add countries to the list.

F. Exports of Unapproved New Drugs and Biologics to an Unlisted Country—Section 802(b)(2) and (b)(3) of the Act

If a firm intends to export an unapproved new drug (including biologics) to a foreign country, but none of the listed countries has approved the drug for marketing, it has two other options for exporting the product. [17]

One option is in section 802(b)(2) of the act. This section permits a firm to export an unapproved drug directly to an unlisted country if:

- The drug complies with the laws of the foreign country and has valid marketing authorization by the ''responsible authority'' in that country, and
- The agency determines that the foreign country has statutory or regulatory requirements:
  - Which require the review of drugs for safety and effectiveness by a government entity in that country and which authorizes marketing approval of drugs which trained and experienced experts have determined to be safe and effective. The experts must be employed by or acting on behalf of the foreign government entity and base their determination on adequate and well-controlled investigations (including clinical investigations);
  - Pertaining to cGMP's;
  - For reporting adverse events and for removing unsafe or ineffective drugs from the market; and
  - Which require that the labeling and promotion be in accordance with the product's approval.

FDA recommends that firms intending to export drugs under section 802(b)(2) of the act provide documentation showing that the drug complies with the foreign country's laws and has valid marketing authorization. (If the country has a regulatory system that allows marketing without an affirmative decision by the government, FDA recommends that the firm obtain a document indicating that the authorities in the listed country do not object to the product's marketing.) The agency also suggests that firms provide documentation so FDA can make its determination on the foreign country's statutory and/or regulatory requirements. Copies of the foreign country's laws and regulations (in English) may be helpful, but are not required; firms may also provide a description of the foreign country's laws and regulations with citations that identify the precise law or regulation. If FDA cannot make the necessary determinations concerning the foreign country's statutory and regulatory requirements, the firm cannot export the drug under section 802(b)(2) of the act.

The second option is in section 802(b)(3) of the act. This section permits a firm to petition the agency to approve exportation to an unlisted country if the conditions for export under section 802(b)(1) and 802(b)(2) of the act cannot be met. Under section 802(b)(3) of the act, FDA must allow exportation of the drug if:

- The person exporting the drug: (1) Certifies that the drug would not meet

[16] Additionally, under the 1986 Amendments, FDA approved exports of drugs that varied, in limited respects, from drugs that were the subject of an IND or a marketing application. The 1986 Amendments required firms to be actively pursuing market approval of the drug in the United States as a condition for exportation; this condition no longer exists in the act.

[17] The requirements in sections 802(b)(2) and (b)(3) of the act do *not* apply to devices. Congress omitted devices from these provisions to the act because it found FDA's practice of permitting (under section 801(e)(2) of the act) exports of devices that had approved IDE's to provide an acceptable alternative.

the conditions for approval under the act or the conditions for approval in a listed country; and (2) provides ''credible scientific evidence'' that is acceptable to FDA to show that the drug would be safe and effective under the conditions of use in the country to which it is being exported. The statute does not specify what constitutes ''credible scientific evidence,'' but an adequate and well-controlled study or studies, animal and in vitro pharmacology and toxicology studies, microbiology studies (for biologics), and statistical analyses of data should be helpful; and

• The appropriate health authority in the foreign country that is to receive the drug: (1) Requests approval of the drug's exportation, (2) certifies that the health authority understands that the drug is not approved under the act or by any listed country, and (3) concurs that the scientific evidence provided to FDA is credible scientific evidence that the drug would be reasonably safe and effective in the foreign country. A letter from the relevant foreign government entity addressing each item in this paragraph should be acceptable.

As a reminder, any person who exports a drug under section 802 of the act also must comply with the basic export requirements set forth in section 802(f) of the act.

Persons who wish to export a drug under sections 802(b)(2) or 802(b)(3) of the act should send their documentation or requests to:

(For Biologics), Division of Case Management (HFM–610), Center for Biologics Evaluation and Research, Food and Drug Administration, 1401 Rockville Pike, rm. 200N, Rockville, MD 20852–1448.

(For Drug Products), Executive Secretariat Team (HFD–6), Center for Drug Evaluation and Research, 1451 Rockville Pike, Rockville, MD 20852–1420.

FDA has 60 days to act on a request to export a drug under section 802(b)(3) of the act. The agency will begin the 60 day period on the date that it *receives* a *complete* petition containing the certification and evidence required by the act.

VII. Exports of Unapproved Drugs and Devices for Investigational Use to Listed Countries Under Section 802(c) of the Act

A. Background

The 1986 Amendments did not impose any special requirements for drugs or devices exported for investigational use. Moreover, FDA did not apply section 801(e) of the act to investigational drugs because section 801 of the act was interpreted as not applying to ''new drugs.'' Instead, FDA regulated the exportation of unapproved new drugs (including biologics) for investigational use under its authority over investigational drugs at section 505(i) of the act.

FDA issued regulations governing the exportation of unapproved new drugs for investigational use on January 18, 1984 (49 FR 2095), with minor modifications since then. These regulations were codified at § 312.110 (the part of the *Code of Federal Regulations* pertaining to investigational drugs), and so the program became known as the ''312 program.'' The regulations required any person who intends to export an unapproved new drug product for use in a clinical investigation either to have an IND or to submit a written request to FDA. The regulations required the written request to provide sufficient information about the drug to satisfy FDA that the drug is appropriate for investigational use in humans, that the drug will be used for investigational purposes only, and that the drug may be legally used by the consignee in the importing country for the proposed investigational use. The regulations further stated that the request must specify the quantity of the drug to be shipped and the frequency of expected shipments. If FDA authorized exportation of the drug, it would notify the government of the importing country. The regulations, however, did not apply to drugs approved for export under section 802 of the act or section 351(h)(1)(A) of the PHS Act.

In contrast, the agency did apply section 801(e) of the act to investigational devices. This was partly because, unlike the situation for drugs, the act contains only one definition for ''device.'' The agency issued a regulation on device exports on January 18, 1980 (45 FR 3732 at 3751). The provision, codified at § 812.18(b), simply stated that a person who intends to export an unapproved device must obtain FDA approval (under what is now part of section 801(e)(2) of the act) before exporting the device.

B. Impact of the 1996 Amendments on Drug Exports for Investigational Use

The 1996 Amendments changed the 312 program significantly by creating a new section 802(c) of the act. In brief, section 802(c) of the act permits a firm to export an unapproved drug for investigational use in any of the *listed* countries, without prior FDA approval or even an IND. The only requirements are that the drug be exported in accordance with the laws of the foreign country, and comply with the basic export requirements in section 802(f) of the act. The exporter, under section 802(g) of the act, must also maintain records of all drugs exported and the countries to which they were exported.

It is important to note that FDA interprets section 802(c) of the act as applying only to investigational drugs and devices exported to the *listed* countries. The agency is aware that some firms have interpreted this provision as permitting transshipment to *unlisted* countries, but section 802(c) of the act is silent with respect to transshipment, and a more reasonable interpretation would be that transshipments are *not* allowed under section 802(c) of the act. Interpreting section 802(c) of the act to allow transshipment would presume that the listed countries may serve as mere transfer points or conduits for investigational drugs and devices destined for unlisted countries (when neither the statute nor its legislative history support such a presumption) and would make the limitation to the listed countries in section 802(c) of the act virtually meaningless.

Additionally, one should note that section 802(b)(1) of the act authorizes exportation to unlisted countries if the drug complies with the foreign country's laws and has valid marketing authorization in a listed country. Exports under section 802(b)(1) of the act may be made for investigational uses or for marketing purposes.

For exports of drugs for investigational use in *unlisted* countries where the drug product has not received valid marketing authorization in a listed country, the ''312 program'' requirements at § 312.110 remain applicable. However, FDA is considering possible revisions to the regulations for the ''312 program'' due to sections 802(b) and (c) of the act as well as additional changes to the program.

C. Impact of the 1996 Amendments on Device Exports for Investigational Use

The 1996 Amendments also affected device exports significantly. Section 802(c) of the act permits a firm to export an unapproved device for investigational use in any of the listed countries, without prior FDA approval or an IDE. However, as in the case for drugs, the device must be exported in accordance with the laws of the foreign country.

Yet, unlike the situation for drug exports, the 1996 Amendments give device manufacturers the option whether to export a device under section 801(e)(2) of the act or under

section 802 of the act. The selected authority is important because each section of the act carries its own statutory requirements.

For example, if company F wants to export an unapproved device for investigational use to a listed country, it could:

• Export the device under section 801(e)(2) of the act. Under this provision, the exporter would need to comply with section 801(e)(1) of the act and, depending on the device, might have to submit information that would enable FDA to determine that exportation is not contrary to the public health or safety and that the foreign country approves of the exportation, *or*

• Export the device under section 802(b)(1)(A) of the act if the device has received valid marketing authorization in any listed country. Section 802(b)(1)(A) of the act permits exportation of an unapproved device, for any purpose, if the device complies with the laws of the foreign country and has received valid marketing authorization in a listed country. (Exports under section 802(b)(1) of the act may also occur to unlisted countries so long as the device complies with the foreign country's laws and has valid marketing authorization in a listed country.) Exports under this option must comply with the basic export requirements at section 802(f) of the act (such as being in ''substantial conformity'' with cGMP's or meeting international standards as certified by a recognized international standards organization and complying with section 801(e)(1) of the act) and the notification and recordkeeping requirements in section 802(g) of the act; *or*

• Export the device to a listed country under section 802(c) of the act, without prior FDA approval or the submission of any information to FDA. However, under this option, compliance with the basic export requirements in section 802(f) of the act and the recordkeeping requirement in section 802(g) of the act is necessary.

Consequently in the **Federal Register** of May 13, 1997 (62 FR 26228), FDA amended § 812.18 to state that a person exporting an investigational device subject to part 812 must obtain FDA's prior approval under section 801(e)(2) of the act *or* comply with section 802 of the act.

Of course, a firm always has the additional option of conducting the investigation under an IDE, in which case the IDE requirements in part 812 would apply.

VIII. Exports of Unapproved Drugs and Devices in Anticipation of Foreign Approval—Section 802(d) of the Act

Section 802(d) of the act permits the exportation of an unapproved drug, biologic, or device ''intended for formulation, filling, packaging, labeling, or further processing in anticipation of market authorization'' in any of the listed countries. The only express requirements for such exports are that the product comply with the laws of the foreign country and the requirements in section 802(f) of the act. Records for such exports must be kept in accordance with section 802(g) of the act.

The range of activities covered under section 802(d) of the act is very broad, although mere storage of an unapproved drug, biologic, or device would not constitute ''formulation, filling, packaging, labeling, or further processing.'' Additionally, FDA interprets the phrase ''in anticipation of market authorization'' as meaning that the manufacturer exporting the product has filed an application or submission to obtain final marketing authorization in the foreign country. FDA does not consider an *intent* to seek market authorization or to file a marketing application at some future time to constitute ''anticipation of market authorization.''

FDA advises firms that export a product in anticipation of market authorization, under section 802(d) of the act, to notify FDA when they export the product. The notification should identify the drug, biologic, or device being exported and the country receiving the product. Notification when a product is exported under section 802(d) of the act is consistent with section 802(f) of the act. As stated earlier, section 802(f) of the act establishes conditions for all products exported under section 802 of the act. For example, a product cannot be exported under section 802 of the act if it is not in substantial conformity with cGMP's. Yet, if firms do not notify FDA about the products that have been exported, FDA cannot determine whether products exported under section 802(d) of the act comply with cGMP's.

Additionally, notification is consistent with a practical interpretation of section 802(g) of the act which requires exporters of drugs, biologics, and devices to provide a simple notification to the agency when they export a product to a listed country or to an unlisted country under section 802(b)(1) of the act. Section 802(b)(1) of the act permits exports when the drug, biologic, or device has received market authorization in a listed country, whereas section 802(d) of the act permits exports to a listed country in anticipation of market authorization. A literal interpretation of section 802(g) of the act would not require an exporter to notify FDA when it shipped a product to a listed country in anticipation of market authorization, but would instead require the exporter to notify FDA when the exporter shipped the same product to the same country once it received market authorization. It would be more practical, simple, and efficient–both for exporters and FDA– if exporters notify FDA when they export a product in anticipation of market authorization, under section 802(d) of the act, rather than wait for market authorization in the listed country and then notify FDA.

Details on notification under section 802(g) of the act appear later in this guidance.

IX. Exports of Drugs and Devices for Diagnosing, Preventing, or Treating a Tropical Disease or a Disease ''Not of Significant Prevalence in the United States''—Section 802(e) of the Act

The 1986 Amendments authorized exports of unapproved new drugs and biologics intended to prevent or to treat a tropical disease. Under the 1986 Amendments, the exporter had to submit an export application to FDA. The export application had to: (1) Describe the drug being exported, (2) list each country to which the drug would be exported, (3) contain a certification that the drug would not be exported to a country if the agency could not find that the drug would be safe and effective in that country, (4) identify the establishments where the drug is made, and (5) show that other statutory requirements (such as compliance with cGMP's) are met. FDA had to approve the export application before exportation could proceed.

The 1996 Amendments amended the tropical disease provision in several ways. The provision now covers drugs intended to *diagnose*, prevent, or treat tropical diseases, includes devices among the products eligible for exportation, and includes drugs, biologics, and devices that are intended to treat diseases that are ''not of significant prevalence'' in the United States. A disease that is ''not of significant prevalence'' in the United States can be one that is not manifested in many Americans (either because the pathogen is not common or because available treatments have made the disease rare in the United States) or is indigenous to a particular foreign country or to an area in another country. For example, measles may be

considered to be a disease that is not of significant prevalence in the United States because most children are immunized against measles.

However, like the 1986 Amendments, the revised provision (which is now codified as section 802(e) of the act) requires FDA to approve an export application before the product can be exported. The export application should contain information showing that the drug or device is intended for use in a tropical disease or a disease that is not of significant prevalence in the United States. Additionally, the application should contain information that will enable FDA to determine whether the drug, biologic, or device:

- Will not expose patients in the foreign country to an unreasonable risk of illness or injury, and
- When used under conditions prescribed, recommended, or suggested in the labeling or proposed labeling has a probable benefit to health that outweighs the risk of injury or illness from its use, taking into account the probable risks and benefits of currently available drug or device treatment. By ''currently available drug or device treatment,'' the applicant should consider the availability of products that are approved for the particular disease as well as those that are commonly used to treat the disease, even if the product is not approved for that indication.

X. Export Notification Under Section 802(g) of the Act

Section 802(g) of the act requires persons exporting a drug or device under section 802(b)(1) of the act to provide a ''simple notification * * * identifying the drug or device when the exporter first begins to export such drug or device'' to any country listed in section 802(b)(1) of the act. If the product is to be exported to an unlisted country, section 802(g) of the act requires the exporter to provide a simple notification ''identifying the drug or device and the country to which such drug or device is being exported.''

In all cases, section 802(g) of the act requires the exporter to maintain records of all drugs or devices exported and the countries to which they were exported.

A. The Content of the Simple Notification

FDA suggests that, to identify a drug or device, the exporter describe in the notification the product's name or type of device, its generic name, and a description of its strength and dosage form (if the product is a drug) or the product's model number (if the product is a device).

As for identifying the country that is to receive the exported product, FDA acknowledges that section 802(g) of the act requires exporters to identify the country that is to receive the exported product only if the country is not a listed country. However, FDA encourages exporters to identify the country that is to receive the exported product in all cases, regardless of whether the country is among those listed in section 802(b)(1) of the act. Identification of the foreign country, regardless of whether it is listed or not, helps FDA meet its obligations under sections 802(a) and 802(f)(4), (f)(5), and (f)(6) of the act which prohibit exports under certain conditions (such as a finding of an imminent hazard to the public health) and/or requires FDA to consult with the ''appropriate public health official'' in the affected country.

B. Where to Send the Simple Notification

Notifications may be sent to the following addresses:

For biological drug products and biological devices: Division of Case Management (HFM–610), Office of Compliance, Center for Biologics Evaluation and Research, Food and Drug Administration, 1401 Rockville Pike, rm. 200N, Rockville, MD 20852–1448.

For human drug products: Division of Labeling and Nonprescription Drug Compliance (HFD–310), Center for Drug Evaluation and Research, Food and Drug Administration, 7520 Standish Pl., Rockville, MD 20855–2737.

For devices: Division of Program Operations (HFZ–305), Center for Devices and Radiological Health, Food and Drug Administration, 2094 Gaither Rd., Rockville, MD 20850.

C. Recordkeeping

As stated earlier, section 802(g) of the act requires exporters to maintain records of all drugs and devices exported and the countries to which the products were exported. FDA recommends that exporters maintain records showing:

- The product's name and its generic name (if the product is a drug or a device),
- The type of device (if the product is a device),
- A description of its strength and dosage form and the product's lot or control number (if the product is a drug) or the product's model number (if the product is a device),
- The consignee's name and address, and
- The date and quantity of product exported.

FDA recommends that these records be kept at the site from which the products were exported and be maintained at least 5 years after the date of exportation. The agency may request that the records be made readily available for review and during an agency inspection.

Additionally, FDA reminds parties that they may need to maintain other records beyond those specified in section 802(g) of the act. For example, firms whose products must be in substantial conformity with cGMP's under section 802(f)(1) of the act may be subject to cGMP recordkeeping requirements under the regulations that apply to their products.

XI. ''Import for Export''—Section 801(d)(3) and (d)(4) of the Act

Before the 1996 Amendments, all imported components of drugs, biologics, devices, and other FDA-regulated products had to comply with the requirements of the act, even if they were to be incorporated into products destined solely for export.

The 1996 Amendments changed the law by creating two subsections at 801(d)(3) and (d)(4) of the act. Under section 801(d)(3) of the act, a component of a drug or a biologic, a component part, accessory, or other article of a device, or a food additive, color additive, or dietary supplement that would otherwise be refused entry into the United States, can be imported into the United States if:

- The importer submits a statement to the agency at the time of initial importation declaring that the component, part, accessory, or article is intended to be ''incorporated'' or ''further processed'' by the initial owner or consignee into a drug, biological product, device, food, food additive, color additive, or dietary supplement that will be exported from the United States by the initial owner or consignee in accordance with section 801(e) or section 802 of the act or section 351(h) of the PHS Act (see section 801(d)(3)(A) of the act).
- The initial owner or consignee responsible for the imported article maintains records that identify the use of the imported component, part, accessory, or article. Upon request from the agency, the initial owner or consignee must submit a report that accounts for the exportation or the disposition of the imported component, part, accessory, or article (including quantities that were destroyed), including the manner in which the initial owner or consignee complied

with the requirements in section 801(d) of the act (see section 801(d)(3)(B) of the act).

• Any imported component, part, accessory, or article that is not incorporated into a product must be destroyed or exported by the owner or consignee (see section 801(d)(3)(C) of the act).

This provision is commonly referred to as the ''import for export'' provision.

A. Items Covered Under the Import for Export Provision

1. *Human Drugs*

One issue under section 801(d)(3) of the act is what constitutes a ''component'' of a drug. FDA regulations define ''component'' as meaning ''any ingredient intended for use in the manufacture of a drug product, including those that may not appear in such drug product.'' (See § 210.3(b)(3).) Additionally, for purposes of section 801(d) of the act, FDA interprets the term ''component'' broadly to include a range of items, such as the active and inactive ingredients for a drug or biologic, bulk drugs, and even unapproved foreign versions of drugs that are approved for use in the United States. So, for example, if company X wants to import a bulk drug from a source that differs from the bulk drug source it uses for products sold in the United States, company X may import the bulk drug from the different source provided that company X incorporates the bulk drug into a product for export or further processes the bulk drug before exporting it (or otherwise destroys the bulk drug). The imported bulk drug from the different source *cannot* be used in the product to be sold in the United States.

Additionally, an item can be a ''component'' if it is intended for ''further processing'' in the United States before being exported to another country. For example, a finished dosage form that is sterilized in the United States would be a ''component'' within section 801(d)(3) of the act (because the drug is ''further processed'' during the sterilization process).

2. *Devices*

For devices, FDA regulations define a ''component'' as ''any raw material, substance, piece, part, software, firmware, labeling, or assembly which is intended to be included as part of the finished, packaged, and labeled device.'' (See § 820.3(c).) As in the case of drugs and biologics, FDA interprets the term ''component'' in section 801(d) of the act broadly to encompass a range of items.

Yet, regardless of whether the imported item is a drug or device component, the key issue under section 801(d)(3) of the act is how the component will be ''incorporated'' or ''further processed.''

3. *Food Additives, Color Additives, and Dietary Supplements*

Section 801(d)(3) of the act refers to food additives, color additives, and dietary supplements. The act defines ''food additive'' at section 201(s) of the act, ''color additive'' at section 201(t) of the act, and ''dietary supplement'' at section 201(ff) of the act.

B. Activities Covered Under the Concept of ''Incorporation'' and ''Further Processing''

Section 801(d)(3) of the act only permits a component, part, accessory, or article to enter the United States if it is intended to be ''incorporated'' into a product for export or is to be ''further processed'' into a product that will be exported.

In the context of section 801(d)(3) of the act, FDA interprets the terms ''incorporated'' and ''further processing'' to encompass a wide range of activities. Thus, ''incorporation'' and ''further processing'' are not confined to product manufacture. Instead, they include related activities such as packaging and labeling of finished products and specialized processing (such as sterilization) of a product.

However, FDA does *not* consider a component, part, accessory, or article to be ''incorporated'' or ''further processed'' if it is merely stored in the United States before being exported elsewhere. Although FDA has exercised enforcement discretion regarding specific entries of violative products that are stored in the United States, the agency does not consider the importation of an unapproved product for storage purposes to fall within the meaning of ''incorporated'' or ''further processed'' under section 801(d)(3) of the act.

C. Submission of Statements to FDA

Section 801(d)(3)(A) of the act requires the importer to submit, ''at the time of initial importation,'' a statement to the agency indicating that the imported component, part, accessory, or other article is intended to be incorporated or further processed by the initial owner or consignee into a product that will be exported in compliance with section 801(e) or section 802 of the act or section 351(h) of the PHS Act. Firms should submit this statement to FDA *each time* they import an article under the ''import for export'' provision in the act. The statement (along with other import documents) should be provided to the FDA field office that has responsibility over the port or site of entry into the United States.

FDA recommends that the statement contain the following information:

• The purpose for which the article is being imported prior to export (how it will be further processed or the name or description of the product into which it will be incorporated);

• The imported article's name or description (including any scientific or technical name);

• Any product coding, batch, lot, or other identifying numbers;

• The name and address of the imported article's foreign manufacturer (if different from the name of the foreign shipper identified in the import records at the U.S. Customs Service); and

• The name and address of the initial owner or consignee in the United States and, if different, the address in the United States where the imported article will be further processed or incorporated into a product for export.

For blood, blood components, source plasma, source leukocytes, or a component, accessory, or part that is not licensed under section 351(a) of the PHS Act and is to be imported under section 801(d)(4) of the act, FDA suggests that the statement include a copy of the determination by FDA granting permission to import the product or article. (The request for determination is described in more detail later in section XI.E.3 of this document.)

FDA emphasizes that, under section 801(d) of the act, the imported article *must* ultimately be further processed or incorporated into a product that is exported in accordance with the act's export provisions from the United States or the imported article must be destroyed. The imported article *cannot* be used in any product which is to be introduced into U.S. commerce.

The agency intends to issue regulations covering statements under section 801(d) of the act.

D. Records to be Retained and Reports to be Submitted for Exports Under Section 801(d)(3) of the Act

Section 801(d)(3)(B) of the act requires the initial owner or consignee responsible for an imported article to ''maintain records that identify the use of such imported article and upon request * * * [to] submit[ ] a report that provides an accounting of the exportation or disposition of the imported article, including portions that have been destroyed, and the manner in

which such person complied with the requirements of this paragraph * * *.''

The statutory reference to the *initial* owner or consignee indicates that, under section 801(d)(3) of the act, the person who imports the article for incorporation or further processing may, in turn, have other persons perform the actions that lead to the incorporation or further processing of the imported article. For example, if company C imports a drug into the United States for sterilization purposes, but does not have the technological capability to sterilize the drug itself, company C could send the drug to company D for sterilization and, after receiving the sterilized drug back from company D, export the drug from the United States. However, under this scenario, company C would remain the owner of the product and would be responsible for maintaining records and for submitting, upon FDA's request, a report accounting for the exportation or disposition of the imported article.

The agency suggests that firms importing an article into the United States under section 801(d)(3) of the act retain records showing:

- The name or description of the article (including any scientific or technical name);
- Any product coding, lot, batch, or other identifying numbers;
- The name and address of the foreign manufacturer of the imported article;
- How the article will be or was further processed, and the name and description of any product into which it will be or was incorporated in the United States;
- The signature of the responsible person at the importing firm;
- The name and address of the firm in the United States where the article will be or was further processed or incorporated into another product;
- The disposition of the imported article, i.e., manufacturing records showing how specific articles were used or destroyed and the dates of receipt, use, destruction, and/or reexportation, as that information becomes available;
- Any product coding, lot, batch, or other identification number for the further-processed article or product incorporating the imported article;
- A copy of the label to be applied to the shipping package, container, or crate used to export the further-processed article or product incorporating the imported article (indicating that it contains articles that may not be sold or offered for sale in the United States and are intended for export only); and
- The name and address of the foreign purchaser of the further-processed article or product incorporating the imported article.
- Additionally, for blood, blood components, source plasma, source leukocytes, or a component, accessory, or part thereof (including blood or plasma derivatives or intermediates) that is not licensed under section 351(a) of the PHS Act and is to be imported under section 801(d)(4) of the act, the agency recommends that the records also include documentation of the agreement between the foreign material supplier and the U.S. manufacturer. The documentation should outline the specific contractual relationship, the foreign manufacturing specifications, and the U.S. manufacturer's plan for auditing the foreign supplier to ensure compliance with the terms of the contract. FDA suggests that the initial owner or consignee have written standard operating procedures to ensure that such products are not diverted to domestic use in the United States and are kept segregated from and not co-mingled with products or components intended for use in the United States (e.g., quarantine procedures used for segregating imported blood, blood components, or final products from products intended for use in the United States, including validation data for procedures to clean equipment and facilities used for manufacturing products for use in the United States and exported products).

FDA also encourages firms to maintain any other records that would assist FDA in determining whether they comply with section 801(d)(3) or (d)(4) of the act.[18] FDA suggests that firms retain records relating to the importation of an article for incorporation or further processing in the United States for 5 years after the destruction or exportation of the last imported component, part, accessory, or article for a particular lot or batch. The records may be maintained at the importing firm's site and may be subject to inspection by FDA.

FDA intends to issue regulations to establish recordkeeping requirements, and persons subject to this provision should note that the act specifically prohibits the making of a knowingly false statement in any record or report required under section 801(d)(3)(A) or (d)(3)(B) of the act as well as the failure to submit or maintain records under these sections of the act (see section 301(w) of the act).

E. Special Requirements for Blood, Blood Components, Plasma, Source Leukocytes, and Tissues—Section 801(d)(4) of the Act

1. Blood, Blood Components, Plasma, and Source Leukocytes

The ''import for export'' requirements for blood,[19] blood components,[20] plasma,[21] and source leukocytes[22] differ from those for drugs and other biologics. Under section 801(d)(4) of the act, the importation of these products, components, accessories, or parts is not permitted under section 801(d)(3) of the act *unless* the importation complies with section 351(a) of the PHS Act *or* the agency permits the importation ''under appropriate circumstances and conditions.'' (FDA intends to issue regulations specifying the ''appropriate circumstances and conditions'' that would allow importation of unlicensed products under the import for export authority.)

Under section 801(d)(4) of the act, FDA may permit the import for export of blood and blood components, source plasma, source leukocytes, or a component, accessory, or part thereof, which may not be licensed or meet cGMP requirements. Products imported under section 801(d)(4) of the act must also comply with section 801(d)(3) of the act.[23]

[18] A firm may also be subject to certain recordkeeping requirements outside those described in section 802(g) of the act. For example, because all drugs and devices exported under section 802 of the act must be in substantial conformity with cGMP's or international standards recognized by FDA, there may be cGMP recordkeeping requirements that apply to the exported drug or device.

[19] FDA interprets ''blood'' as whole blood collected from a single donor and processed either for transfusion or further manufacturing (see § 606.3(a) and the regulation for whole blood at 21 CFR 640.1).

[20] Under FDA regulations, a ''blood component'' is that part of a single-donor unit of blood separated by physical or mechanical means (see § 606.3(c) and part 640 (21 CFR part 640)).

[21] Under § 640.60, ''source plasma'' is the fluid portion of human blood collected by plasmapheresis and intended as source material for further manufacturing use. The term does not extend to single donor plasma products intended for intravenous use.

[22] FDA interprets ''source leukocytes'' as leukocytes collected for further manufacturing by leukapheresis (as defined in § 606.3(g)). This is a procedure in which blood is removed from the donor, the leukocyte concentrate is separated, and the remaining formed elements and residual plasma are returned to the donor.

[23] A U.S. manufacturer that intends to incorporate or further process certain imported blood products for export, or the foreign supplier of such material, may submit an import for export request under section 801(d)(4) of the act. Section 801(d)(3) of the act specifies that the *importer* must submit the statement of intent to export to the Secretary, and that the *initial owner or consignee responsible for* the imported article must maintain certain records and submit a report upon request. A U.S. firm that intends to perform processing or manufacturing steps involving an imported blood product under section 801(d)(4) and (d)(3) of the act should have sufficient information, to submit to FDA in support of an import for export request, that allows FDA to

Licensed blood products, such as licensed source plasma, may be imported if such importation complies with section 351(a) of the PHS Act. Other licensed blood products, such as those having cGMP deficiencies, are not considered to be in compliance with section 351(a) of the PHS Act. If a product does not have a license or is considered to be in noncompliance with section 351(a) of the PHS Act, the manufacturer that wishes to import such a blood product for incorporation or further processing into a product for export may seek FDA's permission to import the product. CBER will evaluate such import for export requests on a case-by-case basis.

Recovered plasma and serum are blood products currently not subject to licensure. Recovered plasma and serum that are intended for further manufacture or incorporation into products for export must be imported in accordance with the short supply provisions at 21 CFR 601.22. Recovered plasma and serum intended for further manufacturing or incorporation into noninjectable products not subject to licensure may be imported without an import for export submission if they are manufactured in accordance with cGMP's and are labeled appropriately. Labeling for such products should include the applicable container label requirements listed in § 606.121. A firm may apply to import recovered plasma and serum that do not meet cGMP's by submitting an import for export request. CBER will evaluate these requests on a case-by-case basis.

Thus, under section 801(d)(4) of the act, no person may import blood products that are: (1) Subject to licensure and do not comply with section 351(a) of the PHS Act; or (2) are not subject to licensure and do not comply with cGMP's, without FDA's prior permission. For the latter, failure to seek and obtain FDA's permission, under section 801(d)(4) of the act, prior to importation may be a criminal violation.

FDA further recommends that persons who intend to import blood products under section 801(d)(4) of the act register and list or update their registration and listing to include a description of the imported material and the final product for export that will be manufactured from or incorporate the imported biological material. Registration and listing information should not be contained in the import for export request, but may instead be sent to the appropriate registration office listed in parts 207 or 607. Additionally, the agency requests that U.S.-licensed facilities receiving any foreign biological components or products, other than blood, under section 801(d)(3) of the act which will be used for manufacture into a product for export report such changes in accordance with 21 CFR 601.12.

2. Tissues

For tissues and tissue parts or components, section 801(d)(4) of the act prohibits importation unless the importation complies with section 361 of the PHS Act. (Section 361 of the PHS Act authorizes the issuance of regulations to control communicable diseases.) Thus, tissues and their parts or components must comply with the PHS Act and regulations issued under the PHS Act in order to enter the United States, even if the product is ultimately destined for exportation.

Persons who intend to import tissues and tissue parts or components (intended for transplantation) under section 801(d)(4) of the act should comply with the regulations at part 1270 (21 CFR part 1270) and also comply with the notification requirement in section 801(d)(3)(A) of the act. Under § 1270.42, the importer of record must notify the director (or his or her designee) of the FDA district having jurisdiction over the port of entry, and the tissue must be held until FDA releases it. If the human tissue that is imported for further processing or incorporation into a product for export is kept in quarantine at all times, it does not have to meet all the screening and testing requirements in part 1270. If the tissue is declared and identified as being in quarantine, it must be accompanied by records assuring identification of the donor and indicating that the tissue has not been determined to be suitable for transplantation (see § 1270.33(c)). The owner or consignee in the United States must prepare and follow written procedures for designating and identifying quarantined human tissue and preventing infectious disease contamination or cross-contamination during processing (as stated in § 1270.31).

If an importer, consignee, or U.S. manufacturer delivers or ships human tissue or a component thereof before FDA releases it or fails to quarantine tissue that has not been determined to be suitable for human transplantation, such action may constitute a criminal violation.

3. Requests to Import Blood, Blood Components, Plasma, and Source Leukocytes for Further Processing or Incorporation into a Product for Export (''Requests for Determination'')

Section 801(d)(4) of the act does not specify how persons who wish to import blood, blood components, source plasma, source leukocytes, or their components, accessories, or parts obtain permission to import those products. Nevertheless, to facilitate imports under section 801(d)(4) of the act, FDA recommends that manufacturers provide an import for export request which demonstrates that appropriate circumstances or conditions warrant CBER's approval of importation under section 801(d)(4) of the act. The agency recommends that these requests, known as a ''request for determination,'' contain the following information:

- The names and addresses of the foreign manufacturer of the article to be imported and the initial owner or consignee in the United States that would be responsible for the further processing or incorporation of the article into another product;
- The specific identity of the article to be imported and details as to how the imported article will be further processed or incorporated into a product for export;
- A description of the standard operating procedures and safeguards that the initial owner or consignee in the United States will use or implement to ensure that the imported articles or products incorporating such articles are segregated from and not comingled with products, components, accessories, or parts intended for use in the United States (e.g., quarantine procedures used for segregating imported blood, blood components, or final products from products intended for use in the United States, including validation data for procedures to clean equipment and facilities used in manufacturing products for use in the United States and products for export);
- General donor screening questionnaire or criteria, translated into English, that will be used to screen donors;
- A certification that the foreign supplier will perform tests for infectious disease on the blood, blood components, source plasma, or source leukocytes, or their components, accessories, or parts (including blood or plasma derivatives or intermediates) at the time of donation and before importation to the United States, and the expected results of such tests. The infectious disease agents that should be tested for include, but are not limited to:

make the determination whether appropriate circumstances and conditions exist to permit such importation.

HIV–1, HIV–2, hepatitis B virus, hepatitis C virus, HTLV-I, HTLV-II, and Treponema palladum. A request for determination may be based upon infectious agent tests performed using test kits other than those licensed or approved by FDA. In such cases, FDA suggests that the request contain a copy of the labeling for the test kit used, translated into English, as part of the submission; and

• A copy of the product's label. FDA recommends that the label include information such as the product's descriptive name; the name(s) and address(es) of establishments collecting, preparing, labeling, or pooling the source material; donor, lot, or pool numbers relating the unit to the donor; the recommended storage temperature (in degrees Celsius); the product's quantity; statements such as ''Import for Export,'' ''Not for Use in Products Subject to Licensure Under Section 351 of the Public Health Service Act,'' and ''For Manufacturing Use Only'' or ''For Manufacturing into Noninjectable Products Only;'' statements indicating that the product has been tested for infectious disease agents and, if the product has tested positive for an infectious disease agent, the term ''BIOHAZARD'' as well as any other appropriate warnings or special handling instructions.

A request for determination may be sent to the Center for Biologics Evaluation and Research, Office of Compliance, Division of Case Management (HFM–610), 1401 Rockville Pike, Rockville, MD 20852–1448. If FDA determines that the blood, blood component, source plasma, or source leukocyte, or a component, accessory, or part meets the appropriate circumstances and conditions to permit its importation into the United States, FDA will notify the person requesting the determination that it has granted permission to import the article.

XII. For Further Information Contact:

For animal drugs: Drugs Team, Division of Compliance, Center for Veterinary Medicine, Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301–594–1785.

For biologics: Division of Case Management (HFM–610), Office of Compliance, Center for Biologics Evaluation and Research, Food and Drug Administration, 1401 Rockville Pike, rm. 200N, Rockville, MD 20852–1448, 301–827–6201.

For devices: Division of Program Operations (HFZ–305), Center for Devices and Radiological Health, Food and Drug Administration, 2094 Gaither Rd., Rockville, MD 20850, 301–594–4699.

For drugs: Division of Labeling and Nonprescription Drug Compliance (HFD–310), Center for Drug Evaluation and Research, Food and Drug Administration, 7520 Standish Pl., Rockville, MD 20855–2737, 301–594–0063.

For drugs exported for investigational use under § 312.110: Office of International Affairs (HFG–1), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–443–4480.

For food additives, color additives, and dietary supplements: Office of Field Programs (HFS–602), Center for Food Safety and Applied Nutrition, Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–205–4187.

These offices may have additional guidance documents and information on specific export topics or products.

For general policy questions: Office of Policy (HF–23), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–3344.

Dated: June 2, 1998.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 98–15696 Filed 6–11–98; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration.

[Document Identifier: HCFA–724]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Health Care Financing Administration.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections 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.

Type of Information Collection Request: Extension of a currently approved collection; *Title of Information Collection:* Medicare/Medicaid Psychiatric Hospital Survey Data and Supporting Regulations Contained in 42 CFR 482.60, 482.61 and 482.62; *Form No.:* HCFA–724 (OMB# 0938–0378); *Use:* The information collected on this form will assist HCFA in maintaining an accurate data base on providers participating in the Medicare psychiatric hospital program. The HCFA–724 has two parts; part one is completed by the facility (i.e., location, number of beds, number of admissions) and part two is completed by the survey team (i.e, dates of survey, type of survey, survey team composition); *Frequency:* Annually; *Affected Public:* Federal government, Business or other for-profit, Not-for-profit institutions, and State, local or tribal government; *Number of Respondents:* 350; *Total Annual Responses:* 350; *Total Annual Hours:* 175.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at http://www.hcfa.gov/regs/prdact95.htm, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: June 2, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.

[FR Doc. 98–15648 Filed 6–11–98; 8:45 am]

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4341–N–14]

Federal Property Suitable as Facilities To Assist the Homeless

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice.

SUMMARY: This Notice identifies unutilized, underutilized, excess, and surplus Federal property reviewed by HUD for suitability for possible use to assist the homeless.

FOR FURTHER INFORMATION CONTACT: Mark Johnston, room 7256, Department of Housing and Urban Development, 451 Seventh Street SW., Washington, DC 20410; telephone (202) 708–1226; TTY number for the hearing- and speech-impaired (202) 708–2565 (these telephone numbers are not toll-free), or call the toll-free Title V information line at 1–800–927–7588.

SUPPLEMENTARY INFORMATION: In accordance with 24 CFR part 581 and section 501 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11411), as amended, HUD is publishing this Notice to identify Federal buildings and other real property that HUD has reviewed for suitability for use to assist the homeless. The properties were reviewed using information provided to HUD by Federal landholding agencies regarding unutilized and underutilized buildings and real property controlled by such agencies or by GSA regarding its inventory of excess or surplus Federal property. This Notice is also published in order to comply with the December 12, 1988 Court Order in *National Coalition for the Homeless* v. *Veterans Administtration*, No. 88–2503–OG (D.D.C.).

Properties reviewed are listed in this Notice according to the following categories: Suitable/available, suitable/unavailable, suitable/to be excess, and unsuitable. The properties listed in the three suitable categories have been reviewed by the landholding agencies, and each agency has transmitted to HUD: (1) Its intention to make the property available for use to assist the homeless, (2) its intention to declare the property excess to the agency's needs, or (3) a statement of the reasons that the property cannot be declared excess or made available for use as facilities to assist the homeless.

Properties listed as suitable/available will be available exclusively for homeless use for a period of 60 days from the date of this Notice. Homeless assistance providers interested in any such property should send a written expression of interest to HHS, addressed to Brian Rooney, Division of Property Management, Program Support Center, HHS, room 5B–41. 5600 Fishers Lane, Rockville, MD 20857; (301) 443–2265. (This is not a toll-free number.) HHS will mail to the interested provider an application packet, which will include instructions for completing the application. In order to maximize the opportunity to utilize a suitable property, providers should submit their written expressions of interest as soon as possible. For complete details concerning the processing of applications, the reader is encouraged to refer to the interim rule governing this program, 24 CFR part 581.

For properties listed as suitable/to be excess, that property may, if subsequently accepted as excess by GSA, be made available for use by the homeless in accordance with applicable law, subject to screening for other Federal use. At the appropriate time, HUD will publish the property in a Notice showing it as either suitable/available or suitable/unavailable.

For properties listed as suitable/unavailable, the landholding agency has decided that the property cannot be declared excess or made available for use to assist the homeless, and the property will not be available.

Properties listed as unsuitable will not be made available for any other purpose for 20 days from the date of this Notice. Homeless assistance providers interested in a review by HUD of the determination of unsuitability should call the toll free information line at 1–800–927–7688 for detailed instructions or write a letter to Mark Johnston at the address listed at the beginning of this Notice. Included in the request for review should be the property address (including zip code), the date of publication in the **Federal Register**, the landholding agency, and the property number.

For more information regarding particular properties identified in this Notice (*i.e.* acreage, floor plan, existing sanitary facilities, exact street address), providers should contact the appropriate landholding agencies at the following addresses: Army: Mr. Jeff Holste, CECPW–FP, U.S. Army Center for Public Works, 7701 Telegraph Road, Alexandria, VA 22315; (703) 428–6318; ENERGY: Ms. Marsha Penhaker, Department of Energy, Facilities Planning and Acquisition Branch, FM–20, Room 6H–058, Washington, DC 20585; (202) 586–0426; INTERIOR: Ms. Lola D. Knight, Department of the Interior, 1849 C Street, NW, Mail Stop 5512–MIB, Washington, DC 20240; (202) 208–4080; GSA: Mr. Brian K. Polly, Assistant Commissioner, General Services Administration, Office of Property Disposal, 18th and F Streets, NW, Washington, DC 20405; (202) 501–2059; NAVY: Mr. Charles C. Cocks, Department of the Navy, Director, Real Estate Policy Division, Naval Facilities Engineering Command, Code 241A, 200 Stovall Street, Alexandria, VA 22332–2300; (703) 325–7342; (These are not toll-free numbers).

Dated: June 4, 1998.

Fred Karnas, Jr.,

Deputy Assistant Secretary for Economic Development.

Title V, Federal Surplus Property Program Federal Register Report for June 12, 1998

Suitable/Available Properties

Buildings (by State)

Virginia

Bldg. CEP65
Naval Station
Norfolk VA 23511–
Landholding Agency: Navy
Property Number: 779820055
Status: Excess
Comment: 4,160 sq. ft., most recent use—ship to shore ordnance storage, off-site use only

6 Bldgs.
Willoughby Housing Community, Naval Base
Norfolk VA 23503–
Location: WB–106, WB–111, WB–141, WB–147, WB–148, WB–174
Landholding Agency: Navy
Property Number: 779820058
Status: Excess
Comment: 9100 sq. ft., 2-story, possible asbestos/lead paint, most recent use—residential, requires high levels of maintenance, off-site use only

Bldgs. WB–162, WB–163
Willoughby Housing Community, Naval Base
Norfolk VA 23503–
Landholding Agency: Navy
Property Number: 779820059
Status: Excess
Comment: 7830 sq. ft., 2-story, possible asbestos/lead paint, most recent use—residential, requires high levels of maintenance, off-site use only

4 Bldgs.
Willoughby Housing Community, Naval Base
Norfolk VA 23503–
Location: WB–170, WB–171, WB–172, WB–173
Landholding Agency: Navy
Property Number: 779820060
Status: Excess
Comment: 9510 sq. ft., 2-story, possible asbestos/lead paint, most recent use—residential, requires high levels of maintenance, off-site use only

Bldg. WB–160
Willoughby Housing Community, Naval Base
Norfolk VA 23503–
Landholding Agency: Navy
Property Number: 779820061
Status: Excess

Comment: 7830 sq. ft., 2-story, possible asbestos/lead paint, most recent use—residential, requires high levels of maintenance, off-site use only

Bldg. WB–155
Willoughby Housing Community, Naval Base
Norfolk VA 23503–
Landholding Agency: Navy
Property Number: 779820062
Status: Excess
Comment: 10,422 sq. ft., 2-story, possible asbestos/lead paint, most recent use—residential, requires high levels of maintenance, off-site use only

Unsuitable Properties

Buildings (by State)

Alabama

Bldgs. 10415, 1410–1412, 30082
Fort Rucker
Ft. Rucker Co: Dale AL 36362–5000
Landholding Agency: Army
Property Number: 219820018
Status: Unutilized
Reason: Extensive deterioration

California

Bldgs. 3300–3309
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820064
Status: Excess
Reason: Extensive deterioration

Bldgs. 3310–3319
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820065
Status: Excess
Reason: Extensive deterioration

Bldgs. 3320–3329
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820066
Status: Unutilized
Reason: Extensive deterioration

Bldgs. 3330–3339
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820067
Status: Excess
Reason: Extensive deterioration

Bldgs. 3340–3349
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820068
Status: Excess
Reason: Extensive deterioration

Bldgs. 3350–3359
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820069
Status: Excess
Reason: Extensive deterioration

Bldgs. 3360–3369
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820070
Status: Excess
Reason: Extensive deterioration

Bldgs. 3370–3379
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820071
Status: Excess
Reason: Extensive deterioration

Bldgs. 3380–3389
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820072
Status: Excess
Reason: Extensive deterioration

Bldgs. 3390–3399
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820073
Status: Excess
Reason: Extensive deterioration

Bldgs. 3400–3409
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820074
Status: Excess
Reason: Extensive deterioration

Bldgs. 3410–3419
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820075
Status: Excess
Reason: Extensive deterioration

Bldgs. 3420–3429
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820076
Status: Excess
Reason: Extensive deterioration

Bldgs. 3430–3439
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820077
Status: Excess
Reason: Extensive deterioration

Bldgs. 3440–3449
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820078
Status: Excess
Reason: Extensive deterioration

Bldgs. 3450–3459
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820079
Status: Excess
Reason: Extensive deterioration

Bldgs. 3460–3469
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820080
Status: Excess
Reason: Extensive deterioration

Bldgs. 3470–3479
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820081
Status: Excess
Reason: Extensive deterioration

Bldgs. 3480–3489
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820082
Status: Excess
Reason: Extensive deterioration

Bldgs. 3490–3499
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820083
Status: Excess
Reason: Extensive deterioration

Bldgs. 3500–3509
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820084
Status: Excess
Reason: Extensive deterioration

Bldgs. 3510–3519
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820085
Status: Excess
Reason: Extensive deterioration

Bldgs. 3250–3529
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820086
Status: Excess
Reason: Extensive deterioration

Bldgs. 3530–3539
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820087
Status: Excess
Reason: Extensive deterioration

Bldgs. 3440–3549
Capehart Housing
China Lake Naval Weapons Station

China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820088
Status: Excess
Reason: Extensive deterioration

Bldgs. 3550–3559
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820089
Status: Excess
Reason: Extensive deterioration

Bldgs. 3560–3569
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820090
Status: Excess
Reason: Extensive deterioration

Bldgs. 3570–3579
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820091
Status: Excess
Reason: Extensive deterioration

Bldgs. 3580–3589
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820092
Status: Excess
Reason: Extensive deterioration

Bldgs. 3590–3599
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820093
Status: Excess
Reason: Extensive deterioration

Bldgs. 3600–3609
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820094
Status: Excess
Reason: Extensive deterioration

Bldgs. 3610–3619
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820095
Status: Excess
Reason: Extensive deterioration

Bldgs. 3620–3629
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820096
Status: Excess
Reason: Extensive deterioration

Bldgs. 3630–3639
Capehart Housing
China Lake Naval Weapons Station
China Lake Co: Kern CA 93555–
Landholding Agency: Navy
Property Number: 779820097
Status: Excess
Reason: Extensive deterioration

Illinois

Bldg. 594
Argonne National Laboratory
Argonne Co: DuPage IL 60439–
Landholding Agency: Energy
Property Number: 419820002
Status: Excess
Reason: Extensive deterioration

Massachusetts

Jozwicki House
Minute Man National Historical Park
Lincoln Co: Middlesex MA 01773–
Landholding Agency: Interior
Property Number: 619820010
Status: Unutilized
Reason: Extensive deterioration

Smith House
Minute Man National Historical Park
Lincoln Co: Middlesex MA 01773–
Landholding Agency: Interior
Property Number: 619820011
Status: Unutilized
Reason: Extensive deterioration

Texas

Bldg. 1190
Naval Air Station Joint Reserve Base
Ft. Worth Co: Tarrant TX 76127–6200
Landholding Agency: Navy
Property Number: 779820053
Status: Unutilized
Reason: Secured Area

Bldg. 1820
Naval Air Station Joint Reserve Base
Ft. Worth Co: Tarrant TX 76127–6200
Landholding Agency: Navy
Property Number: 779820054
Status: Unutilized
Reason: Secured Area, Extensive deterioration

Virginia

Bldg. 3072
Marine Corps Base
Quantico Co: Prince William VA 22134–
Landholding Agency: Navy
Property Number: 779820063
Status: Unutilized
Reason: Extensive deterioration

Washington

Bldg. 47
Naval Radio Station T Jim Creek
Arlington Co: Snohomish WA 98223–
Landholding Agency: Navy
Property Number: 779820056
Status: Unutilized
Reason: Secured Area, Extensive deterioration

Bldg. 48
Naval Radio Station T Jim Creek
Arlington Co: Snohomish WA 98223–
Landholding Agency: Navy
Property Number: 779820057
Status: Unutilized
Reason: Secured Area, Extensive deterioration

Wisconsin

0.114 acres
Ridge's Sanctuary
Bailey's Harbor: WI 53707–
Landholding Agency: GSA
Property Number: 549820003
Status: Excess
Reason: Other Comment: landlocked, GSA Number: 1–U–WI–0437A.

[FR Doc. 98–15378 Filed 6–11–98; 8:45 am]
BILLING CODE 4210–29–M

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Notice of Availability of the Technical/Agency Draft Recovery Plan for Helianthus eggertii (Eggert's Sunflower) for Review and Comment

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice of document availability and public comment period.

SUMMARY: The U.S. Fish and Wildlife Service announces the availability for public review of the technical/agency draft recovery plan for Eggert's sunflower. Eggert's sunflower (*Helianthus eggertii*) is a perennial herb that grows in the barrens of Alabama, Kentucky, and Tennessee. The Service solicits review and comment from the public on this draft plan.

DATES: Comments on the draft recovery plan must be received on or before August 11, 1998, to receive consideration by the Service.

ADDRESSES: Persons wishing to review the draft recovery plan may obtain a copy by contacting the Field Supervisor. Asheville Field Office, U.S. Fish and Wildlife Service, 160 Zillicoa Street, Asheville, North Carolina 28801 (Telephone 828/258–3939). Written comments and materials regarding the plan should be addressed to the State Supervisor at the above address. Comments and materials received are available on request for public inspection, by appointment, during normal business hours at the above address.

FOR FURTHER INFORMATION CONTACT: Mr. J. Allen Ratzlaff at the address and telephone number (Ext. 229) shown above.

SUPPLEMENTARY INFORMATION:

Background

Restoring endangered or threatened animals or plants to the point where they are again secure, self-sustaining members of their ecosystems is a primary goal of the U.S. Fish and Wildlife Service's endangered species program. To help guide the recovery effort, the Service is working to prepare recovery plans for most of the listed species native to the United states. Recovery plans describe actions

considered necessary for conservation of the species, establish criteria for recognizing the recovery levels for downlisting or delisting them, and estimate time and cost for implementing the recovery measures needed.

The Endangered Species Act of 1973, as amended (16 U.S.C. 1531 *et seq.*) (Act), requires the development of recovery plans for listed species unless such a plan would not promote the conservation of a particular species. Section 4(f) of the Act, as amended in 1988, requires that a public notice and an opportunity for public review and comment be provided during recovery plan development. The Service will consider all information presented during a public comment period prior to approval of each new or revised recovery plan. The Service and other Federal agencies will also take these comments into account in the course of implementing approved recovery plans.

Based upon available information concerning the range, biology, and threats to its continued survival, it is not yet possible to determine if or when full recovery of Eggert's sunflower is possible. Accordingly, this draft recovery plan outlines a mechanism that provides for the protection and maintenance of all known populations, with emphasis on determining the autecological factors necessary to manage the species. Eggert's sunflower was officially listed as an endangered species in 1996, primarily because of loss of habitat, competition from invasive exotic and other competitive plants, fire suppression, and other detrimental impacts that result from site disturbance. Comments and information provided during this review will be used in preparing the final recovery plan.

Public Comments Solicited

The Service solicits written comments on the recovery plan described. All comments received by the date specified above will be considered prior to approval of the plan.

Authority

The authority for this action is section 4(f) of the Endangered Species Act, 16 U.S.C. 1533(f).

Dated: June 2, 1998.

Brian P. Cole,

State Supervisor.

[FR Doc. 98–15646 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–55–M

DEPARTMENT OF THE INTERIOR

Bureau of Indian Affairs

Draft Environmental Impact Statement (DEIS) for the Proposed Cabazon Resource Recovery Park, Cabazon Indian Reservation, Indio, CA

AGENCY: Bureau of Indian Affairs, Interior.

ACTION: Notice of availability of DEIS and public hearing and public comment dates.

SUMMARY: This notice advises the public that the Draft Environmental Impact Statement (DEIS) for a proposed general plan and master lease of approximately 590 acres held in trust by the Federal Government for the Cabazon Band of Mission Indians in Riverside County, California is now available for public review and comment. The DEIS describes a proposed resource recovery park and industrial area for the recycling, reuse and transformation of waste streams of various types. This DEIS was prepared by the Bureau of Indian Affairs, in cooperation with the Cabazon Band of Mission Indians and their environmental consultants. A description of the proposed project location and of the environmental issues addressed in the DEIS are provided in the Supplementary Information. This notice also announces a public hearing to receive public comments on the DEIS.

This notice is published pursuant to Sec. 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.

DATES: Written comments must be received on or before August 14, 1998. All correspondence should show the following caption on the first page: ''DEIS Comments, Cabazon Resource Recovery Park, Cabazon Indian Reservation, Indio, California.'' The public hearing will be held on July 23, 1998 at the location shown below. We will consider all comments sent during this period, or submitted at the hearing, in preparing the Final Environmental Impact Statement.

ADDRESSES: Address comments to Ronald M. Jaeger, Area Director, Sacramento Area Office, Bureau of Indian Affairs, 2800 Cottage Way, Sacramento, CA 95825–1846. The public hearing will be held from 6:00 p.m. to 8:00 p.m. on July 23, 1998, at the Cabazon Band Council Chambers, 84245 Indio Springs Dr., Indio, CA 92203. This hearing will be co-hosted by the Bureau of Indian Affairs and the Cabazon Band of Mission Indians.

The DEIS is available for review at the Cabazon Band of Mission Indians Administrative Offices, 84245 Indio Springs Dr., Indio, CA 92203. To obtain a copy of the DEIS, please write or call William Allan, Environmental Protection Specialist, Sacramento Area Office, Bureau of Indian Affairs, 2800 Cottage Way, Sacramento, CA 95825–1846, telephone (916) 979–2575, extension 254.

FOR FURTHER INFORMATION CONTACT: William Allan, 916–979–2575.

SUPPLEMENTARY INFORMATION: The proposed action would approve a general plan of development for the majority of Section 6 and a master lease of the land from the Cabazon Band of Mission Indians to a tribally owned corporation. The full development project is entitled the ''Cabazon Resource Recovery Park'' (CRRP). The industrial and commercial facilities planned for the CRRP are intended to be environmentally responsible industries which individually and collectively implement practical solutions to environmental and waste management problems of several types. The integrated nature of the various types of facilities planned is such that the output of some facilities would provide input to others, enhancing the overall efficiency and effectiveness of both the waste management and manufacturing projects. Existing projects and those in development or proposed include a biomass power plant, a biosolids recycling plant, a contaminated soil recycling plant, a tire recycling and remanufacturing plant, a nickel wire recycling and manufacturing plant, a waste food and green waste recycling facility, an aquaculture facility, a materials recovery facility, a gasification facility, a metals reclamation facility, a used oil recovery refinery, a catalytic converter platinum recovery facility, construction and demolition materials recovery facility, a fuels and chemicals storage and distribution facility, a plant making speciality glass products from reclaimed glass, a hazardous waste and hazardous commodity processing and transfer facility, and associated support infrastructure (railyards, sewage treatment, etc.). The project will meet all applicable environmental standards and regulations.

The project is located in the Coachella Valley approximately one mile northwest of the unincorporated town of

Mecca. Section 6 is characterized by smooth topography and ranges in elevation from 180 feet below to 146 feet below mean sea level. Section 6 is adjacent to, on its west and south sides, the Coachella Valley Enterprise Zone; a 27,000 acre area established by the California Legislature to create jobs and economic development.

The DEIS addresses the issues identified during scoping. Alternatives to the proposed project that are considered in the DEIS include the no action alternative. The environmental issues addressed in the DEIS include land and water resources, air quality, living resources, cultural and socioeconomic resources, land use, traffic, noise, public safety and health, and visual resources.

Dated: June 4, 1998.

Kevin Gover,

Assistant Secretary—Indian Affairs.

[FR Doc. 98–15628 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–02–P

DEPARTMENT OF THE INTERIOR

Bureau of Indian Affairs

Draft Environmental Impact Statement (DEIS) for the Proposed Southpoint Power Plant Project on the Fort Mojave Indian Reservation, Mohave County, AZ

AGENCY: Bureau of Indian Affairs, Interior.

ACTION: Notice of availability of DEIS and public hearing dates.

SUMMARY: This notice advises the public that a Draft Environmental Statement (DEIS) is available for public review and that public hearings will be held on this document. A lease between the Fort Mojave Indian Tribe (FMIT) and Calpine Corporation was executed on April 28, 1998. Approval of the pending lease by the Bureau of Indian Affairs is a major federal action. Calpine Corporation proposes to construct and operate a natural gas fired, 500 megawatt combined cycle power plant and associated ancillary facilities on leased tribal trust land. The proposed lease is for a term of 50 years, with an option to renew for an additional 15 years. The proposed power plant would provide electrical power for distribution through the Western Area Power Administration grid to meet existing demand. By entering into the proposed lease the FMIT will enhance its tribal sovereignty and self-determination.

This notice is published pursuant to Section 1503.1 of the Council of 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.

DATES: Public hearings on the DEIS will be held on July 15, 1998 at 10:00 AM MST and 7:00 PM MST at the FMIT tribal headquarters, 500 Merriman Street, Needles, California, and on July 16, 1998 at 7:00 PM MST at Mohave High School auditorium, 2251 Highway 95, Bullhead City, Arizona. Written comments must be received on or before August 15, 1998.

ADDRESSES: Comments and participation at the public hearings are solicited. Please direct written comments to Mr. Allen J. Anspach, Superintendent, Colorado River Agency, Bureau of Indian Affairs, Rt. 1, Box 9–C, Parker, Arizona 85344, or to Mr. Wayne Nordwall, Phoenix Area Director, Bureau of Indian Affairs, Phoenix Area Office, P.O. Box 10, Phoenix, AZ 85001.

Persons wishing copies of this DEIS should immediately contact Ms. Goldie Stroup, Bureau of Indian Affairs, Colorado River Agency, Rt. 1, Box 9–C, Parker, Arizona 85344, Telephone (520) 669–7121 or Ms. Amy Heuslein, Area Environmental Protection Officer, Phoenix Area Office, Bureau of Indian Affairs, 400 North 5th Street, 2 Arizona Center—14th Floor, Phoenix, Arizona 85004. Telephone (602) 379–6750. Copies of the DEIS have been sent to all agencies and individuals who participated in the scoping process from December 1994 through January 1995, and to all others who have already requested copies of the document.

FOR FURTHER INFORMATION CONTACT: Ms. Amy L. Heuslein, 602–379–6750.

SUPPLEMENTARY INFORMATION: The Bureau of Indian Affairs, Department of the Interior, in cooperation with the FMIT, has prepared a DEIS on the proposed construction and operation of a natural gas fired 500 megawatt combined cycle power plant on leased land of approximately 320 acres on the Fort Mojave Indian Reservation in Mohave County, Arizona. In addition to the power plant, there is a proposal for an administrative building and parking areas on a 15 acre compound, a 30 acre evaporation pond, and a storm water retention area of approximately 30 acres. A buffer area would be provided around the development. The power plant would use consumptively approximately 4,000 acre feet of water per year from the FMIT's allocation of Colorado River water. Natural gas would be supplied to the site in buried lines on new right-of-way across Bureau of Land Management (BLM) land. The power generated by the proposed plant could potentially be wheeled and distributed by facilities of the multi-state federal Western Area Power Administration, and by local distribution facilities such those of Arizona Electric Power Cooperative, Needles Electric Company, Aha Macav Power Services, and others.

The purpose and need for this action is to support tribal economic development on the reservation and augment current power supply sources in the region. By entering into the proposed lease, the FMIT would enhance its tribal sovereignty and self-determination and obtain revenues from this activity.

Under the Preferred Alternative, the proposed natural gas combined cycle 500 megawatt power plant with ancillary facilities would be constructed and operated on 320 acres in the east half Section 8, T17N R21W, Gila and Salt River Base and Meridian, Mohave County, Arizona, on the north side of the Davis Dam-Topock Highway. The power plant buildings and equipment, and the retention basins, would be located on the valley floor. The evaporation pond would be located on top of the bluffs. Natural gas would be supplied by new lines in rights-of-way across BLM land.

Under Alternative Two, the proposed power plant would be constructed and operated on 160 acres in the west half of Section 30, T18N, R21W, Gila and Salt River Base and Meridian, Mohave County Arizona. This site is approximately two and one-half miles northwest of the Preferred Alternative site. The power plant proposed to be built on the Alternative Two site would be identical in size to that proposed for the Preferred Alternative. All plant facilities, except paved access roads, would be located on top of the bluffs. Natural gas would be available to the plant from the same sources as for the Preferred Alternative and would require construction of two branch lines across BLM land to the reservation boundary.

Under Alternative Three, the proposed power plant would be built on 160 acres in the west half of Section 16, T17N, R21W, Gila and Salt River Base and Meridian, Mohave County, Arizona. This site is immediately to the south of the Preferred Alternative site, on the south side of the Davis Dam-Topock Highway. The power plant proposed to be built on the Alternative Three site would be identical in size to that proposed for the Preferred Alternative.

All plant facilities would be located on the valley floor. Natural gas would be available to the site from the same sources as for the Preferred Alternative and would require construction of two branch lines on right-of-way across BLM land to the reservation boundary.

Agencies and individuals are urged to provide comments on this DEIS as soon as possible. All comments received by August 15, 1998 will be considered in preparation of the Final EIS.

Dated: June 4, 1998.

Kevin Gover,

Assistant Secretary—Indian Affairs.

[FR Doc. 98–15629 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–02–P

DEPARTMENT OF THE INTERIOR

Bureau of Indian Affairs

Indian Gaming

AGENCY: Bureau of Indian Affairs, Interior.

ACTION: Notice of approved agreements to Tribal-State Compact.

SUMMARY: Pursuant to Section 11 of the Indian Gaming Regulatory Act of 1988, Pub. L. 100–497, 25 U.S.C. § 2710, the Secretary of the Interior shall publish, in the **Federal Register**, notice of approved Tribal-State Compacts for the purpose of engaging in Class III (casino) gambling on Indian reservations. The Assistant Secretary—Indian Affairs, Department of the Interior, through his delegated authority, has approved the Agreements between the Crow Indian Tribe and the State of Montana regarding Class III gaming which was executed on March 11, 1998.

DATES: This action is effective June 12, 1998.

FOR FURTHER INFORMATION CONTACT: George T. Skibine, Director, Indian Gaming Management Staff, Bureau of Indian Affairs, Washington, D.C. 20240, (202) 219–4068.

Dated: June 4, 1998.

Kevin Gover,

Assistant Secretary—Indian Affairs.

[FR Doc. 98–15717 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–02–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management, Alaska

[AK–962–1410–00–P]

Notice for Publication; AA–6694–A; Alaska Native Claims Selection

In accordance with Departmental regulation 43 CFR 2650.7(d), notice is hereby given that a decision to issue conveyance under the provisions of Sec. 14(a) of the Alaska Native Claims Settlement Act of December 18, 1971, 43 U.S.C. 1601, 1613(a), will be issued to Afognak Native Corporation, Successor in Interest to Port Lions Native Corporation, for approximately 20,552 acres. The lands involved are located on or in the vicinity of Afognak, Whale, and Kodiak Islands, Alaska, as follows:

Seward Meridian, Alaska

T. 26 S., R. 21 W.
T. 26 S., R. 23 W.
T. 24 S., R. 22 W.
T. 27 S., R. 23 W.
T. 27 S., R. 22 W.
T. 26 S., R. 24 W.

A notice of the decision will be published once a week, for four (4) consecutive weeks, in the *Kodiak Daily Mirror.* Copies of the decision may be obtained by contacting the Alaska State Office of the Bureau of Land Management, 222 West Seventh Avenue, #13, Anchorage, Alaska 99513–7599 ((907) 271–5960).

Any party claiming a property interest which is adversely affected by the decision, an agency of the Federal government or regional corporation, shall have until July 13, 1998 to file an appeal. However, parties receiving service by certified mail shall have 30 days from the date of receipt to file an appeal. Appeals must be filed in the Bureau of Land Management at the address identified above, where the requirements for filing an appeal may be obtained. 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.

Sherri D. Belenski,

Land Law Examiner, ANCSA Team, Branch of 962 Adjudication.

[FR Doc. 98–15682 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–$$–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[NV–040–1231–00]

Temporary Closure of Certain Roads and Public Lands During the Operation of the 1998 Silver State 300 Off-Highway Vehicle Race: Nevada, Ely and Las Vegas Districts

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of closure order.

SUMMARY: The Assistant District Manager, Nonrenewable Resources of the Ely Field Office announces the temporary closure of selected roads and public lands under the administration of the Ely Field Office and the Las Vegas Field Office. Approximately 46 miles of a 317 mile vehicle event route are affected by this temporary closure. This action is being taken to comply with provisions of the U.S. Fish and Wildlife Service's Biological Opinion for this event (File No. 1–5–98–F–081), to prevent unnecessary environmental degradation of desert tortoise habitat during the official permitted running of the 1998 Silver State 300 Race, and to provide for the safety of racers and members of the public.

EFFECTIVE DATE AND TIMES: Two areas are closed on June 27, 1998 during Pacific Standard Time hours described below. (1) The first 41 mile long closure segment consists of a road commonly known as the Carp-Elgin Road and another unnamed rural road segment located west and north of Carp, Nevada. This area is located between Interstate Highway 15 and Lyman Crossing, and is closed from 3:00 am through 1:00 pm. This segment begins in section 2, Township 14 South, Range 67 East, and ends in section 16, Township 9 South, Range 67 East. As soon as all race vehicles have completed travel along this segment of the designated route, the area will be progressively opened proceeding from a south to north direction. The area may be opened earlier than 1:00 pm if all race vehicles have passed beyond the closure boundary. (2) The second 5 mile long temporary closure area includes a rural road segment east of Maynard Lake located between section 19 in Township 8 South, Range 63 East and the finish location for the race in section 11, Township 9 South, Range 62 East. This area is closed from 11:00 am through approximately 10:00 pm on June 27, 1998, This area may be opened earlier than 10:00 pm if all race vehicles have passed through the closure.

FOR FURTHER INFORMATION CONTACT: Mike Bunker, Outdoor Recreation Planner, Ely Field Office, Bureau of Land Management, HC 33 Box 33500, Ely, Nevada 89301–9408. Telephone (702) 289–1800.

SUPPLEMENTARY INFORMATION: Maps of the designated route for this race event which is affected by this closure are available for inspection at the Bureau of Land Management Offices in Caliente, Ely and Las Vegas in Nevada.

Closure Areas

The closure affects a designated route and adjoining lands. The designated route is marked with colorful flagging,

directional arrows and other markers that identify the route on the ground.

The entire width and length of the designated route and all lands within 300 feet of the edge of the course described above, are closed to all vehicles except for law enforcement, emergency vehicles, race management vehicles, and official race vehicles. All public lands within 300 feet of the course, and access routes leading to the course are closed to vehicle use at a point 300 feet from their intersection with the course. Spectator vehicles are prohibited from entering the closure area. No vehicle stopping or parking is allowed within the closure area.

The following restrictions will be in effect for the duration of the closure. Unless otherwise authorized no person shall:

1. Park any vehicle in violation of posted restrictions, or in such a manner as to obstruct or impede normal or emergency traffic movement or the parking of other vehicles, creating a safety hazard, or endanger any person, property or feature. Vehicles so parked are subject to citation, removal and impoundment at owners expense;

2. Take a vehicle through, around or beyond a restrictive sign, recognizable barricade, fence, or traffic control barrier or other device;

3. Obstruct, resist, or attempt to elude a law enforcement officer of rail to follow their orders or direction.

The above restrictions do not apply to public highways and roads, emergency vehicles, and vehicles owned by the United States, the State of Nevada, Lincoln County or Clark County. Vehicles under permit for operation by event participants or by race management must adhere to the race permit stipulations. Vehicles that are not operated by spectators that need to cross through the closure area may be specifically authorized to proceed if travel is confined to an access road that leads to a checkpoint where crossing of the race route can be safely accomplished as directed by race management personnel.

Authority for closure of public lands is found 43 CFR 8360, subpart 8364.1 and 43 CFR 8372. persons who violate this closure order may be subject to imprisonment for not more than 12 months, or a fine an accordance with the applicable provisions of 18 USC 3571, or both.

Dated: June 5, 1998.

Gene L. Drais,

Assistant District Manager, Nonrenewable Resources.

[FR Doc. 98–15616 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–HC–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[CO–933–98–1320–01; COC 61945]

Colorado; Notice of Invitation for Coal Exploration License Application, Bowie Resources Limited

Pursuant to the Mineral Leasing Act of February 25, 1920, as amended, and to Title 43, Code of Federal Regulations, Subpart 3410, members of the public are hereby invited to participate with Bowie Resources Limited in a program for the exploration of unleased coal deposits owned by the United States of America in the following described lands located in Delta County, Colorado:

T. 12 S., R. 91 W., 6th P.M.
- Sec. 12. lots 7, 8, S½S½, NE¼SW¼, NW¼SE¼;
- Sec. 22, S½;
- Sec. 23, lots 1 to 7, inclusive, W½, and that part of HES No. 133 lying in the S½SE¼;
- Sec. 26, lots 1 to 5, inclusive, W½, N½SE¼, and that part of HES No. 133 lying in the NE¼;
- Sec. 27, all;
- Sec. 28, S½;
- Sec. 29, SE¼;
- Sec. 32, lots 1, 2, 7 to 10, inclusive, lots 15, 16, and NE¼;
- Sec. 33, lots 1 to 16, inclusive, and N½;
- Sec. 34, lots 1 to 16, inclusive, and N½;
- Sec. 35, lots 3, and 7 to 22, inclusive, NE¼NW¼, W½NW¼, that part of HES No. 134 and that part of lots 4 to 6, inclusive, lying in the S½S½NE¼.

The area described contains approximately 6,053.00 acres.

The application for coal exploration license is available for public inspection during normal business hours under serial number COC 61945 at the Bureau of Land Management (BLM), Colorado State Office, 2850 Youngfield Street, Lakewood. Colorado 80215, and at the Montrose District Office, 2465 South Townsend Avenue, Montrose, Colorado 81401.

Written Notice of Intent to Participate should be addressed to the attention of the following persons and must be received by them within 30 days after publication of this Notice of Invitation in the **Federal Register**:

Karen Purvis; Solid Minerals Team, Resource Services, Colorado State Office, Bureau of Land Management, 2850 Youngfield Street, Lakewood, Colorado 80215

and

Bowie Resources Limited, P.O. Box 483, Paonia, Colorado 81428.

Any party electing to participate in this program must share all costs on a pro rata basis with Bowie Resources Limited and with any other party or parties who elect to participate.

Dated June 3, 1998.

Karen Purvis,

Solid Minerals Team, Resource Services.

[FR Doc. 98–15644 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–JB–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

Notice of Intent To Amend the Phoenix Resource Management Plan, Arizona

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of intent.

SUMMARY: Pursuant to Section 102(2)(C) of the National Environmental Policy Act of 1969 and the Federal Land Policy and Management Act of 1976, the Bureau of Land Management, Phoenix Field Office, Arizona, will be preparing an Environmental Assessment-level plan amendment to the Phoenix Resource Management Plan. The plan amendment will assess impacts of proposed changes to a land tenure classification decision from retention to disposal through exchange of federal lands in Yavapai County in central Arizona.

DATES: Written comments will be accepted until July 13, 1998.

ADDRESSES: Comments should be sent to the Field Manager, Bureau of Land Management, Phoenix Field Office, 2015 West Deer Valley Road, Phoenix, Arizona 85027.

SUPPLEMENTARY INFORMATION: The planning area will include a public and non-public land in Yavapai County in central Arizona, encompassing 480 acres.

Selected parcel lies within the Black Canyon Resource Conservation Area and is currently identified as a retention parcel. Proposed modification to the Phoenix Resource Management Plan will be integrated with the proposed E–Z Ranch Exchange, and the impacts thereof will be presented in a single Environmental Assessment-level analysis.

The interdisciplinary team will consist of specialists representing wildlife, riparian, cultural resources, hydrology, and lands. Specialists with other expertise will be added if needed.

Description of Possible Alternatives

Reasonable alternatives including the no-action alternative will be analyzed in the Environmental Assessment. One alternative will be selected as the agency-preferred alternative.

Anticipated Issues and Criteria

Some issues expected to be addressed by the plan amendment include the following: proposed land tenure adjustments, and proposed management of lands and resources acquired by BLM through the proposed exchange.

The following criteria are proposed to guide resolution of the issues:

1. Actions must comply with laws, executive orders, and regulations.
2. Protection of land containing high resource values is given priority for acquisition.
3. Land which is difficult and uneconomical to manage is given priority for disposal.

Criteria for land retention and disposal are discussed in the Draft Phoenix Resource Management Plan/ Environmental Impact Statement (p. 3) and related documents.

Public Input Requested

Comments should address: (1) issues to be considered, (2) if the planning criteria are adequate for the issues, (3) feasible and reasonable alternatives to examine, and (4) relevant information having a bearing on the proposed plan amendment.

FOR FURTHER INFORMATION CALL: William Gibson, phone: (602) 580–5500.

Dated: June 8, 1998.

James V. Andersen,

Realty Specialist.

[FR Doc. 98–15683 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–32–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[CO–070–5101–CO12]

Notice of Availability of the Record of Decision for the Final Environmental Impact Statement (EIS) on the Plateau Creek Pipeline Replacement Project

AGENCY: Bureau of Land Management.

ACTION: Notice of availability of the Record of Decision for the Final Environmental Impact Statement (EIS) on the Plateau Creek Pipeline Replacement project.

SUMMARY: Pursuant to section 102 (2) (C) of the National Environmental Policy Act of 1969 (NEPA), the Grand Junction Resource Area office, Grand Junction District, had an Environmental Impact Statement prepared to address impacts of the Plateau Creek Pipeline Replacement project proposed by the Ute Water Conservancy District (Ute Water). The project is a raw water conveyance system proposed on private and public lands in Mesa County, Colorado to replace a deteriorated and under sized pipeline currently approved under BLM ROW grant C 081284.

Copies of the Record of Decision will be available at the Mesa County Public Library in Grand Junction, Colorado, at the Grand Junction Resource Area, 2815 H Road, Grand Junction, Colorado 81506 at the BLM, Colorado State Office, 2850 Youngfield Street, Lakewood, Colorado 80215 and at the Ute Water Conservancy District, 560 25 Road, Grand Junction, Colorado.

DATES: The Record of Decision will be available to the public for 30 days starting May 15, 1998.

FOR FURTHER INFORMATION CONTACT: BLM, Dave Stevens, Project Team Leader, (970) 244–3009.

Mark T. Morse,

District Manager.

[FR Doc. 98–15634 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–JB–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[R–0654]

Notice of Intent

SUMMARY: Pursuant to 43 CFR 1610.2(c), notice is hereby given that the Bureau of Land Management proposes to amend the Eastern San Diego County Management Framework Plan (MFP) to facilitate the sale of public land. The proposed amendment will change the Multiple Use Classification (MUC) from Limited (L) to Moderate (M) for the following public land:

San Bernardino Meridian, San Diego County, California,
Township 13 South, Range 4 East, Section 9, S½NE¼NE¼, N½SE¼NE¼, containing 40 acres, more or less.

SUPPLEMENTARY INFORMATION: According to the MFP, the sale of public land is allowed only in MUC M or unclassified lands. The above-described land, currently leased to the County of San Diego for the Julian Solid Waste Transfer Station is classified MUC L. The land is being considered for conveyance to the County of San Diego under the provisions of the Recreation and Public Purposes Act of June 14, 1926, as amended (43 U.S.C. 869, *et seq.*) for continued use as a solid waste transfer station. The proposed plan amendment and decision on disposal will be determined through an environmental assessment in accordance with the National Environmental Policy Act of 1969 and CFR 1610.5–5.

DATES: Written comments on this plan amendment will be accepted on or before July 13, 1998. Please address comments to Terry A. Reed, Field Manager, Bureau of Land Management, El Centro Field Office, 1661 South 4th Street, El Centro, CA 92243–4561.

FOR FURTHER INFORMATION CONTACT: Linda Self, Realty Specialist, at the above address, or telephone (760) 337–4426.

Dated: June 3, 1998.

Thomas F. Zale,

Acting Field Manager.

[FR Doc. 98–15649 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–40–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[NV–930–1430–01; NV–19622]

Notice of Public Meeting; Proposed Extension of Withdrawal; Nevada

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice.

SUMMARY: This notice announces the time and place for two public meetings that will provide an opportunity for public involvement regarding the Department of the Navy's proposed extension of the land withdrawal for the Bravo-20 Bombing Range in Churchill County.

DATES: July 13 and 14, 1998.

FOR FURTHER INFORMATION CONTACT: Dennis J. Samuelson, BLM Nevada State Office, P.O. Box 12000, Reno, Nevada 89520, 702–861–6532.

SUPPLEMENTARY INFORMATION: Notice is hereby given that two public meetings will be held to provide an opportunity for public involvement regarding the application by the Department of the Navy for the land withdrawal extension for the Bravo-20 Bombing Range. A Notice of Proposed Extension of Withdrawal was published in the 63 FR 30250–30251, June 3, 1998, FR Doc. 98–14654.

There will be two meetings. The first meeting will be on Monday, July 13, 1998, at the Fallon Convention Center, 100 Campus Way, Fallon, NV. The second meeting will be on Tuesday, July 14, 1998, at the Airport Plaza Hotel, 1981 Terminal Way, Reno, NV. An open house will begin each day 3:00 p.m. at both locations and continue until 5:30 p.m. The purpose of the open house is for people to gather information on the proposed land withdrawal extension and ask questions. A formal public hearing will begin at 7:00 p.m. each day

and continue until 10:00 p.m. People interested in the proposed extension of the land withdrawal will have the opportunity to make formal remarks.

Dated: June 9, 1998.

William K. Stowers,

Lands Team Lead.

[FR Doc. 98–15804 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–HC–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[NM–910–08–1020–00]

New Mexico Resource Advisory Council Meeting

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of Council meeting.

SUMMARY: In accordance with the Federal Land Policy and Management Act and the Federal Advisory Committee Act of 1972 (FACA), 5 U.S.C. Appendix 1, The Department of Interior, Bureau of Land Management (BLM), announces a meeting of the New Mexico Resource Advisory Council (RAC). The meeting will be held on July, 30 and 31, 1998 at the Holiday Inn Don Fernando de Taos, 1005 Paseo del Pueblo Sur, Taos, New Mexico. The agenda for the RAC meeting will include agreement on the meeting agenda, any RAC comments on the draft summary minutes of the last RAC meeting of May 7 & 8, 1998 in Farmington, NM., a briefings and discussions on the status of the NEPA process for the RAC Standards for Public Land Health and Guidelines for Livestock Grazing Management and other NEPA concerns. Also included on the agenda are BLM Field Office Manager presentations, continued discussion on establishment of RAC Subgroups and RAC Charter proposed changes, standards and guidelines-economic presentation, Clean Water Act presentation and discussion, multiyear plan and performance indicators presentation and discussion, establish location and date for next RAC meeting and develop draft agenda items, RAC discussion on assessment of the meeting and other items as appropriate.

A field tour is scheduled for the afternoon of July 31, 1998. The tour will begin about 1:00 pm and take most of the afternoon. The exact time and location to meet for the field trip will be established during the RAC meeting.

The meeting will begin on July 30, 1998 at 8:30 a.m. The meeting is open to the public. The time for the public to address the RAC is on Thursday, July 30, 1998, from 3:00 p.m. to 5:00 p.m. The RAC may reduce or extend the end time of 5:00 p.m. depending on the number of people wishing to address the RAC. The length of time available for each person to address the RAC will be established at the start of the public comment period and will depend on how many people there are that wish to address the RAC. At the completion of the public comments the RAC may continue discussion on its Agenda items. The meeting on Friday July 31, 1998, will be from 8:00 a.m. to 11:30 a.m. The ending time for the meeting may be changed depending on the work remaining for the RAC. Starting about 1:00 p.m. the RAC members, on a volunteer basis, will go on a field tour on rafts on the Rio Grande. The tour is expected to last most of the afternoon.

FOR FURTHER INFORMATION CONTACT: Bob Armstrong, New Mexico State Office, Planning and Policy Team, Bureau of Land Management, 1474 Rodeo Road, P.O. Box 27115, Santa Fe, New Mexico 87502–0115, telephone (505) 438–7436.

SUPPLEMENTARY INFORMATION: The purpose of the Resource Advisory Council is to advise the Secretary of the Interior, through the BLM, on a variety of planning and management issues associated with the management of public lands. The Council's responsibilities include providing advice on long-range planning, establishing resource management priorities and assisting the BLM to identify State and regional standards for rangeland health and guidelines for grazing management.

Dated: June 8, 1998.

Stephen A. Jordan,

Acting Deputy State Director.

[FR Doc. 98–15688 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–FB–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[AK–040–08–1410–00; AA–77257]

Notice; Correction

SUMMARY: The Bureau of Land Management published a document in the **Federal Register** of March 5, 1998, concerning request for comments on a Recreation and Public Purposes Classification and Lease of Public Land in Chenik Lake area, Alaska. The document contained an incorrect legal description.

FOR FURTHER INFORMATION CONTACT: Kathy A. Stubbs at 907–267–1284.

Correction

In notice document 98–5705, beginning on page 10938, in the issue of Thursday, March 5, 1998, Summary section, the legal description, second line, ''T. 12 S., R. 29 W.,'' should read ''T. 11 S., R. 29 W.,''.

Dated: May 14, 1998.

Nick Douglas,

Field Manager.

[FR Doc. 98–15645 Filed 6–11–98; 8:45 am]

BILLING CODE 1410–00–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[OR–014–6332–00: GP8–0212]

Notice of Prohibited Acts in the Klamath Falls Resource Area

AGENCY: Lakeview District, Klamath Falls Resource Area, Bureau of Land Management.

SUMMARY: The Lakeview District is republishing certain closures and restrictions at Topsy Campground. Personnel that are exempt from the closures and restrictions include any Federal, State, or local officer, or member of any organized rescue or fire-fighting force in performance of an official duty, or any person authorized by the Bureau of Land Management. These restrictions and closures had previously been published in the **Federal Register**, but had been written incorrectly. This notice remedies the mistake. Pursuant to 43 CFR 8365.1–6, the following restrictions are in effect at Topsy Campground:

—No entry between 9pm and 6am, except as an occupant.

—Campsites are limited to no more than 12 people and 2 vehicles.

—Horses are prohibited.

—No discharge or use of firearms, other weapons or fireworks between Topsy Road and the J.C. Boyle Reservoir from one eighth mile above to one eighth mile below the campground.

DATES: These restrictions are in effect immediately and shall remain in effect until rescinded or modified by the authorized officer.

PENALTIES: The authority for this supplemental rule is found in 43 CFR 8365.1–6. Violation of this rule is punishable by a fine not to exceed $100,000 and/or imprisonment not to exceed 12 months.

FOR FURTHER INFORMATION, CONTACT: Barron Bail, Klamath Falls Resource Area Manager, 2795 Anderson Ave., Bldg. 25, Klamath Falls, OR 97603, or telephone (541) 883–6916.

Dated: June 3, 1998.

Bob Hopper,

Acting Lakeview District Manager.

[FR Doc. 98–15613 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–33–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[OR–014–6332–00: GP8–0211]

Notice of Prohibited Acts in the Klamath River Canyon Area of Critical Environmental Concern (ACEC)/Wild and Scenic River Corridor

AGENCY: Lakeview District, Klamath Falls Resource Area, Bureau of Land Management.

SUMMARY: The Lakeview District is implementing certain closures and restrictions as described in the 1995 Klamath Falls RMP. Personnel that are exempt from the closures and restrictions are described under 43 CFR 8351.2–1(b)(1–5). All of these restrictions and closures had previously been published in the **Federal Register**, but had been written incorrectly. This notice remedies the mistake. Pursuant to 43 CFR 8351.2–1(e)(7), the following restrictions are in effect:

Klamath River Boat Access

—Closed to entry from one half hour after sunset to one half hour before sunrise.

—The following activities are prohibited between the river and the access road from one quarter mile above to one quarter mile below the site: camping, overnight parking, fire building, and the discharge or use of firearms, other weapons, or fireworks.

—No unattended vehicles in the posted turn-around area located one eighth mile past the boat access road.

Klamath River Campground

—Campsites are limited to no more than 12 people and 2 vehicles.

—No entry between 9 pm and 6 am, except as an occupant.

Turtle Primitive Group Campground

—Campsites are limited to 8 to 35 people from May 1 to October 1; and 1 to 35 people from October 1 to April 30.

—No entry between 9 pm and 6 am, except as an occupant.

—No discharge or use of firearms, other weapons, or fireworks between the river and the main access road from one quarter mile above to one quarter mile below the site.

Klamath River Canyon

—All public lands from the J.C. Boyle Powerhouse to the Oregon/California border are closed to firearms target shooting, from May 1 to October 1.

—Vehicle use within the ACEC boundary is limited to designated roads and trails.

Salt Caves

—Closed to entry from May 1 to September 15.

DATES: These closures and restrictions are in effect immediately and shall remain in effect until rescinded or modified by the authorized officer.

PENALTIES: The authority for this supplemental rule is found in 43 CFR 8351.2–1(e)(7). Violation of this rule is punishable by a fine not to exceed $5,000 and/or imprisonment not to exceed 6 months.

FOR FURTHER INFORMATION CONTACT: Barron Bail, Klamath Falls Resource Area Manager, 2795 Anderson Ave., Bldg. 25, Klamath Falls, OR 97603, or telephone (541) 883–6916.

Dated: June 3, 1998.

Bob Hopper,

Acting Lakeview District Manager.

[FR Doc. 98–15614 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–33–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[OR–015–1210–00: GP8–0210]

Notice of Vehicle Closures and Restrictions in the Lakeview District

AGENCY: Lakeview District, Bureau of Land Management.

SUMMARY: The following list of vehicle closures and restrictions covers lands within the Lakeview and Klamath Falls Resource Areas of the Lakeview District located in south central Oregon.

Lakeview Resource Area

The Lakeview Resource Area is republishing certain vehicle closures and restrictions as part of the implementation of the following documents: Warner Lakes and High Desert Management Framework Plans (MFPs; 1983), Off-Road-Vehicle Implementation Plans (1981), Oregon Wilderness EIS (1989), Warner Lakes Plan Amendment for the Warner Wetlands Area of Critical Environmental Concern (ACEC; 1989), High Desert Plan Amendment for the Lake Abert ACEC (1996), and four small emergency closures done under 43 CFR 8341.2 and/or 8342. All of these restrictions and closures had previously been published in the **Federal Register**, but without the penalty cited. This notice remedies the omission. Pursuant to the regulations contained in 43 CFR 8364.1, the Bureau of Land Management is limiting motorized vehicle travel as detailed in the above documents.

Closed to Vehicles

Black Hills
Buck Creek
Fossil Lake
Crane Mountain
South Green Mountain (emergency)
Table Rock (emergency)
Cougar Mountain (emergency)
Westside gravel pit area (emergency)

Vehicles Limited to Designated Roads and Trails

Lost Forest RNA
Warner Wetlands ACEC

Vehicles Limited to Existing Roads and Trails

Alkali Lake Sand Dunes
Abert Lake ACEC
Wilderness Study Areas
Picture Rock Pass

Seasonal Vehicle Closures

Fort Rock/Silver Lake Deer Winter Range (December 1 to March 31)

Two vehicle restrictions previously listed in the 1983 MFPs are no longer needed, and through this notice they are dropped or included within newer designations: Cox Creek Wildlife Closure is no longer necessary and is now ''open'' to vehicles; Lake Abert Archeologic Zone is now within the larger Lake Abert ACEC.

Klamath Falls Resource Area

The Klamath Falls Resource Area is implementing vehicle closures and restrictions in the following areas as described in the 1995 Klamath Falls Resource Management Plan (RMP) and the 1995 Upper Klamath Basin and Wood River Wetland RMP. Pursuant to the regulations contained in 43 CFR 8364.1, the Bureau of Land Management is limiting motorized vehicle travel as detailed in both RMP's:

Closed to Vehicles

Wood River Wetland Area of Critical Environmental Concern (ACEC)
Pacific Crest National Scenic Trail
Lower Klamath Hills Wildlife area
Spencer Creek
Miller Creek ACEC
Old Baldy Research Natural Area (RNA)
Areas where water quality is being adversely affected
Progeny test sites

Vehicles Limited to Designated Roads and Trails

Klamath River Canyon ACEC

Surveyor Mountain area

Stukel Mountain area

Vehicles Limited to Existing Roads and Trails

Mountain Lakes Wilderness Study Area (WSA)

Yainax Butte ACEC

Swan Lake Rim

Bryant Mountain

Gerber Block

Lands south of Highway 66, outside of Klamath River Canyon ACEC

Topsy Recreation Site

Bly Mountain area

Seasonal Vehicle Closures

Pokegama Wildlife Area (November 20 to April 15)

Klamath Deer Winter Range area (November 1 to April 15)

Bryant Mountain (November 1 to April 15)

Stukel Mountain (November 1 to April 15)

Gerber Block (November 1 to April 15)

Personnel that are exempt from all of the above listed closures and restrictions include any Federal, State, or local officer, or member of any organized rescue or fire-fighting force in performance of an official duty, or any person authorized by the Bureau of Land Management.

DATES: These closures and restrictions are in effect immediately and shall remain in effect until rescinded or modified by the authorized officer.

PENALTIES: The authority for this rule is found in 43 CFR 8360.0–7. Violation of this rule is punishable by a fine not to exceed $100,000 and/or imprisonment not to exceed 12 months.

FOR FURTHER INFORMATION CONTACT: For activities in the Lakeview Resource Area, contact Scott Florence, Lakeview Resource Area Manager, Bureau of Land Management, PO Box 151, Lakeview, OR 97630, or telephone (541) 947–2177. For activities in the Klamath Falls Resource Area contact Barron Bail, Klamath Falls Resource Area Manager, 2795 Anderson Ave., Bldg. 25, Klamath Falls, OR 97603, or telephone (541) 883–6916.

Dated: June 3, 1998.

Bob Hopper,

Acting Lakeview District Manager.

[FR Doc. 98–15615 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–33–P

DEPARTMENT OF THE INTERIOR

National Park Service

Notice of Intent To Issue a Prospectus for Operation of Accommodations, Facilities, and Services Within Glen Canyon National Recreation Area

SUMMARY: The National Park Service will be releasing a concession Prospectus authorizing continued operation of accommodations, facilities, and services for the visiting public at Glen Canyon National Recreation Area. The operations consist primarily of lodging accommodations, campground, marina services, boat rentals, food and beverage services, and retail and gift/souvenir sales. The operation is year-round with the peak season during the summer months. The new contract will be for fifteen (15) years beginning January 1, 1999.

EFFECTIVE DATE: Offers will be accepted for NINETY (90) days under the terms described in the Prospectus. The NINETY (90) day application period will begin with the release of the Prospectus, which will occur within thirty (30) days of the publication of this notice. The actual release date of the Prospectus shall be the date of publication in the ''Commerce Business Daily.''

SUPPLEMENTARY INFORMATION: This contract renewal has been determined to be categorically excluded from the procedural provisions of the National Environmental Policy Act and no environmental document will be prepared.

The existing concessioner has performed its obligation to the satisfaction of the Secretary under an existing contract, which expires by limitation of time on December 31, 1998. Therefore, pursuant to the provisions of Section 5 of the Act of October 9, 1965 (79 Stat. 969; 16 U.S.C. 20), the concessioner is entitled to be given preference in the renewal of the contract and in the award of a new contract, providing that the existing concessioner submits a responsive offer (a timely offer which meets the terms and conditions of the Prospectus). This means that the contract will be awarded to the party submitting the best offer, provided that if the best offer was not submitted by the existing concessioner, then the existing concessioner will be afforded the opportunity to match the best offer. If the existing concessioner agrees to match the best offer, then the contract will be awarded to the existing concessioner.

If the existing concessioner does not submit a responsive offer, the right of preference in renewal shall be considered to have been waived, and the contract will then be awarded to the party that has submitted the best responsive offer.

The Secretary will consider and evaluate all offers received as a result of this notice. Any offer, including that of the existing concessioner, must be received by the Regional Director, Intermountain Region, P.O. Box 25287, Denver, Colorado 80225–0287 (street address: 12795 West Alameda Parkway, Lakewood, Colorado 80228); no later than NINETY (90) days following release of the Prospectus to be considered and evaluated.

ADDRESSES: The cost for purchasing a Prospectus is $25.00 by mail or $20.00, if you pick it up at the below address. Parties interested in obtaining a copy should make a check (NO CASH IS ACCEPTED) payable to ''National Park Service'' at the following address: National Park Service, Intermountain Region-Denver Support Office, Office of Concessions Management, 12795 W. Alameda Parkway, P.O. Box 25287, Denver, Colorado 80225–0287; Attn: Kathy Fleming. The front of the envelope should be marked ''Attention: Office of Concession Program Management-IMDE—Mailroom Do Not Open''. Please include a mailing address indicating where to send the Prospectus in your request. Inquiries may be directed to Ms. Kathy Fleming, Office of Concession Program Management at (303) 969–2665.

Dated: June 4, 1998.

John H. King,

Acting Director, Intermountain Region.

[FR Doc. 98–15691 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–70–P

DEPARTMENT OF THE INTERIOR

National Park Service

Adoption of NPS Policy on Valuing Sound Value Possessory Interest Under NPS Concession Contracts

SUMMARY: On February 17, 1998, NPS published for comment a proposed policy concerning the ''Interpretation and Implementation of Sound Value Possessory Interest.'' This notice discuses comments received in response to this proposal and adopts a final NPS policy in this regard.

EFFECTIVE DATE: June 12, 1998.

FOR FURTHER INFORMATION CONTACT: Robert K. Yearout, Program Manager, Concession Program, National Park Service, 1849 ''C'' Street, NW, Washington, D.C. 20240.

SUPPLEMENTARY INFORMATION: The National Park Service (NPS) administers a number of concession contracts which grant the concessioner a ''possessory interest'' in authorized capital improvements made to park lands by the concessoner in furtherance of their authorized operations. Possessory interest grants the concessioner a compensable interest in such improvements should it cease to be authorized to utilize them under the term of a concession contract. Concession contracts vary with respect to the measure of this compensation. The February 17, 1998, notice concerns the NPS interpretation of ''sound value'' possessory interest, one measure of possessory interest compensation.

Several comments were received in response to that notice. One comment was submitted by an organization representing concessioners, and the remainder were received from licensed real estate appraisers.

Several of the comments received concerned matters which were not within the scope of the request for comments. Particularly, a number of questions were raised about how NPS intends to address more specific issues regarding possessory interest appraisals and how a concessioner's possessory interest relates to a concessioner's right of preference in contract renewal. These questions have been noted by NPS but are not responded to here as they are beyond the scope of the proposed policy. The proposed policy, correspondingly, has been renamed ''Interpretation of Sound Value Possessory Interest.'' In addition, its description of specific appraisal methods has been deleted as it is more appropriate to address such methodology in NPS appraisal instructions rather than in a policy statement. Finally, several clarifying editorial changes have been made.

One commenter asked how the proposed policy relates to previous NPS internal guidance. The final policy supersedes all previous NPS guidance inconsistent with its terms.

Most of the relevant comments received raised questions about the meaning of the last paragraph of the proposed policy, which read as follows:

> The NPS may choose to consider, based on professional and knowledgeable analysis, therefore, that in some circumstances a less than formal appraisal value may be needed for internal purposes. In those instances, NPS appraisers may provide estimates of value which will clearly disclose that said estimates do not conform to appraisal standards and are subject to change based on execution of a formal appraisal.

This paragraph was included in the proposed policy to cover instances where, for internal purposes, an estimate of value might be made by an NPS appraiser with less than a complete Summary Appraisal report. As such an estimate would be for internal purposes only, NPS has removed this paragraph from its final policy.

NPS points out, however, that on occasion it may make and publicly release estimates of the value of a concessioner's possessory interest for contract administration and/or other purposes. Such estimates, unless they are developed in conformance with appraisal practices and standards, will make clear that they have not been made by a licensed appraiser nor under usual appraisal practices and standards. Two sentences to this effect have been added to the final policy.

One commenter questioned the use of the Third Edition of The Appraisal of Real Estate in defining the term ''fair market value,'' stating that the definition NPS used is from the 11th edition. The final policy deletes reference to a particular source for the definition and notes that the definition is subordinate if inconsistent with law in particular circumstances. However, in light of the express legislative history of Public Law 89–249, the definition of reproduction cost to be used by NPS is the definition used in such legislative history which cites the first paragraph of page 188 of the Third Edition of The Appraisal of Real Estate.

In consideration of comments received, the final NPS policy is as follows:

Interpretation of Sound Value Possessory Interest

NPS will construe the term ''reconstruction cost'' as used in NPS concession contracts to be synonymous with the term ''reproduction cost'' defined as follows consistent with the legislative history of Public Law 89–245:

> Reproduction cost of improvements in which an NPS concessioner has a possessory interest is the present cost of replacing the improvements with as nearly an exact replica as modern materials and equipment will permit.

When an NPS concession contract utilizes the term ''fair market value'' with respect to possessory interest, NPS will construe the term as follows unless otherwise inconsistent with law in particular circumstances:

> The most probable price, as of a specific date, in cash, or in terms equivalent to cash, or in other precisely revealed terms, for which the property rights should sell after reasonable exposure in a competitive market under all conditions requisite to a fair sale, with the buyer and seller each acting prudently, knowledgeably, and for self-interest, and assuming that neither is under undue duress.

In circumstances where NPS considers it necessary, it will undertake appraisals of improvements in which an NPS concessioner has a possessory interest. In making such appraisals, it will utilize or cause its appraiser to utilize, where applicable, the preceding definitions in arriving at the appraised value of possessory interest. In addition, when appropriate, NPS may make estimates of the value of a concessioner's possessory interest for contract administration and/or other purposes. Such estimates will make clear that they have not been made by an appraiser nor under usual appraisal practices and standards.

Dated: June 3, 1998.

Wendelin M. Mann,

Acting Concession Program Manager.

[FR Doc. 98–15693 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–70–M

DEPARTMENT OF THE INTERIOR

National Park Service

Golden Gate National Recreation Area; the Presidio of San Francisco, CA; Notice of Transfer of Administrative Jurisdiction to the Presidio Trust

This notice announces a transfer of administrative jurisdiction over a portion of The Presidio of San Francisco to the Presidio Trust, effective July 1, 1998.

Notice is hereby provided that administrative jurisdiction over approximately 80 percent of The Presidio of San Francisco will be transferred from the National Park Service to the Presidio Trust on July 1, 1998 in accordance with Title 1 of Public Law 104–333. The precise area which is being transferred is depicted as Area B on the map entitled ''Presidio Trust Number 1, dated December 7, 1995,'' copies of which are available for inspection at the National Park Service, William Penn Mott Jr. Visitor Center, Building 102, Main Post, Presidio of San Francisco and at the Presidio Trust, Building 10, Main Post, Presidio of San Francisco, CA 94129.

FOR FURTHER INFORMATION CONTACT: Ms. B. J. Griffin, General Manager, Presidio of San Francisco (415–561–4401) or James E. Meadows, Executive Director, Presidio Trust (415–561–5300).

Dated: June 2, 1998.

B.J. Griffin,

General Manager, Presidio of San Francisco.

[FR Doc. 98–15694 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–70–P

DEPARTMENT OF THE INTERIOR

National Park Service

Acadia National Park; Bar Harbor, Maine; Acadia National Park Advisory Commission, Notice of Meeting

Notice is hereby given in accordance with the Federal Advisory Committee Act (Public Law 92–463, 86 Stat. 770, 5 U.S.C. App. 1, Sec. 10), that the Acadia National Park Advisory Commission will hold a meeting on Monday, June 29, 1998. There will be no meeting on Monday, June 22, 1998.

The Commission was established pursuant to Public Law 99–420, Sec. 103. The purpose of the commission is to consult with the Secretary of the Interior, or his designee, on matters relating to the management and development of the park, including but not limited to the acquisition of lands and interests in lands (including conservation easements on islands) and termination of rights of use and occupancy.

The meeting will convene at park Headquarters, McFarland Hill, Bar Harbor, Maine, at 1:00 p.m. to consider the following agenda:

1. Review and approval of minutes from the meeting held October 27, 1997.
2. Committee reports.
3. Old business.
4. Superintendent's report.
5. Public comments.
6. Proposed agenda and date of next Commission meeting.

The meeting is open to the public. Interested persons may make oral/written presentations to the Commission or file written statements. Such requests should be made to the Superintendent at least seven days prior to the meeting.

Further information concerning this meeting may be obtained from the Superintendent, Acadia National Park, P.O. Box 177, Bar Harbor, Maine 04609, tel: (207) 288–3338.

Dated: June 3, 1998.

Paul F. Haertel

Superintendent, Acadia National Park.

[FR Doc. 98–15692 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–70–P

DEPARTMENT OF THE INTERIOR

National Park Service

Appalachian National Scenic Trail

AGENCY: National Park Service; Interior.

ACTION: Record of decision.

SUMMARY: This action announces a decision on a proposed exchange of federally-owned lands for privately owned lands near Cloud Bank Road, Township of Philipstown, Putnam County, New York.

The National Park Service's Appalachian National Scenic Trail will continue with negotiations to exchange federally-owned lands for privately-owned lands near Cloud Bank Road in the Garrison, New York area. The federally-owned lands include the Colt Estate Dam. The authority for this exchange is Section 5(b) of the Land and Water Conservation Fund Act Amendments in Public Law 90–401 approved July 15, 1968 and Section 7(f) of the National Trails System Act, Public Law 90–543, as amended.

The proposal to exchange lands has generated a significant amount of public interest. On June 28, 1997, the National Park Service (NPS) published a Notice of Realty Action describing the lands to be exchanged. The National Park Service subsequently conducted a public meeting concerning the proposed exchange in Garrison, New York on December 16, 1997.

Written comments both in favor of and in opposition to the proposed exchange were received from concerned citizens and local, state and federal officials. Comments from the public at the Garrison meeting also were recorded for review and evaluation.

The comments expressed can be characterized as fitting into four main themes: (1) Concern over transferring lands protected by the NPS to private citizens, (2) Concern over development over the exchanged lands, (3) Concern with the condition of the Colt Estate Dam, and (4) Concern with land valuation.

In response to the concerns expressed by the public, the Appalachian Trail Park Manager has directed the Appalachian Trail Land Acquisition Office to continue with negotiations to exchange the federally-owned lands for privately-owned lands. The conditions of the exchange now will include conservation restrictions to be held by a third party, non-profit entity on the property to be exchanged, and deed provisions whereby the owners, his heirs and assigns agree to maintain liability insurance with assurances that dam repairs and maintenance are performed to the satisfaction of New York State dam safety officials.

FOR FURTHER INFORMATION CONTACT: Chief, Acquisition Division, National Park Service, AT/LAFO, PO Box 908, Martinsburg, WV 25402, 304–263–4943.

Dated: May 19, 1998.

Pamela Underhill,

Park Manager, Appalachian National Scenic Trail.

[FR Doc. 98–15690 Filed 6–11–98; 8:45 am]

BILLING CODE 4310–70–P

DEPARTMENT OF LABOR

Office of the Secretary

Submission for OMB Review; Comment Request

June 9, 1998.

The Department of Labor (DOL) has submitted the following public information collection requests (ICRs) to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. Chapter 35). A copy of each individual ICR, with applicable supporting documentation, may be obtained by calling the Department of Labor, Departmental Clearance Officer, Todd R. Owen ((202) 219–5096 ext. 143) or by E-Mail to Owen-Todd@dol.gov. Individuals who use a telecommunications device for the deaf (TTY/TDD) may call (202) 219–4720 between 1:00 p.m. and 4:00 p.m. Eastern time, Monday–Friday.

Comments should be sent to Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for BLS, DM, ESA, ETA, MSHA, OSHA, PWBA, or VETS, Office of Management and Budget, Room 10235, Washington, DC 20503 ((202) 395–7316), on or before July 13, 1998.

The OMB is particularly interested in comments which:

- 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;
- 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;
- enhance the quality, utility, and clarity of the information to be collected; and
- 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.

Agency: Employment Standards Administration.

Title: Survivor's Form for Benefits.

OMB Number: 1215–0069 (Revision).

Form Number: CM–912, CM–1089.

Frequency: One time application.

Affected Public: Individuals or households.

Number of Respondents: 3,300.

Estimated Time Per Respondent: 8 minutes.

Total Burden Hours: 440.

Total annualized capital/startup costs: $0.

Total annual costs (operating/maintaining systems or purchasing services): $945.

Description: This collection of information is required to administer the benefit payment provision of the Black Lung benefits Act for survivors of deceased coal miners. This information collection request revises the current form CM–912, and to incorporate information formerly collected on the Form CM–1089, Survivor's Notification of Benefit's Death, approved under the Office of Management and Budget (OMB) control number 1215–1089. Upon OMB approval of the revised CM–912, CM–1089 will be eliminated

Agency: Employment and Training Administration.

Title: Evaluation of the Impact of Job Corps on Participant's Postprogram Labor Market and Related Behaviors—Follow-up Questionnaire and Process Study Protocols.

OMB Number: 1205–0360 (Extension).

Frequency: Twice.

Affected Public: Individuals or households.

Number of Respondents: 14,168.

Estimated Time Per Respondent: 45 minutes.

Total Burden Hours: 26,512.

Total annualized capital/startup costs: $0.

Total annual (operating/maintaining systems or purchasing services): $0.

Description: Data from follow-up questionnaires will be used to measure impacts of Job Corps on participants' earning and related behavior. Data will be used to estimate the benefits and costs of Job Corps.

Agency: Employment and Training Administration.

Title: Procedures for Classifying Labor Surplus Areas.

OMB Number: 1205–0207 (Extension).

Frequency: On occasion.

Affected Public: State or Local governments.

Number of Respondents: 52.

Estimated Time Per Respondent: 1 hour.

Total Burden Hours: 208 hours.

Total annualized capital/startup costs: $0.

Total annual costs (operating/maintaining systems or purchasing services): $0.

Description: DOL issues an annual list of labor surplus areas (LSAs) so that Federal agencies can direct procurement contracts to employers in high unemployment areas. The annual surplus areas list is updated during the year based upon petitions submitted to DOL by State employment security agencies requesting additional areas for classification.

Agency: Employment and Training Administration.

Title: Standardized Participant Information Report for the Job Training Partnership Act (JTPA) Title IV, Section 402 Migrant and Seasonal Farmworker Programs.

OMB Number: 1205–0350 (Extension).

Frequency: Quarterly.

Affected Public: Not-for-profit institutions.

Number of Respondents: 53.

Estimated Time per Respondent: 18 hours.

Total Burden Hours: 954 hours.

Total annualized capital/startup costs: $0.

Total annual costs (operating/maintaining systems or purchasing services): $265,000.

Description: Migrant and Seasonal Farmworkers, Employment and Training Programs' requires grantees to collect and report standardized information on participants of JTPA Title IV, Section 402-funded programs.

Todd R. Owen,

Departmental Clearance Officer.

[FR Doc. 98–15755 Filed 6–11–98; 8:45 am]

BILLING CODE 4510–30–M

DEPARTMENT OF LABOR

Employment Standards Administration; Wage and Hour Division

Minimum Wages for Federal and Federally Assisted Construction; General Wage Determination Decisions

General wage determination decisions of the Secretary of Labor are issued in accordance with applicable law and are based on the information obtained by the Department of Labor from its study of local wage conditions and data made available from other sources. They specify the basic hourly wage rates and fringe benefits which are determined to be prevailing for the described classes of laborers and mechanics employed on construction projects of a similar character and in the localities specified therein.

The determinations in these decisions of prevailing rates and fringe benefits have been made in accordance with 29 CFR Part 1, by authority of the Secretary of Labor pursuant to the provisions of the Davis-Bacon Act of March 3, 1931, as amended (46 Stat. 1494, as amended, 40 U.S.C. 276a) and of other Federal statutes referred to in 29 CFR Part 1, Appendix, as well as such additional statutes as may from time to time be enacted containing provisions for the payment of wages determined to be prevailing by the Secretary of Labor in accordance with the Davis-Bacon Act. The prevailing rates and fringe benefits determined in these decisions shall, in accordance with the provisions of the foregoing statutes, constitute the minimum wages payable on Federal and federally assisted construction projects to laborers and mechanics of the specified classes engaged on contract work of the character and in the localities described therein.

Good cause is hereby found for not utilizing notice and public comment procedure thereon prior to the issuance of these determinations as prescribed in 5 U.S.C. 553 and not providing for delay in the effective date as prescribed in that section, because the necessity to issue current construction industry wage determinations frequently and in large volume causes procedures to be impractical and contrary to the public interest.

General wage determination decisions, and modifications and supersedes decisions thereto, contain no expiration dates and are effective from their date of notice in the **Federal Register**, or on the date written notice is received by the agency, whichever is earlier. These decisions are to be used in accordance with the provisions of 29 CFR Parts 1 and 5. Accordingly, the applicable decision, together with any modifications issued, must be made a part of every contract for performance of the described work within the geographic area indicated as required by an applicable Federal prevailing wage law and 29 CFR Part 5. The wage rates and fringe benefits, notice of which is published herein, and which are contained in the Government Printing Office (GPO) document entitled ''General Wage Determinations Issued Under The Davis-Bacon And Related

Acts,'' shall be the minimum paid by contractors and subcontractors to laborers and mechanics.

Any person, organization, or governmental agency having an interest in the rates determined as prevailing is encouraged to submit wage rate and fringe benefit information for consideration by the Department. Further information and self-explanatory forms for the purpose of submitting this data may be obtained by writing to the U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division, Division of Wage Determinations, 200 Constitution Avenue, NW., Room S–3014, Washington, DC 20210.

Modifications to General Wage Determination Decisions

The number of decisions listed in the Government Printing Office document entitled ''General Wage Determinations Issued Under the Davis-Bacon and Related Acts'' being modified are listed by Volume and State. Dates of publication in the **Federal Register** are in parentheses following the decisions being modified.

Volume I

Massachusetts
MA980001 (Feb. 13, 1998)
MA980002 (Feb. 13, 1998)
MA980003 (Feb. 13, 1998)
MA980006 (Feb. 13, 1998)
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PA980005 (Feb. 13, 1998)
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None

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Iowa
IA980013 (Feb. 13, 1998)
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KS980006 (Feb. 13, 1998)
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NE980038 (Feb. 13, 1998)

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TX980114 (Feb. 13, 1998)

Volume VI

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ID980001 (Feb. 13, 1998)
ID980002 (Feb. 13, 1998)

Oregon
OR980001 (Feb. 13, 1998)
OR980004 (Feb. 13, 1998)
OR980017 (Feb. 13, 1998)

Washington
WA980001 (Feb. 13, 1998)
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WA980008 (Feb. 13, 1998)
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WA980013 (Feb. 13, 1998)
WA980023 (Feb. 13, 1998)

Volume VII

Arizona
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AZ980002 (Feb. 13, 1998)

General Wage Determination Publication

General wage determinations issued under the Davis-Bacon and related Acts, including those noted above, may be found in the Government Printing Office (GPO) document entitled ''General Wage Determinations Issued Under The Davis-Bacon and Related Acts.'' This publication is available at each of the 50 Regional Government Depository Libraries and many of the 1,400 Government Depository Libraries across the country.

The general wage determinations issued under the Davis-Bacon and related Acts are available electronically by subscription to the FedWorld Bulletin Board System of the National Technical Information Service (NTIS) of the U.S. Department of Commerce at (703) 487–4630.

Hard-copy subscriptions may be purchased from: Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402, (202) 512–1800.

When ordering hard-copy subscription(s), be sure to specify the State(s) of interest, since subscriptions may be ordered for any or all of the seven separate volumes, arranged by State. Subscriptions include an annual

edition (issued in January or February) which includes all current general wage determinations for the States covered by each volume. Throughout the remainder of the year, regular weekly updates are distributed to subscribers.

Signed at Washington, DC this 4th day of June 1998.

Carl J. Poleskey,

Chief, Branch of Construction Wage Determinations.

[FR Doc. 98–15406 Filed 6–11–98; 8:45 am]

BILLING CODE 4510–27–M

DEPARTMENT OF LABOR

Bureau of Labor Statistics

Proposed Collection; Comment Request

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal Agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c) (2) (A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Bureau of Labor Statistics (BLS) is soliciting comments concerning the proposed revision of the *''The Consumer Expenditure Quarterly Interview and Diary Surveys.''*

A copy of the proposed information collection request (ICR) can be obtained by contracting the individual listed below in the addressee section of this notice.

DATES: Written comments must be submitted to the office listed in the addressee section below on or before August 11, 1998.

BLS is particularly interested in comments which help the agency to:

- 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;
- 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;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

ADDRESSES: Send comments to Karin G. Kurz, BLS Clearance Officer, Division of Management Systems, Bureau of Labor Statistics, Room 3255, 2 Massachusetts Avenue N.E., Washington, D.C. 20212. Ms. Kurz can be reached on 202–606–7628 (this is not a toll free number).

SUPPLEMENTARY INFORMATION:

Background

The Consumer Expenditure (CE) Survey, comprised of the Quarterly Interview and Diary Surveys, collects data on consumer expenditures, demographic information, and related data needed by the Consumer Price Index (CPI) and other public and private data users. The continuing surveys provide a constant measurement of changes in consumer expenditures patterns for economic analysis and to obtain data for future CPI revisions. The CE Survey has been an ongoing survey since 1979.

The data from the Consumer Expenditure Survey is used to 1) provide data required for the CPI revision; 2) provide a continuous flow of data on income and expenditure patterns for use in economic analysis and policy formulation; and 3) provide a flexible consumer survey vehicle that is available for use by other Federal Government agencies. Public and private users of price statistics, including Congress and the economic policy making agencies of the executive branch, rely on data collected in the CPI in their day-to-day activities. Hence, data users and policy makers widely accept the need to improve the process used for revising the CPI. If the CE Survey was not conducted on a continuing basis, current information necessary for more timely as well as more accurate updating of the CPI would not be available. In addition, data would not be available to respond to the continuing demand—from the public and private sectors—for current information on consumer spending.

In the Quarterly Interview Survey, each consumer unit (CU) in the sample is interviewed every three months over five calendar quarters. The sample for each quarter is divided into three panels, with CU's being interviewed every three months in the same panel of every quarter. The Quarterly Interview Survey is designed to collect data on the types of expenditures which respondents can be expected to recall for a period of three months or longer. In general the expenses reported in the Interview Survey are either relatively large, such as property, automobiles, or major appliances, or are expenses which occur on a fairly regular basis, such as rent, utility bills, or insurance premiums.

The Diary (or recordkeeping) Survey is completed at home by the respondent family for two consecutive one-week periods. The primary objective of the Diary Survey is to obtain expenditure data on small, frequently purchased items which normally are difficult to recall over longer periods of time.

Current Actions

The sample sizes for the Consumer Expenditure Quarterly Interview and Diary Surveys will be expanded by approximately 50 percent. Data from the CE are the basis for determining the market basket of the CPI. Expansion of the CE sample size, taken together with other enhancements planned by BLS, will enable BLS to cut substantially the time it takes to update the CPI. The CPI market basket is updated approximately every ten years and under current procedures the updated market is 3½ years old at the time of introduction. Under this proposed action, the length of the required expenditure base period will be cut from three years to two. Other processing changes will allow the length of time required to install a new market basket in the index to be reduced from two years to one. Thus, at the time of its introduction into the CPI, the updated market will be only 2 years old. Moreover, these enhancements to sample size and data processing will facilitate any future decision to increase the frequency of market basket updates, e.g., from a 10-year to a 5-year cycle beginning in 2002.

Expansion of CE sample sizes for the CE and the construction of the computer systems required for faster data processing will have the added benefit of allowing BLS to produce new ''superlative'' measures of consumer price trends of an acceptable degree of reliability and on a basis must closer to real time than would be possible in the absence of the expansion. Such indexes, currently available only in experimental form, are widely regarded a closer approximations to cost-of-living index than the current CPI.

Type of Review: Revision of a currently-approved collection.

Agency: Bureau of Labor Statistics.

Title: Consumer Expenditure Quarterly Interview and Dairy Surveys.

OMB Number: 1220–0050.

Affected Public: Individuals or households.

Total Respondents: 18,108.

Frequency: Quarterly Interview Survey respondents are interviewed quarterly for five consecutive quarters (four times in any one year). Dairy Survey respondents complete two consecutive weekly reports.

Total Responses: 67,583.

Average Time Per Response: 87.7 minutes.

Estimated Total Burden Hours: 89,779 hours.

Total Burden Cost (capital/startup): $0.

Total Burden Cost (operating/maintenance: $0.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they also will become a matter of public record.

Signed at Washington, D.C., the 9th day of June, 1998.

Karen A. Krein,

Acting Chief, Division of Management Systems, Bureau of Labor Statistics.

[FR Doc. 98–15756 Filed 6–11–98; 8:45 am]

BILLING CODE 4510–24–M

NUCLEAR REGULATORY COMMISSION

[Docket Nos. 50–325 and 50–324]

Licensee; Notice of Issuance of Amendment to Facility Operating License

The U.S. Nuclear Regulatory Commission (Commission) has issued Amendment No. 203 to Facility Operating License No. DPR–71 and No. 233 to Facility Operating License No. DPR–62 issued to Carolina Power & Light Company (the licensee), which revised the operating license and Appendices A and B to the operating license for the Brunswick Steam Electric Plant, Units 1 and 2 (BSEP), located in Brunswick County, North Carolina. The amendments are effective as of the date of issuance.

The amendment implements a full conversion of the BSEP Technical Specifications (TS) to a set of TS based upon NUREG–1433, ''Standard Technical Specifications General Electric Plants, BWR/4,'' Revision 1, dated April 1995. The application for the amendment complies with the standards and requirements of the Atomic Energy Act of 1954, as amended (the Act), and the Commission's rules and regulations. The Commission has made appropriate findings as required by the Act and the Commission's rules and regulations in 10 CFR Chapter I, which are set forth in the license amendment.

Notice of Consideration of Issuance of Amendment to Facility Operating License and Opportunity for a Hearing in connection with this action was published in the **Federal Register** on January 24, 1997 (62 FR 3719). No request for a hearing or petition for leave to intervene was filed following this notice.

The Commission has prepared an Environmental Assessment related to the action and has determined not to prepare an environmental impact statement. Based upon the environmental assessment, the Commission has concluded that the issuance of the amendment will not have a significant effect on the quality of the human environment (63 FR 29039).

For further details with respect to the action see (1) the application for amendment dated November 1, 1996, as supplemented by letters dated August 8, September 11, September 17, October 13, November 6, December 19, 1997, February 26, March 13, April 24, 1998 and May 22, 1998, (2) Amendment No. 203 to Facility Operating License No. DPR–71 and Amendment No. 233 to Facility Operating License No. DPR–62, (3) the Commission's related Safety Evaluation, and (4) the Commission's Environmental Assessment. All of these items are available for public inspection at the Commission's Public Document Room, the Gelman Building, 2120 L Street NW., Washington, DC, and at the local public document room located at the University of North Carolina at Wilmington, William Madison Randall Library, 601 S. College Road, Wilmington, North Carolina 28403–3297.

Dated at Rockville, Maryland, this 5th day of June 1998.

For the Nuclear Regulatory Commission.

David C. Trimble,

Project Manager, Project Directorate II–1, Division of Reactor Projects—I/II, Office of Nuclear Reactor Regulation.

[FR Doc. 98–15709 Filed 6–11–98; 8:45 am]

BILLING CODE 7590–01–P

NUCLEAR REGULATORY COMMISSION

[Docket No. 50–423]

In the Matter of Central Maine Power Company, (Millstone Nuclear Power Station, Unit 3) Order Approving Application Regarding the Restructuring of Central Maine Power Company by Establishment of a Holding Company

I

Central Maine Power Company (CMP), a 2.5 percent owner of the Millstone Nuclear Power Station, Unit 3 (Millstone Unit 3), one of the 13 other owners of Millstone Unit 3, is a co-holder of Facility Operating License No. NPF–49 issued by the U.S. Nuclear Regulatory Commission (NRC) pursuant to Part 50 of Title 10 of the *Code of Federal Regulations* (10 CFR Part 50) on January 31, 1986. Under this license, Northeast Nuclear Energy Company (NNECO), has the exclusive authority to operate Millstone Unit 3. Millstone Unit 3 is located in New London County, Connecticut.

II

By an application dated March 4, 1998, CMP, by and through its counsel, Morgan, Lewis, and Bockius, requested consent pursuant to 10 CFR 50.80 regarding the proposed restructuring of CMP. Under the restructuring, CMP would become a wholly owned subsidiary of a newly created holding company but would continue to hold its 2.5 percent ownership interest in Millstone Unit 3. No direct transfer of the license would occur. NNECO, which is not involved in the proposed transaction, would continue to be the licensed operator for Millstone Unit 3. The holders of CMP common stock would automatically become holders of common stock of the new holding company on a share-for-share basis, according to the application.

Notice of this application for consent was published in the **Federal Register** on April 24, 1998 (63 FR 20434); and an Environmental Assessment and Finding of No Significant Impact was published in the **Federal Register** on May 4, 1998 (63 FR 24576).

Under 10 CFR 50.80, no license shall be transferred, directly or indirectly, through transfer of control of the license unless the Commission shall give its consent in writing. Upon review of the information submitted in the application dated March 4, 1998, the NRC staff has determined that the proposed restructuring of CMP by creation of a holding company will not

affect the qualifications of CMP as a holder of Facility Operating License No. NPF–49, and that the transfer of control of the license, to the extent effected by the proposed restructuring, is otherwise consistent with applicable provisions of law, regulations, and orders issued by the Commission, subject to the conditions set forth herein. These findings are supported by a Safety Evaluation dated June 2, 1998.

III

Accordingly, pursuant to Sections 161b, 161i, 161o, and 184 of the Atomic Energy Act of 1954, as amended; 42 U.S.C. Subsections 2201(b), 2201(i), 2201(o), and 2234; and 10 CFR 50.80, *it is hereby ordered* that the Commission approves the application regarding the proposed restructuring of CMP subject to the following: (1) CMP shall provide the Director of the Office of Nuclear Reactor Regulation a copy of any application, at the time it is filed, to transfer (excluding grants of security interests or liens) from CMP to its proposed parent or to any other affiliated company, facilities for the production, transmission, or distribution of electric energy having a depreciated book value exceeding 10 percent (10%) of CMP's consolidated net utility plant, as recorded on CMP's books of account; and (2) should the restructuring of CMP not be completed by December 31, 1998, this Order shall become null and void, provided, however, on application and for good cause shown, such date may be extended.

This Order is effective upon issuance.

IV

By July 13, 1998, any person adversely affected by this Order may file a request for a hearing with respect to issuance of the Order. Any person requesting a hearing shall set forth with particularity how that interest is adversely affected by this Order and shall address the criteria set forth in 10 CFR 2.714(d).

If a hearing is to be held, the Commission will issue an order designating the time and place of such hearing.

The issue to be considered at any such hearing shall be whether this Order should be sustained.

Any request for a hearing must be filed with the Secretary of the Commission, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, Attention: Rulemakings and Adjudications Staff, or may be delivered to the Commission's Public Document Room, The Gelman Building, 2120 L Street, NW., Washington, DC by the above date. Copies should be also sent to the Office of the General Counsel and to the Director, Office of Nuclear Reactor Regulation, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001; Lillian M. Cuoco, Esq., Northeast Utilities Service Company, P.O. Box 270, Hartford, Connecticut, 06106–5127, Senior Nuclear Counsel to NNECO; and to Kevin P. Gallen, Esq., Morgan, Lewis, and Bockius, 1800 M Street, NW., Washington, DC 20036–5869, Counsel for CMP.

For further details with respect to this action, see the application for approval regarding the corporate restructuring dated March 4, 1998, the NRC staff's Safety Evaluation dated 1998, and Environmental Assessment and Finding of No Significant Impact dated April 24, 1998, which are available for public inspection at the Commission's Public Document Room, The Gelman Building, 2120 L Street, NW., Washington, DC, and at the local public document room located at the Learning Resources Center, Three Rivers Community-Technical College, 574 New London Turnpike, Norwich, Connecticut, and at the Waterford Library, ATTN: Vince Juliano, 49 Rope Ferry Road, Waterford, Connecticut.

Dated at Rockville, Maryland, this 2nd day of June 1998.

For the Nuclear Regulatory Commission.

Samuel J. Collins,

Director, Office of Nuclear Reactor Regulation.

[FR Doc. 98–15641 Filed 6–11–98; 8:45 am]

BILLING CODE 7590–01–M

NUCLEAR REGULATORY COMMISSION

[Docket No. 50–259, 50–260 and 50–296]

Tennessee Valley Authority; Notice of Consideration of Issuance of Amendment to Facility Operating Licenses and Opportunity for a Hearing

The U.S. Nuclear Regulatory Commission (NRC, the Commission) is considering issuance of an amendment to Facility Operating License Nos. DPR–33, DPR–52 and DPR–68 issued to the Tennessee Valley Authority (TVA or the licensee) for operation of the Browns Ferry Nuclear Plant (BFN), Units 1, 2 and 3, located in Limestone County, Alabama.

Originally, in a letter dated September 6, 1996, the licensee proposed changes for a full conversion from the current Technical Specifications (TS) to a set of TS based on NUREG–1433, Revision 1, ''Standard Technical Specifications for General Electric Plants, BWR/4,'' dated April 1995. NUREG–1433 has been developed through working groups composed of both NRC staff members and the BWR/4 owners and has been endorsed by the staff as part of an industry-wide initiative to standardize and improve TS. In addition to the above changes related to conversion of the current TS to be similar to the Improved Standard Technical Specifications (ISTS) in NUREG 1433, the licensee proposed three less restrictive changes that are not considered within the scope of the normal ISTS conversion process. The licensee's proposed changes in its application dated September 6, 1996, including the three additional changes, were originally noticed on October 23, 1996 (61 FR 55026).

By letters dated June 6, and December 11, 1996, April 11, May 1, August 14, October 15, November 5 and 14, December 3, 4, 15, 22, 23, 29, and 30, 1997, January 23, March 12 and 13, April 16, 20, and 28, May 7, 14, and 19, and June 2, 1998, the licensee provided supplemental information, and proposed additional changes. Some of these changes were ''less restrictive and plant specific changes'' that were not included in the original notice (61 FR 55026). They were addressed in 63 FR 29763, June 1, 1998. Certain additional ''less restrictive and plant specific changes'' were not noticed in 63 FR 29763, and are noticed here. These changes involve: surveillance requirements (SR) relating to comparison of the core reactivity difference between actual and expected critical rod configuration, change to the calibration frequency for Local Power Range Monitors, and an alternate SR for BFN Unit 3, for position verification of the low pressure core injection cross tie valves.

Before issuance of the proposed license amendments, the Commission will have made findings required by the Atomic Energy Act of 1954, as amended (the Act) and the Commission's regulations.

By July 13, 1998, the licensee may file a request for a hearing with respect to issuance of the amendment to the subject facility operating license and any person whose interest may be affected by this proceeding and who wishes to participate as a party in the proceeding must file a written request for a hearing and a petition for leave to intervene. Requests for a hearing and a petition for leave to intervene shall be filed in accordance with the Commission's ''Rules of Practice for Domestic Licensing Proceedings'' in 10 CFR Part 2. Interested persons should

consult a current copy of 10 CFR 2.714 which is available at the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC, and at the local public document room located at the Athens Public Library, 405 E. South Street, Athens, Alabama. If a request for a hearing or petition for leave to intervene is filed by the above date, the Commission or an Atomic Safety and Licensing Board, designated by the Commission or by the Chairman of the Atomic Safety and Licensing Board Panel, will rule on the request and/or petition; and the Secretary or the designated Atomic Safety and Licensing Board will issue a notice of hearing or an appropriate order.

As required by 10 CFR 2.714, a petition for leave to intervene shall set forth with particularity the interest of the petitioner in the proceeding, and how that interest may be affected by the results of the proceeding. The petition should specifically explain the reasons why intervention should be permitted with particular reference to the following factors: (1) The nature of the petitioner's right under the Act to be made party to the proceeding; (2) the nature and extent of the petitioner's property, financial, or other interest in the proceeding; and (3) the possible effect of any order which may be entered in the proceeding on the petitioner's interest. The petition should also identify the specific aspect(s) of the subject matter of the proceeding as to which petitioner wishes to intervene. Any person who has filed a petition for leave to intervene or who has been admitted as a party may amend the petition without requesting leave of the Board up to 15 days prior to the first prehearing conference scheduled in the proceeding, but such an amended petition must satisfy the specificity requirements described above.

Not later than 15 days prior to the first prehearing conference scheduled in the proceeding, a petitioner shall file a supplement to the petition to intervene which must include a list of the contentions which are sought to be litigated in the matter. Each contention must consist of a specific statement of the issue of law or fact to be raised or controverted. In addition, the petitioner shall provide a brief explanation of the bases of the contention and a concise statement of the alleged facts or expert opinion which support the contention and on which the petitioner intends to rely in proving the contention at the hearing. The petitioner must also provide references to those specific sources and documents of which the petitioner is aware and on which the petitioner intends to rely to establish those facts or expert opinion. Petitioner must provide sufficient information to show that a genuine dispute exists with the applicant on a material issue of law or fact. Contentions shall be limited to matters within the scope of the amendment under consideration. The contention must be one which, if proven, would entitle the petitioner to relief. A petitioner who fails to file such a supplement which satisfies these requirements with respect to at least one contention will not be permitted to participate as a party.

Those permitted to intervene become parties to the proceeding, subject to any limitations in the order granting leave to intervene, and have the opportunity to participate fully in the conduct of the hearing, including the opportunity to present evidence and cross-examine witnesses.

A request for a hearing or a petition for leave to intervene must be filed with the Secretary of the Commission, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, Attention: Rulemakings and Adjudications Staff, or may be delivered to the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC, by the above date. A copy of the petition should also be sent to the Office of the General Counsel, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, and to General Counsel, Tennessee Valley Authority, 400 West Summit Drive, ET 10H, Knoxville, Tennessee 37902, attorney for the licensee.

Nontimely filings of petitions for leave to intervene, amended petitions, supplemental petitions and/or requests for hearing will not be entertained absent a determination by the Commission, the presiding officer or the presiding Atomic Safety and Licensing Board that the petition and/or request should be granted based upon a balancing of the factors specified in 10 CFR 2.714(a)(1) (i)–(v) and 2.714(d).

If a request for a hearing is received, the Commission's staff may issue the amendment after it completes its technical review and prior to the completion of any required hearing if it publishes a further notice for public comment of its proposed finding of no significant hazards consideration in accordance with 10 CFR 50.91 and 50.92. For further details with respect to this action, see the application for amendments dated September 6, 1996 as supplemented June 6, and December 11, 1996, April 11, May 1, August 14, October 15, November 5 and 14, December 3, 4, 15, 22, 23, 29, and 30, 1997, January 23, March 12 and 13, April 16, 20, and 28, May 7, 14, and 19, and June 2, 1998, which are available for public inspection at the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC and at the local public document room located at the Athens Public Library, 405 E. South Street, Athens, Alabama.

Dated at Rockville, Maryland, this 8th day of June 1998.

For the Nuclear Regulatory Commission.

L. Raghavan,

Senior Project Manager, Project Directorate II–3, Division of Reactor Projects—I/II, Office of Nuclear Reactor Regulation.

[FR Doc. 98–15708 Filed 6–11–98; 8:45 am]

BILLING CODE 7590–01–P

NUCLEAR REGULATORY COMMISSION

[Docket Nos. 50–361 and 50–362]

Southern California Edison Company, et al., San Onofre Nuclear Generating Station, Units 2 and 3; Issuance of Director's Decision Under 10 CFR 2.206

Notice is hereby given that the Director, Office of Nuclear Reactor Regulation, has acted on a Petition for action under 10 CFR 2.206 received from Ms. Patricia Borchmann dated June 23, 1997, as supplemented by letters dated June 28, July 11, and October 21, 1997, for the San Onofre Nuclear Generating Station (SONGS), Units 2 and 3.

The Petitioner requested that the Unit 2 and Unit 3 outages be extended until all outstanding public health and safety concerns identified were fully resolved. In its letter dated September 22, 1997, acknowledging the Petition, the Nuclear Regulatory Commission (Commission or NRC) informed the Petitioner that as a result of its evaluation of the concerns raised, only two issues would be considered pursuant to 10 CFR 2.206 for preparation of a Director's Decision. The first issue involves whether, when responding to issues regarding SONGS identified by members of the public, the NRC has fragmented responses and failed to comprehensively address issues in total and whether issues identified at SONGS when considered as a whole, reveal trends or systemic problems in the operation of the SONGS units. The second issue involves the SONGS analysis of evacuation time in the emergency preparedness plan.

The Director of the Office of Nuclear Reactor Regulation has determined that the Petitioner's request should be denied for the reasons stated in the

''Director's Decision Under 10 CFR 2.206'' (DD–98–05), the complete text of which follows this notice and which is available for public inspection at the Commission's Public Document Room, the Gelman Building, 2120 L Street, N.W., Washington, D.C. 20555, and at the Local Public Document Room located at the Main Library, University of California, P.O. Box 19557, Irvine, California 92713.

Dated at Rockville, Maryland, this 5th day of June 1998.

For the Nuclear Regulatory Commission.

Samuel J. Collins,

Director, Office of Nuclear Reactor Regulation.

Director's Decision Under 10 CFR § 2.206

I. Introduction

By Petition dated June 23, 1997, and supplemented by letters of June 28, July 11, and October 21, 1997, Patricia Borchmann (Petitioner) requested that the Nuclear Regulatory Commission (Commission or NRC) take action with regard to San Onofre Nuclear Generating Station (SONGS) Units 2 and 3. The Petitioner requested that the NRC take immediate action to prevent the SONGS units from restarting until all the issues she raised were resolved. In support of the requested action the Petitioner asserted a variety of safety issues concerning the SONGS units. The issues raised included those concerning the emergency evacuation plans for SONGS, the size of the SONGS pressurizers, the condition of the SONGS Unit 1 membrane under the spent fuel pool (SFP) and SFP leak detection monitoring, loss of coolant accident dose calculations, the potential for criticality accidents due to the use of high density storage racks in the SFP, the NRC's failure to comprehensively address issues that have been raised and the withholding of certain data, the production of tritium and the cumulative effects of low level radiation. In its letter dated September 22, 1997, acknowledging the Petition, the NRC informed the Petitioner that there was insufficient basis to warrant the immediate action requested and that as a result of an evaluation of the issues raised, only two issues would be considered pursuant to 10 CFR 2.206 for preparation of a Director's Decision. The first issue involves whether, when responding to issues regarding SONGS, the NRC has fragmented responses and failed to comprehensively address issues in total and whether issues identified at SONGS when considered as a whole, reveal trends or systemic problems in the operation of the SONGS units. The second issue involves the SONGS analysis of evacuation time in the emergency preparedness plan. The Petitioner stated that the evacuation time estimates and the traffic capacity analysis for SONGS underestimated the actual number of vehicles that would be on the road and were based on the flawed assumption of only one vehicle per household. Further, the Petitioner was concerned that the analysis did not assume lane closures of major roads, which have been observed during natural events in the past.

My Decision in this matter follows.

II. Discussion

A. Assessment of Whether SONGS Issues Considered as a Whole Reveal Trends or Systemic Problems

In the Petitioner's June 28 letter, the Petitioner asserted that NRC responses to another individual's concerns reflected a tendency to fragment issues and isolate responses, and that the NRC failed to comprehensively address the ''big picture.'' In the October 21 letter, the Petitioner asserted that the NRC responses to concerns related to a SONGS Unit 1 SFP plastic membrane further reinforced the Petitioner's concerns related to the NRC fragmenting issues. In the NRC's September 22, 1997, and February 17, 1998, responses to the Petitioner, the NRC indicated that an assessment would be performed to determine if issues considered as a whole reveal trends or systemic problems associated with the safe operation of the SONGS units. The NRC further informed the Petitioner that it would review the handling of the Unit 1 SFP membrane to determine if issues considered as a whole indicated systemic problems or trends associated with the operation of the SONGS units.

In order to effectively respond to concerns related to SONGS, the staff has maintained documentation of the issues raised and the NRC responses to these issues. To ensure that NRC responses to SONGS Units 1, 2, and 3 issues are consistent and that previously raised issues are taken into consideration, the NRC has designated a manager to serve as the NRC point of contact for responding to these issues.

Furthermore, the process for evaluation and determination of the safety significance of issues raised includes reviewing previously identified issues regarding SONGS. The previously identified concerns and responses are evaluated to determine if they are similar, if they have an impact on the issues under review, if they should be included in the evaluation of the issue under review, and if the response to the issue under review changes previous evaluations.

The staff performed an independent review of the previous SONGS issues together with those noted in the Petition. This review determined that there was no indication of trends or systemic problems affecting the safe operation of the SONGS units or affecting the validity of existing conclusions. Moreover, the staff did not find any evidence that issues had not been fully considered or that relationships with other issues had been ignored. In sum, the staff has concluded that issues identified regarding the SONGS units have been satisfactorily reviewed and that there is no basis for the Petitioner's assertion.

B. Analysis of the SONGS Traffic Capacity Analysis

Title 10 of the *Code of Federal Regulations* (CFR), Section 50.54(q), states, in part, that ''[a] licensee authorized to possess and operate a nuclear power reactor shall follow and maintain in effect emergency plans which meet the standards in § 50.47(b) and the requirements in Appendix E of this part.'' Part 50 of 10 CFR, Appendix E, Section IV, ''Content of Emergency Plans,'' states, in part, that ''[t]he nuclear power reactor operating applicant shall also provide an analysis of the time required to evacuate and for taking other protective actions for various sectors and distances within the plume exposure pathway EPZ [emergency planning zone] for transient and permanent populations.'' Guidance on developing an evacuation time estimate (ETE) study is given in Appendix 4 of NUREG–0654/FEMA-REP–1, Rev. 1, ''Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants.'' The analysis of the time required to evacuate the transient and permanent population from various areas within the plume exposure pathway EPZ at San Onofre is set forth in Appendix G of the SONGS Emergency Plan. The ETEs in the San Onofre Emergency Plan are also reflected in the emergency plans for the offsite jurisdictions located in the plume exposure pathway EPZ for San Onofre, which is about 10 miles in radius.

As indicated in the September 22, 1997, response to the Petitioner, the NRC requires nuclear power plant licensees to study the population distribution relative to the transportation network in the vicinity of a nuclear power plant and to develop ETEs on the basis of the results of the study. However, NRC regulations do not

specify any preset minimum evacuation time that must be met in order for a site to be acceptable or for emergency plans to be approved. The objective of an ETE study is to have ETEs that reasonably reflect the evacuation times for the various sectors and distances surrounding a nuclear power plant site for a number of evacuation scenarios for use by emergency planners and decisionmakers in the emergency planning process. ETEs are used primarily during the planning process to identify potential traffic bottlenecks so that effective traffic control and management measures can be developed. In the event of a serious accident requiring offsite protective actions such as evacuation, plant conditions are the primary indicators used by the NRC and licensee to determine protective actions rather than offsite dose calculations and estimates of evacuation times.

Guidance on protective actions for severe reactor accidents is given in draft Supplement 3 to NUREG–0654, ''Criteria for Protective Action Recommendations for Severe Accidents,'' issued in July 1996. This guidance states that in the event of a severe reactor accident involving actual or projected core damage with potential for offsite consequences, plant operators should recommend prompt evacuation of the area near the plant. In this case, the decision to evacuate is based on plant conditions, including the status of the reactor core and the systems intended to protect the core, and not on the amount of time it may take to evacuate the nearby areas.

The NRC staff took the Petitioner's concerns into consideration during a review of an updated ETE analysis for San Onofre submitted by the licensee on July 25, 1997, in Revision 7 to the SONGS Emergency Plan. The Petitioner asserted that the emergency plans for SONGS underestimated the actual number of vehicles projected to be used during an emergency event, resulting in an overestimated assumption about traffic system capacity. The Petitioner stated that the evacuation and traffic capacity analysis for SONGS was based on the flawed assumption that only one vehicle per household would be used during an evacuation following an emergency event at SONGS. The Petitioner indicated that this was not a realistic assumption and that many more vehicles would be used during an emergency evacuation because parents working at separate locations would need more than one vehicle to evacuate with children attending different schools or day care centers or engaged in other activities.

Although the use of one vehicle per household is often assumed in ETE studies, the NRC found, based on a review of the ETE study in Revision 7 to the SONGS Emergency Plan (Section 3.4, pages 12–13), that the San Onofre ETE analysis assumes a higher number of vehicles. Different numbers of vehicles are used in daytime and nighttime scenarios to reflect different conditions. All the scenarios assume more than one vehicle per household. Based on its review, the NRC concludes that the methodology used to generate the number of evacuating vehicles reasonably reflects the number of potentially evacuating vehicles for an emergency at San Onofre.

The Petitioner asserted that even under worst-case scenario assumptions, such as flooding, the current ETE analysis assumes there would be no lane closures, such as occurred during flooding and mudslides in 1994 in Laguna Beach. On the basis of a review of the ETE analysis in Revision 7 of the SONGS Emergency Plan, the NRC found that the ETE study contains a comprehensive analysis of road closures after earthquakes (Chapter 11, pages 66–80), and that the road closures in the analysis were very severe and provide a very clear understanding of the sensitivity of the ETE analysis to road closures (Section 5.4, page 17). Thus, the NRC concludes that ETEs can be used by emergency planners to aid in decisionmaking for a wide range of adverse conditions, including lane and road closures caused by flooding and mudslides.

The Petitioner expressed a concern for the need for an updated traffic capacity analysis and evacuation time study to evaluate capacity and levels of service on Interstate 5 (I–5) at the Via de la Valle exit at peak hours during summer when both Del Mar Fair and Del Mar Race Track are operating. The Via de la Valle interchange is about 30 miles to the south of San Onofre. This is well beyond the influence area of the EPZ [1] evacuation traffic. Furthermore, areas to the south of San Onofre generally have lighter evacuation traffic since the population in the EPZ is more concentrated to the north. Thus, the NRC finds that there is no reason that the ETE needs to consider traffic congestion in the Via de la Valle Interchange area on I–5 as it is well beyond the EPZ and outside the EPZ perimeter traffic control area.

Finally, on January 27, 1998, FEMA informed the NRC that on the basis of the results of the full-participation exercise conducted at San Onofre on October 28, 1997, FEMA found that the offsite radiological emergency response plans and preparedness for the State of California and the jurisdictions specific to the San Onofre site can be implemented and provide reasonable assurance that appropriate measures can be taken off site to protect the health and safety of the public in the event of a radiological emergency at San Onofre.

III. Conclusion

The NRC staff has conducted a review of the previous SONGS issues together with the issues raised by the Petitioner and determined that there is no basis for concluding that the NRC has fragmented issues and there is no indication that issues reveal trends or systemic problems with the conduct of reviews of these concerns or operation of the SONGS units. As a result, I find that the NRC has evaluated the issues appropriately and find no trends or systemic flaws that would invalidate those reviews.

As discussed above, the NRC staff has evaluated the emergency planning concerns raised by the Petitioner and found that the current emergency plans and preparedness at San Onofre adequately address the Petitioner's concerns. On the basis of FEMA's findings on offsite emergency preparedness and the NRC's findings on the adequacy of onsite emergency preparedness, the NRC continues to find that there is reasonable assurance that adequate protective measures can and will be taken in the event of a radiological emergency at the SONGS facility.

For the reasons discussed above, no basis exists for taking the action requested by the Petitioner. Accordingly, the Petitioner's request for action pursuant to 10 CFR 2.206 is denied. A copy of this Decision will be filed with the Secretary of the Commission for the Commission to review in accordance with 10 CFR 2.206 of the Commission's regulations. As provided by this regulation, the Decision will constitute the final action of the Commission 25 days after issuance, unless the Commission, on its

[1] Regarding the Petitioner's comment that an evacuation zone limited to only 10 miles is ''sorely inadequate,'' the size of the EPZs for commercial nuclear power plants in the United States is established by NRC regulations, and the NRC has consistently found that a plume exposure EPZ of about 10 miles in radius provides an adequate planning basis for radiological emergency planning. *See* NUREG–1251, Vol. 1, ''Implications of the Accident at Chernobyl for Safety Regulation of Commercial Nuclear Power Plants in the United States,'' April 1989, and *see Long Island Lighting Company* (Shoreham Nuclear Power Station, Unit 1), CLI–87–12, 26 NRC 383, 395 (1987) where the Commission ruled that 10 CFR 50.47(c)(2) precludes adjustments on safety grounds to the size of an EPZ that is ''about 10 miles in radius.''

own motion, institutes a review of the Decision within that time.

Dated at Rockville, Maryland, this 5th day of June 1998.

For the Nuclear Regulatory Commission.

[FR Doc. 98–15642 Filed 6–11–98; 8:45 am]

BILLING CODE 7690–01–P

OFFICE OF PERSONNEL MANAGEMENT

Proposed Collection; Comment Request for Review of an Information Collection: Information and Instructions on Your Reconsideration Rights, RI 38–47

AGENCY: Office of Personnel Management.

ACTION: Notice.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 (Public Law 104–13, May 22, 1995), this notice announces that the Office of Personnel Management (OPM) intends to submit to the Office of Management and Budget a request for review of an information collection. Information and Instructions on Your Reconsideration Rights, RI 38–47, outlines the procedures required to request reconsideration of an initial OPM decision about Civil Service or Federal Employees retirement, Retired Federal or Federal Employee Health Benefits requests to enroll or change enrollment, or Federal Employees' Group Life Insurance coverage. The forms lists the procedures and time periods required for requesting reconsideration.

Approximately 6,000 annuitants and survivors request reconsideration annually. We estimate it takes approximately 45 minutes to apply. The annual burden is 4500 hours.

Comments are particularly invited on:

—Whether this collection of information is necessary for the proper performance of functions of the Office of Personnel Management, and whether it will have practical utility;

—Whether our estimate of the public burden of this collection is accurate, and based on valid assumptions and methodology; and

—Ways in which we can minimize the burden of the collection of information on those who are to respond, through use of the appropriate technological collection techniques or other forms of information technology.

For copies of this proposal, contact Jim Farron on (202) 418–3208, or E-mail to jmfarron@opm.gov

DATES: Comments on this proposal should be received on or before August 11, 1998.

ADDRESSES: Send or deliver comments to—Lorraine E. Dettman, Chief, Operations Support Division, Retirement and Insurance Service, U.S. Office of Personnel Management, 1900 E Street, NW, Room 3349, Washington, DC 20415.

FOR INFORMATION REGARDING ADMINISTRATIVE COORDINATION—CONTACT: Mary Beth Smith-Toomey, Budget & Administrative Services Division, (202) 606–0623.

U.S. Office of Personnel Management.

Janice R. Lachance,

Director.

[FR Doc. 98–15653 Filed 6–11–98; 8:45 am]

BILLING CODE 6325–01–P

OFFICE OF PERSONNEL MANAGEMENT

Submission for OMB Review; Comment Request for Revision of Information Collection RI 20–63

AGENCY: Office of Personnel Management.

ACTION: Notice.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 (Public Law 104–13, May 22, 1995), this notice announces that the Office of Personnel Management will submit to the Office of Management and Budget a request for reclearance of the following information collection. RI 20–63, Survivor Annuity Election for a Spouse, is an enclosure covered by a letter explaining why OPM is sending the form and is used by the Civil Service Retirement System (CSRS) to provide information and a survivor benefits election opportunity to annuitants who have notified the CSRS that they have married.

There are estimated to be 2,400 respondents for RI 20–63 and 200 for the cover letter. It is estimated to take 45 minutes to complete the form with a burden of 1,800 hours and 10 minutes to complete the letter, which gives a burden of 34 hours. The total burden for RI 20–63 is 1,834 hours.

For copies of this proposal, contact Jim Farron on (202) 418–3208, or E-mail to jmfarron@mail.opm.gov

DATES: Comments on this proposal should be received on or before July 12, 1998.

ADDRESSES: Send or deliver comments to—

Lorraine E. Dettman, Chief, Operations Support Division, Retirement and Insurance Service, U.S. Office of Personnel Management, 1900 E Street, NW, Room 3349, Washington, DC 20415–0001

and

Joseph Lackey, OPM Desk Officer, Office of Information and Regulatory Affairs, Office of Management and Budget, New Executive Office Building, NW, Room 3002, Washington, DC 20503.

FOR INFORMATION REGARDING ADMINISTRATIVE COORDINATION—CONTACT: Mary Beth Smith-Toomey, Budget & Administrative Services Division, (202) 606–0623.

U.S. Office of Personnel Management.

Janice R. Lachance,

Director.

[FR Doc. 98–15654 Filed 6–11–98; 8:45 am]

BILLING CODE 6325–01–P

OFFICE OF PERSONNEL MANAGEMENT

Nonforeign Area Cost-of-Living Allowances; Price and Background Surveys; Submission for OMB Review; Comment Request

AGENCY: Office of Personnel Management.

ACTION: Notice.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, the Office of Personnel Management (OPM) has submitted to the Office of Management and Budget (OMB) a request for review of two previously-approved information collections for which approval has expired. OPM uses the two information collections—a price survey and a background survey—to gather data to be used in determining cost-of-living allowances (COLAs) for certain Federal employees in Alaska, Hawaii, Guam and the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. The price survey is conducted generally on an annual basis. The background survey is conducted approximately once every 5 years, but is also conducted on a limited basis in preparation for each of the price surveys.

DATES: Submit comments on or before July 13, 1998.

ADDRESSES: *Comments:* Send or deliver comments both to—

- Donald J. Winstead, Assistant Director for Compensation Administration, Workforce Compensation and Performance Service, Office of Personnel Management, Room 7H31, 1900 E Street NW., Washington, DC

20415 (FAX: (202) 606–4264; email: COLA@opm.gov), and

- Joseph Lackey, OPM Desk Officer, Office of Information and Regulatory Affairs, Office of Management and Budget, New Executive Office Building NW., Room 10235, Washington, DC 20503.

Copies: For copies of this proposal, contact Jim Farron at (202) 418–3208 or by email at jmfarron@opm.gov.

FOR FURTHER INFORMATION CONTACT: Kurt M. Springmann, (202) 606–2838.

SUPPLEMENTARY INFORMATION: OPM published notice of its intention to request a reinstatement of the price and background surveys in the **Federal Register** on December 12, 1997 (62 FR 65451). No comments were received in response to that notice. OPM notes that the notice incorrectly reported the burden hours for the price survey at 650 hours. The correct number of hours, as OPM reported in its 1994 extension of the surveys, is 480. This notice further extends an opportunity for comments.

Title: Nonforeign Area Cost-of-Living Allowances Price and Background Surveys.

OMB Control Number: 3206–0199.

Summary: The Nonforeign Area Cost-of-Living Allowances Price Survey is used by OPM to collect price data in the allowance areas under four cost components: consumption goods and services, transportation, housing, and miscellaneous expenses. The price survey is conducted on approximately an annual basis.

The Nonforeign Area Cost-of-Living Allowances Background Survey is used by OPM to collect information to identify the services, items, quantities, outlets, and locations that will be surveyed in the annual price surveys. It is also used to collect information on local trade practices, consumer buying patterns, taxes and fees, and other economic characteristics related to living costs. The background survey is conducted approximately once every 5 years, but is also used on a limited basis in preparation for each of the price surveys.

Need/Use for Surveys: The price survey is necessary for collecting living-cost data used to determine COLAs paid to General Schedule, U.S. Postal Service, and certain other Federal employees in the nonforeign allowance areas. The information is used to compare costs in the allowance areas with costs in the Washington, DC, area, and to derive a COLA rate when the local cost of living significantly exceeds that in the DC area. The background survey is necessary to determine the continued appropriateness of items, services, and businesses selected for the annual price surveys. OPM uses the information collected under this survey to define the sources and parameters for the price surveys and to improve the COLA methodology.

Respondents: OPM will survey selected retail, service, realty, and other businesses and local governments in the nonforeign allowance areas and in the Washington, DC, area. Approximately 5,600 establishments will be contacted in the price survey, and approximately 300 establishments will be contacted in the background survey.

Reporting and Recordkeeping Burden: OPM estimates that the average price survey interview will take approximately 7 minutes, for a total burden of 480 hours. The average background survey interview will take approximately 10 minutes, for a total burden of 50 hours.

U.S. Office of Personnel Management.

Janice R. Lachance,

Director.

[FR Doc. 98–15657 Filed 6–11–98; 8:45 am]

BILLING CODE 6325–01–P

OFFICE OF PERSONNEL MANAGEMENT

Submission for OMB Review, Comment Request; Standard Form 1153

AGENCY: Office of Personnel Management (OPM).

ACTION: Submission for OMB review; comment request.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 (Pub. L. No. 104–13) and 5 CFR 1320.5 (a)(1)(iv), this notice announces that OPM has submitted to the Office of Management and Budget (OMB) a request for clearance of an information collection. The information submitted on Standard Form 1153, Claim for Unpaid Compensation of Deceased Civilian Employee, will help determine claimants' and others' rights to deceased employees' unpaid compensation.

The authority to settle these claims was transferred from the General Accounting Office to the Director of OMB pursuant to the Legislative Branch Appropriations Act of 1996. Subsequently, the Director of OMB delegated this function to OPM. OPM published an initial notice of clearance request on February 24, 1998 in the **Federal Register** (63 FR 9272), but received no comments in response to the notice.

It is estimated that 3300 individuals will respond annually for a total burden of 1,650 hours. To obtain copies of this proposal please contact James M. Farron at (202) 418–3208 or by E-mail to jmfarron@opm.gov.

DATES: Comments on this proposed form should be received on or before July 12, 1998. Submit comments on this proposal to Joseph Lackey, OPM Desk Officer, Office of Information and Regulatory Affairs, U.S. Office of Management and Budget, New Executive Office Building, Room 10235, N.W., Washington, D.C. 20503. For further information, please contact Paul Britner, Office of Personnel Management, Room 7F08A, 1900 E Street N.W., Washington, D.C. 20415.

U.S. Office of Personnel Management.

Janice R. Lachance,

Director.

[FR Doc. 98–15658 Filed 6–11–98; 8:45 am]

BILLING CODE 6325–01–P

OFFICE OF PERSONNEL MANAGEMENT

Submission for OMB Review: Comment Request; Extension of Standard Form 113–G

AGENCY: Office of Personnel Management.

ACTION: Notice.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 (Public Law 104–13, May 22, 1995), this notice announces that the Office of Personnel Management (OPM) has submitted a request to the Office of Management and Budget (OMB) for renewal of authority to collect data for the Monthly Report of Full-time Equivalent/Work-Year Civilian Employment (Standard Form 113–G). The data collected are used by OMB and OPM to: (1) monitor agencies' progress in increasing part-time employment; (2) aid OMB and the President in making decisions on agencies' budget appropriations for the next fiscal year; and (3) monitor agency work year usage under total approved FTE levels during the current fiscal year. One hundred thirty-one Federal agencies provide monthly reports to OPM. It takes 2 hours to complete one report, for an annual total information collection burden of 3,144 hours. OPM published a preliminary notice of its intention to submit this request to OMB in the March 18, 1998 **Federal Register** at page 13292. No comments were received as a result of this notification.

For copies of the clearance package, call James M. Farron, Reports and Forms Manager, on (202) 418–3208, or by e-mail to jmfarron@opm.gov.

DATES: Comments on this proposal should be received on or before July 13, 1998.

ADDRESSES: Send or deliver comments to:

May Eng, U.S. Office of Personnel Management, Room 7439, 1900 E Street, NW., Washington, DC 20415

And

Joseph Lackey, OPM Desk Officer, Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, NW., Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: May Eng, (202) 606–2684.

U.S. Office of Personnel Management.

Janice R. Lachance,

Director.

[FR Doc. 98–15659 Filed 6–11–98; 8:45 am]

BILLING CODE 6325–01–P

OFFICE OF PERSONNEL MANAGEMENT

Excepted Service

AGENCY: Office of Personnel Management.

ACTION: Notice.

SUMMARY: This gives notice of positions placed or revoked under Schedules A and B, and placed under Schedule C in the excepted service, as required by Civil Service Rule VI, Exceptions from the Competitive Service.

FOR FURTHER INFORMATION CONTACT: Patricia H. Paige, Staffing Reinvention Office, Employment Service (202) 606–0830.

SUPPLEMENTARY INFORMATION: The Office of Personnel Management published its last monthly notice updating appointing authorities established or revoked under the Excepted Service provisions of 5 CFR 213 on May 12, 1998 (63 FR 26220). Individual authorities established or revoked under Schedules A and B and established under Schedule C between April 1, 1998, and April 30, 1998, appear in the listing below. Future notices will be published on the fourth Tuesday of each month, or as soon as possible thereafter. A consolidated listing of all authorities as of June 30 will also be published.

Schedule A

No Schedule A authorities were established or revoked during April 1998.

Schedule B

No Schedule B authorities were established or revoked during April 1998.

Schedule C

The following Schedule C authorities were established during April 1998:

Council on Environmental Quality

Special Assistant to the Chair, Council on Environmental Quality. Effective April 8, 1998.

Department of Agriculture

Confidential Assistant to the Administrator, Foreign Agricultural Service. Effective April 23, 1998.

Staff Assistant to the Administrator, Federal Agricultural Service. Effective April 29, 1998.

Department of the Army (DOD)

Special Assistant to the Assistant Secretary, Research Development and Acquisition. Effective April 9, 1998.

Department of Commerce

Special Assistant to the General Counsel. Effective April 9, 1998.

Director of Public Affairs to the Under Secretary for International Trade Administration. Effective April 30, 1998.

Department of Defense

Special Assistant to the Project Director, National Partnership for Reinventing Government. Effective April 9, 1998.

Staff Specialist to the Under Secretary for Acquisition and Technology. Effective April 16, 1998.

Department of Energy

Special Assistant to the Deputy Assistant Secretary for Natural Gas and Petroleum Technology. Effective April 24, 1998.

Special Assistant to the Assistant Secretary for Human Resources and Administration. Effective April 30, 1998.

Special Assistant to the Assistant Secretary for Policy and International Affairs. Effective April 30, 1998.

Department of Health and Human Services

Special Assistant to the General Counsel. Effective April 8, 1998.

Department of Justice

Special Assistant to the Deputy Attorney General. Effective April 14, 1998.

Department of Labor

Advisor to the Assistant Secretary for Mine Safety and Health. Effective April 1, 1998.

Legislative Assistant to the Administrator, Office of Policy and Research, Employment and Training Administration. Effective April 3, 1998.

Special Assistant to the Assistant Secretary, Employment Standards Administration. Effective April 6, 1998.

Special Assistant to the Assistant Secretary for Occupational Safety and Health. Effective April 6, 1998.

Department of State

Special Assistant to the Assistant Secretary, Bureau of Asian and Pacific Affairs. Effective April 27, 1998.

Department of Transportation

Director, Office of Intergovernmental Affairs to the Assistant Secretary for Governmental Affairs. Effective April 6, 1998.

Deputy Director, Office of Congressional Affairs to the Director, Office of Congressional Affairs. Effective April 28, 1998.

Department of the Treasury

Special Assistant to the Assistant Secretary for Management and Chief Financial Officer. Effective April 1, 1998.

Legislative Analyst to the Director, Office of Legislative Affairs. Effective April 14, 1998.

Environmental Protection Agency

Staff Assistant to the Deputy Associate Administrator for Communications, Education and Public Affairs. Effective April 13, 1998.

Export-Import Bank of the United States

Personal and Confidential Assistant to the Vice Chairman. Effective April 23, 1998.

Federal Emergency Management Agency

Director of Corporate Affairs to the Director, Federal Emergency Management Agency. Effective April 14, 1998.

Office of Science and Technology Policy

Executive Assistant for Policy and Intergovernmental Affairs to the Director, Office of Science and Technology Policy. Effective April 16, 1998.

Pension Benefit Guaranty Corporation

Special Assistant to the Executive Director. Effective April 6, 1998.

United States Information Agency

Confidential Assistant to the Director, Office of Cuba Broadcasting. Effective April 29, 1998.

Authority: 5 U.S.C. 3301 and 3302; E.O. 10577, 3 CFR 1954–1958 Comp., P. 218.

Office of Personnel Management.

Janice R. Lachance,

Director.

[FR Doc. 98–15655 Filed 6–11–98; 8:45 am]

BILLING CODE 6325–01–P

RAILROAD RETIREMENT BOARD

Determination of Quarterly Rate of Excise Tax for Railroad Retirement Supplemental Annuity Program

In accordance with directions in Section 3221(c) of the Railroad Retirement Tax Act (26 U.S.C., Section 3221(c)), the Railroad Retirement Board has determined that the excise tax imposed by such Section 3221(c) on every employer, with respect to having individuals in his employ, for each work-hour for which compensation is paid by such employer for services rendered to him during the quarter beginning July 1, 1998, shall be at the rate of 35 cents.

In accordance with directions in Section 15(a) of the Railroad Retirement Act of 1974, the Railroad Retirement Board has determined that for the quarter beginning July 1, 1998, 29.7 percent of the taxes collected under Sections 3211(b) and 3221(c) of the Railroad Retirement Tax Act shall be credited to the Railroad Retirement Account and 70.3 percent of the taxes collected under such Sections 3211(b) and 3221(c) plus 100 percent of the taxes collected under Section 3221(d) of the Railroad Retirement Tax Act shall be credited to the Railroad Retirement Supplemental Account.

Dated: June 2, 1998.

By authority of the Board.

Beatrice Ezerski,

Secretary to the Board.

[FR Doc. 98–15643 Filed 6–11–98; 8:45 am]

BILLING CODE 7905–11–M

SECURITIES AND EXCHANGE COMMISSION

[Release No. IC–23245; 812–11150]

1st Atlantic Guaranty Corporation; Notice of Application

June 8, 1998.

AGENCY: Securities and Exchange Commission (''SEC'').

ACTION: Notice of application pursuant to section 28(c) of the Investment Company Act of 1940 (''Act'').

SUMMARY OF APPLICATION: Applicant, 1st Atlantic Guaranty Corporation, seeks an order pursuant to Section 28(c) of the Act approving certain proposed custodial arrangements.

FILING DATES: The application was filed on May 22, 1998. Applicant has agreed to file an amendment during the notice period, the substance of which is reflected in this notice.

HEARING OR NOTIFICATION OF HEARING: An order granting the application will be issued unless the SEC orders a hearing. Interested persons may request a hearing by writing to the SEC's Secretary and serving applicant with a copy of the request, personally or by mail. Hearing requests should be received by the SEC by 5:30 p.m. on June 30, 1998, and should be accompanied by proof of service on applicant in the form of an affidavit or, for lawyers, a certificate of service. Hearing requests should state the nature of the writer's interest, the reason for the request, and the issues contested. Persons who wish to be notified of a hearing may request notification by writing to the SEC's Secretary.

ADDRESSES: Secretary, SEC, 450 Fifth Street, NW., Washington, DC 20549. Applicant, 4847 Cordell Avenue, Suite 200, Bethesda, Maryland 20818, Attn: John J. Lawbaugh.

FOR FURTHER INFORMATION CONTACT: Edward P. Macdonald, Branch Chief, at (202) 942–0564 (Office of Investment Company Regulation, Division of Investment Management).

SUPPLEMENTARY INFORMATION: The following is a summary of the application. The complete application may be obtained for a fee at the SEC's Public Reference Branch, 450 Fifth Street, NW, Washington, DC 20549 (tel. 202–942–8090).

Applicant's Representations

1. Applicant, a Maryland corporation, is a face-amount certificate company registered under the Act. Applicant currently intends to offer four face-amount certificates (''Certificates'') registered under the Securities Act of 1933. In the future, applicant may offer additional Certificates. The Certificates are unsecured debt instruments. To meet its debt obligations, applicant is required to maintain a minimum amount of reserves in ''qualified investments'' as defined in the Act (''Reserves'').

2. Applicant proposes to enter into custodial arrangements with regard to its Reserves with one or more banks that meet certain requirements (''Custodians''). Applicant seeks an order approving the proposed form of custody agreement (''Agreement'') to be entered into by applicant with each Custodian. Under the requested order, applicant would be able to select and change Custodians in its discretion.

3. Each Custodian will maintain the Reserves to ensure that applicant meets its payment obligations under the terms and conditions of any outstanding Certificate. If applicant were to default on any obligation under a Certificate, each Custodian would be authorized to cure the default by liquidating so much of the Reserves held by it as necessary to discharge the obligation. In addition, each Custodian will perform the duties and functions typically performed by a custodian, such as securities registration and delivery, income collection, periodic reporting, and other safekeeping and processing functions.

Applicant's Legal Analysis

1. Section 28(c) of the Act requires a registered face-amount certificate company to maintain the Reserves with a custodian that meets the requirements of section 26(a)(1) of the Act and in accordance with such terms and conditions as the SEC shall prescribe and as appropriate for the protection of investors. Under section 26(a)(1), a custodian generally must be a bank that has at all times an aggregate capital, surplus, and undivided profits of a specified minimum amount which may not be less than $500,000.

2. Applicant requests an order under section 28(c) of the Act approving the Agreement. Applicant states that the Agreement contains provisions to maintain and safeguard the Reserves, including provisions governing the (i) holding, segregation, registration, depositing, and delivery of securities, (ii) the payment of monies and maintenance of bank accounts, and (iii) the management of real estate and real estate related investments, as well as establishing procedures to cure any defaults by applicant on its obligations under the Certificates and procedures for periodic reporting and inspection of the assets.[1] Applicant represents that it will seek an amended order from the SEC for any material changes in the substantive provisions of the Agreement.

3. Applicant states that it may seek to terminate Custodians and employ new

[1] Applicant states it will comply with rule 17f–4 under the Act as if it were a registered management investment company if an Agreement permits a Custodian to maintain any portion of the Reserves in a securities depository.

Custodians for the following reasons: (i) the availability of superior or specialized services through other Custodians; (ii) dissatisfaction with the quality of a Custodian's services; (iii) fee increases or the availability of comparable services from other Custodians at more competitive rates; (iv) changes in a Custodian's management, location, financial condition, or methods of operation; (v) regulatory developments or actions affecting the ability or qualification of a Custodian to serve as such; or (vi) a determination by a Custodian to cease offering its services.

4. Applicant will only enter into an Agreement approved by its board of directors (''Board''), including a majority of directors who are not interested persons within the meaning of Section 2(a)(19) of the Act (''Disinterested Directors''). In addition, the continuance of any Agreement would be subject to annual review by the Board, including a majority of the Disinterested Directors, to determine whether the quality of services provided by the Custodian remains satisfactory and the fees are reasonably competitive. Applicant submits, for all the reasons stated above, that its request is consistent with the protection of investors.

For the Commission, by the Division of Investment Management, pursuant to delegated authority.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 98–15706 Filed 6–11–98; 8:45 am]

BILLING CODE 8010–01–M

SECURITIES AND EXCHANGE COMMISSION

[Rel. No. IC–23244; File No. 812–10866]

Allmerica Investment Trust, et al.; Notice of Application

June 5, 1998.

AGENCY: Securities and Exchange Commission (''SEC'' or ''Commission'').

ACTION: Notice of application for an order pursuant to Section 6(c) of the Investment Company Act of 1940 (the ''1940 Act'').

SUMMARY OF APPLICATION: Applicants seek an order pursuant to Section 6(c) of the 1940 Act for exemptions from the provisions of Sections 9(a), 13(a), 15(a) and 15(b) of the 1940 Act, and Rules 6e–2(b)(15) and 6e–3(T)(b)(15) thereunder, to the extent necessary to permit shares of any current or future series of the Trust and shares of any other investment company that is offered as a funding medium for insurance products and for which the Adviser, or any of its affiliates, or their successors or assigns, may now or in the future serve as manager, investment adviser, administrator, principal underwriter or sponsor (the Trust and such other investment companies referred to collectively as the ''Insurance Products Funds'') to be sold and held by variable annuity and variable life insurance separate accounts (''Separate Accounts'') of both affiliated and unaffiliated life insurance companies (''Participating Insurance Companies'') and qualified pension and retirement plans outside of the separate account context (''Qualified Plans'' or ''Plans'').

APPLICANTS: Allmerica Investment Trust (the ''Trust'') and Allmerica Investment Management Company, Inc. (the ''Adviser'').

FILING DATE: The application was originally filed on November 13, 1997, and an amended and restated application was filed on March 9, 1998.

HEARING OR NOTIFICATION OF HEARING: An order granting the application will be issued unless the Commission orders a hearing. Interested persons may request a hearing by writing to the Secretary of the SEC and serving Applicants with a copy of the request, in person or by mail. Hearing requests should be received by the SEC by 5:30 p.m. on June 30, 1998, and should be accompanied by proof of service on Applicants, in the form of an affidavit or, for lawyers, a certificate of service. hearing requests should state the nature of the writer's interest, the reason for the request, and the issues contested. Persons who wish to be notified of a hearing may request notification of a hearing by writing to the Secretary of the SEC.

ADDRESSES: Secretary, SEC, 450 Fifth Street, NW, Washington, DC 20549. Applicants, c/o George M. Boyd, Esq., 440 Lincoln Street, Worcester, MA 01653.

FOR FURTHER INFORMATION CONTACT: Michael B. Koffler, Attorney, or Mark Amorosi, Branch Chief, Office of Insurance products, Division of Investment Management, at (202) 942–0670.

SUPPLEMENTARY INFORMATION: The following is a summary of the application. The complete application is available for a fee from the Public Reference Branch of the SEC, 450 Fifth St., NW, Washington, DC 20549 (tel. (202) 942–8090).

Applicants' Representations

1. The Trust, a Massachusetts business trust established on October 11, 1984, is registered with the Commission as an open-end diversified management investment company. The Trust currently consists of fourteen separate series, or portfolios.

2. The Adviser is registered with the Commission as an investment adviser under the Investment Adviser Act of 1940 and serves as the investment manager for each of the Trust's portfolios. The Adviser is an indirect wholly-owned subsidiary of Allmerica Financial Corporation, a publicly traded Delaware holding company for a group of affiliated companies, the largest of which is First Allmerica Financial Life Insurance Company.

3. Currently, shares of the Trust may be purchased only by the separate accounts established by First Allmerica Financial Life Insurance Company (''First Allmerica'') or Allmerica Financial Life Insurance and Annuity Company, an indirect wholly-owned subsidiary of First Allmerica, for the purpose of funding variable annuity and variable life insurance policies.

4. The Insurance Products Funds will offer shares to Separate Accounts of Participating Insurance Companies in support of variable annuity contracts and variable life insurance policies (including single premium, scheduled premium, modified single premium and flexible premium contracts) (collectively, ''Variable Contracts''). Persons who hold Variable Contracts are referred to herein as ''Contract Owners.''

5. The Insurance Products Funds also will offer shares directly to Qualified Plans outside of the separate account context. Fund shares sold to Plans which are subject to the Employee Retirement Income Security Act of 1974, as amended (''ERISA''), would be held by the truste(s) of the Plan, as mandated by Section 403(a) ERISA. ''Plan Participants'' or ''Participants'' include participants in qualified pension or retirement plans.

Applicants' Legal Analysis

1. Section 6(c) of the 1940 Act provides in part that the Commission, by order upon application, may conditionally or unconditionally exempt any person, security, or transaction, or any class or classes of persons, securities, or transactions, from any provision or provisions of the 1940 Act or of any rule or regulation thereunder, if and to the extent that such exemption is necessary or appropriate in the public interest and consistent with the protection of investors and the purposes fairly intended by the policy and provisions of the 1940 Act.

2. Applicants request that the Commission issue an order pursuant to Section 6(c) of the 1940 Act exempting the Applicants and the Participating Insurance Companies and their Separate Accounts (and, to the extent necessary, any investment adviser, principle underwriter or depositor for such accounts) from the provisions of Sections 9(a), 13(a), 15(a) and 15(b) thereof, and Rules 6e–2(b)(15) and 6e–3(T)(b)(15) thereunder, to the extent necessary to permit shares of the Insurance Products Funds to be offered and sold to, and held by (1) variable annuity and variable life insurance separate accounts of the same life insurance company or of any affiliated life insurance company (''mixed funding''); (2) separate accounts of unaffiliated life insurance companies (including both variable annuity and variable life separate accounts) (''shared funding''); and (3) qualified pension and retirement plans outside the separate account context.

3. In connection with the funding of scheduled premium variable life insurance contracts issued through a separate account registered under the 1940 Act as a unit investment trust, Rule 6e–2(b)(15) provides partial exemptions from Sections 9(a), 13(a), 15(a) and 15(b) of the 1940 Act. These exemptions are available only where all of the assets of the separate account consist of the shares of one or more registered management investment companies which offer their shares exclusively to variable life insurance separate accounts of the life insurer or any affiliated life insurance company. Therefore, the relief granted by Rule 6e–2(b)(15) is not available with respect to a scheduled premium variable life insurance separate account that owns shares of a management investment company that also offers its shares to a variable annuity separate account or a flexible premium variable life insurance separate account of the same insurance company or an affiliated insurance company. The relief granted by Rule 6e–2(b)(15) also is not available if the variable life insurance separate account owns shares of an underlying management investment company that also offers its shares to variable annuity or variable life insurance separate accounts of unaffiliated life insurance companies or to Plans.

4. In connection with the funding of flexible premium variable life insurance contracts issued through a separate account registered under the 1940 Act as a unit investment trust, Rule 6e–3(T)(b)(15) provides partial exemptions from Sections 9(a), 13(a), 15(a) and 15(b) of the 1940 Act. These exemptions are available only where all of the assets of the separate account consist of the shares of one or more registered management investment companies which offer their shares exclusively to separate accounts of the life insurer, or of any affiliated life insurance company, offering either scheduled premium variable life insurance contracts or flexible premium variable life insurance contracts, or both ; or which also offer their shares to variable annuity separate accounts of the life insurer or of an affiliated life insurance company. Therefore, the exemptions provided by Rule 6e–3(T)(b)(15) are available if the underlying management investment company is engaged in mixed funding, but are not available if the investment company is engaged in shared funding or sells its shares to Plans.

5. Applicants state that the current tax law permits Insurance Products Funds to increase their asset base through the sale of shares of Plans. Section 817(h) of the Internal Revenue Code of 1986, as amended (the ''Code''), imposes certain diversification standards on the underlying assets of Variable Contracts. The Code provides that such contracts shall not be treated as an annuity contract or life insurance contract for any period (and any subsequent period) during which the investments are not adequately diversified in accordance with regulations prescribed by the Treasury Department. Treasury regulations provide that, in order to meet the diversification requirements, all of the beneficial interests in an investment company must be held by the segregated asset accounts of one or more insurance companies. The regulations contain certain exceptions to this requirement, however, one of which permits shares of an investment company to be held by the trustee of a qualified pension or retirement plan without adversely affecting the ability of shares in the same investment company also to be held by the separate accounts of insurance companies in connection with their variable annuity and variable life insurance contracts (Treas. Reg. § 1.817.–5(f)(3)(iii)).

6. Applicants state that the promulgation of Rules 6e–2 and 6e–3(T) preceded the issuance of these Treasury regulations. Applicants assert that, given the then current tax law, the sale of shares of the same underlying fund to separate accounts and to Plans could not have been envisioned at the time of the adoption of Rules 6e–2(b)(15) and 6e–3(T)(b)(15).

Disqualification

7. Section 9(a)(3) of the 1940 Act provides that it is unlawful for any company to act as investment adviser to or principal underwriter of any registered open-end investment company if an affiliated person of that company is subject to a disqualification enumerated in Section 9(a)(1) or (2). Rule 6e–2(b)(15)(i) and (ii), and 6e–3(T)(b)(15)(i) and (ii) provide partial exemptions from Section 9(a) under certain circumstances, subject to the limitations on mixed and shared funding. These exemptions limit the application of the eligibility restrictions to affiliated individuals or companies that directly participate in the management or administration of the underlying investment company.

8. Applicants state that the partial relief from Section 9(a) provided by Rules 6e–2(b)(15) and 6e–3(T)(b)(15), in effect, limits the amount of monitoring necessary to ensure compliance with Section 9 to that which is appropriate in light of the policy and purposes of Section 9. Applicants assert that it is not necessary for the protection of investors or the purposes fairly intended by the policy and provisions of the 1940 Act to apply the provisions of Section 9(a) to many individuals in a large insurance company complex, most of whom will have no involvement in matters pertaining to investment companies managed, administered, or invested in by that organization. Applicants state that it also is unnecessary to apply Section 9(a) to individuals in various unaffiliated insurance companies (or affiliated companies of Participating Insurance Companies) that may utilize an Insurance Products Fund as the funding medium for Variable Contracts. Applicants assert that there is no regulatory purpose in extending the monitoring requirements because of mixed or shared funding or investment by Plans. Those individuals who participate in the management or administration of an Insurance Products Fund will remain the same regardless of which separate accounts or insurance companies use the Insurance Products Fund. Furthermore, the increased monitoring costs would reduce the net rates of return realized by Contract Owners and Plan Participants.

Pass-Through Voting

9. Rules 6e–2(b)(15)(iii) and 6e–3(T)(b)(15)(iii) assume the existence of a pass-through voting requirement with respect to management investment company shares held by a separate account. Applicants state that pass-through voting privileges will be provided with respect to all Contract Owners so long as the Commission interprets the 1940 Act to require pass-

through voting privileges for Contract Owners.

10. Rules 6e–2(b)(15)(iii) and 6e–3(T)(b)(15)(iii) provide exemptions from the pass-through voting requirement in certain situations, assuming the limitations on mixed and shared funding imposed by the 1940 Act and the rules thereunder are observed. Rules 6e–2(b)(15)(iii)(A) and 6e–3(T)(b)(15)(iii)(A)(*1*) provide that an insurance company may disregard the voting instructions of its Contract Owners with respect to the investments of an underlying fund or any contract between an investment company and its investment adviser, when required to do so by an insurance regulatory authority, subject to certain conditions. In addition, Rules 6e–2(b)(15)(iii)(B) and 6e–3(T)(b)(15)(A)(*2*) provide that an insurance company may disregard voting instructions of Contract Owners in favor of any change in the investment company's investment policies, principal underwriter or investment adviser, subject to certain conditions.

11. Applicants assert that Rules 6e–2 and 6e–3(T) recognize that a variable life insurance contract is an insurance policy, and is subject to extensive state regulation.

Applicants also assert that in adopting Rule 6e–2(b)(15)(iii), the Commission expressly recognized that state insurance regulators have authority, pursuant to state insurance laws or regulations, to disapprove or require changes in investment policies, investment advisers or principal underwriters of scheduled premium variable life insurance contracts. The Commission deemed such exemptions necessary ''to assume the solvency of the life insurer and performance of its contractual obligations by enabling an insurance regulatory authority or the life insurer to act when certain proposals reasonably could be expected to increase the risks undertaken by the life insurer.'' Applicants state that, in this respect, the corresponding provisions of Rule 6e–3(T) for flexible premium variable life insurance contracts were adopted in recognition of the same factors.

12. Applicants represent that the offer and sale of the Insurance Products Funds to Qualified Plans will not have any impact on the relief requested in this regard. Where applicable, shares of the Insurance Products Funds sold to Qualified Plans will be held by the trustees of such Plans as required by Section 403(a) of the Employee Retirement Income Security Act of 1974 (''ERISA''). Section 403(a) also provides that the trustees of a Plan must have exclusive authority and discretion to manage and control the Plan with two exceptions: (a) when the Plan expressly provides that the trustees are subject to the direction of a named fiduciary who is not a trustee, in which case the trustees are subject to proper directions made in accordance with the terms of the Plan and not contrary to ERISA; and (b) when the authority to manage, acquire or dispose of assets of the Plan is delegated to one or more investment managers pursuant to Section 402(c)(3) of ERISA. Unless one of the two exceptions stated in Section 403(a) applies, the Plan trustees have exclusive authority and responsibility for voting proxies. Where a named fiduciary appoints an investment manager, the investment manager has the responsibility to vote the shares held unless the right to vote such shares is reserved to the trustees or the named fiduciary. The Qualified Plans may have their trustee(s) or other fiduciaries exercise voting rights attributable to investment securities held by the Qualified Plans in their discretion. Where a Plan does not provide Plan Participants with the right to give voting instructions, Applicants state that they do not see any potential for irreconcilable material conflicts of interest between or among Contract Owners and Plan Participants with respect to voting of the respective Insurance Products Fund's shares. Accordingly, Applicants note that, unlike the case with insurance company separate accounts, the issue of the resolution of material irreconcilable conflicts with respect to voting is not present with respect to such Plans since the Plans are not entitled to pass-through voting privileges.

13. Applicants state that some Plans may provide for the trustee(s), an investment adviser or another named fiduciary to exercise voting rights in accordance with instructions from Plan Participants. Applicants note, however, that there is no reason to believe that participants in Plants generally, or those in a particular Plan, either as a single group or in combination with other Plans, would vote in a manner that would disadvantage Contract Owners. Applicants submit, therefore, that the purchase of shares by Plans that provide voting rights to Participants does not present any complications not otherwise occasioned by mixed and shared funding.

Conflicts of Interest

14. Applicants state that no increased conflicts of interest would be presented by the granting of the requested relief. Applicants submit that shared funding does not present any issues that do not already exist where a single insurance company is licensed to do business in several states. In this regard, Applicants note that when different Participating Insurance Companies are domiciled in different states, it is possible that the state insurance regulatory body in a state in which one Participating Insurance Company is domiciled could require action that is inconsistent with the requirements of other insurance regulators in one or more other states in which other participating Insurance Companies are domiciled. This possibility, however, is no different or greater than exists when a single insurer and its affiliates offer their insurance products in several states, as is currently permitted. Applicants submit that shared funding by unaffiliated insurers, in this respect, is not different than the use of the same investment ocmpany as the funding vechile for affiliated insurers, which Rules 6e–2(b)(15) and 6e–(T)(b)(15) permit.

15. Applicants state that affiliation does not reduce the potential, if any exists, for differences in state regulatory requirements. In any event, the conditions set forth in the application and later in this notice (which are adapted from the conditions included in Rule 6e–3(T)(b)(15)) are designed to safeguard against, and provide procedures for resolving, any adverse effects that differences among state regulatory requirements may produce. If a particular state insurance regulator's decision conflicts with the majority of other state regulators, the affected insurer may be required to withdraw its separate account's investment in the relevant Insurance Products Funds. This requirement will be provided for in agreements that will be entered into by Participating Insurance Companies with respect to their participation in the Insurance Products Funds.

16. Rules 6e–2(b)(15) and 6e–(T)(b)(15) give the insurance company the right to disregard the voting instructions of the Contract Owners. This right does not raise any issues different from those raised by the authority of state insurance administrators over separate accounts. Applicant's also assert that affiliation does not eliminate the potential, if any exists, for divergent judgments as to when a Participating Insurance Company could disregard Contract Owner voting instructions. The potential for disagreement is limited by the requirements in Rules 6e–2 and 6e–3(T) that the insurance company's disregard of voting instructions be reasonable and based on specified good faith determinations.

17. If the Participating Insurance Company's decision to disregard Contract Owner voting instructions represents a minority position or would preclude a majority vote approving a particular change, such Participating Insurance Company may be required, at the election of the relevant Insurance Products Fund, to withdraw its separate account's investment in that Insurance Products Fund and no charge or penalty will be imposed upon the contract Owners as a result of such withdrawal. In addition, if a material irreconcilable conflict involving Plans arises, the Plans may simply redeem their shares and make alternative investments.

18. Applicants submit that there is no reason why the investment policies of an Insurance Products Fund would or should be materially different from what annuity or variable life insurance contracts. In this regard, Applicants assert that the Insurance Products Funds will not be managed to favor or disfavor any particular Participating Insurance Company or type of insurance product or Plan. Each type of insurance product is designed as a long-term investment program. Similarly,the investment objective of Plans, long-term investment, coincides with that of the Variable Contracts and should not increase the potential for conflicts.

19. Applicants submit that no one investment strategy can be identified as appropriate to a particular insurance product or Plan. Each pool of Contract Owners is composed of individuals of diverse financial status, age, and insurance and investment goals. A fund supporting even one type of insurance product must accommodate these diverse factors in order to attract and retain purchasers.

20. Applicants submit that permitting mixed and share funding will provide economic support for the establishment of the Insurance Products Funds. In addition, permitting mixed and shared funding will facilitate the establishment of additional series of Insurance Products Funds serving diverse goals, since a broader base of Contract Owners can be expected to provide economic justification for the creation of additional portfolios with greater variety of investment objectives and policies.

21. Applicants state that Section 817(h) of the Code imposes certain diversification standards on the underlying assets of variable annuity contracts and variable life insurance contracts held in the portfolios of management investment companies. Treasury Regulation § 1.817–5(f)(iii) specifically permits ''qualified pension or retirement plans'' and insurance company separate accounts to share the same underlying investment company. Therefore, Applicants assert that neither the Code, nor the Treasury regulations, nor the revenue rulings thereunder recognize any inherent conflicts of interest if Plans, variable annuity separate accounts, and variable life insurance separate accounts all invest in the same management investment company.

22. Applicants note that while there are differences in the manner in which distributions for variable annuity contracts, variable life insurance contracts and Plans are taxed, these differences will have no impact on the Insurance Products Funds and therefore do not raise any conflicts of interest. When distributions are to be made, and a Separate Account or Plan cannot net purchase payments to make the distributions, the Separate Account or Plan will redeem shares of the Insurance Products Funds at their respective net asset value to provide proceeds to meet distribution needs. The Plan will then make distributions in accordance with the terms of the Plan, and the Participating Insurance Company will make distributions in accordance with the terms of the Variable Contract. Accordingly, Applicants assert that the tax consequences of distributions from Variable Contracts and Plans do not raise any conflicts of interest with respect to the use of the Insurance Products Funds.

23. Applicants represent that the Insurance Products Funs will inform each shareholder, including each Separate Account and Plan, of information necessary for any meeting of shareholders. Each Participating Insurance Company will then solicit voting instructions in accordance with the ''pass-through'' voting requirement. The voting rights provided to Qualified Plans with respect to shares of the Insurance Products Funds would be no different from the voting rights that are provided to Qualified Plans with respect to shares of mutual funds sold to the general public.

24. Applicants submit that the ability of the Insurance Products Funds to sell their shares directly to Plans does not create a ''senior security,'' as such term is defined under Section 18(g) of the 1940 Act, with respect to any Contract Owner as opposed to a Plan Participant. As noted above, regardless of the rights and benefits of Participants under the Plans, or Contract Owners under their Variable Contracts, the Plans and Separate Accounts have rights only with respect to their respective shares of the Insurance Products Funds. They can redeem such shares only at their net asset value. No shareholder of any of the Insurance Products Funds has any preference over any other shareholder with respect to distribution of assets or payments of dividends.

25. Applicants assert that there are no conflicts between Contract Owners and Plan Participants with respect to state insurance commissioners' veto powers over investment objectives. Applicants note that the basic premise of corporate democracy and shareholder voting is that not all shareholders may agree with a particular proposal. Although the interests and opinions of shareholders may differ, this does not mean that inherent conflicts of interest exist between or among such shareholders. The state insurance commissioners have been given the veto power in recognition of the fact that insurance companies usually cannot simply redeem their separate accounts out of one fund and invest in another. While time-consuming, complex transactions must be undertaken to accomplish redemptions and transfers by Separate Accounts, trustees of Plans can quickly redeem their shares from Insurance Products Funds and reinvest in another funding vehicle without the same regulatory impediments or, as is the case with most Plans, even hold cash pending suitable alternative investment. Applicants maintain that even if there should arise issues where the interests of Contract Owners and the interests of Participants in Qualified Plans are in conflict, the issues can be almost immediately resolved because the trustees of the Plans can, on their own, redeem shares out of the Insurance Products Funds.

26. Applicants submit that mixed and shared funding should provide benefits to Contract Owners by eliminating a significant portion of the costs of establishing and administering separate funds. The Separate Accounts of Participating Insurance Companies will benefit not only from the investment and administrative expertise available through the Insurance Products Funds, but also from the cost efficiencies and investment flexibility afforded by a larger pool of assets. Mixed and shared funding also would permit a greater amount of assets available for investment, thereby promoting economies of scale, permitting greater diversification, and making the addition of new series more feasible. Additionally, making the Insurance Products Funds available for mixed and shared funding will encourage more insurance companies to offer Variable Contracts, and this should result in increased competition with respect to both Variable Contract design and pricing, which can be expected to result

in more product variation and lower charges.

Applicants' Conditions

Applicants have consented to the following conditions:

1. A majority of each Insurance Products Fund's Board of Trustees or Directors (each, a ''Board'') will consist of persons who are not ''interested persons'' thereof, as defined by Section 2(a)(19) of the 1940 Act and the rules thereunder and as modified by any applicable orders of the Commission, except that if this condition is not met by reason of the death, disqualification, or bona fide resignation of the trustee(s) or directors(s), then the operation of this condition shall be suspended: (a) for a period of 45 days, if the vacancy or vacancies may be filled by the Board; (b) for a period of 60 days, if a vote of shareholders is required to fill the vacancy or vacancies; or (c) for such longer period as the Commission may prescribe by order upon application.

2. Each Insurance Products Fund's Board will monitor its respective fund for the existence of any material irreconcilable conflict between and among the interests of Contract Owners of all Separate Accounts and of Plan Participants investing in the respective Insurance Products Fund, and determine what action, if any, should be taken in response to such conflicts. A material irreconcilable conflict may arise for a variety of reasons, including: (a) an action by any state insurance regulatory authority; (b) a change in applicable federal or state insurance, tax, or securities laws or regulations, or a public ruling, private letter ruling, no-action or interpretive letter, or any similar action by insurance, tax, or securities regulatory authorities; (c) an administrative or judicial decision in any relevant proceeding; (d) the manner in which the investments of the Insurance Products Funds are being managed; (e) a difference in voting instructions given by variable annuity contract owners, variable life insurance contract owners and trustees of Qualified Plans; (f) a decision by a Participating Insurance Company to disregard the voting instructions of Contract Owners; or (g) if applicable, a decision by a Participating Qualified Plan (as defined below) to disregard the voting instructions of Plan Participants.

3. The Adviser (or any other investment adviser of an Insurance Products Fund), any Participating Insurance Company and any Plan that executes a fund participation agreement upon becoming an owner of 10% or more of the assets of an Insurance Products Fund (referred to herein as a ''Participating Qualified Plan'') will report any potential or existing conflicts to the Board. The Adviser, Participating Insurance Companies, and Participating Qualified Plans will be obligated to assist the appropriate Board in carrying out its responsibilities under these conditions by providing the Board with all information reasonably necessary for the Board to consider any issues raised. This responsibility includes, but is not limited to, an obligation by each Participating Insurance Company to inform the Board whenever Contract Owner voting instructions are disregarded and, if pass-through voting is applicable, an obligation by each Participating Qualified Plan to inform the Board whenever it has determined to disregard Plan Participant voting instructions. The responsibility to report such information and conflicts and to assist the Boards will be contractual obligations of all Participating Insurance Companies and Participating Qualified Plans investing in the Insurance Products Funds under their respective agreements governing participation in the Insurance Products Funds, and such agreements will provide that these responsibilities will be carried out with a view only to the interests of Contract Owners and Plan Participants, as applicable.

4. If a majority of an Insurance Products Fund's Board members, or a majority of its disinterested directors, determine that a material irreconcilable conflicts exists, the relevant Participating Insurance Companies, adviser and Participating Qualified Plans, at their expense and to the extent reasonably practicable (as determined by a majority of the disinterested directors of the fund), will take whatever steps are necessary to remedy or eliminate the material irreconcilable conflict. Such steps could include: (a) withdrawing the assets allocable to some or all of the Separate Accounts from the Insurance Products Fund or any of its series and reinvesting such assets in a different investment medium, which may include another series of the Insurance Products Fund or another Insurance Products Fund; (b) in the case of Participating Insurance Companies, submitting the question as to whether such segregation should be implemented to a vote of all affected Contract Owners and, as appropriate, segregating the assets of any appropriate group (i.e., variable annuity or variable life insurance contract owners of one or more Participating Insurance Companies) that votes in favor of such segregation, or offering to the affected Contract Owners the option of making such a change; and (c) establishing a new registered management investment company or managed separate account. If a material irreconcilable conflicts arises because of a decision by a Participating Insurance Company to disregard Contract Owner voting instructions, and this decision represents a minority position or would preclude a majority vote, the Participating Insurance Company may be required, at the election of the Insurance Products Fund, to withdraw its Separate Account's investment in such fund, or any series thereof, and no change or penalty will be imposed as a result of such withdrawal. If a material irreconcilable conflicts arises because of a Participating Qualified Plan's decision to disregard Plan Participant voting instructions, if applicable, and that decision represents a minority position or would preclude a majority vote, the Participating Qualified Plan may be required, at the election of the Insurance Products Fund, to withdraw its investment in such fund, or any series thereof, and no charge or penalty will be imposed as a result of such withdrawal. To the extent permitted by applicable law, the responsibility to take remedial action in the event of a Board determination of a material irreconcilable conflict and to bear the cost of such remedial action will be a contractual obligation of all Participating Insurance Companies and Participating Qualified Plans under their agreements governing participation in the Insurance Products Funds and these responsibilities will be carried out with a view only to the interests of the Contract Owners and Plan Participants, as applicable.

5. For purposes of Condition 4, a majority of the disinterested members of the applicable Board will determine whether or not any proposed action adequately remedies any material irreconcilable conflict, but in no event will an Insurance Products Fund or the Adviser (or any other investment adviser of an Insurance Products Fund) be required to establish a new funding medium for any Variable Contract. No Participating Insurance Company will be required by Condition 4 to establish a new funding medium for any Variable Contract if a majority of Contract Owners materially and adversely affected by the material irreconcilable conflict vote to decline such offer. No Participating Qualified Plan will be required by Condition 4 to establish a new funding medium for such plan if (a) a majority of Plan Participants materially and adversely affected by the material irreconcilable conflict vote to

decline such offer or (b) pursuant to governing Plan documents and applicable law, the Participating Qualified Plan makes such decision without Plan Participant vote.

6. A Board's determination of the existence of a material irreconcilable conflict and its implications will be made known promptly in writing to the Adviser and to all Participating Insurance Companies and all Participating Qualified Plans.

7. Participating Insurance Companies will provide pass-through voting privileges to all Contract Owners so long as the Commission continues to interpret the 1940 Act as requiring pass-through voting privileges for Contract Owners. Accordingly, Participating Insurance Companies will vote shares of Insurance Products Funds held in their Separate Accounts in a manner consistent with timely voting instructions received from Contract Owners. In addition, each Participating Insurance Company will vote shares of Insurance Products Fund held in its Separate Accounts for which it has not received timely voting instructions from Contract Owners, as well as shares which the Participating Insurance Company itself owns, in the same proportion as those shares for which it has received voting instructions. Participating Insurance Companies will be responsible for assuring that each of their Separate Accounts investing in an Insurance Products Fund calculates voting privileges in a manner consistent with the Separate Accounts of all other Participating Insurance Companies investing in that fund. The obligation to calculate voting privileges in a manner consistent with all other Separate Accounts investing in an Insurance Products Fund will be a contractual obligation of all Participating Insurance Companies under their agreements governing participation in the Insurance Products Fund. Each Participating Qualified Plan will vote as required by applicable law and governing Plan documents.

8. All reports of potential or existing conflicts received by a Board, and all Board action with regard to (a) determining the existence of a conflict, (b) notifying the Adviser and Participating Insurance Companies and Participating Qualified Plans of a conflict, and (c) determining whether any proposed action adequately remedies a conflict, will be properly recorded in the minutes of the meetings of the appropriate Board or other appropriate records. Such minutes or other records will be made available to the Commission upon request.

9. Each Insurance Products Fund will notify all Participating Insurance Companies that Separate Account prospectus disclosure regarding potential risks of mixed and shared funding may be appropriate. Due to differences in tax treatment and other considerations, each Insurance Products Fund will disclose in its prospectus that: (a) its shares are intended to be a funding vehicle for both variable annuity and variable life insurance contracts offered by various Participating Insurance Companies and for Qualified Plans; (b) material irreconcilable conflicts may arise among various Contract Owners and Plan Participants investing in the Insurance Products Fund; and (c) the Board will monitor the Insurance Products Fund for any material irreconcilable conflicts and determine what action, if any, should be taken in response to any such conflict.

10. Each Insurance Products Fund will comply with all provisions of the 1940 Act requiring voting by shareholders (which, for these purposes, will be the persons having a voting interest in shares of the Insurance Products Funds). In particular, each Insurance Products Fund either will provide for annual shareholder meetings (except insofar as the Commission may interpret Section 16 of the 1940 Act not to require such meetings) or comply with Section 16(c) of the 1940 Act (although the Insurance Products Funds are not one of the trusts described in Section 16(c) of the 1940 Act), as well as with Section 16(a) of the 1940 Act and, if and when applicable, Section 16(b) of the 1940 Act. Further, each Insurance Products Fund will act in accordance with the Commission's interpretation of the requirements of Section 16(a) with respect to periodic elections of Board members and with whatever rules the Commission may promulgate with respect thereto.

11. If and to the extent that Rule 6e–2 or Rule 6e–3(T) under the 1940 Act is amended, or Rule 6e–3 under the 1940 Act is adopted, to provide exemptive relief from any provision of the 1940 Act, or the rules promulgated thereunder with respect to mixed or shared funding, on terms and conditions materially different from any exemptions granted in the order requested in the application, then the Insurance Products Funds and/or the Participating Insurance Companies, as appropriate, will take such steps as may be necessary to comply with Rule 6e–2 or Rule 6e–3(T), as amended, or proposed rule 6e–3 as adopted, to the extent such rules are applicable.

12. The Adviser, the Participating Insurance Companies and Participating Qualified Plans, at least annually, will submit to each Board such reports, materials or data as each Board may reasonable request so that the Board may fully carry out the obligations imposed upon it by the conditions stated in the application. Such reports, materials and data will be submitted more frequently if deemed appropriate by the Board. The obligations of the Participating Insurance Companies and Participating Qualified Plans to provide these reports, materials and data upon reasonable request of a Board shall be a contractural obligation of all Participating Insurance Companies and Participating Qualified Plans under their agreements governing their participation in the Insurance Products Funds.

13. If a Plan or Plan Participant should become an owner of 10% or more of the assets of an Insurance Products Fund, such Plan or Plan Participant will execute a participation agreement with such fund which includes the conditions set forth herein to the extent applicable. A Plan or Plan Participant will execute an application containing an acknowledgment of this condition upon initial purchase of the shares of any Insurance Products Fund.

Conclusion

For the reasons summarized above, Applicants assert that the requested exemptions are appropriate in the public interest and consistent with the protection of investors and the purposes fairly intended by the policy and provisions of the 1940 Act.

For the Commission, by the Division of Investment Management, pursuant to delegated authority.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 98–15707 Filed 6–11–98; 8:45 am]

BILLING CODE 8010–01–M

SECURITIES AND EXCHANGE COMMISSION

Issuer Delisting; Notice of Application To Withdraw From Listing and Registration; (GP Strategies Corporation, Common Stock, $.01 Par Value) File No. 1–7234

June 9, 1998.

GP Strategies Corporation (''Company'') has filed an application with the Securities and Exchange Commission (''Commission''), pursuant to Section 12(d) of the Securities Exchange Act of 1934 (''Act'') and Rule 12d2–2(d) promulgated thereunder, to

withdraw the above specified security (''Security'') from listing and registration on the American Stock Exchange, Inc. (''Amex'' or ''Exchange'').

The reasons cited in the application for withdrawing the Security from listing and registration include the following:

The Security has been listed for trading on the Amex and, pursuant to Registration Statement on Form 8–A which became effective March 23, 1998, the New York Stock Exchange, Inc. (''NYSE''). Trading in the Security commenced on the NYSE on March 27, 1998, and concurrently therewith such Security was suspended from trading on the Amex. In addition, a Registration Statement on Form 8–A was filed with respect to the Preferred Stock Purchase Rights which are currently attached and do not trade separately from the Security.

The Company has complied with Amex Rule 18 by filing with the Exchange a certified copy of the resolutions adopted by the Company's Board of Directors authorizing the withdrawal of the Security from listing and registration on the Amex and by setting forth in detail to the Exchange the reasons and facts supporting the withdrawal.

In making the decision to withdraw its Security from listing and registration on the Amex, the Company believes that the NYSE offers enhanced visibility and will enable the Company to further broaden its institutional shareholder base.

By letter dated March 17, 1998, the Amex informed the Company that it had no objection to the withdrawal of the Company's Security from listing and registration on the Amex.

By reason of Section 12(b) of the Act and the rules and regulations thereunder, the Company shall continue to be obligated to file reports with the Commission and the NYSE under Section 13 of the Act.

Any interested person may, on or before June 30, 1998, submit by letter to the Secretary of the Securities and Exchange Commission, 450 Fifth Street, NW, Washington, DC 20549, facts bearing upon whether the application has been made in accordance with the rules of the Exchange and what terms, if any, should be imposed by the Commission for the protection of investors. The Commission, based on the information submitted to it, will issue an order granting the application after the date mentioned above, unless the Commission determines to order a hearing on the matter.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.

Jonathan G. Katz,

Secretary.

[FR Doc. 98–15705 Filed 6–11–98; 8:45 am]

BILLING CODE 8010–01–M

SECURITIES AND EXCHANGE COMMISSION

[Investment Company Release No. 23242; 812–10814]

Jefferson Pilot Variable Fund, Inc. and Jefferson Pilot Investment Advisory Corporation; Notice of Application

June 5, 1998.

AGENCY: Securities and Exchange Commission (''SEC'').

ACTION: Notice of application under section 6(c) of the Investment Company Act of 1940 (the ''Act'') for an exemption from section 15(a) of the Act and rule 18f–2 under the Act, and from certain disclosure requirements under the Act.

SUMMARY OF APPLICATION: Applicants request an order that would permit applicants to hire subadvisers and materially amend subadvisory agreements without shareholder approval, and would grant relief from certain disclosure requirements regarding advisory fees paid to subadvisers.

APPLICANTS: Jefferson Pilot Variable Fund, Inc. (''Fund'') (formerly Chubb America Fund, Inc.) and Jefferson-Pilot Investment Advisory Corporation (''Manager'') (formerly Chubb Investment Advisory Corporation).

FILING DATES: The application was filed on October 9, 1997, and amended on May 29, 1998. Applicants have agreed to file an additional amendment, the substance of which is incorporated in this notice, during the notice period.

HEARING OR NOTIFICATION OF HEARING: An order granting the application will be issued unless the SEC orders a hearing. Interested persons may request a hearing by writing to the SEC's Secretary and serving applicants with a copy of the request, personally or by mail. Hearing requests should be received by the SEC by 5:30 p.m. on June 30, 1998, and should be accompanied by proof of service on applicants, in the form of an affidavit or, for lawyers, a certificate of service. Hearing requests should state the nature of the writer's interest, the reason for the request, and the issues contested. Persons who wish to be notified of a hearing may request notification by writing to the SEC's Secretary.

ADDRESSES: Secretary, SEC, 450 Fifth Street, N.W., Washington, D.C. 20549. Applicants, One Granite Place, Concord, N.H. 03301.

FOR FURTHER INFORMATION CONTACT: Annmarie J. Zell, Staff Attorney, at (202) 942–0532 or Mary Kay Frech, Branch Chief, at (202) 942–0564 (Division of Investment Management, Office of Investment Company Regulation).

SUPPLEMENTARY INFORMATION: The following is a summary of the application. The complete application may be obtained for a fee at the SEC's Public Reference Branch, 450 Fifth Street, N.W., Washington, D.C. 20549 (tel. 202–942–8090).

Applicants' Representations

1. The Fund is a Maryland corporation registered under the Act as an open-end management investment company. The Fund is composed of eleven separately managed portfolios (''Portfolios''), each of which has its own investment objective, policies and restrictions.[1] The Portfolios serve as funding vehicles for variable annuity contracts (''Contracts'') and variable life insurance policies (''Policies'') offered through separate accounts (''Separate Accounts'') of Jefferson Pilot Financial Insurance Company, Jefferson Pilot LifeAmerica Insurance Company, Alexander Hamilton Life Insurance and Jefferson-Pilot Life Insurance Company. Owners of the Contracts and Policies (''Owners'') will be able to select sub-accounts of the Separate Accounts that invest in the Portfolios to fund the Contracts and Policies. Shares of the Portfolios will not be sold directly to the public, but may be sold to qualified pension plans under the Internal Revenue Code of 1986, as amended.

2. The Manager, a wholly-owned subsidiary of Jefferson-Pilot Corporation, is registered as an investment adviser under the Investment Advisers Act of 1940 (''Advisers Act''). The Manager serves as investment adviser to the Fund pursuant to an investment advisory agreement (''Management Agreement'') and is paid a fee for its services based on the value of the average daily net assets of each Portfolio.

3. Pursuant to the Management Agreement and subject to the supervision of the board of directors of the Fund (''Board''), the Manager (i) selects and contracts at its own expense with investment advisers registered under the Advisers Act (''Advisers'') to manage the purchase, retention, and disposition of the investments,

[1] Applicants also request relief with respect to future Portfolios of the Fund.

securities and cash of each Portfolio; (ii) supervises and monitors the performance of the Advisers, including their termination and replacement; and (iii) allocates a Portfolio's assets between and among its Advisers, where more than one Adviser will perform investment management services for a particular Portfolio. The Manager also provides the Portfolios with overall administrative services, generally monitors the Fund's compliance with federal and state statutes, supervises the Fund's relationship with other service providers, carries out the directives of the Board, and provides necessary office space, equipment, and personnel.

4. The Advisers serve as subadvisers to the Portfolios pursuant to separate subadvisory agreements with the Manager (''Advisory Agreements''). Subject to the general supervision and direction of the Manager, each Adviser furnishes a continuous investment program for the Portfolio it advises (or the portion for which it provides investment advice), makes investment decisions for the Portfolio, and places all orders to purchase and sell securities on behalf of the Portfolio. The Manager pays each Adviser out of the management fees received from each of the Portfolios. Currently, each Portfolio is advised by a single Adviser but, in the future, the Portfolios may be advised by two or more Advisers.

5. Applicants request an exemption from section 15(a) of the Act and rule 18f–2 under the Act to permit the Manager to enter into and make material changes to Advisory Agreements without obtaining shareholder approval. The requested relief will not extend to an Adviser that is an ''affiliated person,'' of either the Fund or the Manager, as defined in section 2(a)(3) of the Act, other than by reason of serving as an Adviser to one or more of the Portfolios (''Affiliated Adviser''). Applicants also request an exemption to permit the Portfolios to disclose (both as a dollar amount and as a percentage of a Portfolio's net assets): (a) aggregate fees paid to the Manager; and (b) aggregate fees paid to Advisers other than Affiliated Advisers (''Aggregate Fee Disclosure''). Aggregate Fee Disclosure also will include separate disclosure of any advisory fees paid to any Affiliated Adviser.

Applicants' Legal Analysis

Shareholder Voting

1. Section 15(a) of the Act makes it unlawful for any person to act as investment adviser to a registered investment company except pursuant to a written contract that has been approved by a majority of the investment company's outstanding voting securities. Rule 18f–2 under the Act provides that each series or class of stock in a series company affected by a matter must approve the matter if the Act requires shareholder approval.

2. Section 6(c) of the Act provides that the SEC may exempt any person, security, or transaction from any provision of the Act, if and to the extent that the exemption is necessary or appropriate in the public interest and consistent with the protection of investors and the purposes fairly intended by the policy and provisions of the Act. Applicants request relief under section 6(c) from section 15(a) of the Act and rule 18f–2 under the Act.

3. Applicants submit that by purchasing a Contract or Policy an Owner is indirectly hiring the Manager to manage the assets of the Portfolios by using external portfolio managers, rather than the Manager's own personnel. Applicants point out that the Fund's prospectus, on which prospective Owners rely in making their sub-account investment decisions, specifies that the Manager is principally responsible for selecting, evaluating, and terminating Advisers, and that the Manager is compensated for this service. Applicants believe that requiring Owner approval of every change of Advisers or change in an Advisory Agreement, would frustrate Owners' expectation that the Manager is to perform these duties.

4. Applicants state that relief is appropriate in the public interest because it would allow the Manager to more efficiently perform its principal functions of selecting, monitoring, and making changes in the role of Advisers by permitting the Manager to promptly replace an Adviser that is not performing its duties adequately. Applicants also submit that the relief is consistent with the protection of investors because it permits the Fund to avoid the administrative burden and expenses associated with a formal proxy solicitation, while providing adequate disclosure to investors. Applicants note that the Fund's prospectus will disclose information concerning the identity, ownership, and qualifications of the Advisers in full compliance with Form N–1A (except with respect to the Aggregate Fee Disclosure) and if a new Adviser is retained, the Manager will furnish Owners, within 60 days, all the information that would have been provided in a proxy statement (except with respect to Aggregate Fee Disclosure).

5. Applicants believe that the requested relief will continue to provide protection for prospective Owners because (i) a Portfolio will not rely on the requested order unless the operation of the Portfolio in the manner described in the application is approved by a majority of its outstanding voting securities and disclosed in the Fund's prospectus; (ii) the Manager and its selection of Advisers is subject to oversight by the Board; and (iii) the Management Agreement will remain fully subject to the requirements of section 15(a) and rule 18f–2 under the Act.

Fee Disclosure

6. Items 2, 5(b) (iii), and 16(a)(iii) of Form N–1A (and after the effective date of the amendments to Form N–1A, items 3, 6(a)(1)(ii), and 15(a)(3)), the registration statement used by open-end investment companies, require disclosure of the method and amount of the investment adviser's compensation.

7. Item 3 of Form N–14, the registration form for business combinations involving open-end investment companies, requires the inclusion of a ''table showing the current fees for the registrant and the company being acquired and pro forma fees, if different, for the registrant after giving effect of the transaction.''

8. Rule 20a–1 under the Act requires proxies solicited with respect to an investment company to comply with Schedule 14A under the Securities Exchange Act of 1934 (''Exchange Act''). Item 22(a)(3)(iv) of Schedule 14A requires a proxy statement for a shareholder meeting at which a new fee will be established or an existing fee increased to include a table of the current and pro forma fees. Items 22(c)(1)(ii), 22(c)(1)(iii), 22(c)(8), and 22(c)(9), taken together, require a proxy statement for a shareholder meeting at which the advisory contract will be voted upon to include the ''rate of compensation of the investment adviser,'' the ''aggregate amount of the investment adviser's fees,'' a description of ''the terms of the contract to be acted upon,'' and, if a change in the advisory fee is proposed, the existing and proposed fees and the difference between the two fees.

9. Form N–SAR is the semi-annual report filed with the SEC by registered investment companies. Item 48 of Form N–SAR requires investment companies to disclose the rate schedule for fees paid to investment advisers.

10. Regulation S–X specifies the requirements for financial statements required to be included as part of the investment company registration statements and shareholder reports filed with SEC. Sections 6–07(2)(a), (b) and

(c) of Regulation S–X require that investment companies include in their financial statements certain information about investment advisory fees.

11. Applicants request relief from the above disclosure requirements under section 6(c). Applicants argue that, with the information provided in the Aggregate Fee Disclosure, Owners will have adequate information to compare the management and advisory fees of the Portfolios with those of other funds. Applicants believe that, while the amount of the total fees retained by the Manager is relevant to the Owners' determination of the value of the Manager's services, the specific portion of the total fee paid to an individual adviser provides no useful information since the Owner has engaged the Manager to select, monitor, and compensate the Advisers. Applicants also believe that because most investment advisers price their services based on ''posted'' fee rates, the Manager, without the requested relief, may only be able to obtain a specific Adviser's services by paying higher fee rates than if would otherwise be able to negotiate if the rates paid were not disclosed publicly.

Applicants' Conditions

Applicants agree that the order granting the requested relief will be subject to the following conditions:

1. Before a Portfolio may rely on the requested order, the operation of the Portfolio as described in the application will be approved by a majority of its outstanding voting securities, as defined in the Act, pursuant to voting instructions provided by Owners with assets allocated to any sub-account of a registered Separate Account for which a Portfolio serves as a funding medium or, in the case of a new Portfolio whose shareholders (*i.e.,* Separate Accounts) purchased shares on the basis of a prospectus containing the disclosure contemplated by condition 2 below, by the sole initial shareholder before offering shares of that Portfolio to prospective Owners through a Separate Account.

2. The Fund will disclose in its prospectus the existence, substance, and effect of any order granted pursuant to the application. In addition, the Fund will hold itself out to the public as employing the management structure described in the application. The prospectus relating to the Fund will prominently disclosure that the Manager has ultimate responsibility to oversee Advisers and recommend their hiring, termination, and replacement.

3. Within 60 days of the hiring of any new Adviser, Owners with assets allocated to any sub-account of any registered Separate Account for which a Portfolio serves as a funding medium will be furnished all information about a new Adviser or Advisory Agreement that would be included in a proxy statement, except as modified by the order to permit Aggregate Fee Disclosure. This information will include Aggregate Fee Disclosure and any change in such disclosure caused by the addition of a new Adviser. The Manager will meet this condition by providing these Owners with an information statement meeting the requirements of Regulation 14C and Schedule 14C under the Exchange Act and item 22 of Schedule 14A under the Exchange Act.

4. The Manager will not enter into an Advisory Agreement with any Affiliated Adviser without that Advisory Agreement, including the compensation to be paid under that agreement, being approved by the Owners with assets allocated to any sub-account of a Separate Account for which the applicable Portfolio serves as a funding medium.

5. At all times, a majority of the Board will not be ''interested persons'' of the Fund as defined in section 2(a)(19) of the Act (''Independent Directors''), and the nomination of new or additional Independent Directors will continue to be at the discretion of the then existing Independent Directors.

6. When an Adviser change is proposed for a Portfolio with an Affiliated Adviser, the Board, including a majority of the Independent Directors, will make a separate finding, reflected in the Board's minutes, that the change is in the best interests of the Portfolio and Owners with assets allocated to any sub-account of a separate account for which a Portfolio serves as a funding medium and does not involve a conflict of interest from which the Manager or the Affiliated Adviser derives an inappropriate advantage.

7. Independent counsel knowledgeable about the Act and the duties of Independent Directors will be engaged to represent the Independent Directors of the Fund. The selection of such counsel will be within the discretion of the Independent Directors.

8. The Manager will provide the Board, no less frequently than quarterly, with information about the Manager's profitability on a per-Portfolio basis. This information will reflect the impact on profitability of the hiring or termination of any Adviser during the applicable quarter.

9. Whenever an Adviser is hired or terminated, the Manager will provide the Board information showing the expected impact on the Manager's profitability.

10. The Manager will provide general management services to the Fund and its Portfolios, including overall supervisory responsibility for the general management and investment of each Portfolio's securities portfolio, and, subject to review and approval by the Board, will: (i) set each Portfolio's overall investment strategies; (ii) select Advisers; (iii) allocate and, when appropriate, reallocate a Portfolio's assets among multiple Advisers; (iv) monitor and evaluate the performance of Advisers; and (v) implement procedures reasonably designed to ensure that the Advisers comply with the Portfolio's investment objective, policies, and restrictions.

11. No director or officer of the Fund or director or officer of the Manager will own directly or indirectly (other than through a pooled investment vehicle that is not controlled by that director or officer) any interest in an Adviser, except for: (i) ownership of interests in the Manager or any entity that controls, is controlled by, or is under common control with the Manager; or (ii) ownership of less than 1% of the outstanding securities of any class of equity or debt of a publicly traded company that is either an Adviser or an entity that controls, is controlled by, or is under common control with an Adviser.

12. The Fund will disclose in its registration statement the Aggregate Fee Disclosure.

For the SEC, by the Division of Investment Management, under delegated authority.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 98–15631 Filed 6–11–98; 8:45 am]

BILLING CODE 8010–01–M

SECURITIES AND EXCHANGE COMMISSION

[Rel. No. IC–23241; File No. 812–10948]

PFL Endeavor Target Account, et al.; Notice of Application

June 5, 1998.

AGENCY: Securities and Exchange Commission (the ''SEC'' or the ''Commission'').

ACTION: Notice of application for an order pursuant to Section 6(c) of the Investment Company Act of 1940 (the ''1940 Act'').

SUMMARY OF APPLICATION: The Applicants seek an order pursuant to Section 6(c) of the 1940 Act exempting the Applicants and future separate

accounts of PFL or its affiliated insurance companies that support materially similar subaccounts from Section 12(d)(3) of the 1940 Act to the extent necessary to permit the Target 10 Subaccount to invest up to 10% and the Target 5 Subaccount to invest up to 20% of their (or, if there is more than one Portfolio thereunder, of the applicable Portfolio's) respective total assets in securities of issuers that derive more than 15% of their gross revenues in their most recent fiscal year from securities related activities.

APPLICANTS: PFL Endeavor Target Account (the ''Target Account'') and PFL Life Insurance Company (''PFL'') (together, the ''Applicants'').

FILING DATE: The application was filed on January 2, 1998, and amended and restated on April 1, 1998, and June 5, 1998.

HEARING OR NOTIFICATION OF HEARING: An order granting the application will be issued unless the Commission orders a hearing. Interested persons may request a hearing on this application by writing to the Secretary of the SEC and serving Applicants with a copy of the request, in person or by mail. Hearing requests must be received by the Commission by 5:30 p.m. on June 30, 1998, and accompanied by proof of service on the Applicants in the form of an affidavit or, for lawyers, a certificate of service. Hearing requests should state the nature of the requester's interest, the reason for the request and the issues contested. Persons who wish to be notified of a hearing may request notification by writing to the Secretary of the SEC.

ADDRESSES: Secretary, SEC, 450 Fifth Street, N.W., Washington, D.C. 20549. Applicant, c/o PFL Life Insurance Company, 4333 Edgewood Road, N.E., Cedar Rapids, Iowa 53499.

FOR FURTHER INFORMATION CONTACT: Megan L. Dunphy, Attorney, or Mark Amorosi, Branch Chief, Office of Insurance Products, Division of Investment Management, at (202) 942–0670.

SUPPLEMENTARY INFORMATION: Following is a summary of the application. The complete application is available for a fee from the Public Reference Branch of the SEC, 450 Fifth Street, N.W., Washington, D.C. 20549 (tel. (202) 942–8090).

Applicant's Representations

1. The Target Account is a separate account of PFL and is registered with the Commission as an open-end management investment company. The Target Account is currently divided into two non-diversified subaccounts, the DJIA Target 10 Subaccount and the DJIA Target 5 Subaccount (each a ''Subaccount'' and together, the ''Subaccounts''). Additional subaccounts may be established in the future at the discretion of PFL.

2. PFL, a stock life insurance company, is incorporated under the name NN Investors Life Insurance Company, Inc., pursuant to Iowa law. PFL is principally engaged in the sale of life insurance and annuity policies, and is licensed in the District of Columbia, Guam, and in all states except New York. PFL is a wholly-owned indirect subsidiary of AEGON, USA, Inc., which is indirectly owned by AEGON n.v. of the Netherlands.

3. The investments and administration of each Subaccount are under the direction of the Target Account's Board of Managers. Endeavor Investment Advisers (the ''Manager'') performs administerial and managerial functions for the Target Account. First Trust Advisers L.P. (the ''Adviser''), the Target Account's investment adviser, is responsible for selecting the investments of each Subaccount consistent with the investment objectives and policies of that Subaccount, and will conduct securities trading for the Subaccounts.

4. The DJIA Target 10 Subaccount will invest approximately 10% of its (or, if there is more than one Portfolio thereunder, of the applicable Portfolio's) total assets in the common stock of each of the ten companies in the Dow Jones Industrial Average (the ''DJIA'') that have the highest dividend yield as of each specified Stock Selection Date.

5. The DJIA Target 5 Subaccount will invest approximately 20% of its (or, if there is more than one Portfolio thereunder, of the applicable Portfolio's) total assets in the common stock of each of the five companies with the lowest per share stock price of the ten companies in the DJIA that have the highest dividend yield as of each specified Stock Selection Date.

6. The DJIA comprises thirty stocks chosen by the editors of The Wall Street Journal. The DJIA is the property of the Dow Jones & Company, Inc., which is not affiliated with any Subaccount or PFL and does not participate in any way in the creation of any Subaccount or the selection of its stocks.

7. Applicants state that the objective of each Subaccount is to provide an above-average total return through a combination of dividend income and capital appreciation. On a Stock Selection Date specified in the prospectus, each Subaccount will invest, in substantially equal amounts, in the common stock of the companies meeting each Subaccount's investment criteria (as held in a Subaccount, such common stock is referred to as the ''Common Shares''). Each Subaccount may have different investment portfolios (each a ''Portfolio'') running simultaneously for different 12-month periods. For example, within the DJIA Target 10 Subaccount there may be more than one Portfolio, each with a different Stock Selection Date. A percentage relationship among the number of Common Shares in a Portfolio will be established as of that Stock Selection Date. When funds are deposited into or withdrawn from the Portfolio during the year, Common Shares will be purchased or sold, as appropriate, to duplicate, as nearly as practicable, the percentage relationship of the number of Common Shares established at the initial purchase. Applicants state that the percentage relationship among the number of Common Shares in the Portfolio therefore should remain stable (until the next Stock Selection Date).

8. Applicants state that, as of each Annual Stock Selection Date (i.e., the last Business Day of the 12-month period following each Stock Selection Date), a new percentage relationship will be established among the number of Common Shares for each Portfolio on such date. Common Shares may be sold or new equity securities bought so that the Portfolio is equally invested in the common stock of each company meeting the Subaccount's investment criteria. Thus, the Portfolio may or may not hold equity securities of the same companies as the previous year. Purchases or sales of Common Shares during the year will duplicate, as nearly as practicable, the percentage relationship among the number of Common Shares in the Portfolios as of the Annual Stock Selection Date.

9. Section 817(h) of the Internal Revenue Code of 1986, as amended (the ''Code''), provides that in order for a variable contract which is based on a segregated asset account to qualify as an annuity contract under the Code, the investments made by such account must be ''adequately diversified'' in accordance with Treasury regulations. The Treasury regulations issued under Section 817(h) (Treas. Reg. § 1.817–5) apply a diversification requirement to each of the Subaccounts and any Portfolios thereunder (''Section 817(h) diversification requirements''). To qualify as ''adequately diversified,'' each Subaccount and any Portfolio thereunder must have: (i) No more than 55% of the value of its total assets represented by any one investment; (ii) no more than 70% of the value of its total assets represented by any two

investments; (iii) no more than 80% of the value of its total assets represented by any three investments; and (iv) no more than 90% of the value of its total assets represented by any four investments.

10. Applicants state that the Target Account, through the Subaccounts and any Portfolios thereunder, intends to comply with the Section 817(h) diversification requirements. PFL has entered into an agreement with the Manager, who in turn, has entered into a contract with the Adviser that requires the Subaccounts and any Portfolios thereunder to be operated in compliance with the Treasury regulations. Therefore, the Adviser may depart from a Subaccount's or Portfolio's investment strategy, if necessary, in order to meet these Section 817(h) diversification requirements.

11. Applicants represent that, except in order to meet Section 817(h) diversification requirements, the Common Shares purchased for each Subaccount and any Portfolios thereunder will be chosen solely according to the formula described in the application and summarized in this notice, and will not be based on the research opinions or buy or sell recommendations of the Adviser. During each year, the Adviser will invest premiums received in additional Common Shares or arrange sales of Common Shares (e.g., to meet redemption or transfer requests) so that the original proportionate relationship among the number of shares of each stock in the Portfolio established at the beginning of the relevant 12-month period is maintained, to the extent practicable. The Adviser has no discretion as to which Common Shares are purchased. Securities purchased for each of the Subaccounts and any Portfolios thereunder may include securities of issuers in the DJIA that derived more than fifteen percent of their gross revenues in their most recent fiscal year from securities related activities.

Applicants' Legal Analysis

1. Section 12(d)(3) of the 1940 Act, with limited exceptions, prohibits an investment company from acquiring any security issued by any person who is a broker, dealer, underwriter or investment adviser. Rule 12d3–1 under the 1940 Act exempts purchases by an investment company of securities of an issuer (except its own investment adviser, promoter or principal underwriter or their affiliates) that derived more than fifteen percent of its gross revenues in its most recent fiscal year from securities related activities, provided that, among other things, immediately after such acquisition, the acquiring company has invested not more than five percent of the value of its total assets in securities of the issuer.

2. Section 6(c) of the 1940 Act provides that the Commission may exempt any person, transaction, or class of transactions from any provisions of the 1940 Act or any rule thereunder, if and to the extent that the exemption is necessary or appropriate in the public interest and consistent with the protection of investors and the purposes fairly intended by the policy and provisions of the 1940 Act.

3. Applicants request that the Commission exempt the Target Account from the provisions of Section 12(d)(3) in order to permit the DJIA Target 10 Subaccount (and any Portfolio thereunder) to acquire securities of an issuer that derives more than 15% of its gross revenues from securities related activities, provided that (i) those securities are included in the DJIA as of the applicable specified Stock Selection Date, (ii) they represent one of the ten companies in the DJIA that have the highest dividend yield as of the applicable specified Stock Selection Date, and (iii) as of the first business day after the applicable specified Stock Selection Date, the value of the Common Shares of each securities related issuer represents approximately 10%, but in no event more than 10.5%, of the value of the DJIA Target 10 Subaccount's (or, if there is more than one Portfolio thereunder, of the applicable Portfolio's) total. Applicants state that the use of the term ''approximately'' is intended to allow for such deviation from a precise 10% as to permit the purchase of round lots of 50 to 100 shares of stock. The 10.5% standard will be based on the prices of the Common Shares as of the close of business on the Stock Selection Date.

4. The Applicants further request that the Commission exempt the Target Account from the provisions of Section 12(d)(3) in order to permit the DJIA Target 5 Subaccount (and any Portfolio thereunder) to acquire securities of an issuer that derives more than 15% of its gross revenues from securities related activities, provided that (i) those securities are included in the DJIA as of the applicable specified Stock Selection Date, (ii) they represent one of the five companies with the lowest dollar per share stock price of the ten companies in the DJIA that have the highest dividend yield as of the applicable specified Stock Selection Date, and (iii) as of the first business day after the applicable specified Stock Selection Date, the value of the Common Shares of each securities related issuer represents approximately 20%, but in no event more than 20.5%, of the value of the DJIA Target 5 Subaccount's (of, if there is more than one Portfolio thereunder, of the applicable Portfolio's) total assets. Applicants state that the use of the term ''approximately'' is intended to allow for such deviation from a precise 20% as to permit the purchase of round lots of 50 or 100 shares of stock. The 20.5% standard will be based on the prices of the Common Shares as of the close of business on the Stock Selection Date.

5. The Target Account and each Subaccount and any Portfolio thereunder undertake to comply with all of the requirements of Rule 12d3–1, except the condition prohibiting an investment company from investing more than 5% of the value of its total assets in securities of a securities related issuer.

6. Applicants represent that Section 12(d)(3) was intended: (i) to prevent investment companies from exposing their assets to the entrepreneurial risks of securities related businesses; (ii) to prevent potential conflicts of interest; (iii) to eliminate certain reciprocal practices between investment companies and securities related businesses; and (iv) to ensure that investment companies maintain adequate liquidity in their portfolios.

7. A potential conflict could occur if an investment company purchased securities or other interests in a broker-dealer to reward that broker-dealer for selling fund shares, rather than solely on investment merit. Applicants maintain that this concern does not arise in this situation since neither the Adviser nor any Subaccount has discretion in choosing the Common Shares or amount purchased. The stock must first be included in the DJIA (which is unaffiliated with the Applicants, and Subaccount, the Adviser, the Manager or PFL). In addition, the security must also qualify as one of the ten companies in the DJIA that has the highest dividend yield as of the applicable specified Stock Selection Date, and with respect to the DJIA Target 5 Subaccount, the security must also qualify as one of the five companies with the lowest per share stock price of the ten companies in the DJIA that have the highest dividend yield as of the applicable specified Stock Selection Date.

8. Applicants state that prior Section 12(d)(3) relief has been granted to applicants which were unit investment trusts with no discretion to choose the portfolio securities or the amount purchased, but when discretion to sell

portfolio securities to the extent necessary to meet redemptions. The Target Account, however, is a managed investment company issuing variable annuities and, as such, will continually accept new premiums which it must continue to invest; it is not a unit investment trust with a fixed number of units outstanding. The Adviser is obligated to follow the investment formula described in the application and summarized in this notice as nearly as practicable, and therefore, for new investments during a year the 10% ratio for the DJIA Target 10 Subaccount and any Portfolios thereunder and the 20% ratio for the DJIA Target 5 Subaccount and any Portfolios thereunder will be based on the ratios of the number of shares established at the beginning of each year rather than the value of the stocks. Securities for each Subaccount and any Portfolio thereunder will be chosen with respect to specified formulas for each Subaccount or Portfolio and not in the Adviser's discretion.

9. The Adviser is permitted to deviate from the respective formula for a Subaccount or Portfolio where circumstances are such that the investment of a particular Subaccount or Portfolio would fail to meet the 817(h) diversification requirements and would thus cause the annuity contracts to fail to qualify as an annuity contract under the Code. Applicants maintain that, in such a situation, the Adviser must be permitted to deviate from a Subaccount's or Portfolio's investment strategy, but only in order to meet the 817(h) diversification requirements and then only to the extent necessary to do so. Applicants state that this limited discretion does not raise the concerns that Section 12(d)(3) is designed to prevent.

10. Applicants represent that the liquidity of a Subaccount's portfolio is not a concern here since the shares of common stock selected are each included in the DJIA, listed on the New York Stock Exchange and are among the most actively traded securities in the United States.

11. Applicants also represent that the effect of a Subaccount's purchase on the stock of parents of broker-dealers would be de minimis. The common stocks of securities related issuers represented in the DJIA are widely held and have active markets, and potential purchases by a Subaccount would represent an insignificant amount of the outstanding common stock and the trading volume of any of those issuers.

12. Applicants state that a potential conflict of interest could occur if broker-dealers are influenced to recommend certain investment company funds which invest in the stock of the broker-dealer or any of its affiliates. Because of the large market capitalization of the DJIA issuers and the small portion of these issuers' common stock and trading volume that would be purchased by a Subaccount, however, Applicants find that it is extremely unlikely that any advice offered by a broker-dealer to a customer as to which investment company to invest in would be influenced by the possibility that the Target Account would be invested in the broker-dealer or parent thereof.

13. Finally, Applicants state that another potential conflict of interest could occur if an investment company directed brokerage to an affiliated broker-dealer in which the company has invested to enhance the broker-dealer's profitability or to assist it during financial difficulty, even though that broker-dealer may not offer the best price and execution. To preclude this type of conflict, Applicants and each Subaccount agree, as a condition of the application, that no company held in a Subaccount portfolio, nor any affiliate of such company, will act as broker for any Subaccount in the purchase or sale of any security for its portfolio.

14. Applicants seek relief not only with respect to the Target Account and the Subaccounts described in the application, but also with respect to other separate accounts of PFL or its affiliated insurance companies hereinafter created that support materially similar subaccounts (''Future Accounts''). Applicants represent that the terms of relief requested with respect to Future Accounts are consistent with the standards set forth in Section 6(c) of the 1940 Act.

Applicants' Conditions

The Applicants agree to the following conditions:

1. The Common Shares are included in the DJIA as of the applicable specified Stock Selection Date;

2. The Common Shares represent one of the ten companies in the DJIA that have the highest dividend yield as of the applicable specified Stock Selection Date;

3. With respect to the DJIA Target 5 Subaccount, the Common Shares represent one of the five companies with the lowest dollar per share stock price of the ten companies in the DJIA that have the highest dividend yield as of the applicable specified Stock Selection Date;

4. With respect to the DJIA Target 10 Subaccount and any Portfolios thereunder, at the beginning of each year, the value of the Common Shares of each securities related issuer represents approximately 10% of the value of the DJIA Target 10 Subaccount's (or, if there is more than one Portfolio thereunder, of the applicable Portfolio's) total assets, but in no event more than 10.5% of the value of the DJIA Target 10 Subaccount's (or, if there is more than one Portfolio thereunder, of the applicable Portfolio's) total assets on the first business day after each Stock Selection Date;

5. With respect to the DJIA Target 5 Subaccount and any Portfolios thereunder, at the beginning of each year, the value of the Common Shares of each securities related issuer represents approximately 20% of the value of the DJIA Target 5 Subaccount's (or, of there is more than one Portfolio thereunder, of the applicable Portfolio's) total assets, but in no event more than 20.5% of the value of the DJIA Target 5 Subaccount's (or, if there is more than one Portfolio thereunder, of the applicable Portfolio's) total assets on the first business day after each Stock Selection Date; and

6. No company whose stock is held in any Subaccount or Portfolio, nor any affiliate thereof, will act as broker for any Subaccount or Portfolio in the purchase or sale of any security for the Subaccount or Portfolio.

Conclusion

For the reasons summarized above, Applicants assert that the requested exemptions are appropriate in the public interest and consistent with the protection of investors and the purposes fairly intended by the policy and provisions of the 1940 Act.

For the Commission, by the Division of Investment Management, pursuant to delegated authority.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 98–15632 Filed 6–11–98; 8:45 am]

BILLING CODE 8010–01–M

SECURITIES AND EXCHANGE COMMISSION

[Release No. 35—26882]

Filings Under the Public Utility Holding Company Act of 1935, as Amended (''Act'')

June 5, 1998.

Notice is hereby given that the following filing(s) has/have been made with the Commission pursuant to provisions of the Act and rules promulgated under the Act. All interested persons are referred to the application(s) and/or declaration(s) for

complete statements of the proposed transaction(s) summarized below. The application(s) and/or declaration(s) and any amendments is/are available for public inspection through the Commission's Office of Public Reference.

Interested persons wishing to comment or request a hearing on the application(s) and/or declaration(s) should submit their views in writing by June 29, 1998, to the Secretary, Securities and Exchange Commission, Washington, D.C. 20549, and serve a copy on the relevant applicant(s) and/or declarant(s) at the address(es) specified below. Proof of service (by affidavit or, in case of an attorney at law, by certificate) should be filed with the request. Any request for hearing should identify specifically the issues of fact or law that are disputed. A person who so requests will be notified of any hearing, if ordered, and will receive a copy of any notice or order issued in the matter. After June 29, 1998, the application(s) and /or declaration(s), as filed or as amended, may be granted and/or permitted to become effective.

PP&L Resources, Inc. (70–9165)

PP&L Resources, Inc. (''Resources''), Two North Ninth Street, Allentown, Pennsylvania 18101, a holding company exempt by order under section 3(a)(1) of the Act, has filed an application under sections 9(a)(2) and 10 of the Act for an order authorizing it to acquire all of the issued and outstanding common stock of Penn Fuel Gas, Inc. (''PFG''), a holding company exempt by order under section 3(a)(1) of the Act (''Transaction''). Resources also requests an order under section 3(a)(1) exempting it and all of its subsidiary companies from all provisions of the Act, except section 9(a)(2), after the Transaction is completed.

Resources is the parent holding company of PP&L, Inc. (''PP&L''). PP&L provides electric service to approximately 1.2 million customers in its retail service territory in Pennsylvania at retail rates. Additionally, PP&L sells electricity at retail throughout Pennsylvania under the state's retail access pilot programs. Finally, PP&L markets wholesale electric power throughout the eastern United States. PP&L operates its generation and transmission facilities as part of the Pennsylvania-New Jersey-Maryland Interconnection Association. PP&L is subject to regulation by the Pennsylvania Public Utility Commission (''PaPUC'') with respect to retail electric rates and other matters.

PP&L also is a holding company exempt from regulation under the Act under section 3(a)(2). PP&L owns 33.3% of the capital stock and 50% of the voting stock of Safe Harbor Water Power Corporation (''Safe Harbor''), which owns and operates a hydroelectric plant on the Susquehanna River in south central Pennsylvania. The entire output of the plant is sold to PP&L and Baltimore Gas & Electric, which owns the balance of the Safe Harbor capital and voting stock.

Resources has several nonutility subsidiaries. One subsidiary, PP&L Global invests in electric generation, transmission and distribution facilities both overseas and domestically.[1] Another subsidiary, PP&L Spectrum, Inc., provides energy-related products and services both inside and outside of PP&L's service territory. A third subsidiary, Interstate Energy Company, operates oil and gas pipeline facilities that supply fuel to a PP&L generating station. Two subsidiaries, Realty Company of Pennsylvania and BDW Corporation, own real estate and other interests related to the operation of PP&L's generating stations. One subsidiary, PP&L Capital Funding, Inc., engages in debt financing activities on behalf of Resources. Another subsidiary, CEPT Group, Inc., holds passive investments in securities for investment purposes.

For the year ended December 31, 1997, Resource's operating revenues on a consolidated basis were approximately $3.049 billion, of which approximately $90 million was attributable to nonutility activities. Resources' consolidated assets at December 31, 1997 were approximately $10.0 billion, of which approximately $6.8 billion consisted of net electric plant and equipment.

PFG owns two utility subsidiaries, PFG Gas, Inc. (''PFG Gas'') and North Penn Gas Company (''NPG''). PFG Gas provides natural gas distribution service to approximately 35,000 customers in Pennsylvania and to approximately 200 customers in Maryland. NPG provides natural gas distribution service to approximately 34,500 customers in Pennsylvania. PFG Gas and NPG also each provide natural gas transportation and storage services in Pennsylvania.

PFG Gas and North Penn are each subject to regulation by the PaPUC with respect to rates and other matters. In addition, PFG Gas is subject to the jurisdiction of the Maryland Public Service Commission with respect to rates and other matters for its utility business conducted in that state.

[1] Each of the entities invested in by PP&L Global, Inc. is either an exempt wholesale generator or a foreign utility company under the Act.

For the year ended December 31, 1997, PFG's operating revenues on a consolidated basis were approximately $119 million, of which approximately $106 million were attributable to its gas utility operations. Consolidated assets PFG and its subsidiaries as of December 31, 1997, were approximately $150 million. PFG has no nonutility subsidiaries.

The Transaction will be governed by the terms of a June 26, 1997 Agreement and Plan of Merger (''Agreement'') by and among Resources, Keystone Merger Corp. (''Keystone''), a wholly owned subsidiary of Resources, and PFG. Keystone was organized solely for the purpose of the Transaction and is not engaged in any business operations. Under the terms of the Agreement, Keystone will be merged into PFG and PFG will survive as a wholly owned subsidiary of Resources. Each share of PFG common stock outstanding prior to the Transaction will be converted into the right to receive between 6.968 and 8.516 shares of Resources common stock, depending on the market price of Resources common stock at the time of closing. PFG common stock shareholders will become Resources common stock shareholders, and Resources will become the sole holder of all outstanding PFG common stock.

In addition to its common stock, PFG has issued $1.40 cumulative preferred stock (''PFG Preferred''). PFG has undertaken to redeem shares of the PFG Preferred in accordance with its terms. PFG Preferred shareholders will receive either the redemption price or the right to receive between 0.682 and 0.833 shares of Resources common stock, depending on the market price of Resources common stock at the time of closing.

Following the Transaction, Resources and each of its public utility subsidiaries will be organized in Pennsylvania. Resources contends that it will quality for a section 3(a)(1) exemption upon consummation of the Transaction. In addition, Resources states that, following the Transaction, PP&L will continue to meet the requirements for exemption under section 3(a)(2), and PFG will continue to meet the requirements for an exemption under section 3(a)(1).

For the Commission, by the Division of Investment Management, under delegated authority.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 98–15633 Filed 6–11–98; 8:45 am]

BILLING CODE 8010–01–M

SECURITIES AND EXCHANGE COMMISSION

Sunshine Act Meeting

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 June 15, 1998.

An open meeting will be held on Tuesday, June 16, 1998, at 10:00 a.m.

A closed meeting will be held on Wednesday, June 17, 1998, at 10:00 a.m.

Commissioners, Counsel to the Commissioners, the Secretary to the Commission, and recording secretaries will attend the closed meeting. 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)(4), (8), (9)(A) and (10) and 17 CFR 200.402(a)(4), (8), (9)(i) and (10), permit consideration of the scheduled matters at the closed meeting.

Commissioner Hunt, as duty officer, voted to consider the items listed for the closed meeting in a closed session.

The open meeting scheduled for Tuesday, June 16, 1998, at 10:00 a.m., will be:

The Commission will hear closing argument in the hearing on the applications of the Chicago Board of Trade to trade futures and related options contracts on the Dow Jones Utilities Average and the Dow Jones Transportation Average Indices. For further information, contact John A. Zecca at (202) 942–0967.

The subject matter of the closed meeting scheduled for Wednesday, June 17, 1998, at 10:00 a.m., will be:

Institution and settlement of injunctive actions.

Institution and settlement of administrative proceedings of an enforcement nature.

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) 942–7070.

Dated: June 8, 1998.

Jonathan G. Katz,

Secretary.

[FR Doc. 98–15779 Filed 6–9–98; 4:44 pm]

BILLING CODE 8010–01–M

SMALL BUSINESS ADMINISTRATION

Data Collection Available for Public Comments and Recommendations

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice announces the Small Business Administration's intentions to request approval on a new, and/or currently approved information collection.

DATES: Comments should be submitted on or before August 11, 1998.

FOR FURTHER INFORMATION CONTACT: Curtis B. Rich, Management Analyst, Small Business Administration, 409 3rd Street, S. W., Suite 5000, Washington, D.C. 20416. Phone Number: 202–205–6629.

SUPPLEMENTARY INFORMATION:

Title: ''Transaction Report on Loans Serviced by Lenders''.

Type of Request: Extension of a currently approved collection.

Form No: 172.

Description of Respondents: Small Business Administration Participating Lenders.

Annual Responses: 3,865.

Annual Burden: 24,154.

Comments: Send all comments regarding this information collection to Raymond Baca, Chief, Office of Programmatic Accounting Group, Small Business Administration, 721 19th Street, Suite 426, Denver, CO 80202. Phone No:303–844–3985.

Send comments regarding whether this information collection is necessary for the proper performance of the function of the agency, accuracy of burden estimate, in addition to ways to minimize this estimate, and ways to enhance the quality.

Title: ''Disclosure Statement''.

Type of Request: Extension of a currently approved collection.

Form No: 856.

Description of Respondents: Small Business Investment Companies.

Annual Responses: 200.

Annual Burden: 200.

Comments: Send all comments regarding this information collection to Cathy Fields, Program Analyst, Office of SBIC Examination, Small Business Administration, 409 3rd Street, S.W., Suite 6300, Washington D.C. 20416. Phone No: 202–205–6512. Send comments regarding whether this information collection is necessary for the proper performance of the function of the agency, accuracy of burden estimate, in addition to ways to minimize this estimate, and ways to enhance the quality.

Title: ''Candidate for Appointment to SBA Advisory Councils and Nomination for Small Business Person of the Year''.

Type of Request: Extension of a currently approved collection.

Form No: 898.

Description of Respondents: Individuals Seeking Appointment to SBA Advisory Councils.

Annual Responses: 700.

Annual Burden: 93.

Comments: Send all comments regarding this information collection to Valerie Tolson, Staff Assistance, Office of National Advisory Counsel, Small Business Administration, 409 3rd Street, S.W., Suite 7450, Washington D.C. 20416. Phone No: 202–205–6434. Send comments regarding whether this information collection is necessary for the proper performance of the function of the agency, accuracy of burden estimate, in addition to ways to minimize this estimate, and ways to enhance the quality.

Title: ''Disaster Survey Worksheet''.

Type of Request: Extension of a currently approved collection.

Form No: 987.

Description of Respondents: Individuals Businesses and Public Officials within an area requesting a Disaster Declaration.

Annual Responses: 40,000.

Annual Burden: 332.

Comments: Send all comments regarding this information collection to Bridget Dusenbury, Administrative Officer, Office of Disaster Assistance, Small Business Administration, 409 3rd Street, S.W., Suite 6050, Washington D.C. 20416. Phone No: 202–205–6734. Send comments regarding whether this information collection is necessary for the proper performance of the function of the agency, accuracy of burden estimate, in addition to ways to minimize this estimate, and ways to enhance the quality.

Jacqueline White,

Chief, Administrative Information Branch.

[FR Doc. 98–15623 Filed 6–11–98; 8:45 am]

BILLING CODE 8025–01–P

SMALL BUSINESS ADMINISTRATION

Bay Partners SBIC II, L.P. (License No. 09/79–0415); Notice of Issuance of a Small Business Investment Company License

On December 22, 1997, an application was filed by Bay Partners SBIC II, L.P. at 10600 N. De Anza Boulevard, Suite 100, Cupertino, California 95014, with the Small Business Administration (SBA) pursuant to Section 107.300 of the Regulations governing small

business investment companies (13 CFR 107.300 (1997)) for a license to operate as a small business investment company.

Notice is hereby given that, pursuant to Section 301(c) of the Small Business Investment Act of 1958, as amended, after having considered the application and all other pertinent information, SBA issued License No. 09/79–0415 on May 4, 1998, to Bay Partners SBIC II, L.P. to operate as a small business investment company.

(Catalog of Federal Domestic Assistance Program No. 59.011, Small Business Investment Companies)

Dated: May 8, 1998.

Harry E. Haskins,

Acting Associate Administrator for Investment.

[FR Doc. 98–15611 Filed 6–11–98; 8:45 am]

BILLING CODE 8025–11–P

SOCIAL SECURITY ADMINISTRATION

Statement of Organization, Functions and Delegations of Authority

This statement amends Part S of the Statement of the Organization, Functions and Delegations of Authority which covers the Social Security Administration (SSA). Chapter S2 covers the Deputy Commissioner, Operations. Notice is given that Subchapter S2B, the Office of Central Records Operations, and Subchapter S2H, the Office of Disability and International Operations, are being deleted. Notice is further given that a new Subchapter S2R, the Office of Central Operations (OCO) is being established to supplant the two deleted organizations. Because of numerous editorial changes in the functional statements in the Immediate Office of the Deputy Commissioner, that opening chapter statement is being reissued. The following Chapter and Subchapters reflect these changes:

Chapter S2

Office of the Deputy Commissioner, Operations

S2.00 Mission
S2.10 Organization
S2.20 Functions

Section S2.00 The Office of the Deputy Commissioner, Operations—(Mission):

The Office of the Deputy Commissioner, Operations (ODCO) directs and manages central office and geographically dispersed operations installations. It oversees regional operating program, technical, assessment and program management activities. It directs studies and actions to improve the operational effectiveness and efficiency of its components. It promotes systems and operational integration and defines user needs in the strategic planning process. It determines automation support needs for Operations components. This Office defines user concerns in the development of operational and programmatic specifications for new and modified systems, including the evaluation and implementation phases.

Section S2.10 The Office of the Deputy Commissioner, Operations—(Organization):

The Office of the Deputy Commissioner, Operations, under the leadership of the Deputy Commissioner, Operations, includes:

A. The Deputy Commissioner, Operations (S2).

B. The Assistant Deputy Commissioner, Operations (S2).

C. The Immediate Office of the Deputy Commissioner, Operations (S2A).

1. The Senior Advisor to the Deputy Commissioner, Operations (S2A–2).

D. The Office of Central Operations (S2R).

E. The Office of the Regional Commissioner (S2D).

F. The Office of Public Service and Operations Support (S2N).

G. The Office of Telephone Services (S2Q).

H. The Office of Automation Support (S2L).

Section S2.20 The Office of the Deputy Commissioner, Operations—(Functions):

A. The Deputy Commissioner, Operations (S2) is directly responsible to the Commissioner for carrying out the ODCO mission and providing general supervision to the major components of ODCO.

B. The Assistant Deputy Commissioner Operations (S2) assists the Deputy Commissioner in carrying out his/her responsibilities and performs other duties as the Deputy Commissioner may prescribe.

C. The Immediate Office of the Deputy Commissioner, Operations (S2A) provides the Deputy Commissioner with staff assistance on the full range of his/her responsibilities.

1. The Senior Advisor to the Deputy Commissioner, Operations (S2A–2) assists the Deputy Commissioner on a wide variety of special management issues affecting Agency operations and the delivery of SSA programs to the public.

D. The Office of Central Operations (OCO) (S2R) provides executive direction and leadership for the nationwide establishment and maintenance of basic records supporting Social Security programs, foreign claims operations and OCO disability operations. It manages centralized records operations and a stand alone data operations center (DOC). The Office receives and processes Social Security earnings reports from private and governmental employers and adjustments or corrections to posted earnings. The Office maintains Social Security enumeration and earnings records in various media and conducts an ongoing data exchange with the Treasury Department to compile and verify individual earnings data. It directs the OCO processing of claims under disability benefits programs and maintains beneficiary rolls. It directs the OCO initial adjudication and reconsideration of disability claims excluded from State agency jurisdiction and directs the OCO authorization of disability and auxiliary claims not authorized by Field Offices (FOs) at the initial, reconsideration and appeal levels. It determines whether and when eligibility or payments should be terminated, suspended, continued, increased or reduced in amount. It recovers or waives recovery of amounts incorrectly paid to beneficiaries. It directs the development, adjudication and authorization of payment or disallowance of claims for Retirement, Survivors and Disability Insurance (RSDI) benefits filed by persons in foreign countries; determines eligibility for Medicare on related claims; and determines entitlement to benefits based on international Social Security agreements. It serves as liaison on operational issues which affect the administration of the United States Social Security program abroad, with the Department of State, other Federal agencies, agencies of foreign governments and private organizations.

E. The Office of the Regional Commissioner (ORC) (S2D). An Office of the Regional Commissioner serves as the principal SSA component in each of SSA's ten regions. Each ORC ensures effective SSA interaction with other Federal agencies, State welfare agencies, State disability determination services (DDSs) and other regional and local organizations. The Office provides regional program leadership and technical direction for the RSDI and the Supplemental Security Income (SSI) programs. It issues regional supplementary operating policy and procedures for these programs. It directs a region-wide network of FOs, teleservice centers (TSCs) and, in each

of the six regions where present, a Program Service Center (PSC). The Office manages and coordinates SSA regional operations. It provides overall management direction for the provision of personnel services and administrative support to SSA regional components. It establishes regional priorities and issues policy directives consistent with national program objectives, operational requirements and systems; and implements a regional SSA public affairs program. Each Office maintains a broad overview of administrative operations of the SSA RO, the Office of Hearings and Appeals (OHA) offices in the region and, in region 3, the DOC to ensure effective coordination of SSA activities at the regional level.

F. The Office of Public Service and Operations Support (OPSOS) (S2N) provides operations analysis, program support, service to the public and employee services for the Deputy Commissioner, Operations (DCO), and conducts studies and analyses. The Office provides broad operations support to FOs, TSCs, PSCs, and OCO. OPSOS also integrates operational delivery of public services under the RSDI, SSI and health insurance (HI) programs for domestic beneficiaries and delivery of RSDI program services to foreign beneficiaries. The Office provides broad operations support to the maintenance of the basic earnings data which support the Social Security programs. It also conducts activities associated with the overall effectiveness and efficiency of the DCO components. It directs and coordinates internal management support functions to ensure effective position management, workforce utilization and management analysis and planning. It directs the overall DCO budget process; and it plans, implements, manages and assesses the delivery of SSA programs and related services to the public.

G. The Office of Telephone Services (OTS) (S2Q) plans, implements, operates and evaluates SSA telephone service to the public delivered by way of the national 800 Number and SSA FOs. It plans and conducts studies, pilots and analyses of 800 Number and FO telephone operations to assess and improve the service provided. It provides direct support to 36 TSCs and approximately 1,300 FOs, including developing and communicating uniform operating policies and procedures. It maintains close, effective working relationships with SSA policy, program and administrative components, with other Federal agencies, and with vendors which have important roles in the delivery and evaluation of SSA telephone service to the public. It also manages SSA national 800 Number network operation, designs and administers call routing plans, continuously monitors call handling, and adjusts routing to handle emergency situations and to maximize call answering effectiveness and efficiency.

H. The Office of Automation Support (OAS) (S2L) is responsible for integrating service delivery and employee concerns with modern technology. It determines and defines DCO requirements for software and hardware support. OAS directs user evaluations of new technology assuring that technology considered for adoption meets DCO needs. It also coordinates all implementation activities. OAS develops, implements and administers evaluative tools for hardware purchases and software development. It assures that the most recent appropriate technology is integrated into the operations of all DCO components.

Delete:

Subchapter S2B, the Office of the Central Records Operations and Subchapter S2H, the Office of Disability and International Operations.

Establish:

Subchapter S2R, the Office of Central Operations.

Subchapter S2R

Office of Central Operations

S2R.00 Mission
S2R.10 Organization
S2R.20 Functions

Section S2R.00 *The Office of Central Operations*—(Mission):

The Office of Central Operations (OCO) (S2R) provides executive direction and leadership for: the nationwide establishment and maintenance of basic records supporting Social Security programs; foreign claims operations; and OCO disability operations. It manages centralized records operations and a stand alone DOC.

The Office receives and processes Social Security earnings reports from private and governmental employers and adjustments or corrections to posted earnings. The Office maintains Social Security enumeration and earnings records in various media and conducts an ongoing data exchange with the Treasury Department to compile and verify individual earnings data. It directs the OCO processing of claims under disability benefits programs and maintains beneficiary rolls. It directs the OCO initial adjudication and reconsideration of disability claims excluded from State agency jurisdiction and directs the OCO authorization of disability and auxiliary claims not authorized by FOs at the initial, reconsideration and appeal levels. It determines whether and when eligibility should be terminated, suspended or continued; or payments increased or reduced in amount. It recovers or waives recovery of amounts incorrectly paid to beneficiaries. It directs the development, adjudication, and authorization of payment or disallowance of claims for RSDI benefits filed by persons in foreign countries; determines eligibility for Medicare on related claims; and determines entitlement to benefits based on international Social Security agreements. It serves as liaison on operational issues which affect the administration of the United States Social Security program abroad, with the Department of State, other Federal agencies, agencies of foreign governments and private organizations.

Section S2R.10 *The Office of Central Operations*—(Organization):

The Office of Central Operations, under the leadership of the Associate Commissioner, OCO, includes:

A. The Associate Commissioner, Office of Central Operations (S2R).

B. The Deputy Associate Commissioner, Office of Central Operations (S2R).

C. The Immediate Office of the Associate Commissioner, Office of Central Operations (S2R).

1. The Assistant Associate Commissioner for Disability Operations (S2RA).

a. The Divisions of Disability Operations (S2RA1, 2, 3, 4).

b. The Division of Direct Service Operations (S2RA5).

2. The Assistant Associate Commissioner for International Operations (S2RE).

a. The Division of International Operations (S2RE1).

3. The Assistant Associate Commissioner for Earnings Operations (S2RB).

a. The Division of Earnings Record Operations (S2RB1).

b. The Division of Employer Services (S2RB2).

c. The Wilkes-Barre Data Operations Center (S2RB–F3).

4. The Assistant Associate Commissioner for Management and Operations Support (S2RC).

a. The Center for Systems and Logistics Support (S2RC1).

b. The Center for Management Support (S2RC2).

c. The Center for Program Support (S2RC3).

d. The Center for Material Resources Support (S2RC4).

Section S2R.20 The Office of Central Operations—(Functions):

A. The Associate Commissioner, OCO (S2R) is directly responsible to the Deputy Commissioner, Operations for carrying out OCO's mission and managing its respective components.

B. The Deputy Associate Commissioner, OCO (S2R) assists the Associate Commissioner, OCO in carrying out his/her responsibilities and performs other duties as the Associate Commissioner may prescribe.

C. The Immediate Office of the Associate Commissioner, OCO (S2R) provides internal operations and management support and assistance to the Associate Commissioner and all OCO components.

1. The Assistant Associate Commissioner for Disability Operations (S2RA) is responsible for planning and directing a major portion of the operations administered by OCO. He/she is responsible for the planning and direction of four divisions which review, adjudicate and reconsider claims for Social Security disability and auxiliary benefits, and a fifth division, which provides OCO service to the public by telephone and applies and evaluates proposed alternative ways of performing OCO functions.

a. The Divisions of Disability Operations (S2RA1,2,3,4) each direct and coordinate the activities of twelve OCO process modules which adjudicate, pay, maintain and reconsider domestic disability claims excluded from State agency jurisdiction involving claimants and beneficiaries up to a specific age (54 years and 9 months at the time of this publication), related auxiliary claims, and End-Stage Renal Disease cases under the jurisdiction of OCO. They direct the review of work and earnings reports to assure that continuing disability reviews are conducted as required. They direct and coordinate the authorization of initial claims not authorized by field offices and of OCO disability claims allowed at the administrative law judge or other appellate level. The process modules: make representative-payee determinations; process representative-payee accountability reports; approve the payment and amount of attorney fees; offset previous SSI payments against disability insurance benefits; implement, adjust, suspend and terminate benefits; prepare benefit payment data for introduction into the computer system; maintain beneficiary payment rolls; recover or waive benefits incorrectly paid; prepare and release award certificates, denial letters and other claims-related notices; answer inquiries regarding individual cases; expedite actions where claimant hardship is indicated; and contact Federal and State components such as the Department of Labor, the Railroad Retirement Board, Workers Compensation Commissions and SSA components, as necessary, to resolve disability claims actions.

a. The Division of Direct Service Operations (S2RA5):

1. Formulates legally defensible decisions which address all medical and legal aspects of the full range of disability and non-disability cases.

2. Responds to telephone calls from the public by providing information about eligibility, rights and benefits for RSDI, HI, and SSI; and makes referrals regarding other types of related government and public services.

3. Conducts special studies and projects to evaluate alternative claims policy, procedures and processing operations and pilots innovative approaches or proposed changes in operations.

4. Tests alternative ideas or processes and provides analyses and recommendations concerning their feasibility for use in OCO operations.

2. The Assistant Associate Commissioner for International Operations (S2RE) plans and directs a major portion of the operations administered by OCO. He/she is responsible for a division which oversees dispersed foreign claims operations.

a. The Division of International Operations (DIO) (S2RE1) directs and coordinates activities pertinent to developing and processing foreign claims. It oversees the processing of requests for Social Security numbers from individuals residing in foreign countries, and the development and initial adjudication of Retirement, Survivors, Disability and Health Insurance claims filed abroad, including cases filed under totalization agreements. It also directs the reconsideration and continuing disability review of such disability claims. It directs the processing of post-entitlement actions, the determination of fees for attorneys and other representatives, and the proper application of tax liability to benefit payments abroad. DIO is the focal point for SSA debt management activities regarding foreign claims and benefits. It determines the proper payees for beneficiaries; recovers or waives overpayments; and processes nonreceipt-of-benefits allegations. It provides input or responds to congressional, critical, sensitive, hardship and controlled correspondence cases; associates material; maintains records and prepares notices and correspondence. It provides translation services to SSA, prepares claims material for appealed cases, reconsiders adverse claims involving benefits for persons in foreign countries, makes findings of administrative finality and applies regulations governing the disclosure of confidential records.

This Division also serves as liaison with the Department of State, other Government agencies and SSA components on matters pertaining to the administration of the SSA program abroad. It provides technical direction and guidance to Social Security representatives stationed overseas and appraises the role of foreign service posts in administering the Social Security program abroad. It designs and conducts validation and other special studies to evaluate and foster integrity in the Social Security program overseas. It participates in negotiations with foreign government representatives, negotiates operational accords and procedures with foreign Social Security agencies for the implementation of agreements, develops requirements for totalization processing and oversees the implementation of totalization agreements. The Division provides liaison with the Department of State and other Government agencies to ensure SSA operations, systems and administrative policies and procedures are correctly carried out as they affect the Social Security program overseas. It evaluates Social Security representatives stationed overseas and ensures that necessary administrative support is provided to carry out SSA's mission abroad. It also furnishes information about Social Security foreign program matters and concerns to other SSA components, other Government agencies, members of Congress and the public. It prepares some forms and procedures for OCO and foreign service post employees; and participates with the Office of International Policy in the development of field office instructions, applications, notices, public information materials and systems requirements, for totalization processing. The Division continually evaluates the processing of cases under existing agreements.

3. The Assistant Associate Commissioner for Earnings Operations (S2RB) is responsible for planning and directing a major portion of the operations administered by OCO. He/she is responsible for the planning and direction of two divisions and a DOC which establish and maintain earnings and enumeration records supporting Social Security programs.

a. The Division of Earnings Record Operations (S2RB1):

1. Answers inquiries about earnings records, including earnings discrepancies; investigates and adjusts incorrectly reported earnings items; and resolves discrepancies where SSA records disagree with individual allegations of services rendered or remuneration received.

2. Certifies earnings record data to FOs and PSCs for use in the adjudication of RSDI cases.

3. Reviews determinations regarding the correctness of earnings data, coverage, increment years, total earnings, closing dates, primary insurance amounts and, in disability cases, determinations as to whether work requirements are met. Makes these determinations when needed.

4. Makes determinations as to coverage under the Social Security Act, as amended, of services performed by employees or self-employed individuals in earnings disagreement cases, if a claim for benefits has not been filed.

5. Maintains files of microfilmed employer wage reports, self-employed income reports, detailed earnings listings and a file of earnings reported incorrectly or incompletely by employers or by self-employed individuals.

b. The Division of Employer Services (S2RB2):

1. Corresponds with employers and the Internal Revenue Service about the correction and processing of employer wage reports and self-employment income reports.

2. Investigates and corrects improperly reported earnings items.

3. Receives, converts and processes Annual Wage Reporting (AWR) data submitted on magnetic media for input to SSA headquarters computers. Investigates and resolves magnetic media AWR exception output.

4. Maintains pre-tax-year 1987 agreements with State and interstate entities and modifications of these agreements. Reviews wage statements submitted for State and interstate entity employees.

5. Ensures that SSI payment data is exchanged with various external payment programs such as those administered by the Veterans Administration, Railroad Retirement Board, Office of Personnel Management and Department of Defense.

c. The Wilkes-Barre Data Operations Center (S2RB–F3):

1. Receives, examines and processes paper annual wage reports and other SSA program data through image-based data capturing and telecommunications systems for input to SSA headquarters computers.

2. Electronically edits, validates and balances source data, and transmits products timely to the SSA headquarters computer complex.

3. Contacts beneficiaries, representative payees, field office personnel and/or program service center personnel to resolve post-eligibility systems exception output.

4. Is the central repository for SSI folders.

4. The Assistant Associate Commissioner for Management and Operations Support (S2RC) is responsible for the direction of four centers which perform systems, management, program, and material support functions for OCO.

a. The Center for Systems and Logistics Support (S2RC1):

1. Provides ADP hardware and software support for OCO. Conducts analyses relating to user software application development, contract maintenance and equipment use.

2. Serves as SSA liaison with the Department of the Treasury to ensure timely benefit payments.

3. Integrates and controls benefit payment processing operations.

4. Tests and validates systems enhancements.

5. Directs the development of long-range OCO systems planning and evaluates ongoing systems requirements.

6. Oversees procurement of ADP hardware and software for OCO.

7. Provides technical advice and information to managers and employees in OCO about systems development and changes that affect operations.

8. Provides programming, scheduling and operating support for automated operational, administrative, managerial and statistical computer programs for OCO and other SSA components.

9. Develops technical requirements for information reporting systems. Maintains the OCO magnetic tape library.

10. Coordinates systems support services, health and safety matters, laborer services, transportation, projects concerning the maintenance and performance of capitalized equipment and other property inventories, and provides input to budget submittals for equipment, furniture and supplies.

b. The Center for Management Support (S2RC2):

1. Provides administrative support to the Associate Commissioner, OCO; and the OCO Assistant Associate Commissioners in such areas as:

—Personnel management.
—Labor relations.
—Budget development and management.
—Management information and analysis.
—Organization planning.

2. Develops and conducts OCO-wide operational training and employee development activities. Analyzes and evaluates training needs and effectiveness. Ensures that required Agency-level, other Government agency, and private vendor training is provided.

3. Performs independent reviews to detect and prevent employee and beneficiary fraud. Plans, develops and implements the OCO security program and conducts security reviews. Reviews beneficiary fraud cases and determines whether cases will be referred for consideration for prosecution.

c. The Center for Program Support (S2RC3):

1. Conducts operations analyses and provides support to the Associate Commissioner of OCO to resolve operational and procedural problems.

2. Reviews existing and proposed operating procedures to determine their effectiveness. Modifies or devises interim instructions, as necessary.

3. Monitors legislative activities, Commissioner decisions and other sources to determine their potential impact on OCO organizations and/or operations.

4. Identifies and determines the impact of existing or new workloads to be processed.

5. Develops comprehensive programs designed to assess and evaluate the impact of systems modernization plans on OCO functions, components and positions.

6. Designs and conducts studies to analyze programmatic office automation activities, technology needs and systems operations in order to recommend enhancements to capabilities. Evaluates systems changes prior to implementation and conducts post-implementation analyses.

d. The Center for Material Resources Support (S2RC4):

1. Delivers, distributes and dispatches mail for OCO. Provides internal mail and central microfilm storage and retrieval services to OCO.

2. Develops and maintains contracts for microphotographic services for SSA. Maintains master copies of basic systems and microfilm records to ensure continuous operations should records be destroyed. Reproduces, on film, a variety of employer and employee records for current use and for preservation.

3. Oversees and maintains the OCO folder and record control operations.

Identifies and resolves folder and record control problems and coordinates case location activities.

4. Retrieves claims folders of denied or terminated Title II and Title XVI claims pursuant to the provisions of various class action lawsuits and determines if individuals are members of the specified classes.

5. Sorts incoming correspondence to identify all actionable and prong-file material. Actionable material is processed, or forwarded for substantive review and action.

6. Develops and manages contracts for services to maintain folder storage and file maintenance activities in a variety of geographically dispersed locations.

Dated: May 27, 1998.

Kenneth S. Apfel,

Commissioner of Social Security.

[FR Doc. 98–15695 Filed 6–11–98; 8:45 am]

BILLING CODE 4190–29–P

SOCIAL SECURITY ADMINISTRATION

Statement of Organization, Functions and Delegations of Authority

This statement amends part S of the Statement of the Organization, Functions and Delegations of Authority which covers the Social Security Administration (SSA). Chapter S4 covers the Deputy Commissioner for Systems. Notice is given that Subchapter S4K, the Office of Information Management (OIM), is being amended to reflect a realignment of functions. Functions of a Division to be abolished are being dispersed to other areas within OIM and a new Division is being established. The revised chapter reads as follows:

Section S4K.00 *The Office of Information Management*—(Mission) Amend to read as follows:

The Office of Information Management (OIM) provides overall management and development of the SSA-wide administrative and management information systems. It is responsible for long-range planning and analyses to define new and improved systems processes to support SSA's long-term administrative, management information and office automation needs. Directs the coordination of user requirements with private contractors, the SSA user community and the State Disability Determination Services to ensure efficient and effective administration of management information (MI) needs and related systems support.

Develops technical specifications for the acquisition, implementation and operation of administrative, MI and office automation ADP and telecommunications resources.

Section S4K.10 The Office of Information Management—(Organization):

Delete:

E. The Division of Information Systems Policy and Administration (S4KC).

Reletter :
''F'' to ''E'' and ''G'' to ''F''

Establish:

G. The Division of Office Systems Development (S4KH).

Section S4K.20 The Office of Information Management—(Functions):

D. Division of Information Resource Management (S4KB).

Add:

9. Establishes, enforces and implements security procedures and assures they are followed and authorized access is granted to administrative and MI data bases/files.

10. Plans, analyzes, designs, develops and maintains the central repository containing information about all of SSA's admin/MI applications. Responsibilities include developing and implementing repository policies, standards, guidelines, automated access, information dissemination and update.

Delete in its entirety:

E. Division of Information Systems Policy and Administration (S4KC).

Reletter ''F'' to ''E'' and ''G'' to ''F''.

E. Division of Administrative Systems Development (S4KE).

Amend to read as follows:

2. Designs, develops, coordinates and implements new administrative application systems and enhancements to existing systems which include financial/budget, human resources and payroll systems.

F. Division of Management Information Systems Development (S4KG).

Amend to read as follows:

1. Develops SSA-wide work measurement and performance management systems, as well as component work measurement systems for the field, State agencies and Regional Program and Integrity Reviews offices.

2. Develops audit and analyses of MI systems and reports to ensure adherence to users' and Agency needs, Federal and SSA guidelines and integrity standards.

3. Plans, develops and coordinates MI policy and integration among all involved SSA components, and plans for the transition to, and integration with, current SSA automated information systems and with those of the future.

4. Designs, develops, coordinates and implements new MI application systems and enhancements to existing systems which include workload management, work measurement, program demographics, earnings and employee/employer statistics.

Establish:

G. Division of Office Systems Development (S4KH).

1. Designs, develops, coordinates and implements new application systems and enhancements to existing systems to support quality assurance, audit, investigations, action tracking, actuarial, and Disability Determination Services activities.

2. Designs, develops and implements enterprise-wide assignment tracking and document management applications in the IWS/LAN environment.

3. Develops and maintains systems in support of the Agency's ongoing requests for program demographics information.

4. Develops systems to support the quality assurance and quality control reviews performed by the Office of Program and Integrity Reviews at the central office, regional office and satellite office level.

Dated: April 8, 1998.

Paul D. Barnes,

Deputy Commissioner for Human Resources.

[FR Doc. 98–15704 Filed 6–11–98; 8:45 am]

BILLING CODE 4190–29–P

SOCIAL SECURITY ADMINISTRATION

Statement of Organization, Functions and Delegations of Authority

This statement amends Part S of the Statement of the Organization, Functions and Delegations of Authority which covers the Social Security Administration (SSA). Chapter S4 covers the Deputy Commissioner for Systems. Notice is given that Subchapter S4E, the Office of Telecommunications and Systems Operations (OTSO), is being amended to reflect a realignment of division functions and the establishment of a new division. The revised chapter reads as follows:

Section S4E.10 *The Office of Telecommunications and Systems Operations*—(Organization):

Establish:

O. The Division of Client/Server Configuration (S4ES).

Section S4E.20 *The Office of Telecommunications and Systems Operations*—(Functions):

Establish:

O. The Division of Client/Server Configuration (S4ES).

1. Directs the design, development, implementation, maintenance and

support of specialized data communications software (i.e., Email and Remote LAN Access) to support SSA's international network (SSANet).

2. Integrates and validates new hardware such as assistive devices, software products, versions and maintenance levels into SSANet.

3. Manages and coordinates all change management system control relating to client server hardware and software changes to SSANet under the auspices of the change management facility.

4. Performs Level 3 client server monitoring and problem determination for the SSANet.

5. Performs client server software planning, installation and management at all remote sites.

6. Interfaces with SSANet users to determine the impact of new applications and workloads and supports user liaison and systems development activities of other SSA components in the resolution of client server problems.

7. Manages client server software changes to ensure compatibility with hardware modifications at Central Office and all remote network platform locations.

8. Directs the planning, analysis and design of specialized client server software systems for providing information relevant to the development of existing and proposed client server systems.

9. Responsible for all aspects of engineering, design, configuration, implementation and support of LAN Operating System (OS) software functions at SSA.

10. Responsible for client server projects, including acquisition, implementation, integration and control.

11. Develops, disseminates and enforces standards and policies relating to workstations, workstation configurations, peripherals, LANs and LAN OS.

12. Works with SSA users to provide solutions to LAN telecommunications needs that are consistent with SSA-network architecture policies; determines client server interfacing hardware needs, implementing solutions, planning and expansion; and determines staff hardware training needs. It assists SSA client server users in determining and refining services and support requirements, configuration and engineering solutions, planning for future needs, coordinating implementation and evaluating effectiveness.

13. Provides a full range of initial and followup client server services and support for SSA users in client server requirements analysis, system design, LAN needs determination, engineering, implementation, OS software support and training.

14. Develops and distributes research papers on applied technology and its relationship to existing and future client server requirements. It also develops alternate systems configurations to meet specific alternative requirements (non-traditional technology approaches).

15. Solves client server problems by applying information on state-of-the-art OS, and client server hardware currently available in the marketplace. It develops turn-key client server systems and special menus to meet unusual customer requirements.

16. Responsible for all aspects of client server design, development and engineering.

17. Works with SSA client server users at the headquarters' campus and at OHA, OGC and OIG sites as well as the state DDS sites; to develop, test and support component specific applications, initiatives and configurations.

H. The Division of Telecommunications Security and Standards (S4EK).

Delete: 5., 6., and 7. In their entirety.

I. The Division of Resource Management and Acquisition (S4EL).

Add:

13. Formulates an OTSO-wide Systems Plan and assigns responsibility to OTSO components for various parts of the Plan. Works with OTSO components to evaluate their proposed systems objectives in terms of technical feasibility, availability of resources and systems costs. Identifies the major OTSO activities and resources needed to support these objectives. Directs and coordinates the OTSO technical workpower, equipment and other special costs for the SSA budget process and justifies these on the basis of the ADP plan.

14. Coordinates OTSO activities related to the SSA ADP Plan. Directs the preparation of detailed project plans including resource estimates for projects of which OTSO has the lead. Monitors progress and use of workpower and equipment resources by OTSO components against their approved plans. Develops standard methods for project management and assists OTSO components in their use.

15. Manages a centralized inventory of all SSA ITS and telecommunications equipment, and manages the ITS excess equipment process.

J. The Division of Integration and Environmental Testing (S4EM).

Add:

15. Responsible for SSANet software distribution and version management.

M. The Division of National Network Services and Operations (S4EQ).

Add:

14. Operates large scale computer resources providing level 3 monitoring and problem determination for large scale operations, online teleprocessing regions and data base management systems.

Amend as follows:

N. The Division of Network Engineering (S4ER).

1. Directs the design, development, implementation, maintenance and support of specialized data communications software (i.e., File Transfer Management and Internet) to support SSA's international network (SSANet).

4. Integrates and validates new network hardware such as bridges, routers, firewalls, software products, versions and maintenance levels into SSANet and SSANet connectivity management.

14. Replace the word ''LAN'' in Line 2 with ''Network''.

16. Develops, disseminates and enforces standards and policies relating to bridges, routers, gateway, firewalls, communication processors, and related customer support and service.

17. Replace the word ''LAN'' in the first sentence with ''WAN''.

18. Provides a full range of initial and followup telecommunications and connectivity services and support for SSA users in network requirements analysis, system design, WAN needs determination, engineering, implementation, network control, Network OS software support and training.

20. Delete ''and special menus'' in the second sentence.

Delete:

10. In its entirety.

Renumber:

''11'' through ''21'' to read ''10'' through ''20''.

Dated: May 19, 1998.

Paul D. Barnes,

Deputy Commissioner for Human Resources.

[FR Doc. 98–15703 Filed 6–11–98; 8:45 am]

BILLING CODE 4190–29–P

DEPARTMENT OF STATE

[Public Notice 2822]

Advisory Committee on International Economic Policy; Notice of Partially Closed Meeting

The Advisory Committee on International Economic Policy (ACIEP)

will meet 9:00 p.m.–1:00 p.m. on Wednesday, July 22, 1998, in Room 1107, U.S. Department of State, 2201 C Street, NW, Washington, DC 20520. The meeting will be hosted by Committee Chairman Mike Gadbaw and by Assistant Secretary of State for Economic and Business Affairs Alan P. Larson.

The ACIEP will first meet in closed session, which will be devoted to the Asian financial crisis and economic sanctions. The closed briefings involve discussions of classified information, pursuant to section 10(d) of the Federal Advisory Committee Act (FACA), 5 U.S.C. 552(c)(1), 5 U.S.C. 442b(c)(4), and 5 U.S.C. 552b(c)(9)(B). The open session will focus on the G–8 Summit, OECD Multilateral Agreement on Investment and the Anti-Bribery Convention. Members of the public may attend the open session beginning at approximately 11:30 a.m. as seating capacity allows.

As access to the Department of State is controlled, persons wishing to attend the meeting should notify the ACIEP Executive Secretary by Wednesday, July 15, 1998.

Each person must provide his or her name, company or organization affiliation, date of birth, and social security number to the ACIEP Secretariat at (202) 647–5968 or fax (202) 647–5713 (Attn: Sharon Rogers). A list will be made up for Diplomatic Security and the Reception personnel will direct them to Room 1107.

For further information, contact Sharon Rogers, Secretariat, U.S. Department of State, Bureau of Economic and Business Affairs, Room 6828, Main State, Washington, DC 20520. She may be reached at telephone number (202) 647–5968 or fax number (202) 647–5713.

Dated: May 29, 1998.

Alan P. Larson,

Assistant Secretary for Economic and Business Affairs.

[FR Doc. 98–15619 Filed 6–11–98; 8:45 am]

BILLING CODE 4710–07–M

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration

Environmental Impact Statement: Rockingham County, NH

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Notice of intent.

SUMMARY: The FHWA is issuing this notice to advise the public that an Environmental Impact Statement (EIS) will be prepared for a proposed highway project in the Towns of Derry and Londonderry, in Rockingham County, New Hampshire.

FOR FURTHER INFORMATION CONTACT: Mr. William F. O'Donnell, P.E., Environmental Program Manager, Federal Highway Administration, 279 Pleasant Street, Suite 204, Concord, New Hampshire 03301–2509, Telephone: (603) 225–1608. George H. Sioras, Planning Director, Town of Derry, 40 Fordway, Derry, New Hampshire 03038, Telephone: (603) 432–6148 or Peter C. Lowitt, Director of Planning & Economic Development, Town of Londonderry, 50 Nashua Road, Londonderry, New Hampshire, 03053, Telephone: (603) 431–1100 X103.

SUPPLEMENTARY INFORMATION: The FHWA, in cooperation with the Towns of Derry and Londonderry, will prepare an EIS for a proposed highway project to improve access to and from Interstate 93 (I–93) and the Towns served by NH Route 102, especially Derry and Londonderry. The project shall study alternative access routes to the Interstate system for through traffic along NH Route 102, including the possibility of a new interchange in the vicinity of Exit 4 and the necessary road networks to connect the new interchange to the highway system east and/or west of I–93. Consideration of upgrading existing roadways within the study area, as alternative means of meeting the area's transportation requirements, will also be addressed. Other potential alternative solutions to be studied include: taking no action, applying transportation systems management (TSM) improvements to selected locations on existing roads, transportation demand management (TDM), including mass transit, and combinations of these alternatives. Various designs of grade, alignment, geometry and access will be evaluated.

Citizens Advisory Task Force (CATF) consisting of local officials and citizens, NHDOT and FHWA will be established to explore and evaluate transportation alternatives and to evaluate project input as this study progresses.

Letters describing the proposed action and soliciting scoping comments will be sent to appropriate Federal, state and local agencies, and to private organizations who have an interest in this proposal. They will also be invited to a formal scoping meeting. Public information, community and CATF meetings will be held in the study area as the project progresses to consider public input in the planning process. A public hearing will be held following distribution of the Draft Environmental Impact Statement (DEIS). Public notice will be given regarding the time and location of this hearing. The DEIS will be available for review and comment by the public and interested agencies.

The formal scoping meeting will be held at the West Running Brook Middle School in Derry, New Hampshire on July 30, 1998 in separate sessions, the first beginning at 2:00 p.m., and the second beginning at 7:00 to: (1) confirm the limits of the project study area, (2) help establish the study framework and the impacts to be analyzed, and (3) help to define a reasonable range of alternatives to be considered. Study area resources to be analyzed include the natural environment (such as farmland, wetlands, water resources and wildlife habitat), the social environment (such as land use, economic and residential development, noise and community facilities), the cultural environment (historic and archaeological resources), secondary impacts and the transportation network. Agencies to be invited to be cooperating agencies are the U.S. Environmental Protection Agency (EPA), the U.S. Army Corps of Engineers (ACOE), the New Hampshire Department of Transportation (NHDOT), the New Hampshire Division of Historic Resources (NHDHR), and the New Hampshire Department of Environmental Services (NHDES).

Comments and suggestions are invited from all interested parties to ensure that the full range of issues related to this proposed action is addressed and all significant issues are identified. Comments or questions concerning this proposed action should be addressed to the FHWA, the Town of Derry or the Town of Londonderry at the addresses provided above.

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

Issued on June 5, 1998.

Kathleen O. Laffey,

Division Administrator, Concord, New Hampshire.

[FR Doc. 98–15687 Filed 6–11–98; 8:45 am]

BILLING CODE 4910–22–M

DEPARTMENT OF THE TREASURY

Submission for OMB Review; Comment Request

June 8, 1998.

The Department of Treasury has submitted the following public information collection requirement(s) to

OMB for review and clearance under the Paperwork Reduction Act of 1995, Public Law 104–13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 2110, 1425 New York Avenue, NW., Washington, DC 20220.

DATES: Written comments should be received on or before July 13, 1998 to be assured of consideration.

Bureau of Alcohol, Tobacco and Firearms (BATF)

OMB Number: 1512–0202.

Form Number: ATF F 5110.34.

Type of Review: Extension.

Title: Notice of Change in Status of Plant.

Description: ATF F 5110.34 is necessary to show the use of distilled spirits plant premises for other activities or by alternating proprietors. It describes proprietor's use of plant premises and other information to show that the change in plant status is in conformity with law and regulations. It also shows what bond covers the activities of the distilled spirits plant (DSP) at a given time.

Respondents: Business or other for-profit.

Estimated Number of Respondents: 100.

Estimated Burden Hours Per Respondent: 1 hour.

Frequency of Response: On occasion.

Estimated Total Reporting Burden: 1,000 hours.

OMB Number: 1512–0209.

Form Number: ATF F 5110.50.

Type of Review: Extension.

Title: Tax Deferral Bond—Distilled Spirits (Puerto Rico).

Description: ATF Form 5110.50 is the bond to secure payment of excise taxes on distilled spirits shipped from Puerto Rico to the U.S. on deferral of the tax. The form identifies the principal, the surety, purpose of bond, and allocation of the penal sum among the principal's locations.

Respondents: Business or other for-profit.

Estimated Number of Respondents: 10.

Estimated Burden Hours Per Respondent: 1 hour.

Frequency of Response: On occasion.

Estimated Total Reporting Burden: 10 hours.

Clearance Officer: Robert N. Hogarth, (202) 927–8930, Bureau of Alcohol, Tobacco and Firearms, Room 3200, 650 Massachusetts Avenue, N.W., Washington, DC 20226.

OMB Reviewer: Alexander T. Hunt, (202) 395–7860, Office of Management and Budget, Room 10202, New Executive Office Building, Washington, DC 20503.

Lois K. Holland,

Departmental Reports Management Officer.

[FR Doc. 98–15727 Filed 6–11–98; 8:45 am]

BILLING CODE 4810–31–P

DEPARTMENT OF THE TREASURY

Submission for OMB Review; Comment Request

May 29, 1998.

The Department of Treasury has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1995, Public Law 104–13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 2110, 1425 New York Avenue, NW., Washington, DC 20220.

DATES: Written comments should be received on or before July 13, 1998 to be assured of consideration.

U.S. Customs Service (CUS)

OMB Number: 1515–0005.

Form Number: Customs Forms 7512A and 7512B.

Type of Review: Extension.

Title: Transportation Entry and Manifest of Goods Subject to Customs Inspection and Permit.

Description: This collection submitted on Customs Form 7512A and B, serves as a transportation entry and manifest of goods subject to Customs inspection and permit.

Respondents: Business or other for-profit, Individuals or households, Not-for-profit institutions.

Estimated Number of Respondents: 10,000.

Estimated Burden Hours Per Respondent: 6 minutes.

Frequency of Response: On occasion.

Estimated Total Reporting Burden: 56,000 hours.

OMB Number: 1515–0009.

Form Number: Customs Form 3495.

Type of Review: Extension.

Title: Application for Exportation of Articles Under Special Bond.

Description: This collection is used by importers for articles which may be entered temporarily into the United States and are free of duty under bond and which are exported within one year from the date of importation.

Respondents: Business or other for-profit, Individuals or households, Not-for-profit institutions.

Estimated Number of Respondents: 15,000.

Estimated Burden Hours Per Respondent: 8 minutes.

Frequency of Response: On occasion.

Estimated Total Reporting Burden: 2,000 hours.

OMB Number: 1515–0161.

Form Number: None.

Type of Review: Extension.

Title: Importation of Ethyl Alcohol for Non-Beverage.

Purpose Description: This collection is a declaration claiming duty-free entry is filed by the broker or their agent and then is transferred with other documentation to the Bureau of Alcohol, Tobacco and Firearms.

Respondents: Business or other for-profit, Individuals or households, Not-for-profit institutions.

Estimated Number of Respondents: 300.

Estimated Burden Hours Per Respondent: 5 minutes.

Frequency of Response: On occasion.

Estimated Total Reporting Burden: 25 hours.

OMB Number: 1515–0206.

Form Number: None.

Type of Review: Extension.

Title: Voluntary Customer Information Surveys in Support of Executive Order 12862.

Description: These voluntary customer surveys will be used to implement E.O. 12862 by obtaining quantitative customer data for the purpose of evaluating customer satisfaction.

Respondents: Business or other for-profit, Individuals or households, Not-for-profit institutions.

Estimated Number of Respondents: 6,500.

Estimated Burden Hours Per Respondent: 2 hours.

Frequency of Response: On occasion.

Estimated Total Reporting Burden: 2,750 hours.

Clearance Officer: J. Edgar Nichols (202) 927–1426, U.S. Customs Service, Printing and Records Management Branch, Ronald Reagan Building, 1300 Pennsylvania Avenue, N.W., Room 3.2.C, Washington, DC 20229.

OMB Reviewer: Alexander T. Hunt (202) 395–7860, Office of Management and Budget, Room 10202, New

Executive Office Building, Washington, DC 20503.

Lois K. Holland,

Departmental Reports Management Officer.

[FR Doc. 98–15728 Filed 6–11–98; 8:45 am]

BILLING CODE 4820–02–P

DEPARTMENT OF THE TREASURY

Submission to OMB for Review; Comment Request

May 29, 1998.

The Department of Treasury has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1995, Public Law 104–13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 2110, 1425 New York Avenue, NW., Washington, DC 20220.

DATES: Written comments should be received on or before July 13, 1998 to be assured of consideration.

Internal Revenue Service (IRS)

OMB Number: 1545–0197.

Form Number: IRS Form 5300 and Schedule Q (Form 5300).

Type of Review: Extension.

Title: Application for Determination for Employee Benefit Plan (5300); and Nondiscrimination Requirements (Schedule Q).

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: Business or other for-profit, Individuals or households.

Estimated Number of Respondents/Recordkeepers: 300,000.

Estimated Burden Hours Per Respondent/Recordkeeper:

	Form 5300	Schedule Q
Recordkeeping	11 hr., 0 min	25 hr., 7 min.
Learning about the law or the form	5 hr., 1 min	10 hr., 53 min.
Preparing the form	7 hr., 16 min	21 hr., 8 min.
Copying, assembling and sending the form to the IRS	32 min	

Frequency of Response: On occasion.

Estimated Total Reporting/Recordkeeping Burden: 10,457,200 hours.

Clearance Officer: Garrick Shear (202) 622–3869, Internal Revenue Service, Room 5571, 1111 Constitution Avenue, NW, Washington, DC 20224.

OMB Reviewer: Alexander T. Hunt (202) 395–7860, Office of Management and Budget, Room 10226, New Executive Office Building, Washington, DC 20503.

Lois K. Holland,

Departmental Reports Management Officer.

[FR Doc. 98–15729 Filed 6–11–98; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Submission to OMB for Review; Comment Request

June 1, 1998.

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, Pub. L. 104–13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 2110, 1425 New York Avenue, NW., Washington, DC 20220.

DATES: Written comments should be received on or before July 13, 1998 to be assured of consideration.

Internal Revenue Service (IRS)

OMB Number: 1545–0041.

Form Number: IRS Form 966.

Type of Review: Extension.

Title: Corporate Dissolution or Liquidation.

Description: Form 966 is filed by a corporation whose shareholders have agreed to liquidate the corporation. As a result of the liquidation, the shareholders receive the property of the corporation in exchange for their stock. The IRS uses Form 966 to determine if the liquidation election was properly made and if any taxes are due on the transfer of property.

Respondents: Business or other for-profit.

Estimated Number of Respondents/Recordkeepers: 26,000.

Estimated Burden Hours Per Respondent/Recordkeeper:

Recordkeeping—5 hr., 1 min.

Learning about the law or the form—12 min.

Preparing and sending the form to the IRS—17 min.

Frequency of Response: On occasion.

Estimated Total Reporting/Recordkeeping Burden: 143,260 hours.

OMB Number: 1545–0165.

Form Number: IRS Form 4224.

Type of Review: Extension.

Title: Exemption from Withholding of Tax on Income Effectively Connected with the Conduct of a Trade or Business in the United States.

Description: Form 4224 is used by nonresident alien individuals or fiduciaries, foreign partnerships, or foreign corporations to obtain exemption from withholding of tax on certain types of income if that income is effectively connected with a U.S. trade or business. The IRS uses the information to determine if the exemption is proper.

Respondents: Individuals or households, Business or other for-profit.

Estimated Number of Respondents/Recordkeepers: 24,750.

Estimated Burden Hours Per Respondent/Recordkeeper:

Recordkeeping—7 min.

Learning about the law or the form—13 min.

Preparing the form—14 min.

Copying, assembling and sending the form to the IRS—20 min.

Frequency of Response: Annually.

Estimated Total Reporting/Recordkeeping Burden: 22,275 hours.

OMB Number: 1545–0181.

Form Number: IRS Form 4768.

Type of Review: Extension.

Title: Application for Extension of Time to File a Return and/or Pay U.S. Estate (and Generation-Skipping Transfer) Taxes.

Description: Form 4768 is used by estates to request an extension of time to file an estate (and GST) tax return and/or to pay the estate (and GST) taxes and to explain why the extension should be granted. IRS uses the information to decide whether the extension should be granted.

Respondents: Individuals or households, Business or other for-profit.

Estimated Number of Respondents/Recordkeepers: 18,500.

Estimated Burden Hours Per Respondent/Recordkeeper:

Recordkeeping—13 min.

Learning about the law or the form—16 min.

Preparing the form—22 min.

Copying, assembling and sending the form to the IRS—20 min.

Frequency of Response: On occasion.

Estimated Total Reporting/Recordkeeping Burden: 22,200 hours.

OMB Number: 1545–0190.

Form Number: IRS Form 4876–A.

Type of Review: Extension.

Title: Election To Be Treated as an Interest Charge DISC.

Description: A domestic corporation and its shareholders must elect to be an interest charge domestic international sales corporation (IC–DISC). Form 4876–A is used to make the election. IRS uses the information to determine if the corporation qualifies to be an IC–DISC.

Respondents: Business or other for-profit.

Estimated Number of Respondents/Recordkeepers: 1,000.

Estimated Burden Hours Per Respondent/Recordkeeper:

Recordkeeping—4 hr., 4 min.

Learning about the law or the form—1 hr., 12 min.

Preparing and sending the form to the IRS—1 hr., 19 min.

Frequency of Response: Other (one-time election).

Estimated Total Reporting/Recordkeeping Burden: 6,560 hours.

OMB Number: 1545–0213.

Form Number: IRS Form 5578.

Type of Review: Extension.

Title: Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax.

Description: Form 5578 is used by private schools that do not file Schedule A (Form 990) to certify that they have a racially nondiscriminatory policy toward students as outlined in Revenue Procedure 75–50. The Internal Revenue Service uses the information to help insure that the school is maintaining a nondiscriminatory policy in keeping with its exempt status.

Respondents: Not-for-profit institutions.

Estimated Number of Respondents/Recordkeepers: 1,000.

Estimated Burden Hours Per Respondent/Recordkeeper: 4 hours, 44 minutes.

Frequency of Response: Annually.

Estimated Total Reporting/Recordkeeping Burden: 4,750 hours.

OMB Number: 1545–0232.

Form Number: IRS Form 6497.

Type of Review: Extension.

Title: Information Return of Nontaxable Energy Grants or Subsidized Energy Financing.

Description: Form 6497 is used by any governmental agency or its agents that make nontaxable grants or subsidized financing for energy conservation or production programs. IRS uses the information from the form to ensure that recipients have not claimed tax credits or other benefits with respect to the grant or subsidized financing (no ''double dipping'').

Respondents: Business or other for-profit, Federal Government, State, Local or Tribal Government.

Estimated Number of Respondents/Recordkeepers: 250.

Estimated Burden Hours Per Respondent/Recordkeeper:

Recordkeeping—2. Hr., 23 min.

Learning about the law or the form—24 min.

Preparing, copying, assembling and sending the form to the IRS.

Frequency of Response: Annually.

Estimated Total Reporting/Recordkeeping Burden: 810 hours.

OMB Number: 1545–0240.

Form Number: IRS Form 6118.

Type of Review: Extension.

Title: Claim for Refund of Income Tax Return Preparer Penalties.

Description: Form 6118 is used by preparers to file for a refund of penalties incorrectly charged. The information enables the IRS to process the claim and have the refund issued to the tax return preparer.

Respondents: Individuals or households, Business or other for-profit.

Estimated Number of Respondents/Recordkeepers: 10,000.

Estimated Burden Hours Per Respondent/Recordkeeper:

Recordkeeping—13 min.

Learning about the law or the form—17 min.

Preparing the form—11 min.

Copying, assembling and sending the form to the IRS—20 min.

Frequency of Response: On occasion.

Estimated Total Reporting/Recordkeeping Burden: 10,400 hours.

OMB Number: 1545–0242.

Form Number: IRS Form 6197.

Type of Review: Extension.

Title: Gas Guzzler Tax.

Description: Form 6197 is used to compute the gas guzzler tax on automobiles whose fuel economy does not meet certain standards for fuel economy. The tax is reported quarterly on Form 720. Form 6197 is filed each quarter with Form 720 for manufacturers. Individuals can make a one-time filing if they import a gas guzzler auto for personal use. The IRS uses the information to verify computation of the tax and compliance with the law.

Respondents: Business or other for-profit, Individuals or households.

Estimated Number of Respondents/Recordkeepers: 605

Estimated Burden Hours Per Respondent/Recordkeeper:

Recordkeeping—4 hr., 18 min.
Learning about the law or the form—12 min.
Preparing and sending the form to the IRS—17 min.

Frequency of Response: Quarterly, Annually.

Estimated Total Reporting/ Recordkeeping Burden: 2,892 hours.

OMB Number: 1545–0534.

Form Number: IRS Form 5303.

Type of Review: Extension.

Title: Application for Determination for Collectively Bargained Plan.

Description: IRS uses Form 5303 to get information needed about the finances and operation of employee benefit plans set up by employers under a collective bargaining agreement. The information obtained on Form 5303 is used to make a determination on whether the plan meets the requirements to qualify under section 401(a) and whether the related trust qualifies for exemption under section 501(a) of the Internal Revenue Code.

Respondents: Business or other for-profit, Individuals or households.

Estimated Number of Respondents/ Recordkeepers: 2,500.

Estimated Burden Hours Per Respondent/Recordkeeper:
Recordkeeping—22 hr., 14 min.
Learning about the law or the form—3 hr., 51 min.
Preparing the form—8 hr., 7 min.
Copying, assembling and sending the form to the IRS—1 hr., 4 min.

Frequency of Response: On occasion.

Estimated Total Reporting/ Recordkeeping Burden: 88,200 hours.

OMB Number: 1545–0773.

Regulation Project Number: TD 8172 Final.

Type of Review: Extension.

Title: Qualification of Trustee or Like Fiduciary in Bankruptcy.

Description: Internal Revenue Code (IRC) section 6036 requires executors or receivers to advise the district director of their appointment or authorization to act. This information is necessary so that IRS will know of the proceedings and who to contact for delinquent returns or taxes.

Respondents: Individuals or households.

Estimated Number of Respondents: 50,000.

Estimated Burden Hours Per Respondent: 15 minutes.

Frequency of Response: Other (nonrecurring).

Estimated Total Reporting Burden: 12,500 hours.

OMB Number: 1545–0908.

Form Number: IRS Forms 8282 and 8283.

Type of Review: Extension.

Title: Donee Information (Sale, Exchange of Other Disposition of Donated Property) (8282); and Noncash Charitable Contributions (8283).

Description: Regulations section 1.170A–13(c) requires donors of property valued over $5,000 to file certain information with their return in order to receive the deduction. Donees must also inform the IRS if they dispose of the property within two years.

Respondents: Individuals or households, Business or other for-profit.

Estimated Number of Respondents/ Recordkeepers: 1,501,000.

Estimated Burden Hours Per Respondent/Recordkeeper:

	Form 8282	Form 8283
Recordkeeping	3 hr., 7 min.	20 min.
Learning about the law or the form	35 min.	26 min.
Preparing the form	35 min.	4 min.
Copying, assembling and sending the form to the IRS	35 min.	36 min.

Frequency of Response: Annually.

Estimated Total Reporting/ Recordkeeping Burden: 2,899,380 hours.

Clearance Officer: Garrick Shear (202) 622–3869, Internal Revenue Service, Room 5571, 1111 Constitution Avenue, NW, Washington, DC 20224.

OMB Reviewer: Alexander T. Hunt (202) 395–7860, Office of Management and Budget, Room 10226, New Executive Office Building, Washington, DC 20503.

Lois K. Holland,

Departmental Reports Management Officer.

[FR Doc. 98–15730 Filed 6–11–98; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Submission to OMB for Review; Comment Request

June 1, 1998.

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, Pub. L. 104–13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 2110, 1425 New York Avenue, NW., Washington, DC 20220.

DATES: Written comments should be received on or before July 13, 1998 to be assured of consideration.

Internal Revenue Service (IRS)

OMB Number: New.

Form Number: IRS Form 8860.

Type of Review: Extension.

Title: Qualified Zone Academy Bond Credit.

Description: A qualified zone academy bond is a taxable bond issued after 1997 by a state or local government, with the proceeds used to improve certain eligible public schools.

In lieu of receiving interest payments from the issuer, an eligible holder of the bond is generally allowed an annual income tax credit. Eligible holders of qualified zone academy bonds use Form 8860 to figure and claim this credit.

Respondents: Business or other for-profit, State, Local or Tribal Government.

Estimated Number of Respondents/Recordkeepers: 1,000.

Estimated Burden Hours Per Respondent/Recordkeeper:

Recordkeeping—4 hr., 47 min.
Learning about the law or the form—12 min.
Preparing and sending the form to the IRS—17 min.

Frequency of Response: Annually.

Estimated Total Reporting/Recordkeeping Burden: 5,260 hours.

Clearance Officer: Garrick Shear (202) 622–3869, Internal Revenue Service, Room 5571, 1111 Constitution Avenue, NW, Washington, DC 20224.

OMB Reviewer: Alexander T. Hunt (202) 395–7860, Office of Management and Budget, Room 10226, New Executive Office Building, Washington, DC 20503.

Lois K. Holland,

Departmental Reports Management Officer.

[FR Doc. 98–15731 Filed 6–11–98; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Submission to OMB for Review; Comment Request

June 8, 1998.

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, Pub. L. 104–13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 2110, 1425 New York Avenue, NW., Washington, DC 20220.

DATES: Written comments should be received on or before July 13, 1998 to be assured of consideration.

Internal Revenue Service (IRS)

OMB Number: 1545–0229.

Form Number: IRS Form 6406.

Type of Review: Extension.

Title: Short Form Application for Determination for Minor Amendment of Employee Benefit Plan.

Description: This form is used by certain employee plans who want a determination letter or an amendment to the plan. The information gathered will be used to decide whether the plan is qualified under section 401(a).

Respondents: Business or other for-profit.

Estimated Number of Respondents/Recordkeepers: 16,000.

Estimated Burden Hours Per Respondent/Recordkeeper:

Recordkeeping—6 hr., 56 min.
Learning about the law or the form—1 hr., 44 min.
Preparing the form—3 hr., 47 min.
Copying, assembling, and sending the form to the IRS—32 min.

Frequency of Response: On occasion.

Estimated Total Reporting/Recordkeeping Burden: 207,840 hours.

Clearance Officer: Garrick Shear (202) 622–3869, Internal Revenue Service, Room 5571, 1111 Constitution Avenue, NW, Washington, DC 20224.

OMB Reviewer: Alexander T. Hunt (202) 395–7860, Office of Management and Budget, Room 10226, New Executive Office Building, Washington, DC 20503.

Lois K. Holland,

Departmental Reports Management Officer.

[FR Doc. 98–15732 Filed 6–11–98; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Commission to Study Capital Budgeting; Meeting

AGENCY: Advisory Commission to the President of the United States.

ACTION: Notice of meetings.

SUMMARY: The agenda for the next meetings of the Commission to Study Capital Budgeting includes discussions and hearing of testimony on capital budgeting issues on Friday, June 26. On Saturday morning, June 27, the Commission will continue its discussions of different aspects of capital budgeting and discuss the next steps to be taken in preparation of its report. The Commission's final report on capital budgeting is due on December 13, 1998. Meetings are open to the public. Limited seating capacity is available.

Dates, Times and Places of the Next Commission Meetings

June 26, 9:00 a.m. to 5:00 p.m.
One New York Plaza, (Broad and Water Streets), The Annex, 43rd. Floor, New York, NY 10004

June 27, 1998, 9:00 a.m. to 12:00 noon
One New York Plaza, (Broad and Water Streets), The Annex, 43rd. Floor, New York, NY 10004

The Commission is seeking all views on capital budgeting. Interested parties may submit their views to: Dick Emery, Executive Director, President's Commission to Study Capital Budgeting, Old Executive Office Building (Room 258), Washington, DC 20503, Voice: (202) 395–4630, Fax: (202) 395–6170, E-Mail: capital__budget@omb.eop.gov, Website: http://www.whitehouse.gov/WH/EOP/OMB/PCSCB/.

FOR FURTHER INFORMATION CONTACT: E. William Dinkelacker, Ph.D., Designated Federal Official, Room 4456 Main Treasury, Washington, DC 20220, Voice: (202) 622–1285, Fax: (202) 622–1294, E-Mail: william.dinkelacker@treas.sprint.com

Angel E. Ray,

Committee Management Officer.

[FR Doc. 98–15651 Filed 6–11–98; 8:45 am]

BILLING CODE 4810–25–P

DEPARTMENT OF THE TREASURY

Bureau of Alcohol, Tobacco and Firearms

Proposed Collection; Comment Request

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 Bureau of Alcohol, Tobacco and Firearms within the Department of the Treasury is soliciting comments concerning the Tobacco—Record of Disposition of More than 60,000 Cigarettes in a Single Transaction.

DATES: Written comments should be received on or before August 11, 1998 to be assured of consideration.

ADDRESSES: Direct all written comments to Linda Barnes, Bureau of Alcohol, Tobacco and Firearms, 650 Massachusetts Avenue, NW., Washington, DC 20226, (202) 927–8930.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the form(s) and instructions should be directed to Cliff Mullen, Regulations Division, 650 Massachusetts

Avenue, NW., Washington, DC 20226, (202) 927–8181.

SUPPLEMENTARY INFORMATION:

Title: Tobacco—Record of Disposition of More Than 60,000 Cigarettes in a Single Transaction.

OMB Number: 1512–0391.

Recordkeeping Requirement ID Number: ATF REC 5210/10.

Abstract: Records must be maintained by tobacco products manufacturers and cigarette distributors showing the details of large cigarette transactions. The records are used to trace the movement of contraband cigarettes and to help curtail the illicit traffic in cigarettes between states. The record retention period for this information collection is 3 years.

Current Actions: There are no changes to this information collection and it is being submitted for extension purposes only.

Type of Review: Extension.

Affected Public: Business or other for-profit.

Estimated Number of Respondents: 9,500.

Estimated Time Per Respondent: 120 hours per respondent to compile and record the required information.

Estimated Total Annual Burden Hours: 1,140,000.

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.

Dated: May 29, 1998.

William J. Earle,

Assistant Director (Management)/CFO.

[FR Doc. 98–15724 Filed 6–11–98; 8:45 am]

BILLING CODE 4810–31–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

Proposed Collection; Comment Request for Forms W–8, W–8A, W–8B, and W–8C

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, Pub. L. 104–13 (44 U.S.C. 3506(c)(2)(A)). Currently, the IRS is soliciting comments concerning Form W–8, certificate of Foreign Status of Beneficial Owner for United States Tax Withholding; Form W–8A, Foreign Person's Claim of Income Effectively Connected With the Conduct of a Trade or Business in the United States; Form W–8B, Certification for United States Tax Withholding for Foreign Governments and Other Foreign Organizations; and Form W–8C, Certificate of Foreign Intermediary, Foreign Partnership, and Certain U.S. Branches for United States Tax Withholding. These forms and their instructions are being published as Announcement 98–51 in Internal Revenue Bulletin 1998–24, dated June 15, 1998.

DATES: Written comments should be received on or before August 11, 1998 to be assured of consideration.

ADDRESSES: Direct all written comments to the Chairman, Tax Forms Coordinating Committee, Internal Revenue Service, room 5577, 1111 Constitution Avenue NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Requests for additional information should be directed to Carol Savage, (202) 622–3945, Internal Revenue Service, room 5569, 1111 Constitution Avenue NW., Washington, DC 20224.

SUPPLEMENTARY INFORMATION:

Title: Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding (Form W–8); Foreign Person's Claim of Income Effectively Connected With the Conduct of a Trade or Business in the United States (Form W–8A); Certification for United States Tax Withholding for Foreign Governments and Other Foreign Organizations (Form W–8B); and Certificate of Foreign Intermediary, Foreign Partnership, and Certain U.S. Branches for United States Tax Withholding (Form W–8C).

OMB Number: To be assigned later.

Form Number: W–8, W–8A, W–8B, and W–8C.

Abstract: Foreign persons are subject to U.S. tax at a 30% rate on income they receive from U.S. sources that consists of interest, dividends, rents, premiums, annuities, compensation, and other fixed or determinable annual or periodical income. Form W–8 will be used for certain types of income to establish that the person is a foreign person, is the beneficial owner of the income for which Form W–8 is being provided and, if applicable, to claim a reduced rate of, or exemption from, withholding as a resident of a foreign country with which the United States has an income tax treaty. Form W–8A will be used to establish that the person is a foreign person, is the beneficial owner of the income for which Form W–8A is being provided, and to claim that the income is effectively connected with the conduct of a trade or business within the United States. Form W–8B will be used by a foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, or foreign private foundation. The form will be used by such persons to establish foreign status, to claim that the person is the beneficial owner of the income for which Form W–8B is given and, if applicable, to claim a reduced rate of, or exemption from, withholding. Form W–8C will be provided to a withholding agent or payer by a foreign intermediary, foreign partnership, and certain U.S. branches to make representations regarding the status of beneficial owners or to transmit appropriate documentation to the withholding agent.

Current Actions: This is a new collection of information.

Type of Review: New OMB approval.

Affected Public: Individuals, business or other for-profit organizations and not-for-profit institutions.

Estimated Number of Respondents: Form W–8—3,000,000; Form W–8A—180,000; Form W–8B—240; Form W–8C—400.

Estimated Time Per Respondent: Form W–8—10 hr., 6 min.; Form W–8A—6 hr., 54 min.; Form W–8B—16 hr., 18 min.; Form W–8C—18 hr., 22 min.

Estimated Total Annual Burden Hours: Form W–8—30,300,000 Form W–8A—1,242,000; Form W–8B—3,912; Form W–8C—7,348.

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; and (d) ways to minimize the burden of the 5 collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Approved: June 5, 1998.

Garrick R. Shear,

IRS Reports Clearance Officer.

[FR Doc. 98–15624 Filed 6–11–98; 8:45 am]

BILLING CODE 4830–01–P

UNITED STATES ENRICHMENT CORPORATION

Sunshine Act Meeting

AGENCY: United States Enrichment Corporation.

SUBJECT: Board of Directors.

TIME AND DATE: June 9–10, 1998, commencing at 1:00 p.m. on Tuesday, June 9, 1998.

PLACE: Chicago/O'Hare International Airport Executive Center.

STATUS: Portions of the Board meeting will be closed to the public.

MATTER TO BE CONSIDERED: Privatization of the Corporation.

CONTACT PERSON FOR MORE INFORMATION: Elizabeth Stuckle at 301/564–3399.

Dated: June 9, 1998.

William H. Timbers, Jr.,

President and Chief Executive Officer.

[FR Doc. 98–15787 Filed 6–9–98; 4:45 pm]

BILLING CODE 8720–01–M

UNITED STATES ENRICHMENT CORPORATION

Sunshine Act Meeting

AGENCY: United States Enrichment Corporation.

SUBJECT: Board of Directors.

TIME AND DATE: 8:00 a.m., Tuesday, June 26, 1998.

PLACE: USEC Corporate Headquarters, 6903 Rockledge Drive, Bethesda, Maryland 20817.

STATUS: The Board meeting will be closed to the public.

MATTER TO BE CONSIDERED: Privatization of the Corporation.

CONTACT PERSON FOR MORE INFORMATION: Elizabeth Stuckle at (301) 564–3399.

Dated: June 9, 1998.

William H. Timbers, Jr.,

President and Chief Executive Officer.

[FR Doc. 98–15838 Filed 6–10–98; 12:52 pm]

BILLING CODE 8720–01–M

Corrections

Federal Register

Vol. 63, No. 113

Friday, June 12, 1998

This section of the FEDERAL REGISTER contains editorial corrections of previously published Presidential, Rule, Proposed Rule, and Notice documents. These corrections are prepared by the Office of the Federal Register. Agency prepared corrections are issued as signed documents and appear in the appropriate document categories elsewhere in the issue.

DEPARTMENT OF JUSTICE

Immigration and Naturalization Service and Executive Office for Immigration Review

8 CFR Parts 3 and 236

[INS No. 1855-97; AG Order No. 2152-98]

RIN 1115-AE88

Procedures for the Detention and Release of Criminal Aliens by the Immigration and Naturalization Service and for Custody Redeterminations by the Executive Office for Immigration Review

Correction

In rule document 98–13178 beginning on page 27441, in the issue of Tuesday, May 19, 1998, make the following corrections:

1. On page 27445, in the second column, in the fourth line from the bottom, ''*bona fied*'' should read ''*bona fide*''.

2. On page 27445, in the third column, in the 17th line, ''form'' should read ''from''.

BILLING CODE 1505-01-D

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34-40047; File No. SR-NASD-98-08]

Self Regulatory Organizations; Notice of Filing of Proposed Rule Change and Amendment No. 1 by the National Association of Securities Dealers, Inc. Relating to Trade Reporting Rules

Correction

In notice document 98–14921 beginning on page 30791, in the issue of Friday, June 5, 1998, the docket number is corrected to read as set forth above.

BILLING CODE 1505-01-D

federal register

Friday
June 12, 1998

Part II

Department of Health and Human Services

Health Care Financing Administration

42 CFR Parts 416 and 488

Medicare Program; Update of Ratesetting Methodology, Payment Rates, Payment Policies, and the List of Covered Surgical Procedures for Ambulatory Surgical Centers Effective October 1, 1998; Proposed Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 416 and 488

[HCFA–1885–P]

RIN 0938–AH81

Medicare Program; Update of Ratesetting Methodology, Payment Rates, Payment Policies, and the List of Covered Surgical Procedures for Ambulatory Surgical Centers Effective October 1, 1998

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Proposed rule.

SUMMARY: In this rule we propose to—

- Update the criteria for determining which surgical procedures can be appropriately and safely performed in an ambulatory surgical center (ASC);
- Make additions to and deletions from the current list of Medicare covered ASC procedures based on the revised criteria;
- Rebase the ASC payment rates using cost, charge, and utilization data collected by a 1994 survey of ASCs;
- Refine the ratesetting methodology that was implemented by a final notice published on February 8, 1990 in the **Federal Register**;
- Require that ASC payment, coverage, and wage index updates be implemented annually on January 1 rather than having these updates occur randomly throughout the year;
- Reduce regulatory burden; and
- Make several technical policy changes.

This proposed rule implements requirements of section 1833(i)(1) and (2) of the Social Security Act.

DATES: Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on August 11, 1998.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA–1885-P, P.O. Box 26688, Baltimore, MD 21207–5178.

If you prefer, you may deliver your written comments (1 original and 3 copies) to one of the following addresses:

Room 309–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or

Room C5–09–26, 7500 Security Boulevard, Baltimore, MD 21244–1850.

FOR FURTHER INFORMATION CONTACT: Joan H. Sanow, (410) 786–5723.

SUPPLEMENTARY INFORMATION: Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA–1885–P. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 309–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690–7890).

Copies: To order copies of the **Federal Register** containing this document, send your request to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954. Specify the date of the issue requested and enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 512–1800 or by faxing to (202) 512–2250. The cost for each copy is $8. As an alternative, you can view and photocopy the **Federal Register** document at most libraries designated as Federal Depository Libraries and at many other public and academic libraries throughout the country that receive the **Federal Register**.

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e. Calculate Facility-Specific Cost-to-Charge Ratio
5f. Convert Each Procedure Charge to a Procedure Cost
g. Remove Intraocular Lens (IOL) Costs from Four Lens Insertion Procedures
h. Calculate Facility Specific Portion of Procedure Cost Attributable to Labor Expenses
i. Deflation by Wage Index Value
j. Adjust Reported Costs for Inflation to Offset Fiscal Year Differences Among Facilities
3. *Proposed ratesetting method:*—Determine the median per-procedure cost, across all facilities, for each reported CPT code
a. Weights
b. Determination of weighted, trimmed median per procedure cost across all facilities
4. *Proposed ratesetting method:*—Establish procedure groupings
a. Current Classification System
b. Proposed Ambulatory Payment Classification System
5. *Proposed ratesetting methodology:*—Determine a standard payment rate for the procedures within each group
a. Setting rates based on ASC survey data
b. Setting Rates for Procedures with Limited Medicare Volume or Aberrant Cost Data

c. Payment rate for CPT code 67027, Implantation of intravitreal drug delivery system
6. *Payment Policy Indicators*
7. Comments on proposed ambulatory payment classification groups, payment policy indicators and payment rates
8. Carrier adjustment of base rates to determine payment amounts
9. Using Resource Costing to Determine Procedure Costs

We are disappointed by our lack of success in the 1994 ASC survey in gathering usable resource cost data. Our inability to establish weights and base ASC payment rates on the resource cost data that we did collect is particularly frustrating in light of the fact that we expect, beginning January 1, 1999, to make payments to physicians under the Medicare physicians' fee schedule that are determined in part on the basis of resource-based practice expense relative units. We have been closely monitoring the development of the resource-based practice expense relative value units under the physicians' fee schedule and the ratesetting method for the hospital outpatient prospective payment system, which is also scheduled for implementation effective January 1, 1999. When we rebase ASC payment rates following the next ASC survey, we are committed to reexamining the resource-based practice expense relative value units established under the Medicare physicians' fee schedule and the weights developed under the hospital outpatient prospective payment system for their applicability to ASC ratesetting in order to advance towards our goal of setting rates in a manner that is consistent across different sites of service.

F. Scope of ASC Services (§ 416.21)
1. ASC Services
2. Venous Access Portals are ASC Facility Services
3. Acquisition of corneal tissue is an ASC service
4. Outside the Scope of ASC Services
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1. Hospital outpatient department (HOPD)
2. ASCs Operated by a Hospital
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2. Comments
I. Schedule and Publication of Updates
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K. Explanation and Use of Addenda
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A. Rebased payment rates
1. Impact on ASCs
B. Additions to/Deletions from the ASC list
C. Impact of Technical Changes
D. Impact on Hospitals and Small Rural Hospitals

SUPPLEMENTARY INFORMATION:

I. Background

A. Legislative History

Section 1832(a)(2)(F)(i) of the Social Security Act (the Act) provides that benefits under the Medicare Supplementary Medical Insurance program (Part B) include payment for facility services furnished in connection with surgical procedures specified by the Secretary and performed in an ambulatory surgical center (ASC).

The Secretary is to review and update the list of ASC procedures biennially.

To participate in the Medicare program as an ASC, a facility must meet the standards specified under section 1832(a)(2)(F)(i) of the Act and 42 CFR 416.25, which sets forth general conditions and requirements for ASCs.

Generally, there are two primary elements in the total cost of performing a surgical procedure: the cost of the physician's professional services for performing the procedure, and the cost of services furnished by the facility where the procedure is performed (for example, surgical supplies and equipment and nursing services). Section 1833(i)(2)(A) of the Act addresses what the ASC facility fee is intended to represent and how the amount of the Medicare payment for ASC facility services is to be determined. It requires us to review and update ASC payment amounts annually.

The ASC payment rate is to be a standard overhead amount established on the basis of our estimate of a fair fee that takes into account the costs incurred by ASCs generally in providing facility services in connection with performing a specific procedure. The Report of the Conference Committee accompanying section 934 of the Omnibus Budget Reconciliation Act of 1980 (Public Law 96–499), which enacted the ASC benefit in December 1980, states, ''This overhead factor is expected to be calculated on a prospective basis * * * utilizing sample survey and similar techniques to establish reasonable estimated overhead allowances for each of the listed procedures which take account of volume (within reasonable limits).'' (See H.R. Rep. No 1479, 96th Cong., 2nd Sess. 134 (1980).)

In order to estimate the amount of those reasonable allowances, we are required by section 1833(i)(2)(A)(i) of the Act to survey the actual audited costs incurred by a representative sample of facilities in connection with a representative sample of procedures. This survey is to be conducted every five years, beginning no later than January 1, 1995.

Because payment for ASC facility services is subject to the usual Medicare Part B deductible and coinsurance requirements, Medicare pays participating ASCs 80 percent of the prospectively-determined rate, adjusted for regional wage variations.

Section 1833(i)(2)(A)(ii) requires that the ASC payment rates result in substantially lower Medicare expenditures than would have been paid if the same procedure had been performed on an inpatient basis in a hospital. Section 1833(i)(2)(A)(iii) requires that payment for insertion of an intraocular lens (IOL) include an allowance for the IOL that is reasonable and related to the cost of acquiring the class of lens involved.

Under section 1833(i)(3)(A), the aggregate payment to hospital outpatient departments for covered ASC procedures is equal to the lesser of the following amounts:

- The amount paid for the same services that would be paid to the hospital under section 1833(a)(2)(B) (that is, the lower of the hospital's reasonable costs or customary charges less deductibles and coinsurance).
- The amount determined under section 1833(i)(3)(B)(i) based on a blend of the lower of the hospital's reasonable costs or customary charges, less deductibles and coinsurance, and the amount that would be paid to a free-standing ASC in the same area for the same procedures.

Under section 1833(i)(3)(B)(i), the blend amount for a cost reporting period is the sum of the hospital cost proportion and the ASC cost proportion. Under section 1833(i)(3)(B)(ii), the hospital cost proportion and the ASC cost proportion for portions of cost reporting periods beginning on or after January 1, 1991 are 42 and 58 percent, respectively. Section 4521 of the Balanced Budget Act of 1997 (BBA 1997) (Public Law 105–33) amended section 1833(i)(3)(B)(i)(II) of the Act to eliminate the formula-driven overpayment (FDO) for ASC procedures.

Section 13531 of the Omnibus Budget Reconciliation Act of 1993 (OBRA 1993) (Public Law 103–66), prohibited the Secretary from providing for any inflation update in the payment amounts for ASCs determined under section 1833(i)(2)(A) of the Act for fiscal years (FYs) 1994 and 1995. Section 13533 of OBRA 1993 established $150 as the amount of payment allowed for an IOL inserted during or subsequent to cataract surgery in an ASC on or after

January 1, 1994, and before January 1, 1999.

Section 141(a)(1) of the Social Security Act Amendments of 1994 (SSAA 1994) (Public Law 103–432) amended section 1833(i)(2)(A)(i) of the Act to require that a quinquennial survey of ASCs be taken beginning not later than January 1, 1995.

Section 141(a)(2) of SSAA 1994 added section 1833(i)(2)(C) to the Act to provide that, beginning with FY 1996, there be an adjustment for inflation during fiscal years when the Secretary does not update ASC rates based on actual audited costs determined by surveying a representative sample of facilities. Section 1833(i)(2)(C) of the Act provides that ASC payment rates are to increased by the percentage increase in the consumer price index for urban consumers (CPI–U), as estimated by the Secretary for the 12-month period ending with the midpoint of the year involved, beginning with FY 1996.

Section 141(a)(3) of SSAA 1994 amended section 1833(i)(1) of the Act to require the Secretary to consult with appropriate trade and professional organizations in specifying the procedures that constitute the ASC list.

Section 141(b) of SSAA 1994 requires the Secretary to establish a process for reviewing the appropriateness of the payment amount provided under section 1833(i)(2)(A)(iii) of the Act for IOLs with respect to a class of new-technology IOLs. That process is the subject of a separate notice of proposed rulemaking entitled ''Adjustment in Payment Amounts for New Technology Intraocular Lenses'' (BPD–831–P) published in the **Federal Register** on September 9, 1997 at 62 FR 46698.

Section 4555 of BBA 1997 amended section 1833(i)(2)(C) of the Act to limit the annual adjustment of ASC payment rates provided for in that paragraph to the CPI–U increase reduced by 2.0 percentage points (but not below zero) for fiscal years 1998 through 2002.

B. Published Changes to ASC List

We published a final notice in the **Federal Register** on February 8, 1990 (55 FR 4526) in which we implemented a new ratesetting methodology that increased the number of ASC payment groups from four to the current eight groups. We assigned a new payment rate to each of the nearly 1500 current procedural technology (CPT) codes on the ASC list at that time, and we revised the ASC list to be consistent with CPT coding changes effected by The American Medical Association in 1988 and 1989.

Federal Register notices adding codes to and deleting codes from the ASC list were subsequently published as follows:

- December 31, 1991 notice with comment period (56 FR 67666) in which we added approximately 900 CPT codes to the ASC list, including CPT code 50590, Extracorporeal shock wave lithotripsy (ESWL).
- January 26, 1995 final notice with comment period (60 FR 5185) in which we updated the ASC list to reflect CPT changes that had occurred during the interval since publication of the December 31, 1991 notice. We deleted five codes from the ASC list on the basis of modified quantitative criteria that we adopted to determine whether or not a procedures should be retained on the list. We added nearly 30 codes that met our numeric criteria of adding to the list procedures performed at least 20 percent of the time on a hospital inpatient basis but no more than 50 percent of the time in a physician's office, based on national claims history data. We solicited public comment on certain additions to and deletions from the ASC list and the payment rates assigned to the additions. We respond to those comments in this notice.

C. Published Changes to ASC Payment Rates

In a final notice published in the **Federal Register** on February 8, 1990 (55 FR 4526), we explained the new ASC ratesetting methodology and increased the number of ASC payment groups from four to the current eight groups on the basis of ASC survey data collected in 1986. The rates that Medicare paid for services furnished on or after March 12, 1990 under the new eight-group payment methodology were published in a separate notice with comment period in the same February 8, 1990 **Federal Register** (55 FR 4577). Subsequent updates of the ASC payment rates are as follows:

- July 5, 1990 **Federal Register** notice with comment period (55 FR 27690) increased payment rates by a CPI–U factor of 4.21 percent;
- December 31, 1991 **Federal Register** notice with comment period (56 FR 67666) increased payment rates by a CPI–U factor of 5.1 percent and added a ninth payment group for ESWL;
- October 1, 1992 **Federal Register** notice with comment period (57 FR 45544) increased payment rates by a CPI–U factor of 3.5 percent;
- September 26, 1995 **Federal Register** notice (60 FR 49619) increased payment rates by a CPI–U factor of 3.2 percent;
- October 1, 1996 **Federal Register** notice (61 FR 51295) increased payment rates by a CPI–U factor of 2.6 percent;
- February 19, 1998 **Federal Register** notice (62 FR 8462) Increased payments rates by 0.6 percent effective for services furnished on or after October 1,1997.

The ASC payment rates implemented by this notice, which are currently in effect, are:

Group 1—$314	Group 5—$678.
Group 2—$422	Group 6—$789 (639 + 150 for IOL).
Group 3—$482	Group 7—$941.
Group 4—$595	Group 8—$928 (778 + 150 for IOL).

There is no payment rate shown for group 9 because of the decision in *American Lithotripsy Society* v. *Sullivan,* 785 F. Supp. 1034 (D.D.C. 1992) that prohibits payment for these services under the ASC benefit at this time. Payment for ESWL as an ASC service is discussed below.

D. Payment Rate for Extracorporeal Shock Wave Lithotripsy

In the **Federal Register** published December 7, 1990, (55 FR 50590), we published a notice proposing additions to and deletions from the ASC list. We solicited comments on our proposal to add CPT code 50590, Lithotripsy, extracorporeal shock wave, to the ASC list and on the Group 7 payment rate of $812 that we proposed as the ASC facility fee for the procedure. We also requested detailed information on facility charges and costs associated with providing ESWL services to help us evaluate the appropriateness of the proposed payment rate.

In the final notice with comment period published December 31, 1991 in the **Federal Register** (56 FR 67666), we established a payment rate for ESWL as new ASC payment group 9. We set the group 9 rate at $1,150, effective for services furnished on or after January 30, 1992. On January 30, 1992, the American Lithotripsy Society filed a complaint and motion to enjoin enforcement and implementation of the December 31, 1991 notice insofar as it concerned ESWL. In *American Lithotripsy Society* v. *Louis W. Sullivan, M.D., et al,* 785 F. Supp. 1034 (D.D.C. 1992), the American Lithotripsy Society challenged HCFA's determination that ESWL is a surgical procedure under the ASC benefit and the amount payable for ESWL services in an ASC. The plaintiff alleged that the $1,150 rate was not based on an estimate of a ''fair fee'' that took into account costs incurred by ASCs performing such services as required by section 1833(i)(2)(A) of the

Act and that the rate was not supported by the administrative record.

On March 12, 1992, the United States District Court for the District of Columbia held that HCFA's decision to classify ESWL as a surgical procedure was rationally justified. However, it remanded the final notice setting a rate for lithotripsy to the Secretary for further consideration and stayed the regulation, insofar as it related to ESWL, pending remand. On remand, the Secretary is required to publish all material information that is relevant to the setting of the ESWL rate, receive comments, and publish a final notice in accordance with the applicable statutes and regulations.

To comply with the court order, Medicare ceased paying an ASC facility fee for ESWL services furnished in Medicare approved ASCs and resumed making payment on a reasonable cost basis for ESWL furnished in a hospital outpatient setting. On October 1, 1993, we published a proposed notice with comment period in the **Federal Register** (58 FR 51355) in which we proposed a revised ASC payment rate of $1,000, based on further consideration of the data and methodology that we used to determine the rate. We explained in detail in the October 1, 1993 notice how we arrived at the proposed rate, and we solicited information on ESWL costs, charges, and utilization to enable us to further evaluate the appropriateness of the assumptions that we used to develop the proposed rate. The information submitted during the public comment period persuaded us to defer publication of a final notice and implementation of an ASC facility fee for ESWL, pending completion of the 1994 ASC survey that was about to be conducted. In this notice of proposed rulemaking we respond to the comments that were submitted timely following publication of the October 1, 1993 notice, and we propose an ASC payment rate for ESWL services that we have determined in accordance with the ratesetting methodology that is also proposed in this notice. In accordance with applicable statutes and regulations, this notice of proposed rulemaking includes all material information that is relevant to the setting of ASC payment rates, which includes a payment rate for ESWL. Publication of this notice of proposed rulemaking is followed by a 60-day public comment period. When the comment period closes, and following review of all comments submitted timely, we shall publish a final notice to implement rebased ASC payment rates for procedures on the ASC list, including ESWL.

E. ASC Town Meeting (July 1996)

Many of the policy changes proposed in this notice had their genesis in discussions and comments that emanated from an ASC ''Town Meeting'' that was held at the central office of the Health Care Financing Administration on July 25–26, 1996. The purpose of the Town Meeting was to give representatives of professional and trade associations and other parties with an interest in ASCs an opportunity to come together with HCFA staff to exchange information and ideas regarding Medicare ASC policy. More than 100 people from across the country attended, including physicians, nurses, ASC administrators, and representatives of independent and chain facilities, State licensing and certification agencies, and numerous professional societies and ASC trade associations. From the Town Meeting, we gained a greater understanding of some of the immediate and long-term issues and concerns facing ASC staff and partners, and we received numerous suggestions and recommendations on ways to strengthen the ASC benefit on behalf of Medicare beneficiaries.

The first day's meetings focussed on performance outcome measures for ASCs and conditions for coverage of ASCs. The second day of the meeting focussed on the criteria HCFA uses to determine which procedures should be placed on the ASC list and the method HCFA uses to set ASC payment rates. Following the Town Meeting, we received 79 written comments reiterating concerns and suggestions that were raised during the meeting itself.

Virtually every commenter submitted a critique of a grouping system that we presented at the meeting as a possible alternative to the current eight ASC payment groups. We had distributed to participants a listing of CPT surgical codes arranged in ''Ambulatory Patient Groups'' (APGs). These groups were developed by 3M Health Information Systems with the support of HCFA. The list was taken from *The Ambulatory Patient Groups Definitions Manual, Version 2.0.* Only groups of CPT codes were shown; no payment rates or procedure costs were given. We were primarily interested in whether or not participants found the groups to be clinically homogeneous as well as consistent in terms of resource costs. Commenters were unanimous in disagreeing with the internal consistency of numerous APG groups across most body systems. The commenters' examples and reasons for taking issue with the homogeneity of the APGs prompted us to re-examine the groups. We did so, which resulted in the revision and reclassification of most of the groups. The product of that exercise is the ambulatory payment classification (APC) system that we propose in this notice as the basis for ASC ratesetting.

F. Revisions to the Conditions for Coverage of ASCs

The standards and conditions for coverage of an ASC currently found in subpart C of 42 CFR part 416 are being revised and are the subject of a separate notice currently under development.

II. Comments

In the final notice with comment period published January 26, 1995 in the **Federal Register** (60 FR 5185), we solicited comments on certain changes to the ASC list that we had not included in the proposed notice published on December 14, 1993 (58 FR 65357). Specifically, we asked for comments on our deletion from the ASC list of any codes that had been deleted in CPT 1994, and we asked for comments about our deletion from the ASC list of CPT code 36522 Photopheresis, extracorporeal. We received 9 comments supporting the deletion of CPT code 36522 from the ASC list and no comments disagreeing with our decision. We received no comments regarding the other deletions from the ASC list.

We also requested comments on the addition of, and assignment of payment groups for, certain CPT codes that were not proposed in the December 14, 1993 **Federal Register**. We have limited our response to comments that were submitted timely regarding the specified codes.

We specifically solicited comments on the addition to the ASC list of certain codes that were added to CPT 1994 as well as the appropriateness of the payment groups to which we assigned those codes. No commenters disagreed with adding the codes to the ASC list. However, commenters indicated that they believed the payment rate assigned to the following CPT codes was too low:

19125
19126
29804
31235
31238
31239
31248
31249
31251
31266
31269
31271
31280
31281

31282
31283
31284
31286
31287
31288
43216
43259
44394
45339
56309
56316
56317
56351
56356
64421
66172

Response: As a consequence of the following codes being deleted from CPT in 1995, we excluded them from the ASC list: 31248, 31249, 31251, 31266, 31269, 31271, 31280, 31281, 31282, 31283, 31284, 31286. CPT code 64421 is one of the codes that we are proposing in this notice to delete from the ASC list (section III.D). For all but four of the remaining codes, consistent with commenters' recommendations, the payment rates that we propose in this notice using the revised ratesetting methodology and 1994 survey data are higher than what we proposed in the January 26, 1995 **Federal Register**. However, the same revised ratesetting methodology and 1994 survey data result in payment rates for CPT codes 19125 (APC 197), 19126 (APC 197), 43259 (APC 449), and 66172 (APC 652) that are lower than the rates we proposed in the January 26, 1995 **Federal Register**, which is at variance with commenters' recommendations. We welcome comments on the rebased rates that are proposed as payments for all of these codes, but request that arguments for changes in payment rates be supported by data regarding direct costs (supplies, equipment, labor, time) relative to other procedures in the same APC group that would justify a change in either the APC group assignment or the payment rate determined for the code.

III. Provisions of the Proposed Regulations

Many of the changes that we are proposing to make in 42 CFR part 416, Ambulatory Surgical Services, were stimulated by our commitment to assist in the President and Vice President's continuing drive to reinvent government and government regulations and to reform the Federal government's regulatory process. The reorganization of 42 CFR part 416 represents an effort to balance a reduction in regulatory requirements with adequate assurances that the ambulatory surgical services that we are purchasing for Medicare beneficiaries are of the highest quality and consistent with our commitment to work in partnership with the rest of the health care community to institute better, more common sense ways of operating that are in the best interests of Medicare beneficiaries. An outline of the reorganization that we propose to make to part 416 in this notice follows:

Current organization	Citation	Proposed organization	Citation
Subpart A—General Provisions and Definitions:		Subpart A—Definitions and General Provisions and Requirements:	
Basis and Scope	416.1	Basis and Scope	416.1
Definitions	416.2	Definitions	416.2
Subpart B—General Conditions and Requirements:			
Basic requirements	416.25	Basic requirements	416.3
Qualifying for an agreement	416.26		
Deemed Compliance	416.26(a)	Currently addressed in 42 CFR 488	42 CFR 488
Survey of ASCs	416.26(b)	Currently addressed in 42 CFR 488	42 CFR 488
Acceptance of the ASC	416.26(c)	Replaced by 416.3(h) and (i)	416.3(h), (i)
Filing of agreement	416.26(d)	Replaced by 416.3(h) and (i)	416.3(h), (i)
Acceptance; Appeal Rights	416.26(e)–(f)	Replaced by 416.3 (h) and (i)	416.3(h), (i)
Terms of agreement with HCFA	416.30(a)–(e)	Moves to Basic requirements	416.3
ASC operated by a hospital	416.30(f)	Moved to ''Definitions'' and ''Basis for payment''	416.2 & 416.30
Additional provisions	416.30(g)	Deleted	N.A.
Termination of agreement	416.35	Termination of participation, including billing privileges.	416.4
Subpart C—Specific Conditions for Coverage:		Subpart D—Specific Conditions of Coverage:	
Compliance with State licensure law	416.40	Basic Requirements	416.3
Conditions for Coverage	416.41–416.49	Proposed Subpart D	416.41–416.49
Subpart D—Scope of Benefits:		Subpart B—Scope of Benefits:	
General rules	416.60	General rules	416.20
Scope of facility services	416.61	Scope of ASC Services	416.21
Covered surgical procedures	416.65	ASC List	416.22
Performance of listed surgical procedures on an inpatient hospital basis.	416.75	Performance of procedures on the ASC list in a hospital inpatient setting.	416.23
Subpart E—Payment for Facility Services:		Subpart C—Payment for Facility Services:	
Basis for payment	416.120	Basis for payment	416.30
ASC facility services payment rate	416.125	ASC payment rates	416.31
Publication of revised payment methodologies.	416.130	Publication of revised payment rates	416.32
Surveys	416.140	Surveys	416.33
Beneficiary appeals	416.150	Beneficiary appeals	416.34

A. Basis and Scope (Proposed § 416.1)

Most of the changes in this section are of a technical nature. In § 416.1(a)(1) we propose to revise the description of the ASC benefit to make it more consistent with section 1832(a)(2)(F)(i) of the Act. We further propose to add the statutory basis for the conditions for coverage of ASCs as new § 416.1(a)(2). And, we have deleted the reference to ''a hospital outpatient department'' in new paragraph § 416.1(a)(3) because the content of part 416 of the *Code of Federal Regulations* pertains exclusively to ASCs under the benefit provided in section 1832(a)(2)(F)(i) of the Act. The

current § 416.1(a)(3) would become new § 416.1(a)(4).

In § 416.1(b), which defines the scope of the regulation, we propose to reorder paragraphs (1), (2), and (3) to parallel the reorganization of 42 CFR part 416. We are reorganizing the regulations to make them simpler, more understandable, less prescriptive, less process-oriented, and more focussed on patient-centered outcomes. Section 416.1(b)(1) applies to renamed subpart B, which describes the scope of the ASC benefit, including the scope of ASC services and the criteria that HCFA uses to determine those procedures for which Medicare pays an ASC facility fee. Section 416.1(b)(2) applies to new subpart C, which sets forth the manner in which Medicare determines and makes payments for ASC services. Section 416.1(b)(3) refers to new subpart D, to which we propose to move the conditions for coverage of a Medicare approved ASC. Revisions to the conditions for coverage that an ASC must meet in order to be certified for participation in Medicare are the subject of a separate notice of proposed rulemaking currently under development entitled ''Conditions for Coverage of Ambulatory Surgical Centers'' (HCFA–1887–P). In the reorganized part 416, there is no subpart E.

B. Definitions (§ 416.2)

We propose to update and clarify the definition of several basic terms as they are used in 42 CFR part 416. Rather than being generic, these definitions are specific to Medicare approved ASCs and the implementation of the Medicare ASC benefit.

When section 934 of the Omnibus Reconciliation Act of 1980 added to the benefits available under Part B of Medicare facility services associated with certain surgical procedures provided in an ASC, the Act did not define an ASC other than to imply that it was a facility that is different from a hospital outpatient department, a physician's office, and a rural primary care hospital. Therefore, in order to implement the benefit, we must identify ASCs in order to be able to distinguish them from other types of facilities. Otherwise, we would not know if Medicare payments for ASC facility services under section 1832(a)(2)(F) were being made properly, in accordance with the statute and with Medicare rules and regulations.

The definition of an ASC that is currently found at § 416.2 became effective following publication on August 5, 1982 of the final rule (47 FR 34082) that implemented the ASC benefit initially. Since 1982, ASCs as a type of facility have evolved significantly. In 1982 there were approximately 40 ASCs in existence. By the end of 1997, the number of Medicare-approved ASCs exceeded 2400. We have found the 1982 definition of an ASC to be so broad and general that it is increasingly difficult for us to make a definitive determination whether a facility is an ASC for the purposes of Medicare approval. This is especially true in the health care delivery system of the late 1990s, which is in a state of dynamic and constant reformation. Therefore, we have revised the definition of an ASC in § 416.2 to be more specific in distinguishing ASCs from other categories of facilities.

The first important criterion in distinguishing ASCs is to recognize that, for Medicare purposes, an ASC is a supplier of health care services. It is *not* a Medicare provider, as that term is defined by statute and regulation.

A second criterion critical to understanding how HCFA defines ASCs for purposes of entitlement to Medicare payment is that an ASC is an entity that is separate and must be distinguishable from any other entity or type of facility. We define ''separate'' as meaning totally separate with respect to licensure, accreditation, governance, professional supervision, administrative functions, clinical services, recordkeeping, financial and accounting systems, and national identifier or supplier number. The word ''separate'' does not necessarily refer to the actual physical space the ASC occupies. An ASC may be physically located within the space of another entity and still be considered separate for Medicare payment purposes within this definition.

If a facility that considers itself an ''ASC'' were to bill Medicare for services using a hospital's identification number, Medicare could not pay the facility under the benefit established in the Act at section 1832(a)(2)(F). Though a facility may be called an ''ASC'' and may be located in a separate building or at a site removed from a hospital's campus, Medicare does not consider the facility to be an ASC unless the facility has its own license and accreditation, governing board, system for professional supervision, clinical services, and administrative functions, and its own Medicare billing and identification number.

Similarly, Medicare cannot pay an ASC facility fee for procedures performed in a suite, treatment room, office or clinic unless the site has been approved by Medicare as an ASC in accordance with the regulations.

We recognize that this requirement that an ASC be a separate entity may be onerous to ASCs that are owned by a large health system seeking to share services or to consolidate with other member entities. The statutory requirement for setting ASC payment rates is at the heart of our requirement that an ASC be an entity or facility that is separate from any other entity or facility and that its administrative, fiscal, clinical, and patient care services be clearly distinguishable from those of any other entity or facility in every respect. In order for us to determine by survey what costs ASCs incur to furnish facility services in connection with performing a specific surgical procedure, we at HCFA and the ASC administrators must be able to distinguish costs and charges as they emanate strictly from the ASC. If costs incurred by the ASC are commingled with another entity's activities, it will be difficult for the ASC to isolate the portion of costs properly attributable only to the ASC, and therefore difficult for us to be assured that the data we are using to determine payment rates are truly reflective of ASC costs alone, and not the costs or services of another entity, such as other hospital outpatient services or the functioning of a clinic or physician's office.

We have added a definition of ''hospital operated ASC'' to § 416.2 both to clarify what we mean by ''hospital operated ASC'' and to distinguish a ''hospital operated ASC'' from a hospital outpatient department that furnishes surgical services.

In order to be considered a Medicare approved ASC, the entity's function and purpose must be to supply facility services, as opposed to physician or practitioner services, in connection with performing certain surgical procedures. We define such services as ASC services, and under the benefit established at section 1832(a)(2)(F) of the Act, Medicare pays a prospectively determined fee for ASC services. Section 416.21 of the revised regulation proposed in this notice lists the types of services that fall within the scope of ASC services. They include but are not limited to nursing and technician services, supplies, drugs and biologicals, surgical dressings, housekeeping services, and use of the facility. We emphasize that the professional services of physicians and other practitioners *do not* fall within the scope of ASC facility services, and the ASC facility fee does *not* include payment for the professional services of physicians and other practitioners.

Medicare pays an ASC facility fee only for procedures on the ASC list.

HCFA determines which procedures will constitute the ASC list on the basis of certain criteria related to the safety, appropriateness, and effectiveness of performing the procedure in an ASC setting. The criteria that HCFA used as the standard for determining a procedure's suitability for the ASC list in this notice are proposed in § 416.22. The procedures for which a Medicare participating ASC furnishes services and for which Medicare makes payment of an ASC facility fee are of a nature that does not require Medicare patients to be admitted to a hospital as inpatients either to have the procedure performed or to recover from the procedure. By ''hospital,'' we mean an institution that meets the definition of ''hospital'' in section 1861(e) of the Act.

Within the framework of the definition of an ASC that we are proposing in § 416.2, Medicare would not consider an entity devoted exclusively to furnishing services such as clinical laboratory services, chemotherapy, radiation treatment, cardiac catheterization, dialysis services, magnetic resonance imaging, or other diagnostic tests, to be an ASC because these are not services that are necessary to enable surgical procedures to be performed. However, an entity that meets the conditions for coverage as an ASC could also be recognized and paid by Medicare as a non-physician supplier of radiology services, as an independent diagnostic testing facility (IDTF), or as a supplier of durable medical equipment, prosthetics, and orthotics as long as it supplied these services in accordance with the statute and Medicare payment rules and regulations.

C. Basic Requirements (Proposed § 416.3 and § 416.4)

We propose to renumber § 416.25 as § 416.3. Paragraph (a) does not change. We have moved current § 416.40 to become new paragraph (b) in § 416.3, to reinforce the fundamental importance of State licensure as a basic requirement for an ASC wanting to qualify for participation and billing privileges in the Medicare program.

We have also moved §§ 416.30(a) through 416.30(e) to proposed § 416.3, Basic Requirements. By incorporating these provisions directly into the regulations at § 416.3, we emphasize their significance as binding requirements with which ASCs wishing to participate and have billing privileges in the Medicare program must agree to comply.

Section 416.3(h) replaces current § 416.26(a) and § 416.26(b) by cross-referencing part 488, ''Survey, Certification, and Enforcement Procedures'' and establishes compliance with the regulations in that part that pertain to suppliers generally and to ASCs in particular as a basic requirement for ASCs to participate in Medicare. In order to make this link, we propose to add ASCs to the definition of ''supplier'' found in § 488.1.

Proposed § 416.3(i) replaces § 416.25(b). An ASC can satisfy the requirement that it have an agreement to abide by the Medicare laws and regulations by possessing a Form HCFA–855, ''Medicare Health Care Provider/Supplier Enrollment Application'' that has been validated by HCFA.

We are proposing one technical change in § 416.3(g). This change requires ASCs to accept the Medicare-approved amount as full payment for all items and services covered under Part B of Medicare that it furnishes to Medicare beneficiaries. ASCs must agree to accept assignment for all facility services furnished in connection with procedures on the ASC list. We are proposing to extend the ASC's assignment acceptance to include all items and services that the ASC supplies to a beneficiary, whether those items and services are considered ASC facility services as listed in § 416.21(a) or are items and services for which payment may be made under other provisions of Medicare, Part B, such as those listed in § 416.21(b).

Proposed § 416.4 basically restates the provisions of § 416.35 yet revises the language to reflect our proposed substitution of the ''Medicare Health Care Provider/Supplier Enrollment Application'' (Form HCFA 855) for the ''Health Insurance Benefits Agreement—(Agreement with Ambulatory Surgical Center Pursuant to Section 1832(a)(2)(F) of the Social Security Act)'' (Form HCFA 370). Since May 1996, HCFA has required all ASCs with an interest in participating and obtaining billing privileges in Medicare to complete Form HCFA 855. The certification statement that is a part of the Form HCFA 855 includes a provision that the applicant is familiar with and agrees to abide by the Medicare laws and regulations that apply to its provider/supplier type. In 42 CFR part 416, we have expanded the list of basic requirements for ASCs to include all of the provisions that are currently listed in the Form HCFA 370. We have also added to § 416.3 the provision that an ASC, in order to participate and to have billing privileges in Medicare, must have in effect a Form HCFA 855 that has been validated by HCFA. Given these changes, we propose to discontinue use of Form HCFA–370 for ASCs seeking to participate and to obtain billing privileges in Medicare beginning on the effective date of the final rule that implements the proposals contained in this notice. For ASCs whose agreement with HCFA consists of a Form HCFA 370 that has been duly executed in accordance with the provisions currently found in §§ 416.26 and 416.30, the Form HCFA 370 and the ASC's agreement with HCFA remain in effect until such time as the ASC completes a Form HCFA–855 that is validated by HCFA. We invite comments on our proposal to retire the Form HCFA 370 and replace it with a validated Form HCFA 855.

Revisions to the ASC conditions for coverage are the subject of a separate notice entitled ''Conditions for Coverage of Ambulatory Surgical Centers'' (HCFA–1887–P) that is currently being developed. Pending publication of that notice of proposed rulemaking, we propose to move the conditions for coverage found currently in sections § 416.41 through § 416.49 to subpart D, which we propose to rename ''Specific Conditions for Coverage.''

D. Additions to/Deletions From the ASC List

Section 934 of the Omnibus Reconciliation Act of 1980 amended sections 1832(a)(2) and 1833 of the Act to authorize the Secretary to specify, in consultation with appropriate medical organizations, surgical procedures that, although appropriately performed in an inpatient hospital setting, can also be performed safely on an ambulatory basis in an ASC, a hospital outpatient department, or a rural primary care hospital. The report accompanying the legislation explained that the Congress intended procedures currently performed on an ambulatory basis in a physician's office, which do not generally require the more elaborate facilities of an ASC, not be included in the list of covered procedures (H.R. Rep. No. 1167, 96th Cong. 2d Sess. 390, reprinted in the 1980 U.S.C.C.A.N 5526, 5753). In a final rule published August 5, 1982 in the **Federal Register** (47 FR 34082), we established regulations which included criteria for specifying which surgical procedures were to be included for purposes of implementing the ASC facility benefit. These criteria are found at 42 CFR 416.65, and include both general and specific standards. The general standards in § 416.65(a) define ASC procedures as—

- Commonly performed on an inpatient basis but may be safely performed in an ASC;
- Not of a type that are commonly performed or that may be safely performed in physicians' offices;

• Requiring a dedicated operating room or suite and generally requiring a post-operative recovery room or short-term (not overnight) convalescent room; and,

• Not otherwise excluded from Medicare coverage.

The specific standards in § 416.65(b) limit ASC procedures to those that do not generally exceed 90 minutes operating time, a total of 4 hours recovery or convalescent time, and, if anesthesia is required, the anesthesia must be local or regional anesthesia or general anesthesia of not more than 90 minutes duration. Section 416.65(c) excludes from the ASC list procedures that generally result in extensive blood loss, that require major or prolonged invasion of body cavities, that directly involve major blood vessels, or that are generally emergency or life-threatening in nature.

In April 1987, we adopted numerical criteria as a tool for identifying procedures that were commonly performed either in a hospital inpatient setting or in a physician's office. Collectively, commenters responding to a notice published in the **Federal Register** on February 16, 1984 (49 FR 6023) had recommended that virtually every surgical CPT code be included on the ASC list. Consulting with other specialist physicians and medical organizations as appropriate, our medical staff reviewed the recommended additions to the list to determine which code or series of codes were appropriately performed on an ambulatory basis within the framework of the regulatory criteria in § 416.65. However, when we arrayed the proposed procedures by the site where they were most frequently performed according to our claims payment data files (1984 Part B Medicare Data (BMAD)), we found that many codes were not commonly performed on an inpatient basis or were performed in a physician's office a majority of the time, contrary to our regulations. Therefore, we decided that if a procedure was performed on an inpatient basis 20 percent of the time or less, or in a physician's office 50 percent of the time or more, it should be excluded from the ASC list. (See **Federal Register** of April 21, 1987, (52 FR 13176).) At the time, we believed that these utilization thresholds best reflected the legislative objectives of moving procedures from the more expensive hospital inpatient setting to the less expensive ASC setting without encouraging the migration of procedures from the less expensive physician's office setting to the ASC. We applied these place of service tests not only to codes proposed for addition to the ASC list, but also to the codes that were currently on the list, to delete codes that did not meet the 20/50 site of service thresholds.

The trend towards performing surgery on an ambulatory or outpatient basis grew steadily, and by 1995, we discovered that a number of procedures that were on the ASC list at the time fell short of the 20/50 threshold even though the procedures were obviously appropriate to the ASC setting. The most notable of these was cataract extraction with intraocular lens insertion, very few cases of which were being performed on an inpatient basis by the early 1990's. We were also excluding from the ASC list certain newer procedures, such as CPT code 66825, Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure), that from their inception were almost never performed on a hospital inpatient basis but that were certainly appropriate for the ASC setting. And, strict adherence to the same 20/50 thresholds both to add and remove procedures did not provide latitude for minor fluctuations in utilization settings or errors that could occur in the site-of-service data drawn from the National Claims History File that we were using, replacing BMAD data, for analysis. In an effort to avoid these anomalies but still retain a relatively objective standard for determining which procedures should comprise the ASC list, we adopted in the last revision of the list, which was published in the **Federal Register** on January 26, 1995 (60 FR 5185), a modified standard for deleting procedures already on the ASC list. We deleted from the list only those procedures whose combined inpatient, hospital outpatient, and ASC site-of-service volume was less than 46 percent of the procedure's total volume, and that were performed 50 percent of the time or more in a physician's office or 10 percent of the time or less in an inpatient hospital setting. We retained the 20/50 standard to determine which procedures should be added to the ASC list.

The applicability and appropriateness of the standards HCFA uses to specify procedures that constitute the ASC list were the subject of lengthy discussion at the July 1996 ASC Town Meeting. The comments of those attending the Town Meeting, as well as written comments received following the meeting, repeatedly characterized the 20/50 numerical thresholds as simplistic, arbitrary, artificial, and outdated and urged us to ''modernize'' the standards by which we select procedures for the ASC list. Similarly, most commenters characterized the 90 minute limit on surgery and the four hour limit on recovery as obsolete, outdated, arbitrary and without medical significance and blind to the numerous technical advances in surgery and the development of short-acting anesthesia which have radically altered surgical practices since the early 1980's when those criteria were established. Commenters urged us to supplement or preferably replace quantitative thresholds with qualitative considerations that recognize the capabilities of modern ASCs. Some commenters took the position that the list be abandoned altogether; others recommended leaving the choice of where a surgical procedure is to be performed to those best able to determine which setting is most appropriate, namely, the physician, in consultation with the patient, and the anesthesiologist. Commenters argued that eliminating the list would allow Medicare beneficiaries who are medically unstable and for whom an office would not be a safe setting for even very simple surgery to have access to an ASC as an alternative to the hospital. Conversely, an ASC could be an appropriate alternative to the hospital for more complex procedures for beneficiaries who are healthy. At least one commenter suggested that the ASC list include any procedure which we would recognize as appropriate in a hospital outpatient setting.

The statute prevents us from eliminating the ASC list. However, in response to discussions at the Town Meeting, written comments submitted after the Town Meeting, and the growing consensus expressed by the ASC community in comments we received following publication in the **Federal Register** of proposed notices on December 7, 1990 (55 FR 50590) and December 14, 1993 (58 FR 65367), we propose to modify our approach to selecting the procedures for which Medicare pays an ASC facility fee.

1. Revision of 42 CFR 416.65

The intent of the revision to § 416.65 is to render the regulation less prescriptive in defining the kinds of procedures that are appropriate for the ASC list while allowing it to still remain within the constraints imposed by the statute. The changes to 42 CFR 416.65 that we are proposing are based on certain basic premises. First, we continue to focus on procedures that fall within the surgical range (10000 through 69999) of the HCFA Common Procedure Coding System (HCPCS) or the American Medical Association (AMA) *Physicians' Current Procedural*

Terminology (CPT). (The AMA's CPT terminology and coding is included, with permission, in the HCPCS system. For surgical procedures, the codes are the same.) Second, we limit ASC procedures to those surgical procedures that require the kind of supplies, equipment, physical environment, staffing, and health and safety protocols that are typical of a hospital setting and required of an ASC, including a dedicated operating room or suite or procedure room that is equipped, staffed, and maintained solely for the performance of surgical procedures, and a designated recovery room or area that is equipped, staffed, and maintained solely for the use of post-operative patients. However, while necessitating the resources and set-up typical of a hospital surgical department, ASC procedures must not be those for which patients are expected to be admitted to the hospital on an inpatient basis due to the severity or risks inherent in the procedure or to the need for inpatient post-operative care before the patient can be safely discharged to recuperate at home. Finally, the ASC list must not include procedures that are excluded from Medicare coverage by statute.

We propose to remove the references to ''commonly performed'' found in § 416.65(a) and the time limits on operating, anesthesia, and recovery time that are currently spelled out in § 416.65(b)(1) and (2). With the ambulatory payment classification (APC) system, we can rely on clinical homogeneity at least as much as site of service patterns in determining which procedures are appropriate for the ASC list. Precisely because the APC groups are clinically coherent, as a general rule we did not split up APC groups by including some procedures from an APC group on the ASC list while excluding from the list other procedures in the same APC group. We either regarded all of the procedures in an APC as appropriate for the ASC list or none of the procedures in an APC as appropriate for the ASC list.

We propose to retain the specific standards found at § 416.65(b)(3), and we shall continue to exclude from the ASC list procedures that generally result in extensive blood loss, require major or prolonged invasion of body cavities, directly involve major blood vessels, or are generally emergent or life-threatening in nature. Because of the risks inherent in procedures that involve these characteristics, any of which suggests that the well-being of the patient could be in jeopardy, we are excluding such procedures from the ASC list because performing them in an ambulatory setting violates the statutory safety standard of the Act (1833(i)(1)(A)). One of our reasons for revising 42 CFR Part 416 is to highlight that procedures with any of the characteristics listed in proposed § 416.22(b) are, by their nature, unsafe and inappropriate in an ASC setting and are therefore not reasonable and not medically necessary when performed in an ASC setting. Procedures with these characteristics are excluded from the ASC list and payment of a Medicare ASC facility fee for services furnished in connection with such procedures is not allowed.

Conversely, we discuss below in greater detail, procedures that do not satisfy the criteria in proposed §§ 416.22(a)(1), 416.22(a)(2), or 416.22(a)(3) are excluded from the ASC list because such procedures do *not* require the generally more elaborate and costly services and resources that characterize Medicare approved ASCs.

We solicit comments on the reasonableness and validity of the criteria that we are proposing as the basis for excluding procedures from the ASC list. We solicit comments on the reasonableness and validity of the changes to § 416.65 of the regulations, which we propose to incorporate in proposed § 416.22. We also solicit comments regarding the appropriateness of all the codes on the ASC list in Addendum B. Specifically, we welcome comments regarding any procedure in Addendum B that should be excluded from the ASC list because it is not safe outside a hospital inpatient setting or any procedure in Addendum B that can be safely and effectively performed in an office setting without the more elaborate services typical of an ASC. Comments should be framed within the context of the revised criteria proposed in proposed § 416.22.

2. Eliminate Numeric Thresholds

Although the 20/50 numeric thresholds for adding procedures to the ASC list and the 46/10/50 threshold for keeping procedures on the list were not a part of the regulations, they have been the basis of our policy for determining whether a procedure belonged on the ASC list. However, beginning with this notice, we propose to discontinue using site-of-service as the principal determinant of which procedures to add to or delete from the ASC list. Instead, we regard site-of-service data as but one of several factors, such as the criteria proposed in proposed § 416.22, to be taken into account in determining whether or not a procedure should be on the ASC list.

By adhering to the principle of keeping APC groups intact, we included on the ASC list or excluded from the list all of the procedures in a clinically homogeneous APC, notwithstanding anomalous site of service data for individual procedures within the groups.

3. Formation of Advisory Group

A number of commenters, both during and subsequent to the ASC Town Meeting, urged the creation of an advisory committee or council to work with HCFA on keeping the ASC list up-to-date. One commenter suggested adding a review of the ASC list to the annual CPT/Relative Value Update Committee (RUC) process. We are deferring a decision on the creation of an advisory committee pending implementation of the provisions that are proposed in this notice and until we can investigate further the possibility of utilizing an existing group, such as the RUC or the Medicare Carriers Medical Directors Workgroup, whose members might give us timely advice regarding procedures that are appropriate in an ASC setting. In the meantime, we propose to continue relying on consultations with professional and medical societies and trade associations; on correspondence and comments from these groups, from individual members of the ASC community, and from the public generally; as well as on the judgement of our medical advisors to determine the appropriateness of procedures for the ASC list both within the context of the criteria we have proposed in renumbered § 416.22 and the composition of APC groups.

4. Proposed Additions to the ASC List

We propose to add 422 CPT codes to the ASC list, consistent with the standards we propose in the new § 416.22. In applying the principles proposed in § 416.22 for the purpose of specifying additions to the ASC list, we recognized that an ASC might be appropriate for some procedures shifting from an inpatient to an outpatient setting for the patient who is generally healthy and is capable, but that an ASC would be a questionable setting for those procedures among the greater Medicare population whose health is more likely to be compromised by age or disability. Overall, based on the advice of our medical advisors and on the written comments we have received from ASC administrators, physicians, professional societies, and trade associations since the January 26, 1995 update of ASC procedures, we have determined that the procedure codes we are proposing to add to the ASC list could be safely performed in an ASC on the general Medicare

population in at least a significant number of cases.

One commenter expressed apprehension that expanding the ASC list could result in edicts from HCFA or other purchasers of health care that once added to the ASC list, a procedure *must* be performed in an ASC, without taking into account the individual patient's condition or the suitability of an ASC for a particular procedure. We recognize that for individuals with certain medical conditions, no procedure on the ASC list may be safely performed except on an inpatient basis. Therefore, we emphasize that the choice of operating site remains ultimately a matter for the professional judgement of the patient's physician, in consultation with the patient and, often, the anesthesiologist, irrespective of whether a procedure is on the ASC list. Section 416.23 in the proposed regulations reinforces this point.

All of the proposed additions to the ASC list are designated in Addendum A, along with the ambulatory payment classification (APC) group proposed for each. We invite and encourage comments on the appropriateness of these additions to the ASC list in light of the criteria in § 416.22.

a. Additions Suggested by Commenters

Of the 422 additions to the ASC list that we are proposing, the following 52 codes were specifically suggested by the ASC community in correspondence and comments that we have received since the publication of the last **Federal Register** update of the list on January 26, 1995 (60 FR 5185). We invite comments on the appropriateness for the ASC list of the procedures identified by these CPT codes:

15822	43244	56353	67110
15823	43249	56355	67145
15824	43761	57288	67208
15825	45330	62287	67210
15826	49568	62298	67228
26608	50080	63244	67900
29848	50081	65436	68810
33222	51715	65855	68811
35875	52601	66761	68815
36862	52647	66762	68830
37731	52648	66825	
40720	55859	67028	
42415	57288	67101	
43205	62287	67105	

b. Proposed Additions Resulting From Changes to CPT

The CPT is updated annually, and occasionally new codes added to CPT affect the ASC list. The following procedures were added to the ASC list because they were added to the CPT, usually to replace a deleted code. We are requesting comments on the appropriateness of adding to the ASC list the codes new to CPT in 1995 that are indicated below, which we were unable to include in the **Federal Register** notice published on January 26, 1995 (60 FR 5185). We are also requesting comments on the appropriateness of adding to the ASC list codes new to CPT in 1996, 1997, and 1998, which are indicated below.

New CPT codes added effective January 1, 1995: 31254; 31255; 31256; 31267; 31276; 57522

New CPT codes added effective January 1, 1996: 19290; 19291; 22103; 22328; 43249; 56301; 56302; 56343; 56344; 62350; 62351; 62360; 62361; 62362; 62365; 62367; 62368

New CPT codes effective January 1, 1997: 15756; 15757; 15758; 26551; 26553; 26554; 68810; 68811; 68815

New 1998 CPT codes: We are proposing to add to the ASC list the following HCPCS codes that were new in 1998: 29860; 29861; 29863; 29891; 29892; 29893; 52282; 53850; 53852; 56318; 56318; 56346; 59871; 67027; G0104; G0105

c. Proposed Additions Resulting From Ambulatory Payment Classification (APC) Groupings

We have determined that the remaining codes that we are proposing to add to the ASC list are consistent with the criteria in § 416.22, and we believe that they would be safe, appropriate, and effective if performed in an ASC setting.

5. Proposed Deletions and Exclusions From the ASC List

a. Procedures Excluded for Reasons of Safety, Reasonableness and Medical Necessity

There are a total of 2,361 CPT codes in the surgical range that are not on the revised ASC list proposed in this notice. Of these 2,361 procedures, 203 are codes that we are proposing to delete from the current ASC list because they are not safe or otherwise reasonable and necessary in an ASC setting. The proposed deletions are flagged in Addendum A.

b. Unlisted Procedures

In most surgical categories, CPT includes codes for unlisted procedures. Because codes for ''unlisted'' procedures, by definition, contradict the statutory mandate for an ASC list, and because there is no way of knowing in advance whether a procedure for which there is no appropriate description in CPT is consistent with our standards for the ASC list, we are continuing our policy of excluding those codes from the ASC list.

c. Exclusion of Office-Based Procedures

Some comments made during and after the ASC Town Meeting supported expansion of the ASC list to allow Medicare payment of an ASC facility fee for procedures that are ordinarily performed in an office setting but that require the more extensive resources typical of an ASC to accommodate the special health needs of a patient. We considered the effect of expanding the ASC list to include procedures that are ordinarily performed safely and appropriately in a physician's office or a physician's clinic or treatment room. Our 1994 ASC survey did not capture charge information on office-based procedures, but we had the benefit of hospital outpatient claims data and practice expense data compiled for the Medicare physician fee schedule (see the proposed rule in the **Federal Register** published June 18, 1997, 62 FR 33158, entitled ''Revisions to Payment Policies Under the Physician Fee Schedule, Other Part B Payment Policies and Establishment of the Clinical Psychologist Fee Schedule for Calendar Year 1998''). We theorized that we would not encourage office-based procedures to migrate to the ASC setting by paying the ASC instead of the physician the amount allowed for in-office practice expenses in connection with an office-based procedure on the few occasions when a patient needed a more intensive level of support because of individual health considerations. Relating payment to the costs intrinsic to performing the procedure would also move closer towards achieving a level playing field where payments are based on the service, rather than on the site where the service is furnished.

In the final analysis, we have decided that we would not, at this time, propose to add to the ASC list 340 HCPCS codes that describe procedures that can be performed safely and effectively in a physician's office, clinic or treatment room and for which the more elaborate facility services of an ASC are not required. Further, we propose to remove 63 codes that are currently on the ASC list which, we have determined, fail to meet the criteria in § 416.22(a), i.e. these procedures do not require surgical facilities, they are not services of the kind that are typically provided in a hospital inpatient setting, or do they do not require a dedicated operating room or room for post-operative recovery. Including procedures that are office-based on the ASC list might be construed as running counter to Congressional intent expressed in the conference report cited above. Also, paying ASC facility fees of $5 or $10

appeared administratively frivolous. Finally, office-based procedures are readily identifiable precisely because they *do not* satisfy the ASC-appropriate standards that we are proposing in § 416.22. Therefore, we are continuing, at this time, our policy of not including office-based procedures on the ASC list. However, we do not rule out the possibility of a future change of policy on this point after we have had an opportunity to evaluate the impact of incorporating resource-based practice expense relative value units (PE RVUs) into the Medicare Physician Fee Schedule and of implementing a prospective payment system for hospital outpatient surgical services, each of which is scheduled to occur in 1999.

We have given an ASC payment policy indicator ''5'' to the 403 CPT codes that we consider to be office-based procedures to indicate that no payment for expenses incurred to perform these office-based procedures is allowed other than the Medicare payment to the physician performing the procedure. An ASC payment policy indicator ''5'' precludes additional payment if these procedures are performed in an ASC. Refer to section III.E. of this notice for a more detailed discussion of the ASC payment policy indicators.

d. Suggested Additions Not Accepted

The following procedures have been suggested by the ASC community for addition to the list since publication of the last **Federal Register** update of the list on January 26, 1995 (60 FR 5185), but we propose to exclude them from the ASC list for the reasons given.

19240—Mastectomy, modified radical. (This procedure can result in extensive blood loss; admission to a hospital on an inpatient basis to recover from the procedure is appropriate.)

21356 & 21366—Repair heel bone fracture; 31225— Removal of upper jaw; 33212 & 33213—Insertion or replacement of pacemaker pulse generators; 37201— Transcatheter therapy, infusion for thrombolysis; 41130— Partial removal of tongue; 41153—Tongue, mouth, neck surgery; 51840 & 51841—Anterior vesicourethropexies; 51845--Abdomino-vaginal vesical neck suspension; 54430—Revision of penis; 56308—Laparoscopy, surgical and vaginal hysterectomy; 63030—Laminotomy (hemilaminectomy), with decompression of nerve root(s). (These procedures require admission to a hospital on an inpatient basis in order to have the procedure performed or in order to recover from the procedure.)

33216, 33217, & 33218—Insertion/replacement of electrodes and repair of pacemaker electrodes; 35475 & 35476—Transluminal balloon angioplasties; 56340, 56341 & 56342—Laparoscopy, surgical cholecystectomies. (These procedures directly involve major blood vessels, and with respect to the Medicare population in particular, the latter procedures would necessitate admission to a hospital on an inpatient basis to perform or to recover from the procedure.) One professional society takes the position that laparoscopic cholecystectomy should only be performed in a setting that is equipped and prepared to switch intra-operatively to an open procedure in the event problems arise during the laparoscopic procedures.

e. Procedures Deleted Because of CPT Coding Changes

The CPT is updated annually, and occasionally, the deletions affect the ASC list. The following is a list of procedures that were deleted from the ASC list because they were deleted from the CPT.

Deleted effective April 1, 1995: 25005; 25317; 25318; 26527; 31245; 31246; 31247; 31248; 31249; 31251; 31261; 31262; 31264; 31266; 31269; 31271; 31280; 31281; 31282; 31283; 31284; 31286; 31659; 36840; 36845; 45180; 52650

Deleted effective March 31, 1996: 28236; 63750; 63780; 67109

Deleted effective April 1, 1997: 15755; 20960; 20971; 25330; 25331; 26522; 26557; 26558; 26559; 42880; 56360; 56361; 68825

None of the procedures deleted from CPT 1998 were on the ASC list.

f. Procedures Recommended by Commenter for Deletion

One correspondent suggested that we remove several codes from the ASC list because they describe procedures that may not be safely and effectively performed in the ASC setting. Our medical staff concurs with the opinion of the correspondent, and the following codes are among those we are proposing to exclude from the ASC list: 15756; 15757; 15758.

6. Comments on the ASC List

We propose to add 422 procedures to the ASC list and to delete 203 procedures from the ASC list, consistent with the standards discussed previously in this notice. The net effect of these changes would expand the ASC list from 2280 CPT codes to 2499 CPT codes.

We solicit comments on whether we have made appropriate determinations regarding the following:

- Procedures that are excluded from the ASC list because they involve one or more of the criteria in proposed § 416.22(b) and are not, as a consequence, safely performed in an ASC. (These procedures are listed in Addendum A with an ASC payment policy indicator of ''3.'');
- Procedures that are not on the ASC list because they do not satisfy one or more of the criteria in proposed § 416.22(a). (These procedures are listed in Addendum A with an ASC payment policy indicator of ''5.'');
- Procedures that are prepared as the ASC list for which Medicare should not be paying an ASC facility fee because the procedures are not consistent with the criteria in § 416.22. (The proposed ASC list is presented as Addendum B.)

We also solicit comments on 203 codes that we are proposing to delete from the current ASC list and the 422 codes that we are proposing to add to the ASC list. (See Addendum A.) We ask that all comments regarding the appropriateness of procedures for the ASC list be framed within the context of the revised criteria proposed in re-numbered § 416.22.

E. Ratesetting Methodology

1. Current method

There are currently eight payment levels under the Medicare ASC benefit. Based on its cost, each of the 2280 CPT codes on the ASC list is paid one of eight prospectively determined payment rates. Collectively, all of the codes that are paid a particular rate constitute a payment group. (A ninth payment rate for extracorporeal shock wave lithotripsy (ESWL) was established in a notice published December 31, 1991 in the **Federal Register** (56 FR 67666). Medicare stopped paying for ESWL as an ASC service beginning in March 1992 under the provisions of a court stay, which is discussed in section III.H. of this notice.) The method by which the current eight ASC payment levels or rates were calculated is explained in the **Federal Register** that was published on February 8, 1990 (55 FR 4526). The steps involved in the 1990 ratesetting methodology which based rates on ASC facility overhead expenses and procedure-specific charges reported in the 1986 ASC Survey are summarized as follows:

- Adjust reported costs and charges on the basis of audit findings, eliminate incorrectly reported survey data, and adjust costs that exceed allowable limits;

• Inflate per procedure charges across all facilities using the consumer price index for all urban consumers (CPI–U);

• Using the hospital prospective payment system wage index, neutralize the effect of regional wage differences across all facilities by deflating that portion of per-procedure charges attributable on average to labor costs (34.45 percent);

• Identify the median charge for each procedure (CPT code) across all facilities, weighting individual procedure charges in each facility by the total number of times the procedure was performed multiplied by the facility's ratio of Medicare patients to total number of patients;

• Calculate the median Medicare cost-to-charge ratio for audited facilities and adjust the weighted median charge for each procedure (CPT code) by the cost-to-charge ratio (0.776) to calculate a cost value;

• Form groups at $75 intervals and set the payment rate for each group at the weighted median cost of the procedures in the group;

• Incorporate as part of the ASC facility fee for intraocular lens (IOL) insertion procedures an allowance for the lens. (Section 13533 of the Omnibus Budget Reconciliation Act of 1993 (OBRA 93) (Public Law 103–66), enacted on August 10, 1993, requires that the payment for an IOL furnished by an ASC be equal to $150 for the period beginning January 1, 1994 through December 31, 1998).

Both the current and proposed ASC ratesetting methodology consist of four major components: (I) Determine a per-procedure cost for every reported CPT code at the individual facility level; (II) Determine a per-procedure cost for every reported CPT code across all facilities; (III) Group procedures, and (IV) Determine a standard payment rate that is generally a fair fee for all the procedures within each group. The standard payment rate arrived at in the final step becomes the Medicare ASC facility fee or payment rate.

In developing the payment rates proposed in this notice, we have retained the same basic methodology that is explained in the final notice published in the **Federal Register** on February 8, 1990 (52 FR 4526) and outlined above. We have introduced a few refinements that we believe enable us to measure more precisely the costs incurred by ASCs individually and collectively to perform procedures on the ASC list. The most notable modification of the current ratesetting methodology that we are proposing affects the third component of the ratesetting process: We propose to adopt a different approach to grouping procedures, using an ambulatory payment classification system (APCS), instead of creating groups based on $75 cost increments. The following steps explain how we arrived at the ASC payment rates that are proposed in this notice.

2. Proposed Ratesetting Method

Determine a per-procedure cost for every reported CPT code at the individual facility level:

a. Use 1994 Survey Data

Data on facility overhead expenses and procedure specific charges that were collected in 1994 via the *Medicare Ambulatory Surgical Center Payment Rate Survey* are the basis for the payment rates proposed in this notice. Part I of the survey instrument, ''General Information and Charge Schedules'' (Form HCFA–452A), was mailed in July 1992 to all ASCs that were Medicare participating at that time (1,396) for the purpose of gathering demographic data to serve as the frame for selecting a representative sample of ASCs that would be asked to complete a more comprehensive cost survey in 1994. One thousand one hundred forty-three ASCs completed and returned Part I of the ASC survey. In establishing the sample of facilities to complete Part II of the ASC survey, we excluded facilities that had been in operation for less than two years, facilities that performed fewer than 250 procedures during the 12-month survey period, and facilities whose most recently completed fiscal year exceeded or was less than 12 months. The remaining 832 ASCs were stratified into four categories based on reported procedure volume: high, medium, and low procedure volume, and eye specialty facilities. Eye specialty facilities were defined as any facility where procedures in the CPT range between 65000 and 68900 (Eye and Ocular Adnexa) comprised 50 percent or more of total surgical volume. We used these strata because we found them most likely to result in a sample of facilities that would be representative of the universe of Medicare participating ASCs that completed Part I of the survey in terms of type and volume of procedures typically performed and costs incurred to furnish facility services in connection with those procedures.

Available resources for data entry required us to limit the size of the sample to approximately 300 facilities. In accordance with generally recognized statistical conventions, 320 facilities were randomly selected. In March 1994, we mailed the Medicare Ambulatory Surgical Center Payment Rate Survey, Part II—Facility Overhead and Procedure Specific Costs (Form HCFA–452B) to the survey sample. Facilities were initially required to complete Form HCFA–452B by May 31, 1994, but because a large number of facilities experienced difficulties in meeting the deadline, we complied with most requests to extend the due date.

Part II of the survey gathered information from each ASC's most recently completed 12-month fiscal year. Most facilities reported calendar year 1993 data, with a few facilities reporting data from other fiscal years. The survey yielded a data set of procedure-specific information for 1516 of the nearly 2250 CPT codes that were on the ASC list as of December 31, 1993, including the number of times each procedure was performed on Medicare and on non-Medicare patients and the charge billed on average to all patients, both Medicare and non-Medicare, for each surgical CPT code. The survey also collected data on operating room time for high volume procedures on the ASC list and aggregate utilization and charges for procedures performed that were not on the ASC list. In addition, the survey elicited facility overhead costs for plant and property, equipment, supplies, contractual labor, employee labor, owner's compensation, bad debt, and general administrative costs. We asked ASCs to report the costs they incurred to procure intraocular lenses and to purchase ''non-routine'' supplies, e.g., any supply whose net unit cost exceeded $100. Information regarding any relationship between the ASC and other organizations or entities and the ASC's financial statement for the fiscal period reported in the survey were also solicited. Part II of the ASC survey included a section intended to capture procedure specific statistical and resource cost data for 29 CPT codes, including time allocations, staffing patterns and labor costs, supply costs, and medical equipment costs.

b. Audit Representative Sample of Facilities

In accordance with the statutory requirement at section 1833(i)(2)(A)(i) that we set rates in such a way as to take into account actual audited facility costs, and in order to validate the accuracy and reasonableness of survey responses, we conducted a nationwide audit of a sample of the ASCs that completed Part II of the survey. One hundred ASCs, 25 from each sampling stratum (high utilization, medium utilization, low utilization, and eye specialty), were randomly selected for audit in accordance with standard

statistical sampling procedures. The nationwide audit was conducted from November 1994 through January 1995 by Medicare fiscal intermediaries. Although ASC claims are processed by Medicare carriers, we believe intermediaries' familiarity and experience with Medicare audits better equipped them to carry out this task. In addition, the Office of Inspector General (OIG) conducted an audit of the home offices of the two principal ASC chain organizations with facilities included in the sample. We instructed the auditors to determine reasonable facility costs in accordance with Medicare payment principles.

Of the 320 facilities randomly selected to complete Part II of the Medicare ASC survey, 16 were exempted from completing the survey because of termination of Medicare participation or change in ownership prior to receipt of the survey form; inability to identify and properly allocate facility operating costs as a separate and distinct entity; or, incomplete records due to facility damage. In addition, we excluded nine other surveys from consideration in setting the rates proposed in this notice for the following various reasons: The audits revealed four facilities to have incorrectly reported their charge and utilization information; one form could not be accounted for and the facility did not have a copy to resubmit; two facilities reported data for less than a 12 month period; and, two facilities were unable to capture charge data from their record keeping systems in the manner requested.

c. Adjust Audited Surveys

We accepted the auditors' findings, which resulted in net adjustments that reduced reported aggregate costs by 9 percent and increased reported aggregate charges by 3 percent. The major cost reductions occurred in the areas of general administrative expenses and bad debts. We then made two additional adjustments to audited adjusted wage and administrative cost data, as follows.

After an analysis of audited contractual labor expenses, employee salaries and fringe benefits, and owner's compensation, we set a maximum compensation limit for each staffing category to eliminate unreasonable, and therefore unallowable, labor expenses from our determination of facility costs. (Because payment for the professional services of physicians and certified registered nurse anesthetists is made under other provisions of Medicare, Part B, the cost of these services is excluded from determining ASC facility costs.)

- We calculated the hourly wages for administrative and medical staff, taking into account fringe benefits and paid leave, using audited 1994 survey data. In calculating hourly pay rates for each staff category, we excluded data reported as owner's compensation because the reported hourly rates of owner's compensation were excessively high relative to the hourly pay for non-owners in the same positions.
- We selected the 75th percentile as the maximum allowable hourly wage rate in each staffing category. We considered using higher levels (80th or 90th percentile) as a cap, but we found the wage rates above the 75th percentile to be too erratic. We found the wage rates at the 75th percentile to be consistent and reasonable across all staff categories.
- We adjusted audited hourly wage rates that exceeded the 75th percentile of each staffing category to the maximum allowable hourly wage rate and recalculated labor costs by multiplying the adjusted hourly wage rate by the number of reported paid hours.

We believe that this approach is an improvement over the current methodology because it adjusts unreasonable labor costs for all categories of staffing, not just administrator and medical director pay; it takes actual compensated hours into account rather than using full-time equivalents (FTEs); and, we base the maximum allowable factor on the 75th percentile of labor costs rather than on an average. Table 1 shows the limits applied to ASC labor expenses.

TABLE 1.—HOURLY WAGE CAPS AT 75TH PERCENTILE

Staff category	Number of observations	Median hourly wage	Approx. annual salary	75th percentile hourly wage	Approx. annual salary
Administrator	66	35.39	$73,611	45.23	$94,078
Director/Manager	87	24.13	50,190	31.53	65,582
Supervisors	52	21.41	44,533	26.07	54,226
Clerical	116	11.33	23,566	13.24	27,539
Nurse	117	19.53	40,622	23.60	49,088
Medical Technician	92	13.31	27,685	16.60	34,528
Other Medical	49	10.99	22,859	15.61	32,469
Other Non-medical	83	11.94	24,865	15.65	32,552

In addition to making adjustments to unreasonable labor costs, we excluded from our calculation of facility costs those expenses reported in the 96 audited surveys for services which are not allowable under Medicare Part B principles of payment. Examples of costs that were not allowed include expenses for advertising, employee morale, gifts and memorials, entertainment, and parties.

d. Standardize Unaudited Costs and Charges

For the 96 audited surveys, aggregated audit adjusted expenses, including our adjustments for unreasonable labor and administrative costs, were 12 percent lower than reported overhead costs. To standardize the costs of the 199 unaudited facilities with those of the 96 audited facilities, we adjusted each category of overhead expense (plant and property, equipment, supplies, IOL, contractual labor, employee, owner's compensation, bad debts, and other expenses) in the unaudited surveys by the percent of difference between reported and audit adjusted data in each category of overhead expense for the 96 audited surveys. To standardize unaudited charges, we determined the percent of difference between aggregated reported charges and aggregated audited charges for the 96 audited surveys. We increased per-procedure charges in each of the 199 unaudited surveys by the 3.07 percent of difference between reported and audit adjusted aggregate charges.

e. Calculate Facility-Specific Cost-to-Charge Ratio

When we rebased ASC payment rates using 1986 data, we used a median cost-to-charge ratio based on data from 90 audited surveys. At that time, we considered using a facility-specific cost-to-charge ratio that would have taken into account the differences in the relationship between charges and cost that exist among facilities, but we elected not to do so because the data from unaudited 1986 surveys were seriously deficient. Because most of those earlier deficiencies have been ameliorated in the 1994 survey database, we are revising our ratesetting methodology to use a facility-specific cost-to-charge ratio.

- For each of the 295 surveys, we summed costs reported for plant and property, equipment, supplies, contractual labor, salaries, owner's compensation, bad debts, and miscellaneous other administrative expenses to calculate total net adjusted costs. Note that we exclude costs incurred by ASCs to furnish intraocular lenses (IOLs) from the calculation of the facility specific cost-to-charge ratio. Otherwise, the cost of an IOL would be spread across all procedures rather than being allocated specifically to the four procedures that require IOLs. We treat IOL costs separately, as we explain below.
- For each of the 295 surveys, we calculated total net adjusted procedure charges, including charges both for procedures on the ASC list and for procedures performed at the ASC that were not on the ASC list.
- We divided each facility's total net adjusted costs by the facility's total net adjusted charges to determine the ratio of the facility's overall costs to its charges.

f. Convert Each Procedure Charge to a Procedure Cost

We multiplied the net adjusted charge reported for each CPT code by the facility-specific cost-to-charge ratio in order to convert every net adjusted per-procedure charge to a per-procedure cost value. We believe that using a facility specific cost-to-charge ratio to arrive at per-procedure costs is a distinct improvement over the current methodology of using a median facility cost-to-charge ratio across all facilities because the facility specific ratio takes into account facility variations (single vs. multi-specialty, small vs. large, single vs. multiple ownership, etc.) which may affect the relationship between facility costs and charges.

g. Remove Intraocular Lens (IOL) Costs From Four Lens Insertion Procedures

Section 4063(b) of the Omnibus Budget and Reconciliation Act of 1987 (OBRA 1987) (Public Law 100–203) amended section 1833(i)(2)(A) of the Act to mandate that HCFA include payment for an IOL furnished by an ASC for insertion during or subsequent to cataract surgery as part of the ASC facility fee rather than paying for the prosthetic lens separately, in addition to the facility fee. The payment amount must be reasonable and related to the cost of acquiring the class of IOL involved.

Section 4151(c)(3) of the Omnibus Budget Reconciliation Act of 1990 (OBRA 1990) (Public Law 101–508) froze the IOL payment amount at $200 for the period beginning November 5, 1990 and ending December 31, 1992, and we continued the $200 IOL allowance from January 1, 1993 through December 31, 1993. Therefore, Medicare payments to ASCs performing IOL insertion procedures in calendar year 1993, the survey period for most facilities completing the 1994 ASC survey, included a $200 allowance for the IOL.

Section 13533 of the Omnibus Budget and Reconciliation Act of 1993 (OBRA 1993) (Public Law 103–66) mandated that, notwithstanding section 1833(i)(2)(A)(iii) of the Act, payment for an IOL furnished by an ASC must be equal to $150 beginning January 1, 1994 through December 31, 1998.

Although the statute at section 1833(i)(2)(A)(iii) defines IOLs as an ASC facility service and mandates that the ASC facility fee for lens insertion procedures include payment for the IOL that is reasonable and related to the cost of acquiring the class of lens involved, amendments to the statute have mandated a specific dollar amount that Medicare is to pay for the IOL, irrespective of the costs incurred by ASCs generally to furnish the IOL.

Because IOLs are considered a facility service, ASCs do not bill for them separately. Rather, the charge for an IOL is included within the procedure charge for CPT codes 66983, 66984, 66985, and 66986. After we converted procedure charges to procedure costs, we subtracted the IOL cost from the procedure cost for each of the four lens insertion codes before we neutralized per-procedure costs for regional wage variations, adjusted procedure costs for inflation, and grouped procedures in order to set payment rates. The amount that we subtracted is a facility-specific mean IOL cost based on data collected in the 1994 survey regarding the quantity and models of IOLs purchased and the total amount paid for each model net of all discounts, rebates, and credits. If we did not subtract the IOL cost from the procedure cost of the lens insertion procedures at this juncture, Medicare would be recognizing IOL costs twice: once as part of the rebased payment rate for the procedure, and again through the mandated IOL allowance that is to be added onto the payment rates set for CPT codes 66983, 66984, 66985, and 66986. Note that the payment rate of $863 determined for CPT codes 66983, 66984, 66985 and 66986 (APC 668) includes a $150 IOL allowance.

Rates for lens insertion procedures beginning January 1, 1999. The 1994 survey data reveal that the current IOL allowance of $150 is neither reasonable nor related to the cost of acquiring the lens, but rather, represents an overpayment by Medicare and a lost opportunity for beneficiary and program savings. The 1994 ASC survey data show that ASCs were acquiring IOLs in 1993 for substantially less than the $200 that Medicare was paying ASCs for IOLs at that time. Based on survey data reported by 215 ASCs (72 audited and 143 standardized by increasing IOL costs by 1.93 percent) that purchased 197,289 lenses, the weighted mean lens cost was $100, and the weighted median cost was $97 (weighted by frequency). Of the 215 ASCs on which these findings are based, 76 are eye specialty facilities. For eye specialty ASCs alone, the weighted mean IOL cost was $82, and the weighted median IOL cost was $70. Table 2 shows that even inflating 1993 IOL costs to 1998 dollars, ASCs can still acquire IOLs on average well below the $150 allowance mandated by Congress through December 31, 1998.

TABLE 2.—1994 ASC SURVEY: INTRAOCULAR LENS (IOL) COST INFLATED TO 1998 DOLLARS

	CY 1993 dollars	CPI–U inflation factor	CY 1998 dollars
Mean Cost, weight by frequency	$100	1.14915	$115
Median Cost, weight by frequency	97	1.14915	108

TABLE 2.—1994 ASC SURVEY: INTRAOCULAR LENS (IOL) COST INFLATED TO 1998 DOLLARS—Continued

	CY 1993 dollars	CPI–U inflation factor	CY 1998 dollars
Medicare IOL allowance	200	NA	150

(Based on 1994 ASC survey reported by 215 ASCs that purchased 197,289 lenses).

Prior to expiration of the $150 IOL allowance on December 31, 1998, we shall propose a revised payment rate for the four lens insertion procedures in APC 668 in order to be consistent with section 1833(i)(2)(A)(iii) of the statute, which states that lens insertion procedures are to include an IOL allowance that is reasonable and related to the cost of the lens involved. In rebasing the payment rates for the four lens insertion procedures, we expect to follow the basic ratesetting methodology proposed in this notice, with one difference: We would neutralize the charge-converted per procedure cost determined for CPT codes 66983, 66984, 66985, and 66986 to offset the effect of regional wage variations, and then, we would add the facility-specific mean IOL cost to the procedure cost for these codes. The resulting cost for the four lens insertion codes would be adjusted for inflation, and the payment rate for APC 668 would be recalculated. IOL costs would then be subject to interim year annual adjustments for inflation because they would be packaged within the facility fee for lens insertion procedures. Under the current payment method, the fixed add-on IOL allowance in payment group 6 and payment group 8 is not subject to an annual adjustment for inflation.

We solicit comments on this approach to rebasing the payment rate for IOL insertion procedures for services furnished beginning on January 1, 1999.

h. Calculate Facility Specific Portion of Procedure Cost Attributable to Labor Expenses

Having converted per procedure charges to cost values and subtracted IOL costs from CPT codes 66983, 66984, 66985, and 66986, we determined for the 295 audited and standardized surveys the percentage of facility costs attributable to labor.

- We summed each facility's expenses for contractual personnel, employee salaries and fringe benefits, and owner's compensation (labor-related costs);
- We summed each facility's net total costs including plant and property, equipment, supplies, contractual labor, employee salaries and fringe benefits, owner's compensation, bad debts, and miscellaneous other administrative expenses.
- We divided each facility's total labor-related costs by its net total costs to determine the percentage of the facility's costs related to labor.
- We multiplied each facility's per-procedure cost by the facility's percentage of labor-related costs to apportion each procedure cost into labor-related and non-labor related components.

Under the current ratesetting methodology, as explained in the final notice published in the **Federal Register** on February 8, 1990 (55 FR 4526), we use an average of the labor-related percentage for all facilities based on 1986 survey data to determine the portion of procedure charges attributable to labor costs. Using 1994 survey data to determine as precisely as possible costs incurred by a facility to perform an individual surgical procedure, we reasoned that a facility specific labor-related percentage would be a more sensitive gauge of variations in hiring practices, staffing patterns, and employee expenses that influence ASC procedure costs than a national average which, by definition, flattens these variations. Therefore, to capture the influence on per procedure costs of individual facility staffing patterns and practices, we calculated a facility specific labor-related percentage preliminary to deflating per procedure costs to offset variations in labor costs that are the result of broader regional demographic differences. However, we shall continue the current method of calculating actual payment amounts for ASC facility services using an average labor-related factor to adjust rates for regional wage differences, which is consistent with the Congressional intent that Medicare pay ASCs a prospectively determined standard overhead fee. Using 1994 audited survey data, we found that, on average, the percentage of facility costs attributable to labor expenses (contractual personnel, employee salaries and fringe benefits, and owner's compensation) is 37.66 percent, a slight increase over the 34.45 percent labor-related factor based on 1986 data that carriers use currently to adjust base rates for regional wage differences.

i. Deflation by Wage Index Value

In order to remove variations in ASC per procedure costs that could be due solely to geographical differences in labor costs, we neutralized or deflated the portion of each ASC's per procedure costs attributable to labor expenses.

- We calculated a facility-specific percentage of overall costs attributable to labor expenses as explained in section 2-h, above.
- We multiplied each facility's per-procedure cost (see section 2-f, above) by the facility's percentage of labor-related costs to determine the labor-related portion of the procedure cost.
- We divided the labor-related portion by the wage index value applicable to the ASC's location.
- We added the deflated labor-related portion of the procedure's cost to its nonlabor-related portion to arrive at a per procedure cost that is not influenced by geographic wage variations.

As part of the ratesetting methodology explained in the final notice published in the February 8, 1990 **Federal Register** (55 FR 4526), we state as a matter of policy our intention to use the most recent Medicare hospital inpatient prospective payment system (PPS) wage index values both to determine ASC base payment rates and to calculate payment amounts for individual claims for ASC facility services. Therefore, the updated ASC base rates published in the February 8, 1990 notice reflect the fiscal year (FY) 1990 hospital inpatient PPS wage index that was effective for hospital discharges beginning October 1, 1989. We also included wage index values for rural counties deemed urban under sections 1886(d)(8)(B) and 1886(d)(8)(C) of the Act.

In the **Federal Register** published December 31, 1991 (56 FR 67666), we announced that we would continue to use the most recently updated hospital inpatient PPS wage index values for urban areas and rural areas to calculate ASC payment amounts; that we would limit recognition of reclassified wage index values resulting from reclassifications approved by the Medicare Geographic Classification Review Board (MGCRB) under section 1886(d)(10) of the Act to rural counties deemed urban under section 1886(d)(8)(B) of the Act; and, that we would annually update ASC payment

rates concurrently with the annual update of the hospital inpatient PPS wage index.

Use of pre-reclassification wage index values. Both the method of setting ASC payment rates and the method of calculating payment amounts for individual claims for ASC facility services proposed in this notice include a wage index adjustment to offset the effects of geographic wage differences. In this notice, we propose to continue using the most recent index that HCFA has determined from hospital wage and salary data collected from hospital cost reports. However, we propose to use wage index values that are calculated from wage and salary data before HCFA makes certain adjustments. That is, the wage index that we propose to use to adjust ASC payment rates reflects neither the effects of hospitals being redesignated or reclassified from one area to another under the provisions of sections 1886(d)(8)(B), 1886(d)(8)(C), and 1886(d)(10) of the Act, nor the requirement stated in sections 4410 (a) and (b) of the Balanced Budget Act of 1997 (Pub. L. 105–33) that the wage index for an urban hospital not be lower than the Statewide rural wage index. We believe this ''pre-classification// pre-floor'' wage index more directly reflects salary and wage levels for health care personnel within a given geographic area than does a wage index that is the result of a series of hospital-specific adjustments.

A description of how HCFA determines the FY 1998 pre-reclassification//pre-floor wage index values for urban and rural areas that we used to determine the rebased rates that are proposed in this notice and that carriers will use to calculate wage-adjusted payments to individual ASCs is in the **Federal Register** published on August 29, 1997 (62 FR 45985).

For the same reason that we are using pre-reclassification// pre-floor wage index values, we propose to eliminate special wage index designations for ASCs in rural counties deemed urban under section 1886(d)(8)(B) of the Act. The counties affected by this proposed change of policy are listed in Table 3. We propose to have carriers use the wage index value for the geographic area in which the facility is located rather than a reclassified wage index value when they calculate Medicare facility fees for ASCs in these designated counties. We solicit comments from ASCs located in these areas if they believe they will be adversely affected by our no longer providing an ASC-specific wage index value for counties deemed urban under section 1886(d)(8)(B) of the Act.

There is precedent for our decision to use pre-reclassification hospital inpatient PPS wage index values: We use pre-reclassification wage index values to determine allowable costs and Medicare payment limits for skilled nursing facilities (SNFs) and home health agencies (HHAs). We further reason that because the decisions of the MGCRB apply solely to individual hospitals, and because there is no mechanism by which we can link ASCs with individual hospitals, pre-reclassification// pre-floor wage index values adequately measure wage and wage-related costs for short-term, acute care hospitals located within the labor market areas defined by the Office of Management and Budget (OMB) upon which we base our definition of geographic areas. OMB updates the definitions of metropolitan areas (MAs) each June, adding new areas that qualify as MAs and cities that qualify as central areas for MAs, keeping the definitions of these geographic areas current. We also include in our definition of hospital labor market areas the New England County Metropolitan Areas (NECMAs), as defined by OMB and the special reclassification of Stanly County, North Carolina (a rural county) as part of the Charlotte-Gastonia-Rock Hill, North Carolina-South Carolina MSA (a large urban area) under section 4408 of the BBA of 1997.

If the FY 1998 hospital inpatient PPS wage index is updated prior to publication of the final rule implementing the provisions of this notice, we shall recalculate all procedure costs and payment rates accordingly. The final rebased ASC rates may therefore vary somewhat from the rates proposed in this notice as a result of our using pre-reclassification//pre-floor hospital inpatient PPS wage index values that are more current at the time of publication of the final notice.

During the time between implementation of the final rates proposed in this notice and the next cycle of ratesetting to rebase rates using newer survey data, we shall freeze the base rates other than to adjust them for inflation in accordance with section 1833(i)(2)(C) of the Act, as amended by section 4555 of BBA 1997. That is, we do not intend to reset the base rates during these interim years to reflect the annual update of the wage index, although carriers will continue to calculate payment amounts to facilities using the most currently available wage index values, as they do currently.

We note that one consequence of our proposal to move all ASC updates to a calendar year cycle is a three-month delay in applying to the calculation of ASC facility fees the hospital inpatient PPS wage index values, which are updated on a fiscal year basis every October 1. We believe that the advantages of consolidating the updates of ASC rates, the ASC list, and wage index values to be effective every January 1, concurrent with the update of the Medicare Physician Fee Schedule, the *Physicians' Current Procedural Terminology,* and the Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS), far outweigh any disadvantages that might result from delaying for three months implementation of the most recent wage index. We solicit comments on this point and on the other modifications we propose to make with respect to our policy for adjusting ASC payment rates to offset the effects of geographic wage differences.

TABLE 3.—COUNTIES THAT WILL NO LONGER BE DEEMED URBAN UNDER SECTION 1886(D)(8)(B) OF THE ACT TO CALCULATE ASC PAYMENTS

County
Barry, MI
Cass, MI
Caswell, NC
Christian, IL
Harnett, NC
Henry, IN
Indian River, FL
Ionia, MI
Jefferson, KS
Jefferson, WI
Lawrence, PA
Lincoln, WV
Macoupin, IL
Marshall, AL
Mason, IL
Morrow, OH
Owen, IN
Preble, OH
Shiawassee, MI
Tuscola, MI
Van Wert, OH
Walworth, WI

j. Adjust Reported Costs for Inflation to Offset Fiscal Year Differences Among Facilities

The most recently completed 12-month fiscal period for the majority of ASCs that submitted the 1994 survey coincided with calendar year 1993, but there were some surveys with data reported for a 12-month period ending on a date other than December 31, 1993. (The earliest beginning date for a survey period was January 1, 1992; the latest ending date for a survey period was June 30, 1994.) Therefore, both to ensure comparability in our cost assumptions and to express procedure costs in equivalent dollars, we inflated the cost

amount established for every procedure at the facility level from the midpoint of the facility's reporting period to a common end period using the Consumer Price Index—All Items (Urban). We used July 1, 1998, the midpoint of the calendar year during which the rates in this notice are proposed for implementation, as the common end period. Table 4 shows the factors we used to express procedure costs in dollar levels projected for July 1, 1998. The only difference between using the factors in this table to adjust procedure costs for actual and projected changes resulting from inflation and the factors that we used to inflate the 1986 base rates is that the factors used here are sensitive to quarterly rather than just annual inflationary trends.

TABLE 4.—FACTORS TO INFLATE AMBULATORY SURGICAL CENTER PER PROCEDURE COSTS TO JULY 1, 1998 DOLLARS USING CPI-ALL ITEMS, URBAN

Survey year starts	Survey mid-point	Survey year ends	Factor needed to adjust to common end period (7/1/98)
Jan–1–92	Jul–1–92	Dec–31–92	1.18268
Feb–1–92	Aug–1–92	Jan–31–93	1.17961
Mar–1–92	Sep–1–92	Feb–28–93	1.17653
Apr–1–92	Oct–1–92	Mar–31–93	1.17347
May–1–92	Nov–1–92	Apr–30–93	1.17043
Jun–1–92	Dec–1–92	May–31–93	1.16748
Jul–1–92	Jan–1–93	Jun–30–93	1.16466
Aug–1–92	Feb–1–93	Jul–31–93	1.16198
Sep–1–92	Mar–1–93	Aug–31–93	1.15936
Oct–1–92	Apr–1–93	Sep–30–93	1.15676
Nov–1–92	May–1–93	Oct–31–93	1.15417
Dec–1–92	Jun–1–93	Nov–30–93	1.15163
Jan–1–93	Jul–1–93	Dec–31–93	1.14915
Feb–1–93	Aug–1–93	Jan–31–94	1.14674
Mar–1–93	Sep–1–93	Feb–28–94	1.14439
Apr–1–93	Oct–1–93	Mar–31–94	1.14208
May–1–93	Nov–1–93	Apr–30–94	1.13982
Jun–1–93	Dec–1–93	May–31–94	1.13751
Jul–1–93	Jan–1–94	Jun–30–94	1.13505

Source: DRI/McGraw-Hill, 4th Qtr1996;@USSIM/TRENDLONG1196@CISSIM/CONTROL964.

3. Proposed Ratesetting Method

Determine the median per-procedure cost, across all facilities, for each reported CPT code.

a. Weights

In the 1986 ASC survey, we collected data on the total number of times a specific procedure, as defined by a CPT code, was performed in the facility. To determine Medicare utilization, the 1986 survey asked for a total count of Medicare patients served by the ASC during the survey period. The number of times specific procedures were performed on Medicare patients was not identified. Therefore, the only way to weight 1986 survey data by Medicare utilization was to apply a facility-specific ratio of Medicare patients to all patients served during the survey period to the total number of times a specific procedure was performed. As a result, cost data for procedures with high Medicare utilization, such as cataract extraction, were weighted the same as cost data for procedures that were performed only rarely for Medicare beneficiaries.

In the 1994 ASC survey, to obtain a more accurate measure of Medicare utilization, we not only collected information on how many times a procedure on the ASC list was performed during the survey period, but also, how many times the patient was a Medicare beneficiary when the procedure was performed. Having this utilization information available for each CPT code enables us to weight 1994 survey data with greater precision than we could with the 1986 survey data. After we adjust and then convert per procedure charges to per procedure costs, we use the procedure's total volume as a weighting factor to determine the median per procedure cost across all facilities that reported charge and utilization data for the procedure. Then, as we explain in a later section, after we assign procedures to payment groups, we use the procedure's Medicare volume as a weighting factor to determine the median cost of all the procedures in the group. This final median cost becomes the payment rate for all the procedures in the group.

b. Determination of Weighted, Trimmed Median Per Procedure Cost Across All Facilities

To determine the median cost of a procedure across all the facilities where it was performed, we arrayed each facility's net, wage-neutral, inflation adjusted cost for the procedure in descending order of cost, weighted by the number of times the procedure was performed in the facility for all patients, both Medicare and non-Medicare. After trimming observations above the 90th and below the 10th percentile, to remove costs that were aberrant extremes, we determined the median cost for the procedure code. We repeated this process for every procedure on the ASC list for which utilization was reported in the 1994 survey to arrive at a weighted median procedure cost for the 1516 CPT codes in the survey data set.

Because Medicare volume for most procedures is but a fraction of total utilization, we believe that weighting by total volume gives us a truer per procedure median cost across all ASCs than weighting by Medicare volume alone. Weighting by total volume expands our data set by pulling in

procedures for which no Medicare volume was reported. Use of the median rather the mean procedure cost further minimizes the effect of individual facility cost extremes.

Having established a weighted median procedure cost that represents costs incurred by ASCs generally to perform the procedure based on audited and standardized 1994 survey data, we proceed to the final step in the ratesetting process, which is grouping procedures for the purpose of calculating prospective ASC payment rates.

4. Proposed Ratesetting Method

Establish procedure groupings.

a. Current Classification System

When we rebased ASC payment rates using 1986 survey data, we expanded from four to eight payment rates or levels, as explained in the February 8, 1990 **Federal Register** (55 FR 4539). (We explain elsewhere in this notice that a ninth payment level was established effective January 30, 1992 to accommodate payment for CPT code 50590, extracorporeal shock wave lithotripsy, but that payments of an ASC facility fee for this procedure were suspended following the issuance of a court stay on March 10, 1992.) We currently group codes by assigning each procedure, depending on its cost, to the appropriate level within a series of predetermined $75 intervals. The only factor roughly common to all procedures within the six currently active non-IOL ASC payment groups is the approximate cost of performing the procedure based on 1986 survey data and/or our estimate of that cost when data are lacking.

b. Proposed Ambulatory Payment Classification System

We propose to replace the current method of grouping procedures on the ASC list with a classification system that takes factors such as time, type of surgery, and body system into account, in addition to the costs incurred by facilities in connection with performing the procedure. Addendum B lists the resulting ambulatory payment classification system (APCS) groups that are the basis for determining the payment rates for ASC facility services that we are proposing in this notice. Although the genesis of these groups was in the ambulatory patient groups (APGs) that were developed by 3M Health Care under a HCFA grant, the APC groups are not the same as APGs, and Medicare regulations and policy governing payments to ASCs using these groups do not necessarily follow the 3M APG model.[1]

The APC groups are the result of intensive work on the part of HCFA staff and medical advisors who started with the 3M APGs but then reorganized the groups on the basis of several factors. First, we had a data set of 1516 CPT codes with cost and utilization information from 295 ASCs that was collected through the 1994 ASC survey. In addition, we had comments from 79 correspondents, including ASC administrators, State agencies, professional organizations and societies, trade associations, and physicians following the July 1996 Medicare ASC Town Meeting in Baltimore, that were virtually unanimous in questioning the internal consistency of a number of the 3M APG groups. (We had circulated 3M's Version 2.0 significant procedure APGs at the ASC Town Meeting, without any costs or rates attached, and asked for comments on the homogeneity of the groups.) A number of commenters suggested regrouping codes, and they supported their recommendations on the basis of the time required to perform procedures in the new groups and the costs associated with supplies and equipment needed to perform the procedures. Of particular concern were the grouping of gastrointestinal endoscopies, arthroscopies, a number of urinary tract procedures, and groups where diagnostic and therapeutic surgical procedures were put in the same APG. In cases where our data supported a recommendation, we modified a payment group accordingly. If we did not make a recommended change, it was because our data did not support the change, or because the change was inconsistent with our standards for determining procedures that are safe and appropriate in an ASC. Once we began shifting codes from one group to another, we found that other groups were affected, so we ended up reviewing and modifying virtually every grouping of surgical procedure codes.

To classify procedures with limited or aberrant ASC survey data, we relied on the medical judgement of our staff physicians in conjunction with 1993 hospital outpatient department claims data and physician practice expense relative value units (RVU) from the Medicare physician fee schedule. We also took into account Medicare utilization patterns based on 1995 physician claims site-of-service data to aid in determining levels of procedure complexity.

By adding clinical consistency to cost as a determinant for classifying surgical procedures for ratesetting purposes, we propose to expand from eight to 105 the number of ASC payment groups. Our lowest payment rate would drop to $53 (APC #207, Closed Treatment Fracture Finger/Toe/Trunk), and our highest payment rate would increase to $2,107 (APC #527, Lithotripsy). We believe this classification system rectifies distortions that have developed under the current ASC groups which have resulted in underpayments for a number of procedures and overpayments for some others.

Using groups that are characterized by homogeneous clinical characteristics as well as costs enables us to set rates more accurately for new procedures that are appropriate and safe in an ASC but for which we have minimal data or for infrequently performed procedures for which cost data are questionable or non-existent.

Following the ASC Town Meeting, some commenters urged a ratesetting method for ASCs that would promote equitable reimbursement for procedures across all settings. At least one commenter stated that Medicare payment policy ought to be neutral as to site of service. In fact, one of the reasons that we have devoted so much attention to developing the APC surgical groups for ASC ratesetting is in anticipation of using them as part of the prospective payment system that is to be implemented on January 1, 1999 for hospital outpatient department services. It is our intent to keep the APC surgical groups comparable for ASCs and hospital outpatient departments (HOPDs). Currently under development is the HOPD prospective payment system, which contains as one of its elements APC surgical groups that parallel the APC surgical groups we are proposing for ASCs. In order to keep the groups comparable in the two settings, we propose to review comments on the composition of the APC groups that are submitted during the public comment period following publication of both this ASC notice and the HOPD notice. We further propose to coordinate any adjustments to the composition of the APC surgical groups that may result from our analysis of both sets of comments to ensure that the final APC surgical groups not only reflect and take into account both sets of comments, but also remain comparable for ASCs and HOPDs to the maximum extent possible within the constraints imposed by statutory and regulatory requirements.

[1] Health Information Systems, 3M Health Care. *The Ambulatory Patient Groups Definitions Manual, Version 2.0.* Wallingford, Connecticut, 1995.

Every CPT code within the surgical range of 1998 *Physicians' Current Procedural Terminology* is accounted for in Addendum A either in an APC group or in a non-payment category. We propose to expand the list of Medicare covered procedures from 2280 to 2499, which includes the addition of 422 procedures and the deletion of 203 procedures currently on the list, consistent with the standards discussed in section II.A. of this notice. We move to the final step in determining prospective payment rates for procedures on the ASC list.

5. Proposed Ratesetting Methodology

Determine a standard payment rate for the procedures within each group.

a. Setting Rates Based on ASC Survey Data

Having classified procedures that are safe and appropriate in an ASC setting into 105 payment groups, we arrayed the procedures within each group in descending order of facility-specific procedure cost, weighted by each facility's procedure-specific Medicare volume, to determine the median cost of procedures in that APC. Weighting by the number of times the procedures were performed on Medicare patients gives recognition to the relative importance of each facility in furnishing procedures covered by the Medicare program. The derived median cost determined the payment rate for the group.

b. Setting Rates for Procedures With Limited Medicare Volume or Aberrant Cost Data

When we determined individual procedure costs (see section III.E.2, above), we eliminated information on costs, charges, and utilization from the ASC survey database for 345 CPT codes that were reported by fewer than 3 facilities and 199 CPT codes for which there was no reported Medicare volume. We also lacked 1994 survey data for the 422 proposed additions to the ASC list. After procedures had been assigned to APC groups (section III.E.4, above), we found 6 surgical APCs comprised entirely of codes for which we had no reported ASC survey data. In addition, there were 43 APCs with fewer than 200 Medicare cases across all procedures in the group. (We determined that using the median cost of fewer than 200 Medicare cases to set payment rates for these 43 APCs failed to represent adequately the majority of procedures within the group and did not result in a reasonable group payment rate.) We also identified 15 APCs with Medicare volume greater than 200 cases for which we did not rely on reported ASC data to determine a payment rate because we believed that reported procedure charges for codes in these groups were based more on historical ASC payment rates than on the cost of performing the procedure. We also questioned the reliability of the data reported for procedures within these groups when we found in the majority of cases that the per procedure costs of simple procedures were higher than the costs determined for similar but more complex procedures.

In order to set a payment rate for the 64 APC groups for which we had little or no Medicare volume or reliable cost data, we calculated a relative value factor for each of the 41 surgical APC groups for which we did have reliable data, which we extrapolated as a standard against which to compare and rank the 64 data deficient APC groups. To calculate the relative value factors, we divided the payment rate already set for each of the 41 APCs with adequate ASC survey data (see section III.E.5.a, above) by 504, the median rate of those 41 groups. We used the relative value factors as a gauge to compare the data-deficient groups with the 41 groups with data in terms of the type and duration of surgery, supply and equipment costs, and clinical labor requirements characteristic of each group. We reasoned that we could infer a relative value factor for each of the data-deficient groups on the basis of these comparisons. Using this analysis, combined with the expertise of our staff physicians, the comments we received following the 1996 ASC Town Meeting, and our analysis of other data sources, such as 1993 hospital outpatient claims data and relative value units established under the Medicare Physician Fee Schedule, we estimated relative value factors for the 64 ASC data-deficient APC groups. The relative value factors for procedures on the ASC list are shown in Addendum A and Addendum C.

We then multiplied the relative value factor estimated for each data-deficient group by 504 to determine a payment rate for each of the 64 data-deficient APC groups. We viewed 504 as the most reasonable value to use as a conversion factor to set ASC payment rates for the data-deficient APCs because 504 was the median rate of the APC groups that had the highest ASC Medicare volume and for which we had substantive 1994 survey data.

Using this approach, we determined payment rates for 1058 CPT codes (42 percent of the 2499 codes proposed for the ASC list) for which we had little or no cost data. Of the 43 APCs that had fewer than 200 Medicare cases, nearly half were assigned a higher payment rate than would have been the case if we had relied on the limited ASC data that were available as the basis for the payment rate. In the case of two groups with more than 200 Medicare cases, one of which consisted of corneal transplant procedures, we increased the payment rate because the data-referenced costs were too low.

c. Payment Rate for CPT Code 67027, Implantation of Intravitreal Drug Delivery System

This is a new 1998 CPT code that we are proposing to add to the ASC list. Because it is new, we have no cost data in connection with this code. We ask for comments on which of the APC groups proposed for ophthalmic procedures (APC groups 649, 651, 652, 667, 668, 670, 676, 677, 683, 684, or 690) this procedure code would be most appropriately assigned both in terms of its clinical characteristics and resource costs. We request that commenters support their suggestions with information and data that elucidates the clinical characteristics and resource costs of this procedure relative to other procedures in the various APC groups for eye surgery.

6. Payment Policy Indicators

We have developed a set of payment policy indicators to assist ASCs and fiscal contractors in determining whether Medicare allows payment to an ASC for a particular procedure, item or service. Addendum A shows a payment indicator for every 1998 HCPCS code.

ASC payment policy indicators are intended to supplement, not replace, the correct coding initiative (CCI) edits that carriers already apply to claims for ASC services. (The CCI edits identify code pairs which, when billed together, represent either unbundling (the reporting of a comprehensive procedure and its component procedures) or mutually exclusive procedures (procedures which by definition cannot occur during the same operative session.)) The ASC payment policy indicators are defined as follows:

a. We use ''1'' to designate a procedure for which Medicare pays Medicare approved ASCs a prospectively determined ASC facility fee for ASC services. Collectively, the CPT codes with an ASC payment indicator of ''1'' make up the ASC list. (See Addendum B.) Medicare allows payment of an ASC facility fee only for codes with an ASC payment policy indicator of ''1.''

b. We use ''2'' to indicate a procedure, item, or service for which Medicare

does not allow a separate payment when the procedure, item, or service is furnished at a Medicare approved ASC. If the procedure, item, or service is covered, payment is always packaged into and subsumed within payment(s) made for other services not specified. Some codes with a ''2'' indicator describe items or services that fall within the scope of ASC facility services, whose costs are taken into account within the ASC facility fee. Examples of these include CPT code 36000, Introduction of needle or intracatheter; or, CPT code 81002, Urinalysis, by dip stick or tablet reagent; or, alphanumeric HCPCS code V2632, Posterior chamber intraocular lens. When these services are furnished at an ASC, payment for them is included as part of the ASC facility fee.

c. We use ''3'' to indicate a procedure, item or service that is excluded from the ASC list because it is not reasonable, not necessary, and not appropriate in an ASC setting. We have assigned an ASC payment policy indicator of ''3'' to procedures that our medical advisors consider to be unsafe in an ASC based on the criteria in § 416.22(b), and to CPT codes that are for unlisted procedures.

d. Codes with an ASC payment policy indicator ''4'' are not valid for Medicare purposes, although Medicare recognizes a 90-day grace period during which the code may be used. If Medicare covers the service, another code is to be used to bill for it. Codes with an ASC payment policy indicator ''4'' are assigned a procedure status code of ''G'' on the Medicare Physician's Fee Schedule.

e. We use ''5'' to indicate a procedure, item, or service that is safely and appropriately performed or furnished in a physician's office or clinic. We consider procedures with an ASC payment policy indicator ''5'' to be office-based because they do not generally require the more elaborate facility services of an ASC and they do not satisfy the criteria proposed in § 416.22(a). Procedures with an ASC payment policy indicator ''5'' are not considered to be on the ASC list.

Medicare takes into account and pays for the costs incurred to perform these procedures under the Physician Fee Schedule. If a procedure with an ASC payment policy indicator ''5'' were performed at an ASC and the ASC billed Medicare for the procedure, payment would be denied. The denial would be based on two factors: first, the procedure is not on the ASC list, and secondly, because the procedure is designated as an office-based procedure, Medicare payment for the procedure is made in full to the physician as determined by the physician's fee schedule. Any payment in addition to what Medicare pays the physician under the Medicare Physician Fee Schedule for procedures with an ASC payment policy indicator ''5'' is redundant and is not allowed. After any applicable deductible and copayment amounts are satisfied, we consider the beneficiary's obligation for a procedure with an ASC payment policy indicator ''5'' to be met in full by Medicare's payment to the physician.

If a procedure code with an ASC payment policy indicator ''5'' is subject to the site-of-service differential under the Medicare Physician Fee Schedule, the site-of-service practice expense reduction is not applied if the procedure is performed in an ASC because we do not consider the procedure to be on the ASC list and because we regard the ASC as a surrogate physician's office with respect to these procedures.

f. We use ASC payment policy indicator ''6'' to indicate that a procedure, item or service either falls outside the scope of ASC facility services as proposed in § 416.21(b) or that the procedure, item or service is one to which the concepts of an ASC facility fee or the ASC benefit are not relevant and do not apply. In the latter case, the procedure, item or service is outside the realm of ASC facility services and would never, by definition, be furnished by an ASC, e.g., clinical laboratory tests, maternity care and delivery, emergent procedures, or physician evaluation and management.

In the former case, although the ASC facility fee for a surgical procedure on the ASC list does not include payment for the cost of items, procedures, or services that have an ASC payment policy indicator ''6'', if these procedures, items, or services are covered and are reasonable and necessary, Medicare could allow a separate payment under another Part B benefit as long as Medicare recognizes and approves the entity as a supplier of the item or service. For example, we do not consider prosthetic implants, except IOLs, to fall within the scope of ASC facility services. But if an entity that is approved by Medicare as an ASC is also approved as a supplier of prosthetic implants, Medicare allows payment to the entity for a prosthetic implant in accordance with the prosthetic fee schedule *in addition to* payment of an ASC facility fee for services furnished by the entity in connection with a procedure on the ASC list that is performed to insert the prosthetic implant. See section III.F for further discussion of items and services that fall outside the scope of ASC services.

g. We use ''7'' to indicate a procedure to which special coverage instructions apply, such as CPT code 11950, Subcutaneous injection of ''filling'' material, (e.g. collagen); 1 cc or less, about which carriers must make a determination of reasonableness and medical necessity. If a surgical procedure with an ASC payment policy indicator ''7'' is performed in a Medicare approved ASC and a claim for ASC services is submitted, payment depends on whether the carrier determines that the procedure is reasonable and necessary. If the carrier determines that the procedure was reasonable and necessary, an ASC payment rate is given and the procedure would be considered to be on the ASC list for the purposes of the specific claim. Procedures with a status indicator ''R'' under the Medicare Physicians' Fee Schedule automatically receive an ASC payment policy indicator of ''7.''

h. We have reserved payment policy indicator ''8'' for future use.

i. We use ''9'' to indicate a procedure, item or service that is not covered by Medicare and for which Medicare never makes payment. ASC payment policy indicator ''9'' corresponds to procedure status codes ''I'', ''N'', and ''E'' under the Medicare Physician Fee Schedule. (Status code ''I'' is used to indicate codes that are not valid for Medicare purposes with no grace billing period allowed; status code ''N'' is used to indicate codes that describe a noncovered service; status code ''E'' is used to indicate codes that are excluded from the Medicare Physician Fee Schedule by regulation.)

7. Comments on Proposed Ambulatory Payment Classification Groups, Payment Policy Indicators and Payment Rates

Addendum A lists all 1998 HCPCS codes in numeric order by code and includes an ASC payment policy indicator for each code and, where applicable, a notation as to whether or not the code is proposed for addition to or deletion from the ASC list. Addendum B presents the ASC list by APC group. Addendum C is a list of 105 surgical APC groups with their respective titles, ASC relative values, and ASC payment rates. We solicit comments on the payment rates, APC grouping, and payment policy indicators proposed in these tables. However, we request that commenters who question the appropriateness of the rate or APC assignment proposed for a particular procedure support their argument with specific details related to intra-operative time, staffing requirements, and costs incurred by the

facility to furnish disposable and non-disposable supplies, pharmaceuticals, instrumentation, and equipment in connection with the procedure and that procedures more closely related in terms of cost be identified. We also solicit comments on the changes to the ASC ratesetting methodology that are proposed in this section.

8. Carrier Adjustment of Base Rates to Determine Payment Amounts

The payment rates proposed in this notice are standard base rates that have been adjusted to remove the effects of regional wage variations. When carriers process claims for ASC facility services, they adjust the base rates to reflect the wage index value applicable to the area in which the ASC is located. The Medicare payment for ASC facility services is equal to 80 percent of the wage-adjusted standard payment rate. Beneficiaries are responsible for a 20 percent copayment for ASC facility services once their deductible is satisfied. Below are some examples of how carriers adjust the ASC base rates to calculate facility fees.

Example 1

The following is an example of how to determine the wage adjusted payment rate for CPT code 28230, Tenotomy, open, flexor; foot, single or multiple (separate procedure) performed at an ASC located in Denver, Colorado. The procedure is in APC group 271, Level I foot musculoskeletal procedures. The base rate for the procedure is $510. The ASC wage index value for Denver, Colorado is 1.0386. The labor related portion of the base rate is $192 ($510 x 37.66 percent); the non-labor related portion of the base rate is $318 ($510 x 62.34 percent).

Wage Adjusted Rate:

= ($192 x 1.0386) + $318
= $199 + $318
= $517

Example 2

The following is an example of how to determine payment for CPT code 66984, Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g, irrigation and aspiration or phacoemulsification). The procedure is in APC group 668, Cataract procedures with IOL insert. The base rate for the procedure is $863, which includes a $150 IOL allowance. Because IOLs are not subject to adjustment for labor costs, the IOL allowance ($150) must be subtracted from the composite payment rate before applying the wage index adjustment. The ASC wage index value for Denver, Colorado is 1.0386. The labor related portion subject to wage index adjustment is 37.66 percent of the base rate from which the IOL allowance has been deducted.

Wage Adjusted Rate:

$= [\{(\$863–150) \times .3766\} \times 1.0386] + [\{863–150\} \times .6234]$
$= [(\$713 \times .3766) \times 1.0386] + [\$713 \times .6234]$
$= (\$269 \times 1.0386) + \$444$
$= \$279 + \$444$
$= \$723$

Composite Adjusted Rate:

$= \$723 + \$150$
$= \$873$

9. Using Resource Costing to Determine Procedure Costs

Resource costing involves the measurement of all the direct and indirect costs involved in the performance of a specific procedure. Direct costs include all activities, materials, and equipment that are traceable to a specific procedure. Indirect costs, such as rent, utilities, and insurance, cannot be directly traced to a specific procedure. Rather, a factor such as units or time is used to allocate indirect costs uniformly at the individual procedure level.

We introduced the collection of resource cost data in the 1994 ASC survey primarily in response to industry recommendations that we do so on the grounds that procedure-specific cost studies measure facility resource expenditures more accurately and reliably than using a cost-to-charge ratio to convert procedure charges into a proxy for procedure costs. Part II of the 1994 ASC survey collected procedure specific statistical and resource cost data for the following 29 ASC procedures.

1. 14060 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less.
2. 19120 Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion (except 19140), male or female, one or more lesions.
3. 28285 Hammertoe operation; one toe (e.g., interphalangeal fusion, filleting, phalangectomy).
4. 28292 Hallux valgus (bunion) correction, with or without sesamoidectomy; Keller, McBride or Mayo type procedure.
5. 29881 Arthroscopy, knee, surgical; with meniscectomy (medial or lateral including any menuiscal shaving).
6. 43235 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; complex diagnostic.
7. 43239 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; for biopsy and/or collection of specimen by brushing or washing.
8. 45378 Colonoscopy, fiberoptic, beyond splenic flexure; diagnostic procedure.
9. 45380 Colonoscopy, fiberoptic, beyond splenic flexure; for biopsy and/or collection of specimen by brushing or washing.
10. 45385 Colonoscopy, fiberoptic, beyond splenic flexure; with removal of polypoid lesion(s).
11. 49505 Repair inguinal hernia, age 5 or over.
12. 50590 Lithotripsy, extracorporeal shock wave.
13. 52000 Cystourethroscopy (separate procedure).
14. 55700 Biopsy, prostate; needle or punch, single or multiple, any approach.
15. 56350 Hysteroscopy, diagnostic (separate procedure).
16. 58120 Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical).
17. 62278 Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; lumbar or caudal epidural, single.
18. 62289 Injection of substance other than anesthetic, contrast, or neurolytic solutions; lumbar or caudal epidural (separate procedure).
19. 64721 Neuroplasty and/or transposition; median nerve at carpal tunnel.
20. 65730 Keratoplasty (corneal transplant); penetrating (except in aphakia).
21. 66170 Fistulization of sclera for glaucoma; trabeculectomy ab externo.
22. 66821 Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g.. YAG laser) (one or more stages).
23. 66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or phacoemulsification technique (e.g., irrigation and aspiration or phacoemulsification).
24. 66985 Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal.
25. 66986 Exchange of intraocular lens.
26. 67010 Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy.

27. 67036 Vitrectomy, mechanical, pars plana approach.

28. 67107 Repair of retinal detachment, one or more sessions; scleral buckling (such as lamellar excision, imbrication or encircling procedure), with or without implant, may include procedures 67101, 67105.

29. 67904 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach.

We selected these procedures because they are either high volume ASC procedures (such as 66984, 66821, 52000) or they are procedures that include an unusual cost or service (such as 67036, 65730, 50590). We asked facilities to report typical resource utilization and cost information regarding time allocations, staffing patterns and labor costs, supply costs, and equipment costs on a procedure-specific, single case basis. In order to calculate an overall per procedure cost based on the resource cost data reported in the 1994 ASC survey, we first calculated a facility-specific procedure cost for each of the 29 CPT codes targeted in the 1994 ASC survey. We then determined the median procedure cost across all facilities, weighted by total volume. We also looked at weighting by Medicare volume. We used the same wage index values and inflation factors to adjust resource based cost data that we used to convert procedure charges to costs, as explained in the preceding sections.

Step a—To remove the effect of geographical wage differences, we divided indirect and direct labor-related procedure costs by the pre-classification/pre-floor hospital inpatient prospective payment system wage index value applicable to the facility's location.

Step b—We calculated an overhead factor by which to step down indirect overhead costs to a single procedure level. To determine this factor, we summed the costs reported by a facility for its plant and property; office equipment; medical equipment other than procedure specific equipment; office and housekeeping supplies; wages and fringe benefits for administrators, directors, managers, supervisors, clerical, and other non-medical personnel; bad debt; and general administrative overhead such as taxes, insurance, and interest. We divided the facility's aggregated overhead expenses by the total number of procedures performed at the facility during the survey period. The resulting figure represents the amount of indirect overhead costs apportioned to each surgical case performed in the ASC.

Step c—We summed the costs incurred by the facility to furnish the disposable and reusable supplies, pharmaceuticals, equipment, and labor that it typically furnishes in connection with the procedure (direct costs).

Step d—We added the facility's procedure-specific direct costs (Step c) to the facility's indirect cost allocation (Step b).

Step e—We inflated the facility's procedure cost to July 1998 using the appropriate inflation factor.

Step f—To ascertain what it costs ASCs generally to perform the target procedures, based on audited direct and indirect costs, we determined the median cost across all facilities, weighted by total volume.

Analysis of Resource-Based Procedure Cost Methodology: We found that for 11 of the 29 target procedures for which we collected resource cost data, the per procedure cost was lower using resource costing than it was using a cost-to-charge ratio conversion, whereas for 18 of the 29 target procedures, the per procedure cost was higher using resource-based costing. Variations in procedure costs between the two methods were extreme, and for only 11 procedures was the resource-based cost within 20% of the cost-to-charge converted cost.

In seeking an explanation for the lack of consistency between resource costing and cost-to-charge conversion as a descriptor of procedure cost, we found resource cost data to be irretrievably flawed. We attribute the flaws in the resource cost data in part to the fact that the 1994 survey was our first attempt to capture resource costs. In spite of our efforts at clarity and several sessions in 1994 during which we met with ASC representatives to answer questions about the survey, the data reported indicate that our instructions were either misinterpreted or misunderstood altogether. In addition, we attribute the highly variable resource cost data to ASCs' lack of familiarity with the new survey form and to inconsistencies among ASC recordkeeping systems.

Our intent was for each facility to furnish a catalog or inventory of the direct resources it typically expends to perform each of the 29 target procedures. But in many instances the use of disposable and reusable supplies and pieces of equipment for the same procedure were reported inconsistently across facilities. Equipment required to perform a procedure was not listed or information reported about the useful life of equipment or its purchase price was not given, making it impossible to prorate the full cost of equipment to a single case. The unit cost of numerous items and services was omitted altogether or ASCs misinterpreted unit supply cost as the full cost of a single item or service, instead of prorating the full cost of an item or service to a single case. ASCs provided incomplete sets of resource cost data, e.g., labor costs for a procedure would be reported without the corresponding supply costs. Entries were illegible on several forms.

Because of the many problems encountered with reported resource cost data, we used only the audited data from the 96 facilities to compute resource cost. However, in many cases even audited surveys lacked direct resource cost data reported in the manner requested. Although we did consult resource cost data in our analysis of procedure costs and in assigning CPT codes to APC groups, we believe that shortcomings inherent in our resource cost data base and the limitation of cost data to only 29 codes preclude our relying on resource costing as a basis for setting payment rates at this time. Therefore, we have based the rates proposed in this notice on the methodology explained previously.

We are disappointed by our lack of success in the 1994 ASC survey in gathering usable resource cost data. Our inability to establish weights and base ASC payment rates on the resource cost data that we did collect is particularly frustrating in light of the fact that we expect, beginning January 1, 1999, to make payments to physicians under the Medicare physicians' fee schedule that are determined in part on the basis of resource-based practice expense relative units. We have been closely monitoring the development of the resource-based practice expense relative value units under the physicians' fee schedule and the ratesetting method for the hospital outpatient prospective payment system, which is also scheduled for implementation effective January 1, 1999. When we rebase ASC payment rates following the next ASC survey, we are committed to reexamining the resource-based practice expense relative value units established under the Medicare physicians' fee schedule and the weights developed under the hospital outpatient prospective payment system for their applicability to ASC ratesetting in order to advance towards our goal of setting rates in a manner that is consistent across different sites of service.

F. Scope of ASC Services (§ 416.21)

We are proposing to renumber § 416.61 to become § 416.21, and to clarify those items and services that we consider to fall within the scope of facility services for which payment is

made as part of the ASC facility fee. In addition, this section of the regulation lists the types of items and services that are considered to fall outside the scope of ASC facility services, for which payment is not included in the ASC facility fee but for which payment could be made under other provisions of Medicare Part B. Recurring questions have prompted these changes, such as inquiries as to whether or not ASC facility services include fixation devices and orthopedic pins, fluoroscopy used to assist the surgeon's field of vision during surgery, electrocardiograms, the costs of procuring tissue for implant, and prosthetic implants.

1. ASC Services

We continue to consider the following to be ASC facility services: the services of nurses, technicians, and other staff involved in patient care; the patient's use of the facility, including but not limited to its operating room, recovery room, waiting room, rest rooms, locker area; administrative, recordkeeping, and housekeeping items and services that constitute indirect overhead expenses, including but not limited to employees and contracted services related to scheduling, admitting, discharging, and billing patients, to maintenance, utilities, laundry, debt service, plant and property costs, and insurance; and, intraocular lenses that are defined by the statute specifically as an ASC facility service. In addition, ASC services include medical and other health services such as surgical supplies, medical equipment, drugs, biologicals, and pharmaceuticals; materials for anesthesia, including the anesthetic itself and any equipment and supplies necessary to administer and monitor anesthesia; and, splints, casts, pins, wires, and other supplies used to reduce fractures and dislocations.

Current section 416.61(a)(4) states that facility services include ''diagnostic or therapeutic services or items directly related to the provision of a surgical procedure.'' Section 416.61(b)lists as ''excluded services'', among other things, ''X-ray or diagnostic procedures (other than those directly related to performance of the surgical procedure). . . .'' We have had a number of inquiries as to which diagnostic or therapeutic services are considered within the scope of ASC facility services and which are not. From a payment perspective the distinction is important, to determine if the diagnostic and therapeutic services can be paid for separately, in addition to the facility fee. In an effort to clarify the distinction, we have revised the regulation, and we propose to adopt the following policy. We assume that when the descriptor for a CPT code includes explicit reference to some kind of imaging, guidance, or other diagnostic test, the cost, and therefore the ASC payment rate that we have derived for that procedure, include the imaging, guidance, or other diagnostic test, and those services are considered to be within the scope of ASC services. An example of such a procedure is CPT code 56362, Laparoscopy with guided transhepatic cholangiography; without biopsy. In the case of a procedure such as this, because the imaging is explicitly integral to and inseparable from the surgical procedure, it is considered within the scope of service and no separate payment is allowed for the imaging.

When the descriptor for a CPT code specifies ''with or without'' some kind of imaging, guidance, or other diagnostic test, we assume that the cost, and therefore the ASC payment rate that we have derived for that procedure, do not include the imaging, guidance, or other diagnostic test, and those services are considered to fall outside the scope of ASC facility services. Therefore, the ASC facility fee for the procedure would not include payment for costs incurred to furnish this type of monitoring. There are other procedures, such as CPT code 36533, Insertion of implantable venous access port, with or without subcutaneous reservoir, where the physician may or may not elect to use some type of imaging such as a fluoroscope to assist in placing the device. In such cases, we assume that the cost, and therefore the ASC payment rate for the procedure, do not include the imaging or guidance. In the case of these procedures, the imaging, guidance, or other diagnostic test is considered to fall outside the scope of ASC facility services, and the ASC facility fee does not include payment for the costs incurred to furnish these services.

Payment for the costs incurred by an ASC to perform any tests granted waived status under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as part of preparing a patient for surgery on the day of surgery is included in the ASC facility fee for the surgical procedure, and no separate payment for these tests is allowed. If an entity that is approved by Medicare as an ASC also wants to be paid by Medicare for diagnostic laboratory services, other than tests granted waived status under CLIA, that entity must meet the laboratory requirements spelled out in 42 CFR Part 493. In this case, the entity would be considered a certified laboratory billing Medicare for certified laboratory services, not as a Medicare approved ASC billing Medicare for ASC facility services. Classification as a certified laboratory or classification as a Medicare approved ASC is, for Medicare billing purposes mutually exclusive.

2. Venous Access Portals Are ASC Facility Services

In 1992 we began receiving communications informing us that the cost of certain models of implantable venous access ports that ASCs were furnishing in connection with CPT 36533, Insertion of implantable venous access port with or without subcutaneous reservoir, exceeded the total facility fee for the surgical implant procedure. Following a review of cost data available at the time, we instructed carriers to pay the acquisition cost of an implantable venous access port (HCPCS code A4300) as a temporary add-on to the ASC facility fee for CPT code 36533, even though the port is considered a supply, the cost of which would ordinarily be packaged in the ASC facility fee.

In this notice, we propose to place CPT code 36533 in APC 368. The payment rate proposed for CPT code 36533 includes an allowance for the cost incurred by an ASC to furnish A4300, Implantable access catheter (venous, arterial, epidural, or peritoneal), external access, or A4301, Implantable access total system; catheter, port/reservoir (venous, arterial or epidural), percutaneous access. Beginning on the effective date of the implementation of the rates and ratesetting methodology proposed in this notice, Medicare will cease to make a separate payment for implantable access catheters and/or ports furnished in connection with CPT code 36533 when the procedure is performed in an ASC. Alphanumeric codes A4300 and A4301 have a payment indicator ''2,'' because the costs incurred to furnish these items, which are considered supplies, in connection with performing CPT code 36533 are considered to be within the scope of ASC services for which Medicare makes payment of an ASC facility fee.

We solicit comments on the adequacy of the payment rate for CPT code 36533 to offset the costs incurred to furnish the vascular access portal.

3. Acquisition of Corneal Tissue is an ASC Service

In 1992, ASC administrators and medical staff also pointed out a growing disparity between the payment amount established for corneal transplant procedures (CPT codes 65710, 65730, 65750, and 65755) and the costs ASCs were incurring to furnish corneal tissue, e.g., the charges imposed by eye banks

and organ procurement organizations for processing, preserving and shipping corneal tissue. A review of the data that were the basis for setting the payment rates for corneal transplant procedures indicated that corneal tissue procurement costs had either not been reported or else had been imprecisely identified, and these costs did not appear to be reflected in the ASC payment rates established for corneal transplant surgery. Therefore, we instructed carriers to pay corneal tissue acquisition costs (HCPCS code V2785), subject to the usual copayment and deductible requirements, as an add-on to either the ASC facility fee or the supplying physician's fee for corneal transplant surgery performed in an ASC. The additional payment had to be supported by an invoice from an eye bank or organ procurement organization showing the actual cost of acquiring the corneal tissue.

In this notice, we propose to group corneal transplant procedures in APC 670. The payment rate for the procedures in APC 670 takes into account the costs of acquiring corneal tissue. Therefore, Medicare will cease to make a separate payment for corneal tissue procurement costs incurred in connection with CPT codes 65710, 65730, 65750, and 65755 when these procedures are performed in an ASC, beginning on the effective date of implementation of the rates and ratesetting methodology proposed in this notice. Alphanumeric code V2785 (Processing, preserving and transporting corneal tissue) has a payment indicator ''2,'' because the costs incurred for this service are considered to be within the scope of ASC services for which payment is made as part of the ASC facility fee.

We solicit comments on the adequacy of the payment rate for the procedures in APC 670 to offset the costs incurred to procure corneal tissue in connection with performing corneal transplant surgery.

4. Outside the Scope of ASC Services

Historically, certain items and services that may be furnished in connection with surgery performed at an ASC have not been considered to fall within the scope of ASC services because payment for these items and services could be made under other provisions of Medicare Part B. None of the following is considered to be an ASC service, and Medicare does not include payment for these services in the ASC facility fee: Physicians' services, the services of certified registered nurse anesthetists, prosthetic devices and implants, durable medical equipment and supplies, artificial limbs, or braces.

As discussed above, diagnostic imaging services and other diagnostic tests are not considered to be ASC services and are not paid for as part of the ASC facility fee except when they are considered an integral and inseparable part of a surgical procedure by explicit reference or by universal agreement that they are standard medical practice as in the case of amniocentesis.

G. Basis for Payment (§ 416.30)

When an ASC furnishes services in connection with a procedure on the ASC list, Medicare pays a prospectively determined standard fee for those services. Section 416.22 of the ASC regulations proposed in this rule pertains to how we determine which procedures are safe, effective, appropriate, reasonable and necessary in an ASC and are therefore included in the ASC list. Section 416.21 of the proposed ASC regulations lists the services that are paid for within the ASC facility fee as well as describing services that might be furnished in connection with an ASC procedure but for which payment is *not* included in the ASC facility fee. Section 416.30 of the proposed ASC regulation is intended to delineate the differing bases by which Medicare can make payment for services furnished in connection with surgical procedures on the ASC list. Because of the manner in which the statute is written, the type of setting determines the basis for Medicare payment for services that are furnished in connection with procedures on the ASC list.

1. Hospital Outpatient Department (HOPD)

Section 1833(i)(3) of the Act provides that payment for services furnished in a hospital outpatient department in connection with procedures on the ASC list is to be based in the aggregate on a comparison between two amounts. The payment is to be the lesser of the following:

- The amount for services that would be paid to the hospital under section 1833(a)(2)(B) of the Act (that is, the lower of the hospital's reasonable costs or customary charges for the services, reduced by deductibles and coinsurance).
- An amount based on a blend of—

—The amount that would be paid to the hospital for the services under section 1833(a)(2)(B) of the Act reduced by deductibles and coinsurance (called the hospital-specific amount); and

—The amount paid to a Medicare approved ASC for the same procedure in the same geographic area in accordance with 1833(i)(2)(A) of the Act, which is equal to 80 percent of the standard overhead amount net of deductibles (the ASC amount). Under 1833(i)(3)(B)(ii) of the Act, the hospital specific amount and the ASC amount for portions of cost reporting periods beginning on or after January 1, 1991 are 42 and 58 percent, respectively.

Section 4523(a) of the Balanced Budget Act of 1997 (Pub. L. 105–33) requires that, beginning in 1999, the amount of Medicare payment for covered HOPD services shall be determined in accordance with a prospective payment system. This HOPD prospective payment system will replace the blended payment methodology for ASC procedures performed in an HOPD setting. It is not within the scope of this notice to describe or discuss the specific provisions of the hospital outpatient prospective payment system. However, consistent with our commitment to move toward a more unified, less fragmented approach to Medicare payment for surgical services performed on an ambulatory basis, we anticipate that there will be common elements in the Medicare ratesetting method and payment structure for surgical procedures performed in either an ASC, or in a hospital outpatient setting under the HOPD prospective payment system. These common elements include the principle of packaging payment for a range of services within a single payment rate; application of a multiple procedure discount; adjustment of base payment rates to take into account the effects of regional wage differences; and use of the same system of classifying or grouping surgical procedures for ratesetting purposes, e.g., the ambulatory payment classification system (APCS) which we discuss elsewhere in this notice. (Even though we expect to use a common grouping system to determine payment rates for both ASCs and hospital outpatient departments, note that we base ASC payment rates on cost and charge information taken from the 1994 ASC survey and that we will base hospital outpatient payment rates on data taken from 1996 Medicare claims for hospital outpatient services, on the most recently available hospital Medicare cost report information, and on projected Medicare expenditures in HOPDS in 1999.)

2. ASCs Operated by a Hospital

Our 1992 ASC survey revealed that hospital operated ASCs comprised only 3.1 percent of the 1081 ASCs from

which we received completed surveys.[2] We propose to add an expanded definition of ''hospital-operated ASC'' to § 416.2 to eliminate some of the confusion in terminology that seems to occur when distinguishing among ASCs, hospital outpatient departments, hospital affiliated ASCs, provider-based ASCs, etc. The term ''hospital operated ASC'' was coined originally simply to identify those ambulatory surgical centers that were already in existence in 1982 as part of a hospital and that wanted the option of participating in and being paid under the new ASC benefit rather than continuing to be paid on a reasonable cost basis as part of the hospital. In the August 5, 1982 **Federal Register**, we stated that if a hospital elected to have its ASC paid for ambulatory surgical services under the ASC benefit, that ASC would be subject to the same rules and regulations that apply to all ASCs approved under 42 CFR part 416, in addition to certain other restrictions directly related to the ASC's being owned and operated by a hospital. A hospital outpatient department providing ambulatory surgery would not be eligible to be paid as an ASC. (See 47 FR 34085.)

The regulations that apply solely to hospital operated ASCs are found in § 416.2 and § 416.30 of the revised ASC regulations that are proposed in this notice. We propose to continue the requirement that once an ASC operated by a hospital elects to participate in Medicare as an ASC rather than as a part of the hospital, that ASC will not have the option of reverting to be a component of the hospital unless HCFA determines there is good cause for it to do so. Costs for a hospital-operated ASC must be treated as a non-reimbursable cost center on the hospital's cost report.

We also propose to delete the requirement that a hospital operated ASC's agreement to participate as an ASC be made effective on the first day of the next Medicare cost reporting period of the hospital (42 CFR 416.30(f)(1)). We do not believe this would compromise either the interests of beneficiaries or the integrity of the Medicare program. This requirement imposes certain burdens, such as instances where a hospital's cost reporting period does not begin until many months after its ASC opens for business. We invite comments on whether this requirement is superfluous and should therefore be removed from the regulations.

[2] U.S. Department of Health and Human Services, Health Care Financing Administration, *Medicare Ambulatory Surgical Center Payment Rate Survey—1992: Part I, General Information Summary of Data*. Baltimore: July 1994.

3. Medicare Approved ASCs

The statute at 1832(a)(2)(f) authorizes Medicare to pay ASCs a prospectively determined fee for facility services furnished in connection with surgical procedures on the ASC list. Since 1982, HCFA has defined facility services as items and services which would otherwise be covered under Medicare if furnished on an inpatient or outpatient basis in a hospital in connection with the ASC covered procedure, *excluding* items and services for which payment may be made under other provisions of Medicare Part B. (See the **Federal Register** dated August 5, 1982 (47 FR 34097).) It is these items and services, e.g., the items and services that would be covered under Medicare if they were furnished on an inpatient or outpatient basis in a hospital in connection with a surgical procedure, for which we make payment as part of the ASC facility fee, and any service for which we include payment in the ASC facility fee is considered an ASC service. As a matter of policy, we have generally not included, as part of the ASC facility fee, payment for items and services explicitly identified in the Act as a Medicare Part B benefit for which separate payment is made, although we have made a few exceptions. In summary, we exclude from the Medicare definition of an ASC facility service any item or service for which payment is not included in the ASC facility fee or any procedure not on the ASC list, even if the item, service or procedure is furnished at the ASC in connection with a procedure that is on the ASC list. Section 416.21 of the proposed ASC regulations distinguishes between services for which payment is included in the ASC facility fee and services for which payment is not included in the ASC facility fee.

We have received numerous inquiries from ASCs asking how Medicare pays for certain services that they furnish to Medicare beneficiaries in connection with a procedure on the ASC list when Medicare does not include payment for those services as part of the ASC facility fee. We have added § 416.30(d)(2) to emphasize that excluding payment for certain services and procedures from the ASC facility fee does not preclude payment to the ASC for those services and procedures, presupposing they are covered and reasonable and necessary, under other provisions of Medicare Part B. Examples of the kinds of services furnished at an ASC in connection with an ASC procedure, for which payment is not included in the Medicare ASC facility fee, are the professional services of physicians and certified registered nurse anesthetists, prosthetic implants, or certain diagnostic X-ray and imaging services and other diagnostic tests such as ultra sound. ASCs have asked us how they can recoup the costs they incur to furnish facility services (e.g., those expenses embodied in the technical component (TC) established for diagnostic X-ray and other diagnostic tests under the Medicare physicians' fee schedule) for diagnostic electrocardiograms or fluoroscopy or ultrasound diagnostic procedures. As discussed in Section III.F, when diagnostic X-rays, imaging, or other diagnostic tests are explicitly referenced in a CPT code descriptor, they are considered integral to the surgery and are therefore paid for within the ASC facility fee. Otherwise, in order to be paid separately for services that are furnished in connection with procedures on the ASC list that are not ASC services, the Medicare participating ASC must also be recognized and obtain Medicare approval and billing privileges as a supplier of these other services.

One example of the multiple Medicare payment modalities that could affect how an ASC is paid by Medicare is the manner in which Medicare would pay for transperineal ultrasound guided seed implants for prostate cancer performed at a Medicare approved ASC. There is a surgical component to this treatment, CPT code 55859, Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy. We are proposing to add this procedure to the ASC list in APC group 523. Once the surgical procedure is added to the ASC list, Medicare would allow payment to an ASC for facility services furnished in connection with CPT code 55859. If cystoscopy services were required, and the relevant cystoscopy codes were on the ASC list, Medicare would allow an ASC facility fee for the cystoscopy procedure(s), subject to the multiple procedure payment rules found in proposed § 416.30(d)(4). The other procedures and services performed to furnish this treatment fall within the radiology range (70000–79999) of CPT. Since radiology procedures are not included on the ASC list, there is no basis for Medicare to make payment to an ASC for brachytherapy services. However, if the facility were to obtain supplier numbers from its carrier indicating that the carrier recognizes the facility both as a non-physician supplier of radiology services and as a freestanding radiation therapy center, the facility should be able to bill for and

be paid the technical component for brachytherapy services within the radiology range under the Medicare physicians' fee schedule.

Similarly, if a Medicare approved ASC were to furnish diagnostic X-ray and other diagnostic tests in connection with performing a procedure on the ASC list, such as visualizing the pre-operative placement of needle localization wires, and if payment for those services is not otherwise included in the ASC facility fee as signified by an ASC payment policy indicator ''2,'' the facility could be paid the technical component provided for those services under the Medicare physicians' fee schedule as long as it meets the requirements for independent diagnostic testing facilities (IDTFs). The regulations at 42 CFR 410.32 and 42 CFR 410.33 published in the October 31, 1997 **Federal Register** (63 FR 59098) and implemented January 1, 1998 explain the IDTF requirements.

A Medicare approved ASC that is also approved as a supplier of durable medical equipment (DME), prosthetics, and orthotics can be paid the allowed Medicare fee schedule amount when it furnishes these items. We believe that many ASCs are not aware that Medicare payment for prosthetic implants in particular is separate from the ASC facility fee. Prosthetics and durable medical equipment are coded using alphanumeric HCPCS codes; the codes for prosthetic implants begin with code L8500. Claims for prosthetic implants are processed by local carriers; claims for orthotics and DME are processed by durable medical equipment regional carriers (DMERCs). ASCs wishing to be recognized as a supplier of prosthetics, orthotics, and/or durable medical equipment should contact the National Supplier Clearinghouse (NSC), Palmetto Government Benefit Administrators, P.O. Box 100141/300 Arbor Lake Drive, Columbia, South Carolina 29202–3143, FAX 317–841–4600, to obtain further information and an application.

As we explained in section III.D above, we propose to establish that procedures with any of the criteria in § 416.22(b) are not safe and appropriate in an ASC. We have determined that such procedures are not reasonable and medically necessary when performed in an ASC. Therefore, we propose to add § 416.30(d)(3) to the ASC regulations to clarify that denials for such procedures, designated by ASC payment policy indicator ''3,'' are based on the exclusion contained in section 1862(a)(1)(A) of the Act, and contained in § 411.15(k)(1); that is, the services ''are not reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member.'' Beneficiaries are protected from liability for claims denied on this basis by the limitation on liability provision of section 1879 of the Act.

If an ASC facility fee is denied for a procedure because the procedure is not reasonable and necessary in an ASC, logic dictates that payment be denied for any other services furnished in connection with that procedure because those other services would also have to be considered not reasonable and necessary. Therefore, as a matter of policy, we propose to instruct carriers to deny payment for physicians' services, including anesthesiologists, or certified registered nurse anesthetist (CRNA) services, prosthetic implants, imaging services, etc., when such services are furnished at an ASC in connection with a surgical procedure that is excluded from the ASC list.

H. Extracorporeal Shock Wave Lithotripsy (ESWL)

1. Background

On December 31, 1991 we published a final notice with comment period in the **Federal Register** (56 FR 67666) in which we added CPT code 50590, Lithotripsy, extracorporeal shock wave (ESWL), to the list of ASC covered procedures. We set the payment rate for ESWL at $1,150 on the basis of a procedure cost matrix model. A new payment group 9 was created solely for ESWL. Payment of a facility fee for ESWL as an ASC covered procedure was effective for services furnished beginning January 30, 1992.

On January 30, 1992 the American Lithotripsy Society (ALS) filed a complaint and motion to preliminarily enjoin enforcement and implementation of the December 31, 1991 notice insofar as it concerned ESWL. In *American Lithotripsy Society* v. *Louis W. Sullivan, M.D., et al.* 85 F. Supp. 1034 (D.D.C. 1992), the plaintiff challenged HCFA's determination that ESWL is a surgical procedure under the ASC benefit and the amount payable for the services in an ASC setting. The plaintiff alleged that the $1,150 rate was not based on an estimate of ''a fair fee'' which took into account costs incurred by ASCs performing such services as required by section 1833(i)(2)(a) of the Act and that the rate was not supported by the administrative record.

On March 12, 1992, the United States District Court for the District of Columbia held that HCFA's decision to classify ESWL as a surgical procedure was reasonable. However, it remanded the rate-setting issue in the December 31, 1991 notice to the Secretary for further consideration and stayed the regulation, insofar as it related to lithotripsy, pending remand. On remand, the Secretary is required to publish all material information that is relevant to the setting of the ESWL rate, receive comments, and publish a final notice in accordance with the applicable statutes and regulations.

On March 19, 1992 we asked our regional offices to instruct carriers and intermediaries to cease payments to Medicare participating ASCs for ESWL services and to resume calculation of payments for ESWL services furnished in a hospital outpatient setting on a reasonable cost basis.

On October 1, 1993, we published a proposed notice in the **Federal Register** (58 FR 51355) in which we proposed an ASC payment rate of $1,000 for ESWL along with the data and the methodology used to determine that rate, in accordance with the court's remand. The public comment period that was to end on November 30, 1993 was extended to December 30, 1993. (See **Federal Register** (58 FR 62128) dated November 24, 1993.)

We received timely 141 comments about the October 1, 1993 proposed notice. Commenters included certified renal lithotripsy specialists; physicians, nurses, administrators, and attorneys representing urology and lithotripsy specialty clinics and centers; hospitals; physician clinics and group practices; mobile lithotripsy suppliers; ambulatory surgical centers; a regional multi-hospital cooperative stone treatment service; and, professional societies and trade associations. Six commenters submitted information on ESWL costs, charges, and utilization following the format that we requested. In addition, ALS submitted in support of its comments a study entitled *Proposed Payment for Extracorporeal Shock Wave Lithotripsy Services Furnished by Ambulatory Surgical Centers* that was prepared by The Moore Group of Washington, D.C.

We have been considering the information contained in the comments that were submitted during the public comment period. Virtually every commenter objected to our proposed $1,000 ESWL payment rate, the methodology and cost model that we used to set the rate, and the assumptions upon which we based the ratesetting methodology and cost model, stating that we had failed to take into account, as required by the statute, the costs incurred by facilities to furnish ESWL services. The comments raised enough question about the appropriateness of certain of the assumptions upon which

we had based the payment rate proposed in the October 1, 1993 **Federal Register** to cause us to defer setting a final ESWL rate until we had completed our survey of ASCs that we had already scheduled to begin in March 1994. That survey, entitled ''The Medicare Ambulatory Surgical Center Payment Rate Survey—1994, Part II: Facility Overhead and Procedure Specific Costs,'' is described elsewhere in this notice. We made a point of including CPT code 50590 in the list of codes for which we solicited charge, utilization, and resource cost data, even though payment of a Medicare ASC facility fee for ESWL had been under remand since March 12, 1992.

The ASC payment rate that we propose in this notice for ESWL (CPT code 50590) supersedes the rate we proposed in the October 1, 1993 **Federal Register**. We followed the ratesetting methodology that is the subject of this notice to determine the ASC payment rate for ESWL. In addition to reviewing information on ESWL submitted in the 1994 ASC survey, we also took into consideration the cost data and comments submitted during the public comment period following publication of the October 1, 1993 **Federal Register**. All material information that is relevant to setting the rate for every ASC covered procedure contained in this notice, including but not limited to ESWL, is published herein, with the exception of our 1994 ASC survey data, which we explain how to obtain separately. Our response to comments received timely and the final notice published in accordance with applicable statutes and regulations will therefore address the rate set for ESWL services within the context of the other proposals contained in this notice.

Below is our response to the comments that were submitted timely following publication of the October 1, 1993 proposed notice.

2. Comments

Comment: The American Lithotripsy Society (ALS) commented that it continues to disagree with classifying ESWL as a surgical procedure and that it believes that ESWL does not belong on the ASC list.

Response: We do not agree with the position taken by ALS on this point. We believe that ESWL is a procedure that is appropriate for the ASC list in light of the criteria we are proposing in this notice (proposed 42 CFR 416.22). We explained our reasoning for considering ESWL appropriate for the ASC list in the final notice with comment period published December 31, 1991 in the **Federal Register** (56 FR 67673), and the federal district court found that we had rationally justified and properly noticed our decision to classify ESWL as a surgical procedure (*American Lithotripsy Society* v. *Sullivan*, 785 F. Supp. 1034, 1037 (D.D.C. 1992). We therefore propose to retain ESWL on the ASC list in APC group 527.

Comment: Every commenter objected to the $1,000 payment rate that we proposed for ESWL services furnished in a Medicare participating ASC as being inadequate, unfair, and far below the actual cost of providing ESWL services. One commenter charged that HCFA was using the rate-setting process as a device to eliminate what HCFA viewed as underutilized facilities. Other commenters predicted that Medicare beneficiaries would be denied access to the ease and convenience of ESWL treatment of kidney stones if we were to implement a $1,000 ASC facility fee for ESWL because ESWL suppliers could not afford to treat Medicare patients for this amount. Another commenter complained that HCFA's proposed facility fee would deprive lithotripsy facilities of a substantial portion of the lithotripsy market and adversely affect the hospitals, physicians, and others who had invested substantially in ESWL facilities with the expectation that overhead costs would be fully reimbursed by a Medicare payment rate based on actual costs.

Most commenters also challenged the cost model matrix and the assumptions underlying the model that we used to calculate the $1,000 payment rate proposed in the October 1, 1993 **Federal Register**. One commenter attributed our proposed rate to an ''impractically high utilization rate'' combined with ''an unrealistically low estimate'' of the costs involved in performing an ESWL treatment. Commenters claimed that we ignored information submitted by the actual providers of ESWL services, relying instead on outdated studies and obsolete information from 1985, 1986, and 1987 when lithotripsy was first introduced and furnished primarily on an inpatient basis, or substituting our own judgment of what the facility fee should be without considering survey data that revealed the actual costs of performing the procedure, as required by the statute. In particular, commenters challenged our assumptions about optimal utilization levels and the number of procedures that could be performed in one day (too high); capital costs (understated); fixed costs (attributable to our understatement of the staff required to provide ESWL services in addition to pre-and post-treatment care and to be in compliance with state regulatory requirements); our allowance for supplies (too low, especially for the disposable electrodes); and, our allowance for indirect overhead costs (unrealistically low, especially because lithotripsy centers perform only one procedure, which prevents them from offsetting losses from ESWL by performing other more lucrative procedures).

Every commenter urged us to review or revise the proposed rate to bring it more in line with actual expenses, which they asserted ranged from $1,911 to as much as $3,674, as validated by urologists and actual providers of ESWL services. Many commenters recommended that we adopt as the basis for a Medicare payment amount for ESWL services the findings and data contained in a report prepared by The Moore Group at the behest of The American Lithotripsy Society (ALS) and its counsel, Dyer, Ellis, Joseph & Mills. One commenter said the ALS survey and The Moore Group report would no longer allow HCFA to use the lack of cost data as a rationale for relying on the cost model contained in the October 1, 1993 proposed notice. The same commenter said that if HCFA was unwilling to use the ALS survey data as the basis for setting an ESWL rate, HCFA should not adopt a payment rate until it conducted its own survey of providers to determine a fair fee based on the costs derived from that survey. This commenter urged HCFA, as a last resort, to hold a formal hearing before implementing its proposed rate if HCFA would not adopt the ALS survey data or collect its own survey data.

The report prepared by The Moore Group for ALS is entitled ''Proposed Payment for Extracorporeal Shock Wave Lithotripsy Services Furnished by Ambulatory Surgical Centers'' and is based on the results of a survey conducted by ALS. (This report was prepared for Dyer, Ellis, Joseph & Mills, 600 New Hampshire Avenue, NW., Washington, DC 20037, telephone (202) 944–3000 by Lois A. Ehle, The Moore Group, 1212 New York Avenue, Suite 475, Washington DC 20005, telephone (202) 789–0045.) ALS sent the survey (''American Lithotripsy Society Shock Wave Lithotripsy Survey'') to its membership. In addition, according to the introduction to the report, Dornier Medical Systems and Siemens Medical Systems, lithotripter manufacturers, sent the ALS survey to users of their equipment. Counsel for ALS collected survey responses and forwarded them to The Moore Group, which analyzed the responses and prepared the report. The report is based on information submitted by 105 of the 110 providers that returned a completed survey

representing approximately one third of the providers that received the survey. The report is dated December 15, 1993, and it was enclosed with comments submitted by ALS during the extended public comment period following publication of the October 1, 1993 proposed notice.

The Moore Group report concluded that HCFA's cost matrix model understated the capital, fixed, and variable costs associated with ESWL services with the result that HCFA's proposed payment rate of $1,000 understated by 43 percent the $2,326 average cost incurred by ESWL providers based on analysis of the ASL survey responses.

Response: The information submitted by commenters to the October 1, 1993 proposed notice has convinced us to defer implementing a $1,000 ASC facility fee for ESWL services. We considered adopting as an interim payment rate the average cost per treatment arrived at by The Moore Group ($2,326), but we ultimately decided not to do so for several reasons. Our principal reservation was related to the fact that of the 49 fixed lithotripter sites responding to the ALS survey, only five were actually identified as ''Medicare approved'' ambulatory surgical centers (ASCs), and only 30 of the 437 mobile sites for which data were reported were identified as ASCs. Our charge is to set rates for ambulatory surgical centers, as defined in the statute at Section 1832(a)(2)(F) and in regulations at 42 CFR part 416, and those rates, as so many commenters pointed out, are to take into account the costs incurred by ASCs generally in providing services in connection with procedures on the ASC list. While the ALS survey points to costs incurred by lithotripsy suppliers generally, including fixed and mobile sites and hospitals and ''freestanding'' centers, we could not isolate the ALS survey data as contained in The Moore Group report to costs incurred solely by ASCs.

One commenter said that if we were unwilling to use the Moore Survey, we should then, at the very least, conduct our own survey of providers to determine a fair fee for ESWL rather than implement the payment rate based on the cost model proposed in the October 1, 1993 **Federal Register**. As it happened, we had scheduled a survey of ASC costs, charges, and utilization generally for early 1994, our first such survey since 1986. Therefore, we decided to follow the commenter's recommendation, and we included ESWL services as a part of the Medicare ASC survey that went out in March 1994, the data from which are the foundation for the rebased payment rates proposed in this notice. We followed the ratesetting methodology explained in this notice and, taking into account the comments submitted following publication of the October 1, 1993 proposed notice as well as information submitted through our 1994 survey, we determined a payment rate of $2,107 (APC 527) for ESWL services furnished by a Medicare participating ASC.

We believe this is a reasonable payment amount because it approximates the average per procedure costs reported in comments to the October 1, 1993 proposed notice, including The Moore Group study of the ALS survey results, and costs derived from the 1994 Medicare survey of ASCs; and, it takes into account costs incurred by fixed as well as mobile lithotripsy delivery systems. It implicitly acknowledges the utilization levels pronounced as typical by commenters and The Moore Group and rewards facilities that maintain or exceed those utilization levels while serving as an incentive to facilities with lower utilization to improve their volume. Further attesting to the reasonableness and reliability of the payment rate proposed in this notice is the fact that it was determined in accordance with a systematic, data-oriented, comprehensive ratesetting methodology applied to more than 2400 surgical procedures rather than on the basis of an interim ratesetting methodology that was developed to fill an immediate need resulting from a lack in 1991–92 of current, reliable, disinterested data on lithotripsy costs.

Comment: One commenter wondered why we accepted cost data from ASCs to revise payment rates in February 1990 (55 FR 4526), and from payers like Blue Cross/Blue Shield and lithotripter manufacturers to support the cost model we proposed in the October 1, 1993 **Federal Register** (58 FR 51355), but refused to consider data submitted by lithotripsy providers.

Response: We did consider the data submitted by commenters following publication in the **Federal Register** of our proposed notice in October 1, 1993 (58 FR 51355), and our analysis of those comments resulted in our not implementing the October 1, 1993 proposed rate of $1,000 pending completion of the 1994 Medicare ASC survey. In some cases such as the matter of ESWL treatment time and general ESWL utilization levels, we have reversed our earlier proposals on the basis of information and data submitted by commenters.

Comment: One commenter stated that, in order to be considered a ''fair fee,'' the average cost of ESWL services reported by The Moore Group ($2,326) would have to be increased to offset three additional costs: payment for pre- and post-treatment services provided by a host hospital or ASC when ESWL is furnished by a mobile lithotripter; payment to offset bad debt; and, payment to provide a reasonable return on equity capital.

Response: We disagree. Our reading of the report indicates that the ALS survey and The Moore Group study took such costs into account in the calculation of an average per treatment cost. The data reported in the 1994 Medicare ASC survey would have reflected pre- and post-operative costs and bad debt. Medicare policy precludes payment allowances to provide a return on equity capital for facilities paid by a prospective payment system because it diminishes the incentive for efficient operation (47 FR 34082, 34089)

Comment: One commenter criticized our use of the CPI-U All Items Index as a measure of the effect of inflation on health care costs and our applying that factor to historical data to produce an estimate of current costs.

Response: We see no compelling argument to depart from the rationale we gave in the February 8, 1990 **Federal Register** (55 FR 4537), in which we implemented the eight payment rates that were rebased using 1986 survey data, for using the consumer price index for all urban consumers, all items index. The fact that 141(a)(1)(B)of SSAA 1994 mandated that we use the CPI-U to update ASC rates during years when we do not rebase rates using survey data makes it difficult to justify switching to a different inflationary adjustment during years when we rebase rates.

Comment: One conclusion of The Moore Group report is that HCFA's cost matrix model overstates the maximum amount of time a lithotripter can be used each year and the number of treatments that can be reasonably performed each year. Numerous commenters echoed the sentiment that basing the ESWL payment rate on a utilization level of performing 1,000 procedures annually or an average of four treatments per day was unreasonable and impractically high. One commenter noted that treatment volume is determined more by the number of patients with kidney stone disease than on the availability of ''efficient'' equipment. Another commenter wrote that most ASCs wishing to provide lithotripsy services will utilize a mobile lithotripter unit because few ASCs will ever have the

volume necessary to keep a lithotripter busy at maximum possible utilization. Commenters reported annual utilization levels ranging from as few as 65 treatments to as many as 1,200 treatments, and daily utilization of no more than two procedures per day to five or six a day if the ''day'' were extended into the evening hours. The Moore Group report indicated that an average of seven hours was required from patient pre-admission until discharge, which was cited by other commenters as the reason why it was unrealistic to expect more than two treatments to be performed in one day. The Moore Group study also indicated that 42 of the 105 providers that returned ALS surveys performed between 400 and 700 procedures per year, accounting for 44 percent of the total cases reported by respondents to the ASL survey, with an average annual treatment level of 519. One commenter asserted that no facility actually does 1,000 cases per year. Another conceded that while six patients could indeed be treated in the course of a single day, factors important to quality care might be sacrificed. One commenter said that five to six treatments could easily be furnished in a single day, but that the length of the day would have to be extended beyond eight hours. Most commenters favored approximately 500 treatments annually as a more realistic utilization level based on their own experience. Two commenters observed that the rapid diffusion of ESWL in the 1980's had resulted in market saturation so that each lithotripter has a smaller number of patients to serve, and another commenter noted that with more than 300 lithotripters in operation, demand per machine would naturally be lower. The same commenter further objected to HCFA's basing its utilization standard for ESWL services that are furnished predominantly in outpatient settings on a 1985 Blue Cross/Blue Shield study of six investigational lithotripters that were involved in the FDA approval process and that furnished treatments strictly on an inpatient basis.

Response: Based on the comments we received and data reported in the 1994 Medicare survey of ASCs, we agree that in the early 1990's, most lithotripsy providers were probably performing only half to two-thirds of the number of treatments we assumed as an efficient annual utilization level when we proposed a payment rate of $1,000 in the October 1, 1993 **Federal Register**. The payment rate that we are proposing in this notice for APC group 527 is more compatible with utilization levels reported by commenters and suggested by 1994 ASC survey data. However, we emphasize that HCFA has a fiduciary responsibility to the Medicare program and its beneficiaries that compels us to promote and reinforce the efficient use of shrinking resources. We cannot condone paying for per treatment costs that are inflated by idle or underutilized equipment which is the result of redundancy. We believe that the rate we propose in this notice for ESWL services is reasonable and that it allows generously for volume levels declared by the industry to be standard without encouraging further proliferation of ESWL services in a market that is acknowledged to be at the saturation level.

Comment: Most commenters indicated that our estimate of 30 or 45 minutes to an hour as the amount of time required to administer ESWL and disintegrate the stone(s) was too low. While the Moore Group report shows a mean treatment time of 113 minutes, most other commenters indicated that 80 to 90 minutes was typically required for the actual ESWL treatment. Several commenters noted that, contrary to our supposition, treatments using newer lithotripters actually require more time than did the older generation of lithotripters because the newer lithotripters require a greater number of lower voltage shocks to be administered, depending upon the patient's heart rate.

Response: We agree that the length of time required to administer an ESWL treatment generally exceeds the 30 to 60 minutes we suggested in the October 1, 1993 notice. The information submitted by commenters, further supported by data collected in the 1994 Medicare ASC survey, indicates a mean treatment time of 82 to 113 minutes with a median treatment time of 89 to 110 minutes.

Comment: Several commenters stated that HCFA's cost matrix model does not include the cost of cystoscopy or any stent placements.

Response: We stated in the October 1, 1993 notice that the costs associated with the cystoscope procedure that frequently accompanies ESWL (CPT code 52332, Cystourethroscopy, with insertion of indwelling ureteral stent (e.g., Gibbons or double-J type) were not included in the cost model for ESWL. When this procedure is performed in conjunction with ESWL (CPT code 50590), the ASC submits a claim for both procedures. In accordance with Medicare payment policy when multiple procedures are performed in an ASC, Medicare pays the full usual and customary facility fee for the procedure with the highest payment rate (CPT code 50590 in this case) and 50 percent of the usual and customary facility fee for the procedure(s) with a lower payment rate (CPT code 52332 in this case). The payment rate we are proposing in this notice for CPT code 52332 (APC 523) is $504.

Comment: Several commenters disagreed with our estimate of 16 percent Medicare utilization and suggested annual Medicare procedure volume ranging between 12 percent and 45 percent, the latter volume occurring in an area with a high retirement population.

Response: Our 1994 survey data indicate that Medicare beneficiaries account for 16.5 percent of total volume for ESWL services furnish in an ASC setting.

Comment: A few commenters wrote that HCFA's study fails to account for the special staffing, travel, and set-up costs incurred when a mobile unit is used to furnish ESWL services.

Response: Our October 1, 1993 cost model may not have fully recognized costs unique to mobile ESWL services. However, based on data submitted in the 1994 Medicare ASC survey, we believe that the payment rate we are proposing in this notice does take mobile unit costs into account.

Comment: One commenter stated that an increase in the number of mobile ESWL units threatens the continued viability of provider based facilities. Another commenter wrote that volume at a free-standing lithotripsy center is expected to decrease due to implementation of a mobile unit in a neighboring state.

Response: We recognize that an increase in the number of mobile ESWL units could reduce patient volume at fixed ESWL sites. We do not have current data to indicate the ratio of mobile to fixed ESWL units nationally or by state or region nor can we evaluate the extent to which increased numbers of mobile units represent redundancy in areas with existing adequate ESWL services or are a response to a demand for ESWL services in underserved or remote areas.

Comment: One commenter disagreed with our proposal that ASC facility payment be denied for bilateral ESWL renal treatment, preferring that the decision be left to the treating urologist who is in the best position to weigh the risks to his/her patients of performing one or multiple ESWL treatments in cases where there are small symptomatic stones in both kidneys.

Response: In the absence of medical evidence arguing otherwise, we propose to withdraw our October 1, 1993 proposal to deny payment for bilateral ESWL renal treatment.

Comment: Three commenters addressed our proposal to enlist the medical directors for Medicare carriers and intermediaries to develop procedure protocols and to define the indications for ESWL treatment. The commenter asserted that indications and contraindications for treating patients with ESWL are already well established in the urological and lithotripsy literature. One commenter urged that experienced urologists who have an established reputation for clinical expertise in urology and lithotripsy be enlisted if general guidelines for ESWL are to be developed. One commenter wrote that a five percent re-treatment rate doesn't suggest abuse of a type that would justify creation of indicators in the first place.

Response: In the absence of support from the provider community and having no evidence that ESWL is being performed excessively or is medically unnecessary for Medicare beneficiaries with kidney stones, we propose to defer our October 1, 1993 proposal to sponsor the development of procedure protocols and indicators of ESWL treatment.

Comment: A few commenters said it was not fair to base ESWL costs on a multi-specialty ASC that can spread overhead costs over many different procedures whereas ESWL is most often provided in single-service fixed-site or mobile units. Another commenter noted that the costs of providing ESWL in a free-standing ambulatory care facility cannot be deferred to other areas or services as they can in a full service hospital. Two commenters stated that HCFA, by asking for data on costs, charges and utilization for ESWL performed on an outpatient basis, was failing to differentiate between free-standing and hospital-based facilities, each of which furnishes ESWL services on an outpatient basis, but each of which may have very different operational costs. One commenter said that HCFA should consider implementing different overhead amounts and payment rates for different classes of centers because costs differ depending on whether ESWL treatment is furnished at a fixed lithotripsy center site, by a mobile unit, or by a multi-specialty ASC.

Response: We specifically requested data for outpatient ESWL services, whether furnished by a hospital, by a freestanding ESWL facility, by an ASC, or by a mobile unit, to distinguish these from inpatient ESWL services.

Based on the comments we received, we acknowledge that ''outpatient'' ESWL services can be furnished in a variety of forms. The rate we propose in this notice does not distinguish among the various possible types of ESWL service delivery settings partly because we do not have data to support a correlation between the cost of ESWL services with the type of site that furnishes those services and partly because our responsibility is to set a facility payment rate for ESWL services furnished by Medicare participating ASCs. The statute does not include a separate benefit for suppliers of ESWL services.

We are not aware of any mobile lithotripters that have been certified as a Medicare participating ASC. Rather, mobile lithotripters are, as a rule, contracted by ASCs or by hospitals, clinics, or other entities to furnish a lithotripter and the actual lithotripsy treatment by arrangement to a patient of the ''host'' entity. The most efficient utilization of mobile lithotripters seems to result when pre-operative patient preparation and post-operative recovery services are furnished by the host entity, freeing the lithotripter conveyance for the next patient. The unusual capital costs of ESWL are reflected in its being assigned to a dedicated APC group, but the fact that ESWL services can be furnished in virtually any type of setting as a consequence of the lithotripter's mobility makes it impossible to lump all lithotripsy suppliers together as a ''class'' of ASCs. Further, in the absence of data to support that ESWL costs are a direct function of the type of facility where the treatment is furnished, we believe that our proposed rate is fair and reasonable and takes into account the costs incurred by ASCs generally to furnish ESWL services, either directly or by arrangement.

We believe that the argument can just as well be made that single specialty ESWL providers, because they focus on only one type of procedure, can defray costs by increasing volume and by being more efficient than other providers that furnish ESWL only on an irregular basis. If sufficient volume cannot be generated due to the increase in patient access to lithotripsy services, as one commenter observed to be the case, the supply of lithotripters combined with their mobility may exceed the demand for single specialty, fixed ESWL suppliers in high saturation areas. We noted above our determination to avoid establishing Medicare payment policy that stimulates redundant services, which in turn typically result in inflated per procedure costs.

Comment: One commenter asked how payment for CPT code 52337—Cystourethroscopy, with ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method); with lithotripsy (ureteral catheterization is included) would be affected by the proposed ESWL payment scheme.

Response: Based on the ratesetting methodology proposed in this notice, CPT code 52337 is in APC group 524. The payment rate proposed for that group is $1,131.

Comment: Capital and operating expenses vary significantly from region to region and cannot be reasonably represented with broad based adjustment factors. Do HCFA/Medicare geographic adjustment guidelines take variations in capital and operating expenses into account?

Response: No. The adjustment to ASC payment rates that Medicare makes to offset geographic differences applies only to differences in labor costs.

I. Schedule and Publication of Updates

Section 1833(i)(1) of the Act requires that the ASC list be reviewed and updated at least biennially, and section 1833(i)(2) requires that ASC payment rates be updated annually. Section 141(a)(1)(B) of SSAA 1994 added paragraph (C) to section 1833(i)(2), requiring that ASC payment rates be increased by the percentage increase in the consumer price index for all urban consumers (U.S. city average) (CPI–U), beginning in fiscal year 1996, during years when the rates are not updated in accordance with survey data. In the **Federal Register** notice published on December 31, 1991 (56 FR 67666), we tied ASC rate updates with the annual update of the PPS wage index and we said that we would coordinate rate updates with the ASC list update. In subsequent years, we have succeeded in implementing ASC rate updates resulting from a CPI–U adjustment to coincide with implementation of the annual update of the PPS wage index, but we have been less successful in coordinating the rate updates with the list updates, in part because the ASC list updates have tended to be more closely related to the calendar year revisions of CPT than to PPS wage index changes.

1. Update of ASC List

There are two ways in which HCFA updates the ASC list. First, we modify the list to reflect the annual changes made to CPT and alphanumeric HCPCS codes. For example, if the American Medical Association (AMA) deletes from CPT a code that has been on the ASC list, we remove the code from the ASC list. In some cases, AMA modifies the descriptors of CPT codes or creates a new code to replace a deleted code. We have always incorporated these changes into the ASC list. In order to make the CPT changes in as timely a manner as possible, we have instructed

carriers directly to modify the ASC list to conform with the CPT changes without first publishing a notice in the **Federal Register** to announce what the changes will be. We have felt justified in by-passing the **Federal Register** because the annual CPT changes have been more editorial than substantive. And we eventually list these changes in the next **Federal Register** notice that is published on the subject of the ASC list.

When we review the ASC list against the standards for determining whether or not procedures are appropriate for the ASC setting or to determine if a code describing an altogether new procedure should be added to the ASC list, we go through the **Federal Register** notice and comment process to furnish an opportunity for public comment on additions to or deletions from the list that we propose to make. We also incorporate into these notices recommendations for change that we receive between updates to the list.

We propose to replace § 416.65(c) in the current ASC regulations with new § 416.22(c). In the revised regulation, we make explicit our intention not to publish in the **Federal Register** prior notice of changes made to the ASC list to reflect the annual changes made to CPT. We also indicate that we will go through the standard notice and comment process in the **Federal Register** when procedures are added to or deleted from the list in accordance with the standards in paragraphs (a) and (b) of § 416.22.

We further propose, as a matter of policy, to update the ASC list on a calendar year basis, to coincide with the annual updates of the HCPCS and the Medicare physicians' fee schedule.

2. Update of ASC Payment Rates

We propose to replace the current section § 416.130 with revised § 416.32. We clarify that when ASC payment rates are updated solely by a CPI–U factor to comply with 1833(i)(2)(C), we intend only to publish a notice that announces the new CPI–U adjusted rates, without a formal comment period. When HCFA rebases the ASC payment rates to reflect data collected through the quinquennial survey of ASCs required under 1833(i)(2)(A)(i) of the Act, we will go through a full notice and comment or rulemaking cycle, depending on whether or not changes to the regulations are to be proposed.

As with the updates of the ASC list, we further propose as a matter of policy to update the ASC payment rates on a calendar year basis to coincide with the annual updates of the HCPCS and the Medicare physicians' fee schedule. This represents a departure from our current policy of implementing rate updates on October 1 to coincide with the annual update of the hospital inpatient prospective payment system (PPS) wage index. We believe that the improved efficiency and reduced paperwork resulting from coordinating all of the ASC updates—the list, payment rates, and wage index— to coincide with the annual CPT update outweighs any disadvantages that might result from postponing for three months implementation of revised PPS wage index values.

J. Technical Changes to 42 CFR Part 416

1. ASC Payment Rates

We have rewritten, reorganized, and renumbered § 416.125 to create new § 416.31. This revised section summarizes the characteristics of ASC payment rates, e.g., they are prospectively determined; they take into account the per procedure costs of providing services by ASCs generally; they are based on audited survey data; they are updated annually by a CPI–U factor during years when they are not rebased using survey data; and, they must result in substantially less being paid by Medicare than would have been paid if the procedures on the ASC list were performed on a hospital inpatient basis.

2. ASC Survey

The purpose of the ASC survey is to furnish HCFA with data on the costs incurred by ASCs to furnish facility services in connection with procedures on the ASC list. HCFA uses these data for the purpose of setting ASC payment rates. The SSAA 1994 amended section 1833(i)(2)(A) to require that ASC costs, which are to be the basis of the standard ASC fees determined by HCFA, be determined by a survey of a representative sample of procedures and facilities that is taken every five years. The 1994 Amendments also make it a requirement that these costs be audited. We have revised § 416.140 to include these new requirements and we have renumbered this section as § 416.33.

We issued the last ASC survey on March 15, 1994, and the rates that are proposed in this notice are based on the data reported in that survey which were subsequently verified by audit. The 1994 survey was entitled ''Medicare Ambulatory Surgical Center Payment Rate Survey—1994: II. Facility Overhead and Procedure Specific Costs'' (Form HCFA–452B, OMB No. 0938–0434, expired March 1997). The next ASC survey must be taken in 1999. Because the survey form that we used in 1994 has expired, we have to have HCFA Form 452 reinstated and approved by the Office of Management and Budget (OMB) before we can survey ASCs in 1999. HCFA Form 452 is being revised, and decisions regarding survey format and content for the 1999 ASC survey are pending. We expect to consult representatives of the ASC industry for assistance in revising HCFA Form 452 before it is submitted to OMB for reinstatement and approval.

In § 416.33, we propose to extend the time period allowed for completion of the survey from 60 to 90 days, with the option of an additional 30-day extension if the facility can demonstrate good cause for not completing the survey within the allotted 90 days.

K. Explanation and Use of Addenda

The addenda on the following pages present in schematic form the updated ASC payment rates, additions to and deletions from the ASC list, payment policy indicators, and ambulatory payment classification (APC) groups that are proposed in this notice.

Addendum A—Proposed Ambulatory Surgical Center (ASC) Payment Status by HCPCS Code and Related Information

This addendum is a list of the 1998 HCPCS codes:

1. CPT/HCPCS code. This column is a list of the 1998 CPT and alphanumeric HCPCS codes. With the exception of the surgical CPT codes, most of the codes in Addendum A show only a payment policy indicator.

2. Payment Policy Indicator (PPI). This indicator shows whether the CPT/HCPCS code is on the ASC list and whether it is paid for as part of the ASC facility fee, or separately payable if the service is covered, or not payable as an ASC service.

1=Procedure on ASC list. Codes with this indicator are procedures for which Medicare pays ASCs a prospectively determined facility fee. The codes with this indicator constitute the list of ASC covered procedures (ASC list).

2=Bundled service/no separate payment. Payment for covered services is always bundled into payment for other services not specified. Medicare does not make separate payment when these services are furnished in an ASC. Payment is already included within the ASC facility fee or submitted within payment(s) made for or the services.

3=Excluded from ASC list. Codes with this indicator are for a procedure, item or service that is excluded from the list of ASC covered procedures because it is not reasonable, not necessary, not appropriate or not safe in an ASC

setting. Medicare does not pay an ASC facility fee for these codes.

4=Invalid code/90-day grace period. Codes with this indicator are not valid for Medicare purposes. Medicare recognizes a 90-day grace period following designation of the code as invalid, during which the code may be used, pending full implementation of the specified replacement code. ASCs and hospital outpatient departments are to use another code to bill for these services.

5=Office-based procedure. No payment is allowed for ASC facility services. If this procedure is performed in an ASC, the ASC is considered a physician's office, and the physician's fee constitutes payment in full.

6=Separate payment when furnished by an ASC. Codes with this indicator are for items or services that fall outside the scope of ASC facility services or that are unrelated to or do not apply to the ASC benefit. Medicare does not include payment for the item or service in the ASC facility fee. However, if this item or service is supplied at an ASC in connection with a surgical procedure on the ASC list, Medicare could make separate payment under other sections of Medicare Part B in accordance with applicable coverage and payment provisions and requirements.

7=ASC restricted coverage procedure. Special coverage instructions apply. The APC group shown signifies the payment rate to be paid in the event the carrier determines that the procedure or service is reasonable and necessary.

8=Reserved for future use.

9=Medicare does not allow payment for the item or service.

3. Description of Code. This is an abbreviated version of the narrative description of the code. Note: All CPT codes and descriptors are copyrighted by the American Medical Association. CPT–4 codes including both long and short descriptor shall be used in accordance with the HCFA/AMA agreement. Any other use violates the AMA copyright.

4. Current payment group. If applicable, this column gives the ASC payment group to which the code is currently assigned.

5. Current Payment Rate. If applicable, this column gives the current ASC payment rate.

6. Proposed APC group. This is the payment group to which the code would be assigned under the proposed ambulatory payment classification (APC) system.

7. Proposed Payment Rate. Where applicable, this is the ASC payment rate proposed for the code.

8. Relative Value Factor. Indicates the relationship between the payment rate assigned to the code and the median payment rate ($504) determined for the 41 surgical APC groups that are priced on the basis of 1994 ASC survey data.

9. Add/Delete. ''Add'' indicates that the code is proposed for addition to the ASC list. ''Delete'' indicates that the code is currently on the ASC list and that we propose to delete it from the ASC list.

Addendum B—Proposed Ambulatory Surgical Center (ASC) List by Ambulatory Payment Classification (APC) Groups and Related Information

This addendum lists CPT codes on the ASC list in order of ambulatory payment classification (APC) group and gives the long descriptor of each CPT/HCPC code on the ASC list.

Note: All CPT codes and descriptors are copyrighted by the American Medical Association. CPT–4 codes including both long and short descriptor shall be used in accordance with the HCFA/AMA agreement. Any other use violates the AMA copyright.

Addendum C—List of APC Groups and Related Information

This addendum lists in numeric order the number and title of the APC groups used as the basis for setting the ASC payment rates proposed in this notice. The proposed ASC payment rate and relative value factor for each APC group are shown.

Addendum D—Ambulatory Surgical Center (ASC) Wage Index

IV. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995 (PRA), agencies are required to provide a 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the PRA requires that we solicit comment on the following issues:

- Whether the information collection is necessary and useful to carry out the proper functions of the agency;
- The accuracy of the agency's estimate of the information collection burden;
- The quality, utility, and clarity of the information to be collected; and
- 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 information collection requirements discussed below.

The information collection requirements and associated burden as summarized below are subject to the PRA:

Section 416.4 Termination of participation, including billing privileges

In summary, an ASC that wishes to terminate its participation and billing privileges in Medicare must send HCFA written notice of its intent. The notice must state the intended date of termination which must be the first day of a calendar month. Furthermore, the ASC must give prompt notice of the date and effect of termination to the public, through publication in local newspapers, after HCFA has approved or set a termination date.

The burden for this requirement involves sending the written intent to terminate notice to HCFA and publishing the required third party disclosure notice in a local newspaper.

The table below indicates the annual number of responses for the regulation section in this proposed rule containing information collection requirements, the average burden per response in minutes or hours, and the total annual burden hours.

ESTIMATED ANNUAL BURDEN CHART

CFR sections	Annual number of responses	Average burden per response	Annual burden hours
416.4 (written notice)	25	10 minutes	4.2
416.4 (publication)	25	30 minutes	12.5
Total Hours			17

Section 416.33(b)(1) Surveys

In summary, § 416.33(b)(1) requires ASCs to maintain adequate financial and facility records to allow accurate completion of the report specified in subparagarph (b)(2) of this section in the event they are selected to participate in the quinquennial ASC survey as a member of the representative sample of facilities.

Under 5 CFR 1320.3(b)(2), the burden associated with the time, effort and financial resources necessary to comply with a collection of information that would be incurred by persons in the normal course of business will be excluded from an information collection. The burden in connection with such types of collection activities can be disregarded if it can be demonstrated that such collection activities are usual and customary. Each of the collection requirements referenced above is of the type that are usual and customary in the conduct of commercial business. Thus, we believe the burden to be exempt for these requirements.

Section 416.33(b)(2) Surveys

In summary, § 416.33(b)(2) requires ASCs to submit within 90 days of a request, from HCFA, ASC survey data. HCFA issued the last ASC survey in 1994, ''Medicare Ambulatory Surgical Center Payment Rate Survey—1994: II. Facility Overhead and Procedure Specific Costs,'' Form HCFA–452B, OMB No. 0938–0434, expired March 1997. Form HCFA 452 is being revised, and decisions regarding survey format and content for the 1999 ASC survey are pending. We expect to consult representatives of the ASC industry for assistance in revising Form HCFA 452 before it is submitted to OMB for approval. In addition, HCFA will publish a separate **Federal Register** notice soliciting public comments for the ASC Survey.

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 any of these information collection and recordkeeping requirements, please mail copies directly to the following: Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn.: Allison Eydt, HCFA Desk Officer.

V. Regulatory Impact Analysis

We have examined the impacts of this proposed rule under Executive Order (E.O.) 12866, the Unfunded Mandates Act of 1995, and the Regulatory Flexibility Act. E.O. 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects; distributive impacts and equity.) A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more annually). The Unfunded Mandates Reform Act of 1995 also requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits before proposing any rule that may result in an annual expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of $100 million.

The Actuarial and Health Cost Analysis Group of HCFA's Office of Strategic Planning estimates that the rebased ASC payment rates proposed in this notice reduce Medicare payments to ASCs by two percent from current spending levels, in the aggregate. Actuarial estimates of the modest savings to Medicare that are the result of the regrouping and repricing of the ASC list proposed in this notice are as follows:

PROJECTED MEDICARE SAVINGS

[In millions]*

FY 1998	$ – 20
FY 1999	– 20
FY 2000	– 20
FY 2001	– 20
FY 2002	– 20
FY 2003	– 20

* Rounded to the nearest $10 million.

The Balanced Budget Act of 1997 is considered in the estimate, including the prospective payment system for hospital outpatient services to be implemented on January 1, 1999, the formula-driven overpayment elimination effective October 1, 1997, and the ASC update reduced by two percentage points for each of the fiscal years 1998 through 2002.

This proposed rule has no consequential effect on State, local, or tribal governments, and, based on the actuarial estimates shown above, we believe the private sector costs of this rule fall below the economic thresholds established by E.O. 12866 and by the Unfunded Mandates Act of 1995. Because this notice is not an economically significant regulatory action under either E.O. 12866 or the Unfunded Mandates Act of 1995, a regulatory impact analysis is not required.

Consistent with the provisions of the Regulatory Flexibility Act, we analyze options for regulatory relief for small businesses and other small entities. We generally prepare a regulatory flexibility analysis that is consistent with the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 through 612) unless we certify that a notice will not have a significant economic impact on a substantial number of small entities. The regulatory flexibility analysis is to include a justification of why action is being taken, the kinds and number of small entities the proposed rule will affect, and an explanation of any considered meaningful options that achieve the objectives and would lessen any significant adverse economic impact on the small entities. For purposes of the RFA, we consider ASCs to be small entities. In addition, section 1102(b) of the Social Security Act requires us to prepare a regulatory impact analysis if a notice may have a significant impact on the operations of a substantial number of small rural hospitals. 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 50 beds.

We believe that the rebased rates proposed in this notice will affect revenues of most Medicare approved ASCs that furnish services to Medicare beneficiaries and, to a lesser extent, revenues of hospitals that perform procedures on the ASC list on an outpatient basis. We have therefore prepared the following regulatory flexibility analysis which, together with the rest of this preamble, meets all three assessment requirements under the RFA. We will have explained the rationale for and purposes of the rule, analyzed alternatives, and presented the measures we propose to minimize the burden on small entities.

A. Rebased Payment Rates

This notice implements section 1833(i)(2)(A)(i) of the Act, which mandates that payment amounts for ASC facility services take into account costs incurred by ASCs generally to furnish services in connection with procedures on the ASC list, as determined by a survey of the actual audited costs incurred by ASCs taken not later than January 1, 1995 and every five years thereafter.

1. Impact on ASCs

In the aggregate, based on actuarial estimates, we expect the revised rates

proposed in this notice to result in a two percent reduction in Medicare outlays for ASC facility services. Given the negligible magnitude of this reduction, we can say that the effect of rebasing the ASC rates and revising the ASC list is virtually budget neutral when viewed in the aggregate. This outcome is attributable primarily to the lower payment rate determined for the two procedures with the highest ASC volume: CPT codes 66984 and 66821. These two procedures alone account for approximately 46 percent of ASC Medicare volume, which helps offset the effect of increased expenditures that will result from higher payment rates for procedures such as hernia repair, hammertoe and bunion correction surgery, arthoscopic procedures, and from the addition of extracorporeal shock wave lithotripsy (ESWL) to the ASC list.

However, the change in payment rate for virtually every procedure on the ASC list—with some procedures receiving a lower rate and others receiving a higher rate than they do currently—could affect the Medicare revenues of individual ASCs, depending on factors such as patient volume and case mix and the type of procedures performed. Of the 295 facilities whose 1994 survey responses are the basis for the rates proposed in this notice, 54 (18 percent) reported that more than 60 percent their total volume in a 12-month period comprised of some combination of CPT codes in the range between 66820 and 66986 cataract procedures. For most of those facilities, Medicare utilization exceeded fifty percent, and for 16 facilities, Medicare utilization exceeded seventy-five percent. The rates proposed in this CPT range represent, overall, a drop of about eleven percent from current payment rates for cataract-related procedures. The rate we propose for CPT code 66984, the highest volume ASC procedure representing 35 percent of all ASC Medicare volume in 1996, decreases by 8 percent. The rate for CPT code 66821, the second highest volume ASC procedure representing 11 percent of all ASC Medicare volume in 1996, decreases by 35 percent. Obviously facilities that specialize in these two cataract-related procedures are going to be affected more dramatically by the proposed rebased rates than are facilities where the volume of these procedures is lower.

The rates that we propose in this notice for certain high volume gastrointestinal and urinary tract endoscopies are also lower than current rates for the same procedures, such as CPT code 43239 (22 percent decrease), CPT code 45378 (16 percent decrease) and CPT code 52000 (32 percent decrease). As a group, endoscopies are second only to CPT codes 66984 and 66821 with respect to Medicare utilization of ASCs. Of the 295 facilities whose 1994 survey responses are the basis for the rates proposed in this notice, 17 (6 percent) reported that more than 60 percent of their total volume in a 12-month period comprised some combination of CPT codes encompassing gastrointestinal endoscopies. However, in only one of those 17 facilities did Medicare utilization exceed fifty percent, and for 11 facilities, Medicare utilization was less than thirty-five percent.

Not all of the rebased rates proposed in this notice are reductions of current rates. The rebased rates proposed for arthroscopic surgery, for some gynecological procedures, for certain podiatric procedures, for carpal tunnel release, for hernia repair, and for certain eye procedures involving the cornea and the retina are higher than the current rates for those procedures. Facilities where those procedures are now being performed will, upon implementation of the rebased rates, be paid a facility fee that more closely approximates the cost of doing the surgery and that should allow the facility a reasonable return, as will facilities performing procedures for which the rebased rates are lower than current ASC payment.

Some smaller, single specialty ASCs may experience some decrease in Medicare payment upon implementation of the rebased rates proposed in this notice, especially if their annual total volume of cases is less than 1000, if the proportion of Medicare beneficiaries that they serve greatly exceeds the 34 percent average ASC Medicare volume, or if they perform a case mix of procedures whose rebased rates are all lower than current rates. Congress does not provide us with tools such as a ''hold-harmless'' clause or a transition period for implementation of rebased rates that could serve to deflect some of the adverse effects of lower payment rates. However, judging from the 1994 survey data, even though efficient ASCs may experience a fractional reduction in profits, we do not think that they will suddenly be faced with serious financial reverses as a result of the rates proposed in this notice. That is because the rebased rates proposed in this notice are closer to costs based on verified data reported by ASCs than are the current rates, which are based on data collected in 1986.

We emphasize that the rates proposed in this notice have been determined in accordance with audited cost, charge, and utilization data reported by a representative sample of ASCs, as we explained in detail earlier in this notice. To summarize the process we used to establish the payment rates proposed in this notice using audit adjusted 1994 survey data—

Step 1—We standardized the original reported CPT code charges and facility overhead costs of the 199 unaudited facilities by the percent of difference between audited and original reported data of the 96 audited facilities.

Step 2—We determined each facility's cost-to-charge ratio by dividing the facility's total costs by its total charges.

Step 3—We converted each procedure charge to a procedure cost by multiplying each facility's procedure charge by the facility's cost-to-charge ratio.

Step 4—Because the facilities' IOL costs were imbedded in the calculated procedure cost for IOL insertion procedures (CPT codes 66983, 66984, 66985, and 66986), we reduced those procedure costs by the facility specific average IOL cost to offset the carrier's addition of the $150 allowance for the IOL.

Step 5—To remove the effects of area wage differences, we neutralized the cost of each procedure by dividing the facility-specific labor-related portion of procedure cost by the hospital inpatient prospective payment system pre-reclassification//pre-floor wage index value applicable to the facility's location. We then added the wage adjusted labor-related portion of procedure cost back to the nonlabor-related portion.

Step 6—We applied an inflation adjustment based on the CPI–U to each procedure cost in order to account for historical and projected price changes occurring between the midpoint of the facility's fiscal period represented in our data base and the midpoint of the 12-month period to which the new rates would apply (July 1, 1998).

Step 7—We grouped the procedure codes into APCs based on clinical and cost similarities.

Step 8—For the 41 APCs with sufficient ASC survey cost data, we calculated the median procedure cost for all Medicare cases within the group to determine the group payment rate.

Step 9—We designated the median of the payment rates for the 41 APCs with sufficient ASC survey cost date as a conversion factor 504.

Step 10—We assigned a value to each of the remaining 64 APCs for which we had inadequate ASC survey data based on an estimate of each APC group's relative similarity to or deviation from the 41 APCs for which we had sufficient survey data.

Step 11—We multiplied the relative value of each of the 64 groups by a conversion factor of 504 to determine the group payment rate.

By using survey data reported by ASCs that was checked and verified by audit, we have determined ASC payment rates that are generally lower than current ASC payment rates. In one sense, the lower proposed payment rates are a tribute to the efficiency and success of ASCs generally in holding the line on facility costs. Lower rates reflect lower costs that are the result of improved technology, efficiency, and experience. The fact remains that regardless of the method we used to calculate payment rates, whether we used dollar intervals to group codes like the current methodology or APC groups or an individual per procedure fee schedule or weighted or unweighted medians or means, the relationship of the resulting rates relative to current rates remained the same: rates for high volume cataract-related procedures and gastrointestinal endoscopies were lower and rates for less frequently performed arthroscopies and various other general surgical procedures went up.

Another explanation for the lower rebased rates could rest with the fact that the current eight ASC payment rates are based on data that were collected in 1986, which generally reflected 1984–85 cost and charge experience. We used 1986 survey data, adjusted for inflation, to rebase ASC payment rates effective for services furnished beginning on March 12, 1990. Between March 1990 and October 1996, we adjusted the ASC payment rates five times resulting in an across the board increase of approximately 20 percentage points for procedures in groups 1, 2, 3, 4, 5, and 7. (The rates for groups 6 and 8, which are limited to intraocular lens (IOL) insertion procedures for which the IOL allowance was prescribed by statute, increased by only 7.5 percent during that time due to the statutory reduction in the IOL allowance from $200 to $150 effective January 1, 1994.) We did not rebase the 1990 rates, or take into account variations in cost resulting from changes in technology. The current eight ASC rates are therefore the result of across-the-board flat increases for inflation dating back to 1990 that do not reflect upward or downward changes in costs associated with individual procedures over the same period.

B. Additions to/Deletions From the ASC List

The addition of outpatient procedures that were previously kept off the list will give ASCs an opportunity to increase volume and utilization as well as expand their revenue sources. The addition of a payment rate for ESWL will allow payment to ASCs for this procedure and make it available for Medicare beneficiaries in an ASC setting.

The procedures that are being removed from the ASC list are not high volume procedures, and we do not expect their deletion from the ASC list to have any significant impact, negative or positive.

C. Impact of Technical Changes

Most of the technical changes proposed in this notice—extending to 90 days the period for completing the ASC survey; implementing all ASC updates on a calendar year basis; rearranging and reorganizing part 416 of the Code of Federal Regulations; adding payment policy indicators; clarifying that procedures excluded from the ASC list are not reasonable and necessary in an ASC—are intended to streamline the ASC benefit and reduce ambiguity to the advantage of beneficiaries and ASCs alike without compromising beneficiary safety and positive surgical outcomes.

D. Impact on Hospitals and Small Rural Hospitals

Section 1833(i)(3)(A) of the Act mandates the method of determining payments to hospitals for ASC-approved procedures performed in an outpatient setting. Congress believed some comparability should exist in the amount of payment to hospitals and ASCs for similar procedures. Congress recognized, however, that hospitals have certain overhead costs that ASCs do not and allowed for those costs by establishing a blended payment methodology. For ASC procedures performed in an outpatient setting, hospitals are paid based on the lower of their aggregate costs, aggregate charges, or a blend of 58 percent of the applicable wage-adjusted ASC rate and 42 percent of the lower of the hospital's aggregate costs or charges. According to statistics from the Office of the Actuary within HCFA, 12 percent of Medicare payments to hospitals by intermediaries is attributable to services furnished in conjunction with ASC-covered procedures performed on an outpatient basis.

While an ASC rate change may not keep pace with actual hospital cost increases, we would recognize cost increases to the extent that the blended payment methodology includes aggregate hospital costs. The weight of the ASC portion of the blended payment amount, which would reflect the new ASC rates, is offset to a degree when hospital costs significantly exceed the ASC rate. Another element that could mitigate the effect of the rebased ASC rates on hospital outpatient payments is the application of the lowest payment screen in determining payments. Applying the lowest of costs, charges, or a blend can result in some hospitals being paid entirely on the basis of a hospital's costs or charges. In those instances, changes in the ASC rates will have no effect on hospital payments. The number of Medicare beneficiaries a hospital serves and its case-mix variation influence the total impact of the new ASC rates on Medicare payments to hospitals. Based on these factors, we do not believe that the provisions of this notice will have a significant impact on a substantial number of small rural hospitals. Moreover, the impact of rebased ASC rates on hospital outpatient payments will be eliminated upon implementation of a prospective payment system for hospital outpatient services in January 1999.

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

List of Subjects

42 CFR Part 416

Health facilities, Kidney diseases, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 488

Administrative practice and procedure, Health facilities, Medicare, Reporting and recordkeeping requirements.

42 CFR chapter IV would be amended as set forth below:

PART 416—AMBULATORY SURGICAL SERVICES

A. Part 416 is amended as set forth below:

1. The authority citation for part 416 continues to read as follows:

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

2. The heading of subpart A is revised and § 416.1 is revised to read as follows:

Subpart A—Definitions and General Provisions and Requirements

§ 416.1 Basis and scope.

(a) *Statutory basis.* (1) Section 1832(a)(2)(F) of the Act provides for Medicare Part B payment for facility services furnished by an ambulatory surgical center (ASC) in connection with surgical procedures specified by

the Secretary under section 1833(i)(1)(A) of the Act.

(2) Section 1832(a)(2)(F)(i) of the Act provides that an ASC, in order to receive Medicare payment, must meet health, safety, and other standards specified by the Secretary in regulations and must also agree to accept assignment and to accept as payment in full for facility services furnished in connection with surgical procedures specified by the Secretary under section 1883(i)(1)(A) of the Act the payment amount determined under section 1833(i)(2)(A).

(3) Section 1833(i)(1)(A) of the Act requires the Secretary to specify the surgical procedures that can be performed safely on an ambulatory basis in an ASC.

(4) Section 1833(i)(2)(A) and (3) specify the amounts to be paid for facility services furnished in connection with the specified surgical procedures when they are performed, respectively, in an ASC or in a hospital outpatient department.

(b) *Scope.* This part sets forth—

(1) The scope of ASC facility services and the criteria for determining the procedures for which Medicare pays ASCs a facility fee;

(2) The manner by which Medicare determines payment amounts for ASC facility services; and

(3) The conditions that an ASC must meet in order to participate in the Medicare program.

3. Section 416.2 is revised to read as follows:

416.2 Definitions

As used in this part:

An Ambulatory Surgical Center or ASC means a supplier that—

(1) Has its own National Identifier under Medicare;

(2) Is a separate entity with respect to its licensure, accreditation, governance, professional supervision, administrative functions, clinical services, record keeping, and financial and accounting systems;

(3) Has as its sole purpose the furnishing of services in connection with surgical procedures that do not require inpatient hospitalization; and

(4) Meets the conditions and requirements set forth in all subparts of this part.

ASC list means the list of procedures that HCFA specifies can be safely and appropriately performed in an ASC, for which Medicare allows payment of an ASC facility fee in accordance with the provisions of this part.

ASC services means services that a Medicare approved ASC furnishes in connection with procedures on the ASC list and for which Medicare pays a prospectively-determined ASC facility fee.

Hospital-operated ASC means an ASC that is owned and operated by a hospital but that is a separate entity with respect to its licensure, accreditation, governance, professional supervision, administrative functions, clinical services, recordkeeping, and financial and accounting systems. A hospital-operated ASC must meet all the conditions and requirements set forth in subparts A, B, C and D of this part.

4. Section 416.25 is redesignated as § 416.3 and is transferred to subpart A and is revised to read as follows:

§ 416.3 Basic Requirements

Participation as an ASC, including billing privileges, is limited to facilities that meet the following conditions:

(a) Meet the definition in § 416.2.

(b) Have State licensure in States where licensure is required.

(c) Meet the conditions for coverage specified in subpart D of this part and report promptly to HCFA any failure to do so.

(d) Charge the beneficiary or any other person on the beneficiary's behalf only the applicable deductible and coinsurance amounts for services for which the beneficiary—

(1) Is entitled to have payment made on his or her behalf under this part; or

(2) Would have been so entitled if the ASC had filed a request for payment in accordance with § 410.165 of this chapter.

(e) Refund as promptly as possible any money incorrectly collected from beneficiaries or from someone on their behalf. As used in this section, *money incorrectly collected* means sums collected in excess of those specified in paragraph (d) of this section. It includes amounts collected for a period of time when the beneficiary was believed not to be entitled to Medicare benefits if—

(1) The beneficiary is later determined to have been entitled to Medicare benefits; and

(2) The beneficiary's entitlement period falls within the time the ASC's agreement with HCFA is in effect.

(f) Furnish to HCFA, if requested, information necessary to establish payment rates as specified in subpart C, and in the form and manner that HCFA requires;

(g) Accept assignment for all items and services that it furnishes to Medicare beneficiaries for which payment may be made under Medicare Part B in connection with procedures on the ASC list. For purposes of this section, assignment means an assignment under § 424.55 of this chapter of the right to receive payment under Medicare Part B and payment under § 424.64 of this chapter (when an individual dies before assigning the claim).

(h) Are in compliance with ASC requirements set forth in Part 488—Survey, Certification, and Enforcement Procedures.

(i) Have in effect a validated Medicare health care provider/supplier enrollment application.

5. Section 416. 4 is added to subpart A to read as follows:

§ 416.4 Termination of participation, including billing privileges.

(a) *Termination by the ASC*—(1) Notice to HCFA. An ASC that wishes to terminate its participation and billing privileges in Medicare must send HCFA written notice of its intent.

(2) *Date of termination.* The notice must state the intended date of termination, which must be the first day of a calendar month.

(i) If the notice does not specify a date, or the date is not acceptable to HCFA, HCFA may set a date that will not be more than 6 months from the date on the ASC's notice of intent.

(ii) HCFA may accept a termination date that is less than 6 months after the date on the ASC's notice if it determines that to do so would not unduly disrupt services to the community or otherwise interfere with the effective and efficient administration of the Medicare program.

(3) *Voluntary termination.* If an ASC ceases to furnish services to the community, that shall be deemed to be a voluntary termination of the agreement by the ASC, effective on the last day of business with Medicare beneficiaries.

(b) *Termination by HCFA.* (1) *Cause for termination.* HCFA may terminate an ASC's participation, including its billing privileges, if it determines that the ASC—

(i) No longer meets the conditions for coverage as specified under subpart D of this part; or

(ii) Is not in substantial compliance with the provisions and the requirements of subparts A, B, and C of this part, or other applicable regulations of subchapter B of this chapter, or any applicable provisions of title XVIII of the Act.

(2) *Notice of termination.* HCFA sends notice of termination to the ASC at least 15 days before the effective date stated in the notice.

(3) *Appeal by the ASC.* An ASC may appeal the termination of its participation, including its billing privileges, in accordance with the provisions set forth in part 498 of this chapter.

(c) *Effect of termination.* Payment is not available for ASC services furnished on or after the effective date of termination.

(d) *Notice to the public.* Prompt notice of the date and effect of termination is given to the public, through publication in local newspapers by—

(1) The ASC, after HCFA has approved or set a termination date; or

(2) HCFA, when it has terminated the ASC's participation, including its billing privileges.

(e) *Conditions for reinstatement after termination by HCFA.* When HCFA terminates an ASC's participation in Medicare, which includes terminating its billing privileges, the ASC may not file another application to participate in the Medicare program as an ASC unless HCFA—

(1) Finds that the reason for the prior termination has been removed; and

(2) Is assured that the reason for the termination will not recur.

6. Subpart B is revised; subpart D is removed; subpart C is redesignated as subpart D, and § 416.40 is removed; and subpart E is redesignated as subpart C and revised. The revised subparts B and C read as follows:

Subpart B—Scope of Benefits

§ 416.20 General rules.

The services for which payment is made under this part are facility services furnished to Medicare beneficiaries by a participating ASC in connection with procedures on the ASC list as specified by HCFA in accordance with § 416.22.

§ 416.21 Scope of ASC services.

(a) *Included services.* ASC services include but are not limited to:

(1) Nursing, technician, and related services.

(2) Use of the facility where the surgical procedures are performed.

(3) Items and services directly related and integral to the pre-operative preparation of patients upon their admission to the ASC for surgery, to the performance of a surgical procedure(s), and to the post-operative and/or post-anesthesia care of patients prior to their discharge from the ASC. This includes, but is not limited to, any laboratory testing performed under a Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate of waiver; drugs and biologicals; medical and surgical supplies and equipment; surgical dressings; splints, casts and other devices used for reduction of fractures and dislocations; and, imaging services or other diagnostic tests integral to a surgical procedure.

(4) Administrative, recordkeeping, and housekeeping items and services.

(5) Materials, including supplies and equipment, for the administration and monitoring of anesthesia.

(6) Intra-ocular lenses (IOLs).

(b) *Excluded services.* ASC services do not include certain items and services for which payment may be made under other provisions of this chapter, such as physician services, diagnostic X-ray services and other diagnostic tests (other than those integral to the performance of a surgical procedure), diagnostic laboratory tests, X-ray therapy and other radiation therapy, prosthetic devices (except IOLs), ambulance services, leg, arm, back and neck braces, artificial limbs, and durable medical equipment for use in the patient's home. In addition, ASC services do not include anesthetist services furnished on or after January 1, 1989.

§ 416.22 ASC list.

The ASC list consists of those procedures that HCFA, in consultation with appropriate trade and professional associations, specifies as being appropriately and safely performed in an ASC. Paragraphs (a) and (b) of this section list the criteria HCFA uses to determine if a procedure is to be placed on the ASC list. Medicare payment of an ASC facility fee is not allowed for ASC services furnished in connection with procedures excluded from the ASC list in accordance with the criteria in paragraph (b) of this section. The ASC list is published in accordance with paragraph (c) of this section.

(a) *Procedures on the ASC list.* Procedures on the ASC list are those surgical and other medical procedures that generally—

(1) Require surgical facilities and services of the kind that are typically provided in a hospital inpatient setting;

(2) Would not be expected to necessitate admission as an inpatient to a hospital either to perform the procedure or to recover from the procedure post-operatively;

(3) Require a dedicated operating room (or suite) or procedure room and a room for post-operative recovery; and

(4) Are not otherwise excluded under § 411.15 of this chapter, or paragraph (b) of this section.

(b) *Procedures excluded from the ASC list.* A procedure with any of the following characteristics is not considered safe or appropriate in an ASC setting. A procedure with any of these characteristics is not reasonable or medically necessary in an ASC setting. Payment of an ASC facility fee for procedures excluded from the ASC list in accordance with any of the following characteristics is not allowed. A procedure is excluded from the ASC list if it—

(1) Generally results in extensive blood loss;

(2) Requires major or prolonged invasion of body cavities;

(3) Directly involves major blood vessels;

(4) Is generally emergent or life-threatening in nature; or

(5) Requires admission to a hospital on an inpatient basis in order to have the procedure performed or to recover from the procedure.

(c) *Publication of ASC list.* HCFA publishes the ASC list in the **Federal Register** as appropriate.

(1) HCFA automatically revises the ASC list to ensure that it conforms timely with coding changes resulting from the annual update of the Health Care Financing Administration Common Procedure Coding System (HCPCS). The effective date of changes to the ASC list resulting from HCPCS coding changes are concurrent with the effective date of the HCPCS revision. HCFA announces these conforming changes in the first **Federal Register** notice published thereafter, either in accordance with paragraph (c)(2) of this section or in accordance with § 416.32.

(2) When HCFA adds procedures to or deletes procedures from the ASC list in accordance with the criteria in paragraphs (a) and (b) of this section, HCFA publishes a notice in the **Federal Register** explaining the rationale for the proposed changes and soliciting public comments on both the proposed changes and the payment rates proposed for procedures under consideration for addition to the list. After reviewing public comments, HCFA publishes a notice in the **Federal Register** to establish the final revisions to the ASC list.

§ 416.23 Performance of procedures on the ASC list in a hospital inpatient setting.

The fact that a procedure is on the ASC list does not preclude its coverage in a hospital inpatient setting.

Subpart C—Payment for Facility Services

§ 416.30 Basis for payment.

The basis for payment for facility services depends upon the type of entity at which the services are furnished.

(a) *Physician's office.* Payment is in accordance with part 414 of this chapter.

(b) *Hospital outpatient department.* Payment is in accordance with part 413 of this chapter.

(c) *Hospital-operated ASC.* (1) The ASC participates and is paid only as an ASC without the option of converting to or being paid as a hospital outpatient department, unless HCFA first determines there is good cause to do otherwise.

(2) Costs for the ASC are treated as a nonreimbursable cost center on the hospital's cost report.

(d) *ASC—General rule.* Payment is based on a prospectively determined rate.

(1) This rate includes payment for the cost of ASC services such as supplies, nursing services, equipment, etc., as specified in § 416.21. The ASC payment rate for insertion of an intraocular lens (IOL) during or subsequent to cataract removal includes an amount for the IOL that is reasonable and related to the cost of acquiring the lens.

(2) The ASC payment rate does not include payment for certain medical and other health services that are covered but that may be billed and paid for separately under part 410 of this chapter, such as physician services, X-ray services or other diagnostic tests not integral to the performance of a surgical procedure, or prosthetic implants (other than IOLs).

(3) Because procedures excluded from the ASC list on the basis of the standards in § 416.22(b) are not ''reasonable and necessary,'' Medicare does not allow payment of an ASC facility fee for those procedures. (See § 411.15(k)(1) of this chapter.)

(e) *Single and multiple surgical procedures.* (1) If one procedure on the ASC list is performed in a single operative session, payment of the ASC facility fee is based on the prospectively determined rate for that one procedure.

(2) If more than one surgical procedure is furnished in a single operative session, payment is based on—

(i) The full rate for the procedure with the highest prospectively determined rate; and

(ii) One half of the prospectively determined rate for each of the other procedures.

(f) *Deductibles and coinsurance.* Part B deductible and coinsurance amounts apply as specified in § 410.152 (a) and (i) of this chapter.

§ 416.31 ASC payment rates.

(a) The payment rate for a procedure on the ASC list is based on a standard prospectively determined per procedure overhead amount.

(1) The standard overhead amount represents HCFA's estimate of a fair per-procedure fee that takes into account the costs incurred by an ASC generally in providing facility services in connection with the performance of the procedure.

(2) HCFA surveys ASCs as described in § 416.33 to determine the costs incurred by ASCs generally in providing ASC services in connection with the performance of procedures on the ASC list.

(3) HCFA conducts an audit of a randomly-selected sample of the surveys submitted in accordance with the requirements in § 416.33 to ensure that the costs from which it derives ASC payment rates are reported accurately and in a manner consistent with Medicare principles of reasonable cost reimbursement.

(b) The ASC payment rate must result in substantially less being paid under the program than would have been paid if the procedures had been performed on an inpatient basis in a hospital.

(c) In setting ASC payment rates, HCFA may adopt reasonable classifications of facilities and may establish different rates for different types of surgical procedures.

(d) For the years when HCFA does not rebase ASC payment rates using survey data collected in accordance with § 416.33, HCFA updates the existing ASC payment rates by the percentage increase in the consumer price index for all urban consumers (U.S. city average) as estimated for the 12-month period ending with the midpoint of the year involved.

§ 416.32 Publication of revised payment rates.

Once implemented, ASC payment rates remain in effect until HCFA publishes a notice in the **Federal Register** to change the rates.

(a) When HCFA rebases ASC payment rates using survey data collected in accordance with § 416.33, HCFA publishes a notice in the **Federal Register** describing the method it followed to rebase the rates and soliciting public comments on both the proposed new rates and the ratesetting method. After reviewing public comments, HCFA publishes a final notice in the **Federal Register** to establish the new, rebased rates.

(b) During years when HCFA updates ASC payment rates using a consumer price index factor as described in § 416.31(d), HCFA publishes a notice in the **Federal Register** to announce the updated rates.

§ 416.33 Surveys.

(a) *Timing, purpose, and procedures.* (1) Beginning not later than January 1, 1995 and every 5 years thereafter, HCFA conducts a survey of ASCs based upon a representative sample of procedures and facilities to collect data for the purpose of rebasing ASC payment rates.

(2) HCFA notifies ASCs by mail of their selection to participate in the ASC survey and of the form and content of the report the ASCs must submit.

(3) If the facility does not submit an adequate report in response to HCFA's survey request, HCFA may terminate the ASC's Medicare billing privileges and its participation in the Medicare program.

(4) ASCs have 90 days within which to complete and submit the survey. HCFA may grant a 30-day postponement of the due date for the survey report if it determines that the facility has demonstrated good cause for the delay.

(b) *Requirements for ASCs.* ASCs must—

(1) Maintain adequate financial and facility records to allow accurate completion of the report specified in paragraph (b)(2) of this section in the event they are selected to participate in the quinquennial ASC survey as a member of the representative sample of facilities.

(2) Within 90 days of a request from HCFA for survey data submit, in the form and detail specified by HCFA, a report of—

(i) Their operations, including the allowable costs actually incurred for the period and the actual number and a list of surgical procedures performed during the period; and

(ii) Their customary charges for each surgical procedure performed during the period.

§ 416.34 Beneficiary appeals.

A beneficiary (or ASC as his or her assignee) may request a hearing by a carrier (subject to the limitations and conditions set forth in part 405, subpart H of this chapter) if the beneficiary or the ASC—

(a) Is dissatisfied with a carrier's denial of a request for payment made on his or her behalf by an ASC;

(b) Is dissatisfied with the amount of payment; or

(c) Believes the request for payment is not being acted upon with reasonable promptness.

PART 488—SURVEY, CERTIFICATION, AND ENFORCEMENT PROCEDURES

B. Part 488 is amended as set forth below:

1. The authority citation for part 488 continues to read as follows:

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

2. In § 488.1 the definition of ''supplier'' is revised to read as follows:

§ 488.1 Definitions.

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Supplier means any of the following: Independent laboratory; portable X-ray services; physical therapist in independent practice; ESRD facility; rural health clinic; Federally qualified health center; chiropractor; or ambulatory surgical center.

* * * * *

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

Dated: March 20, 1998.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

Approved: April 28, 1998.

Donna E. Shalala,

Secretary.

ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
00100	2	Anesth, skin surgery						
00102	2	Anesth, repair of cleft lip						
00103	2	Anesth, blepharoplasty						
00104	2	Anesth for electroshock						
00120	2	Anesthesia for ear surgery						
00124	2	Anesthesia for ear exam						
00126	2	Anesth, tympanotomy						
00140	2	Anesth, procedures on eye						
00142	2	Anesthesia for lens surgery						
00144	2	Anesth, corneal transplant						
00145	2	Anesth, vitrectomy						
00147	2	Anesth, iridectomy						
00148	2	Anesthesia for eye exam						
00160	2	Anesth, nose, sinus surgery						
00162	2	Anesth, nose, sinus surgery						
00164	2	Anesth, biopsy of nose						
00170	2	Anesth, procedure on mouth						
00172	2	Anesth, cleft palate repair						
00174	2	Anesth, pharyngeal surgery						
00176	2	Anesth, pharyngeal surgery						
00190	2	Anesth, facial bone surgery						
00192	2	Anesth, facial bone surgery						
00210	2	Anesth, open head surgery						
00212	2	Anesth, skull drainage						
00214	2	Anesth, skull drainage						
00215	2	Anesth, skull fracture						
00216	2	Anesth, head vessel surgery						
00218	2	Anesth, special head surgery						
00220	2	Anesth, spinal fluid shunt						
00222	2	Anesth, head nerve surgery						
00300	2	Anesth, skin surgery, neck						
00320	2	Anesth, neck organ surgery						
00322	2	Anesth, biopsy of thyroid						
00350	2	Anesth, neck vessel surgery						
00352	2	Anesth, neck vessel surgery						
00400	2	Anesth, chest skin surgery						
00402	2	Anesth, surgery of breast						
00404	2	Anesth, surgery of breast						
00406	2	Anesth, surgery of breast						
00410	2	Anesth, correct heart rhythm						
00420	2	Anesth, skin surgery, back						
00450	2	Anesth, surgery of shoulder						
00452	2	Anesth, surgery of shoulder						
00454	2	Anesth, collar bone biopsy						
00470	2	Anesth, removal of rib						
00472	2	Anesth, chest wall repair						
00474	2	Anesth, surgery of rib(s)						
00500	2	Anesth, esophageal surgery						
00520	2	Anesth, chest procedure						
00522	2	Anesth, chest lining biopsy						
00524	2	Anesth, chest drainage						
00528	2	Anesth, chest partition view						
00530	2	Anesth, pacemaker insertion						
00532	2	Anesth, vascular access						
00534	2	Anesth, cardioverter/defib						
00540	2	Anesth, chest surgery						
00542	2	Anesth, release of lung						
00544	2	Anesth, chest lining removal						
00546	2	Anesth, lung, chest wall surg						
00548	2	Anesth, trachea, bronchi surg						
00560	2	Anesth, open heart surgery						
00562	2	Anesth, open heart surgery						
00580	2	Anesth, heart/lung transplant						
00600	2	Anesth, spine, cord surgery						

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[2] Codes proposed for additions to or deletions from ASC list.

ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
00604	2	Anesth, surgery of vertebra						
00620	2	Anesth, spine, cord surgery						
00622	2	Anesth, removal of nerves						
00630	2	Anesth, spine, cord surgery						
00632	2	Anesth, removal of nerves						
00634	2	Anesth for chemonucleolysis						
00670	2	Anesth, spine, cord surgery						
00700	2	Anesth, abdominal wall surg						
00702	2	Anesth, for liver biopsy						
00730	2	Anesth, abdominal wall surg						
00740	2	Anesth, gi visualization						
00750	2	Anesth, repair of hernia						
00752	2	Anesth, repair of hernia						
00754	2	Anesth, repair of hernia						
00756	2	Anesth, repair of hernia						
00770	2	Anesth, blood vessel repair						
00790	2	Anesth, surg upper abdomen						
00792	2	Anesth, part liver removal						
00794	2	Anesth, pancreas removal						
00796	2	Anesth, for liver transplant						
00800	2	Anesth, abdominal wall surg						
00802	2	Anesth, fat layer removal						
00810	2	Anesth, intestine endoscopy						
00820	2	Anesth, abdominal wall surg						
00830	2	Anesth, repair of hernia						
00832	2	Anesth, repair of hernia						
00840	2	Anesth, surg lower abdomen						
00842	2	Anesth, amniocentesis						
00844	2	Anesth, pelvis surgery						
00846	2	Anesth, hysterectomy						
00848	2	Anesth, pelvic organ surg						
00850	2	Anesth, cesarean section						
00855	2	Anesth, hysterectomy						
00857	2	Analgesia, labor & c-section						
00860	2	Anesth, surgery of abdomen						
00862	2	Anesth, kidney, ureter surg						
00864	2	Anesth, removal of bladder						
00865	2	Anesth, removal of prostate						
00866	2	Anesth, removal of adrenal						
00868	2	Anesth, kidney transplant						
00870	2	Anesth, bladder stone surg						
00872	2	Anesth, kidney stone destruct						
00873	2	Anesth, kidney stone destruct						
00880	2	Anesth, abdomen vessel surg						
00882	2	Anesth, major vein ligation						
00884	2	Anesth, major vein revision						
00900	2	Anesth, perineal procedure						
00902	2	Anesth, anorectal surgery						
00904	2	Anesth, perineal surgery						
00906	2	Anesth, removal of vulva						
00908	2	Anesth, removal of prostate						
00910	2	Anesth, bladder surgery						
00912	2	Anesth, bladder tumor surg						
00914	2	Anesth, removal of prostate						
00916	2	Anesth, bleeding control						
00918	2	Anesth, stone removal						
00920	2	Anesth, genitalia surgery						
00922	2	Anesth, sperm duct surgery						
00924	2	Anesth, testis exploration						
00926	2	Anesth, removal of testis						
00928	2	Anesth, removal of testis						
00930	2	Anesth, testis suspension						
00932	2	Anesth, amputation of penis						
00934	2	Anesth, penis, nodes removal						
00936	2	Anesth, penis, nodes removal						
00938	2	Anesth, insert penis device						
00940	2	Anesth, vaginal procedures						
00942	2	Anesth, surgery on vagina						
00944	2	Anesth, vaginal hysterectomy						
00946	2	Anesth, vaginal delivery						
00948	2	Anesth, repair of cervix						
00950	2	Anesth, vaginal endoscopy						
00952	2	Anesth, uterine endoscopy						
00955	2	Analgesia, vaginal delivery						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
01000	2	Anesth, skin surgery, pelvis						
01110	2	Anesth, skin surgery, pelvis						
01120	2	Anesth, pelvis surgery						
01130	2	Anesth, body cast procedure						
01140	2	Anesth, amputation at pelvis						
01150	2	Anesth, pelvic tumor surgery						
01160	2	Anesth, pelvis procedure						
01170	2	Anesth, pelvis surgery						
01180	2	Anesth, pelvis nerve removal						
01190	2	Anesth, pelvis nerve removal						
01200	2	Anesth, hip joint procedure						
01202	2	Anesth, arthroscopy of hip						
01210	2	Anesth, hip joint surgery						
01212	2	Anesth, hip disarticulation						
01214	2	Anesth, replacement of hip						
01220	2	Anesth, procedure on femur						
01230	2	Anesth, surgery of femur						
01232	2	Anesth, amputation of femur						
01234	2	Anesth, radical femur surg						
01240	2	Anesth, upper leg skin surg						
01250	2	Anesth, upper leg surgery						
01260	2	Anesth, upper leg veins surg						
01270	2	Anesth, thigh arteries surg						
01272	2	Anesth, femoral artery surg						
01274	2	Anesth, femoral embolectomy						
01300	2	Anesth, skin surgery, knee						
01320	2	Anesth, knee area surgery						
01340	2	Anesth, knee area procedure						
01360	2	Anesth, knee area surgery						
01380	2	Anesth, knee joint procedure						
01382	2	Anesth, knee arthroscopy						
01390	2	Anesth, knee area procedure						
01392	2	Anesth, knee area surgery						
01400	2	Anesth, knee joint surgery						
01402	2	Anesth, replacement of knee						
01404	2	Anesth, amputation at knee						
01420	2	Anesth, knee joint casting						
01430	2	Anesth, knee veins surgery						
01432	2	Anesth, knee vessel surg						
01440	2	Anesth, knee arteries surg						
01442	2	Anesth, knee artery surg						
01444	2	Anesth, knee artery repair						
01460	2	Anesth, lower leg skin surg						
01462	2	Anesth, lower leg procedure						
01464	2	Anesth, ankle arthroscopy						
01470	2	Anesth, lower leg surgery						
01472	2	Anesth, achilles tendon surg						
01474	2	Anesth, lower leg surgery						
01480	2	Anesth, lower leg bone surg						
01482	2	Anesth, radical leg surgery						
01484	2	Anesth, lower leg revision						
01486	2	Anesth, ankle replacement						
01490	2	Anesth, lower leg casting						
01500	2	Anesth, leg arteries surg						
01502	2	Anesth, lowerleg embolectomy						
01520	2	Anesth, lower leg vein surg						
01522	2	Anesth, lower leg vein surg						
01600	2	Anesth, shoulder skin surg						
01610	2	Anesth, surgery of shoulder						
01620	2	Anesth, shoulder procedure						
01622	2	Anesth, shoulder arthroscopy						
01630	2	Anesth, surgery of shoulder						
01632	2	Anesth, surgery of shoulder						
01634	2	Anesth, shoulder joint amput						
01636	2	Anesth, forequarter amput						
01638	2	Anesth, shoulder replacement						
01650	2	Anesth, shoulder artery surg						
01652	2	Anesth, shoulder vessel surg						
01654	2	Anesth, shoulder vessel surg						
01656	2	Anesth, arm-leg vessel surg						
01670	2	Anesth, shoulder vein surg						
01680	2	Anesth, shoulder casting						
01682	2	Anesth, airplane cast						
01700	2	Anesth, elbow area skin surg						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
01710	2	Anesth, elbow area surgery						
01712	2	Anesth, upperarm tendon surg						
01714	2	Anesth, upperarm tendon surg						
01716	2	Anesth, biceps tendon repair						
01730	2	Anesth, upperarm procedure						
01732	2	Anesth, elbow arthroscopy						
01740	2	Anesth, upper arm surgery						
01742	2	Anesth, humerus surgery						
01744	2	Anesth, humerus repair						
01756	2	Anesth, radical humerus surg						
01758	2	Anesth, humeral lesion surg						
01760	2	Anesth, elbow replacement						
01770	2	Anesth, upperarm artery surg						
01772	2	Anesth, upperarm embolectomy						
01780	2	Anesth, upper arm vein surg						
01782	2	Anesth, upperarm vein repair						
01784	2	Anesth, av fistula repair						
01800	2	Anesth, lower arm skin surg						
01810	2	Anesth, lower arm surgery						
01820	2	Anesth, lower arm procedure						
01830	2	Anesth, lower arm surgery						
01832	2	Anesth, wrist replacement						
01840	2	Anesth, lowerarm artery surg						
01842	2	Anesth, lowerarm embolectomy						
01844	2	Anesth, vascular shunt surg						
01850	2	Anesth, lower arm vein surg						
01852	2	Anesth, lowerarm vein repair						
01860	2	Anesth, lower arm casting						
01900	2	Anesth, uterus/tube inject						
01902	2	Anesth, burr holes, skull						
01904	2	Anesth, skull x-ray inject						
01906	2	Anesth, lumbar myelography						
01908	2	Anesth, cervical myelography						
01910	2	Anesth, skull myelography						
01912	2	Anesth, lumbar discography						
01914	2	Anesth, cervical discography						
01916	2	Anesth, head arteriogram						
01918	2	Anesth, limb arteriogram						
01920	2	Anesth, catheterize heart						
01921	2	Anesth, vessel surgery						
01922	2	Anesth, cat or MRI scan						
01990	6	Support for organ donor						
01995	2	Regional anesthesia, limb						
01996	2	Manage daily drug therapy						
01999	3	Unlisted anesth procedure						
10040	5	Acne surgery of skin abscess						
10060	5	Drainage of skin abscess						
10061	5	Drainage of skin abscess						
10080	5	Drainage of pilonidal cyst						
10081	5	Drainage of pilonidal cyst						
10120	5	Remove foreign body						
10121	1	Remove foreign body			163	$449	0.89	Add.
10140	5	Drainage of hematoma/fluid						
10160	5	Puncture drainage of lesion						
10180	5	Complex drainage, wound	2	$422				Delete.
11000	5	Debride infected skin						
11001	5	Debride infect skin add						
11010	1	Debride skin, fx			163	$449	0.89	Add.
11011	1	Debride skin/muscle, fx			163	$449	0.89	Add.
11012	1	Debride skin/muscle/bone, fx			163	$449	0.89	Add.
11040	5	Debride skin partial						
11041	5	Debride skin full						
11042	5	Debride skin/tissue	2	$422				Delete.
11043	1	Debride tissue/muscle	2	$422	162	$187	0.37	
11044	1	Debride tissue/muscle/bone	2	$422	162	$187	0.37	
11055	5	Trim skin lesion						
11056	5	Trim 2 to 4 skin lesions						
11057	5	Trim over 4 skin lesions						
11100	5	Biopsy of skin lesion						
11101	5	Biopsy, each added lesion						
11200	5	Removal of skin tags						
11201	5	Removal of added skin tags						
11300	5	Shave skin lesion						
11301	5	Shave skin lesion						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
11302	5	Shave skin lesion						
11303	5	Shave skin lesion						
11305	5	Shave skin lesion						
11306	5	Shave skin lesion						
11307	5	Shave skin lesion						
11308	5	Shave skin lesion						
11310	5	Shave skin lesion						
11311	5	Shave skin lesion						
11312	5	Shave skin lesion						
11313	5	Shave skin lesion						
11400	5	Removal of skin lesion						
11401	5	Removal of skin lesion						
11402	5	Removal of skin lesion						
11403	5	Removal of skin lesion						
11404	1	Removal of skin lesion	1	$314	162	$187	0.37	
11406	1	Removal of skin lesion	2	$422	163	$449	0.89	
11420	5	Removal of skin lesion						
11421	5	Removal of skin lesion						
11422	5	Removal of skin lesion						
11423	5	Removal of skin lesion						
11424	1	Removal of skin lesion	2	$422	162	$187	0.37	
11426	1	Removal of skin lesion	2	$422	163	$449	0.89	
11440	5	Removal of skin lesion						
11441	5	Removal of skin lesion						
11442	5	Removal of skin lesion						
11443	5	Removal of skin lesion						
11444	1	Removal of skin lesion	1	$314	162	$187	0.37	
11446	1	Removal of skin lesion	2	$422	163	$449	0.89	
11450	1	Removal, sweat gland lesion	2	$422	163	$449	0.89	
11451	1	Removal, sweat gland lesion	2	$422	163	$449	0.89	
11462	1	Removal, sweat gland lesion	2	$422	163	$449	0.89	
11463	1	Removal, sweat gland lesion	2	$422	163	$449	0.89	
11470	1	Removal, sweat gland lesion	2	$422	163	$449	0.89	
11471	1	Removal, sweat gland lesion	2	$422	163	$449	0.89	
11600	5	Removal of skin lesion						
11601	5	Removal of skin lesion						
11602	5	Removal of skin lesion						
11603	5	Removal of skin lesion						
11604	1	Removal of skin lesion	2	$422	162	$187	0.37	
11606	1	Removal of skin lesion	2	$422	163	$449	0.89	
11620	5	Removal of skin lesion						
11621	5	Removal of skin lesion						
11622	5	Removal of skin lesion						
11623	5	Removal of skin lesion						
11624	1	Removal of skin lesion	2	$422	163	$449	0.89	
11626	1	Removal of skin lesion	2	$422	163	$449	0.89	
11640	5	Removal of skin lesion						
11641	5	Removal of skin lesion						
11642	5	Removal of skin lesion						
11643	5	Removal of skin lesion						
11644	1	Removal of skin lesion	2	$422	163	$449	0.89	
11646	1	Removal of skin lesion	2	$422	163	$449	0.89	
11719	5	Trim nail(s)						
11720	5	Debride nail, 1-5						
11721	5	Debride nail, 6 or more						
11730	5	Removal of nail plate						
11731	5	Removal of second nail plate						
11732	5	Remove additional nail plate						
11740	5	Drain blood from under nail						
11750	5	Removal of nail bed						
11752	1	Remove nail bed/finger tip			163	$449	0.89	Add.
11755	5	Biopsy, nail unit						
11760	1	Reconstruction of nail bed			181	$150	0.30	Add.
11762	1	Reconstruction of nail bed			181	$150	0.30	Add.
11765	5	Excision of nail fold, toe						
11770	1	Removal of pilonidal lesion	3	$482	162	$187	0.37	
11771	1	Removal of pilonidal lesion	3	$482	163	$449	0.89	
11772	1	Removal of pilonidal lesion	3	$482	163	$449	0.89	
11900	5	Injection into skin lesions						
11901	5	Add.ed skin lesions injection						
11920	7	Correct skin color defects			181	$150	0.30	Add.
11921	7	Correct skin color defects			181	$150	0.30	Add.
11922	7	Correct skin color defects			181	$150	0.30	Add.
11950	7	Therapy for contour defects			181	$150	0.30	Add.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
11951	7	Therapy for contour defects			181	$150	0.30	Add.
11952	7	Therapy for contour defects			181	$150	0.30	Add.
11954	7	Therapy for contour defects			181	$150	0.30	Add.
11960	1	Insert tissue expander(s)	2	$422	183	$465	0.92	
11970	1	Replace tissue expander	3	$482	183	$465	0.92	
11971	1	Remove tissue expander(s)	1	$314	163	$449	0.89	
11975	9	Insert contraceptive cap						
11976	5	Removal of contraceptive cap						
11977	9	Removal/reinsert contra cap						
12001	1	Repair superficial wound(s)			181	$150	0.30	Add.
12002	1	Repair superficial wound(s)			181	$150	0.30	Add.
12004	1	Repair superficial wound(s)			181	$150	0.30	Add.
12005	1	Repair superficial wound(s)	2	$422	181	$150	0.30	
12006	1	Repair superficial wound(s)	2	$422	181	$150	0.30	
12007	1	Repair superficial wound(s)	2	$422	181	$150	0.30	
12011	1	Repair superficial wound(s)			181	$150	0.30	Add.
12013	1	Repair superficial wound(s)			181	$150	0.30	Add.
12014	1	Repair superficial wound(s)			181	$150	0.30	Add.
12015	1	Repair superficial wound(s)			181	$150	0.30	Add.
12016	1	Repair superficial wound(s)	2	$422	181	$150	0.30	
12017	1	Repair superficial wound(s)	2	$422	181	$150	0.30	
12018	1	Repair superficial wound(s)	2	$422	181	$150	0.30	
12020	1	Closure of split wound	1	$314	181	$150	0.30	
12021	1	Closure of split wound	1	$314	181	$150	0.30	
12031	1	Layer closure of wound(s)			181	$150	0.30	Add.
12032	1	Layer closure of wound(s)			181	$150	0.30	Add.
12034	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12035	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12036	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12037	1	Layer closure of wound(s)	2	$422	183	$465	0.92	
12041	1	Layer closure of wound(s)			181	$150	0.30	Add.
12042	1	Layer closure of wound(s)			181	$150	0.30	Add.
12044	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12045	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12046	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12047	1	Layer closure of wound(s)	2	$422	183	$465	0.92	
12051	1	Layer closure of wound(s)			181	$150	0.30	Add.
12052	1	Layer closure of wound(s)			181	$150	0.30	Add.
12053	1	Layer closure of wound(s)			181	$150	0.30	Add.
12054	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12055	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12056	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12057	1	Layer closure of wound(s)	2	$422	183	$465	0.92	
13100	1	Repair of wound or lesion	2	$422	182	$383	0.76	
13101	1	Repair of wound or lesion	3	$482	182	$383	0.76	
13120	1	Repair of wound or lesion	2	$422	182	$383	0.76	
13121	1	Repair of wound or lesion	3	$482	182	$383	0.76	
13131	1	Repair of wound or lesion	2	$422	182	$383	0.76	
13132	1	Repair of wound or lesion	3	$482	182	$383	0.76	
13150	1	Repair of wound or lesion	3	$482	182	$383	0.76	
13151	1	Repair of wound or lesion	3	$482	182	$383	0.76	
13152	1	Repair of wound or lesion	3	$482	182	$383	0.76	
13160	1	Late closure of wound	2	$422	182	$383	0.76	
13300	1	Repair of wound or lesion	4	$595	182	$383	0.76	
14000	1	Skin tissue rearrangement	2	$422	183	$465	0.92	
14001	1	Skin tissue rearrangement	3	$482	183	$465	0.92	
14020	1	Skin tissue rearrangement	3	$482	183	$465	0.92	
14021	1	Skin tissue rearrangement	3	$482	183	$465	0.92	
14040	1	Skin tissue rearrangement	2	$422	183	$465	0.92	
14041	1	Skin tissue rearrangement	3	$482	183	$465	0.92	
14060	1	Skin tissue rearrangement	3	$482	183	$465	0.92	
14061	1	Skin tissue rearrangement	3	$482	183	$465	0.92	
14300	1	Skin tissue rearrangement	4	$595	183	$465	0.92	
14350	1	Skin tissue rearrangement	3	$482	183	$465	0.92	
15000	1	Skin graft procedure	2	$422	183	$465	0.92	
15050	1	Skin pinch graft procedure	2	$422	183	$465	0.92	
15100	1	Skin split graft procedure	2	$422	183	$465	0.92	
15101	1	Skin split graft procedure	3	$482	183	$465	0.92	
15120	1	Skin split graft procedure	2	$422	183	$465	0.92	
15121	1	Skin split graft procedure	3	$482	183	$465	0.92	
15200	1	Skin full graft procedure	3	$482	183	$465	0.92	
15201	1	Skin full graft procedure	2	$422	183	$465	0.92	
15220	1	Skin full graft procedure	2	$422	183	$465	0.92	
15221	1	Skin full graft procedure	2	$422	183	$465	0.92	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
15240	1	Skin full graft procedure	3	$482	183	$465	0.92	
15241	1	Skin full graft procedure	3	$482	183	$465	0.92	
15260	1	Skin full graft procedure	2	$422	183	$465	0.92	
15261	1	Skin full graft procedure	2	$422	183	$465	0.92	
15350	1	Skin homograft procedure	2	$422	183	$465	0.92	
15400	1	Skin heterograft procedure	2	$422	183	$465	0.92	
15570	1	Form skin pedicle flap	3	$482	183	$465	0.92	
15572	1	Form skin pedicle flap	3	$482	183	$465	0.92	
15574	1	Form skin pedicle flap	3	$482	183	$465	0.92	
15576	1	Form skin pedicle flap	3	$482	183	$465	0.92	
15580	1	Attach skin pedicle graft	3	$482	183	$465	0.92	
15600	1	Skin graft procedure	3	$482	183	$465	0.92	
15610	1	Skin graft procedure	3	$482	183	$465	0.92	
15620	1	Skin graft procedure	4	$595	183	$465	0.92	
15625	1	Skin graft procedure	3	$482	183	$465	0.92	
15630	1	Skin graft procedure	3	$482	183	$465	0.92	
15650	1	Transfer skin pedicle flap	5	$678	183	$465	0.92	
15732	1	Muscle-skin graft, head/neck	3	$482	184	$565	1.12	
15734	1	Muscle-skin graft, trunk	3	$482	184	$565	1.12	
15736	1	Muscle-skin graft, arm	3	$482	184	$565	1.12	
15738	1	Muscle-skin graft, leg	3	$482	184	$565	1.12	
15740	1	Island pedicle flap graft	2	$422	184	$565	1.12	
15750	1	Neurovascular pedicle graft	2	$422	184	$565	1.12	
15756	3	Free muscle flap, microvasc	3	$482				Delete.
15757	3	Free skin flap, microvasc	3	$482				Delete.
15758	3	Free fascial flap, microvasc	3	$482				Delete.
15760	1	Composite skin graft	2	$422	184	$565	1.12	
15770	1	Derma-fat-fascia graft	3	$482	184	$565	1.12	
15775	7	Hair transplant punch grafts			183	$465	0.92	Add.
15776	7	Hair transplant punch grafts			183	$465	0.92	Add.
15780	1	Abrasion treatment of skin			163	$449	0.89	Add.
15781	1	Abrasion treatment of skin			163	$449	0.89	Add.
15782	1	Abrasion treatment of skin			163	$449	0.89	Add.
15783	5	Abrasion treatment of skin						
15786	5	Abrasion treatment of lesion						
15787	5	Abrasion, added skin lesions						
15788	5	Chemical peel, face, epiderm						
15789	5	Chemical peel, face, dermal						
15792	5	Chemical peel, nonfacial						
15793	5	Chemical peel, nonfacial						
15810	5	Salabrasion						
15811	1	Salabrasion			163	$449	0.89	Add.
15819	1	Plastic surgery, neck			183	$465	0.92	Add.
15820	1	Revision of lower eyelid			183	$465	0.92	Add.
15821	1	Revision of lower eyelid			183	$465	0.92	Add.
15822	1	Revision of upper eyelid			183	$465	0.92	Add.
15823	1	Revision of upper eyelid			183	$465	0.92	Add.
15824	7	Removal of forehead wrinkles			184	$565	1.12	Add.
15825	7	Removal of neck wrinkles			183	$465	0.92	Add.
15826	7	Removal of brow wrinkles			184	$565	1.12	Add.
15828	7	Removal of face wrinkles			184	$565	1.12	Add.
15829	7	Removal of skin wrinkles			183	$465	0.92	Add.
15831	1	Excise excessive skin tissue			184	$565	1.12	Add.
15832	1	Excise excessive skin tissue			184	$565	1.12	Add.
15833	1	Excise excessive skin tissue			184	$565	1.12	Add.
15834	1	Excise excessive skin tissue			184	$565	1.12	Add.
15835	1	Excise excessive skin tissue			183	$465	0.92	Add.
15836	1	Excise excessive skin tissue			184	$565	1.12	Add.
15837	1	Excise excessive skin tissue			184	$565	1.12	Add.
15838	1	Excise excessive skin tissue			163	$449	0.89	Add.
15839	1	Excise excessive skin tissue			184	$565	1.12	Add.
15840	1	Graft for face nerve palsy	4	$595	184	$565	1.12	
15841	1	Graft for face nerve palsy	4	$595	184	$565	1.12	
15842	1	Graft for face nerve palsy	4	$595	184	$565	1.12	
15845	1	Skin and muscle repair, face	4	$595	184	$565	1.12	
15850	5	Removal of sutures						
15851	5	Removal of sutures						
15852	5	Dressing change,not for burn						
15860	1	Test for blood flow in graft			181	$150	0.30	Add.
15876	7	Suction assisted lipectomy			184	$565	1.12	Add.
15877	7	Suction assisted lipectomy			184	$565	1.12	Add.
15878	7	Suction assisted lipectomy			184	$565	1.12	Add.
15879	7	Suction assisted lipectomy			184	$565	1.12	Add.
15920	1	Removal of tail bone ulcer	3	$482	163	$449	0.89	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
15922	1	Removal of tail bone ulcer	4	$595	184	$565	1.12	
15931	1	Remove sacrum pressure sore	3	$482	163	$449	0.89	
15933	1	Remove sacrum pressure sore	3	$482	163	$449	0.89	
15934	1	Remove sacrum pressure sore	3	$482	184	$565	1.12	
15935	1	Remove sacrum pressure sore	4	$595	184	$565	1.12	
15936	1	Remove sacrum pressure sore	4	$595	184	$565	1.12	
15937	1	Remove sacrum pressure sore	4	$595	184	$565	1.12	
15940	1	Removal of pressure sore	3	$482	163	$449	0.89	
15941	1	Removal of pressure sore	3	$482	163	$449	0.89	
15944	1	Removal of pressure sore	3	$482	184	$565	1.12	
15945	1	Removal of pressure sore	4	$595	184	$565	1.12	
15946	1	Removal of pressure sore	4	$595	184	$565	1.12	
15950	1	Remove thigh pressure sore	3	$482	163	$449	0.89	
15951	1	Remove thigh pressure sore	4	$595	163	$449	0.89	
15952	1	Remove thigh pressure sore	3	$482	184	$565	1.12	
15953	1	Remove thigh pressure sore	4	$595	184	$565	1.12	
15956	1	Remove thigh pressure sore	3	$482	184	$565	1.12	
15958	1	Remove thigh pressure sore	4	$595	184	$565	1.12	
15999	3	Removal of pressure sore						
16000	5	Initial treatment of burn(s)						
16010	1	Treatment of burn(s)			152	$213	0.42	Add.
16015	1	Treatment of burn(s)	2	$422	152	$213	0.42	
16020	5	Treatment of burn(s)						
16025	5	Treatment of burn(s)						
16030	5	Treatment of burn(s)	1	$314				Delete.
16035	1	Incision of burn scab	2	$422	162	$187	0.37	
16040	1	Burn wound excision			162	$187	0.37	Add.
16041	1	Burn wound excision			162	$187	0.37	Add.
16042	1	Burn wound excision			162	$187	0.37	Add.
17000	5	Destroy benign/premal lesion						
17003	5	Destroy 2-14 lesions						
17004	5	Destroy 15 & more lesions						
17106	1	Destruction of skin lesions			152	$213	0.42	Add.
17107	1	Destruction of skin lesions			152	$213	0.42	Add.
17108	1	Destruction of skin lesions			152	$213	0.42	Add.
17110	5	Destruct lesion, 1-14						
17111	5	Destruct lesion, 15 or more						
17250	5	Chemical cautery, tissue						
17260	5	Destruction of skin lesions						
17261	5	Destruction of skin lesions						
17262	5	Destruction of skin lesions						
17263	5	Destruction of skin lesions						
17264	5	Destruction of skin lesions						
17266	5	Destruction of skin lesions						
17270	5	Destruction of skin lesions						
17271	5	Destruction of skin lesions						
17272	5	Destruction of skin lesions						
17273	5	Destruction of skin lesions						
17274	5	Destruction of skin lesions						
17276	5	Destruction of skin lesions						
17280	5	Destruction of skin lesions						
17281	5	Destruction of skin lesions						
17282	5	Destruction of skin lesions						
17283	5	Destruction of skin lesions						
17284	5	Destruction of skin lesions						
17286	5	Destruction of skin lesions						
17304	1	Chemosurgery of skin lesion			162	$187	0.37	Add.
17305	1	2nd stage chemosurgery			162	$187	0.37	Add.
17306	1	3rd stage chemosurgery			162	$187	0.37	Add.
17307	1	Followup skin lesion therapy			162	$187	0.37	Add.
17310	1	Extensive skin chemosurgery			162	$187	0.37	Add.
17340	5	Cryotherapy of skin						
17360	5	Skin peel therapy						
17380	5	Hair removal by electrolysis						
17999	3	Skin tissue procedure						
19000	5	Drainage of breast lesion						
19001	5	Drain added breast lesion						
19020	1	Incision of breast lesion	2	$422	132	$162	0.32	
19030	2	Injection for breast x-ray						
19100	1	Biopsy of breast	1	$314	122	$186	0.37	
19101	1	Biopsy of breast	2	$422	197	$411	0.81	
19110	1	Nipple exploration	2	$422	197	$411	0.81	
19112	1	Excise breast duct fistula	3	$482	197	$411	0.81	
19120	1	Removal of breast lesion	3	$482	197	$411	0.81	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
19125	1	Excision, breast lesion	3	$482	197	$411	0.81	
19126	1	Excision, add'l breast lesion	3	$482	197	$411	0.81	
19140	1	Removal of breast tissue	4	$595	197	$411	0.81	
19160	1	Removal of breast tissue	3	$482	198	$596	1.18	
19162	1	Remove breast tissue, nodes	7	$941	198	$596	1.18	
19180	1	Removal of breast	4	$595	198	$596	1.18	
19182	1	Removal of breast	4	$595	198	$596	1.18	
19200	3	Removal of breast						
19220	3	Removal of breast						
19240	3	Removal of breast						
19260	3	Removal of chest wall lesion	5	$678				Delete.
19271	3	Revision of chest wall						
19272	3	Extensive chest wall surgery						
19290	1	Place needle wire, breast	1	$314	197	$411	0.81	
19291	1	Place needle wire, breast	1	$314	197	$411	0.81	
19316	1	Suspension of breast			198	$596	1.18	Add.
19318	1	Reduction of large breast	4	$595	198	$596	1.18	
19324	1	Enlarge breast			198	$596	1.18	Add.
19325	1	Enlarge breast with implant			198	$596	1.18	Add.
19328	1	Removal of breast implant	1	$314	198	$596	1.18	
19330	1	Removal of implant material	1	$314	198	$596	1.18	
19340	1	Immediate breast prosthesis	2	$422	198	$596	1.18	
19342	1	Delayed breast prosthesis	3	$482	198	$596	1.18	
19350	1	Breast reconstruction	4	$595	198	$596	1.18	
19355	1	Correct inverted nipple(s)			198	$596	1.18	Add.
19357	1	Breast reconstruction	5	$678	198	$596	1.18	
19361	3	Breast reconstruction						
19364	3	Breast reconstruction	5	$678				Delete.
19366	1	Breast reconstruction	5	$678	198	$596	1.18	
19367	3	Breast reconstruction						
19368	3	Breast reconstruction						
19369	3	Breast reconstruction						
19370	1	Surgery of breast capsule	4	$595	198	$596	1.18	
19371	1	Removal of breast capsule	4	$595	198	$596	1.18	
19380	1	Revise breast reconstruction	5	$678	198	$596	1.18	
19396	1	Design custom breast implant			197	$411	0.81	Add.
19499	3	Breast surgery procedure						
20000	5	Incision of abscess						
20005	1	Incision of deep abscess	2	$422	251	$504	1.00	
20100	3	Explore wound, neck						
20101	3	Explore wound, chest						
20102	3	Explore wound, abdomen						
20103	3	Explore wound, extremity						
20150	3	Excise epiphyseal bar						
20200	1	Muscle biopsy	2	$422	162	$187	0.37	
20205	1	Deep muscle biopsy	3	$482	162	$187	0.37	
20206	1	Needle biopsy, muscle	1	$314	122	$186	0.37	
20220	1	Bone biopsy, trocar/needle	1	$314	162	$187	0.37	
20225	1	Bone biopsy, trocar/needle	2	$422	162	$187	0.37	
20240	1	Bone biopsy, excisional	2	$422	163	$449	0.89	
20245	1	Bone biopsy, excisional	3	$482	163	$449	0.89	
20250	1	Open bone biopsy	3	$482	251	$504	1.00	
20251	1	Open bone biopsy	3	$482	251	$504	1.00	
20500	1	Injection of sinus tract			181	$150	0.30	Add.
20501	2	Inject sinus tract for x-ray						
20520	5	Removal of foreign body						
20525	1	Removal of foreign body	3	$482	163	$449	0.89	
20550	5	Inj tendon/ligament/cyst						
20600	5	Drain/inject joint/bursa						
20605	5	Drain/inject joint/bursa						
20610	5	Drain/inject joint/bursa						
20615	5	Treatment of bone cyst						
20650	1	Insert and remove bone pin	3	$482	251	$504	1.00	
20660	3	Apply, remove fixation device	2	$422				Delete.
20661	3	Application of head brace	3	$482				Delete.
20662	3	Application of pelvis brace	3	$482				Delete.
20663	3	Application of thigh brace	3	$482				Delete.
20664	3	Halo brace application						
20665	5	Removal of fixation device	1	$314				Delete.
20670	1	Removal of support implant	1	$314	162	$187	0.37	
20680	1	Removal of support implant	3	$482	163	$449	0.89	
20690	1	Apply bone fixation device	2	$422	252	$574	1.14	
20692	1	Apply bone fixation device			252	$574	1.14	Add.
20693	1	Adjust bone fixation device			251	$504	1.00	Add.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
20694	1	Remove bone fixation device	1	$314	251	$504	1.00	
20802	3	Replantation, arm, complete						
20805	3	Replant forearm, complete						
20808	3	Replantation, hand, complete						
20816	3	Replantation digit, complete						
20822	3	Replantation digit, complete						
20824	3	Replantation thumb, complete						
20827	3	Replantation thumb, complete						
20838	3	Replantation, foot, complete						
20900	1	Removal of bone for graft	3	$482	252	$574	1.14	
20902	1	Removal of bone for graft	4	$595	252	$574	1.14	
20910	1	Remove cartilage for graft	3	$482	183	$465	0.92	
20912	1	Remove cartilage for graft	3	$482	183	$465	0.92	
20920	1	Removal of fascia for graft	4	$595	183	$465	0.92	
20922	1	Removal of fascia for graft	3	$482	183	$465	0.92	
20924	1	Removal of tendon for graft	4	$595	252	$574	1.14	
20926	1	Removal of tissue for graft	4	$595	183	$465	0.92	
20930	3	Spinal bone allograft						
20931	3	Spinal bone allograft						
20936	3	Spinal bone autograft						
20937	3	Spinal bone autograft						
20938	3	Spinal bone autograft						
20950	1	Record fluid pressure,muscle			132	$162	0.32	Add.
20955	3	Fibula bone graft, microvasc	4	$595				Delete.
20956	3	Iliac bone graft, microvasc						
20957	3	Mt bone graft, microvasc						
20962	3	Other bone graft, microvasc	4	$595				Delete.
20969	3	Bone/skin graft, microvasc	4	$595				Delete.
20970	3	Bone/skin graft, iliac crest	4	$595				Delete.
20972	3	Bone-skin graft, metatarsal	4	$595				Delete.
20973	3	Bone-skin graft, great toe	4	$595				Delete.
20974	6	Electrical bone stimulation						
20975	1	Electrical bone stimulation	2	$422	251	$504	1.00	
20999	3	Musculoskeletal surgery						
21010	1	Incision of jaw joint	2	$422	232	$814	1.62	
21015	1	Resection of facial tumor			231	$437	0.87	Add.
21025	1	Excision of bone, lower jaw	2	$422	231	$437	0.87	
21026	1	Excision of facial bone(s)	2	$422	231	$437	0.87	
21029	1	Contour of face bone lesion			231	$437	0.87	Add.
21030	1	Removal of face bone lesion			231	$437	0.87	Add.
21031	1	Remove exostosis, mandible			231	$437	0.87	Add.
21032	1	Remove exostosis, maxilla			231	$437	0.87	Add.
21034	1	Removal of face bone lesion	3	$482	232	$814	1.62	
21040	1	Removal of jaw bone lesion	2	$422	231	$437	0.87	
21041	1	Removal of jaw bone lesion	2	$422	231	$437	0.87	
21044	1	Removal of jaw bone lesion	2	$422	232	$814	1.62	
21045	3	Extensive jaw surgery						
21050	1	Removal of jaw joint	3	$482	232	$814	1.62	
21060	1	Remove jaw joint cartilage	2	$422	232	$814	1.62	
21070	1	Remove coronoid process	3	$482	232	$814	1.62	
21076	6	Prepare face/oral prosthesis						
21077	6	Prepare face/oral prosthesis						
21079	6	Prepare face/oral prosthesis						
21080	6	Prepare face/oral prosthesis						
21081	6	Prepare face/oral prosthesis						
21082	6	Prepare face/oral prosthesis						
21083	6	Prepare face/oral prosthesis						
21084	6	Prepare face/oral prosthesis						
21085	6	Prepare face/oral prosthesis						
21086	6	Prepare face/oral prosthesis						
21087	6	Prepare face/oral prosthesis						
21088	6	Prepare face/oral prosthesis						
21089	3	Prepare face/oral prosthesis						
21100	1	Maxillofacial fixation	2	$422	231	$437	0.87	
21110	1	Interdental fixation			231	$437	0.87	Add.
21116	2	Injection, jaw joint x-ray						
21120	1	Reconstruction of chin			231	$437	0.87	Add.
21121	1	Reconstruction of chin			232	$814	1.62	Add.
21122	1	Reconstruction of chin			232	$814	1.62	Add.
21123	1	Reconstruction of chin			232	$814	1.62	Add.
21125	1	Augmentation lower jaw bone			231	$437	0.87	Add.
21127	1	Augmentation lower jaw bone			232	$814	1.62	Add.
21137	3	Reduction of forehead						
21138	3	Reduction of forehead						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
21139	3	Reduction of forehead						
21141	3	Reconstruct midface, lefort						
21142	3	Reconstruct midface, lefort						
21143	3	Reconstruct midface, lefort						
21145	3	Reconstruct midface, lefort						
21146	3	Reconstruct midface, lefort						
21147	3	Reconstruct midface, lefort						
21150	3	Reconstruct midface, lefort						
21151	3	Reconstruct midface, lefort						
21154	3	Reconstruct midface, lefort						
21155	3	Reconstruct midface, lefort						
21159	3	Reconstruct midface, lefort						
21160	3	Reconstruct midface, lefort						
21172	3	Reconstruct orbit/forehead						
21175	3	Reconstruct orbit/forehead						
21179	3	Reconstruct entire forehead						
21180	3	Reconstruct entire forehead						
21181	1	Contour cranial bone lesion			232	$814	1.62	Add.
21182	3	Reconstruct cranial bone						
21183	3	Reconstruct cranial bone						
21184	3	Reconstruct cranial bone						
21188	3	Reconstruction of midface						
21193	3	Reconstruct lower jaw bone						
21194	3	Reconstruct lower jaw bone						
21195	3	Reconstruct lower jaw bone						
21196	3	Reconstruct lower jaw bone						
21198	3	Reconstruct lower jaw bone						
21206	1	Reconstruct upper jaw bone	5	$678	232	$814	1.62	
21208	1	Augmentation of facial bones	7	$941	232	$814	1.62	
21209	1	Reduction of facial bones	5	$678	232	$814	1.62	
21210	1	Face bone graft	7	$941	232	$814	1.62	
21215	1	Lower jaw bone graft	7	$941	232	$814	1.62	
21230	1	Rib cartilage graft	7	$941	232	$814	1.62	
21235	1	Ear cartilage graft	7	$941	232	$814	1.62	
21240	1	Reconstruction of jaw joint	4	$595	232	$814	1.62	
21242	1	Reconstruction of jaw joint	5	$678	232	$814	1.62	
21243	1	Reconstruction of jaw joint	5	$678	218	$730	1.45	
21244	1	Reconstruction of lower jaw	7	$941	232	$814	1.62	
21245	1	Reconstruction of jaw	7	$941	232	$814	1.62	
21246	1	Reconstruction of jaw	7	$941	232	$814	1.62	
21247	3	Reconstruct lower jaw bone						
21248	1	Reconstruction of jaw	7	$941	232	$814	1.62	
21249	1	Reconstruction of jaw	7	$941	232	$814	1.62	
21255	3	Reconstruct lower jaw bone						
21256	3	Reconstruction of orbit						
21260	1	Revise eye sockets			232	$814	1.62	Add.
21261	3	Revise eye sockets						
21263	3	Revise eye sockets						
21267	1	Revise eye sockets	7	$941	232	$814	1.62	
21268	3	Revise eye sockets						
21270	1	Augmentation cheek bone	5	$678	232	$814	1.62	
21275	1	Revision orbitofacial bones	7	$941	232	$814	1.62	
21280	1	Revision of eyelid	5	$678	231	$437	0.87	
21282	1	Revision of eyelid	5	$678	231	$437	0.87	
21295	1	Revision of jaw muscle/bone			231	$437	0.87	Add.
21296	1	Revision of jaw muscle/bone			231	$437	0.87	Add.
21299	3	Cranio/maxillofacial surgery						
21300	1	Treatment of skull fracture	2	$422	231	$437	0.87	
21310	1	Treatment of nose fracture	2	$422	231	$437	0.87	
21315	1	Treatment of nose fracture	2	$422	231	$437	0.87	
21320	1	Treatment of nose fracture	2	$422	231	$437	0.87	
21325	1	Repair of nose fracture	4	$595	231	$437	0.87	
21330	1	Repair of nose fracture	5	$678	232	$814	1.62	
21335	1	Repair of nose fracture	7	$941	232	$814	1.62	
21336	1	Repair nasal septal fracture			216	$580	1.15	Add.
21337	1	Repair nasal septal fracture	2	$422	231	$437	0.87	
21338	1	Repair nasoethmoid fracture	4	$595	232	$814	1.62	
21339	1	Repair nasoethmoid fracture	5	$678	232	$814	1.62	
21340	1	Repair of nose fracture	4	$595	232	$814	1.62	
21343	1	Repair of sinus fracture	5	$678	232	$814	1.62	
21344	3	Repair of sinus fracture						
21345	1	Repair of nose/jaw fracture			232	$814	1.62	Add.
21346	3	Repair of nose/jaw fracture						
21347	3	Repair of nose/jaw fracture						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
21348	3	Repair of nose/jaw fracture						
21355	1	Repair cheek bone fracture	3	$482	231	$437	0.87	
21356	3	Repair cheek bone fracture						
21360	3	Repair cheek bone fracture	4	$595				Delete.
21365	3	Repair cheek bone fracture	5	$678				Delete.
21366	3	Repair cheek bone fracture						
21385	3	Repair eye socket fracture	5	$678				Delete.
21386	3	Repair eye socket fracture	5	$678				Delete.
21387	3	Repair eye socket fracture	5	$678				Delete.
21390	3	Repair eye socket fracture	7	$941				Delete.
21395	3	Repair eye socket fracture	7	$941				Delete.
21400	1	Treat eye socket fracture	2	$422	231	$437	0.87	
21401	1	Repair eye socket fracture	3	$482	231	$437	0.87	
21406	3	Repair eye socket fracture	4	$595				Delete.
21407	3	Repair eye socket fracture	5	$678				Delete.
21408	3	Repair eye socket fracture						
21421	1	Treat mouth roof fracture	4	$595	232	$814	1.62	
21422	3	Repair mouth roof fracture	5	$678				Delete.
21423	3	Repair mouth roof fracture						
21431	3	Treat craniofacial fracture						
21432	3	Repair craniofacial fracture						
21433	3	Repair craniofacial fracture						
21435	3	Repair craniofacial fracture						
21436	3	Repair craniofacial fracture						
21440	1	Repair dental ridge fracture	3	$482	231	$437	0.87	
21445	1	Repair dental ridge fracture	4	$595	232	$814	1.62	
21450	1	Treat lower jaw fracture	3	$482	232	$814	1.62	
21451	1	Treat lower jaw fracture	4	$595	231	$437	0.87	
21452	1	Treat lower jaw fracture	2	$422	232	$814	1.62	
21453	1	Treat lower jaw fracture	3	$482	232	$814	1.62	
21454	1	Treat lower jaw fracture	5	$678	232	$814	1.62	
21461	1	Repair lower jaw fracture	4	$595	232	$814	1.62	
21462	1	Repair lower jaw fracture	5	$678	232	$814	1.62	
21465	1	Repair lower jaw fracture	4	$595	232	$814	1.62	
21470	3	Repair lower jaw fracture	5	$678				Delete.
21480	1	Reset dislocated jaw	1	$314	231	$437	0.87	
21485	1	Reset dislocated jaw	2	$422	231	$437	0.87	
21490	1	Repair dislocated jaw	3	$482	232	$814	1.62	
21493	1	Treat hyoid bone fracture	3	$482	231	$437	0.87	
21494	1	Repair hyoid bone fracture	4	$595	231	$437	0.87	
21495	3	Repair hyoid bone fracture	4	$595				Delete.
21497	1	Interdental wiring	2	$422	231	$437	0.87	
21499	3	Head surgery procedure						
21501	1	Drain neck/chest lesion	2	$422	132	$162	0.32	
21502	1	Drain chest lesion	2	$422	252	$574	1.14	
21510	3	Drainage of bone lesion	3	$482				Delete.
21550	5	Biopsy of neck/chest	1	$314				Delete.
21555	1	Remove lesion neck/chest	2	$422	163	$449	0.89	
21556	1	Remove lesion neck/chest	2	$422	163	$449	0.89	
21557	3	Remove tumor, neck or chest						
21600	1	Partial removal of rib	2	$422	252	$574	1.14	
21610	1	Partial removal of rib	2	$422	252	$574	1.14	
21615	3	Removal of rib						
21616	3	Removal of rib and nerves						
21620	3	Partial removal of sternum	2	$422				Delete.
21627	3	Sternal debridement						
21630	3	Extensive sternum surgery						
21632	3	Extensive sternum surgery						
21700	1	Revision of neck muscle	2	$422	132	$162	0.32	
21705	3	Revision of neck muscle/rib						
21720	1	Revision of neck muscle	3	$482	132	$162	0.32	
21725	1	Revision of neck muscle	3	$482	132	$162	0.32	
21740	3	Reconstruction of sternum						
21750	3	Repair of sternum separation						
21800	1	Treatment of rib fracture	1	$314	207	$53	0.11	
21805	1	Treatment of rib fracture	2	$422	216	$580	1.15	
21810	3	Treatment of rib fracture(s)	2	$422				Delete.
21820	1	Treat sternum fracture	1	$314	207	$53	0.11	
21825	3	Repair sternum fracture						
21899	3	Neck/chest surgery procedure						
21920	5	Biopsy soft tissue of back	1	$314				Delete.
21925	1	Biopsy soft tissue of back	2	$422	163	$449	0.89	
21930	1	Remove lesion, back or flank	2	$422	163	$449	0.89	
21935	1	Remove tumor of back	3	$482	163	$449	0.89	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
22100	3	Remove part of neck vertebra	3	$482				Delete.
22101	3	Remove part, thorax vertebra	3	$482				Delete.
22102	3	Remove part, lumbar vertebra	3	$482				Delete.
22103	3	Remove extra spine segment	3	$482				Delete.
22110	3	Remove part of neck vertebra						
22112	3	Remove part, thorax vertebra						
22114	3	Remove part, lumbar vertebra						
22116	3	Remove extra spine segment						
22210	3	Revision of neck spine						
22212	3	Revision of thorax spine						
22214	3	Revision of lumbar spine						
22216	3	Revise, extra spine segment						
22220	3	Revision of neck spine						
22222	3	Revision of thorax spine						
22224	3	Revision of lumbar spine						
22226	3	Revise, extra spine segment						
22305	1	Treat spine process fracture	1	$314	207	$53	0.11	
22310	1	Treat spine fracture	1	$314	207	$53	0.11	
22315	1	Treat spine fracture	2	$422	207	$53	0.11	
22325	3	Repair of spine fracture	3	$482				Delete.
22326	3	Repair neck spine fracture	3	$482				Delete.
22327	3	Repair thorax spine fracture	3	$482				Delete.
22328	3	Repair each add spine fx	3	$482				Delete.
22505	1	Manipulation of spine	2	$422	210	$397	0.79	
22548	3	Neck spine fusion						
22554	3	Neck spine fusion						
22556	3	Thorax spine fusion						
22558	3	Lumbar spine fusion						
22585	3	Add.itional spinal fusion						
22590	3	Spine & skull spinal fusion						
22595	3	Neck spinal fusion						
22600	3	Neck spine fusion						
22610	3	Thorax spine fusion						
22612	3	Lumbar spine fusion						
22614	3	Spine fusion, extra segment						
22630	3	Lumbar spine fusion						
22632	3	Spine fusion, extra segment						
22800	3	Fusion of spine						
22802	3	Fusion of spine						
22804	3	Fusion of spine						
22808	3	Fusion of spine						
22810	3	Fusion of spine						
22812	3	Fusion of spine						
22818	3	Kyphectomy, 1-2 segments						
22819	3	Kyphectomy, 3 & more segment						
22830	3	Exploration of spinal fusion						
22840	3	Insert spine fixation device						
22841	3	Insert spine fixation device						
22842	3	Insert spine fixation device						
22843	3	Insert spine fixation device						
22844	3	Insert spine fixation device						
22845	3	Insert spine fixation device						
22846	3	Insert spine fixation device						
22847	3	Insert spine fixation device						
22848	3	Insert pelvic fixationdevice						
22849	3	Reinsert spinal fixation						
22850	3	Remove spine fixation device						
22851	3	Apply spine prosth device						
22852	3	Remove spine fixation device						
22855	3	Remove spine fixation device						
22899	3	Spine surgery procedure						
22900	1	Remove abdominal wall lesion	4	$595	163	$449	0.89	
22999	3	Abdomen surgery procedure						
23000	1	Removal of calcium deposits	2	$422	162	$187	0.37	
23020	1	Release shoulder joint	2	$422	253	$775	1.54	
23030	1	Drain shoulder lesion	1	$314	132	$162	0.32	
23031	1	Drain shoulder bursa			132	$162	0.32	Add.
23035	3	Drain shoulder bone lesion	3	$482				Delete.
23040	1	Exploratory shoulder surgery	3	$482	252	$574	1.14	
23044	1	Exploratory shoulder surgery	4	$595	252	$574	1.14	
23065	5	Biopsy shoulder tissues	1	$314				Delete.
23066	1	Biopsy shoulder tissues	2	$422	163	$449	0.89	
23075	1	Removal of shoulder lesion	2	$422	162	$187	0.37	
23076	1	Removal of shoulder lesion	2	$422	163	$449	0.89	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
23077	1	Remove tumor of shoulder	3	$482	163	$449	0.89	
23100	1	Biopsy of shoulder joint	2	$422	251	$504	1.00	
23101	1	Shoulder joint surgery	7	$941	252	$574	1.14	
23105	1	Remove shoulder joint lining	4	$595	252	$574	1.14	
23106	1	Incision of collarbone joint	4	$595	252	$574	1.14	
23107	1	Explore, treat shoulder joint	4	$595	252	$574	1.14	
23120	1	Partial removal, collar bone	5	$678	253	$775	1.54	
23125	3	Removal of collarbone	5	$678				Delete.
23130	1	Partial removal,shoulderbone	5	$678	253	$775	1.54	
23140	1	Removal of bone lesion	4	$595	251	$504	1.00	
23145	1	Removal of bone lesion	5	$678	252	$574	1.14	
23146	1	Removal of bone lesion	5	$678	252	$574	1.14	
23150	1	Removal of humerus lesion	4	$595	252	$574	1.14	
23155	1	Removal of humerus lesion	5	$678	252	$574	1.14	
23156	1	Removal of humerus lesion	5	$678	252	$574	1.14	
23170	1	Remove collarbone lesion	2	$422	252	$574	1.14	
23172	1	Remove shoulder blade lesion	2	$422	252	$574	1.14	
23174	1	Remove humerus lesion	2	$422	252	$574	1.14	
23180	1	Remove collar bone lesion	4	$595	252	$574	1.14	
23182	1	Remove shoulder blade lesion	4	$595	252	$574	1.14	
23184	1	Remove humerus lesion	4	$595	252	$574	1.14	
23190	1	Partial removal of scapula	4	$595	252	$574	1.14	
23195	3	Removal of head of humerus	5	$678				Delete.
23200	3	Removal of collar bone						
23210	3	Removal of shoulderblade						
23220	3	Partial removal of humerus						
23221	3	Partial removal of humerus						
23222	3	Partial removal of humerus						
23330	1	Remove shoulder foreign body	1	$314	163	$449	0.89	
23331	1	Remove shoulder foreign body	1	$314	163	$449	0.89	
23332	3	Remove shoulder foreign body						
23350	2	Injection for shoulder x-ray						
23395	3	Muscle transfer, shoulder/arm	5	$678				Delete.
23397	3	Muscle transfers	7	$941				Delete.
23400	3	Fixation of shoulder blade	7	$941				Delete.
23405	1	Incision of tendon & muscle	2	$422	252	$574	1.14	
23406	1	Incise tendon(s) & muscle(s)	2	$422	252	$574	1.14	
23410	1	Repair of tendon(s)	5	$678	254	$1,110	2.20	
23412	1	Repair of tendon(s)	7	$941	254	$1,110	2.20	
23415	1	Release of shoulder ligament	5	$678	253	$775	1.54	
23420	1	Repair of shoulder	7	$941	254	$1,110	2.20	
23430	1	Repair biceps tendon	4	$595	254	$1,110	2.20	
23440	3	Removal/transplant tendon	4	$595				Delete.
23450	1	Repair shoulder capsule	5	$678	254	$1,110	2.20	
23455	1	Repair shoulder capsule	7	$941	254	$1,110	2.20	
23460	1	Repair shoulder capsule	5	$678	254	$1,110	2.20	
23462	1	Repair shoulder capsule	7	$941	254	$1,110	2.20	
23465	1	Repair shoulder capsule	5	$678	254	$1,110	2.20	
23466	1	Repair shoulder capsule	7	$941	254	$1,110	2.20	
23470	3	Reconstruct shoulder joint						
23472	3	Reconstruct shoulder joint						
23480	1	Revision of collarbone	4	$595	253	$775	1.54	
23485	1	Revision of collar bone	7	$941	253	$775	1.54	
23490	1	Reinforce clavicle	3	$482	253	$775	1.54	
23491	1	Reinforce shoulder bones	3	$482	253	$775	1.54	
23500	1	Treat clavicle fracture	1	$314	207	$53	0.11	
23505	1	Treat clavicle fracture	1	$314	207	$53	0.11	
23515	1	Repair clavicle fracture	3	$482	216	$580	1.15	
23520	1	Treat clavicle dislocation	1	$314	207	$53	0.11	
23525	1	Treat clavicle dislocation	1	$314	207	$53	0.11	
23530	1	Repair clavicle dislocation	3	$482	216	$580	1.15	
23532	1	Repair clavicle dislocation	4	$595	216	$580	1.15	
23540	1	Treat clavicle dislocation	1	$314	207	$53	0.11	
23545	1	Treat clavicle dislocation	1	$314	207	$53	0.11	
23550	1	Repair clavicle dislocation	3	$482	216	$580	1.15	
23552	1	Repair clavicle dislocation	4	$595	216	$580	1.15	
23570	1	Treat shoulderblade fracture	1	$314	207	$53	0.11	
23575	1	Treat shoulderblade fracture	1	$314	207	$53	0.11	
23585	1	Repair scapula fracture	3	$482	216	$580	1.15	
23600	1	Treat humerus fracture	1	$314	209	$71	0.14	
23605	1	Treat humerus fracture	2	$422	209	$71	0.14	
23615	1	Repair humerus fracture	4	$595	216	$580	1.15	
23616	1	Repair humerus fracture	4	$595	216	$580	1.15	
23620	1	Treat humerus fracture	1	$314	209	$71	0.14	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
23625	1	Treat humerus fracture	2	$422	209	$71	0.14	
23630	1	Repair humerus fracture	5	$678	216	$580	1.15	
23650	1	Treat shoulder dislocation	1	$314	207	$53	0.11	
23655	1	Treat shoulder dislocation	1	$314	210	$397	0.79	
23660	1	Repair shoulder dislocation	3	$482	216	$580	1.15	
23665	1	Treat dislocation/fracture	2	$422	209	$71	0.14	
23670	1	Repair dislocation/fracture	3	$482	216	$580	1.15	
23675	1	Treat dislocation/fracture	2	$422	209	$71	0.14	
23680	1	Repair dislocation/fracture	3	$482	216	$580	1.15	
23700	1	Fixation of shoulder	1	$314	210	$397	0.79	
23800	1	Fusion of shoulder joint	4	$595	253	$775	1.54	
23802	1	Fusion of shoulder joint	7	$941	253	$775	1.54	
23900	3	Amputation of arm & girdle						
23920	3	Amputation at shoulder joint						
23921	1	Amputation follow-up surgery	3	$482	183	$465	0.92	
23929	3	Shoulder surgery procedure						
23930	1	Drainage of arm lesion	1	$314	132	$162	0.32	
23931	1	Drainage of arm bursa	2	$422	132	$162	0.32	
23935	1	Drain arm/elbow bone lesion	2	$422	251	$504	1.00	
24000	1	Exploratory elbow surgery	4	$595	252	$574	1.14	
24006	1	Release elbow joint			252	$574	1.14	Add.
24065	5	Biopsy arm/elbow soft tissue	1	$314				Delete.
24066	1	Biopsy arm/elbow soft tissue	2	$422	163	$449	0.89	
24075	1	Remove arm/elbow lesion	2	$422	162	$187	0.37	
24076	1	Remove arm/elbow lesion	2	$422	163	$449	0.89	
24077	1	Remove tumor of arm/elbow	3	$482	163	$449	0.89	
24100	1	Biopsy elbow joint lining	1	$314	251	$504	1.00	
24101	1	Explore/treat elbow joint	4	$595	252	$574	1.14	
24102	1	Remove elbow joint lining	4	$595	252	$574	1.14	
24105	1	Removal of elbow bursa	3	$482	251	$504	1.00	
24110	1	Remove humerus lesion	2	$422	251	$504	1.00	
24115	1	Remove/graft bone lesion	3	$482	252	$574	1.14	
24116	1	Remove/graft bone lesion	3	$482	252	$574	1.14	
24120	1	Remove elbow lesion	3	$482	251	$504	1.00	
24125	1	Remove/graft bone lesion	3	$482	252	$574	1.14	
24126	1	Remove/graft bone lesion	3	$482	252	$574	1.14	
24130	1	Removal of head of radius	3	$482	252	$574	1.14	
24134	1	Removal of arm bone lesion	2	$422	252	$574	1.14	
24136	1	Remove radius bone lesion	2	$422	252	$574	1.14	
24138	1	Remove elbow bone lesion	2	$422	252	$574	1.14	
24140	1	Partial removal of arm bone	3	$482	252	$574	1.14	
24145	1	Partial removal of radius	3	$482	252	$574	1.14	
24147	1	Partial removal of elbow	2	$422	252	$574	1.14	
24149	3	Radical resection of elbow						
24150	3	Extensive humerus surgery	3	$482				Delete.
24151	3	Extensive humerus surgery	4	$595				Delete.
24152	3	Extensive radius surgery	3	$482				Delete.
24153	3	Extensive radius surgery	4	$595				Delete.
24155	1	Removal of elbow joint	3	$482	253	$775	1.54	
24160	1	Remove elbow joint implant	2	$422	252	$574	1.14	
24164	1	Remove radius head implant	3	$482	252	$574	1.14	
24200	5	Removal of arm foreign body						
24201	1	Removal of arm foreign body	2	$422	163	$449	0.89	
24220	2	Injection for elbow x-ray						
24301	1	Muscle/tendon transfer	4	$595	252	$574	1.14	
24305	1	Arm tendon lengthening			252	$574	1.14	Add.
24310	1	Revision of arm tendon	3	$482	251	$504	1.00	
24320	1	Repair of arm tendon	3	$482	253	$775	1.54	
24330	1	Revision of arm muscles	3	$482	253	$775	1.54	
24331	1	Revision of arm muscles	3	$482	253	$775	1.54	
24340	1	Repair of biceps tendon	3	$482	253	$775	1.54	
24341	1	Repair tendon/muscle arm			253	$775	1.54	Add.
24342	1	Repair of ruptured tendon	3	$482	253	$775	1.54	
24350	1	Repair of tennis elbow	3	$482	252	$574	1.14	
24351	1	Repair of tennis elbow	3	$482	252	$574	1.14	
24352	1	Repair of tennis elbow	3	$482	252	$574	1.14	
24354	1	Repair of tennis elbow	3	$482	252	$574	1.14	
24356	1	Revision of tennis elbow	3	$482	252	$574	1.14	
24360	1	Reconstruct elbow joint	5	$678	217	$695	1.38	
24361	1	Reconstruct elbow joint	5	$678	218	$730	1.45	
24362	1	Reconstruct elbow joint	5	$678	218	$730	1.45	
24363	1	Replace elbow joint	7	$941	218	$730	1.45	
24365	1	Reconstruct head of radius	5	$678	217	$695	1.38	
24366	1	Reconstruct head of radius	5	$678	218	$730	1.45	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
24400	1	Revision of humerus	4	$595	252	$574	1.14	
24410	1	Revision of humerus	4	$595	252	$574	1.14	
24420	1	Revision of humerus	3	$482	253	$775	1.54	
24430	1	Repair of humerus	3	$482	253	$775	1.54	
24435	1	Repair humerus with graft	4	$595	253	$775	1.54	
24470	1	Revision of elbow joint	3	$482	253	$775	1.54	
24495	1	Decompression of forearm	2	$422	252	$574	1.14	
24498	1	Reinforce humerus	3	$482	253	$775	1.54	
24500	1	Treat humerus fracture	1	$314	209	$71	0.14	
24505	1	Treat humerus fracture	1	$314	209	$71	0.14	
24515	1	Repair humerus fracture	4	$595	216	$580	1.15	
24516	1	Repair humerus fracture	4	$595	216	$580	1.15	
24530	1	Treat humerus fracture	1	$314	209	$71	0.14	
24535	1	Treat humerus fracture	1	$314	209	$71	0.14	
24538	1	Treat humerus fracture	2	$422	216	$580	1.15	
24545	1	Repair humerus fracture	4	$595	216	$580	1.15	
24546	1	Repair humerus fracture	5	$678	216	$580	1.15	
24560	1	Treat humerus fracture	1	$314	209	$71	0.14	
24565	1	Treat humerus fracture	2	$422	209	$71	0.14	
24566	1	Treat humerus fracture	2	$422	216	$580	1.15	
24575	1	Repair humerus fracture	3	$482	216	$580	1.15	
24576	1	Treat humerus fracture	1	$314	209	$71	0.14	
24577	1	Treat humerus fracture	1	$314	209	$71	0.14	
24579	1	Repair humerus fracture	3	$482	216	$580	1.15	
24582	1	Treat humerus fracture	2	$422	216	$580	1.15	
24586	1	Repair elbow fracture	4	$595	216	$580	1.15	
24587	1	Repair elbow fracture	5	$678	216	$580	1.15	
24600	1	Treat elbow dislocation	1	$314	209	$71	0.14	
24605	1	Treat elbow dislocation	2	$422	210	$397	0.79	
24615	1	Repair elbow dislocation	3	$482	216	$580	1.15	
24620	1	Treat elbow fracture	2	$422	209	$71	0.14	
24635	1	Repair elbow fracture	3	$482	216	$580	1.15	
24640	1	Treat elbow dislocation	.....	.....	209	$71	0.14	Add.
24650	1	Treat radius fracture	.....	.....	209	$71	0.14	Add.
24655	1	Treat radius fracture	1	$314	209	$71	0.14	
24665	1	Repair radius fracture	4	$595	216	$580	1.15	
24666	1	Repair radius fracture	4	$595	216	$580	1.15	
24670	1	Treatment of ulna fracture	1	$314	209	$71	0.14	
24675	1	Treatment of ulna fracture	1	$314	209	$71	0.14	
24685	1	Repair ulna fracture	3	$482	216	$580	1.15	
24800	1	Fusion of elbow joint	4	$595	253	$775	1.54	
24802	1	Fusion/graft of elbow joint	5	$678	253	$775	1.54	
24900	3	Amputation of upper arm	.....	.....	.....	.....	.....	
24920	3	Amputation of upper arm	.....	.....	.....	.....	.....	
24925	1	Amputation follow-up surgery	3	$482	251	$504	1.00	
24930	3	Amputation follow-up surgery	.....	.....	.....	.....	.....	
24931	3	Amputate upper arm & implant	.....	.....	.....	.....	.....	
24935	3	Revision of amputation	.....	.....	.....	.....	.....	
24940	3	Revision of upper arm	.....	.....	.....	.....	.....	
24999	3	Upper arm/elbow surgery	.....	.....	.....	.....	.....	
25000	1	Incision of tendon sheath	3	$482	251	$504	1.00	
25020	1	Decompression of forearm	3	$482	251	$504	1.00	
25023	1	Decompression of forearm	3	$482	252	$574	1.14	
25028	1	Drainage of forearm lesion	1	$314	251	$504	1.00	
25031	1	Drainage of forearm bursa	2	$422	251	$504	1.00	
25035	1	Treat forearm bone lesion	2	$422	251	$504	1.00	
25040	1	Explore/treat wrist joint	5	$678	252	$574	1.14	
25065	5	Biopsy forearm soft tissues	1	$314	.....	.....	.....	Delete.
25066	1	Biopsy forearm soft tissues	2	$422	163	$449	0.89	
25075	1	Removal of forearm lesion	2	$422	162	$187	0.37	
25076	1	Removal of forearm lesion	3	$482	163	$449	0.89	
25077	1	Remove tumor, forearm/wrist	3	$482	163	$449	0.89	
25085	1	Incision of wrist capsule	3	$482	251	$504	1.00	
25100	1	Biopsy of wrist joint	2	$422	251	$504	1.00	
25101	1	Explore/treat wrist joint	3	$482	252	$574	1.14	
25105	1	Remove wrist joint lining	4	$595	252	$574	1.14	
25107	1	Remove wrist joint cartilage	3	$482	252	$574	1.14	
25110	1	Remove wrist tendon lesion	3	$482	251	$504	1.00	
25111	1	Remove wrist tendon lesion	3	$482	261	$494	0.98	
25112	1	Reremove wrist tendon lesion	4	$595	261	$494	0.98	
25115	1	Remove wrist/forearm lesion	4	$595	251	$504	1.00	
25116	1	Remove wrist/forearm lesion	4	$595	251	$504	1.00	
25118	1	Excise wrist tendon sheath	2	$422	252	$574	1.14	
25119	1	Partial removal of ulna	3	$482	252	$574	1.14	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
25120	1	Removal of forearm lesion	3	$482	252	$574	1.14	
25125	1	Remove/graft forearm lesion	3	$482	252	$574	1.14	
25126	1	Remove/graft forearm lesion	3	$482	252	$574	1.14	
25130	1	Removal of wrist lesion	3	$482	252	$574	1.14	
25135	1	Remove & graft wrist lesion	3	$482	252	$574	1.14	
25136	1	Remove & graft wrist lesion	3	$482	252	$574	1.14	
25145	1	Remove forearm bone lesion	2	$422	252	$574	1.14	
25150	1	Partial removal of ulna	2	$422	252	$574	1.14	
25151	1	Partial removal of radius	2	$422	252	$574	1.14	
25170	3	Extensive forearm surgery	3	$482				Delete.
25210	1	Removal of wrist bone	3	$482	262	$543	1.08	
25215	1	Removal of wrist bones	4	$595	262	$543	1.08	
25230	1	Partial removal of radius	4	$595	252	$574	1.14	
25240	1	Partial removal of ulna	4	$595	252	$574	1.14	
25246	2	Injection for wrist x-ray						
25248	1	Remove forearm foreign body	2	$422	251	$504	1.00	
25250	1	Removal of wrist prosthesis	1	$314	252	$574	1.14	
25251	1	Removal of wrist prosthesis	1	$314	252	$574	1.14	
25260	1	Repair forearm tendon/muscle	4	$595	252	$574	1.14	
25263	1	Repair forearm tendon/muscle	2	$422	252	$574	1.14	
25265	1	Repair forearm tendon/muscle	3	$482	252	$574	1.14	
25270	1	Repair forearm tendon/muscle	4	$595	252	$574	1.14	
25272	1	Repair forearm tendon/muscle	3	$482	252	$574	1.14	
25274	1	Repair forearm tendon/muscle	4	$595	252	$574	1.14	
25280	1	Revise wrist/forearm tendon	4	$595	252	$574	1.14	
25290	1	Incise wrist/forearm tendon	3	$482	252	$574	1.14	
25295	1	Release wrist/forearm tendon	3	$482	251	$504	1.00	
25300	1	Fusion of tendons at wrist	3	$482	252	$574	1.14	
25301	1	Fusion of tendons at wrist	3	$482	252	$574	1.14	
25310	1	Transplant forearm tendon	3	$482	253	$775	1.54	
25312	1	Transplant forearm tendon	4	$595	253	$775	1.54	
25315	1	Revise palsy hand tendon(s)	3	$482	253	$775	1.54	
25316	1	Revise palsy hand tendon(s)	3	$482	253	$775	1.54	
25320	1	Repair/revise wrist joint	3	$482	253	$775	1.54	
25332	1	Revise wrist joint	5	$678	217	$695	1.38	
25335	1	Realignment of hand	3	$482	253	$775	1.54	
25337	1	Reconstruct ulna/radioulnar			253	$775	1.54	Add.
25350	1	Revision of radius	3	$482	253	$775	1.54	
25355	1	Revision of radius	3	$482	253	$775	1.54	
25360	1	Revision of ulna	3	$482	252	$574	1.14	
25365	1	Revise radius & ulna	3	$482	252	$574	1.14	
25370	1	Revise radius or ulna	3	$482	253	$775	1.54	
25375	1	Revise radius & ulna	4	$595	253	$775	1.54	
25390	3	Shorten radius/ulna	3	$482				Delete.
25391	3	Lengthen radius/ulna	4	$595				Delete.
25392	3	Shorten radius & ulna	3	$482				Delete.
25393	3	Lengthen radius & ulna	4	$595				Delete.
25400	1	Repair radius or ulna	3	$482	252	$574	1.14	
25405	3	Repair/graft radius or ulna	4	$595				Delete.
25415	1	Repair radius & ulna	3	$482	252	$574	1.14	
25420	3	Repair/graft radius & ulna	4	$595				Delete.
25425	1	Repair/graft radius or ulna	3	$482	253	$775	1.54	
25426	1	Repair/graft radius & ulna	4	$595	253	$775	1.54	
25440	1	Repair/graft wrist bone	4	$595	253	$775	1.54	
25441	1	Reconstruct wrist joint	5	$678	218	$730	1.45	
25442	1	Reconstruct wrist joint	5	$678	218	$730	1.45	
25443	1	Reconstruct wrist joint	5	$678	218	$730	1.45	
25444	1	Reconstruct wrist joint	5	$678	218	$730	1.45	
25445	1	Reconstruct wrist joint	5	$678	218	$730	1.45	
25446	1	Wrist replacement	7	$941	218	$730	1.45	
25447	1	Repair wrist joint(s)	5	$678	217	$695	1.38	
25449	1	Remove wrist joint implant	5	$678	217	$695	1.38	
25450	1	Revision of wrist joint	3	$482	253	$775	1.54	
25455	1	Revision of wrist joint	3	$482	253	$775	1.54	
25490	1	Reinforce radius	3	$482	253	$775	1.54	
25491	1	Reinforce ulna	3	$482	253	$775	1.54	
25492	1	Reinforce radius and ulna	3	$482	253	$775	1.54	
25500	1	Treat fracture of radius			209	$71	0.14	Add.
25505	1	Treat fracture of radius	1	$314	209	$71	0.14	
25515	1	Repair fracture of radius	3	$482	216	$580	1.15	
25520	1	Repair fracture of radius	1	$314	209	$71	0.14	
25525	1	Repair fracture of radius	4	$595	216	$580	1.15	
25526	1	Repair fracture of radius	5	$678	216	$580	1.15	
25530	1	Treat fracture of ulna			209	$71	0.14	Add.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
25535	1	Treat fracture of ulna	1	$314	209	$71	0.14	
25545	1	Repair fracture of ulna	3	$482	216	$580	1.15	
25560	1	Treat fracture radius & ulna			209	$71	0.14	Add.
25565	1	Treat fracture radius & ulna	2	$422	209	$71	0.14	
25574	1	Treat fracture radius & ulna	3	$482	216	$580	1.15	
25575	1	Repair fracture radius/ulna	3	$482	216	$580	1.15	
25600	1	Treat fracture radius/ulna			209	$71	0.14	Add.
25605	1	Treat fracture radius/ulna	3	$482	209	$71	0.14	
25611	1	Repair fracture radius/ulna	3	$482	216	$580	1.15	
25620	1	Repair fracture radius/ulna	5	$678	216	$580	1.15	
25622	1	Treat wrist bone fracture			209	$71	0.14	Add.
25624	1	Treat wrist bone fracture	2	$422	209	$71	0.14	
25628	1	Repair wrist bone fracture	3	$482	216	$580	1.15	
25630	1	Treat wrist bone fracture			209	$71	0.14	Add.
25635	1	Treat wrist bone fracture	1	$314	209	$71	0.14	
25645	1	Repair wrist bone fracture	3	$482	216	$580	1.15	
25650	1	Repair wrist bone fracture			209	$71	0.14	Add.
25660	1	Treat wrist dislocation	1	$314	209	$71	0.14	
25670	1	Repair wrist dislocation	3	$482	216	$580	1.15	
25675	1	Treat wrist dislocation	1	$314	209	$71	0.14	
25676	1	Repair wrist dislocation	2	$422	216	$580	1.15	
25680	1	Treat wrist fracture	2	$422	209	$71	0.14	
25685	1	Repair wrist fracture	3	$482	216	$580	1.15	
25690	1	Treat wrist dislocation	1	$314	209	$71	0.14	
25695	1	Repair wrist dislocation	2	$422	216	$580	1.15	
25800	1	Fusion of wrist joint	4	$595	253	$775	1.54	
25805	1	Fusion/graft of wrist joint	5	$678	253	$775	1.54	
25810	1	Fusion/graft of wrist joint	5	$678	253	$775	1.54	
25820	1	Fusion of hand bones	4	$595	261	$494	0.98	
25825	1	Fusion hand bones with graft	5	$678	262	$543	1.08	
25830	1	Fusion radioulnar jnt/ulna			253	$775	1.54	Add.
25900	3	Amputation of forearm						
25905	3	Amputation of forearm						
25907	1	Amputation follow-up surgery	3	$482	251	$504	1.00	
25909	3	Amputation follow-up surgery						
25915	3	Amputation of forearm						
25920	3	Amputate hand at wrist						
25922	1	Amputate hand at wrist	3	$482	251	$504	1.00	
25924	3	Amputation follow-up surgery						
25927	3	Amputation of hand						
25929	1	Amputation follow-up surgery	3	$482	183	$465	0.92	
25931	3	Amputation follow-up surgery						
25999	3	Forearm or wrist surgery						
26010	5	Drainage of finger abscess						
26011	5	Drainage of finger abscess	1	$314				Delete.
26020	1	Drain hand tendon sheath	2	$422	261	$494	0.98	
26025	1	Drainage of palm bursa	1	$314	261	$494	0.98	
26030	1	Drainage of palm bursa(s)	2	$422	261	$494	0.98	
26034	1	Treat hand bone lesion	2	$422	261	$494	0.98	
26035	1	Decompress fingers/hand	4	$595	261	$494	0.98	
26037	1	Decompress fingers/hand	4	$595	261	$494	0.98	
26040	1	Release palm contracture	4	$595	262	$543	1.08	
26045	1	Release palm contracture	3	$482	262	$543	1.08	
26055	1	Incise finger tendon sheath	2	$422	261	$494	0.98	
26060	1	Incision of finger tendon	2	$422	261	$494	0.98	
26070	1	Explore/treat hand joint	2	$422	261	$494	0.98	
26075	1	Explore/treat finger joint	4	$595	261	$494	0.98	
26080	1	Explore/treat finger joint	4	$595	261	$494	0.98	
26100	1	Biopsy hand joint lining	2	$422	261	$494	0.98	
26105	1	Biopsy finger joint lining	1	$314	261	$494	0.98	
26110	1	Biopsy finger joint lining	1	$314	261	$494	0.98	
26115	1	Removal of hand lesion	2	$422	163	$449	0.89	
26116	1	Removal of hand lesion	2	$422	163	$449	0.89	
26117	1	Remove tumor, hand/finger	3	$482	163	$449	0.89	
26121	1	Release palm contracture	4	$595	262	$543	1.08	
26123	1	Release palm contracture	4	$595	262	$543	1.08	
26125	1	Release palm contracture	4	$595	262	$543	1.08	
26130	1	Remove wrist joint lining	3	$482	261	$494	0.98	
26135	1	Revise finger joint, each	4	$595	262	$543	1.08	
26140	1	Revise finger joint, each	2	$422	261	$494	0.98	
26145	1	Tendon excision, palm/finger	3	$482	261	$494	0.98	
26160	1	Remove tendon sheath lesion	3	$482	261	$494	0.98	
26170	1	Removal of palm tendon, each	3	$482	261	$494	0.98	
26180	1	Removal of finger tendon	3	$482	261	$494	0.98	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
26185	1	Remove finger bone	.....	.....	261	$494	0.98	Add.
26200	1	Remove hand bone lesion	2	$422	261	$494	0.98	
26205	1	Remove/graft bone lesion	3	$482	262	$543	1.08	
26210	1	Removal of finger lesion	2	$422	261	$494	0.98	
26215	1	Remove/graft finger lesion	3	$482	261	$494	0.98	
26230	1	Partial removal of hand bone	7	$941	261	$494	0.98	
26235	1	Partial removal, finger bone	3	$482	261	$494	0.98	
26236	1	Partial removal, finger bone	3	$482	261	$494	0.98	
26250	1	Extensive hand surgery	3	$482	261	$494	0.98	
26255	1	Extensive hand surgery	3	$482	262	$543	1.08	
26260	1	Extensive finger surgery	3	$482	261	$494	0.98	
26261	1	Extensive finger surgery	3	$482	261	$494	0.98	
26262	1	Partial removal of finger	2	$422	261	$494	0.98	
26320	1	Removal of implant from hand	2	$422	163	$449	0.89	
26350	1	Repair finger/hand tendon	1	$314	262	$543	1.08	
26352	1	Repair/graft hand tendon	4	$595	262	$543	1.08	
26356	1	Repair finger/hand tendon	4	$595	262	$543	1.08	
26357	1	Repair finger/hand tendon	4	$595	262	$543	1.08	
26358	1	Repair/graft hand tendon	4	$595	262	$543	1.08	
26370	1	Repair finger/hand tendon	4	$595	262	$543	1.08	
26372	1	Repair/graft hand tendon	4	$595	262	$543	1.08	
26373	1	Repair finger/hand tendon	3	$482	262	$543	1.08	
26390	1	Revise hand/finger tendon	4	$595	262	$543	1.08	
26392	1	Repair/graft hand tendon	3	$482	262	$543	1.08	
26410	1	Repair hand tendon	3	$482	261	$494	0.98	
26412	1	Repair/graft hand tendon	3	$482	262	$543	1.08	
26415	1	Excision, hand/finger tendon	4	$595	262	$543	1.08	
26416	1	Graft hand or finger tendon	3	$482	262	$543	1.08	
26418	1	Repair finger tendon	4	$595	261	$494	0.98	
26420	1	Repair/graft finger tendon	4	$595	262	$543	1.08	
26426	1	Repair finger/hand tendon	3	$482	262	$543	1.08	
26428	1	Repair/graft finger tendon	3	$482	262	$543	1.08	
26432	1	Repair finger tendon	3	$482	261	$494	0.98	
26433	1	Repair finger tendon	3	$482	261	$494	0.98	
26434	1	Repair/graft finger tendon	3	$482	262	$543	1.08	
26437	1	Realignment of tendons	3	$482	261	$494	0.98	
26440	1	Release palm/finger tendon	3	$482	261	$494	0.98	
26442	1	Release palm & finger tendon	3	$482	262	$543	1.08	
26445	1	Release hand/finger tendon	3	$482	261	$494	0.98	
26449	1	Release forearm/hand tendon	3	$482	262	$543	1.08	
26450	1	Incision of palm tendon	3	$482	261	$494	0.98	
26455	1	Incision of finger tendon	3	$482	261	$494	0.98	
26460	1	Incise hand/finger tendon	3	$482	261	$494	0.98	
26471	1	Fusion of finger tendons	2	$422	261	$494	0.98	
26474	1	Fusion of finger tendons	2	$422	261	$494	0.98	
26476	1	Tendon lengthening	1	$314	261	$494	0.98	
26477	1	Tendon shortening	1	$314	261	$494	0.98	
26478	1	Lengthening of hand tendon	1	$314	261	$494	0.98	
26479	1	Shortening of hand tendon	1	$314	261	$494	0.98	
26480	1	Transplant hand tendon	3	$482	262	$543	1.08	
26483	1	Transplant/graft hand tendon	3	$482	262	$543	1.08	
26485	1	Transplant palm tendon	2	$422	262	$543	1.08	
26489	1	Transplant/graft palm tendon	3	$482	262	$543	1.08	
26490	1	Revise thumb tendon	3	$482	262	$543	1.08	
26492	1	Tendon transfer with graft	3	$482	262	$543	1.08	
26494	1	Hand tendon/muscle transfer	3	$482	262	$543	1.08	
26496	1	Revise thumb tendon	3	$482	262	$543	1.08	
26497	1	Finger tendon transfer	3	$482	262	$543	1.08	
26498	1	Finger tendon transfer	4	$595	262	$543	1.08	
26499	1	Revision of finger	3	$482	262	$543	1.08	
26500	1	Hand tendon reconstruction	4	$595	261	$494	0.98	
26502	1	Hand tendon reconstruction	4	$595	262	$543	1.08	
26504	1	Hand tendon reconstruction	4	$595	262	$543	1.08	
26508	1	Release thumb contracture	3	$482	261	$494	0.98	
26510	1	Thumb tendon transfer	3	$482	262	$543	1.08	
26516	1	Fusion of knuckle joint	1	$314	262	$543	1.08	
26517	1	Fusion of knuckle joints	3	$482	262	$543	1.08	
26518	1	Fusion of knuckle joints	3	$482	262	$543	1.08	
26520	1	Release knuckle contracture	3	$482	261	$494	0.98	
26525	1	Release finger contracture	3	$482	261	$494	0.98	
26530	1	Revise knuckle joint	3	$482	217	$695	1.38	
26531	1	Revise knuckle with implant	7	$941	218	$730	1.45	
26535	1	Revise finger joint	5	$678	217	$695	1.38	
26536	1	Revise/implant finger joint	5	$678	218	$730	1.45	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
26540	1	Repair hand joint	4	$595	261	$494	0.98	
26541	1	Repair hand joint with graft	7	$941	262	$543	1.08	
26542	1	Repair hand joint with graft	4	$595	261	$494	0.98	
26545	1	Reconstruct finger joint	4	$595	262	$543	1.08	
26546	1	Repair non-union hand			262	$543	1.08	Add.
26548	1	Reconstruct finger joint	4	$595	262	$543	1.08	
26550	1	Construct thumb replacement	2	$422	262	$543	1.08	
26551	3	Great toe-hand transfer	4	$595				Delete.
26553	3	Single toe-hand transfer	2	$422				Delete.
26554	3	Double toe-hand transfer	2	$422				Delete.
26555	1	Positional change of finger	3	$482	262	$543	1.08	
26556	3	Toe joint transfer						
26560	1	Repair of web finger	2	$422	261	$494	0.98	
26561	1	Repair of web finger	3	$482	262	$543	1.08	
26562	1	Repair of web finger	4	$595	262	$543	1.08	
26565	1	Correct metacarpal flaw	5	$678	262	$543	1.08	
26567	1	Correct finger deformity	5	$678	262	$543	1.08	
26568	1	Lengthen metacarpal/finger	3	$482	262	$543	1.08	
26580	1	Repair hand deformity	5	$678	262	$543	1.08	
26585	1	Repair finger deformity	5	$678	262	$543	1.08	
26587	1	Reconstruct extra finger	5	$678	261	$494	0.98	
26590	1	Repair finger deformity	5	$678	262	$543	1.08	
26591	1	Repair muscles of hand	3	$482	262	$543	1.08	
26593	1	Release muscles of hand	3	$482	261	$494	0.98	
26596	1	Excision constricting tissue	2	$422	262	$543	1.08	
26597	1	Release of scar contracture	3	$482	262	$543	1.08	
26600	1	Treat metacarpal fracture			209	$71	0.14	Add.
26605	1	Treat metacarpal fracture	2	$422	209	$71	0.14	
26607	1	Treat metacarpal fracture	2	$422	209	$71	0.14	
26608	1	Treat metacarpal fracture			216	$580	1.15	Add.
26615	1	Repair metacarpal fracture	4	$595	216	$580	1.15	
26641	1	Treat thumb dislocation			209	$71	0.14	Add.
26645	1	Treat thumb fracture	1	$314	209	$71	0.14	
26650	1	Repair thumb fracture	2	$422	216	$580	1.15	
26665	1	Repair thumb fracture	4	$595	216	$580	1.15	
26670	1	Treat hand dislocation			209	$71	0.14	Add.
26675	1	Treat hand dislocation	2	$422	210	$397	0.79	
26676	1	Pin hand dislocation	2	$422	216	$580	1.15	
26685	1	Repair hand dislocation	3	$482	216	$580	1.15	
26686	1	Repair hand dislocation	3	$482	216	$580	1.15	
26700	1	Treat knuckle dislocation			207	$53	0.11	Add.
26705	1	Treat knuckle dislocation	2	$422	210	$397	0.79	
26706	1	Pin knuckle dislocation	2	$422	209	$71	0.14	
26715	1	Repair knuckle dislocation	4	$595	216	$580	1.15	
26720	1	Treat finger fracture, each			207	$53	0.11	Add.
26725	1	Treat finger fracture, each			207	$53	0.11	Add.
26727	1	Treat finger fracture, each	7	$941	216	$580	1.15	
26735	1	Repair finger fracture, each	4	$595	216	$580	1.15	
26740	1	Treat finger fracture, each			207	$53	0.11	Add.
26742	1	Treat finger fracture, each	2	$422	209	$71	0.14	
26746	1	Repair finger fracture, each	5	$678	216	$580	1.15	
26750	1	Treat finger fracture, each			207	$53	0.11	Add.
26755	1	Treat finger fracture, each			207	$53	0.11	Add.
26756	1	Pin finger fracture, each	2	$422	216	$580	1.15	
26765	1	Repair finger fracture, each	4	$595	216	$580	1.15	
26770	1	Treat finger dislocation			207	$53	0.11	Add.
26775	1	Treat finger dislocation			210	$397	0.79	Add.
26776	1	Pin finger dislocation	2	$422	216	$580	1.15	
26785	1	Repair finger dislocation	2	$422	216	$580	1.15	
26820	1	Thumb fusion with graft	5	$678	262	$543	1.08	
26841	1	Fusion of thumb	4	$595	262	$543	1.08	
26842	1	Thumb fusion with graft	4	$595	262	$543	1.08	
26843	1	Fusion of hand joint	3	$482	262	$543	1.08	
26844	1	Fusion/graft of hand joint	3	$482	262	$543	1.08	
26850	1	Fusion of knuckle	4	$595	262	$543	1.08	
26852	1	Fusion of knuckle with graft	4	$595	262	$543	1.08	
26860	1	Fusion of finger joint	3	$482	262	$543	1.08	
26861	1	Fusion of finger joint,added	2	$422	262	$543	1.08	
26862	1	Fusion/graft of finger joint	4	$595	262	$543	1.08	
26863	1	Fuse/graft added joint	3	$482	262	$543	1.08	
26910	1	Amputate metacarpal bone	3	$482	262	$543	1.08	
26951	1	Amputation of finger/thumb	2	$422	261	$494	0.98	
26952	1	Amputation of finger/thumb	4	$595	261	$494	0.98	
26989	3	Hand/finger surgery						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
26990	1	Drainage of pelvis lesion	1	$314	251	$504	1.00	
26991	1	Drainage of pelvis bursa	1	$314	251	$504	1.00	
26992	3	Drainage of bone lesion	2	$422				Delete.
27000	1	Incision of hip tendon	2	$422	251	$504	1.00	
27001	1	Incision of hip tendon	3	$482	252	$574	1.14	
27003	1	Incision of hip tendon	3	$482	252	$574	1.14	
27005	3	Incision of hip tendon						
27006	3	Incision of hip tendons						
27025	3	Incision of hip/thigh fascia						
27030	3	Drainage of hip joint	3	$482				Delete.
27033	1	Exploration of hip joint	3	$482	253	$775	1.54	
27035	3	Denervation of hip joint	4	$595				Delete.
27036	3	Excision of hip joint/muscle						
27040	1	Biopsy of soft tissues	1	$314	162	$187	0.37	
27041	1	Biopsy of soft tissues	2	$422	163	$449	0.89	
27047	1	Remove hip/pelvis lesion	2	$422	163	$449	0.89	
27048	1	Remove hip/pelvis lesion	3	$482	163	$449	0.89	
27049	1	Remove tumor, hip/pelvis	3	$482	163	$449	0.89	
27050	1	Biopsy of sacroiliac joint	3	$482	251	$504	1.00	
27052	1	Biopsy of hip joint	3	$482	251	$504	1.00	
27054	3	Removal of hip joint lining						
27060	1	Removal of ischial bursa	5	$678	251	$504	1.00	
27062	1	Remove femur lesion/bursa	5	$678	251	$504	1.00	
27065	1	Removal of hip bone lesion	5	$678	251	$504	1.00	
27066	1	Removal of hip bone lesion	5	$678	252	$574	1.14	
27067	1	Remove/graft hip bone lesion			252	$574	1.14	Add.
27070	3	Partial removal of hip bone						
27071	3	Partial removal of hip bone						
27075	3	Extensive hip surgery						
27076	3	Extensive hip surgery						
27077	3	Extensive hip surgery						
27078	3	Extensive hip surgery						
27079	3	Extensive hip surgery						
27080	1	Removal of tail bone	2	$422	252	$574	1.14	
27086	1	Remove hip foreign body	1	$314	251	$504	1.00	
27087	1	Remove hip foreign body	3	$482	251	$504	1.00	
27090	3	Removal of hip prosthesis						
27091	3	Removal of hip prosthesis						
27093	2	Injection for hip x-ray						
27095	2	Injection for hip x-ray						
27097	1	Revision of hip tendon	3	$482	252	$574	1.14	
27098	1	Transfer tendon to pelvis	3	$482	252	$574	1.14	
27100	1	Transfer of abdominal muscle	4	$595	253	$775	1.54	
27105	1	Transfer of spinal muscle	4	$595	253	$775	1.54	
27110	1	Transfer of iliopsoas muscle	4	$595	253	$775	1.54	
27111	1	Transfer of iliopsoas muscle	4	$595	253	$775	1.54	
27120	3	Reconstruction of hip socket						
27122	3	Reconstruction of hip socket						
27125	3	Partial hip replacement						
27130	3	Total hip replacement						
27132	3	Total hip replacement						
27134	3	Revise hip joint replacement						
27137	3	Revise hip joint replacement						
27138	3	Revise hip joint replacement						
27140	3	Transplant of femur ridge						
27146	3	Incision of hip bone						
27147	3	Revision of hip bone						
27151	3	Incision of hip bones						
27156	3	Revision of hip bones						
27158	3	Revision of pelvis						
27161	3	Incision of neck of femur						
27165	3	Incision/fixation of femur						
27170	3	Repair/graft femur head/neck						
27175	3	Treat slipped epiphysis						
27176	3	Treat slipped epiphysis						
27177	3	Repair slipped epiphysis						
27178	3	Repair slipped epiphysis						
27179	3	Revise head/neck of femur						
27181	3	Repair slipped epiphysis						
27185	3	Revision of femur epiphysis						
27187	3	Reinforce hip bones						
27193	1	Treat pelvic ring fracture	1	$314	209	$71	0.14	
27194	1	Treat pelvic ring fracture	2	$422	210	$397	0.79	
27200	1	Treat tail bone fracture			207	$53	0.11	Add.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
27202	1	Repair tail bone fracture	2	$422	216	$580	1.15	
27215	3	Pelvic fracture(s) treatment						
27216	3	Treat pelvic ring fracture						
27217	3	Treat pelvic ring fracture						
27218	3	Treat pelvic ring fracture						
27220	1	Treat hip socket fracture			209	$71	0.14	Add.
27222	3	Treat hip socket fracture						
27226	3	Treat hip wall fracture						
27227	3	Treat hip fracture(s)						
27228	3	Treat hip fracture(s)						
27230	1	Treat fracture of thigh	1	$314	209	$71	0.14	
27232	3	Treat fracture of thigh						
27235	3	Repair of thigh fracture						
27236	3	Repair of thigh fracture						
27238	1	Treatment of thigh fracture	1	$314	209	$71	0.14	
27240	3	Treatment of thigh fracture						
27244	3	Repair of thigh fracture						
27245	3	Repair of thigh fracture						
27246	1	Treatment of thigh fracture	1	$314	209	$71	0.14	
27248	3	Repair of thigh fracture						
27250	1	Treat hip dislocation	1	$314	209	$71	0.14	
27252	1	Treat hip dislocation	2	$422	210	$397	0.79	
27253	3	Repair of hip dislocation						
27254	3	Repair of hip dislocation						
27256	1	Treatment of hip dislocation			209	$71	0.14	Add.
27257	1	Treatment of hip dislocation			210	$397	0.79	Add.
27258	3	Repair of hip dislocation						
27259	3	Repair of hip dislocation						
27265	1	Treatment of hip dislocation	1	$314	209	$71	0.14	
27266	1	Treatment of hip dislocation	2	$422	217	$695	1.38	
27275	1	Manipulation of hip joint	2	$422	210	$397	0.79	
27280	3	Fusion of sacroiliac joint						
27282	3	Fusion of pubic bones						
27284	3	Fusion of hip joint						
27286	3	Fusion of hip joint						
27290	3	Amputation of leg at hip						
27295	3	Amputation of leg at hip						
27299	3	Pelvis/hip joint surgery						
27301	1	Drain thigh/knee lesion	3	$482	132	$162	0.32	
27303	3	Drainage of bone lesion	2	$422				Delete.
27305	1	Incise thigh tendon & fascia	2	$422	251	$504	1.00	
27306	1	Incision of thigh tendon	3	$482	251	$504	1.00	
27307	1	Incision of thigh tendons	3	$482	251	$504	1.00	
27310	1	Exploration of knee joint	4	$595	252	$574	1.14	
27315	1	Partial removal, thigh nerve	2	$422	631	$600	1.19	
27320	1	Partial removal, thigh nerve	2	$422	631	$600	1.19	
27323	1	Biopsy thigh soft tissues	1	$314	162	$187	0.37	
27324	1	Biopsy thigh soft tissues	1	$314	163	$449	0.89	
27327	1	Removal of thigh lesion	2	$422	163	$449	0.89	
27328	1	Removal of thigh lesion	3	$482	163	$449	0.89	
27329	1	Remove tumor, thigh/knee			163	$449	0.89	Add.
27330	1	Biopsy knee joint lining	4	$595	252	$574	1.14	
27331	1	Explore/treat knee joint	4	$595	252	$574	1.14	
27332	1	Removal of knee cartilage	4	$595	252	$574	1.14	
27333	1	Removal of knee cartilage	4	$595	252	$574	1.14	
27334	1	Remove knee joint lining	4	$595	252	$574	1.14	
27335	1	Remove knee joint lining	4	$595	252	$574	1.14	
27340	1	Removal of kneecap bursa	3	$482	251	$504	1.00	
27345	1	Removal of knee cyst	4	$595	251	$504	1.00	
27350	1	Removal of kneecap	4	$595	252	$574	1.14	
27355	1	Remove femur lesion	3	$482	252	$574	1.14	
27356	1	Remove femur lesion/graft	4	$595	252	$574	1.14	
27357	1	Remove femur lesion/graft			252	$574	1.14	Add.
27358	1	Remove femur lesion/fixation			252	$574	1.14	Add.
27360	1	Partial removal leg bone(s)	5	$678	252	$574	1.14	
27365	3	Extensive leg surgery						
27370	2	Injection for knee x-ray						
27372	1	Removal of foreign body	7	$941	163	$449	0.89	
27380	1	Repair of kneecap tendon	1	$314	251	$504	1.00	
27381	1	Repair/graft kneecap tendon	3	$482	251	$504	1.00	
27385	1	Repair of thigh muscle	3	$482	251	$504	1.00	
27386	1	Repair/graft of thigh muscle	3	$482	251	$504	1.00	
27390	1	Incision of thigh tendon	1	$314	251	$504	1.00	
27391	1	Incision of thigh tendons	2	$422	251	$504	1.00	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
27392	1	Incision of thigh tendons	3	$482	251	$504	1.00	
27393	1	Lengthening of thigh tendon	2	$422	252	$574	1.14	
27394	1	Lengthening of thigh tendons	3	$482	252	$574	1.14	
27395	1	Lengthening of thigh tendons	3	$482	253	$775	1.54	
27396	1	Transplant of thigh tendon	3	$482	252	$574	1.14	
27397	1	Transplants of thigh tendons	3	$482	253	$775	1.54	
27400	1	Revise thigh muscles/tendons	3	$482	253	$775	1.54	
27403	1	Repair of knee cartilage	4	$595	252	$574	1.14	
27405	1	Repair of knee ligament	4	$595	253	$775	1.54	
27407	1	Repair of knee ligament	4	$595	253	$775	1.54	
27409	1	Repair of knee ligaments	4	$595	253	$775	1.54	
27418	1	Repair degenerated kneecap	3	$482	253	$775	1.54	
27420	1	Revision of unstable kneecap	3	$482	253	$775	1.54	
27422	1	Revision of unstable kneecap	7	$941	253	$775	1.54	
27424	1	Revision/removal of kneecap	3	$482	253	$775	1.54	
27425	1	Lateral retinacular release	7	$941	252	$574	1.14	
27427	1	Reconstruction, knee	3	$482	254	$1,110	2.20	
27428	1	Reconstruction, knee	4	$595	254	$1,110	2.20	
27429	1	Reconstruction, knee	4	$595	254	$1,110	2.20	
27430	1	Revision of thigh muscles	4	$595	253	$775	1.54	
27435	1	Incision of knee joint	4	$595	253	$775	1.54	
27437	1	Revise kneecap	4	$595	217	$695	1.38	
27438	1	Revise kneecap with implant	5	$678	218	$730	1.45	
27440	1	Revision of knee joint	5	$678	217	$695	1.38	
27441	1	Revision of knee joint	5	$678	217	$695	1.38	
27442	1	Revision of knee joint	5	$678	217	$695	1.38	
27443	1	Revision of knee joint	5	$678	217	$695	1.38	
27445	3	Revision of knee joint						
27446	3	Revision of knee joint						
27447	3	Total knee replacement						
27448	3	Incision of thigh						
27450	3	Incision of thigh						
27454	3	Realignment of thigh bone						
27455	3	Realignment of knee						
27457	3	Realignment of knee						
27465	3	Shortening of thigh bone						
27466	3	Lengthening of thigh bone						
27468	3	Shorten/lengthen thighs						
27470	3	Repair of thigh						
27472	3	Repair/graft of thigh						
27475	3	Surgery to stop leg growth						
27477	3	Surgery to stop leg growth						
27479	3	Surgery to stop leg growth						
27485	3	Surgery to stop leg growth						
27486	3	Revise knee joint replace						
27487	3	Revise knee joint replace						
27488	3	Removal of knee prosthesis						
27495	3	Reinforce thigh						
27496	1	Decompression of thigh/knee			251	$504	1.00	Add.
27497	1	Decompression of thigh/knee			251	$504	1.00	Add.
27498	1	Decompression of thigh/knee			251	$504	1.00	Add.
27499	1	Decompression of thigh/knee			251	$504	1.00	Add.
27500	1	Treatment of thigh fracture	1	$314	209	$71	0.14	
27501	1	Treatment of thigh fracture	2	$422	209	$71	0.14	
27502	1	Treatment of thigh fracture	2	$422	209	$71	0.14	
27503	1	Treatment of thigh fracture	3	$482	209	$71	0.14	
27506	3	Repair of thigh fracture						
27507	3	Treatment of thigh fracture	4	$595				Delete.
27508	1	Treatment of thigh fracture	1	$314	209	$71	0.14	
27509	1	Treatment of thigh fracture	3	$482	216	$580	1.15	
27510	1	Treatment of thigh fracture	1	$314	209	$71	0.14	
27511	3	Treatment of thigh fracture	4	$595				Delete.
27513	3	Treatment of thigh fracture	5	$678				Delete.
27514	3	Repair of thigh fracture						
27516	1	Repair of thigh growth plate	1	$314	209	$71	0.14	
27517	1	Repair of thigh growth plate	1	$314	209	$71	0.14	
27519	3	Repair of thigh growth plate						
27520	1	Treat kneecap fracture	1	$314	209	$71	0.14	
27524	3	Repair of kneecap fracture	3	$482				Delete.
27530	1	Treatment of knee fracture	1	$314	209	$71	0.14	
27532	1	Treatment of knee fracture	1	$314	209	$71	0.14	
27535	3	Treatment of knee fracture	3	$482				Delete.
27536	3	Repair of knee fracture						
27538	1	Treat knee fracture(s)	1	$314	209	$71	0.14	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
27540	3	Repair of knee fracture						
27550	1	Treat knee dislocation	1	$314	209	$71	0.14	
27552	1	Treat knee dislocation	1	$314	210	$397	0.79	
27556	1	Repair of knee dislocation			216	$580	1.15	Add.
27557	3	Repair of knee dislocation						
27558	3	Repair of knee dislocation						
27560	1	Treat kneecap dislocation	1	$314	209	$71	0.14	
27562	1	Treat kneecap dislocation	1	$314	210	$397	0.79	
27566	1	Repair kneecap dislocation	2	$422	216	$580	1.15	
27570	1	Fixation of knee joint	1	$314	210	$397	0.79	
27580	3	Fusion of knee						
27590	3	Amputate leg at thigh						
27591	3	Amputate leg at thigh						
27592	3	Amputate leg at thigh						
27594	1	Amputation follow-up surgery			251	$504	1.00	Add.
27596	3	Amputation follow-up surgery						
27598	3	Amputate lower leg at knee						
27599	3	Leg surgery procedure						
27600	1	Decompression of lower leg			251	$504	1.00	Add.
27601	1	Decompression of lower leg			251	$504	1.00	Add.
27602	1	Decompression of lower leg			251	$504	1.00	Add.
27603	1	Drain lower leg lesion	2	$422	132	$162	0.32	
27604	1	Drain lower leg bursa	2	$422	251	$504	1.00	
27605	1	Incision of achilles tendon	1	$314	271	$510	1.01	
27606	1	Incision of achilles tendon	1	$314	251	$504	1.00	
27607	1	Treat lower leg bone lesion	2	$422	251	$504	1.00	
27610	1	Explore/treat ankle joint	2	$422	252	$574	1.14	
27612	1	Exploration of ankle joint	3	$482	252	$574	1.14	
27613	5	Biopsy lower leg soft tissue	1	$314				Delete.
27614	1	Biopsy lower leg soft tissue	2	$422	163	$449	0.89	
27615	1	Remove tumor, lower leg	3	$482	216	$580	1.15	
27618	1	Remove lower leg lesion	2	$422	163	$449	0.89	
27619	1	Remove lower leg lesion	3	$482	163	$449	0.89	
27620	1	Explore, treat ankle joint	4	$595	252	$574	1.14	
27625	1	Remove ankle joint lining	4	$595	252	$574	1.14	
27626	1	Remove ankle joint lining	4	$595	252	$574	1.14	
27630	1	Removal of tendon lesion	3	$482	251	$504	1.00	
27635	1	Remove lower leg bone lesion	3	$482	252	$574	1.14	
27637	1	Remove/graft leg bone lesion	3	$482	252	$574	1.14	
27638	1	Remove/graft leg bone lesion	3	$482	252	$574	1.14	
27640	1	Partial removal of tibia	2	$422	253	$775	1.54	
27641	1	Partial removal of fibula	2	$422	252	$574	1.14	
27645	3	Extensive lower leg surgery						
27646	3	Extensive lower leg surgery						
27647	1	Extensive ankle/heel surgery			253	$775	1.54	Add.
27648	2	Injection for ankle x-ray						
27650	1	Repair achilles tendon	3	$482	253	$775	1.54	
27652	1	Repair/graft achilles tendon	3	$482	253	$775	1.54	
27654	1	Repair of achilles tendon	3	$482	253	$775	1.54	
27656	1	Repair leg fascia defect	2	$422	251	$504	1.00	
27658	1	Repair of leg tendon, each	1	$314	251	$504	1.00	
27659	1	Repair of leg tendon, each	2	$422	251	$504	1.00	
27664	1	Repair of leg tendon, each	2	$422	251	$504	1.00	
27665	1	Repair of leg tendon, each	2	$422	252	$574	1.14	
27675	1	Repair lower leg tendons	2	$422	251	$504	1.00	
27676	1	Repair lower leg tendons	3	$482	252	$574	1.14	
27680	1	Release of lower leg tendon	3	$482	252	$574	1.14	
27681	1	Release of lower leg tendons	2	$422	252	$574	1.14	
27685	1	Revision of lower leg tendon	3	$482	252	$574	1.14	
27686	1	Revise lower leg tendons	3	$482	252	$574	1.14	
27687	1	Revision of calf tendon	3	$482	252	$574	1.14	
27690	1	Revise lower leg tendon	4	$595	253	$775	1.54	
27691	1	Revise lower leg tendon	4	$595	253	$775	1.54	
27692	1	Revise additional leg tendon	3	$482	253	$775	1.54	
27695	1	Repair of ankle ligament	2	$422	252	$574	1.14	
27696	1	Repair of ankle ligaments	2	$422	252	$574	1.14	
27698	1	Repair of ankle ligament	2	$422	252	$574	1.14	
27700	1	Revision of ankle joint	5	$678	217	$695	1.38	
27702	3	Reconstruct ankle joint						
27703	3	Reconstruction, ankle joint						
27704	1	Removal of ankle implant	2	$422	251	$504	1.00	
27705	1	Incision of tibia	2	$422	253	$775	1.54	
27707	1	Incision of fibula	2	$422	251	$504	1.00	
27709	1	Incision of tibia & fibula	2	$422	252	$574	1.14	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
27712	3	Realignment of lower leg						
27715	3	Revision of lower leg	4	$595				Delete.
27720	3	Repair of tibia						
27722	3	Repair/graft of tibia						
27724	3	Repair/graft of tibia						
27725	3	Repair of lower leg						
27727	3	Repair of lower leg						
27730	1	Repair of tibia epiphysis	2	$422	252	$574	1.14	
27732	1	Repair of fibula epiphysis	2	$422	252	$574	1.14	
27734	1	Repair lower leg epiphyses	2	$422	252	$574	1.14	
27740	1	Repair of leg epiphyses	2	$422	252	$574	1.14	
27742	1	Repair of leg epiphyses	2	$422	253	$775	1.54	
27745	1	Reinforce tibia	3	$482	253	$775	1.54	
27750	1	Treatment of tibia fracture	1	$314	209	$71	0.14	
27752	1	Treatment of tibia fracture	1	$314	209	$71	0.14	
27756	1	Repair of tibia fracture	3	$482	216	$580	1.15	
27758	1	Repair of tibia fracture	4	$595	216	$580	1.15	
27759	1	Repair of tibia fracture	4	$595	216	$580	1.15	
27760	1	Treatment of ankle fracture	1	$314	209	$71	0.14	
27762	1	Treatment of ankle fracture	1	$314	209	$71	0.14	
27766	1	Repair of ankle fracture	3	$482	216	$580	1.15	
27780	1	Treatment of fibula fracture	1	$314	209	$71	0.14	
27781	1	Treatment of fibula fracture	1	$314	209	$71	0.14	
27784	1	Repair of fibula fracture	3	$482	216	$580	1.15	
27786	1	Treatment of ankle fracture	1	$314	209	$71	0.14	
27788	1	Treatment of ankle fracture	1	$314	209	$71	0.14	
27792	1	Repair of ankle fracture	3	$482	216	$580	1.15	
27808	1	Treatment of ankle fracture	1	$314	209	$71	0.14	
27810	1	Treatment of ankle fracture	1	$314	209	$71	0.14	
27814	1	Repair of ankle fracture	3	$482	216	$580	1.15	
27816	1	Treatment of ankle fracture	1	$314	209	$71	0.14	
27818	1	Treatment of ankle fracture	1	$314	209	$71	0.14	
27822	1	Repair of ankle fracture	3	$482	216	$580	1.15	
27823	1	Repair of ankle fracture	3	$482	216	$580	1.15	
27824	1	Treat lower leg fracture	1	$314	209	$71	0.14	
27825	1	Treat lower leg fracture	2	$422	209	$71	0.14	
27826	1	Treat lower leg fracture	3	$482	216	$580	1.15	
27827	1	Treat lower leg fracture	3	$482	216	$580	1.15	
27828	1	Treat lower leg fracture	4	$595	216	$580	1.15	
27829	1	Treat lower leg joint	2	$422	216	$580	1.15	
27830	1	Treat lower leg dislocation	1	$314	209	$71	0.14	
27831	1	Treat lower leg dislocation	1	$314	210	$397	0.79	
27832	1	Repair lower leg dislocation	2	$422	216	$580	1.15	
27840	1	Treat ankle dislocation	1	$314	209	$71	0.14	
27842	1	Treat ankle dislocation	1	$314	210	$397	0.79	
27846	1	Repair ankle dislocation	3	$482	216	$580	1.15	
27848	1	Repair ankle dislocation	3	$482	216	$580	1.15	
27860	1	Fixation of ankle joint	1	$314	210	$397	0.79	
27870	1	Fusion of ankle joint	4	$595	253	$775	1.54	
27871	1	Fusion of tibiofibular joint	4	$595	253	$775	1.54	
27880	3	Amputation of lower leg						
27881	3	Amputation of lower leg						
27882	3	Amputation of lower leg						
27884	1	Amputation follow-up surgery	3	$482	251	$504	1.00	
27886	3	Amputation follow-up surgery						
27888	3	Amputation of foot at ankle						
27889	1	Amputation of foot at ankle			252	$574	1.14	Add.
27892	1	Decompression of leg			251	$504	1.00	Add.
27893	1	Decompression of leg			251	$504	1.00	Add.
27894	1	Decompression of leg			251	$504	1.00	Add.
27899	3	Leg/ankle surgery procedure						
28001	1	Drainage of bursa of foot			132	$162	0.32	Add.
28002	1	Treatment of foot infection	3	$482	251	$504	1.00	
28003	1	Treatment of foot infection	3	$482	251	$504	1.00	
28005	1	Treat foot bone lesion	3	$482	271	$510	1.01	
28008	1	Incision of foot fascia	3	$482	271	$510	1.01	
28010	1	Incision of toe tendon			271	$510	1.01	Add.
28011	1	Incision of toe tendons			271	$510	1.01	Add.
28020	1	Exploration of a foot joint	2	$422	271	$510	1.01	
28022	1	Exploration of a foot joint			271	$510	1.01	Add.
28024	1	Exploration of a toe joint			271	$510	1.01	Add.
28030	1	Removal of foot nerve	4	$595	631	$600	1.19	
28035	1	Decompression of tibia nerve	4	$595	631	$600	1.19	
28043	1	Excision of foot lesion	2	$422	162	$187	0.37	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
28045	1	Excision of foot lesion	3	$482	271	$510	1.01	
28046	1	Resection of tumor, foot	3	$482	271	$510	1.01	
28050	1	Biopsy of foot joint lining	2	$422	271	$510	1.01	
28052	1	Biopsy of foot joint lining			271	$510	1.01	Add.
28054	1	Biopsy of toe joint lining	2	$422	271	$510	1.01	
28060	1	Partial removal foot fascia	2	$422	272	$546	1.08	
28062	1	Removal of foot fascia	3	$482	272	$546	1.08	
28070	1	Removal of foot joint lining	3	$482	272	$546	1.08	
28072	1	Removal of foot joint lining	3	$482	272	$546	1.08	
28080	1	Removal of foot lesion	3	$482	271	$510	1.01	
28086	1	Excise foot tendon sheath	2	$422	271	$510	1.01	
28088	1	Excise foot tendon sheath	2	$422	271	$510	1.01	
28090	1	Removal of foot lesion	3	$482	271	$510	1.01	
28092	1	Removal of toe lesions	3	$482	271	$510	1.01	
28100	1	Removal of ankle/heel lesion	2	$422	271	$510	1.01	
28102	1	Remove/graft foot lesion	3	$482	272	$546	1.08	
28103	1	Remove/graft foot lesion	3	$482	272	$546	1.08	
28104	1	Removal of foot lesion	2	$422	271	$510	1.01	
28106	1	Remove/graft foot lesion	3	$482	272	$546	1.08	
28107	1	Remove/graft foot lesion	3	$482	272	$546	1.08	
28108	1	Removal of toe lesions			271	$510	1.01	Add.
28110	1	Part removal of metatarsal	3	$482	276	$680	1.35	
28111	1	Part removal of metatarsal	3	$482	271	$510	1.01	
28112	1	Part removal of metatarsal	3	$482	271	$510	1.01	
28113	1	Part removal of metatarsal	3	$482	271	$510	1.01	
28114	1	Removal of metatarsal heads	3	$482	271	$510	1.01	
28116	1	Revision of foot	3	$482	271	$510	1.01	
28118	1	Removal of heel bone	4	$595	271	$510	1.01	
28119	1	Removal of heel spur	4	$595	271	$510	1.01	
28120	1	Part removal of ankle/heel	7	$941	271	$510	1.01	
28122	1	Partial removal of foot bone	3	$482	271	$510	1.01	
28124	1	Partial removal of toe			271	$510	1.01	Add.
28126	1	Partial removal of toe			271	$510	1.01	Add.
28130	1	Removal of ankle bone	3	$482	271	$510	1.01	
28140	1	Removal of metatarsal	3	$482	271	$510	1.01	
28150	1	Removal of toe	3	$482	271	$510	1.01	
28153	1	Partial removal of toe			271	$510	1.01	Add.
28160	1	Partial removal of toe			271	$510	1.01	Add.
28171	1	Extensive foot surgery	3	$482	271	$510	1.01	
28173	1	Extensive foot surgery	3	$482	271	$510	1.01	
28175	1	Extensive foot surgery	3	$482	271	$510	1.01	
28190	5	Removal of foot foreign body						
28192	1	Removal of foot foreign body	2	$422	163	$449	0.89	
28193	1	Removal of foot foreign body	4	$595	163	$449	0.89	
28200	1	Repair of foot tendon	3	$482	271	$510	1.01	
28202	1	Repair/graft of foot tendon	3	$482	272	$546	1.08	
28208	1	Repair of foot tendon	3	$482	271	$510	1.01	
28210	1	Repair/graft of foot tendon	3	$482	271	$510	1.01	
28220	1	Release of foot tendon			271	$510	1.01	Add.
28222	1	Release of foot tendons	1	$314	271	$510	1.01	
28225	1	Release of foot tendon	1	$314	271	$510	1.01	
28226	1	Release of foot tendons	1	$314	271	$510	1.01	
28230	1	Incision of foot tendon(s)			271	$510	1.01	Add.
28232	1	Incision of toe tendon			271	$510	1.01	Add.
28234	1	Incision of foot tendon			271	$510	1.01	Add.
28238	1	Revision of foot tendon	3	$482	272	$546	1.08	
28240	1	Release of big toe	2	$422	271	$510	1.01	
28250	1	Revision of foot fascia	3	$482	272	$546	1.08	
28260	1	Release of midfoot joint	3	$482	272	$546	1.08	
28261	1	Revision of foot tendon	3	$482	272	$546	1.08	
28262	1	Revision of foot and ankle	4	$595	272	$546	1.08	
28264	1	Release of midfoot joint	1	$314	272	$546	1.08	
28270	1	Release of foot contracture			271	$510	1.01	Add.
28272	1	Release of toe joint, each			271	$510	1.01	Add.
28280	1	Fusion of toes	2	$422	271	$510	1.01	
28285	1	Repair of hammertoe	3	$482	271	$510	1.01	
28286	1	Repair of hammertoe	4	$595	271	$510	1.01	
28288	1	Partial removal of foot bone	3	$482	272	$546	1.08	
28290	1	Correction of bunion	2	$422	276	$680	1.35	
28292	1	Correction of bunion	2	$422	276	$680	1.35	
28293	1	Correction of bunion	3	$482	276	$680	1.35	
28294	1	Correction of bunion	3	$482	276	$680	1.35	
28296	1	Correction of bunion	3	$482	276	$680	1.35	
28297	1	Correction of bunion	3	$482	276	$680	1.35	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
28298	1	Correction of bunion	3	$482	276	$680	1.35	
28299	1	Correction of bunion	5	$678	276	$680	1.35	
28300	1	Incision of heel bone	2	$422	272	$546	1.08	
28302	1	Incision of ankle bone	2	$422	272	$546	1.08	
28304	1	Incision of midfoot bones	2	$422	272	$546	1.08	
28305	1	Incise/graft midfoot bones	3	$482	272	$546	1.08	
28306	1	Incision of metatarsal	4	$595	272	$546	1.08	
28307	1	Incision of metatarsal	4	$595	272	$546	1.08	
28308	1	Incision of metatarsal	2	$422	272	$546	1.08	
28309	1	Incision of metatarsals	4	$595	272	$546	1.08	
28310	1	Revision of big toe	3	$482	271	$510	1.01	
28312	1	Revision of toe	3	$482	271	$510	1.01	
28313	1	Repair deformity of toe	2	$422	271	$510	1.01	
28315	1	Removal of sesamoid bone	4	$595	271	$510	1.01	
28320	1	Repair of foot bones	4	$595	272	$546	1.08	
28322	1	Repair of metatarsals	4	$595	272	$546	1.08	
28340	1	Resect enlarged toe tissue	4	$595	271	$510	1.01	
28341	1	Resect enlarged toe	4	$595	271	$510	1.01	
28344	1	Repair extra toe(s)	4	$595	272	$546	1.08	
28345	1	Repair webbed toe(s)	4	$595	272	$546	1.08	
28360	1	Reconstruct cleft foot			272	$546	1.08	Add.
28400	1	Treatment of heel fracture	1	$314	209	$71	0.14	
28405	1	Treatment of heel fracture	2	$422	209	$71	0.14	
28406	1	Treatment of heel fracture	2	$422	216	$580	1.15	
28415	1	Repair of heel fracture	3	$482	216	$580	1.15	
28420	1	Repair/graft heel fracture	4	$595	216	$580	1.15	
28430	1	Treatment of ankle fracture			209	$71	0.14	Add.
28435	1	Treatment of ankle fracture	2	$422	209	$71	0.14	
28436	1	Treatment of ankle fracture	2	$422	216	$580	1.15	
28445	1	Repair of ankle fracture	3	$482	216	$580	1.15	
28450	1	Treat midfoot fracture, each			209	$71	0.14	Add.
28455	1	Treat midfoot fracture, each			209	$71	0.14	Add.
28456	1	Repair midfoot fracture	2	$422	216	$580	1.15	
28465	1	Repair midfoot fracture,each	3	$482	216	$580	1.15	
28470	1	Treat metatarsal fracture			209	$71	0.14	Add.
28475	1	Treat metatarsal fracture			209	$71	0.14	Add.
28476	1	Repair metatarsal fracture	2	$422	216	$580	1.15	
28485	1	Repair metatarsal fracture	4	$595	216	$580	1.15	
28490	1	Treat big toe fracture			207	$53	0.11	Add.
28495	1	Treat big toe fracture			207	$53	0.11	Add.
28496	1	Repair big toe fracture	2	$422	216	$580	1.15	
28505	1	Repair big toe fracture	3	$482	216	$580	1.15	
28510	1	Treatment of toe fracture			207	$53	0.11	Add.
28515	1	Treatment of toe fracture			207	$53	0.11	Add.
28525	1	Repair of toe fracture	3	$482	216	$580	1.15	
28530	1	Treat sesamoid bone fracture			209	$71	0.14	Add.
28531	1	Treat sesamoid bone fracture			216	$580	1.15	Add.
28540	1	Treat foot dislocation			209	$71	0.14	Add.
28545	1	Treat foot dislocation	1	$314	210	$397	0.79	
28546	1	Treat foot dislocation	2	$422	216	$580	1.15	
28555	1	Repair foot dislocation	2	$422	216	$580	1.15	
28570	1	Treat foot dislocation			209	$71	0.14	Add.
28575	1	Treat foot dislocation	1	$314	210	$397	0.79	
28576	1	Treat foot dislocation	3	$482	216	$580	1.15	
28585	1	Repair foot dislocation	3	$482	216	$580	1.15	
28600	1	Treat foot dislocation			209	$71	0.14	Add.
28605	1	Treat foot dislocation	1	$314	210	$397	0.79	
28606	1	Treat foot dislocation	2	$422	216	$580	1.15	
28615	1	Repair foot dislocation	3	$482	216	$580	1.15	
28630	1	Treat toe dislocation			207	$53	0.11	Add.
28635	1	Treat toe dislocation	1	$314	210	$397	0.79	
28636	1	Treat toe dislocation	3	$482	216	$580	1.15	
28645	1	Repair toe dislocation	3	$482	216	$580	1.15	
28660	1	Treat toe dislocation			207	$53	0.11	Add.
28665	1	Treat toe dislocation	1	$314	210	$397	0.79	
28666	1	Treat toe dislocation	3	$482	216	$580	1.15	
28675	1	Repair of toe dislocation	3	$482	216	$580	1.15	
28705	1	Fusion of foot bones	4	$595	272	$546	1.08	
28715	1	Fusion of foot bones	4	$595	272	$546	1.08	
28725	1	Fusion of foot bones	4	$595	272	$546	1.08	
28730	1	Fusion of foot bones	4	$595	272	$546	1.08	
28735	1	Fusion of foot bones	4	$595	272	$546	1.08	
28737	1	Revision of foot bones	5	$678	271	$510	1.01	
28740	1	Fusion of foot bones	4	$595	272	$546	1.08	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
28750	1	Fusion of big toe joint	4	$595	271	$510	1.01	
28755	1	Fusion of big toe joint	4	$595	271	$510	1.01	
28760	1	Fusion of big toe joint	4	$595	272	$546	1.08	
28800	3	Amputation of midfoot						
28805	3	Amputation thru metatarsal						
28810	1	Amputation toe & metatarsal	2	$422	271	$510	1.01	
28820	1	Amputation of toe	2	$422	271	$510	1.01	
28825	1	Partial amputation of toe	2	$422	271	$510	1.01	
28899	3	Foot/toes surgery procedure						
29000	5	Application of body cast						
29010	5	Application of body cast						
29015	5	Application of body cast						
29020	5	Application of body cast						
29025	5	Application of body cast						
29035	5	Application of body cast						
29040	5	Application of body cast						
29044	5	Application of body cast						
29046	5	Application of body cast						
29049	5	Application of figure eight						
29055	5	Application of shoulder cast						
29058	5	Application of shoulder cast						
29065	5	Application of long arm cast						
29075	5	Application of forearm cast						
29085	5	Apply hand/wrist cast						
29105	5	Apply long arm splint						
29125	5	Apply forearm splint						
29126	5	Apply forearm splint						
29130	5	Application of finger splint						
29131	5	Application of finger splint						
29200	5	Strapping of chest						
29220	5	Strapping of low back						
29240	5	Strapping of shoulder						
29260	5	Strapping of elbow or wrist						
29280	5	Strapping of hand or finger						
29305	5	Application of hip cast						
29325	5	Application of hip casts						
29345	5	Application of long leg cast						
29355	5	Application of long leg cast						
29358	5	Apply long leg cast brace						
29365	5	Application of long leg cast						
29405	5	Apply short leg cast						
29425	5	Apply short leg cast						
29435	5	Apply short leg cast						
29440	5	Add.ition of walker to cast						
29445	5	Apply rigid leg cast						
29450	5	Application of leg cast						
29505	5	Application long leg splint						
29515	5	Application lower leg splint						
29520	5	Strapping of hip						
29530	5	Strapping of knee						
29540	5	Strapping of ankle						
29550	5	Strapping of toes						
29580	5	Application of paste boot						
29590	5	Application of foot splint						
29700	5	Removal/revision of cast						
29705	5	Removal/revision of cast						
29710	5	Removal/revision of cast						
29715	5	Removal/revision of cast						
29720	5	Repair of body cast						
29730	5	Windowing of cast						
29740	5	Wedging of cast						
29750	5	Wedging of clubfoot cast						
29799	3	Casting/strapping procedure						
29800	1	Jaw arthroscopy/surgery			280	$675	1.34	Add.
29804	1	Jaw arthroscopy/surgery	3	$482	281	$807	1.60	
29815	1	Shoulder arthroscopy	3	$482	280	$675	1.34	
29819	1	Shoulder arthroscopy/surgery	3	$482	281	$807	1.60	
29820	1	Shoulder arthroscopy/surgery	3	$482	281	$807	1.60	
29821	1	Shoulder arthroscopy/surgery	3	$482	281	$807	1.60	
29822	1	Shoulder arthroscopy/surgery	3	$482	281	$807	1.60	
29823	1	Shoulder arthroscopy/surgery	3	$482	281	$807	1.60	
29825	1	Shoulder arthroscopy/surgery	3	$482	281	$807	1.60	
29826	1	Shoulder arthroscopy/surgery	3	$482	281	$807	1.60	
29830	1	Elbow arthroscopy	3	$482	280	$675	1.34	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
29834	1	Elbow arthroscopy/surgery	3	$482	281	$807	1.60	
29835	1	Elbow arthroscopy/surgery	3	$482	281	$807	1.60	
29836	1	Elbow arthroscopy/surgery	3	$482	281	$807	1.60	
29837	1	Elbow arthroscopy/surgery	3	$482	281	$807	1.60	
29838	1	Elbow arthroscopy/surgery	3	$482	281	$807	1.60	
29840	1	Wrist arthroscopy	3	$482	280	$675	1.34	
29843	1	Wrist arthroscopy/surgery	3	$482	281	$807	1.60	
29844	1	Wrist arthroscopy/surgery	3	$482	281	$807	1.60	
29845	1	Wrist arthroscopy/surgery	3	$482	281	$807	1.60	
29846	1	Wrist arthroscopy/surgery	3	$482	281	$807	1.60	
29847	1	Wrist arthroscopy/surgery	3	$482	281	$807	1.60	
29848	1	Wrist arthroscopy/surgery			281	$807	1.60	Add.
29850	1	Knee arthroscopy/surgery	4	$595	286	$1,110	2.20	
29851	1	Knee arthroscopy/surgery	4	$595	286	$1,110	2.20	
29855	1	Tibial arthroscopy/surgery	4	$595	286	$1,110	2.20	
29856	1	Tibial arthroscopy/surgery	4	$595	286	$1,110	2.20	
29860	1	Hip arthroscopy, dx			281	$807	1.60	Add.
29861	1	Hip arthroscopy/surgery			281	$807	1.60	Add.
29862	1	Hip arthroscopy/surgery			281	$807	1.60	Add.
29863	1	Hip arthroscopy/surgery			281	$807	1.60	Add.
29870	1	Knee arthroscopy, diagnostic	3	$482	280	$675	1.34	
29871	1	Knee arthroscopy/drainage	3	$482	282	$860	1.71	
29874	1	Knee arthroscopy/surgery	3	$482	281	$807	1.60	
29875	1	Knee arthroscopy/surgery	4	$595	281	$807	1.60	
29876	1	Knee arthroscopy/surgery	4	$595	282	$860	1.71	
29877	1	Knee arthroscopy/surgery	4	$595	281	$807	1.60	
29879	1	Knee arthroscopy/surgery	3	$482	281	$807	1.60	
29880	1	Knee arthroscopy/surgery	4	$595	281	$807	1.60	
29881	1	Knee arthroscopy/surgery	4	$595	281	$807	1.60	
29882	1	Knee arthroscopy/surgery	3	$482	282	$860	1.71	
29883	1	Knee arthroscopy/surgery	3	$482	282	$860	1.71	
29884	1	Knee arthroscopy/surgery	3	$482	281	$807	1.60	
29885	1	Knee arthroscopy/surgery	3	$482	282	$860	1.71	
29886	1	Knee arthroscopy/surgery	3	$482	281	$807	1.60	
29887	1	Knee arthroscopy/surgery	3	$482	282	$860	1.71	
29888	1	Knee arthroscopy/surgery	3	$482	286	$1,110	2.20	
29889	1	Knee arthroscopy/surgery	3	$482	286	$1,110	2.20	
29891	1	Ankle arthroscopy/surgery			282	$860	1.71	Add.
29892	1	Ankle arthroscopy/surgery			286	$1,110	2.20	Add.
29893	1	Scope, plantar fasciotomy			271	$510	1.01	Add.
29894	1	Ankle arthroscopy/surgery	3	$482	281	$807	1.60	
29895	1	Ankle arthroscopy/surgery	3	$482	281	$807	1.60	
29897	1	Ankle arthroscopy/surgery	3	$482	281	$807	1.60	
29898	1	Ankle arthroscopy/surgery	3	$482	281	$807	1.60	
29909	3	Arthroscopy of joint						
30000	5	Drainage of nose lesion						
30020	5	Drainage of nose lesion						
30100	5	Intranasal biopsy						
30110	5	Removal of nose polyp(s)						
30115	1	Removal of nose polyp(s)	2	$422	313	$537	1.07	
30117	5	Removal of intranasal lesion	3	$482				Delete.
30118	1	Removal of intranasal lesion	3	$482	313	$537	1.07	
30120	1	Revision of nose	1	$314	313	$537	1.07	
30124	5	Removal of nose lesion	1	$314				Delete.
30125	1	Removal of nose lesion	2	$422	313	$537	1.07	
30130	1	Removal of turbinate bones	3	$482	313	$537	1.07	
30140	1	Removal of turbinate bones	2	$422	313	$537	1.07	
30150	1	Partial removal of nose	3	$482	313	$537	1.07	
30160	1	Removal of nose	4	$595	313	$537	1.07	
30200	2	Injection treatment of nose						
30210	5	Nasal sinus therapy						
30220	5	Insert nasal septal button						
30300	5	Remove nasal foreign body						
30310	1	Remove nasal foreign body	1	$314	313	$537	1.07	
30320	1	Remove nasal foreign body	2	$422	313	$537	1.07	
30400	7	Reconstruction of nose	4	$595	314	$946	1.88	
30410	7	Reconstruction of nose	5	$678	314	$946	1.88	
30420	7	Reconstruction of nose	5	$678	314	$946	1.88	
30430	7	Revision of nose	3	$482	313	$537	1.07	
30435	7	Revision of nose	5	$678	314	$946	1.88	
30450	7	Revision of nose	7	$941	314	$946	1.88	
30460	1	Revision of nose			314	$946	1.88	Add.
30462	1	Revision of nose			314	$946	1.88	Add.
30520	1	Repair of nasal septum	4	$595	313	$537	1.07	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
30540	1	Repair nasal defect	5	$678	313	$537	1.07	
30545	1	Repair nasal defect			314	$946	1.88	Add.
30560	5	Release of nasal adhesions	2	$422				Delete.
30580	1	Repair upper jaw fistula	4	$595	313	$537	1.07	
30600	1	Repair mouth/nose fistula	4	$595	313	$537	1.07	
30620	1	Intranasal reconstruction	7	$941	313	$537	1.07	
30630	1	Repair nasal septum defect	7	$941	313	$537	1.07	
30801	1	Cauterization inner nose	1	$314	312	$233	0.46	
30802	1	Cauterization inner nose	1	$314	312	$233	0.46	
30901	1	Control of nosebleed			318	$77	0.15	Add.
30903	1	Control of nosebleed	1	$314	318	$77	0.15	
30905	1	Control of nosebleed	1	$314	318	$77	0.15	
30906	1	Repeat control of nosebleed	1	$314	318	$77	0.15	
30915	1	Ligation nasal sinus artery	2	$422	367	$682	1.35	
30920	1	Ligation upper jaw artery	3	$482	367	$682	1.35	
30930	1	Therapy fracture of nose			312	$233	0.46	Add.
30999	3	Nasal surgery procedure						
31000	5	Irrigation maxillary sinus						
31002	5	Irrigation sphenoid sinus						
31020	1	Exploration maxillary sinus	2	$422	313	$537	1.07	
31030	1	Exploration maxillary sinus	3	$482	313	$537	1.07	
31032	1	Explore sinus,remove polyps	4	$595	313	$537	1.07	
31040	1	Exploration behind upper jaw			314	$946	1.88	Add.
31050	1	Exploration sphenoid sinus	2	$422	313	$537	1.07	
31051	1	Sphenoid sinus surgery	4	$595	313	$537	1.07	
31070	1	Exploration of frontal sinus	2	$422	313	$537	1.07	
31075	1	Exploration of frontal sinus	4	$595	314	$946	1.88	
31080	1	Removal of frontal sinus	4	$595	314	$946	1.88	
31081	1	Removal of frontal sinus			314	$946	1.88	Add.
31084	1	Removal of frontal sinus	4	$595	314	$946	1.88	
31085	1	Removal of frontal sinus			314	$946	1.88	Add.
31086	1	Removal of frontal sinus	4	$595	314	$946	1.88	
31087	1	Removal of frontal sinus			314	$946	1.88	Add.
31090	1	Exploration of sinuses	5	$678	314	$946	1.88	
31200	1	Removal of ethmoid sinus	2	$422	313	$537	1.07	
31201	1	Removal of ethmoid sinus	5	$678	314	$946	1.88	
31205	1	Removal of ethmoid sinus	3	$482	314	$946	1.88	
31225	3	Removal of upper jaw						
31230	3	Removal of upper jaw						
31231	5	Nasal endoscopy, dx						
31233	1	Nasal/sinus endoscopy, dx	2	$422	332	$423	0.84	
31235	1	Nasal/sinus endoscopy, dx	1	$314	332	$423	0.84	
31237	1	Nasal/sinus endoscopy, surg	2	$422	332	$423	0.84	
31238	1	Nasal/sinus endoscopy, surg	1	$314	332	$423	0.84	
31239	1	Nasal/sinus endoscopy, surg	4	$595	333	$653	1.30	
31240	1	Nasal/sinus endoscopy, surg	2	$422	332	$423	0.84	
31254	1	Revision of ethmoid sinus	3	$482	333	$653	1.30	
31255	1	Removal of ethmoid sinus	5	$678	333	$653	1.30	
31256	1	Exploration maxillary sinus	3	$482	333	$653	1.30	
31267	1	Endoscopy, maxillary sinus	3	$482	333	$653	1.30	
31276	1	Sinus surgical endoscopy	3	$482	333	$653	1.30	
31287	1	Nasal/sinus endoscopy, surg	3	$482	333	$653	1.30	
31288	1	Nasal/sinus endoscopy, surg	3	$482	333	$653	1.30	
31290	3	Nasal/sinus endoscopy, surg						
31291	3	Nasal/sinus endoscopy, surg						
31292	3	Nasal/sinus endoscopy, surg						
31293	3	Nasal/sinus endoscopy, surg						
31294	3	Nasal/sinus endoscopy, surg						
31299	3	Sinus surgery procedure						
31300	1	Removal of larynx lesion	5	$678	314	$946	1.88	
31320	1	Diagnostic incision larynx	2	$422	313	$537	1.07	
31360	3	Removal of larynx						
31365	3	Removal of larynx						
31367	3	Partial removal of larynx						
31368	3	Partial removal of larynx						
31370	3	Partial removal of larynx						
31375	3	Partial removal of larynx						
31380	3	Partial removal of larynx						
31382	3	Partial removal of larynx						
31390	3	Removal of larynx & pharynx						
31395	3	Reconstruct larynx & pharynx						
31400	1	Revision of larynx			314	$946	1.88	Add.
31420	1	Removal of epiglottis			314	$946	1.88	Add.
31500	3	Insert emergency airway						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
31502	1	Change of windpipe airway			470	$119	0.24	Add.
31505	5	Diagnostic laryngoscopy						
31510	1	Laryngoscopy with biopsy	2	$422	332	$423	0.84	
31511	1	Remove foreign body, larynx	2	$422	332	$423	0.84	
31512	1	Removal of larynx lesion	2	$422	332	$423	0.84	
31513	1	Injection into vocal cord	2	$422	332	$423	0.84	
31515	1	Laryngoscopy for aspiration	1	$314	332	$423	0.84	
31520	1	Diagnostic laryngoscopy			332	$423	0.84	Add.
31525	1	Diagnostic laryngoscopy	1	$314	332	$423	0.84	
31526	1	Diagnostic laryngoscopy	2	$422	332	$423	0.84	
31527	1	Laryngoscopy for treatment	1	$314	333	$653	1.30	
31528	1	Laryngoscopy and dilatation	2	$422	332	$423	0.84	
31529	1	Laryngoscopy and dilatation	2	$422	332	$423	0.84	
31530	1	Operative laryngoscopy	2	$422	333	$653	1.30	
31531	1	Operative laryngoscopy	3	$482	333	$653	1.30	
31535	1	Operative laryngoscopy	2	$422	333	$653	1.30	
31536	1	Operative laryngoscopy	3	$482	333	$653	1.30	
31540	1	Operative laryngoscopy	3	$482	333	$653	1.30	
31541	1	Operative laryngoscopy	4	$595	333	$653	1.30	
31560	1	Operative laryngoscopy	5	$678	333	$653	1.30	
31561	1	Operative laryngoscopy	5	$678	333	$653	1.30	
31570	1	Laryngoscopy with injection	2	$422	333	$653	1.30	
31571	1	Laryngoscopy with injection	2	$422	333	$653	1.30	
31575	5	Diagnostic laryngoscopy						
31576	1	Laryngoscopy with biopsy	2	$422	332	$423	0.84	
31577	1	Remove foreign body, larynx	2	$422	332	$423	0.84	
31578	1	Removal of larynx lesion	2	$422	332	$423	0.84	
31579	5	Diagnostic laryngoscopy						
31580	3	Revision of larynx	5	$678				Delete.
31582	3	Revision of larynx	5	$678				Delete.
31584	3	Repair of larynx fracture	4	$595				Delete.
31585	1	Repair of larynx fracture	1	$314	207	$53	0.11	
31586	1	Repair of larynx fracture	2	$422	209	$71	0.14	
31587	3	Revision of larynx						
31588	1	Revision of larynx	5	$678	314	$946	1.88	
31590	1	Reinnervate larynx	5	$678	314	$946	1.88	
31595	1	Larynx nerve surgery	2	$422	313	$537	1.07	
31599	3	Larynx surgery procedure						
31600	3	Incision of windpipe	2	$422				Delete.
31601	3	Incision of windpipe						
31603	3	Incision of windpipe						
31605	3	Incision of windpipe						
31610	3	Incision of windpipe						
31611	1	Surgery/speech prosthesis	3	$482	313	$537	1.07	
31612	1	Puncture/clear windpipe	1	$314	312	$233	0.46	
31613	1	Repair windpipe opening	2	$422	313	$537	1.07	
31614	1	Repair windpipe opening	2	$422	313	$537	1.07	
31615	1	Visualization of windpipe	1	$314	336	$407	0.81	
31622	1	Diagnostic bronchoscopy	1	$314	336	$407	0.81	
31625	1	Bronchoscopy with biopsy	2	$422	336	$407	0.81	
31628	1	Bronchoscopy with biopsy	2	$422	336	$407	0.81	
31629	1	Bronchoscopy with biopsy	2	$422	336	$407	0.81	
31630	1	Bronchoscopy with repair	2	$422	336	$407	0.81	
31631	1	Bronchoscopy with dilation	2	$422	336	$407	0.81	
31635	1	Remove foreign body, airway	2	$422	336	$407	0.81	
31640	1	Bronchoscopy & remove lesion	2	$422	336	$407	0.81	
31641	1	Bronchoscopy, treat blockage	2	$422	336	$407	0.81	
31645	1	Bronchoscopy, clear airways	1	$314	336	$407	0.81	
31646	1	Bronchoscopy,reclear airways	1	$314	336	$407	0.81	
31656	2	Bronchoscopy,inject for xray	1	$314				Delete.
31700	1	Insertion of airway catheter	1	$314	332	$423	0.84	
31708	2	Instill airway contrast dye						
31710	2	Insertion of airway catheter	1	$314				Delete.
31715	2	Injection for bronchus x-ray	1	$314				Delete.
31717	1	Bronchial brush biopsy	1	$314	332	$423	0.84	
31720	1	Clearance of airways	1	$314	332	$423	0.84	
31725	3	Clearance of airways						
31730	1	Intro windpipe wire/tube	1	$314	332	$423	0.84	
31750	1	Repair of windpipe	5	$678	314	$946	1.88	
31755	1	Repair of windpipe	2	$422	314	$946	1.88	
31760	3	Repair of windpipe						
31766	3	Reconstruction of windpipe						
31770	3	Repair/graft of bronchus						
31775	3	Reconstruct bronchus						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
31780	3	Reconstruct windpipe						
31781	3	Reconstruct windpipe						
31785	3	Remove windpipe lesion	4	$595				Delete.
31786	3	Remove windpipe lesion						
31800	3	Repair of windpipe injury	2	$422				Delete.
31805	3	Repair of windpipe injury						
31820	1	Closure of windpipe lesion	1	$314	313	$537	1.07	
31825	1	Repair of windpipe defect	2	$422	313	$537	1.07	
31830	1	Revise windpipe scar	2	$422	313	$537	1.07	
31899	3	Airways surgical procedure						
32000	1	Drainage of chest	1	$314	320	$126	0.25	
32002	3	Treatment of collapsed lung	2	$422				Delete.
32005	3	Treat lung lining chemically	2	$422				Delete.
32020	3	Insertion of chest tube	2	$422				Delete.
32035	3	Exploration of chest						
32036	3	Exploration of chest						
32095	3	Biopsy through chest wall						
32100	3	Exploration/biopsy of chest						
32110	3	Explore/repair chest						
32120	3	Re-exploration of chest						
32124	3	Explore chest, free adhesions						
32140	3	Removal of lung lesion(s)						
32141	3	Remove/treat lung lesions						
32150	3	Removal of lung lesion(s)						
32151	3	Remove lung foreign body						
32160	3	Open chest heart massage						
32200	3	Open drainage, lung lesion						
32201	3	Percut drainage, lung lesion						
32215	3	Treat chest lining						
32220	3	Release of lung						
32225	3	Partial release of lung						
32310	3	Removal of chest lining						
32320	3	Free/remove chest lining						
32400	1	Needle biopsy chest lining	1	$314	122	$186	0.37	
32402	3	Open biopsy chest lining						
32405	1	Biopsy, lung or mediastinum	1	$314	122	$186	0.37	
32420	1	Puncture/clear lung	1	$314	320	$126	0.25	
32440	3	Removal of lung						
32442	3	Sleeve pneumonectomy						
32445	3	Removal of lung						
32480	3	Partial removal of lung						
32482	3	Bilobectomy						
32484	3	Segmentectomy						
32486	3	Sleeve lobectomy						
32488	3	Completion pneumonectomy						
32491	3	Lung volume reduction						
32500	3	Partial removal of lung						
32501	3	Repair bronchus (add-on)						
32520	3	Remove lung & revise chest						
32522	3	Remove lung & revise chest						
32525	3	Remove lung & revise chest						
32540	3	Removal of lung lesion						
32601	3	Thoracoscopy, diagnostic						
32602	3	Thoracoscopy, diagnostic						
32603	3	Thoracoscopy, diagnostic						
32604	3	Thoracoscopy, diagnostic						
32605	3	Thoracoscopy, diagnostic						
32606	3	Thoracoscopy, diagnostic						
32650	3	Thoracoscopy, surgical						
32651	3	Thoracoscopy, surgical						
32652	3	Thoracoscopy, surgical						
32653	3	Thoracoscopy, surgical						
32654	3	Thoracoscopy, surgical						
32655	3	Thoracoscopy, surgical						
32656	3	Thoracoscopy, surgical						
32657	3	Thoracoscopy, surgical						
32658	3	Thoracoscopy, surgical						
32659	3	Thoracoscopy, surgical						
32660	3	Thoracoscopy, surgical						
32661	3	Thoracoscopy, surgical						
32662	3	Thoracoscopy, surgical						
32663	3	Thoracoscopy, surgical						
32664	3	Thoracoscopy, surgical						
32665	3	Thoracoscopy, surgical						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
32800	3	Repair lung hernia						
32810	3	Close chest after drainage						
32815	3	Close bronchial fistula						
32820	3	Reconstruct injured chest						
32850	9	Donor pneumonectomy						
32851	3	Lung transplant, single						
32852	3	Lung transplant w/bypass						
32853	3	Lung transplant, double						
32854	3	Lung transplant w/bypass						
32900	3	Removal of rib(s)						
32905	3	Revise & repair chest wall						
32906	3	Revise & repair chest wall						
32940	3	Revision of lung						
32960	1	Therapeutic pneumothorax			320	$126	0.25	Add.
32999	3	Chest surgery procedure						
33010	1	Drainage of heart sac	2	$422	320	$126	0.25	
33011	1	Repeat drainage of heart sac	2	$422	320	$126	0.25	
33015	3	Incision of heart sac						
33020	3	Incision of heart sac						
33025	3	Incision of heart sac						
33030	3	Partial removal of heart sac						
33031	3	Partial removal of heart sac						
33050	3	Removal of heart sac lesion						
33120	3	Removal of heart lesion						
33130	3	Removal of heart lesion						
33200	3	Insertion of heart pacemaker						
33201	3	Insertion of heart pacemaker						
33206	3	Insertion of heart pacemaker						
33207	3	Insertion of heart pacemaker						
33208	3	Insertion of heart pacemaker						
33210	3	Insertion of heart electrode						
33211	3	Insertion of heart electrode						
33212	3	Insertion of pulse generator						
33213	3	Insertion of pulse generator						
33214	3	Upgrade of pacemaker system						
33216	3	Revision implanted electrode						
33217	3	Insert/revise electrode						
33218	3	Repair pacemaker electrodes						
33220	3	Repair pacemaker electrode						
33222	1	Pacemaker aicd pocket			360	$397	0.79	Add.
33223	1	Pacemaker aicd pocket			360	$397	0.79	Add.
33233	3	Removal of pacemaker system						
33234	3	Removal of pacemaker system						
33235	3	Removal pacemaker electrode						
33236	3	Remove electrode/thoracotomy						
33237	3	Remove electrode/thoracotomy						
33238	3	Remove electrode/thoracotomy						
33240	3	Insert/replace pulse gener						
33241	3	Remove pulse generator only						
33242	3	Repair pulse generator/leads						
33243	3	Remove generator/thoracotomy						
33244	3	Remove generator						
33245	3	Implant heart defibrillator						
33246	3	Implant heart defibrillator						
33247	3	Insert/replace leads						
33249	3	Insert/replace leads/gener						
33250	3	Ablate heart dysrhythm focus						
33251	3	Ablate heart dysrhythm focus						
33253	3	Reconstruct atria						
33261	3	Ablate heart dysrhythm focus						
33300	3	Repair of heart wound						
33305	3	Repair of heart wound						
33310	3	Exploratory heart surgery						
33315	3	Exploratory heart surgery						
33320	3	Repair major blood vessel(s)						
33321	3	Repair major vessel						
33322	3	Repair major blood vessel(s)						
33330	3	Insert major vessel graft						
33332	3	Insert major vessel graft						
33335	3	Insert major vessel graft						
33400	3	Repair of aortic valve						
33401	3	Valvuloplasty, open						
33403	3	Valvuloplasty, w/cp bypass						
33404	3	Prepare heart-aorta conduit						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
33405	3	Replacement of aortic valve						
33406	3	Replacement, aortic valve						
33411	3	Replacement of aortic valve						
33412	3	Replacement of aortic valve						
33413	3	Replacement, aortic valve						
33414	3	Repair, aortic valve						
33415	3	Revision, subvalvular tissue						
33416	3	Revise ventricle muscle						
33417	3	Repair of aortic valve						
33420	3	Revision of mitral valve						
33422	3	Revision of mitral valve						
33425	3	Repair of mitral valve						
33426	3	Repair of mitral valve						
33427	3	Repair of mitral valve						
33430	3	Replacement of mitral valve						
33460	3	Revision of tricuspid valve						
33463	3	Valvuloplasty, tricuspid						
33464	3	Valvuloplasty, tricuspid						
33465	3	Replace tricuspid valve						
33468	3	Revision of tricuspid valve						
33470	3	Revision of pulmonary valve						
33471	3	Valvotomy, pulmonary valve						
33472	3	Revision of pulmonary valve						
33474	3	Revision of pulmonary valve						
33475	3	Replacement, pulmonary valve						
33476	3	Revision of heart chamber						
33478	3	Revision of heart chamber						
33496	3	Repair, prosth valve clot						
33500	3	Repair heart vessel fistula						
33501	3	Repair heart vessel fistula						
33502	3	Coronary artery correction						
33503	3	Coronary artery graft						
33504	3	Coronary artery graft						
33505	3	Repair artery w/tunnel						
33506	3	Repair artery, translocation						
33510	3	CABG, vein, single						
33511	3	CABG, vein, two						
33512	3	CABG, vein, three						
33513	3	CABG, vein, four						
33514	3	CABG, vein, five						
33516	3	CABG, vein, six+						
33517	3	CABG, artery-vein, single						
33518	3	CABG, artery-vein, two						
33519	3	CABG, artery-vein, three						
33521	3	CABG, artery-vein, four						
33522	3	CABG, artery-vein, five						
33523	3	CABG, artery-vein, six+						
33530	3	Coronary artery, bypass/reop						
33533	3	CABG, arterial, single						
33534	3	CABG, arterial, two						
33535	3	CABG, arterial, three						
33536	3	CABG, arterial, four+						
33542	3	Removal of heart lesion						
33545	3	Repair of heart damage						
33572	3	Open coronary endarterectomy						
33600	3	Closure of valve						
33602	3	Closure of valve						
33606	3	Anastomosis/artery-aorta						
33608	3	Repair anomaly w/conduit						
33610	3	Repair by enlargement						
33611	3	Repair double ventricle						
33612	3	Repair double ventricle						
33615	3	Repair (simple fontan)						
33617	3	Repair by modified fontan						
33619	3	Repair single ventricle						
33641	3	Repair heart septum defect						
33645	3	Revision of heart veins						
33647	3	Repair heart septum defects						
33660	3	Repair of heart defects						
33665	3	Repair of heart defects						
33670	3	Repair of heart chambers						
33681	3	Repair heart septum defect						
33684	3	Repair heart septum defect						
33688	3	Repair heart septum defect						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
33690	3	Reinforce pulmonary artery						
33692	3	Repair of heart defects						
33694	3	Repair of heart defects						
33697	3	Repair of heart defects						
33702	3	Repair of heart defects						
33710	3	Repair of heart defects						
33720	3	Repair of heart defect						
33722	3	Repair of heart defect						
33730	3	Repair heart-vein defect(s)						
33732	3	Repair heart-vein defect						
33735	3	Revision of heart chamber						
33736	3	Revision of heart chamber						
33737	3	Revision of heart chamber						
33750	3	Major vessel shunt						
33755	3	Major vessel shunt						
33762	3	Major vessel shunt						
33764	3	Major vessel shunt & graft						
33766	3	Major vessel shunt						
33767	3	Atrial septectomy/septostomy						
33770	3	Repair great vessels defect						
33771	3	Repair great vessels defect						
33774	3	Repair great vessels defect						
33775	3	Repair great vessels defect						
33776	3	Repair great vessels defect						
33777	3	Repair great vessels defect						
33778	3	Repair great vessels defect						
33779	3	Repair great vessels defect						
33780	3	Repair great vessels defect						
33781	3	Repair great vessels defect						
33786	3	Repair arterial trunk						
33788	3	Revision of pulmonary artery						
33800	3	Aortic suspension						
33802	3	Repair vessel defect						
33803	3	Repair vessel defect						
33813	3	Repair septal defect						
33814	3	Repair septal defect						
33820	3	Revise major vessel						
33822	3	Revise major vessel						
33824	3	Revise major vessel						
33840	3	Remove aorta constriction						
33845	3	Remove aorta constriction						
33851	3	Remove aorta constriction						
33852	3	Repair septal defect						
33853	3	Repair septal defect						
33860	3	Ascending aorta graft						
33861	3	Ascending aorta graft						
33863	3	Ascending aorta graft						
33870	3	Transverse aortic arch graft						
33875	3	Thoracic aorta graft						
33877	3	Thoracoabdominal graft						
33910	3	Remove lung artery emboli						
33915	3	Remove lung artery emboli						
33916	3	Surgery of great vessel						
33917	3	Repair pulmonary artery						
33918	3	Repair pulmonary atresia						
33919	3	Repair pulmonary atresia						
33920	3	Repair pulmonary atresia						
33922	3	Transect pulmonary artery						
33924	3	Remove pulmonary shunt						
33930	9	Removal of donor heart/lung						
33935	3	Transplantation, heart/lung						
33940	9	Removal of donor heart						
33945	3	Transplantation of heart						
33960	3	External circulation assist						
33961	3	External circulation assist						
33970	3	Aortic circulation assist						
33971	3	Aortic circulation assist						
33973	3	Insert balloon device						
33974	3	Remove intra-aortic balloon						
33975	3	Implant ventricular device						
33976	3	Implant ventricular device						
33977	3	Remove ventricular device						
33978	3	Remove ventricular device						
33999	3	Cardiac surgery procedure						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
34001	3	Removal of artery clot						
34051	3	Removal of artery clot						
34101	3	Removal of artery clot	3	$482				Delete.
34111	3	Removal of arm artery clot						
34151	3	Removal of artery clot						
34201	3	Removal of artery clot						
34203	3	Removal of leg artery clot						
34401	3	Removal of vein clot						
34421	3	Removal of vein clot						
34451	3	Removal of vein clot						
34471	3	Removal of vein clot						
34490	3	Removal of vein clot						
34501	3	Repair valve, femoral vein						
34502	3	Reconstruct, vena cava						
34510	3	Transposition of vein valve						
34520	3	Cross-over vein graft						
34530	3	Leg vein fusion						
35001	3	Repair defect of artery						
35002	3	Repair artery rupture, neck						
35005	3	Repair defect of artery						
35011	3	Repair defect of artery						
35013	3	Repair artery rupture, arm						
35021	3	Repair defect of artery						
35022	3	Repair artery rupture, chest						
35045	3	Repair defect of arm artery						
35081	3	Repair defect of artery						
35082	3	Repair artery rupture, aorta						
35091	3	Repair defect of artery						
35092	3	Repair artery rupture, aorta						
35102	3	Repair defect of artery						
35103	3	Repair artery rupture, groin						
35111	3	Repair defect of artery						
35112	3	Repair artery rupture,spleen						
35121	3	Repair defect of artery						
35122	3	Repair artery rupture, belly						
35131	3	Repair defect of artery						
35132	3	Repair artery rupture, groin						
35141	3	Repair defect of artery						
35142	3	Repair artery rupture, thigh						
35151	3	Repair defect of artery						
35152	3	Repair artery rupture, knee						
35161	3	Repair defect of artery						
35162	3	Repair artery rupture						
35180	3	Repair blood vessel lesion						
35182	3	Repair blood vessel lesion						
35184	3	Repair blood vessel lesion						
35188	1	Repair blood vessel lesion			368	$841	1.67	Add.
35189	3	Repair blood vessel lesion						
35190	3	Repair blood vessel lesion						
35201	3	Repair blood vessel lesion						
35206	3	Repair blood vessel lesion						
35207	1	Repair blood vessel lesion			368	$841	1.67	Add.
35211	3	Repair blood vessel lesion						
35216	3	Repair blood vessel lesion						
35221	3	Repair blood vessel lesion						
35226	3	Repair blood vessel lesion						
35231	3	Repair blood vessel lesion						
35236	3	Repair blood vessel lesion						
35241	3	Repair blood vessel lesion						
35246	3	Repair blood vessel lesion						
35251	3	Repair blood vessel lesion						
35256	3	Repair blood vessel lesion						
35261	3	Repair blood vessel lesion						
35266	3	Repair blood vessel lesion						
35271	3	Repair blood vessel lesion						
35276	3	Repair blood vessel lesion						
35281	3	Repair blood vessel lesion						
35286	3	Repair blood vessel lesion						
35301	3	Rechanneling of artery						
35311	3	Rechanneling of artery						
35321	3	Rechanneling of artery						
35331	3	Rechanneling of artery						
35341	3	Rechanneling of artery						
35351	3	Rechanneling of artery						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
35355	3	Rechanneling of artery						
35361	3	Rechanneling of artery						
35363	3	Rechanneling of artery						
35371	3	Rechanneling of artery						
35372	3	Rechanneling of artery						
35381	3	Rechanneling of artery						
35390	3	Reoperation, carotid						
35400	3	Angioscopy						
35450	3	Repair arterial blockage						
35452	3	Repair arterial blockage						
35454	3	Repair arterial blockage						
35456	3	Repair arterial blockage						
35458	3	Repair arterial blockage						
35459	3	Repair arterial blockage						
35460	3	Repair venous blockage						
35470	3	Repair arterial blockage						
35471	3	Repair arterial blockage						
35472	3	Repair arterial blockage						
35473	3	Repair arterial blockage						
35474	3	Repair arterial blockage						
35475	3	Repair arterial blockage						
35476	3	Repair venous blockage						
35480	3	Atherectomy, open						
35481	3	Atherectomy, open						
35482	3	Atherectomy, open						
35483	3	Atherectomy, open						
35484	3	Atherectomy, open						
35485	3	Atherectomy, open						
35490	3	Atherectomy, percutaneous						
35491	3	Atherectomy, percutaneous						
35492	3	Atherectomy, percutaneous						
35493	3	Atherectomy, percutaneous						
35494	3	Atherectomy, percutaneous						
35495	3	Atherectomy, percutaneous						
35501	3	Artery bypass graft						
35506	3	Artery bypass graft						
35507	3	Artery bypass graft						
35508	3	Artery bypass graft						
35509	3	Artery bypass graft						
35511	3	Artery bypass graft						
35515	3	Artery bypass graft						
35516	3	Artery bypass graft						
35518	3	Artery bypass graft						
35521	3	Artery bypass graft						
35526	3	Artery bypass graft						
35531	3	Artery bypass graft						
35533	3	Artery bypass graft						
35536	3	Artery bypass graft						
35541	3	Artery bypass graft						
35546	3	Artery bypass graft						
35548	3	Artery bypass graft						
35549	3	Artery bypass graft						
35551	3	Artery bypass graft						
35556	3	Artery bypass graft						
35558	3	Artery bypass graft						
35560	3	Artery bypass graft						
35563	3	Artery bypass graft						
35565	3	Artery bypass graft						
35566	3	Artery bypass graft						
35571	3	Artery bypass graft						
35582	3	Vein bypass graft						
35583	3	Vein bypass graft						
35585	3	Vein bypass graft						
35587	3	Vein bypass graft						
35601	3	Artery bypass graft						
35606	3	Artery bypass graft						
35612	3	Artery bypass graft						
35616	3	Artery bypass graft						
35621	3	Artery bypass graft						
35623	3	Bypass graft, not vein						
35626	3	Artery bypass graft						
35631	3	Artery bypass graft						
35636	3	Artery bypass graft						
35641	3	Artery bypass graft						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
35642	3	Artery bypass graft						
35645	3	Artery bypass graft						
35646	3	Artery bypass graft						
35650	3	Artery bypass graft						
35651	3	Artery bypass graft						
35654	3	Artery bypass graft						
35656	3	Artery bypass graft						
35661	3	Artery bypass graft						
35663	3	Artery bypass graft						
35665	3	Artery bypass graft						
35666	3	Artery bypass graft						
35671	3	Artery bypass graft						
35681	3	Artery bypass graft						
35691	3	Arterial transposition						
35693	3	Arterial transposition						
35694	3	Arterial transposition						
35695	3	Arterial transposition						
35700	3	Reoperation, bypass graft						
35701	3	Exploration, carotid artery						
35721	3	Exploration, femoral artery						
35741	3	Exploration popliteal artery						
35761	3	Exploration of artery/vein						
35800	3	Explore neck vessels						
35820	3	Explore chest vessels						
35840	3	Explore abdominal vessels						
35860	3	Explore limb vessels						
35870	3	Repair vessel graft defect						
35875	1	Removal of clot in graft			368	$841	1.67	Add.
35876	1	Removal of clot in graft			368	$841	1.67	Add.
35901	3	Excision, graft, neck						
35903	3	Excision, graft, extremity						
35905	3	Excision, graft, thorax						
35907	3	Excision, graft, abdomen						
36000	2	Place needle in vein						
36005	2	Injection, venography						
36010	3	Place catheter in vein						
36011	2	Place catheter in vein						
36012	2	Place catheter in vein						
36013	3	Place catheter in artery						
36014	3	Place catheter in artery						
36015	3	Place catheter in artery						
36100	2	Establish access to artery						
36120	2	Establish access to artery						
36140	2	Establish access to artery						
36145	2	Artery to vein shunt						
36160	2	Establish access to aorta						
36200	2	Place catheter in aorta						
36215	2	Place catheter in artery						
36216	2	Place catheter in artery						
36217	2	Place catheter in artery						
36218	2	Place catheter in artery						
36245	2	Place catheter in artery						
36246	2	Place catheter in artery						
36247	2	Place catheter in artery						
36248	2	Place catheter in artery						
36260	1	Insertion of infusion pump			368	$841	1.67	Add.
36261	1	Revision of infusion pump	2	$422	360	$397	0.79	
36262	1	Removal of infusion pump	1	$314	360	$397	0.79	
36299	3	Vessel injection procedure						
36400	2	Drawing blood						
36405	2	Drawing blood						
36406	2	Drawing blood						
36410	2	Drawing blood						
36415	9	Drawing blood						
36420	2	Establish access to vein						
36425	2	Establish access to vein						
36430	6	Blood transfusion service						
36440	6	Blood transfusion service						
36450	6	Exchange transfusion service						
36455	6	Exchange transfusion service						
36460	6	Transfusion service, fetal						
36468	5	Injection(s); spider veins						
36469	5	Injection(s); spider veins						
36470	5	Injection therapy of vein						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
36471	5	Injection therapy of veins						
36481	2	Insertion of catheter, vein						
36488	1	Insertion of catheter, vein			346	$195	0.39	Add.
36489	1	Insertion of catheter, vein	1	$314	346	$195	0.39	
36490	1	Insertion of catheter, vein			346	$195	0.39	Add.
36491	1	Insertion of catheter, vein	1	$314	346	$195	0.39	
36493	1	Repositioning of cvc			346	$195	0.39	Add.
36500	3	Insertion of catheter, vein						
36510	3	Insertion of catheter, vein						
36520	6	Plasma and/or cell exchange						
36522	6	Photopheresis						
36530	7	Insertion of infusion pump	3	$482	368	$841	1.67	
36531	7	Revision of infusion pump	2	$422	360	$397	0.79	
36532	7	Removal of infusion pump	1	$314	360	$397	0.79	
36533	1	Insertion of access port	3	$482	368	$841	1.67	
36534	1	Revision of access port	2	$422	360	$397	0.79	
36535	1	Removal of access port	1	$314	360	$397	0.79	
36600	2	Withdrawal of arterial blood						
36620	3	Insertion catheter, artery						
36625	3	Insertion catheter, artery						
36640	1	Insertion catheter, artery	1	$314	346	$195	0.39	
36660	3	Insertion catheter, artery						
36680	6	Insert needle, bone cavity						
36800	1	Insertion of cannula	3	$482	368	$841	1.67	
36810	1	Insertion of cannula	3	$482	368	$841	1.67	
36815	1	Insertion of cannula	3	$482	368	$841	1.67	
36821	1	Artery-vein fusion	3	$482	368	$841	1.67	
36822	3	Insertion of cannula(s)						
36825	1	Artery-vein graft	4	$595	368	$841	1.67	
36830	1	Artery-vein graft	4	$595	368	$841	1.67	
36832	1	Revise artery-vein fistula	4	$595	368	$841	1.67	
36834	3	Repair A-V aneurysm						
36835	1	Artery to vein shunt	4	$595	368	$841	1.67	
36860	1	Cannula declotting	2	$422	368	$841	1.67	
36861	1	Cannula declotting	3	$482	368	$841	1.67	
37140	3	Revision of circulation						
37145	3	Revision of circulation						
37160	3	Revision of circulation						
37180	3	Revision of circulation						
37181	3	Splice spleen/kidney veins						
37195	3	Thrombolytic therapy, stroke						
37200	3	Transcatheter biopsy						
37201	3	Transcatheter therapy infuse						
37202	3	Transcatheter therapy infuse						
37203	3	Transcatheter retrieval						
37204	3	Transcatheter occlusion						
37205	3	Transcatheter stent						
37206	3	Transcatheter stent						
37207	3	Transcatheter stent						
37208	3	Transcatheter stent						
37209	3	Exchange arterial catheter						
37250	3	Intravascular us						
37251	3	Intravascular us						
37565	3	Ligation of neck vein						
37600	3	Ligation of neck artery						
37605	3	Ligation of neck artery						
37606	3	Ligation of neck artery						
37607	1	Ligation of fistula			368	$841	1.67	Add.
37609	1	Temporal artery procedure	2	$422	162	$187	0.37	
37615	3	Ligation of neck artery						
37616	3	Ligation of chest artery						
37617	3	Ligation of abdomen artery						
37618	1	Ligation of extremity artery			367	$682	1.35	Add.
37620	3	Revision of major vein						
37650	1	Revision of major vein			367	$682	1.35	Add.
37660	3	Revision of major vein						
37700	1	Revise leg vein	2	$422	367	$682	1.35	
37720	1	Removal of leg vein	3	$482	367	$682	1.35	
37730	1	Removal of leg veins	3	$482	367	$682	1.35	
37735	1	Removal of leg veins/lesion	3	$482	367	$682	1.35	
37760	1	Revision of leg veins	3	$482	367	$682	1.35	
37780	1	Revision of leg vein	3	$482	367	$682	1.35	
37785	1	Revise secondary varicosity	3	$482	367	$682	1.35	
37788	3	Revascularization, penis						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
37790	1	Penile venous occlusion			537	$1,221	2.42	Add.
37799	3	Vascular surgery procedure						
38100	3	Removal of spleen, total						
38101	3	Removal of spleen, partial						
38102	3	Removal of spleen, total						
38115	3	Repair of ruptured spleen						
38200	2	Injection for spleen x-ray						
38230	6	Bone marrow collection						
38231	6	Stem cell collection						
38240	3	Bone marrow/stem transplant						
38241	3	Bone marrow/stem transplant						
38300	1	Drainage lymph node lesion	1	$314	132	$162	0.32	
38305	1	Drainage lymph node lesion	2	$422	132	$162	0.32	
38308	1	Incision of lymph channels	2	$422	396	$440	0.87	
38380	3	Thoracic duct procedure						
38381	3	Thoracic duct procedure						
38382	3	Thoracic duct procedure						
38500	1	Biopsy/removal, lymph node(s)	2	$422	396	$440	0.87	
38505	1	Needle biopsy, lymph node(s)	1	$314	122	$186	0.37	
38510	1	Biopsy/removal, lymph node(s)	2	$422	396	$440	0.87	
38520	1	Biopsy/removal, lymph node(s)	2	$422	396	$440	0.87	
38525	1	Biopsy/removal, lymph node(s)	2	$422	396	$440	0.87	
38530	1	Biopsy/removal, lymph node(s)	2	$422	396	$440	0.87	
38542	1	Explore deep node(s), neck	2	$422	397	$630	1.25	
38550	1	Removal neck/armpit lesion	3	$482	396	$440	0.87	
38555	1	Removal neck/armpit lesion	4	$595	397	$630	1.25	
38562	3	Removal, pelvic lymph nodes						
38564	3	Removal, abdomen lymph nodes						
38700	3	Removal of lymph nodes, neck	2	$422				Delete.
38720	3	Removal of lymph nodes, neck						
38724	3	Removal of lymph nodes, neck						
38740	1	Remove armpit lymph nodes	2	$422	397	$630	1.25	
38745	1	Remove armpits lymph nodes	4	$595	397	$630	1.25	
38746	3	Remove thoracic lymph nodes						
38747	3	Remove abdominal lymph nodes						
38760	1	Remove groin lymph nodes	2	$422	397	$630	1.25	
38765	3	Remove groin lymph nodes						
38770	3	Remove pelvis lymph nodes						
38780	3	Remove abdomen lymph nodes						
38790	2	Injection for lymphatic xray	1	$314				Delete.
38794	2	Access thoracic lymph duct						
38999	3	Blood/lymph system procedure						
39000	3	Exploration of chest						
39010	3	Exploration of chest						
39200	3	Removal chest lesion						
39220	3	Removal chest lesion						
39400	3	Visualization of chest						
39499	3	Chest procedure						
39501	3	Repair diaphragm laceration						
39502	3	Repair paraesophageal hernia						
39503	3	Repair of diaphragm hernia						
39520	3	Repair of diaphragm hernia						
39530	3	Repair of diaphragm hernia						
39531	3	Repair of diaphragm hernia						
39540	3	Repair of diaphragm hernia						
39541	3	Repair of diaphragm hernia						
39545	3	Revision of diaphragm						
39599	3	Diaphragm surgery procedure						
40490	5	Biopsy of lip						
40500	1	Partial excision of lip	2	$422	313	$537	1.07	
40510	1	Partial excision of lip	2	$422	313	$537	1.07	
40520	1	Partial excision of lip	2	$422	313	$537	1.07	
40525	1	Reconstruct lip with flap	2	$422	313	$537	1.07	
40527	1	Reconstruct lip with flap	2	$422	313	$537	1.07	
40530	1	Partial removal of lip	2	$422	313	$537	1.07	
40650	1	Repair lip	3	$482	313	$537	1.07	
40652	1	Repair lip	3	$482	313	$537	1.07	
40654	1	Repair lip	3	$482	313	$537	1.07	
40700	1	Repair cleft lip/nasal			314	$946	1.88	Add.
40701	1	Repair cleft lip/nasal			314	$946	1.88	Add.
40702	1	Repair cleft lip/nasal			314	$946	1.88	Add.
40720	1	Repair cleft lip/nasal			314	$946	1.88	Add.
40761	1	Repair cleft lip/nasal			314	$946	1.88	Add.
40799	3	Lip surgery procedure						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
40800	5	Drainage of mouth lesion						
40801	5	Drainage of mouth lesion	2	$422				Delete.
40804	5	Removal foreign body, mouth						
40805	5	Removal foreign body, mouth	2	$422				Delete.
40806	5	Incision of lip fold	1	$314				Delete.
40808	5	Biopsy of mouth lesion						
40810	5	Excision of mouth lesion						
40812	5	Excise/repair mouth lesion						
40814	1	Excise/repair mouth lesion	2	$422	313	$537	1.07	
40816	1	Excision of mouth lesion	2	$422	313	$537	1.07	
40818	1	Excise oral mucosa for graft	1	$314	313	$537	1.07	
40819	1	Excise lip or cheek fold	1	$314	313	$537	1.07	
40820	5	Treatment of mouth lesion	1	$314				Delete.
40830	1	Repair mouth laceration			312	$233	0.46	Add.
40831	1	Repair mouth laceration	1	$314	312	$233	0.46	
40840	7	Reconstruction of mouth	2	$422	313	$537	1.07	
40842	7	Reconstruction of mouth	3	$482	313	$537	1.07	
40843	7	Reconstruction of mouth	3	$482	314	$946	1.88	
40844	7	Reconstruction of mouth	5	$678	314	$946	1.88	
40845	7	Reconstruction of mouth	5	$678	314	$946	1.88	
40899	3	Mouth surgery procedure						
41000	5	Drainage of mouth lesion	1	$314				Delete.
41005	5	Drainage of mouth lesion	1	$314				Delete.
41006	1	Drainage of mouth lesion	1	$314	313	$537	1.07	
41007	1	Drainage of mouth lesion	1	$314	313	$537	1.07	
41008	1	Drainage of mouth lesion	1	$314	313	$537	1.07	
41009	1	Drainage of mouth lesion	1	$314	313	$537	1.07	
41010	1	Incision of tongue fold	1	$314	313	$537	1.07	
41015	1	Drainage of mouth lesion	1	$314	313	$537	1.07	
41016	1	Drainage of mouth lesion	1	$314	313	$537	1.07	
41017	1	Drainage of mouth lesion	1	$314	313	$537	1.07	
41018	1	Drainage of mouth lesion	1	$314	313	$537	1.07	
41100	5	Biopsy of tongue						
41105	5	Biopsy of tongue	2	$422				Delete.
41108	5	Biopsy of floor of mouth						
41110	5	Excision of tongue lesion	1	$314				Delete.
41112	1	Excision of tongue lesion	2	$422	313	$537	1.07	
41113	1	Excision of tongue lesion	2	$422	313	$537	1.07	
41114	1	Excision of tongue lesion	2	$422	313	$537	1.07	
41115	5	Excision of tongue fold	1	$314				Delete.
41116	1	Excision of mouth lesion	1	$314	313	$537	1.07	
41120	1	Partial removal of tongue	5	$678	313	$537	1.07	
41130	3	Partial removal of tongue						
41135	3	Tongue and neck surgery						
41140	3	Removal of tongue						
41145	3	Tongue removal; neck surgery						
41150	3	Tongue, mouth, jaw surgery						
41153	3	Tongue, mouth, neck surgery						
41155	3	Tongue, jaw, & neck surgery						
41250	1	Repair tongue laceration	2	$422	312	$233	0.46	
41251	1	Repair tongue laceration	2	$422	312	$233	0.46	
41252	1	Repair tongue laceration	2	$422	312	$233	0.46	
41500	1	Fixation of tongue	1	$314	312	$233	0.46	
41510	1	Tongue to lip surgery	1	$314	312	$233	0.46	
41520	1	Reconstruction, tongue fold	2	$422	313	$537	1.07	
41599	3	Tongue and mouth surgery						
41800	1	Drainage of gum lesion	1	$314	312	$233	0.46	
41805	5	Removal foreign body, gum	1	$314				Delete.
41806	5	Removal foreign body, jawbone	1	$314				Delete.
41820	5	Excision, gum, each quadrant						
41821	5	Excision of gum flap						
41822	7	Excision of gum lesion			231	$437	0.87	Add.
41823	7	Excision of gum lesion			231	$437	0.87	Add.
41825	5	Excision of gum lesion						
41826	5	Excision of gum lesion						
41827	1	Excision of gum lesion	2	$422	313	$537	1.07	
41828	5	Excision of gum lesion						
41830	5	Removal of gum tissue						
41850	5	Treatment of gum lesion						
41870	5	Gum graft						
41872	5	Repair gum						
41874	5	Repair tooth socket						
41899	3	Dental surgery procedure						
42000	5	Drainage mouth roof lesion	2	$422				Delete.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
42100	5	Biopsy roof of mouth						
42104	5	Excision lesion, mouth roof	2	$422				Delete.
42106	5	Excision lesion, mouth roof	2	$422				Delete.
42107	1	Excision lesion, mouth roof	2	$422	313	$537	1.07	
42120	1	Remove palate/lesion	4	$595	313	$537	1.07	
42140	5	Excision of uvula	2	$422				Delete.
42145	3	Repair, palate, pharynx/uvula	5	$678				Delete.
42160	5	Treatment mouth roof lesion	1	$314				Delete.
42180	1	Repair palate	1	$314	313	$537	1.07	
42182	1	Repair palate	2	$422	313	$537	1.07	
42200	1	Reconstruct cleft palate	5	$678	313	$537	1.07	
42205	1	Reconstruct cleft palate	5	$678	313	$537	1.07	
42210	1	Reconstruct cleft palate	5	$678	314	$946	1.88	
42215	1	Reconstruct cleft palate	7	$941	313	$537	1.07	
42220	1	Reconstruct cleft palate	5	$678	313	$537	1.07	
42225	1	Reconstruct cleft palate	5	$678	314	$946	1.88	
42226	1	Lengthening of palate			314	$946	1.88	Add.
42227	1	Lengthening of palate			314	$946	1.88	Add.
42235	1	Repair palate	5	$678	313	$537	1.07	
42260	1	Repair nose to lip fistula	4	$595	313	$537	1.07	
42280	5	Preparation, palate mold						
42281	5	Insertion, palate prosthesis	3	$482				Delete.
42299	3	Palate/uvula surgery						
42300	1	Drainage of salivary gland	1	$314	312	$233	0.46	
42305	1	Drainage of salivary gland	2	$422	312	$233	0.46	
42310	1	Drainage of salivary gland	1	$314	312	$233	0.46	
42320	1	Drainage of salivary gland	1	$314	312	$233	0.46	
42325	1	Create salivary cyst drain	2	$422	313	$537	1.07	
42326	1	Create salivary cyst drain			313	$537	1.07	Add.
42330	5	Removal of salivary stone						
42335	5	Removal of salivary stone	3	$482				Delete.
42340	1	Removal of salivary stone	2	$422	313	$537	1.07	
42400	1	Biopsy of salivary gland			122	$186	0.37	Add.
42405	1	Biopsy of salivary gland	2	$422	312	$233	0.46	
42408	1	Excision of salivary cyst	3	$482	313	$537	1.07	
42409	1	Drainage of salivary cyst	3	$482	313	$537	1.07	
42410	1	Excise parotid gland/lesion	3	$482	313	$537	1.07	
42415	1	Excise parotid gland/lesion			314	$946	1.88	Add.
42420	1	Excise parotid gland/lesion	7	$941	314	$946	1.88	
42425	1	Excise parotid gland/lesion	7	$941	314	$946	1.88	
42426	3	Excise parotid gland/lesion						
42440	1	Excision submaxillary gland	3	$482	313	$537	1.07	
42450	1	Excision sublingual gland	2	$422	313	$537	1.07	
42500	1	Repair salivary duct	3	$482	313	$537	1.07	
42505	1	Repair salivary duct	4	$595	313	$537	1.07	
42507	1	Parotid duct diversion	3	$482	313	$537	1.07	
42508	1	Parotid duct diversion	4	$595	313	$537	1.07	
42509	1	Parotid duct diversion	4	$595	314	$946	1.88	
42510	1	Parotid duct diversion	4	$595	313	$537	1.07	
42550	2	Injection for salivary x-ray						
42600	1	Closure of salivary fistula	1	$314	313	$537	1.07	
42650	5	Dilation of salivary duct						
42660	5	Dilation of salivary duct						
42665	5	Ligation of salivary duct						
42699	3	Salivary surgery procedure						
42700	1	Drainage of tonsil abscess	1	$314	312	$233	0.46	
42720	1	Drainage of throat abscess	1	$314	312	$233	0.46	
42725	1	Drainage of throat abscess	2	$422	313	$537	1.07	
42800	1	Biopsy of throat			312	$233	0.46	Add.
42802	1	Biopsy of throat	1	$314	312	$233	0.46	
42804	1	Biopsy of upper nose/throat	1	$314	312	$233	0.46	
42806	1	Biopsy of upper nose/throat	2	$422	312	$233	0.46	
42808	1	Excise pharynx lesion	2	$422	312	$233	0.46	
42809	5	Remove pharynx foreign body						
42810	1	Excision of neck cyst	3	$482	313	$537	1.07	
42815	1	Excision of neck cyst	5	$678	313	$537	1.07	
42820	1	Remove tonsils and adenoids			319	$648	1.29	Add.
42821	1	Remove tonsils and adenoids	5	$678	319	$648	1.29	
42825	1	Removal of tonsils			319	$648	1.29	Add.
42826	1	Removal of tonsils	4	$595	319	$648	1.29	
42830	1	Removal of adenoids			319	$648	1.29	Add.
42831	1	Removal of adenoids	4	$595	319	$648	1.29	
42835	1	Removal of adenoids			319	$648	1.29	Add.
42836	1	Removal of adenoids	4	$595	319	$648	1.29	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
42842	1	Extensive surgery of throat			314	$946	1.88	Add.
42844	1	Extensive surgery of throat			314	$946	1.88	Add.
42845	3	Extensive surgery of throat						
42860	1	Excision of tonsil tags	3	$482	319	$648	1.29	
42870	1	Excision of lingual tonsil	3	$482	319	$648	1.29	
42890	1	Partial removal of pharynx			314	$946	1.88	Add.
42892	1	Revision of pharyngeal walls			314	$946	1.88	Add.
42894	3	Revision of pharyngeal walls						
42900	1	Repair throat wound	1	$314	313	$537	1.07	
42950	1	Reconstruction of throat	2	$422	313	$537	1.07	
42953	3	Repair throat, esophagus						
42955	1	Surgical opening of throat	2	$422	313	$537	1.07	
42960	1	Control throat bleeding	1	$314	318	$77	0.15	
42961	3	Control throat bleeding						
42962	1	Control throat bleeding	2	$422	313	$537	1.07	
42970	1	Control nose/throat bleeding			318	$77	0.15	Add.
42971	3	Control nose/throat bleeding						
42972	1	Control nose/throat bleeding			313	$537	1.07	Add.
42999	3	Throat surgery procedure						
43020	1	Incision of esophagus			313	$537	1.07	Add.
43030	1	Throat muscle surgery			313	$537	1.07	Add.
43045	3	Incision of esophagus						
43100	3	Excision of esophagus lesion						
43101	3	Excision of esophagus lesion						
43107	3	Removal of esophagus						
43108	3	Removal of esophagus						
43112	3	Removal of esophagus						
43113	3	Removal of esophagus						
43116	3	Partial removal of esophagus						
43117	3	Partial removal of esophagus						
43118	3	Partial removal of esophagus						
43121	3	Partial removal of esophagus						
43122	3	Parital removal of esophagus						
43123	3	Partial removal of esophagus						
43124	3	Removal of esophagus						
43130	3	Removal of esophagus pouch						
43135	3	Removal of esophagus pouch						
43200	1	Esophagus endoscopy	1	$314	417	$327	0.65	
43202	1	Esophagus endoscopy, biopsy	1	$314	417	$327	0.65	
43204	1	Esophagus endoscopy & inject	1	$314	407	$302	0.60	
43205	1	Esophagus endoscopy/ligation			407	$302	0.60	Add.
43215	1	Esophagus endoscopy	1	$314	407	$302	0.60	
43216	1	Esophagus endoscopy/lesion	1	$314	407	$302	0.60	
43217	1	Esophagus endoscopy	1	$314	407	$302	0.60	
43219	1	Esophagus endoscopy	1	$314	449	$415	0.82	
43220	1	Esophagus endoscopy, dilation	1	$314	407	$302	0.60	
43226	1	Esophagus endoscopy, dilation	1	$314	407	$302	0.60	
43227	1	Esophagus endoscopy, repair	2	$422	407	$302	0.60	
43228	1	Esophagus endoscopy, ablation	2	$422	449	$415	0.82	
43234	1	Upper GI endoscopy, exam	1	$314	417	$327	0.65	
43235	1	Upper gi endoscopy, diagnosis	1	$314	417	$327	0.65	
43239	1	Upper GI endoscopy, biopsy	2	$422	417	$327	0.65	
43241	1	Upper GI endoscopy with tube	2	$422	418	$348	0.69	
43243	1	Upper GI endoscopy & inject.	2	$422	418	$348	0.69	
43244	1	Upper GI endoscopy/ligation			418	$348	0.69	Add.
43245	1	Operative upper GI endoscopy	2	$422	418	$348	0.69	
43246	1	Place gastrostomy tube	2	$422	418	$348	0.69	
43247	1	Operative upper GI endoscopy	2	$422	418	$348	0.69	
43248	1	Upper GI endoscopy/guidewire	2	$422	418	$348	0.69	
43249	1	Esophagus endoscopy, dilation	2	$422	418	$348	0.69	
43250	1	Upper GI endoscopy/tumor	2	$422	418	$348	0.69	
43251	1	Operative upper GI endoscopy	2	$422	418	$348	0.69	
43255	1	Operative upper GI endoscopy	2	$422	418	$348	0.69	
43258	1	Operative upper GI endoscopy	3	$482	449	$415	0.82	
43259	1	Endoscopic ultrasound exam	3	$482	449	$415	0.82	
43260	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43261	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43262	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43263	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43264	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43265	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43267	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43268	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43269	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
43271	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43272	1	Endoscopy, bile duct/pancreas	2	$422	449	$415	0.82	
43300	3	Repair of esophagus						
43305	3	Repair esophagus and fistula						
43310	3	Repair of esophagus						
43312	3	Repair esophagus and fistula						
43320	3	Fuse esophagus & stomach						
43324	3	Revise esophagus & stomach						
43325	3	Revise esophagus & stomach						
43326	3	Revise esophagus & stomach						
43330	3	Repair of esophagus						
43331	3	Repair of esophagus						
43340	3	Fuse esophagus & intestine						
43341	3	Fuse esophagus & intestine						
43350	3	Surgical opening, esophagus						
43351	3	Surgical opening, esophagus						
43352	3	Surgical opening, esophagus						
43360	3	Gastrointestinal repair						
43361	3	Gastrointestinal repair						
43400	3	Ligate esophagus veins						
43401	3	Esophagus surgery for veins						
43405	3	Ligate/staple esophagus						
43410	3	Repair esophagus wound						
43415	3	Repair esophagus wound						
43420	3	Repair esophagus opening						
43425	3	Repair esophagus opening						
43450	1	Dilate esophagus	1	$314	406	$187	0.37	
43453	1	Dilate esophagus	1	$314	406	$187	0.37	
43456	1	Dilate esophagus	2	$422	406	$187	0.37	
43458	1	Dilation of esophagus	2	$422	406	$187	0.37	
43460	3	Pressure treatment esophagus						
43496	3	Free jejunum flap, microvasc						
43499	3	Esophagus surgery procedure						
43500	3	Surgical opening of stomach						
43501	3	Surgical repair of stomach						
43502	3	Surgical repair of stomach						
43510	3	Surgical opening of stomach						
43520	3	Incision of pyloric muscle						
43600	1	Biopsy of stomach	1	$314	417	$327	0.65	
43605	3	Biopsy of stomach						
43610	3	Excision of stomach lesion						
43611	3	Excision of stomach lesion						
43620	3	Removal of stomach						
43621	3	Removal of stomach						
43622	3	Removal of stomach						
43631	3	Removal of stomach, partial						
43632	3	Removal stomach, partial						
43633	3	Removal stomach, partial						
43634	3	Removal stomach, partial						
43635	3	Partial removal of stomach						
43638	3	Partial removal of stomach						
43639	3	Removal stomach, partial						
43640	3	Vagotomy & pylorus repair						
43641	3	Vagotomy & pylorus repair						
43750	1	Place gastrostomy tube	2	$422	418	$348	0.69	
43760	1	Change gastrostomy tube	1	$314	470	$119	0.24	
43761	1	Reposition gastrostomy tube			470	$119	0.24	Add.
43800	3	Reconstruction of pylorus						
43810	3	Fusion of stomach and bowel						
43820	3	Fusion of stomach and bowel						
43825	3	Fusion of stomach and bowel						
43830	3	Place gastrostomy tube						
43831	3	Place gastrostomy tube						
43832	3	Place gastrostomy tube						
43840	3	Repair of stomach lesion						
43842	3	Gastroplasty for obesity						
43843	3	Gastroplasty for obesity						
43846	3	Gastric bypass for obesity						
43847	3	Gastric bypass for obesity						
43848	3	Revision gastroplasty						
43850	3	Revise stomach-bowel fusion						
43855	3	Revise stomach-bowel fusion						
43860	3	Revise stomach-bowel fusion						
43865	3	Revise stomach-bowel fusion						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
43870	1	Repair stomach opening	1	$314	182	$383	0.76	
43880	3	Repair stomach-bowel fistula						
43999	3	Stomach surgery procedure						
44005	3	Freeing of bowel adhesion						
44010	3	Incision of small bowel						
44015	3	Insert needle catheter,bowel						
44020	3	Exploration of small bowel						
44021	3	Decompress small bowel						
44025	3	Incision of large bowel						
44050	3	Reduce bowel obstruction						
44055	3	Correct malrotation of bowel						
44100	1	Biopsy of bowel	1	$314	417	$327	0.65	
44110	3	Excision of bowel lesion(s)						
44111	3	Excision of bowel lesion(s)						
44120	3	Removal of small intestine						
44121	3	Removal of small intestine						
44125	3	Removal of small intestine						
44130	3	Bowel to bowel fusion						
44139	3	Mobilization of colon						
44140	3	Partial removal of colon						
44141	3	Partial removal of colon						
44143	3	Partial removal of colon						
44144	3	Partial removal of colon						
44145	3	Partial removal of colon						
44146	3	Partial removal of colon						
44147	3	Partial removal of colon						
44150	3	Removal of colon						
44151	3	Removal of colon/ileostomy						
44152	3	Removal of colon/ileostomy						
44153	3	Removal of colon/ileostomy						
44155	3	Removal of colon						
44156	3	Removal of colon/ileostomy						
44160	3	Removal of colon						
44300	3	Open bowel to skin						
44310	3	Ileostomy/jejunostomy						
44312	1	Revision of ileostomy	1	$314	183	$465	0.92	
44314	3	Revision of ileostomy						
44316	3	Devise bowel pouch						
44320	3	Colostomy						
44322	3	Colostomy with biopsies						
44340	1	Revision of colostomy	3	$482	183	$465	0.92	
44345	3	Revision of colostomy	4	$595				Delete.
44346	3	Revision of colostomy	4	$595				Delete.
44360	1	Small bowel endoscopy	2	$422	419	$364	0.72	
44361	1	Small bowel endoscopy,biopsy	2	$422	419	$364	0.72	
44363	1	Small bowel endoscopy	2	$422	419	$364	0.72	
44364	1	Small bowel endoscopy	2	$422	419	$364	0.72	
44365	1	Small bowel endoscopy	2	$422	419	$364	0.72	
44366	1	Small bowel endoscopy	2	$422	419	$364	0.72	
44369	1	Small bowel endoscopy	2	$422	449	$415	0.82	
44372	1	Small bowel endoscopy	2	$422	419	$364	0.72	
44373	1	Small bowel endoscopy	2	$422	419	$364	0.72	
44376	1	Small bowel endoscopy			419	$364	0.72	Add.
44377	1	Small bowel endoscopy			419	$364	0.72	Add.
44378	1	Small bowel endoscopy			419	$364	0.72	Add.
44380	1	Small bowel endoscopy	1	$314	426	$354	0.70	
44382	1	Small bowel endoscopy	1	$314	426	$354	0.70	
44385	1	Endoscopy of bowel pouch	1	$314	426	$354	0.70	
44386	1	Endoscopy,bowel pouch,biopsy	1	$314	426	$354	0.70	
44388	1	Colon endoscopy	1	$314	426	$354	0.70	
44389	1	Colonoscopy with biopsy	1	$314	426	$354	0.70	
44390	1	Colonoscopy for foreign body	1	$314	427	$405	0.80	
44391	1	Colonoscopy for bleeding	1	$314	427	$405	0.80	
44392	1	Colonoscopy & polypectomy	1	$314	427	$405	0.80	
44393	1	Colonoscopy, lesion removal	1	$314	449	$415	0.82	
44394	1	Colonoscopy w/snare	1	$314	427	$405	0.80	
44500	3	Intro, gastrointestinal tube						
44602	3	Suture, small intestine						
44603	3	Suture, small intestine						
44604	3	Suture, large intestine						
44605	3	Repair of bowel lesion						
44615	3	Intestinal stricturoplasty						
44620	3	Repair bowel opening						
44625	3	Repair bowel opening						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
44626	3	Repair bowel opening						
44640	3	Repair bowel-skin fistula						
44650	3	Repair bowel fistula						
44660	3	Repair bowel-bladder fistula						
44661	3	Repair bowel-bladder fistula						
44680	3	Surgical revision, intestine						
44700	3	Suspend bowel w/prosthesis						
44799	3	Intestine surgery procedure						
44800	3	Excision of bowel pouch						
44820	3	Excision of mesentery lesion						
44850	3	Repair of mesentery						
44899	3	Bowel surgery procedure						
44900	3	Drain, app abscess, open						
44901	3	Drain, app abscess, perc						
44950	3	Appendectomy						
44955	3	Appendectomy						
44960	3	Appendectomy						
45000	1	Drainage of pelvic abscess	1	$314	452	$301	0.60	
45005	1	Drainage of rectal abscess	2	$422	452	$301	0.60	
45020	1	Drainage of rectal abscess	2	$422	452	$301	0.60	
45100	1	Biopsy of rectum	1	$314	452	$301	0.60	
45108	1	Removal of anorectal lesion	2	$422	453	$631	1.25	
45110	3	Removal of rectum						
45111	3	Partial removal of rectum						
45112	3	Removal of rectum						
45113	3	Partial proctectomy						
45114	3	Partial removal of rectum						
45116	3	Partial removal of rectum						
45119	3	Remove, rectum w/reservoir						
45120	3	Removal of rectum						
45121	3	Removal of rectum and colon						
45123	3	Partial proctectomy						
45130	3	Excision of rectal prolapse						
45135	3	Excision of rectal prolapse						
45150	1	Excision of rectal stricture	2	$422	453	$631	1.25	
45160	1	Excision of rectal lesion			453	$631	1.25	Add.
45170	1	Excision of rectal lesion	2	$422	453	$631	1.25	
45190	1	Destruction, rectal tumor			453	$631	1.25	Add.
45300	1	Proctosigmoidoscopy			446	$175	0.35	Add.
45303	1	Proctosigmoidoscopy			447	$210	0.42	Add.
45305	1	Proctosigmoidoscopy; biopsy	1	$314	446	$175	0.35	
45307	1	Proctosigmoidoscopy	1	$314	447	$210	0.42	
45308	1	Proctosigmoidoscopy	1	$314	447	$210	0.42	
45309	1	Proctosigmoidoscopy	1	$314	447	$210	0.42	
45315	1	Proctosigmoidoscopy	1	$314	447	$210	0.42	
45317	1	Proctosigmoidoscopy	1	$314	447	$210	0.42	
45320	1	Proctosigmoidoscopy	1	$314	447	$210	0.42	
45321	1	Proctosigmoidoscopy	1	$314	447	$210	0.42	
45330	1	Sigmoidoscopy, diagnostic			446	$175	0.35	Add.
45331	1	Sigmoidoscopy and biopsy	1	$314	446	$175	0.35	
45332	1	Sigmoidoscopy	1	$314	448	$225	0.45	
45333	1	Sigmoidoscopy & polypectomy	1	$314	448	$225	0.45	
45334	1	Sigmoidoscopy for bleeding	1	$314	448	$225	0.45	
45337	1	Sigmoidoscopy, decompression	1	$314	448	$225	0.45	
45338	1	Sigmoidoscopy	1	$314	448	$225	0.45	
45339	1	Sigmoidoscopy	1	$314	449	$415	0.82	
45355	1	Surgical colonoscopy	1	$314	427	$405	0.80	
45378	1	Diagnostic colonoscopy	2	$422	426	$354	0.70	
45379	1	Colonoscopy	2	$422	427	$405	0.80	
45380	1	Colonoscopy and biopsy	2	$422	426	$354	0.70	
45382	1	Colonoscopy,control bleeding	2	$422	427	$405	0.80	
45383	1	Colonoscopy, lesion removal	2	$422	449	$415	0.82	
45384	1	Colonoscopy	2	$422	427	$405	0.80	
45385	1	Colonoscopy, lesion removal	2	$422	427	$405	0.80	
45500	1	Repair of rectum	2	$422	453	$631	1.25	
45505	1	Repair of rectum	2	$422	453	$631	1.25	
45520	2	Treatment of rectal prolapse						
45540	3	Correct rectal prolapse						
45541	3	Correct rectal prolapse						
45550	3	Repair rectum;remove sigmoid						
45560	1	Repair of rectocele	2	$422	453	$631	1.25	
45562	3	Exploration/repair of rectum						
45563	3	Exploration/repair of rectum						
45800	3	Repair rectumbladder fistula						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
45805	3	Repair fistula; colostomy						
45820	3	Repair rectourethral fistula						
45825	3	Repair fistula; colostomy						
45900	1	Reduction of rectal prolapse	1	$314	452	$301	0.60	
45905	1	Dilation of anal sphincter	1	$314	452	$301	0.60	
45910	1	Dilation of rectal narrowing	1	$314	452	$301	0.60	
45915	1	Remove rectal obstruction	1	$314	452	$301	0.60	
45999	3	Rectum surgery procedure						
46030	1	Removal of rectal marker	1	$314	452	$301	0.60	
46040	1	Incision of rectal abscess	3	$482	452	$301	0.60	
46045	1	Incision of rectal abscess	2	$422	453	$631	1.25	
46050	1	Incision of anal abscess	1	$314	452	$301	0.60	
46060	1	Incision of rectal abscess	2	$422	453	$631	1.25	
46070	5	Incision of anal septum						
46080	1	Incision of anal sphincter	3	$482	452	$301	0.60	
46083	5	Incise external hemorrhoid						
46200	1	Removal of anal fissure	2	$422	453	$631	1.25	
46210	1	Removal of anal crypt	2	$422	452	$301	0.60	
46211	1	Removal of anal crypts	2	$422	453	$631	1.25	
46220	5	Removal of anal tab	1	$314				Delete.
46221	5	Ligation of hemorrhoid(s)						
46230	5	Removal of anal tabs						
46250	1	Hemorrhoidectomy	3	$482	453	$631	1.25	
46255	1	Hemorrhoidectomy	3	$482	453	$631	1.25	
46257	1	Remove hemorrhoids & fissure	3	$482	453	$631	1.25	
46258	1	Remove hemorrhoids & fistula	3	$482	453	$631	1.25	
46260	1	Hemorrhoidectomy	3	$482	453	$631	1.25	
46261	1	Remove hemorrhoids & fissure	4	$595	453	$631	1.25	
46262	1	Remove hemorrhoids & fistula	4	$595	453	$631	1.25	
46270	1	Removal of anal fistula	3	$482	453	$631	1.25	
46275	1	Removal of anal fistula	3	$482	453	$631	1.25	
46280	1	Removal of anal fistula	4	$595	453	$631	1.25	
46285	1	Removal of anal fistula	1	$314	453	$631	1.25	
46288	1	Repair anal fistula			453	$631	1.25	Add.
46320	5	Removal of hemorrhoid clot						
46500	5	Injection into hemorrhoids						
46600	5	Diagnostic anoscopy						
46604	1	Anoscopy and dilation			437	$150	0.30	Add.
46606	5	Anoscopy and biopsy						
46608	1	Anoscopy;remove foreign body	1	$314	437	$150	0.30	
46610	1	Anoscopy; remove lesion	1	$314	437	$150	0.30	
46611	1	Anoscopy	1	$314	437	$150	0.30	
46612	1	Anoscopy; remove lesions	1	$314	437	$150	0.30	
46614	1	Anoscopy; control bleeding			437	$150	0.30	Add.
46615	1	Anoscopy			437	$150	0.30	Add.
46700	1	Repair of anal stricture	3	$482	453	$631	1.25	
46705	3	Repair of anal stricture						
46715	3	Repair of anovaginal fistula						
46716	3	Repair of anovaginal fistula						
46730	3	Construction of absent anus						
46735	3	Construction of absent anus						
46740	3	Construction of absent anus						
46742	3	Repair, imperforated anus						
46744	3	Repair, cloacal anomaly						
46746	3	Repair, cloacal anomaly						
46748	3	Repair, cloacal anomaly						
46750	1	Repair of anal sphincter	3	$482	453	$631	1.25	
46751	3	Repair of anal sphincter						
46753	1	Reconstruction of anus	3	$482	453	$631	1.25	
46754	1	Removal of suture from anus	2	$422	452	$301	0.60	
46760	1	Repair of anal sphincter	2	$422	453	$631	1.25	
46761	1	Repair of anal sphincter			453	$631	1.25	Add.
46762	1	Implant artificial sphincter			453	$631	1.25	Add.
46900	1	Destruction, anal lesion(s)			152	$213	0.42	Add.
46910	1	Destruction, anal lesion(s)			152	$213	0.42	Add.
46916	1	Cryosurgery, anal lesion(s)			152	$213	0.42	Add.
46917	1	Laser surgery, anal lesion(s)			152	$213	0.42	Add.
46922	1	Excision of anal lesion(s)	1	$314	152	$213	0.42	
46924	1	Destruction, anal lesion(s)	1	$314	152	$213	0.42	
46934	5	Destruction of hemorrhoids						
46935	5	Destruction of hemorrhoids						
46936	5	Destruction of hemorrhoids						
46937	1	Cryotherapy of rectal lesion	2	$422	453	$631	1.25	
46938	1	Cryotherapy of rectal lesion	2	$422	453	$631	1.25	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
46940	5	Treatment of anal fissure						
46942	5	Treatment of anal fissure						
46945	5	Ligation of hemorrhoids						
46946	5	Ligation of hemorrhoids						
46999	3	Anus surgery procedure						
47000	1	Needle biopsy of liver	1	$314	122	$186	0.37	
47001	3	Needle biopsy, liver						
47010	3	Open drainage, liver lesion						
47011	3	Percut drain, liver lesion						
47015	3	Inject/aspirate liver cyst						
47100	3	Wedge biopsy of liver						
47120	3	Partial removal of liver						
47122	3	Extensive removal of liver						
47125	3	Partial removal of liver						
47130	3	Partial removal of liver						
47133	9	Removal of donor liver						
47134	3	Partial removal, donor liver						
47135	3	Transplantation of liver						
47136	3	Transplantation of liver						
47300	3	Surgery for liver lesion						
47350	3	Repair liver wound						
47360	3	Repair liver wound						
47361	3	Repair liver wound						
47362	3	Repair liver wound						
47399	3	Liver surgery procedure						
47400	3	Incision of liver duct						
47420	3	Incision of bile duct						
47425	3	Incision of bile duct						
47460	3	Incise bile duct sphincter						
47480	3	Incision of gallbladder						
47490	3	Incision of gallbladder						
47500	2	Injection for liver x-rays						
47505	2	Injection for liver x-rays						
47510	1	Insert catheter, bile duct	2	$422	458	$473	0.94	
47511	1	Insert bile duct drain			458	$473	0.94	Add.
47525	1	Change bile duct catheter	1	$314	470	$119	0.24	
47530	1	Revise, reinsert bile tube	1	$314	470	$119	0.24	
47550	3	Bile duct endoscopy						
47552	1	Biliary endoscopy, thru skin	2	$422	458	$473	0.94	
47553	1	Biliary endoscopy, thru skin	3	$482	458	$473	0.94	
47554	1	Biliary endoscopy, thru skin	3	$482	458	$473	0.94	
47555	1	Biliary endoscopy, thru skin	3	$482	458	$473	0.94	
47556	1	Biliary endoscopy, thru skin			458	$473	0.94	Add.
47600	3	Removal of gallbladder						
47605	3	Removal of gallbladder						
47610	3	Removal of gallbladder						
47612	3	Removal of gallbladder						
47620	3	Removal of gallbladder						
47630	1	Remove bile duct stone	3	$482	458	$473	0.94	
47700	3	Exploration of bile ducts						
47701	3	Bile duct revision						
47711	3	Excision of bile duct tumor						
47712	3	Excision of bile duct tumor						
47715	3	Excision of bile duct cyst						
47716	3	Fusion of bile duct cyst						
47720	3	Fuse gallbladder & bowel						
47721	3	Fuse upper gi structures						
47740	3	Fuse gallbladder & bowel						
47741	3	Fuse gallbladder & bowel						
47760	3	Fuse bile ducts and bowel						
47765	3	Fuse liver ducts & bowel						
47780	3	Fuse bile ducts and bowel						
47785	3	Fuse bile ducts and bowel						
47800	3	Reconstruction of bile ducts						
47801	3	Placement, bile duct support						
47802	3	Fuse liver duct & intestine						
47900	3	Suture bile duct injury						
47999	3	Bile tract surgery procedure						
48000	3	Drainage of abdomen						
48001	3	Placement of drain, pancreas						
48005	3	Resect/debride pancreas						
48020	3	Removal of pancreatic stone						
48100	3	Biopsy of pancreas						
48102	1	Needle biopsy, pancreas	1	$314	122	$186	0.37	

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
48120	3	Removal of pancreas lesion						
48140	3	Partial removal of pancreas						
48145	3	Partial removal of pancreas						
48146	3	Pancreatectomy						
48148	3	Removal of pancreatic duct						
48150	3	Partial removal of pancreas						
48152	3	Pancreatectomy						
48153	3	Pancreatectomy						
48154	3	Pancreatectomy						
48155	3	Removal of pancreas						
48160	9	Pancreas removal, transplant						
48180	3	Fuse pancreas and bowel						
48400	3	Injection, intraoperative						
48500	3	Surgery of pancreas cyst						
48510	3	Drain pancreatic pseudocyst						
48511	3	Drain pancreatic pseudocyst						
48520	3	Fuse pancreas cyst and bowel						
48540	3	Fuse pancreas cyst and bowel						
48545	3	Pancreatorrhaphy						
48547	3	Duodenal exclusion						
48550	9	Donor pancreatectomy						
48554	9	Transplantallograft pancreas						
48556	3	Removal, allograft pancreas						
48999	3	Pancreas surgery procedure						
49000	3	Exploration of abdomen	4	$595				Delete.
49002	3	Reopening of abdomen						
49010	3	Exploration behind abdomen						
49020	3	Drain abdominal abscess						
49021	3	Drain abdominal abscess						
49040	3	Open drainage abdom abscess						
49041	3	Percut drain abdom abscess						
49060	3	Open drain retroper abscess						
49061	3	Percutdrain retroper abscess						
49062	3	Drain to peritoneal cavity						
49080	1	Puncture, peritoneal cavity	2	$422	320	$126	0.25	
49081	1	Removal of abdominal fluid	2	$422	320	$126	0.25	
49085	1	Remove abdomen foreign body	2	$422	459	$611	1.21	
49180	1	Biopsy, abdominal mass	1	$314	122	$186	0.37	
49200	3	Removal of abdominal lesion						
49201	3	Removal of abdominal lesion						
49215	3	Excise sacral spine tumor						
49220	3	Multiple surgery, abdomen						
49250	1	Excision of umbilicus	4	$595	459	$611	1.21	
49255	3	Removal of omentum						
49400	2	Air injection into abdomen	1	$314				Delete.
49420	1	Insert abdominal drain	1	$314	459	$611	1.21	
49421	1	Insert abdominal drain	1	$314	459	$611	1.21	
49422	1	Remove perm cannula/catheter			470	$119	0.24	Add.
49423	3	Exchange drainage cath						
49424	2	Assess cyst, contrast inj						
49425	3	Insert abdomen-venous drain	2	$422				Delete.
49426	1	Revise abdomen-venous shunt	2	$422	459	$611	1.21	
49427	2	Injection, abdominal shunt						
49428	3	Ligation of shunt						
49429	1	Removal of shunt			470	$119	0.24	Add.
49495	1	Repair inguinal hernia, init			466	$739	1.47	Add.
49496	1	Repair inguinal hernia, init			466	$739	1.47	Add.
49500	1	Repair inguinal hernia			466	$739	1.47	Add.
49501	1	Repair inguinal hernia, init			466	$739	1.47	Add.
49505	1	Repair inguinal hernia	4	$595	466	$739	1.47	
49507	1	Repair, inguinal hernia			466	$739	1.47	Add.
49520	1	Rerepair inguinal hernia	7	$941	466	$739	1.47	
49521	1	Repair inguinal hernia, rec			466	$739	1.47	Add.
49525	1	Repair inguinal hernia	4	$595	466	$739	1.47	
49540	1	Repair lumbar hernia	2	$422	466	$739	1.47	
49550	1	Repair femoral hernia	5	$678	466	$739	1.47	
49553	1	Repair femoral hernia, init			466	$739	1.47	Add.
49555	1	Repair femoral hernia	5	$678	466	$739	1.47	
49557	1	Repair femoral hernia, recur			466	$739	1.47	Add.
49560	1	Repair abdominal hernia	4	$595	466	$739	1.47	
49561	1	Repair incisional hernia			466	$739	1.47	Add.
49565	1	Rerepair abdominal hernia	4	$595	466	$739	1.47	
49566	1	Repair incisional hernia			466	$739	1.47	Add.
49568	1	Hernia repair w/mesh			466	$739	1.47	Add.

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
49570	1	Repair epigastric hernia	4	$595	466	$739	1.47	
49572	1	Repair, epigastric hernia			466	$739	1.47	Add.
49580	1	Repair umbilical hernia			466	$739	1.47	Add.
49582	1	Repair umbilical hernia			466	$739	1.47	Add.
49585	1	Repair umbilical hernia	4	$595	466	$739	1.47	
49587	1	Repair umbilical hernia			466	$739	1.47	Add.
49590	1	Repair abdominal hernia	3	$482	466	$739	1.47	
49600	1	Repair umbilical lesion			466	$739	1.47	Add.
49605	3	Repair umbilical lesion						
49606	3	Repair umbilical lesion						
49610	3	Repair umbilical lesion						
49611	3	Repair umbilical lesion						
49900	3	Repair of abdominal wall						
49905	3	Omental flap						
49906	3	Free omental flap, microvasc						
49999	3	Abdomen surgery procedure						
50010	3	Exploration of kidney						
50020	3	Open drain renal abscess	2	$422				Delete.
50021	3	Percut drain renal abscess						
50040	3	Drainage of kidney	3	$482				Delete.
50045	3	Exploration of kidney						
50060	3	Removal of kidney stone						
50065	3	Incision of kidney						
50070	3	Incision of kidney						
50075	3	Removal of kidney stone						
50080	3	Removal of kidney stone						
50081	3	Removal of kidney stone						
50100	3	Revise kidney blood vessels						
50120	3	Exploration of kidney						
50125	3	Explore and drain kidney						
50130	3	Removal of kidney stone						
50135	3	Exploration of kidney						
50200	1	Biopsy of kidney	1	$314	122	$186	0.37	
50205	3	Biopsy of kidney						
50220	3	Removal of kidney						
50225	3	Removal of kidney						
50230	3	Removal of kidney						
50234	3	Removal of kidney & ureter						
50236	3	Removal of kidney & ureter						
50240	3	Partial removal of kidney						
50280	3	Removal of kidney lesion						
50290	3	Removal of kidney lesion						
50300	9	Removal of donor kidney						
50320	3	Removal of donor kidney						
50340	3	Removal of kidney						
50360	3	Transplantation of kidney						
50365	3	Transplantation of kidney						
50370	3	Remove transplanted kidney						
50380	3	Reimplantation of kidney						
50390	1	Drainage of kidney lesion	1	$314	122	$186	0.37	
50392	2	Insert kidney drain	1	$314				Delete.
50393	2	Insert ureteral tube	1	$314				Delete.
50394	2	Injection for kidney x-ray						
50395	2	Create passage to kidney	1	$314				Delete.
50396	6	Measure kidney pressure	1	$314				Delete.
50398	1	Change kidney tube	1	$314	521	$212	0.42	
50400	3	Revision of kidney/ureter						
50405	3	Revision of kidney/ureter						
50500	3	Repair of kidney wound						
50520	3	Close kidney-skin fistula	1	$314				Delete.
50525	3	Repair renal-abdomen fistula						
50526	3	Repair renal-abdomen fistula						
50540	3	Revision of horseshoe kidney						
50551	1	Kidney endoscopy	1	$314	522	$393	0.78	
50553	1	Kidney endoscopy	1	$314	522	$393	0.78	
50555	1	Kidney endoscopy & biopsy	1	$314	522	$393	0.78	
50557	1	Kidney endoscopy & treatment	1	$314	522	$393	0.78	
50559	1	Renal endoscopy; radiotracer	1	$314	522	$393	0.78	
50561	1	Kidney endoscopy & treatment	1	$314	522	$393	0.78	
50570	3	Kidney endoscopy	1	$314				Delete.
50572	3	Kidney endoscopy	1	$314				Delete.
50574	3	Kidney endoscopy & biopsy	1	$314				Delete.
50575	3	Kidney endoscopy						
50576	3	Kidney endoscopy & treatment	1	$314				Delete.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
50578	3	Renal endoscopy; radiotracer	1	$314				Delete.
50580	3	Kidney endoscopy & treatment	1	$314				Delete.
50590	1	Fragmenting of kidney stone	9		527	$2,107	4.18	
50600	3	Exploration of ureter						
50605	3	Insert ureteral support						
50610	3	Removal of ureter stone						
50620	3	Removal of ureter stone						
50630	3	Removal of ureter stone						
50650	3	Removal of ureter						
50660	3	Removal of ureter						
50684	2	Injection for ureter x-ray	1	$314				Delete.
50686	6	Measure ureter pressure						
50688	1	Change of ureter tube	1	$314	470	$119	0.24	
50690	2	Injection for ureter x-ray	1	$314				Delete.
50700	3	Revision of ureter						
50715	3	Release of ureter						
50722	3	Release of ureter						
50725	3	Release/revise ureter						
50727	3	Revise ureter						
50728	3	Revise ureter						
50740	3	Fusion of ureter & kidney						
50750	3	Fusion of ureter & kidney						
50760	3	Fusion of ureters						
50770	3	Splicing of ureters						
50780	3	Reimplant ureter in bladder						
50782	3	Reimplant ureter in bladder						
50783	3	Reimplant ureter in bladder						
50785	3	Reimplant ureter in bladder						
50800	3	Implant ureter in bowel						
50810	3	Fusion of ureter & bowel						
50815	3	Urine shunt to bowel						
50820	3	Construct bowel bladder						
50825	3	Construct bowel bladder						
50830	3	Revise urine flow						
50840	3	Replace ureter by bowel						
50845	3	Appendico-vesicostomy						
50860	3	Transplant ureter to skin						
50900	3	Repair of ureter						
50920	3	Closure ureter/skin fistula						
50930	3	Closure ureter/bowel fistula						
50940	3	Release of ureter						
50951	1	Endoscopy of ureter	1	$314	523	$504	1.00	
50953	1	Endoscopy of ureter	1	$314	523	$504	1.00	
50955	1	Ureter endoscopy & biopsy	1	$314	523	$504	1.00	
50957	1	Ureter endoscopy & treatment	1	$314	523	$504	1.00	
50959	1	Ureter endoscopy & tracer	1	$314	523	$504	1.00	
50961	1	Ureter endoscopy & treatment	1	$314	523	$504	1.00	
50970	3	Ureter endoscopy	1	$314				Delete.
50972	3	Ureter endoscopy & catheter	1	$314				Delete.
50974	3	Ureter endoscopy & biopsy	1	$314				Delete.
50976	3	Ureter endoscopy & treatment	1	$314				Delete.
50978	3	Ureter endoscopy & tracer	1	$314				Delete.
50980	3	Ureter endoscopy & treatment	1	$314				Delete.
51000	5	Drainage of bladder						
51005	5	Drainage of bladder	1	$314				Delete.
51010	5	Drainage of bladder	1	$314				Delete.
51020	1	Incise & treat bladder	4	$595	523	$504	1.00	
51030	1	Incise & treat bladder	4	$595	523	$504	1.00	
51040	1	Incise & drain bladder	4	$595	523	$504	1.00	
51045	1	Incise bladder, drain ureter	4	$595	523	$504	1.00	
51050	1	Removal of bladder stone			523	$504	1.00	Add.
51060	3	Removal of ureter stone						
51065	1	Removal of ureter stone			523	$504	1.00	Add.
51080	1	Drainage of bladder abscess			132	$162	0.32	Add.
51500	1	Removal of bladder cyst	4	$595	466	$739	1.47	
51520	1	Removal of bladder lesion			523	$504	1.00	Add.
51525	3	Removal of bladder lesion						
51530	3	Removal of bladder lesion						
51535	3	Repair of ureter lesion						
51550	3	Partial removal of bladder						
51555	3	Partial removal of bladder						
51565	3	Revise bladder & ureter(s)						
51570	3	Removal of bladder						
51575	3	Removal of bladder & nodes						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
51580	3	Remove bladder; revise tract						
51585	3	Removal of bladder & nodes						
51590	3	Remove bladder; revise tract						
51595	3	Remove bladder; revise tract						
51596	3	Remove bladder, create pouch						
51597	3	Removal of pelvic structures						
51600	2	Injection for bladder x-ray	1	$314				Delete.
51605	2	Preparation for bladder xray	1	$314				Delete.
51610	2	Injection for bladder x-ray	1	$314				Delete.
51700	5	Irrigation of bladder						
51705	1	Change of bladder tube			470	$119	0.24	Add.
51710	1	Change of bladder tube	1	$314	470	$119	0.24	
51715	1	Endoscopic injection/implant			531	$418	0.83	Add.
51720	5	Treatment of bladder lesion						
51725	6	Simple cystometrogram	1	$314				Delete.
51726	6	Complex cystometrogram	1	$314				Delete.
51736	6	Urine flow measurement						
51741	6	Electro-uroflowmetry, first						
51772	6	Urethra pressure profile	1	$314				Delete.
51784	6	Anal/urinary muscle study						
51785	6	Anal/urinary muscle study	1	$314				Delete.
51792	6	Urinary reflex study						
51795	6	Urine voiding pressure study						
51797	6	Intraabdominal pressure test						
51800	3	Revision of bladder/urethra						
51820	3	Revision of urinary tract						
51840	3	Attach bladder/urethra						
51841	3	Attach bladder/urethra						
51845	3	Repair bladder neck						
51860	3	Repair of bladder wound						
51865	3	Repair of bladder wound	4	$595				Delete.
51880	1	Repair of bladder opening	1	$314	523	$504	1.00	
51900	3	Repair bladder/vagina lesion	4	$595				Delete.
51920	3	Close bladder-uterus fistula	3	$482				Delete.
51925	3	Hysterectomy/bladder repair						
51940	3	Correction of bladder defect						
51960	3	Revision of bladder & bowel						
51980	3	Construct bladder opening						
52000	1	Cystoscopy	1	$314	521	$212	0.42	
52005	1	Cystoscopy & ureter catheter	2	$422	522	$393	0.78	
52007	1	Cystoscopy and biopsy	2	$422	522	$393	0.78	
52010	1	Cystoscopy & duct catheter	2	$422	522	$393	0.78	
52204	1	Cystoscopy	2	$422	522	$393	0.78	
52214	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52224	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52234	1	Cystoscopy and treatment	2	$422	523	$504	1.00	
52235	1	Cystoscopy and treatment	3	$482	523	$504	1.00	
52240	1	Cystoscopy and treatment	3	$482	523	$504	1.00	
52250	1	Cystoscopy & radiotracer	4	$595	523	$504	1.00	
52260	1	Cystoscopy & treatment	2	$422	522	$393	0.78	
52265	1	Cystoscopy & treatment			521	$212	0.42	Add.
52270	1	Cystoscopy & revise urethra	2	$422	522	$393	0.78	
52275	1	Cystoscopy & revise urethra	2	$422	522	$393	0.78	
52276	1	Cystoscopy and treatment	3	$482	522	$393	0.78	
52277	1	Cystoscopy and treatment	2	$422	523	$504	1.00	
52281	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52282	1	Cystoscopy, implant stent			523	$504	1.00	Add.
52283	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52285	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52290	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52300	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52301	1	Cystoscopy and treatment			522	$393	0.78	Add.
52305	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52310	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52315	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52317	1	Remove bladder stone	1	$314	523	$504	1.00	
52318	1	Remove bladder stone	2	$422	523	$504	1.00	
52320	1	Cystoscopy and treatment	5	$678	523	$504	1.00	
52325	1	Cystoscopy, stone removal	4	$595	523	$504	1.00	
52327	1	Cystoscopy, inject material			522	$393	0.78	Add.
52330	1	Cystoscopy and treatment	2	$422	523	$504	1.00	
52332	1	Cystoscopy and treatment	2	$422	523	$504	1.00	
52334	1	Create passage to kidney	3	$482	523	$504	1.00	
52335	1	Endoscopy of urinary tract	3	$482	523	$504	1.00	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
52336	1	Cystoscopy, stone removal	4	$595	523	$504	1.00	
52337	1	Cystoscopy, stone removal	4	$595	524	$1,131	2.24	
52338	1	Cystoscopy and treatment	4	$595	523	$504	1.00	
52339	1	Cystoscopy and treatment			523	$504	1.00	Add.
52340	1	Cystoscopy and treatment	3	$482	523	$504	1.00	
52450	1	Incision of prostate	3	$482	523	$504	1.00	
52500	1	Revision of bladder neck	3	$482	523	$504	1.00	
52510	1	Dilation prostatic urethra			522	$393	0.78	Add.
52601	1	Prostatectomy (TURP)	4	$595	524	$1,131	2.24	
52606	1	Control postop bleeding	1	$314	523	$504	1.00	
52612	1	Prostatectomy, first stage	2	$422	524	$1,131	2.24	
52614	1	Prostatectomy, second stage	1	$314	524	$1,131	2.24	
52620	1	Remove residual prostate	1	$314	524	$1,131	2.24	
52630	1	Remove prostate regrowth	2	$422	524	$1,131	2.24	
52640	1	Relieve bladder contracture	2	$422	523	$504	1.00	
52647	1	Laser surgery of prostate			524	$1,131	2.24	Add.
52648	1	Laser surgery of prostate			524	$1,131	2.24	Add.
52700	1	Drainage of prostate abscess	2	$422	523	$504	1.00	
53000	1	Incision of urethra	1	$314	531	$418	0.83	
53010	1	Incision of urethra	1	$314	531	$418	0.83	
53020	1	Incision of urethra	1	$314	531	$418	0.83	
53025	1	Incision of urethra			531	$418	0.83	Add.
53040	1	Drainage of urethra abscess	2	$422	531	$418	0.83	
53060	1	Drainage of urethra abscess			531	$418	0.83	Add.
53080	1	Drainage of urinary leakage			531	$418	0.83	Add.
53085	3	Drainage of urinary leakage						
53200	1	Biopsy of urethra	1	$314	531	$418	0.83	
53210	1	Removal of urethra	5	$678	532	$644	1.28	
53215	1	Removal of urethra	5	$678	532	$644	1.28	
53220	1	Treatment of urethra lesion	2	$422	532	$644	1.28	
53230	1	Removal of urethra lesion	2	$422	532	$644	1.28	
53235	1	Removal of urethra lesion	3	$482	532	$644	1.28	
53240	1	Surgery for urethra pouch	2	$422	532	$644	1.28	
53250	1	Removal of urethra gland	2	$422	531	$418	0.83	
53260	1	Treatment of urethra lesion	2	$422	531	$418	0.83	
53265	1	Treatment of urethra lesion	2	$422	531	$418	0.83	
53270	1	Removal of urethra gland			531	$418	0.83	Add.
53275	1	Repair of urethra defect	2	$422	531	$418	0.83	
53400	1	Revise urethra, 1st stage	3	$482	532	$644	1.28	
53405	1	Revise urethra, 2nd stage	2	$422	532	$644	1.28	
53410	1	Reconstruction of urethra	2	$422	532	$644	1.28	
53415	3	Reconstruction of urethra						
53420	1	Reconstruct urethra, stage 1	3	$482	532	$644	1.28	
53425	1	Reconstruct urethra, stage 2	2	$422	532	$644	1.28	
53430	1	Reconstruction of urethra	2	$422	532	$644	1.28	
53440	1	Correct bladder function	2	$422	538	$1,221	2.42	
53442	1	Remove perineal prosthesis	1	$314	531	$418	0.83	
53443	3	Reconstruction of urethra						
53445	1	Correct urine flow control			538	$1,221	2.42	Add.
53447	1	Remove artificial sphincter	1	$314	532	$644	1.28	
53449	1	Correct artificial sphincter	1	$314	532	$644	1.28	
53450	1	Revision of urethra	1	$314	532	$644	1.28	
53460	1	Revision of urethra	1	$314	532	$644	1.28	
53502	1	Repair of urethra injury	2	$422	531	$418	0.83	
53505	1	Repair of urethra injury	2	$422	531	$418	0.83	
53510	1	Repair of urethra injury	2	$422	531	$418	0.83	
53515	1	Repair of urethra injury	2	$422	532	$644	1.28	
53520	1	Repair of urethra defect	2	$422	532	$644	1.28	
53600	5	Dilate urethra stricture						
53601	5	Dilate urethra stricture						
53605	1	Dilate urethra stricture	2	$422	522	$393	0.78	
53620	5	Dilate urethra stricture						
53621	5	Dilate urethra stricture						
53660	5	Dilation of urethra						
53661	5	Dilation of urethra						
53665	1	Dilation of urethra	1	$314	531	$418	0.83	
53670	5	Insert urinary catheter						
53675	5	Insert urinary catheter						
53850	1	Prostatic microwave thermotx			524	$1,131	2.24	Add.
53852	1	Prostatic rf thermotx			524	$1,131	2.24	Add.
53899	3	Urology surgery procedure						
54000	1	Slitting of prepuce			531	$418	0.83	Add.
54001	1	Slitting of prepuce	2	$422	531	$418	0.83	
54015	1	Drain penis lesion	4	$595	132	$162	0.32	

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
54050	1	Destruction, penis lesion(s)			152	$213	0.42	Add.
54055	1	Destruction, penis lesion(s)			152	$213	0.42	Add.
54056	1	Cryosurgery, penis lesion(s)			152	$213	0.42	Add.
54057	1	Laser surg, penis lesion(s)	1	$314	152	$213	0.42	
54060	1	Excision of penis lesion(s)	1	$314	152	$213	0.42	
54065	1	Destruction, penis lesion(s)	1	$314	152	$213	0.42	
54100	1	Biopsy of penis	1	$314	162	$187	0.37	
54105	1	Biopsy of penis	1	$314	162	$187	0.37	
54110	1	Treatment of penis lesion	2	$422	537	$1,221	2.42	
54111	1	Treat penis lesion, graft			537	$1,221	2.42	Add.
54112	1	Treat penis lesion, graft			537	$1,221	2.42	Add.
54115	1	Treatment of penis lesion	1	$314	132	$162	0.32	
54120	1	Partial removal of penis	2	$422	537	$1,221	2.42	
54125	3	Removal of penis	2	$422				Delete.
54130	3	Remove penis & nodes						
54135	3	Remove penis & nodes						
54150	1	Circumcision			536	$459	0.91	Add.
54152	1	Circumcision	1	$314	536	$459	0.91	
54160	1	Circumcision			536	$459	0.91	Add.
54161	1	Circumcision	2	$422	536	$459	0.91	
54200	5	Treatment of penis lesion						
54205	1	Treatment of penis lesion	4	$595	537	$1,221	2.42	
54220	5	Treatment of penis lesion	1	$314				Delete.
54230	2	Prepare penis study						
54231	5	Dynamic cavernosometry						
54235	5	Penile injection						
54240	6	Penis study						
54250	6	Penis study						
54300	1	Revision of penis	3	$482	537	$1,221	2.42	
54304	1	Revision of penis			537	$1,221	2.42	Add.
54308	1	Reconstruction of urethra			537	$1,221	2.42	Add.
54312	1	Reconstruction of urethra			537	$1,221	2.42	Add.
54316	1	Reconstruction of urethra			537	$1,221	2.42	Add.
54318	1	Reconstruction of urethra			537	$1,221	2.42	Add.
54322	1	Reconstruction of urethra			537	$1,221	2.42	Add.
54324	1	Reconstruction of urethra			537	$1,221	2.42	Add.
54326	1	Reconstruction of urethra			537	$1,221	2.42	Add.
54328	1	Revise penis, urethra			537	$1,221	2.42	Add.
54332	3	Revise penis, urethra						
54336	3	Revise penis, urethra						
54340	1	Secondary urethral surgery			537	$1,221	2.42	Add.
54344	1	Secondary urethral surgery			537	$1,221	2.42	Add.
54348	1	Secondary urethral surgery			537	$1,221	2.42	Add.
54352	1	Reconstruct urethra, penis			537	$1,221	2.42	Add.
54360	1	Penis plastic surgery	3	$482	537	$1,221	2.42	
54380	1	Repair penis			537	$1,221	2.42	Add.
54385	1	Repair penis			537	$1,221	2.42	Add.
54390	3	Repair penis and bladder						
54400	1	Insert semi-rigid prosthesis			538	$1,221	2.42	Add.
54401	1	Insert self-contd prosthesis			538	$1,221	2.42	Add.
54402	1	Remove penis prosthesis			537	$1,221	2.42	Add.
54405	1	Insert multi-comp prosthesis			538	$1,221	2.42	Add.
54407	1	Remove multi-comp prosthesis			537	$1,221	2.42	Add.
54409	1	Revise penis prosthesis			537	$1,221	2.42	Add.
54420	1	Revision of penis	4	$595	537	$1,221	2.42	
54430	3	Revision of penis						
54435	1	Revision of penis	4	$595	537	$1,221	2.42	
54440	1	Repair of penis	4	$595	537	$1,221	2.42	
54450	5	Preputial stretching	1	$314				Delete.
54500	1	Biopsy of testis	1	$314	122	$186	0.37	
54505	1	Biopsy of testis	1	$314	546	$523	1.04	
54510	1	Removal of testis lesion	2	$422	546	$523	1.04	
54520	1	Removal of testis	3	$482	546	$523	1.04	
54530	1	Removal of testis	4	$595	546	$523	1.04	
54535	3	Extensive testis surgery						
54550	1	Exploration for testis	4	$595	546	$523	1.04	
54560	3	Exploration for testis						
54600	1	Reduce testis torsion	4	$595	546	$523	1.04	
54620	1	Suspension of testis	3	$482	546	$523	1.04	
54640	1	Suspension of testis	4	$595	546	$523	1.04	
54650	3	Orchiopexy (Fowler-Stephens)						
54660	1	Revision of testis	2	$422	546	$523	1.04	
54670	1	Repair testis injury	3	$482	546	$523	1.04	
54680	1	Relocation of testis(es)	3	$482	546	$523	1.04	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
54700	1	Drainage of scrotum	2	$422	546	$523	1.04	
54800	1	Biopsy of epididymis	1	$314	122	$186	0.37	
54820	1	Exploration of epididymis	1	$314	546	$523	1.04	
54830	1	Remove epididymis lesion	3	$482	546	$523	1.04	
54840	1	Remove epididymis lesion	4	$595	546	$523	1.04	
54860	1	Removal of epididymis	3	$482	546	$523	1.04	
54861	1	Removal of epididymis	4	$595	546	$523	1.04	
54900	1	Fusion of spermatic ducts	4	$595	546	$523	1.04	
54901	1	Fusion of spermatic ducts	4	$595	546	$523	1.04	
55000	5	Drainage of hydrocele						
55040	1	Removal of hydrocele	3	$482	466	$739	1.47	
55041	1	Removal of hydroceles	5	$678	466	$739	1.47	
55060	1	Repair of hydrocele	4	$595	546	$523	1.04	
55100	1	Drainage of scrotum abscess	1	$314	132	$162	0.32	
55110	1	Explore scrotum	2	$422	546	$523	1.04	
55120	1	Removal of scrotum lesion	2	$422	546	$523	1.04	
55150	1	Removal of scrotum	1	$314	546	$523	1.04	
55175	1	Revision of scrotum	1	$314	546	$523	1.04	
55180	1	Revision of scrotum	2	$422	546	$523	1.04	
55200	1	Incision of sperm duct	2	$422	546	$523	1.04	
55250	1	Removal of sperm duct(s)			546	$523	1.04	Add.
55300	2	Preparation,sperm duct x-ray						
55400	1	Repair of sperm duct	1	$314	546	$523	1.04	
55450	1	Ligation of sperm duct			546	$523	1.04	Add.
55500	1	Removal of hydrocele	3	$482	546	$523	1.04	
55520	1	Removal of sperm cord lesion	4	$595	546	$523	1.04	
55530	1	Revise spermatic cord veins	4	$595	546	$523	1.04	
55535	1	Revise spermatic cord veins	4	$595	546	$523	1.04	
55540	1	Revise hernia & sperm veins	5	$678	546	$523	1.04	
55600	3	Incise sperm duct pouch	1	$314				Delete.
55605	3	Incise sperm duct pouch	1	$314				Delete.
55650	3	Remove sperm duct pouch	1	$314				Delete.
55680	1	Remove sperm pouch lesion	1	$314	546	$523	1.04	
55700	1	Biopsy of prostate	2	$422	547	$265	0.53	
55705	1	Biopsy of prostate	2	$422	547	$265	0.53	
55720	1	Drainage of prostate abscess	1	$314	523	$504	1.00	
55725	1	Drainage of prostate abscess			523	$504	1.00	Add.
55801	3	Removal of prostate						
55810	3	Extensive prostate surgery						
55812	3	Extensive prostate surgery						
55815	3	Extensive prostate surgery						
55821	3	Removal of prostate						
55831	3	Removal of prostate						
55840	3	Extensive prostate surgery						
55842	3	Extensive prostate surgery						
55845	3	Extensive prostate surgery						
55859	1	Percut/needle insert, pros			523	$504	1.00	Add.
55860	3	Surgical exposure, prostate						
55862	3	Extensive prostate surgery						
55865	3	Extensive prostate surgery						
55870	6	Electroejaculation						
55899	3	Genital surgery procedure						
55970	9	Sex transformation, M to F						
55980	9	Sex transformation, F to M						
56300	1	Laparoscopy; diagnostic	3	$482	551	$831	1.65	
56301	1	Laparoscopy; tubal cautery	3	$482	551	$831	1.65	
56302	1	Laparoscopy; tubal block	3	$482	551	$831	1.65	
56303	1	Laparoscopy; excise lesions	5	$678	551	$831	1.65	
56304	1	Laparoscopy; lysis	5	$678	551	$831	1.65	
56305	1	Laparoscopy; biopsy	4	$595	551	$831	1.65	
56306	1	Laparoscopy; aspiration	4	$595	551	$831	1.65	
56307	1	Laparoscopy; remove adnexa	5	$678	552	$1,383	2.74	
56308	3	Laparoscopy; hysterectomy						
56309	1	Laparoscopy; remove myoma	5	$678	552	$1,383	2.74	
56310	3	Laparoscopic enterolysis						
56311	1	Laparoscopic lymph node biop			552	$1,383	2.74	Add.
56312	1	Laparoscopic lymphadenectomy			552	$1,383	2.74	Add.
56313	1	Laparoscopic lymphadenectomy			552	$1,383	2.74	Add.
56314	3	Lapar; drain lymphocele						
56315	3	Laparoscopic appendectomy						
56316	1	Laparoscopic hernia repair	4	$595	552	$1,383	2.74	
56317	1	Laparoscopic hernia repair	7	$941	552	$1,383	2.74	
56318	1	Laparoscopic orchiectomy			552	$1,383	2.74	Add.
56320	1	Laparoscopy, spermatic veins			552	$1,383	2.74	Add.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
56322	3	Laparoscopy, vagus nerves						
56323	3	Laparoscopy, vagus nerves						
56324	3	Laparoscopy, cholecystoenter						
56340	3	Laparoscopic cholecystectomy						
56341	3	Laparoscopic cholecystectomy						
56342	3	Laparoscopic cholecystectomy						
56343	1	Laparoscopic salpingostomy	5	$678	552	$1,383	2.74	
56344	1	Laparoscopic fimbrioplasty	5	$678	552	$1,383	2.74	
56345	3	Laparoscopic splenectomy						
56346	1	Laparoscopic gastrostomy			551	$831	1.65	Add.
56347	3	Laparoscopic jejunostomy						
56348	3	Laparo; resect intestine						
56349	3	Laparoscopy; fundoplasty						
56350	1	Hysteroscopy; diagnostic	1	$314	562	$481	0.95	
56351	1	Hysteroscopy; biopsy	3	$482	550	$610	1.21	
56352	1	Hysteroscopy; lysis	2	$422	550	$610	1.21	
56353	1	Hysteroscopy; resect septum			550	$610	1.21	Add.
56354	1	Hysteroscopy; remove myoma	3	$482	550	$610	1.21	
56355	1	Hysteroscopy; remove impact			550	$610	1.21	Add.
56356	1	Hysteroscopy; ablation	4	$595	550	$610	1.21	
56362	1	Laparoscopy w/cholangio	3	$482	552	$1,383	2.74	
56363	1	Laparoscopy w/biopsy	3	$482	552	$1,383	2.74	
56399	3	Laparoscopy procedure						
56405	5	I & D of vulva/perineum	2	$422				Delete.
56420	5	Drainage of gland abscess						
56440	1	Surgery for vulva lesion	2	$422	562	$481	0.95	
56441	5	Lysis of labial lesion(s)	1	$314				Delete.
56501	1	Destruction, vulva lesion(s)			152	$213	0.42	Add.
56515	1	Destruction, vulva lesion(s)	3	$482	152	$213	0.42	
56605	5	Biopsy of vulva/perineum	1	$314				Delete.
56606	5	Biopsy of vulva/perineum						
56620	1	Partial removal of vulva	5	$678	563	$601	1.19	
56625	1	Complete removal of vulva	7	$941	563	$601	1.19	
56630	3	Extensive vulva surgery						
56631	3	Extensive vulva surgery						
56632	3	Extensive vulva surgery						
56633	3	Extensive vulva surgery						
56634	3	Extensive vulva surgery						
56637	3	Extensive vulva surgery						
56640	3	Extensive vulva surgery						
56700	1	Partial removal of hymen	1	$314	562	$481	0.95	
56720	1	Incision of hymen	1	$314	562	$481	0.95	
56740	1	Remove vagina gland lesion	3	$482	562	$481	0.95	
56800	1	Repair of vagina	3	$482	562	$481	0.95	
56805	3	Repair clitoris						
56810	1	Repair of perineum	5	$678	562	$481	0.95	
57000	1	Exploration of vagina	1	$314	562	$481	0.95	
57010	1	Drainage of pelvic abscess	2	$422	562	$481	0.95	
57020	1	Drainage of pelvic fluid	2	$422	562	$481	0.95	
57061	5	Destruction vagina lesion(s)						
57065	1	Destruction vagina lesion(s)	1	$314	562	$481	0.95	
57100	5	Biopsy of vagina						
57105	1	Biopsy of vagina	2	$422	562	$481	0.95	
57108	3	Partial removal of vagina						
57110	3	Removal of vagina						
57120	3	Closure of vagina						
57130	1	Remove vagina lesion	2	$422	562	$481	0.95	
57135	1	Remove vagina lesion	2	$422	562	$481	0.95	
57150	5	Treat vagina infection						
57160	5	Insertion of pessary/device						
57170	5	Fitting of diaphragm/cap						
57180	5	Treat vaginal bleeding	1	$314				Delete.
57200	1	Repair of vagina	1	$314	562	$481	0.95	
57210	1	Repair vagina/perineum	2	$422	562	$481	0.95	
57220	1	Revision of urethra	3	$482	563	$601	1.19	
57230	1	Repair of urethral lesion	3	$482	562	$481	0.95	
57240	1	Repair bladder & vagina	5	$678	563	$601	1.19	
57250	1	Repair rectum & vagina	5	$678	563	$601	1.19	
57260	1	Repair of vagina	5	$678	563	$601	1.19	
57265	1	Extensive repair of vagina	7	$941	563	$601	1.19	
57268	1	Repair of bowel bulge	3	$482	563	$601	1.19	
57270	3	Repair of bowel pouch						
57280	3	Suspension of vagina						
57282	3	Repair of vaginal prolapse						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
57284	1	Repair paravaginal defect			563	$601	1.19	Add.
57288	1	Repair bladder defect			563	$601	1.19	Add.
57289	1	Repair bladder & vagina			563	$601	1.19	Add.
57291	1	Construction of vagina			563	$601	1.19	Add.
57292	3	Construct vagina with graft						
57300	1	Repair rectum-vagina fistula	3	$482	563	$601	1.19	
57305	3	Repair rectum-vagina fistula						
57307	3	Fistula repair & colostomy						
57308	3	Fistula repair, transperine						
57310	3	Repair urethrovaginal lesion	3	$482				Delete.
57311	3	Repair urethrovaginal lesion	4	$595				Delete.
57320	3	Repair bladder-vagina lesion	3	$482				Delete.
57330	3	Repair bladder-vagina lesion						
57335	3	Repair vagina						
57400	1	Dilation of vagina	2	$422	562	$481	0.95	
57410	1	Pelvic examination	2	$422	562	$481	0.95	
57415	1	Removal vaginal foreign body			562	$481	0.95	Add.
57452	5	Examination of vagina						
57454	5	Vagina examination & biopsy						
57460	1	Cervix excision			562	$481	0.95	Add.
57500	5	Biopsy of cervix						
57505	5	Endocervical curettage						
57510	5	Cauterization of cervix						
57511	5	Cryocautery of cervix						
57513	5	Laser surgery of cervix	2	$422				Delete.
57520	1	Conization of cervix	2	$422	563	$601	1.19	
57522	1	Conization of cervix	2	$422	563	$601	1.19	
57530	1	Removal of cervix	3	$482	563	$601	1.19	
57531	3	Removal of cervix, radical						
57540	3	Removal of residual cervix						
57545	3	Remove cervix, repair pelvis						
57550	1	Removal of residual cervix	3	$482	563	$601	1.19	
57555	1	Remove cervix, repair vagina			563	$601	1.19	Add.
57556	1	Remove cervix, repair bowel			563	$601	1.19	Add.
57700	1	Revision of cervix	1	$314	562	$481	0.95	
57720	1	Revision of cervix	3	$482	562	$481	0.95	
57800	5	Dilation of cervical canal	1	$314				Delete.
57820	1	D&c of residual cervix	3	$482	567	$458	0.91	
58100	5	Biopsy of uterus lining						
58120	1	Dilation and curettage (D&C)	2	$422	567	$458	0.91	
58140	3	Removal of uterus lesion						
58145	1	Removal of uterus lesion	5	$678	563	$601	1.19	
58150	3	Total hysterectomy						
58152	3	Total hysterectomy						
58180	3	Partial hysterectomy						
58200	3	Extensive hysterectomy						
58210	3	Extensive hysterectomy						
58240	3	Removal of pelvis contents						
58260	3	Vaginal hysterectomy						
58262	3	Vaginal hysterectomy						
58263	3	Vaginal hysterectomy						
58267	3	Hysterectomy & vagina repair						
58270	3	Hysterectomy & vagina repair						
58275	3	Hysterectomy, revise vagina						
58280	3	Hysterectomy, revise vagina						
58285	3	Extensive hysterectomy						
58300	9	Insert intrauterine device						
58301	5	Remove intrauterine device						
58321	6	Artificial insemination						
58322	6	Artificial insemination						
58323	6	Sperm washing						
58340	2	Catheter for hysterography						
58345	1	Reopen fallopian tube			562	$481	0.95	Add.
58350	1	Reopen fallopian tube			562	$481	0.95	Add.
58400	3	Suspension of uterus						
58410	3	Suspension of uterus						
58520	3	Repair of ruptured uterus						
58540	3	Revision of uterus						
58600	3	Division of fallopian tube						
58605	3	Division of fallopian tube						
58611	3	Ligate oviduct(s)						
58615	3	Occlude fallopian tube(s)						
58700	3	Removal of fallopian tube						
58720	3	Removal of ovary/tube(s)						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
58740	3	Revise fallopian tube(s)						
58750	3	Repair oviduct						
58752	3	Revise ovarian tube(s)						
58760	3	Remove tubal obstruction						
58770	3	Create new tubal opening						
58800	1	Drainage of ovarian cyst(s)	3	$482	563	$601	1.19	
58805	3	Drainage of ovarian cyst(s)						
58820	1	Open drain ovary abscess	3	$482	563	$601	1.19	
58822	3	Percut drain ovary abscess						
58823	3	Percut drain pelvic abscess						
58825	3	Transposition, ovary(s)						
58900	3	Biopsy of ovary(s)	3	$482				Delete.
58920	3	Partial removal of ovary(s)						
58925	3	Removal of ovarian cyst(s)						
58940	3	Removal of ovary(s)						
58943	3	Removal of ovary(s)						
58950	3	Resect ovarian malignancy						
58951	3	Resect ovarian malignancy						
58952	3	Resect ovarian malignancy						
58960	3	Exploration of abdomen						
58970	1	Retrieval of oocyte			562	$481	0.95	Add.
58974	6	Transfer of embryo						
58976	6	Transfer of embryo						
58999	3	Genital surgery procedure						
59000	6	Amniocentesis						
59012	6	Fetal cord puncture, prenatal						
59015	6	Chorion biopsy						
59020	6	Fetal contract stress test						
59025	6	Fetal non-stress test						
59030	6	Fetal scalp blood sample						
59050	6	Fetal monitor w/report						
59051	6	Fetal monitor/interpret only						
59100	3	Remove uterus lesion						
59120	3	Treat ectopic pregnancy						
59121	3	Treat ectopic pregnancy						
59130	3	Treat ectopic pregnancy						
59135	3	Treat ectopic pregnancy						
59136	3	Treat ectopic pregnancy						
59140	3	Treat ectopic pregnancy						
59150	3	Treat ectopic pregnancy						
59151	3	Treat ectopic pregnancy						
59160	1	D&C after delivery			567	$458	0.91	Add.
59200	6	Insert cervical dilator						
59300	1	Episiotomy or vaginal repair			562	$481	0.95	Add.
59320	1	Revision of cervix			562	$481	0.95	Add.
59325	3	Revision of cervix						
59350	3	Repair of uterus						
59400	6	Obstetrical care						
59409	6	Obstetrical care						
59410	6	Obstetrical care						
59412	6	Antepartum manipulation						
59414	6	Deliver placenta						
59425	6	Antepartum care only						
59426	6	Antepartum care only						
59430	6	Care after delivery						
59510	6	Cesarean delivery						
59514	3	Cesarean delivery only						
59515	6	Cesarean delivery						
59525	3	Remove uterus after cesarean						
59610	3	Vbac delivery						
59612	6	Vbac delivery only						
59614	6	Vbac care after delivery						
59618	6	Attempted vbac delivery						
59620	3	Attempted vbac delivery only						
59622	6	Attempted vbac after care						
59812	1	Treatment of miscarriage			587	$503	1.00	Add.
59820	1	Care of miscarriage			587	$503	1.00	Add.
59821	1	Treatment of miscarriage			587	$503	1.00	Add.
59830	3	Treat uterus infection						
59840	1	Abortion			586	$448	0.89	Add.
59841	1	Abortion			586	$448	0.89	Add.
59850	3	Abortion						
59851	3	Abortion						
59852	3	Abortion						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
59855	3	Abortion						
59856	3	Abortion						
59857	3	Abortion						
59866	3	Abortion						
59870	1	Evacuate mole of uterus			587	$503	1.00	Add.
59871	1	Remove cerclage suture			562	$481	0.95	Add.
59899	3	Maternity care procedure						
60000	1	Drain thyroid/tongue cyst	1	$314	312	$233	0.46	
60001	5	Aspirate/inject thyroid cyst						
60100	1	Biopsy of thyroid			122	$186	0.37	Add.
60200	1	Remove thyroid lesion	2	$422	397	$630	1.25	
60210	1	Partial excision thyroid			397	$630	1.25	Add.
60212	3	Parital thyroid excision						
60220	1	Partial removal of thyroid	2	$422	397	$630	1.25	
60225	1	Partial removal of thyroid	3	$482	397	$630	1.25	
60240	1	Removal of thyroid			397	$630	1.25	Add.
60252	3	Removal of thyroid						
60254	3	Extensive thyroid surgery						
60260	3	Repeat thyroid surgery						
60270	3	Removal of thyroid						
60271	3	Removal of thyroid						
60280	1	Remove thyroid duct lesion	4	$595	397	$630	1.25	
60281	1	Remove thyroid duct lesion	4	$595	397	$630	1.25	
60500	3	Explore parathyroid glands						
60502	3	Re-explore parathyroids						
60505	3	Explore parathyroid glands						
60512	3	Autotransplant, parathyroid						
60520	3	Removal of thymus gland						
60521	3	Removal of thymus gland						
60522	3	Removal of thymus gland						
60540	3	Explore adrenal gland						
60545	3	Explore adrenal gland						
60600	3	Remove carotid body lesion						
60605	3	Remove carotid body lesion						
60699	3	Endocrine surgery procedure						
61000	1	Remove cranial cavity fluid			602	$241	0.48	Add.
61001	1	Remove cranial cavity fluid			602	$241	0.48	Add.
61020	1	Remove brain cavity fluid	1	$314	602	$241	0.48	
61026	1	Injection into brain canal	1	$314	602	$241	0.48	
61050	1	Remove brain canal fluid	1	$314	602	$241	0.48	
61055	1	Injection into brain canal	1	$314	602	$241	0.48	
61070	1	Brain canal shunt procedure	1	$314	602	$241	0.48	
61105	3	Drill skull for examination						
61106	3	Drill skull for exam/surgery						
61107	3	Drill skull for implantation						
61108	3	Drill skull for drainage						
61120	3	Pierce skull for examination						
61130	3	Pierce skull, exam/surgery						
61140	3	Pierce skull for biopsy						
61150	3	Pierce skull for drainage						
61151	3	Pierce skull for drainage						
61154	3	Pierce skull, remove clot						
61156	3	Pierce skull for drainage						
61210	3	Pierce skull; implant device						
61215	1	Insert brain-fluid device	3	$482	618	$841	1.67	
61250	3	Pierce skull & explore						
61253	3	Pierce skull & explore						
61304	3	Open skull for exploration						
61305	3	Open skull for exploration						
61312	3	Open skull for drainage						
61313	3	Open skull for drainage						
61314	3	Open skull for drainage						
61315	3	Open skull for drainage						
61320	3	Open skull for drainage						
61321	3	Open skull for drainage						
61330	3	Decompress eye socket						
61332	3	Explore/biopsy eye socket						
61333	3	Explore orbit; remove lesion						
61334	3	Explore orbit; remove object						
61340	3	Relieve cranial pressure						
61343	3	Incise skull, pressure relief						
61345	3	Relieve cranial pressure						
61440	3	Incise skull for surgery						
61450	3	Incise skull for surgery						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
61458	3	Incise skull for brain wound						
61460	3	Incise skull for surgery						
61470	3	Incise skull for surgery						
61480	3	Incise skull for surgery						
61490	3	Incise skull for surgery						
61500	3	Removal of skull lesion						
61501	3	Remove infected skull bone						
61510	3	Removal of brain lesion						
61512	3	Remove brain lining lesion						
61514	3	Removal of brain abscess						
61516	3	Removal of brain lesion						
61518	3	Removal of brain lesion						
61519	3	Remove brain lining lesion						
61520	3	Removal of brain lesion						
61521	3	Removal of brain lesion						
61522	3	Removal of brain abscess						
61524	3	Removal of brain lesion						
61526	3	Removal of brain lesion						
61530	3	Removal of brain lesion						
61531	3	Implant brain electrodes						
61533	3	Implant brain electrodes						
61534	3	Removal of brain lesion						
61535	3	Remove brain electrodes						
61536	3	Removal of brain lesion						
61538	3	Removal of brain tissue						
61539	3	Removal of brain tissue						
61541	3	Incision of brain tissue						
61542	3	Removal of brain tissue						
61543	3	Removal of brain tissue						
61544	3	Remove & treat brain lesion						
61545	3	Excision of brain tumor						
61546	3	Removal of pituitary gland						
61548	3	Removal of pituitary gland						
61550	3	Release of skull seams						
61552	3	Release of skull seams						
61556	3	Incise skull/sutures						
61557	3	Incise skull/sutures						
61558	3	Excision of skull/sutures						
61559	3	Excision of skull/sutures						
61563	3	Excision of skull tumor						
61564	3	Excision of skull tumor						
61570	3	Remove brain foreign body						
61571	3	Incise skull for brain wound						
61575	3	Skull base/brainstem surgery						
61576	3	Skull base/brainstem surgery						
61580	3	Craniofacial approach, skull						
61581	3	Craniofacial approach, skull						
61582	3	Craniofacial approach, skull						
61583	3	Craniofacial approach, skull						
61584	3	Orbitocranial approach/skull						
61585	3	Orbitocranial approach/skull						
61586	3	Resect nasopharnyx, skull						
61590	3	Infratemporal approach/skull						
61591	3	Infratemporal approach/skull						
61592	3	Orbitocranial approach/skull						
61595	3	Transtemporal approach/skull						
61596	3	Transcochlear approach/skull						
61597	3	Transcondylar approach/skull						
61598	3	Transpetrosal approach/skull						
61600	3	Resect/excise cranial lesion						
61601	3	Resect/excise cranial lesion						
61605	3	Resect/excise cranial lesion						
61606	3	Resect/excise cranial lesion						
61607	3	Resect/excise cranial lesion						
61608	3	Resect/excise cranial lesion						
61609	3	Transect, artery, sinus						
61610	3	Transect, artery, sinus						
61611	3	Transect, artery, sinus						
61612	3	Transect, artery, sinus						
61613	3	Remove aneurysm, sinus						
61615	3	Resect/excise lesion, skull						
61616	3	Resect/excise lesion, skull						
61618	3	Repair dura						
61619	3	Repair dura						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
61624	3	Occlusion/embolization cath						
61626	3	Occlusion/embolization cath						
61680	3	Intracranial vessel surgery						
61682	3	Intracranial vessel surgery						
61684	3	Intracranial vessel surgery						
61686	3	Intracranial vessel surgery						
61690	3	Intracranial vessel surgery						
61692	3	Intracranial vessel surgery						
61700	3	Inner skull vessel surgery						
61702	3	Inner skull vessel surgery						
61703	3	Clamp neck artery						
61705	3	Revise circulation to head						
61708	3	Revise circulation to head						
61710	3	Revise circulation to head						
61711	3	Fusion of skull arteries						
61712	3	Skull or spine microsurgery						
61720	3	Incise skull/brain surgery						
61735	3	Incise skull/brain surgery						
61750	3	Incise skull; brain biopsy						
61751	3	Brain biopsy with cat scan						
61760	3	Implant brain electrodes						
61770	3	Incise skull for treatment						
61790	1	Treat trigeminal nerve	3	$482	631	$600	1.19	
61791	3	Treat trigeminal tract	3	$482				Delete.
61793	3	Focus radiation beam						
61795	3	Brain surgery using computer						
61850	3	Implant neuroelectrodes						
61855	3	Implant neuroelectrodes						
61860	3	Implant neuroelectrodes						
61865	3	Implant neuroelectrodes						
61870	3	Implant neuroelectrodes						
61875	3	Implant neuroelectrodes						
61880	3	Revise/remove neuroelectrode						
61885	1	Implant neuroreceiver	2	$422	618	$841	1.67	
61888	3	Revise/remove neuroreceiver	1	$314				Delete.
62000	3	Repair of skull fracture						
62005	3	Repair of skull fracture						
62010	3	Treatment of head injury						
62100	3	Repair brain fluid leakage						
62115	3	Reduction of skull defect						
62116	3	Reduction of skull defect						
62117	3	Reduction of skull defect						
62120	3	Repair skull cavity lesion						
62121	3	Incise skull repair						
62140	3	Repair of skull defect						
62141	3	Repair of skull defect						
62142	3	Remove skull plate/flap						
62143	3	Replace skull plate/flap						
62145	3	Repair of skull & brain						
62146	3	Repair of skull with graft						
62147	3	Repair of skull with graft						
62180	3	Establish brain cavity shunt						
62190	3	Establish brain cavity shunt						
62192	3	Establish brain cavity shunt						
62194	1	Replace/irrigate catheter	1	$314	602	$241	0.48	
62200	3	Establish brain cavity shunt						
62201	3	Establish brain cavity shunt						
62220	3	Establish brain cavity shunt						
62223	3	Establish brain cavity shunt						
62225	1	Replace/irrigate catheter	1	$314	602	$241	0.48	
62230	1	Replace/revise brain shunt	2	$422	617	$391	0.78	
62256	3	Remove brain cavity shunt	2	$422				Delete.
62258	3	Replace brain cavity shunt						
62268	1	Drain spinal cord cyst	1	$314	602	$241	0.48	
62269	1	Needle biopsy spinal cord	1	$314	122	$186	0.37	
62270	1	Spinal fluid tap, diagnostic	1	$314	600	$101	0.20	
62272	1	Drain spinal fluid	1	$314	600	$101	0.20	
62273	1	Treat lumbar spine lesion	1	$314	602	$241	0.48	
62274	1	Inject spinal anesthetic	1	$314	602	$241	0.48	
62275	1	Inject spinal anesthetic	1	$314	602	$241	0.48	
62276	1	Inject spinal anesthetic	1	$314	602	$241	0.48	
62277	1	Inject spinal anesthetic	1	$314	602	$241	0.48	
62278	1	Inject spinal anesthetic	1	$314	602	$241	0.48	
62279	1	Inject spinal anesthetic	1	$314	602	$241	0.48	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
62280	1	Treat spinal cord lesion	1	$314	602	$241	0.48	
62281	1	Treat spinal cord lesion			602	$241	0.48	Add.
62282	1	Treat spinal canal lesion	1	$314	602	$241	0.48	
62284	2	Injection for myelogram						
62287	1	Percutaneous diskectomy			631	$600	1.19	Add.
62288	1	Injection into spinal canal	1	$314	602	$241	0.48	
62289	1	Injection into spinal canal	1	$314	602	$241	0.48	
62290	2	Inject for spine disk x-ray						
62291	2	Inject for spine disk x-ray						
62292	1	Injection into disk lesion			602	$241	0.48	Add.
62294	1	Injection into spinal artery	3	$482	602	$241	0.48	
62298	1	Injection into spinal canal			602	$241	0.48	Add.
62350	1	Implant spinal catheter	2	$422	617	$391	0.78	
62351	3	Implant spinal catheter	2	$422				Delete.
62355	1	Remove spinal canal catheter			617	$391	0.78	Add.
62360	1	Insert spine infusion device	2	$422	618	$841	1.67	
62361	1	Implant spine infusion pump	2	$422	618	$841	1.67	
62362	1	Implant spine infusion pump	2	$422	618	$841	1.67	
62365	1	Remove spine infusion device	2	$422	617	$391	0.78	
62367	6	Analyze spine infusion pump	2	$422				Delete.
62368	6	Analyze spine infusion pump	2	$422				Delete.
63001	3	Removal of spinal lamina						
63003	3	Removal of spinal lamina						
63005	3	Removal of spinal lamina						
63011	3	Removal of spinal lamina						
63012	3	Removal of spinal lamina						
63015	3	Removal of spinal lamina						
63016	3	Removal of spinal lamina						
63017	3	Removal of spinal lamina						
63020	3	Neck spine disk surgery						
63030	3	Low back disk surgery						
63035	3	Added spinal disk surgery						
63040	3	Neck spine disk surgery						
63042	3	Low back disk surgery						
63045	3	Removal of spinal lamina						
63046	3	Removal of spinal lamina						
63047	3	Removal of spinal lamina						
63048	3	Removal of spinal lamina						
63055	3	Decompress spinal cord						
63056	3	Decompress spinal cord						
63057	3	Decompress spinal cord						
63064	3	Decompress spinal cord						
63066	3	Decompress spinal cord						
63075	3	Neck spine disk surgery						
63076	3	Neck spine disk surgery						
63077	3	Spine disk surgery, thorax						
63078	3	Spine disk surgery, thorax						
63081	3	Removal of vertebral body						
63082	3	Removal of vertebral body						
63085	3	Removal of vertebral body						
63086	3	Removal of vertebral body						
63087	3	Removal of vertebral body						
63088	3	Removal of vertebral body						
63090	3	Removal of vertebral body						
63091	3	Removal of vertebral body						
63170	3	Incise spinal cord tract(s)						
63172	3	Drainage of spinal cyst						
63173	3	Drainage of spinal cyst						
63180	3	Revise spinal cord ligaments						
63182	3	Revise spinal cord ligaments						
63185	3	Incise spinal column/nerves						
63190	3	Incise spinal column/nerves						
63191	3	Incise spinal column/nerves						
63194	3	Incise spinal column & cord						
63195	3	Incise spinal column & cord						
63196	3	Incise spinal column & cord						
63197	3	Incise spinal column & cord						
63198	3	Incise spinal column & cord						
63199	3	Incise spinal column & cord						
63200	3	Release of spinal cord						
63250	3	Revise spinal cord vessels						
63251	3	Revise spinal cord vessels						
63252	3	Revise spinal cord vessels						
63265	3	Excise intraspinal lesion						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
63266	3	Excise intraspinal lesion						
63267	3	Excise intraspinal lesion						
63268	3	Excise intraspinal lesion						
63270	3	Excise intraspinal lesion						
63271	3	Excise intraspinal lesion						
63272	3	Excise intraspinal lesion						
63273	3	Excise intraspinal lesion						
63275	3	Biopsy/excise spinal tumor						
63276	3	Biopsy/excise spinal tumor						
63277	3	Biopsy/excise spinal tumor						
63278	3	Biopsy/excise spinal tumor						
63280	3	Biopsy/excise spinal tumor						
63281	3	Biopsy/excise spinal tumor						
63282	3	Biopsy/excise spinal tumor						
63283	3	Biopsy/excise spinal tumor						
63285	3	Biopsy/excise spinal tumor						
63286	3	Biopsy/excise spinal tumor						
63287	3	Biopsy/excise spinal tumor						
63290	3	Biopsy/excise spinal tumor						
63300	3	Removal of vertebral body						
63301	3	Removal of vertebral body						
63302	3	Removal of vertebral body						
63303	3	Removal of vertebral body						
63304	3	Removal of vertebral body						
63305	3	Removal of vertebral body						
63306	3	Removal of vertebral body						
63307	3	Removal of vertebral body						
63308	3	Removal of vertebral body						
63600	1	Remove spinal cord lesion	2	$422	631	$600	1.19	
63610	1	Stimulation of spinal cord	1	$314	631	$600	1.19	
63615	1	Remove lesion of spinal cord			631	$600	1.19	Add.
63650	1	Implant neuroelectrodes	2	$422	616	$391	0.78	
63655	3	Implant neuroelectrodes						
63660	1	Revise/remove neuroelectrode	1	$314	617	$391	0.78	
63685	1	Implant neuroreceiver	2	$422	618	$841	1.67	
63688	1	Revise/remove neuroreceiver	1	$314	617	$391	0.78	
63690	6	Analysis of neuroreceiver						
63691	6	Analysis of neuroreceiver						
63700	3	Repair of spinal herniation						
63702	3	Repair of spinal herniation						
63704	3	Repair of spinal herniation						
63706	3	Repair of spinal herniation						
63707	3	Repair spinal fluid leakage						
63709	3	Repair spinal fluid leakage						
63710	3	Graft repair of spine defect						
63740	3	Install spinal shunt						
63741	3	Install spinal shunt						
63744	1	Revision of spinal shunt	3	$482	617	$391	0.78	
63746	1	Removal of spinal shunt	2	$422	617	$391	0.78	
64400	5	Injection for nerve block						
64402	5	Injection for nerve block						
64405	5	Injection for nerve block						
64408	5	Injection for nerve block						
64410	5	Injection for nerve block	1	$314				Delete.
64412	5	Injection for nerve block						
64413	5	Injection for nerve block						
64415	5	Injection for nerve block	1	$314				Delete.
64417	5	Injection for nerve block	1	$314				Delete.
64418	5	Injection for nerve block						
64420	5	Injection for nerve block	1	$314				Delete.
64421	5	Injection for nerve block	1	$314				Delete.
64425	5	Injection for nerve block						
64430	5	Injection for nerve block	1	$314				Delete.
64435	5	Injection for nerve block						
64440	5	Injection for nerve block						
64441	5	Injection for nerve block						
64442	5	Injection for nerve block	1	$314				Delete.
64443	5	Injection for nerve block	1	$314				Delete.
64445	5	Injection for nerve block						
64450	5	Injection for nerve block						
64505	5	Injection for nerve block						
64508	5	Injection for nerve block						
64510	5	Injection for nerve block	1	$314				Delete.
64520	5	Injection for nerve block	1	$314				Delete.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
64530	5	Injection for nerve block	1	$314				Delete.
64550	6	Apply neurostimulator						
64553	1	Implant neuroelectrodes			616	$391	0.78	Add.
64555	1	Implant neuroelectrodes			616	$391	0.78	Add.
64560	1	Implant neuroelectrodes			616	$391	0.78	Add.
64565	1	Implant neuroelectrodes			616	$391	0.78	Add.
64573	1	Implant neuroelectrodes			616	$391	0.78	Add.
64575	1	Implant neuroelectrodes	1	$314	616	$391	0.78	
64577	1	Implant neuroelectrodes			616	$391	0.78	Add.
64580	1	Implant neuroelectrodes			616	$391	0.78	Add.
64585	1	Revise/remove neuroelectrode			617	$391	0.78	Add.
64590	1	Implant neuroreceiver	2	$422	618	$841	1.67	
64595	1	Revise/remove neuroreceiver	1	$314	617	$391	0.78	
64600	5	Injection treatment of nerve	1	$314				Delete.
64605	5	Injection treatment of nerve	1	$314				Delete.
64610	5	Injection treatment of nerve	1	$314				Delete.
64612	5	Destroy nerve, face muscle						
64613	5	Destroy nerve, spine muscle						
64620	5	Injection treatment of nerve	1	$314				Delete.
64622	5	Injection treatment of nerve	1	$314				Delete.
64623	5	Injection treatment of nerve	1	$314				Delete.
64630	5	Injection treatment of nerve	2	$422				Delete.
64640	5	Injection treatment of nerve						
64680	5	Injection treatment of nerve	2	$422				Delete.
64702	1	Revise finger/toe nerve	1	$314	631	$600	1.19	
64704	1	Revise hand/foot nerve	1	$314	631	$600	1.19	
64708	1	Revise arm/leg nerve	2	$422	631	$600	1.19	
64712	1	Revision of sciatic nerve	2	$422	631	$600	1.19	
64713	1	Revision of arm nerve(s)	2	$422	631	$600	1.19	
64714	1	Revise low back nerve(s)	2	$422	631	$600	1.19	
64716	1	Revision of cranial nerve	3	$482	631	$600	1.19	
64718	1	Revise ulnar nerve at elbow	2	$422	631	$600	1.19	
64719	1	Revise ulnar nerve at wrist	2	$422	631	$600	1.19	
64721	1	Carpal tunnel surgery	2	$422	631	$600	1.19	
64722	1	Relieve pressure on nerve(s)	1	$314	631	$600	1.19	
64726	1	Release foot/toe nerve	1	$314	631	$600	1.19	
64727	1	Internal nerve revision	1	$314	631	$600	1.19	
64732	1	Incision of brow nerve	2	$422	631	$600	1.19	
64734	1	Incision of cheek nerve	2	$422	631	$600	1.19	
64736	1	Incision of chin nerve	2	$422	631	$600	1.19	
64738	1	Incision of jaw nerve	2	$422	631	$600	1.19	
64740	1	Incision of tongue nerve	2	$422	631	$600	1.19	
64742	1	Incision of facial nerve	2	$422	631	$600	1.19	
64744	1	Incise nerve, back of head	2	$422	631	$600	1.19	
64746	1	Incise diaphragm nerve	2	$422	631	$600	1.19	
64752	3	Incision of vagus nerve						
64755	3	Incision of stomach nerves						
64760	3	Incision of vagus nerve						
64761	1	Incision of pelvis nerve			631	$600	1.19	Add.
64763	3	Incise hip/thigh nerve						
64766	3	Incise hip/thigh nerve						
64771	1	Sever cranial nerve	2	$422	631	$600	1.19	
64772	1	Incision of spinal nerve	2	$422	631	$600	1.19	
64774	1	Remove skin nerve lesion	2	$422	631	$600	1.19	
64776	1	Remove digit nerve lesion	3	$482	631	$600	1.19	
64778	1	Add.ed digit nerve surgery	2	$422	631	$600	1.19	
64782	1	Remove limb nerve lesion	3	$482	631	$600	1.19	
64783	1	Add.ed limb nerve surgery	2	$422	631	$600	1.19	
64784	1	Remove nerve lesion	3	$482	631	$600	1.19	
64786	1	Remove sciatic nerve lesion	3	$482	632	$666	1.32	
64787	1	Implant nerve end	2	$422	631	$600	1.19	
64788	1	Remove skin nerve lesion	3	$482	631	$600	1.19	
64790	1	Removal of nerve lesion	3	$482	631	$600	1.19	
64792	1	Removal of nerve lesion	3	$482	632	$666	1.32	
64795	1	Biopsy of nerve	2	$422	631	$600	1.19	
64802	3	Remove sympathetic nerves	2	$422				Delete.
64804	3	Remove sympathetic nerves						
64809	3	Remove sympathetic nerves						
64818	3	Remove sympathetic nerves						
64820	3	Remove sympathetic nerves						
64830	1	Microrepair of nerve	5	$678	631	$600	1.19	
64831	1	Repair of digit nerve	4	$595	632	$666	1.32	
64832	1	Repair additional nerve	1	$314	632	$666	1.32	
64834	1	Repair of hand or foot nerve	2	$422	632	$666	1.32	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
64835	1	Repair of hand or foot nerve	3	$482	632	$666	1.32	
64836	1	Repair of hand or foot nerve	3	$482	632	$666	1.32	
64837	1	Repair additional nerve	1	$314	632	$666	1.32	
64840	1	Repair of leg nerve	2	$422	632	$666	1.32	
64856	1	Repair/transpose nerve	2	$422	632	$666	1.32	
64857	1	Repair arm/leg nerve	2	$422	632	$666	1.32	
64858	1	Repair sciatic nerve	2	$422	632	$666	1.32	
64859	1	Add.itional nerve surgery	1	$314	632	$666	1.32	
64861	1	Repair of arm nerves	3	$482	632	$666	1.32	
64862	1	Repair of low back nerves	3	$482	632	$666	1.32	
64864	1	Repair of facial nerve	3	$482	632	$666	1.32	
64865	1	Repair of facial nerve	4	$595	632	$666	1.32	
64866	3	Fusion of facial/other nerve						
64868	3	Fusion of facial/other nerve						
64870	1	Fusion of facial/other nerve	4	$595	632	$666	1.32	
64872	1	Subsequent repair of nerve	2	$422	632	$666	1.32	
64874	1	Repair & revise nerve	3	$482	632	$666	1.32	
64876	1	Repair nerve; shorten bone	3	$482	632	$666	1.32	
64885	1	Nerve graft, head or neck			632	$666	1.32	Add.
64886	1	Nerve graft, head or neck			632	$666	1.32	Add.
64890	1	Nerve graft, hand or foot	2	$422	632	$666	1.32	
64891	1	Nerve graft, hand or foot	2	$422	632	$666	1.32	
64892	1	Nerve graft, arm or leg	2	$422	632	$666	1.32	
64893	1	Nerve graft, arm or leg	2	$422	632	$666	1.32	
64895	1	Nerve graft, hand or foot	3	$482	632	$666	1.32	
64896	1	Nerve graft, hand or foot	3	$482	632	$666	1.32	
64897	1	Nerve graft, arm or leg	3	$482	632	$666	1.32	
64898	1	Nerve graft, arm or leg	3	$482	632	$666	1.32	
64901	1	Add.itional nerve graft	2	$422	632	$666	1.32	
64902	1	Add.itional nerve graft	2	$422	632	$666	1.32	
64905	1	Nerve pedicle transfer	2	$422	632	$666	1.32	
64907	1	Nerve pedicle transfer	1	$314	632	$666	1.32	
64999	3	Nervous system surgery						
65091	1	Revise eye	3	$482	684	$491	0.97	
65093	1	Revise eye with implant	3	$482	684	$491	0.97	
65101	1	Removal of eye	3	$482	684	$491	0.97	
65103	1	Remove eye/insert implant	3	$482	684	$491	0.97	
65105	1	Remove eye/attach implant	4	$595	684	$491	0.97	
65110	3	Removal of eye	5	$678				Delete.
65112	3	Remove eye, revise socket	7	$941				Delete.
65114	3	Remove eye, revise socket	7	$941				Delete.
65125	5	Revise ocular implant						
65130	1	Insert ocular implant	3	$482	684	$491	0.97	
65135	1	Insert ocular implant	2	$422	684	$491	0.97	
65140	1	Attach ocular implant	3	$482	684	$491	0.97	
65150	1	Revise ocular implant	2	$422	684	$491	0.97	
65155	1	Reinsert ocular implant	3	$482	684	$491	0.97	
65175	1	Removal of ocular implant	1	$314	683	$317	0.63	
65205	5	Remove foreign body from eye						
65210	5	Remove foreign body from eye						
65220	5	Remove foreign body from eye						
65222	5	Remove foreign body from eye						
65235	1	Remove foreign body from eye	2	$422	652	$415	0.82	
65260	1	Remove foreign body from eye	3	$482	676	$336	0.67	
65265	1	Remove foreign body from eye	4	$595	676	$336	0.67	
65270	1	Repair of eye wound	2	$422	183	$465	0.92	
65272	1	Repair of eye wound	2	$422	651	$297	0.59	
65273	3	Repair of eye wound						
65275	1	Repair of eye wound	4	$595	651	$297	0.59	
65280	1	Repair of eye wound	4	$595	652	$415	0.82	
65285	1	Repair of eye wound	4	$595	652	$415	0.82	
65286	1	Repair of eye wound			651	$297	0.59	Add.
65290	1	Repair of eye socket wound	3	$482	677	$523	1.04	
65400	1	Removal of eye lesion	1	$314	652	$415	0.82	
65410	1	Biopsy of cornea	2	$422	683	$317	0.63	
65420	1	Removal of eye lesion	2	$422	651	$297	0.59	
65426	1	Removal of eye lesion	5	$678	652	$415	0.82	
65430	5	Corneal smear						
65435	5	Curette/treat cornea						
65436	1	Curette/treat cornea			651	$297	0.59	Add.
65450	1	Treatment of corneal lesion			651	$297	0.59	Add.
65600	5	Revision of cornea						
65710	1	Corneal transplant	7	$941	670	$1,648	3.27	
65730	1	Corneal transplant	7	$941	670	$1,648	3.27	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
65750	1	Corneal transplant	7	$941	670	$1,648	3.27	
65755	1	Corneal transplant	7	$941	670	$1,648	3.27	
65760	9	Revision of cornea						
65765	9	Revision of cornea						
65767	9	Corneal tissue transplant						
65770	1	Revise cornea with implant	7	$941	652	$415	0.82	
65771	9	Radial keratotomy						
65772	1	Correction of astigmatism			651	$297	0.59	Add.
65775	1	Correction of astigmatism			652	$415	0.82	Add.
65800	1	Drainage of eye	1	$314	683	$317	0.63	
65805	1	Drainage of eye	1	$314	683	$317	0.63	
65810	1	Drainage of eye	3	$482	651	$297	0.59	
65815	1	Drainage of eye	2	$422	651	$297	0.59	
65820	1	Relieve inner eye pressure			651	$297	0.59	Add.
65850	1	Incision of eye	4	$595	652	$415	0.82	
65855	1	Laser surgery of eye			649	$274	0.54	Add.
65860	1	Incise inner eye adhesions			649	$274	0.54	Add.
65865	1	Incise inner eye adhesions	1	$314	652	$415	0.82	
65870	1	Incise inner eye adhesions	4	$595	652	$415	0.82	
65875	1	Incise inner eye adhesions	4	$595	652	$415	0.82	
65880	1	Incise inner eye adhesions	4	$595	652	$415	0.82	
65900	1	Remove eye lesion	5	$678	652	$415	0.82	
65920	1	Remove implant from eye	7	$941	652	$415	0.82	
65930	1	Remove blood clot from eye	5	$678	652	$415	0.82	
66020	1	Injection treatment of eye	1	$314	683	$317	0.63	
66030	1	Injection treatment of eye	1	$314	683	$317	0.63	
66130	1	Remove eye lesion	7	$941	651	$297	0.59	
66150	1	Glaucoma surgery	4	$595	652	$415	0.82	
66155	1	Glaucoma surgery	4	$595	652	$415	0.82	
66160	1	Glaucoma surgery	2	$422	652	$415	0.82	
66165	1	Glaucoma surgery	4	$595	652	$415	0.82	
66170	1	Glaucoma surgery	4	$595	652	$415	0.82	
66172	1	Incision of eye	4	$595	652	$415	0.82	
66180	1	Implant eye shunt	5	$678	652	$415	0.82	
66185	1	Revise eye shunt	2	$422	652	$415	0.82	
66220	1	Repair eye lesion	3	$482	676	$336	0.67	
66225	1	Repair/graft eye lesion	4	$595	652	$415	0.82	
66250	1	Follow-up surgery of eye	2	$422	652	$415	0.82	
66500	1	Incision of iris	1	$314	651	$297	0.59	
66505	1	Incision of iris	1	$314	651	$297	0.59	
66600	1	Remove iris and lesion	3	$482	651	$297	0.59	
66605	1	Removal of iris	3	$482	652	$415	0.82	
66625	1	Removal of iris	3	$482	651	$297	0.59	
66630	1	Removal of iris	3	$482	651	$297	0.59	
66635	1	Removal of iris	3	$482	652	$415	0.82	
66680	1	Repair iris & ciliary body	3	$482	652	$415	0.82	
66682	1	Repair iris and ciliary body	2	$422	652	$415	0.82	
66700	1	Destruction, ciliary body	2	$422	651	$297	0.59	
66710	1	Destruction, ciliary body	2	$422	651	$297	0.59	
66720	1	Destruction, ciliary body	2	$422	651	$297	0.59	
66740	1	Destruction, ciliary body	2	$422	652	$415	0.82	
66761	1	Revision of iris			649	$274	0.54	Add.
66762	1	Revision of iris			649	$274	0.54	Add.
66770	1	Removal of inner eye lesion			649	$274	0.54	Add.
66820	1	Incision, secondary cataract			651	$297	0.59	Add.
66821	1	After cataract laser surgery	2	$422	649	$274	0.54	
66825	1	Reposition intraocular lens			651	$297	0.59	Add.
66830	1	Removal of lens lesion	4	$595	652	$415	0.82	
66840	1	Removal of lens material	4	$595	667	$661	1.31	
66850	1	Removal of lens material	7	$941	667	$661	1.31	
66852	1	Removal of lens material	4	$595	667	$661	1.31	
66920	1	Extraction of lens	4	$595	667	$661	1.31	
66930	1	Extraction of lens	5	$678	667	$661	1.31	
66940	1	Extraction of lens	5	$678	667	$661	1.31	
66983	1	Remove cataract, insert lens	8	$928	668	$863	1.71	
66984	1	Remove cataract, insert lens	8	$928	668	$863	1.71	
66985	1	Insert lens prosthesis	6	$789	668	$863	1.71	
66986	1	Exchange lens prosthesis	6	$789	668	$863	1.71	
66999	3	Eye surgery procedure						
67005	1	Partial removal of eye fluid	4	$595	676	$336	0.67	
67010	1	Partial removal of eye fluid	4	$595	676	$336	0.67	
67015	1	Release of eye fluid	1	$314	676	$336	0.67	
67025	1	Replace eye fluid	1	$314	683	$317	0.63	
67027	1	Implant eye drug system						Add.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
67028	5	Injection eye drug						
67030	1	Incise inner eye strands	1	$314	676	$336	0.67	
67031	1	Laser surgery, eye strands	2	$422	649	$274	0.54	
67036	1	Removal of inner eye fluid	4	$595	690	$983	1.95	
67038	1	Strip retinal membrane	5	$678	690	$983	1.95	
67039	1	Laser treatment of retina	7	$941	690	$983	1.95	
67040	1	Laser treatment of retina	7	$941	690	$983	1.95	
67101	1	Repair, detached retina			676	$336	0.67	Add.
67105	5	Repair, detached retina						
67107	1	Repair detached retina	5	$678	690	$983	1.95	
67108	1	Repair detached retina	7	$941	690	$983	1.95	
67110	1	Repair detached retina			676	$336	0.67	Add.
67112	1	Re-repair detached retina	7	$941	690	$983	1.95	
67115	1	Release, encircling material	2	$422	676	$336	0.67	
67120	1	Remove eye implant material	2	$422	676	$336	0.67	
67121	1	Remove eye implant material	2	$422	676	$336	0.67	
67141	1	Treatment of retina	2	$422	676	$336	0.67	
67145	5	Treatment of retina						
67208	1	Treatment of retinal lesion			676	$336	0.67	Add.
67210	5	Treatment of retinal lesion						
67218	1	Treatment of retinal lesion	5	$678	676	$336	0.67	
67227	1	Treatment of retinal lesion	1	$314	676	$336	0.67	
67228	5	Treatment of retinal lesion						
67250	1	Reinforce eye wall	3	$482	684	$491	0.97	
67255	1	Reinforce/graft eye wall	3	$482	684	$491	0.97	
67299	3	Eye surgery procedure						
67311	1	Revise eye muscle	3	$482	677	$523	1.04	
67312	1	Revise two eye muscles	4	$595	677	$523	1.04	
67314	1	Revise eye muscle	4	$595	677	$523	1.04	
67316	1	Revise two eye muscles	4	$595	677	$523	1.04	
67318	1	Revise eye muscle(s)	4	$595	677	$523	1.04	
67320	1	Revise eye muscle(s)	4	$595	677	$523	1.04	
67331	1	Eye surgery follow-up	4	$595	677	$523	1.04	
67332	1	Rerevise eye muscles	4	$595	677	$523	1.04	
67334	1	Revise eye muscle w/suture			677	$523	1.04	Add.
67335	1	Eye suture during surgery			677	$523	1.04	Add.
67340	1	Revise eye muscle	4	$595	677	$523	1.04	
67343	1	Release eye tissue			677	$523	1.04	Add.
67345	5	Destroy nerve of eye muscle						
67350	1	Biopsy eye muscle	1	$314	162	$187	0.37	
67399	3	Eye muscle surgery procedure						
67400	1	Explore/biopsy eye socket	3	$482	684	$491	0.97	
67405	1	Explore/drain eye socket	4	$595	684	$491	0.97	
67412	1	Explore/treat eye socket	5	$678	684	$491	0.97	
67413	1	Explore/treat eye socket	5	$678	684	$491	0.97	
67414	3	Explore/decompress eye socke						
67415	1	Aspiration orbital contents	1	$314	122	$186	0.37	
67420	1	Explore/treat eye socket	5	$678	232	$814	1.62	
67430	1	Explore/treat eye socket	5	$678	232	$814	1.62	
67440	1	Explore/drain eye socket	5	$678	232	$814	1.62	
67445	3	Explore/decompress eye socke						
67450	1	Explore/biopsy eye socket	5	$678	232	$814	1.62	
67500	5	Inject/treat eye socket						
67505	5	Inject/treat eye socket						
67515	5	Inject/treat eye socket						
67550	1	Insert eye socket implant	4	$595	684	$491	0.97	
67560	1	Revise eye socket implant	2	$422	684	$491	0.97	
67570	3	Decompress optic nerve						
67599	3	Orbit surgery procedure						
67700	5	Drainage of eyelid abscess						
67710	5	Incision of eyelid						
67715	1	Incision of eyelid fold	1	$314	683	$317	0.63	
67800	5	Remove eyelid lesion						
67801	5	Remove eyelid lesions						
67805	5	Remove eyelid lesions						
67808	1	Remove eyelid lesion(s)	2	$422	684	$491	0.97	
67810	5	Biopsy of eyelid						
67820	5	Revise eyelashes						
67825	5	Revise eyelashes						
67830	1	Revise eyelashes	2	$422	683	$317	0.63	
67835	1	Revise eyelashes	2	$422	684	$491	0.97	
67840	5	Remove eyelid lesion						
67850	5	Treat eyelid lesion						
67875	5	Closure of eyelid by suture						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
67880	1	Revision of eyelid	3	$482	683	$317	0.63	
67882	1	Revision of eyelid	3	$482	684	$491	0.97	
67900	1	Repair brow defect			684	$491	0.97	Add.
67901	1	Repair eyelid defect	5	$678	684	$491	0.97	
67902	1	Repair eyelid defect	5	$678	684	$491	0.97	
67903	1	Repair eyelid defect	4	$595	684	$491	0.97	
67904	1	Repair eyelid defect	4	$595	684	$491	0.97	
67906	1	Repair eyelid defect	5	$678	684	$491	0.97	
67908	1	Repair eyelid defect	4	$595	684	$491	0.97	
67909	1	Revise eyelid defect	4	$595	684	$491	0.97	
67911	1	Revise eyelid defect	3	$482	684	$491	0.97	
67914	1	Repair eyelid defect	3	$482	684	$491	0.97	
67915	5	Repair eyelid defect						
67916	1	Repair eyelid defect	4	$595	684	$491	0.97	
67917	1	Repair eyelid defect	4	$595	684	$491	0.97	
67921	1	Repair eyelid defect	3	$482	684	$491	0.97	
67922	5	Repair eyelid defect						
67923	1	Repair eyelid defect	4	$595	684	$491	0.97	
67924	1	Repair eyelid defect	4	$595	684	$491	0.97	
67930	5	Repair eyelid wound						
67935	1	Repair eyelid wound	2	$422	683	$317	0.63	
67938	5	Remove eyelid foreign body						
67950	1	Revision of eyelid	2	$422	684	$491	0.97	
67961	1	Revision of eyelid	3	$482	684	$491	0.97	
67966	1	Revision of eyelid	3	$482	684	$491	0.97	
67971	1	Reconstruction of eyelid	3	$482	684	$491	0.97	
67973	1	Reconstruction of eyelid	3	$482	684	$491	0.97	
67974	1	Reconstruction of eyelid	3	$482	684	$491	0.97	
67975	1	Reconstruction of eyelid	3	$482	684	$491	0.97	
67999	3	Revision of eyelid						
68020	5	Incise/drain eyelid lining						
68040	5	Treatment of eyelid lesions						
68100	1	Biopsy of eyelid lining			162	$187	0.37	Add.
68110	1	Remove eyelid lining lesion			162	$187	0.37	Add.
68115	1	Remove eyelid lining lesion			162	$187	0.37	Add.
68130	1	Remove eyelid lining lesion	2	$422	652	$415	0.82	
68135	1	Remove eyelid lining lesion			162	$187	0.37	Add.
68200	5	Treat eyelid by injection						
68320	1	Revise/graft eyelid lining	4	$595	684	$491	0.97	
68325	1	Revise/graft eyelid lining	4	$595	684	$491	0.97	
68326	1	Revise/graft eyelid lining	4	$595	684	$491	0.97	
68328	1	Revise/graft eyelid lining	4	$595	684	$491	0.97	
68330	1	Revise eyelid lining	4	$595	652	$415	0.82	
68335	1	Revise/graft eyelid lining	4	$595	684	$491	0.97	
68340	1	Separate eyelid adhesions	4	$595	684	$491	0.97	
68360	1	Revise eyelid lining	2	$422	652	$415	0.82	
68362	1	Revise eyelid lining	2	$422	652	$415	0.82	
68399	3	Eyelid lining surgery						
68400	5	Incise/drain tear gland						
68420	5	Incise/drain tear sac						
68440	5	Incise tear duct opening						
68500	1	Removal of tear gland	3	$482	684	$491	0.97	
68505	1	Partial removal tear gland	3	$482	684	$491	0.97	
68510	1	Biopsy of tear gland	1	$314	683	$317	0.63	
68520	1	Removal of tear sac	3	$482	684	$491	0.97	
68525	1	Biopsy of tear sac	1	$314	683	$317	0.63	
68530	5	Clearance of tear duct						
68540	1	Remove tear gland lesion	3	$482	684	$491	0.97	
68550	1	Remove tear gland lesion	3	$482	684	$491	0.97	
68700	1	Repair tear ducts	2	$422	684	$491	0.97	
68705	5	Revise tear duct opening						
68720	1	Create tear sac drain	4	$595	684	$491	0.97	
68745	1	Create tear duct drain	4	$595	684	$491	0.97	
68750	1	Create tear duct drain	4	$595	684	$491	0.97	
68760	5	Close tear duct opening						
68761	5	Close tear duct opening						
68770	1	Close tear system fistula			684	$491	0.97	Add.
68801	5	Dilate tear duct opening						
68810	1	Probe nasolacrimal duct	1	$314	683	$317	0.63	
68811	1	Probe nasolacrimal duct	2	$422	684	$491	0.97	
68815	1	Probe nasolacrimal duct	2	$422	684	$491	0.97	
68840	5	Explore/irrigate tear ducts						
68850	2	Injection for tear sac x-ray						
68899	3	Tear duct system surgery						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
69000	5	Drain external ear lesion						
69005	5	Drain external ear lesion						
69020	5	Drain outer ear canal lesion						
69090	9	Pierce earlobes						
69100	5	Biopsy of external ear						
69105	5	Biopsy of external ear canal						
69110	1	Partial removal external ear	1	$314	163	$449	0.89	
69120	1	Removal of external ear	2	$422	313	$537	1.07	
69140	1	Remove ear canal lesion(s)	2	$422	313	$537	1.07	
69145	1	Remove ear canal lesion(s)	2	$422	163	$449	0.89	
69150	1	Extensive ear canal surgery	3	$482	314	$946	1.88	
69155	3	Extensive ear/neck surgery						
69200	5	Clear outer ear canal						
69205	1	Clear outer ear canal	1	$314	163	$449	0.89	
69210	5	Remove impacted ear wax						
69220	5	Clean out mastoid cavity						
69222	5	Clean out mastoid cavity						
69300	7	Revise external ear			313	$537	1.07	Add.
69310	1	Rebuild outer ear canal	3	$482	314	$946	1.88	
69320	1	Rebuild outer ear canal	7	$941	314	$946	1.88	
69399	3	Outer ear surgery procedure						
69400	5	Inflate middle ear canal						
69401	5	Inflate middle ear canal						
69405	5	Catheterize middle ear canal						
69410	5	Inset middle ear baffle						
69420	5	Incision of eardrum						
69421	1	Incision of eardrum	3	$482	312	$233	0.46	
69424	5	Remove ventilating tube	1	$314				Delete.
69433	1	Create eardrum opening			312	$233	0.46	Add.
69436	1	Create eardrum opening	3	$482	312	$233	0.46	
69440	1	Exploration of middle ear	3	$482	313	$537	1.07	
69450	1	Eardrum revision	1	$314	313	$537	1.07	
69501	1	Mastoidectomy	7	$941	314	$946	1.88	
69502	1	Mastoidectomy	7	$941	314	$946	1.88	
69505	1	Remove mastoid structures	7	$941	314	$946	1.88	
69511	1	Extensive mastoid surgery	7	$941	314	$946	1.88	
69530	1	Extensive mastoid surgery	7	$941	314	$946	1.88	
69535	3	Remove part of temporal bone						
69540	5	Remove ear lesion						
69550	1	Remove ear lesion	5	$678	314	$946	1.88	
69552	1	Remove ear lesion	7	$941	314	$946	1.88	
69554	3	Remove ear lesion						
69601	1	Mastoid surgery revision	7	$941	314	$946	1.88	
69602	1	Mastoid surgery revision	7	$941	314	$946	1.88	
69603	1	Mastoid surgery revision	7	$941	314	$946	1.88	
69604	1	Mastoid surgery revision	7	$941	314	$946	1.88	
69605	1	Mastoid surgery revision	7	$941	314	$946	1.88	
69610	5	Repair of eardrum						
69620	1	Repair of eardrum	2	$422	313	$537	1.07	
69631	1	Repair eardrum structures	5	$678	314	$946	1.88	
69632	1	Rebuild eardrum structures	5	$678	314	$946	1.88	
69633	1	Rebuild eardrum structures	5	$678	314	$946	1.88	
69635	1	Repair eardrum structures	7	$941	314	$946	1.88	
69636	1	Rebuild eardrum structures	7	$941	314	$946	1.88	
69637	1	Rebuild eardrum structures	7	$941	314	$946	1.88	
69641	1	Revise middle ear & mastoid	7	$941	314	$946	1.88	
69642	1	Revise middle ear & mastoid	7	$941	314	$946	1.88	
69643	1	Revise middle ear & mastoid	7	$941	314	$946	1.88	
69644	1	Revise middle ear & mastoid	7	$941	314	$946	1.88	
69645	1	Revise middle ear & mastoid	7	$941	314	$946	1.88	
69646	1	Revise middle ear & mastoid	7	$941	314	$946	1.88	
69650	1	Release middle ear bone	7	$941	314	$946	1.88	
69660	1	Revise middle ear bone	5	$678	314	$946	1.88	
69661	1	Revise middle ear bone	5	$678	314	$946	1.88	
69662	1	Revise middle ear bone	5	$678	314	$946	1.88	
69666	1	Repair middle ear structures	4	$595	314	$946	1.88	
69667	1	Repair middle ear structures	4	$595	314	$946	1.88	
69670	1	Remove mastoid air cells	3	$482	314	$946	1.88	
69676	1	Remove middle ear nerve	3	$482	314	$946	1.88	
69700	1	Close mastoid fistula	3	$482	314	$946	1.88	
69710	9	Implant/replace hearing aid	3	$482				Delete.
69711	1	Remove/repair hearing aid	1	$314	314	$946	1.88	
69720	1	Release facial nerve	5	$678	314	$946	1.88	
69725	1	Release facial nerve	5	$678	314	$946	1.88	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
69740	1	Repair facial nerve	5	$678	314	$946	1.88	
69745	1	Repair facial nerve	5	$678	314	$946	1.88	
69799	3	Middle ear surgery procedure						
69801	1	Incise inner ear	5	$678	314	$946	1.88	
69802	1	Incise inner ear	7	$941	314	$946	1.88	
69805	1	Explore inner ear	7	$941	314	$946	1.88	
69806	1	Explore inner ear	7	$941	314	$946	1.88	
69820	1	Establish inner ear window	5	$678	314	$946	1.88	
69840	1	Revise inner ear window	5	$678	314	$946	1.88	
69905	1	Remove inner ear	7	$941	314	$946	1.88	
69910	1	Remove inner ear & mastoid	7	$941	314	$946	1.88	
69915	1	Incise inner ear nerve	7	$941	314	$946	1.88	
69930	1	Implant cochlear device	7	$941	317	$962	1.91	
69949	3	Inner ear surgery procedure						
69950	3	Incise inner ear nerve						
69955	3	Release facial nerve						
69960	3	Release inner ear canal						
69970	3	Remove inner ear lesion						
69979	3	Temporal bone surgery						
70010	6	Contrast x-ray of brain						
70015	6	Contrast x-ray of brain						
70030	6	X-ray eye for foreign body						
70100	6	X-ray exam of jaw						
70110	6	X-ray exam of jaw						
70120	6	X-ray exam of mastoids						
70130	6	X-ray exam of mastoids						
70134	6	X-ray exam of middle ear						
70140	6	X-ray exam of facial bones						
70150	6	X-ray exam of facial bones						
70160	6	X-ray exam of nasal bones						
70170	6	X-ray exam of tear duct						
70190	6	X-ray exam of eye sockets						
70200	6	X-ray exam of eye sockets						
70210	6	X-ray exam of sinuses						
70220	6	X-ray exam of sinuses						
70240	6	X-ray exam pituitary saddle						
70250	6	X-ray exam of skull						
70260	6	X-ray exam of skull						
70300	6	X-ray exam of teeth						
70310	6	X-ray exam of teeth						
70320	6	Full mouth x-ray of teeth						
70328	6	X-ray exam of jaw joint						
70330	6	X-ray exam of jaw joints						
70332	6	X-ray exam of jaw joint						
70336	6	Magnetic image jaw joint						
70350	6	X-ray head for orthodontia						
70355	6	Panoramic x-ray of jaws						
70360	6	X-ray exam of neck						
70370	6	Throat x-ray & fluoroscopy						
70371	6	Speech evaluation, complex						
70373	6	Contrast x-ray of larynx						
70380	6	X-ray exam of salivary gland						
70390	6	X-ray exam of salivary duct						
70450	6	CAT scan of head or brain						
70460	6	Contrast CAT scan of head						
70470	6	Contrast CAT scans of head						
70480	6	CAT scan of skull						
70481	6	Contrast CAT scan of skull						
70482	6	Contrast CAT scans of skull						
70486	6	CAT scan of face, jaw						
70487	6	Contrast CAT scan, face/jaw						
70488	6	Contrast CAT scans face/jaw						
70490	6	CAT scan of neck tissue						
70491	6	Contrast CAT of neck tissue						
70492	6	Contrast CAT of neck tissue						
70540	6	Magnetic image, face, neck						
70541	6	Magnetic image, head (MRA)						
70551	6	Magnetic image, brain (MRI)						
70552	6	Magnetic image, brain (MRI)						
70553	6	Magnetic image, brain						
71010	6	Chest x-ray						
71015	6	X-ray exam of chest						
71020	6	Chest x-ray						
71021	6	Chest x-ray						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
71022	6	Chest x-ray						
71023	6	Chest x-ray and fluoroscopy						
71030	6	Chest x-ray						
71034	6	Chest x-ray & fluoroscopy						
71035	6	Chest x-ray						
71036	6	X-ray guidance for biopsy						
71038	6	X-ray guidance for biopsy						
71040	6	Contrast x-ray of bronchi						
71060	6	Contrast x-ray of bronchi						
71090	6	X-ray & pacemaker insertion						
71100	6	X-ray exam of ribs						
71101	6	X-ray exam of ribs, chest						
71110	6	X-ray exam of ribs						
71111	6	X-ray exam of ribs, chest						
71120	6	X-ray exam of breastbone						
71130	6	X-ray exam of breastbone						
71250	6	Cat scan of chest						
71260	6	Contrast CAT scan of chest						
71270	6	Contrast CAT scans of chest						
71550	6	Magnetic image, chest						
71555	9	Magnetic imaging/chest (MRA)						
72010	6	X-ray exam of spine						
72020	6	X-ray exam of spine						
72040	6	X-ray exam of neck spine						
72050	6	X-ray exam of neck spine						
72052	6	X-ray exam of neck spine						
72069	6	X-ray exam of trunk spine						
72070	6	X-ray exam of thorax spine						
72072	6	X-ray exam of thoracic spine						
72074	6	X-ray exam of thoracic spine						
72080	6	X-ray exam of trunk spine						
72090	6	X-ray exam of trunk spine						
72100	6	X-ray exam of lower spine						
72110	6	X-ray exam of lower spine						
72114	6	X-ray exam of lower spine						
72120	6	X-ray exam of lower spine						
72125	6	CAT scan of neck spine						
72126	6	Contrast CAT scan of neck						
72127	6	Contrast CAT scans of neck						
72128	6	CAT scan of thorax spine						
72129	6	Contrast CAT scan of thorax						
72130	6	Contrast CAT scans of thorax						
72131	6	CAT scan of lower spine						
72132	6	Contrast CAT of lower spine						
72133	6	Contrast CAT scans, low spine						
72141	6	Magnetic image, neck spine						
72142	6	Magnetic image, neck spine						
72146	6	Magnetic image, chest spine						
72147	6	Magnetic image, chest spine						
72148	6	Magnetic image, lumbar spine						
72149	6	Magnetic image, lumbar spine						
72156	6	Magnetic image, neck spine						
72157	6	Magnetic image, chest spine						
72158	6	Magnetic image, lumbar spine						
72159	9	Magnetic imaging/spine (MRA)						
72170	6	X-ray exam of pelvis						
72190	6	X-ray exam of pelvis						
72192	6	CAT scan of pelvis						
72193	6	Contrast CAT scan of pelvis						
72194	6	Contrast CAT scans of pelvis						
72196	6	Magnetic image, pelvis						
72198	9	Magnetic imaging/pelvis(MRA)						
72200	6	X-ray exam sacroiliac joints						
72202	6	X-ray exam sacroiliac joints						
72220	6	X-ray exam of tailbone						
72240	6	Contrast x-ray of neck spine						
72255	6	Contrast x-ray thorax spine						
72265	6	Contrast x-ray lower spine						
72270	6	Contrast x-ray of spine						
72285	6	X-ray of neck spine disk						
72295	6	X-ray of lower spine disk						
73000	6	X-ray exam of collarbone						
73010	6	X-ray exam of shoulder blade						
73020	6	X-ray exam of shoulder						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
73030	6	X-ray exam of shoulder						
73040	6	Contrast x-ray of shoulder						
73050	6	X-ray exam of shoulders						
73060	6	X-ray exam of humerus						
73070	6	X-ray exam of elbow						
73080	6	X-ray exam of elbow						
73085	6	Contrast x-ray of elbow						
73090	6	X-ray exam of forearm						
73092	6	X-ray exam of arm, infant						
73100	6	X-ray exam of wrist						
73110	6	X-ray exam of wrist						
73115	6	Contrast x-ray of wrist						
73120	6	X-ray exam of hand						
73130	6	X-ray exam of hand						
73140	6	X-ray exam of finger(s)						
73200	6	CAT scan of arm						
73201	6	Contrast CAT scan of arm						
73202	6	Contrast CAT scans of arm						
73220	6	Magnetic image, arm, hand						
73221	6	Magnetic image, joint of arm						
73225	9	Magnetic imaging/upper (MRA)						
73500	6	X-ray exam of hip						
73510	6	X-ray exam of hip						
73520	6	X-ray exam of hips						
73525	6	Contrast x-ray of hip						
73530	6	X-ray exam of hip						
73540	6	X-ray exam of pelvis & hips						
73550	6	X-ray exam of thigh						
73560	6	X-ray exam of knee						
73562	6	X-ray exam of knee						
73564	6	X-ray exam of knee						
73565	6	X-ray exam of knee						
73580	6	Contrast x-ray of knee joint						
73590	6	X-ray exam of lower leg						
73592	6	X-ray exam of leg, infant						
73600	6	X-ray exam of ankle						
73610	6	X-ray exam of ankle						
73615	6	Contrast x-ray of ankle						
73620	6	X-ray exam of foot						
73630	6	X-ray exam of foot						
73650	6	X-ray exam of heel						
73660	6	X-ray exam of toe(s)						
73700	6	CAT scan of leg						
73701	6	Contrast CAT scan of leg						
73702	6	Contrast CAT scans of leg						
73720	6	Magnetic image, leg, foot						
73721	6	Magnetic image, joint of leg						
73725	6	Magnetic imaging/lower (MRA)						
74000	6	X-ray exam of abdomen						
74010	6	X-ray exam of abdomen						
74020	6	X-ray exam of abdomen						
74022	6	X-ray exam series, abdomen						
74150	6	CAT scan of abdomen						
74160	6	Contrast CAT scan of abdomen						
74170	6	Contrast CAT scans, abdomen						
74181	6	Magnetic image,abdomen (MRI)						
74185	9	Magnetic image/abdomen (MRA)						
74190	6	X-ray exam of peritoneum						
74210	6	Contrast xray exam of throat						
74220	6	Contrast xray exam, esophagus						
74230	6	Cinema xray throat/esophagus						
74235	6	Remove esophagus obstruction						
74240	6	X-ray exam upper GI tract						
74241	6	X-ray exam upper GI tract						
74245	6	X-ray exam upper GI tract						
74246	6	Contrast xray upper GI tract						
74247	6	Contrast xray upper GI tract						
74249	6	Contrast xray upper GI tract						
74250	6	X-ray exam of small bowel						
74251	6	X-ray exam of small bowel						
74260	6	X-ray exam of small bowel						
74270	6	Contrast x-ray exam of colon						
74280	6	Contrast x-ray exam of colon						
74283	6	Contrast x-ray exam of colon						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
74290	6	Contrast x-ray, gallbladder						
74291	6	Contrast x-rays, gallbladder						
74300	6	X-ray bile ducts, pancreas						
74301	6	Add.itional x-rays at surgery						
74305	6	X-ray bile ducts, pancreas						
74320	6	Contrast x-ray of bile ducts						
74327	6	X-ray for bile stone removal						
74328	6	Xray for bile duct endoscopy						
74329	6	X-ray for pancreas endoscopy						
74330	6	Xray,bile/pancreas endoscopy						
74340	6	X-ray guide for GI tube						
74350	6	X-ray guide, stomach tube						
74355	6	X-ray guide, intestinal tube						
74360	6	X-ray guide, GI dilation						
74363	6	X-ray, bile duct dilation						
74400	6	Contrast x-ray urinary tract						
74405	6	Contrast x-ray urinary tract						
74410	6	Contrast x-ray urinary tract						
74415	6	Contrast x-ray urinary tract						
74420	6	Contrast x-ray urinary tract						
74425	6	Contrast x-ray urinary tract						
74430	6	Contrast x-ray of bladder						
74440	6	Xray exam male genital tract						
74445	6	X-ray exam of penis						
74450	6	X-ray exam urethra/bladder						
74455	6	X-ray exam urethra/bladder						
74470	6	X-ray exam of kidney lesion						
74475	6	Xray control catheter insert						
74480	6	Xray control catheter insert						
74485	6	X-ray guide, GU dilation						
74710	6	X-ray measurement of pelvis						
74740	6	X-ray female genital tract						
74742	6	X-ray fallopian tube						
74775	6	X-ray exam of perineum						
75552	6	Magnetic image, myocardium						
75553	6	Magnetic image, myocardium						
75554	6	Cardiac MRI/function						
75555	6	Cardiac MRI/limited study						
75556	9	Cardiac MRI/flow mapping						
75600	6	Contrast x-ray exam of aorta						
75605	6	Contrast x-ray exam of aorta						
75625	6	Contrast x-ray exam of aorta						
75630	6	X-ray aorta, leg arteries						
75650	6	Artery x-rays, head & neck						
75658	6	X-ray exam of arm arteries						
75660	6	Artery x-rays, head & neck						
75662	6	Artery x-rays, head & neck						
75665	6	Artery x-rays, head & neck						
75671	6	Artery x-rays, head & neck						
5676	6	Artery x-rays, neck						
75680	6	Artery x-rays, neck						
75685	6	Artery x-rays, spine						
75705	6	Artery x-rays, spine						
75710	6	Artery x-rays, arm/leg						
75716	6	Artery x-rays, arms/legs						
75722	6	Artery x-rays, kidney						
75724	6	Artery x-rays, kidneys						
75726	6	Artery x-rays, abdomen						
75731	6	Artery x-rays, adrenal gland						
75733	6	Artery x-rays,adrenal glands						
75736	6	Artery x-rays, pelvis						
75741	6	Artery x-rays, lung						
75743	6	Artery x-rays, lungs						
75746	6	Artery x-rays, lung						
75756	6	Artery x-rays, chest						
75774	6	Artery x-ray, each vessel						
75790	6	Visualize A-V shunt						
75801	6	Lymph vessel x-ray, arm/leg						
75803	6	Lymph vessel x-ray, arms/legs						
75805	6	Lymph vessel x-ray, trunk						
75807	6	Lymph vessel x-ray, trunk						
75809	6	Nonvascular shunt, x-ray						
75810	6	Vein x-ray, spleen/liver						
75820	6	Vein x-ray, arm/leg						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
75822	6	Vein x-ray, arms/legs						
75825	6	Vein x-ray, trunk						
75827	6	Vein x-ray, chest						
75831	6	Vein x-ray, kidney						
75833	6	Vein x-ray, kidneys						
75840	6	Vein x-ray, adrenal gland						
75842	6	Vein x-ray, adrenal glands						
75860	6	Vein x-ray, neck						
75870	6	Vein x-ray, skull						
75872	6	Vein x-ray, skull						
75880	6	Vein x-ray, eye socket						
75885	6	Vein x-ray, liver						
75887	6	Vein x-ray, liver						
75889	6	Vein x-ray, liver						
75891	6	Vein x-ray, liver						
75893	6	Venous sampling by catheter						
75894	6	Xrays, transcatheter therapy						
75896	6	Xrays, transcatheter therapy						
75898	6	Follow-up angiogram						
75900	6	Arterial catheter exchange						
75940	6	X-ray placement, vein filter						
75945	6	Intravascular us						
75946	6	Intravascular us						
75960	6	Transcatheter intro, stent						
75961	6	Retrieval, broken catheter						
75962	6	Repair arterial blockage						
75964	6	Repair artery blockage, each						
75966	6	Repair arterial blockage						
75968	6	Repair artery blockage, each						
75970	6	Vascular biopsy						
75978	6	Repair venous blockage						
75980	6	Contrast xray exam bile duct						
75982	6	Contrast xray exam bile duct						
75984	6	Xray control catheter change						
75989	6	Abscess drainage under x-ray						
75992	6	Atherectomy, x-ray exam						
75993	6	Atherectomy, x-ray exam						
75994	6	Atherectomy, x-ray exam						
75995	6	Atherectomy, x-ray exam						
75996	6	Atherectomy, x-ray exam						
76000	6	Fluoroscope examination						
76001	6	Fluoroscope exam, extensive						
76003	6	Needle localization by x-ray						
76010	6	X-ray, nose to rectum						
76020	6	X-rays for bone age						
76040	6	X-rays, bone evaluation						
76061	6	X-rays, bone survey						
76062	6	X-rays, bone survey						
76065	6	X-rays, bone evaluation						
76066	6	Joint(s) survey, single film						
76070	6	CT scan, bone density study						
76075	6	Dual energy x-ray study						
76076	6	Dual energy x-ray study						
76078	6	Photodensitometry						
76080	6	X-ray exam of fistula						
76086	6	X-ray of mammary duct						
76088	6	X-ray of mammary ducts						
76090	6	Mammogram, one breast						
76091	6	Mammogram, both breasts						
76092	9	Mamm0gram, screening						
76093	6	Magnetic image, breast						
76094	6	Magnetic image, both breasts						
76095	6	Stereotactic breast biopsy						
76096	6	X-ray of needle wire, breast						
76098	6	X-ray exam, breast specimen						
76100	6	X-ray exam of body section						
76101	6	Complex body section x-ray						
76102	6	Complex body section x-rays						
76120	6	Cinematic x-rays						
76125	6	Cinematic x-rays						
76140	9	X-ray consultation						
76150	6	X-ray exam, dry process						
76350	6	Special x-ray contrast study						
76355	6	CAT scan for localization						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
76360	6	CAT scan for needle biopsy						
76365	6	CAT scan for cyst aspiration						
76370	6	CAT scan for therapy guide						
76375	6	3d/holograph reconstr add-on						
76380	6	CAT scan follow-up study						
76390	6	Mr spectroscopy						
76400	6	Magnetic image, bone marrow						
76499	6	Radiographic procedure						
76506	6	Echo exam of head						
76511	6	Echo exam of eye						
76512	6	Echo exam of eye						
76513	6	Echo exam of eye, water bath						
76516	6	Echo exam of eye						
76519	6	Echo exam of eye						
76529	6	Echo exam of eye						
76536	6	Echo exam of head and neck						
76604	6	Echo exam of chest						
76645	6	Echo exam of breast						
76700	6	Echo exam of abdomen						
76705	6	Echo exam of abdomen						
76770	6	Echo exam abdomen back wall						
76775	6	Echo exam abdomen back wall						
76778	6	Echo exam kidney transplant						
76800	6	Echo exam spinal canal						
76805	6	Echo exam of pregnant uterus						
76810	6	Echo exam of pregnant uterus						
76815	6	Echo exam of pregnant uterus						
76816	6	Echo exam followup or repeat						
76818	6	Fetal biophysical profile						
76825	6	Echo exam of fetal heart						
76826	6	Echo exam of fetal heart						
76827	6	Echo exam of fetal heart						
76828	6	Echo exam of fetal heart						
76830	6	Echo exam, transvaginal						
76831	6	Echo exam, uterus						
76856	6	Echo exam of pelvis						
76857	6	Echo exam of pelvis						
76870	6	Echo exam of scrotum						
76872	6	Echo exam, transrectal						
76880	6	Echo exam of extremity						
76885	6	Echo exam, infant hips						
76886	6	Echo exam, infant hips						
76930	6	Echo guide for heart sac tap						
76932	6	Echo guide for heart biopsy						
76934	6	Echo guide for chest tap						
76936	6	Echo guide for artery repair						
76938	6	Echo exam for drainage						
76941	6	Echo guide for transfusion						
76942	6	Echo guide for biopsy						
76945	6	Echo guide, villus sampling						
76946	6	Echo guide for amniocentesis						
76948	6	Echo guide, ova aspiration						
76950	6	Echo guidance radiotherapy						
76960	6	Echo guidance radiotherapy						
76965	6	Echo guidance radiotherapy						
76970	6	Ultrasound exam follow-up						
76975	6	GI endoscopic ultrasound						
76986	6	Echo exam at surgery						
76999	6	Echo examination procedure						
77261	6	Radiation therapy planning						
77262	6	Radiation therapy planning						
77263	6	Radiation therapy planning						
77280	6	Set radiation therapy field						
77285	6	Set radiation therapy field						
77290	6	Set radiation therapy field						
77295	6	Set radiation therapy field						
77299	6	Radiation therapy planning						
77300	6	Radiation therapy dose plan						
77305	6	Radiation therapy dose plan						
77310	6	Radiation therapy dose plan						
77315	6	Radiation therapy dose plan						
77321	6	Radiation therapy port plan						
77326	6	Radiation therapy dose plan						
77327	6	Radiation therapy dose plan						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
77328	6	Radiation therapy dose plan						
77331	6	Special radiation dosimetry						
77332	6	Radiation treatment aid(s)						
77333	6	Radiation treatment aid(s)						
77334	6	Radiation treatment aid(s)						
77336	6	Radiation physics consu						
77370	6	Radiation physics consult						
77399	6	External radiation dosimetry						
77401	6	Radiation treatment delivery						
77402	6	Radiation treatment delivery						
77403	6	Radiation treatment delivery						
77404	6	Radiation treatment delivery						
77406	6	Radiation treatment delivery						
77407	6	Radiation treatment delivery						
77408	6	Radiation treatment delivery						
77409	6	Radiation treatment delivery						
77411	6	Radiation treatment delivery						
77412	6	Radiation treatment delivery						
77413	6	Radiation treatment delivery						
77414	6	Radiation treatment delivery						
77416	6	Radiation treatment delivery						
77417	6	Radiology port film(s)						
77419	6	Weekly radiation therapy						
77420	6	Weekly radiation therapy						
77425	6	Weekly radiation therapy						
77430	6	Weekly radiation therapy						
77431	6	Radiation therapy management						
77432	6	Stereotactic radiation trmt						
77470	6	Special radiation treatment						
77499	6	Radiation therapy management						
77600	6	Hyperthermia treatment						
77605	6	Hyperthermia treatment						
77610	6	Hyperthermia treatment						
77615	6	Hyperthermia treatment						
77620	6	Hyperthermia treatment						
77750	6	Infuse radioactive materials						
77761	6	Radioelement application						
77762	6	Radioelement application						
77763	6	Radioelement application						
77776	6	Radioelement application						
77777	6	Radioelement application						
77778	6	Radioelement application						
77781	6	High intensity brachytherapy						
77782	6	High intensity brachytherapy						
77783	6	High intensity brachytherapy						
77784	6	High intensity brachytherapy						
77789	6	Radioelement application						
77790	6	Radioelement handling						
77799	6	Radium/radioisotope therapy						
78000	6	Thyroid, single uptake						
78001	6	Thyroid, multiple uptakes						
78003	6	Thyroid suppress/stimul						
78006	6	Thyroid, imaging with uptake						
78007	6	Thyroid, image, mult uptakes						
78010	6	Thyroid imaging						
78011	6	Thyroid imaging with flow						
78015	6	Thyroid met imaging						
78016	6	Thyroid met imaging/studies						
78017	6	Thyroid met imaging, mult						
78018	6	Thyroid, met imaging, body						
78070	6	Parathyroid nuclear imaging						
78075	6	Adrenal nuclear imaging						
78099	6	Endocrine nuclear procedure						
78102	6	Bone marrow imaging, ltd						
78103	6	Bone marrow imaging, mult						
78104	6	Bone marrow imaging, body						
78110	6	Plasma volume, single						
78111	6	Plasma volume, multiple						
78120	6	Red cell mass, single						
78121	6	Red cell mass, multiple						
78122	6	Blood volume						
78130	6	Red cell survival study						
78135	6	Red cell survival kinetics						
78140	6	Red cell sequestration						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
78160	6	Plasma iron turnover						
78162	6	Iron absorption exam						
78170	6	Red cell iron utilization						
78172	6	Total body iron estimation						
78185	6	Spleen imaging						
78190	6	Platelet survival, kinetics						
78191	6	Platelet survival						
78195	6	Lymph system imaging						
78199	6	Blood/lymph nuclear exam						
78201	6	Liver imaging						
78202	6	Liver imaging with flow						
78205	6	Liver imaging (3D)						
78215	6	Liver and spleen imaging						
78216	6	Liver & spleen image, flow						
78220	6	Liver function study						
78223	6	Hepatobiliary imaging						
78230	6	Salivary gland imaging						
78231	6	Serial salivary imaging						
78232	6	Salivary gland function exam						
78258	6	Esophageal motility study						
78261	6	Gastric mucosa imaging						
78262	6	Gastroesophageal reflux exam						
78264	6	Gastric emptying study						
78270	6	Vit B-12 absorption exam						
78271	6	Vit B-12 absorp exam, IF						
78272	6	Vit B-12 absorp, combined						
78278	6	Acute GI blood loss imaging						
78282	6	GI protein loss exam						
78290	6	Meckel's divert exam						
78291	6	Leveen/shunt patency exam						
78299	6	GI nuclear procedure						
78300	6	Bone imaging, limited area						
78305	6	Bone imaging, multiple areas						
78306	6	Bone imaging, whole body						
78315	6	Bone imaging, 3 phase						
78320	6	Bone imaging (3D)						
78350	6	Bone mineral, single photon						
78351	9	Bone mineral, dual photon						
78399	6	Musculoskeletal nuclear exam						
78414	6	Non-imaging heart function						
78428	6	Cardiac shunt imaging						
78445	6	Vascular flow imaging						
78455	6	Venous thrombosis study						
78457	6	Venous thrombosis imaging						
78458	6	Ven thrombosis images, bilat						
78459	9	Heart muscle imaging (PET)						
78460	6	Heart muscle blood single						
78461	6	Heart muscle blood multiple						
78464	6	Heart image (3D) single						
78465	6	Heart image (3D) multiple						
78466	6	Heart infarct image						
78468	6	Heart infarct image, EF						
78469	6	Heart infarct image (3D)						
78472	6	Gated heart, resting						
78473	6	Gated heart, multiple						
78478	6	Heart wall motion (add-on)						
78480	6	Heart function, (add-on)						
78481	6	Heart first pass single						
78483	6	Heart first pass multiple						
78491	9	Heart image (pet) single						
78492	9	Heart image (pet) multiple						
78499	6	Cardiovascular nuclear exam						
78580	6	Lung perfusion imaging						
78584	6	Lung V/Q image single breath						
78585	6	Lung V/Q imaging						
78586	6	Aerosol lung image, single						
78587	6	Aerosol lung image, multiple						
78591	6	Vent image, 1 breath, 1 proj						
78593	6	Vent image, 1 proj, gas						
78594	6	Vent image, mult proj, gas						
78596	6	Lung differential function						
78599	6	Respiratory nuclear exam						
78600	6	Brain imaging, ltd static						
78601	6	Brain ltd imaging & flow						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
78605	6	Brain imaging, complete						
78606	6	Brain imaging comp & flow						
78607	6	Brain imaging (3D)						
78608	9	Brain imaging (PET)						
78609	9	Brain imaging (PET)						
78610	6	Brain flow imaging only						
78615	6	Cerebral blood flow imaging						
78630	6	Cerebrospinal fluid scan						
78635	6	CSF ventriculography						
78645	6	CSF shunt evaluation						
78647	6	Cerebrospinal fluid scan						
78650	6	CSF leakage imaging						
78660	6	Nuclear exam of tear flow						
78699	6	Nervous system nuclear exam						
78700	6	Kidney imaging, static						
78701	6	Kidney imaging with flow						
78704	6	Imaging renogram						
78707	6	Kidney flow & function image						
78708	6	Kidney flow & function image						
78709	6	Kidney flow & function image						
78710	6	Kidney imaging (3D)						
78715	6	Renal vascular flow exam						
78725	6	Kidney function study						
78730	6	Urinary bladder retention						
78740	6	Ureteral reflux study						
78760	6	Testicular imaging						
78761	6	Testicular imaging & flow						
78799	6	Genitourinary nuclear exam						
78800	6	Tumor imaging, limited area						
78801	6	Tumor imaging, mult areas						
78802	6	Tumor imaging, whole body						
78803	6	Tumor imaging (3D)						
78805	6	Abscess imaging, ltd area						
78806	6	Abscess imaging, whole body						
78807	6	Nuclear localization/abscess						
78810	9	Tumor imaging (PET)						
78890	6	Nuclear medicine data proc						
78891	6	Nuclear med data proc						
78990	9	Provide diag radionuclide(s)						
78999	6	Nuclear diagnostic exam						
79000	6	Intial hyperthyroid therapy						
79001	6	Repeat hyperthyroid therapy						
79020	6	Thyroid ablation						
79030	6	Thyroid ablation, carcinoma						
79035	6	Thyroid metastatic therapy						
79100	6	Hematopoetic nuclear therapy						
79200	6	Intracavitary nuc treatment						
79300	6	Interstitial nuclear therapy						
79400	6	Nonhemato nuclear therapy						
79420	6	Intravascular nuc therapy						
79440	6	Nuclear joint therapy						
79900	6	Provide ther radiopharm(s)						
79999	6	Nuclear medicine therapy						
80049	6	Metabolic panel, basic						
80050	9	General health panel						
80051	6	Electrolyte panel						
80054	6	Comprehen metabolic panel						
80055	9	Obstetric panel						
80058	6	Hepatic function panel						
80059	6	Hepatitis panel						
80061	2	Lipid panel						
80072	6	Arthritis panel						
80090	6	Torch antibody panel						
80091	6	Thyroid panel						
80092	6	Thyroid panel w/TSH						
80100	6	Drug screen						
80101	6	Drug screen						
80102	6	Drug confirmation						
80103	6	Drug analysis, tissue prep						
80150	6	Assay of amikacin						
80152	6	Assay of amitriptyline						
80154	6	Assay of benzodiazepines						
80156	6	Assay carbamazepine						
80158	6	Assay of cyclosporine						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
80160	6	Assay of desipramine						
80162	6	Assay for digoxin						
80164	6	Assay, dipropylacetic acid						
80166	6	Assay of doxepin						
80168	6	Assay of ethosuximide						
80170	6	Gentamicin						
80172	6	Assay for gold						
80174	6	Assay of imipramine						
80176	6	Assay for lidocaine						
80178	6	Assay for lithium						
80182	6	Assay for nortriptyline						
80184	6	Assay for phenobarbital						
80185	6	Assay for phenytoin						
80186	6	Assay for phenytoin, free						
80188	6	Assay for primidone						
80190	6	Assay for procainamide						
80192	6	Assay for procainamide						
80194	6	Assay for quinidine						
80196	6	Assay for salicylate						
80197	6	Assay for tacrolimus						
80198	6	Assay for theophylline						
80200	6	Assay for tobramycin						
80201	6	Assay for topiramate						
80202	6	Assay for vancomycin						
80299	6	Quantitative assay, drug						
80400	6	Acth stimulation panel						
80402	6	Acth stimulation panel						
80406	6	Acth stimulation panel						
80408	6	Aldosterone suppression eval						
80410	6	Calcitonin stimul panel						
80412	6	CRH stimulation panel						
80414	6	Testosterone response						
80415	6	Estradiol response panel						
80416	6	Renin stimulation panel						
80417	6	Renin stimulation panel						
80418	6	Pituitary evaluation panel						
80420	6	Dexamethasone panel						
80422	6	Glucagon tolerance panel						
80424	6	Glucagon tolerance panel						
80426	6	Gonadotropin hormone panel						
80428	6	Growth hormone panel						
80430	6	Growth hormone panel						
80432	6	Insulin suppression panel						
80434	6	Insulin tolerance panel						
80435	6	Insulin tolerance panel						
80436	6	Metyrapone panel						
80438	6	TRH stimulation panel						
80439	6	TRH stimulation panel						
80440	6	TRH stimulation panel						
80500	6	Lab pathology consultation						
80502	6	Lab pathology consultation						
81000	6	Urinalysis, nonauto, w/scope						
81001	6	Urinalysis, auto, w/scope						
81002	2	Urinalysis nonauto w/o scope						
81003	6	Urinalysis, auto, w/o scope						
81005	6	Urinalysis						
81007	6	Urine screen for bacteria						
81015	6	Microscopic exam of urine						
81020	6	Urinalysis, glass test						
81025	2	Urine pregnancy test						
81050	6	Urinalysis, volume measure						
81099	6	Urinalysis test procedure						
82000	6	Assay blood acetaldehyde						
82003	6	Assay acetaminophen						
82009	6	Test for acetone/ketones						
82010	6	Acetone assay						
82013	6	Acetylcholinesterase assay						
82024	6	ACTH						
82030	6	ADP & AMP						
82040	6	Assay serum albumin						
82042	6	Assay urine albumin						
82043	6	Microalbumin, quantitative						
82044	2	Microalbumin, semiquant						
82055	6	Assay ethanol						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
82075	6	Assay breath ethanol						
82085	6	Assay of aldolase						
82088	6	Aldosterone						
82101	6	Assay of urine alkaloids						
82103	6	Alpha-1-antitrypsin, total						
82104	6	Alpha-1-antitrypsin, pheno						
82105	6	Alpha-fetoprotein, serum						
82106	6	Alpha-fetoprotein; amniotic						
82108	6	Assay, aluminum						
82128	6	Test for amino acids						
82130	6	Amino acids analysis						
82131	6	Amino acids						
82135	6	Assay, aminolevulinic acid						
82140	6	Assay of ammonia						
82143	6	Amniotic fluid scan						
82145	6	Assay of amphetamines						
82150	6	Assay of amylase						
82154	6	Androstanediol glucuronide						
82157	6	Assay of androstenedione						
82160	6	Androsterone assay						
82163	6	Assay of angiotensin II						
82164	6	Angiotensin I enzyme test						
82172	6	Apolipoprotein						
82175	6	Assay of arsenic						
82180	6	Assay of ascorbic acid						
82190	6	Atomic absorption						
82205	6	Assay of barbiturates						
82232	6	Beta-2 protein						
82239	6	Bile acids, total						
82240	6	Bile acids, cholylglycine						
82250	6	Assay bilirubin						
82251	6	Assay bilirubin						
82252	6	Fecal bilirubin test						
82270	2	Test feces for blood						
82273	2	Test for blood, other source						
82286	6	Assay of bradykinin						
82300	6	Assay cadmium						
82306	6	Assay of vitamin D						
82307	6	Assay of vitamin D						
82308	6	Assay of calcitonin						
82310	6	Assay calcium						
82330	6	Assay calcium						
82331	6	Calcium infusion test						
82340	6	Assay calcium in urine						
82355	6	Calculus (stone) analysis						
82360	6	Calculus (stone) assay						
82365	6	Calculus (stone) assay						
82370	6	X-ray assay, calculus (stone)						
82374	6	Assay blood carbon dioxide						
82375	6	Assay blood carbon monoxide						
82376	6	Test for carbon monoxide						
82378	6	Carcinoembryonic antigen						
82380	6	Assay carotene						
82382	6	Assay urine catecholamines						
82383	6	Assay blood catecholamines						
82384	6	Assay three catecholamines						
82387	6	Cathepsin-D						
82390	6	Assay ceruloplasmin						
82397	6	Chemiluminescent assay						
82415	6	Assay chloramphenicol						
82435	6	Assay blood chloride						
82436	6	Assay urine chloride						
82438	6	Assay other fluid chlorides						
82441	6	Test for chlorohydrocarbons						
82465	2	Assay serum cholesterol						
82480	6	Assay serum cholinesterase						
82482	6	Assay rbc cholinesterase						
82485	6	Assay chondroitin sulfate						
82486	6	Gas/liquid chromatography						
82487	6	Paper chromatography						
82488	6	Paper chromatography						
82489	6	Thin layer chromatography						
82491	6	Chromotography, quantitative						
82495	6	Assay chromium						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
82507	6	Assay citrate						
82520	6	Assay for cocaine						
82523	6	Collagen crosslinks						
82525	6	Assay copper						
82528	6	Assay corticosterone						
82530	6	Cortisol, free						
82533	6	Total cortisol						
82540	6	Assay creatine						
82550	6	Assay CK (CPK)						
82552	6	Assay CPK in blood						
82553	6	Creatine, MB fraction						
82554	6	Creatine, isoforms						
82565	6	Assay creatinine						
82570	6	Assay urine creatinine						
82575	6	Creatinine clearance test						
82585	6	Assay cryofibrinogen						
82595	6	Assay cryoglobulin						
82600	6	Assay cyanide						
82607	6	Vitamin B-12						
82608	6	B-12 binding capacity						
82615	6	Test for urine cystines						
82626	6	Dehydroepiandrosterone						
82627	6	Dehydroepiandrosterone						
82633	6	Desoxycorticosterone						
82634	6	Deoxycortisol						
82638	6	Assay dibucaine number						
82646	6	Assay of dihydrocodeinone						
82649	6	Assay of dihydromorphinone						
82651	6	Dihydrotestosterone assay						
82652	6	Assay, dihydroxyvitamin D						
82654	6	Assay of dimethadione						
82664	6	Electrophoretic test						
82666	6	Epiandrosterone assay						
82668	6	Erythropoietin						
82670	6	Estradiol						
82671	6	Estrogens assay						
82672	6	Estrogen assay						
82677	6	Estriol						
82679	6	Estrone						
82690	6	Ethchlorvynol						
82693	6	Ethylene glycol						
82696	6	Etiocholanolone						
82705	6	Fats/lipids, feces, qualitativ						
82710	6	Fats/lipids, feces, quantitati						
82715	6	Fecal fat assay						
82725	6	Assay blood fatty acids						
82728	6	Assay ferritin						
82735	6	Assay fluoride						
82742	6	Assay of flurazepam						
82746	6	Blood folic acid serum						
82747	6	Folic acid, RBC						
82757	6	Assay semen fructose						
82759	6	RBC galactokinase assay						
82760	6	Assay galactose						
82775	6	Assay galactose transferase						
82776	6	Galactose transferase test						
82784	6	Assay gammaglobulin IgM						
82785	6	Assay, gammaglobulin IgE						
82787	6	IgG1, 2, 3 and 4						
82800	6	Blood pH						
82803	6	Blood gases: pH, pO2 & pCO2						
82805	6	Blood gases W/02 saturation						
82810	6	Blood gases, O2 sat only						
82820	6	Hemoglobin-oxygen affinity						
82926	6	Assay gastric acid						
82928	6	Assay gastric acid						
82938	6	Gastrin test						
82941	6	Assay of gastrin						
82943	6	Assay of glucagon						
82946	6	Glucagon tolerance test						
82947	2	Assay quantitative, glucose						
82948	6	Reagent strip/blood glucose						
82950	2	Glucose test						
82951	2	Glucose tolerance test (GTT)						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
82952	2	GTT-added samples						
82953	6	Glucose-tolbutamide test						
82955	6	Assay G6PD enzyme						
82960	6	Test for G6PD enzyme						
82962	2	Glucose blood test						
82963	6	Glucosidase assay						
82965	6	Assay GDH enzyme						
82975	6	Assay glutamine						
82977	6	Assay of GGT						
82978	6	Glutathione assay						
82979	6	Assay RBC glutathione enzyme						
82980	6	Assay of glutethimide						
82985	6	Glycated protein						
83001	6	Gonadotropin (FSH)						
83002	6	Gonadotropin (LH)						
83003	6	Assay growth hormone (HGH)						
83008	6	Assay guanosine						
83010	6	Quant assay haptoglobin						
83012	6	Assay haptoglobins						
83015	6	Heavy metal screen						
83018	6	Quantitative screen, metals						
83019	6	Breath isotope test						
83020	6	Assay hemoglobin						
83026	2	Hemoglobin, copper sulfate						
83030	6	Fetal hemoglobin assay						
83033	6	Fetal fecal hemoglobin assay						
83036	6	Glycated hemoglobin test						
83045	6	Blood methemoglobin test						
83050	6	Blood methemoglobin assay						
83051	6	Assay plasma hemoglobin						
83055	6	Blood sulfhemoglobin test						
83060	6	Blood sulfhemoglobin assay						
83065	6	Hemoglobin heat assay						
83068	6	Hemoglobin stability screen						
83069	6	Assay urine hemoglobin						
83070	6	Qualt assay hemosiderin						
83071	6	Quant assay of hemosiderin						
83088	6	Assay histamine						
83150	6	Assay for HVA						
83491	6	Assay of corticosteroids						
83497	6	Assay 5-HIAA						
83498	6	Assay of progesterone						
83499	6	Assay of progesterone						
83500	6	Assay free hydroxyproline						
83505	6	Assay total hydroxyproline						
83516	6	Immunoassay, non antibody						
83518	6	Immunoassay, dipstick						
83519	6	Immunoassay nonantibody						
83520	6	Immunoassay, RIA						
83525	6	Assay of insulin						
83527	6	Assay of insulin						
83528	6	Assay intrinsic factor						
83540	6	Assay iron						
83550	6	Iron binding test						
83570	6	Assay IDH enzyme						
83582	6	Assay ketogenic steroids						
83586	6	Assay 17-(17-KS)ketosteroids						
83593	6	Fractionation ketosteroids						
83605	6	Lactic acid assay						
83615	6	Lactate (LD) (LDH) enzyme						
83625	6	Assay LDH enzymes						
83632	6	Placental lactogen						
83633	6	Test urine for lactose						
83634	6	Assay urine for lactose						
83655	6	Assay for lead						
83661	6	Assay L/S ratio						
83662	6	L/S ratio, foam stability						
83670	6	Assay LAP enzyme						
83690	6	Assay lipase						
83715	6	Assay blood lipoproteins						
83717	6	Assay blood lipoproteins						
83718	2	Blood lipoprotein assay						
83719	6	Blood lipoprotein assay						
83721	6	Blood lipoprotein assay						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
83727	6	LRH hormone assay						
83735	6	Assay magnesium						
83775	6	Assay of md enzyme						
83785	6	Assay of manganese						
83805	6	Assay of meprobamate						
83825	6	Assay mercury						
83835	6	Assay metanephrines						
83840	6	Assay methadone						
83857	6	Assay methemalbumin						
83858	6	Assay methsuximide						
83864	6	Mucopolysaccharides						
83866	6	Mucopolysaccharides screen						
83872	6	Assay synovial fluid mucin						
83873	6	Assay, CSF protein						
83874	6	Myoglobin						
83883	6	Nephelometry, not specified						
83885	6	Assay for nickel						
83887	6	Assay nicotine						
83890	6	Molecular diagnostics						
83892	6	Molecular diagnostics						
83894	6	Molecular diagnostics						
83896	6	Molecular diagnostics						
83898	6	Molecular diagnostics						
83902	6	Molecular diagnostics						
83912	6	Genetic examination						
83915	6	Assay nucleotidase						
83916	6	Oligoclonal bands						
83918	6	Assay organic acids						
83925	6	Opiates						
83930	6	Assay blood osmolality						
83935	6	Assay urine osmolality						
83937	6	Assay for osteocalcin						
83945	6	Assay oxalate						
83970	6	Assay of parathormone						
83986	2	Assay body fluid acidity						
83992	6	Assay for phencyclidine						
84022	6	Assay of phenothiazine						
84030	6	Assay blood PKU						
84035	6	Assay phenylketones						
84060	6	Assay acid phosphatase						
84061	6	Phosphatase, forensic exam						
84066	6	Assay prostate phosphatase						
84075	6	Assay alkaline phosphatase						
84078	6	Assay alkaline phosphatase						
84080	6	Assay alkaline phosphatases						
84081	6	Amniotic fluid enzyme test						
84085	6	Assay RBC PG6D enzyme						
84087	6	Assay phosphohexose enzymes						
84100	6	Assay phosphorus						
84105	6	Assay urine phosphorus						
84106	6	Test for porphobilinogen						
84110	6	Assay porphobilinogen						
84119	6	Test urine for porphyrins						
84120	6	Assay urine porphyrins						
84126	6	Assay feces porphyrins						
84127	6	Porphyrins, feces						
84132	6	Assay serum potassium						
84133	6	Assay urine potassium						
84134	6	Prealbumin						
84135	6	Assay pregnanediol						
84138	6	Assay pregnanetriol						
84140	6	Assay for pregnenolone						
84143	6	Assay/17-hydroxypregnenolone						
84144	6	Assay progesterone						
84146	6	Assay for prolactin						
84150	6	Assay of prostaglandin						
84153	6	Prostate specific antigen						
84155	6	Assay protein						
84160	6	Assay serum protein						
84165	6	Assay serum proteins						
84181	6	Western blot test						
84182	6	Protein, western blot test						
84202	6	Assay RBC protoporphyrin						
84203	6	Test RBC protoporphyrin						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
84206	6	Assay of proinsulin						
84207	6	Assay vitamin B–6						
84210	6	Assay pyruvate						
84220	6	Assay pyruvate kinase						
84228	6	Assay quinine						
84233	6	Assay estrogen						
84234	6	Assay progesterone						
84235	6	Assay endocrine hormone						
84238	6	Assay non-endocrine receptor						
84244	6	Assay of renin						
84252	6	Assay vitamin B–2						
84255	6	Assay selenium						
84260	6	Assay serotonin						
84270	6	Sex hormone globulin (SHBG)						
84275	6	Assay sialic acid						
84285	6	Assay silica						
84295	6	Assay serum sodium						
84300	6	Assay urine sodium						
84305	6	Somatomedin						
84307	6	Somatostatin						
84311	6	Spectrophotometry						
84315	6	Body fluid specific gravity						
84375	6	Chromatogram assay, sugars						
84392	6	Assay urine sulfate						
84402	6	Testosterone						
84403	6	Assay total testosterone						
84425	6	Assay vitamin B-1						
84430	6	Assay thiocyanate						
84432	6	Thyroglobulin						
84436	6	Assay, total thyroxine						
84437	6	Assay neonatal thyroxine						
84439	6	Assay, free thyroxine						
84442	6	Thyroid activity (TBG) assay						
84443	6	Assay thyroid stim hormone						
84445	6	Thyroid immunoglobulins TSI						
84446	6	Assay vitamin E						
84449	6	Assay for transcortin						
84450	6	Transferase (AST) (SGOT)						
84460	6	Alanine amino (ALT) (SGPT)						
84466	6	Transferrin						
84478	2	Assay triglycerides						
84479	6	Assay thyroid (t-3 or t-4)						
84480	6	Assay triiodothyronine (t-3)						
84481	6	Free assay (FT-3)						
84482	6	T3 reverse						
84484	6	Troponin, quant						
84485	6	Assay duodenal fluid trypsin						
84488	6	Test feces for trypsin						
84490	6	Assay feces for trypsin						
84510	6	Assay tyrosine						
84512	6	Troponin, qual						
84520	6	Assay urea nitrogen						
84525	6	Urea nitrogen semi-quant						
84540	6	Assay urine urea-N						
84545	6	Urea-N clearance test						
84550	6	Assay blood uric acid						
84560	6	Assay urine uric acid						
84577	6	Assay feces urobilinogen						
84578	6	Test urine urobilinogen						
84580	6	Assay urine urobilinogen						
84583	6	Assay urine urobilinogen						
84585	6	Assay urine VMA						
84586	6	VIP assay						
84588	6	Assay vasopressin						
84590	6	Assay vitamin-A						
84597	6	Assay vitamin-K						
84600	6	Assay for volatiles						
84620	6	Xylose tolerance test						
84630	6	Assay zinc						
84681	6	Assay C-peptide						
84702	6	Chorionic gonadotropin test						
84703	6	Chorionic gonadotropin assay						
84830	2	Ovulation tests						
84999	6	Clinical chemistry test						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
85002	6	Bleeding time test						
85007	6	Differential WBC count						
85008	6	Nondifferential WBC count						
85009	6	Differential WBC count						
85013	2	Hematocrit						
85014	2	Hematocrit						
85018	2	Hemoglobin						
85021	6	Automated hemogram						
85022	6	Automated hemogram						
85023	6	Automated hemogram						
85024	6	Automated hemogram						
85025	6	Automated hemogram						
85027	6	Automated hemogram						
85029	6	Automated hemogram						
85030	6	Automated hemogram						
85031	6	Manual hemogram, complete cbc						
85041	6	Red blood cell (RBC) count						
85044	6	Reticulocyte count						
85045	6	Reticulocyte count						
85048	6	White blood cell (WBC) count						
85060	6	Blood smear interpretation						
85095	6	Bone marrow aspiration						
85097	6	Bone marrow interpretation						
85102	6	Bone marrow biopsy						
85130	6	Chromogenic substrate assay						
85170	6	Blood clot retraction						
85175	6	Blood clot lysis time						
85210	6	Blood clot factor II test						
85220	6	Blood clot factor V test						
85230	6	Blood clot factor VII test						
85240	6	Blood clot factor VIII test						
85244	6	Blood clot factor VIII test						
85245	6	Blood clot factor VIII test						
85246	6	Blood clot factor VIII test						
85247	6	Blood clot factor VIII test						
85250	6	Blood clot factor IX test						
85260	6	Blood clot factor X test						
85270	6	Blood clot factor XI test						
85280	6	Blood clot factor XII test						
85290	6	Blood clot factor XIII test						
85291	6	Blood clot factor XIII test						
85292	6	Blood clot factor assay						
85293	6	Blood clot factor assay						
85300	6	Antithrombin III test						
85301	6	Antithrombin III test						
85302	6	Blood clot inhibitor antigen						
85303	6	Blood clot inhibitor test						
85305	6	Blood clot inhibitor assay						
85306	6	Blood clot inhibitor test						
85335	6	Factor inhibitor test						
85337	6	Thrombomodulin						
85345	6	Coagulation time						
85347	6	Coagulation time						
85348	6	Coagulation time						
85360	6	Euglobulin lysis						
85362	6	Fibrin degradation products						
85366	6	Fibrinogen test						
85370	6	Fibrinogen test						
85378	6	Fibrin degradation						
85379	6	Fibrin degradation						
85384	6	Fibrinogen						
85385	6	Fibrinogen						
85390	6	Fibrinolysins screen						
85400	6	Fibrinolytic plasmin						
85410	6	Fibrinolytic antiplasmin						
85415	6	Fibrinolytic plasminogen						
85420	6	Fibrinolytic plasminogen						
85421	6	Fibrinolytic plasminogen						
85441	6	Heinz bodies; direct						
85445	6	Heinz bodies; induced						
85460	6	Hemoglobin, fetal						
85461	6	Hemoglobin, fetal						
85475	6	Hemolysin						
85520	6	Heparin assay						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
85525	6	Heparin						
85530	6	Heparin-protamine tolerance						
85535	6	Iron stain, blood cells						
85540	6	Wbc alkaline phosphatase						
85547	6	RBC mechanical fragility						
85549	6	Muramidase						
85555	6	RBC osmotic fragility						
85557	6	RBC osmotic fragility						
85576	6	Blood platelet aggregation						
85585	6	Blood platelet estimation						
85590	6	Platelet manual count						
85595	6	Platelet count, automated						
85597	6	Platelet neutralization						
85610	6	Prothrombin time						
85611	6	Prothrombin test						
85612	6	Viper venom prothrombin time						
85613	6	Russell viper venom, diluted						
85635	6	Reptilase test						
85651	2	Rbc sed rate, nonauto						
85652	6	Rbc sed rate, auto						
85660	6	RBC sickle cell test						
85670	6	Thrombin time, plasma						
85675	6	Thrombin time, titer						
85705	6	Thromboplastin inhibition						
85730	6	Thromboplastin time, partial						
85732	6	Thromboplastin time, partial						
85810	6	Blood viscosity examination						
85999	6	Hematology procedure						
86000	6	Agglutinins; febrile						
86003	6	Allergen specific IgE						
86005	6	Allergen specific IgE						
86021	6	WBC antibody identification						
86022	6	Platelet antibodies						
86023	6	Immunoglobulin assay						
86038	6	Antinuclear antibodies						
86039	6	Antinuclear antibodies (ANA)						
86060	6	Antistreptolysin O titer						
86063	6	Antistreptolysin O screen						
86077	6	Physician blood bank service						
86078	6	Physician blood bank service						
86079	6	Physician blood bank service						
86140	6	C-reactive protein						
86147	6	Cardiolipin antibody						
86148	6	Phospholipid antibody						
86155	6	Chemotaxis assay						
86156	6	Cold agglutinin screen						
86157	6	Cold agglutinin, titer						
86160	6	Complement, antigen						
86161	6	Complement/function activity						
86162	6	Complement, total (CH50)						
86171	6	Complement fixation, each						
86185	6	Counterimmunoelectrophoresis						
86215	6	Deoxyribonuclease, antibody						
86225	6	DNA antibody						
86226	6	DNA antibody, single strand						
86235	6	Nuclear antigen antibody						
86243	6	Fc receptor						
86255	6	Fluorescent antibody; screen						
86256	6	Fluorescent antibody; titer						
86277	6	Growth hormone antibody						
86280	6	Hemagglutination inhibition						
86308	6	Heterophile antibodies						
86309	6	Heterophile antibodies						
86310	6	Heterophile antibodies						
86316	6	Immunoassay, tumor antigen						
86317	6	Immunoassay, infectious agent						
86318	2	Immunoassay, infectious agent						
86320	6	Serum immunoelectrophoresis						
86325	6	Other immunoelectrophoresis						
86327	6	Immunoelectrophoresis assay						
86329	6	Immunodiffusion						
86331	6	Immunodiffusion ouchterlony						
86332	6	Immune complex assay						
86334	6	Immunofixation procedure						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
86337	6	Insulin antibodies						
86340	6	Intrinsic factor antibody						
86341	6	Islet cell antibody						
86343	6	Leukocyte histamine release						
86344	6	Leukocyte phagocytosis						
86353	6	Lymphocyte transformation						
86359	6	T cells, total count						
86360	6	T cell absolute count/ratio						
86361	6	T cell absolute count						
86376	6	Microsomal antibody						
86378	6	Migration inhibitory factor						
86382	6	Neutralization test, viral						
86384	6	Nitroblue tetrazolium dye						
86403	6	Particle agglutination test						
86406	6	Particle agglutination test						
86430	6	Rheumatoid factor test						
86431	6	Rheumatoid factor, quant						
86485	6	Skin test, candida						
86490	6	Coccidioidomycosis skin test						
86510	6	Histoplasmosis skin test						
86580	6	TB intradermal test						
86585	6	TB tine test						
86586	6	Skin test, unlisted						
86588	2	Streptocollus, direct screen						
86590	6	Streptokinase, antibody						
86592	6	Blood serology, qualitative						
86593	6	Blood serology, quantitative						
86602	6	Antinomyces antibody						
86603	6	Adenovirus, antibody						
86606	6	Aspergillus antibody						
86609	6	Bacterium, antibody						
86612	6	Blastomyces, antibody						
86615	6	Bordetella antibody						
86617	6	Lyme disease antibody						
86618	6	Lyme disease antibody						
86619	6	Borrelia antibody						
86622	6	Brucella, antibody						
86625	6	Campylobacter, antibody						
86628	6	Candida, antibody						
86631	6	Chlamydia, antibody						
86632	6	Chlamydia, IgM, antibody						
86635	6	Coccidioides, antibody						
86638	6	Q fever antibody						
86641	6	Cryptococcus antibody						
86644	6	CMV antibody						
86645	6	CMV antibody, IgM						
86648	6	Diphtheria antibody						
86651	6	Encephalitis antibody						
86652	6	Encephalitis antibody						
86653	6	Encephalitis, antibody						
86654	6	Encephalitis, antibody						
86658	6	Enterovirus, antibody						
86663	6	Epstein-barr antibody						
86664	6	Epstein-barr antibody						
86665	6	Epstein-barr, antibody						
86668	6	Francisella tularensis						
86671	6	Fungus, antibody						
86674	6	Giardia lamblia						
86677	6	Helicobacter pylori						
86682	6	Helminth, antibody						
86684	6	Hemophilus influenza						
86687	6	HTLV–I						
86688	6	HTLV–II						
86689	6	HTLV/HIV confirmatory test						
86692	6	Hepatitis, delta agent						
86694	6	Herpes simplex test						
86695	6	Herpes simplex test						
86698	6	Histoplasma						
86701	6	HIV–1						
86702	6	HIV–2						
86703	6	HIV–1/HIV–2, single assay						
86704	6	Hep b core ab test, igg & m						
86705	6	Hep b core ab test, igm						
86706	6	Hepatitis b surface ab test						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
86707	6	Hepatitis be ab test						
86708	6	Hep a ab test, igg & m						
86709	6	Hep a ab test, igm						
86710	6	Influenza virus						
86713	6	Legionella						
86717	6	Leishmania						
86720	6	Leptospira						
86723	6	Listeria monocytogenes						
86727	6	Lymph choriomeningitis						
86729	6	Lympho venereum						
86732	6	Mucormycosis						
86735	6	Mumps						
86738	6	Mycoplasma						
86741	6	Neisseria meningitidis						
86744	6	Nocardia						
86747	6	Parvovirus						
86750	6	Malaria						
86753	6	Protozoa, not elsewhere						
86756	6	Respiratory virus						
86759	6	Rotavirus						
86762	6	Rubella						
86765	6	Rubeola						
86768	6	Salmonella						
86771	6	Shigella						
86774	6	Tetanus						
86777	6	Toxoplasma						
86778	6	Toxoplasma, IgM						
86781	6	Treponema pallidum confirm						
86784	6	Trichinella						
86787	6	Varicella-zoster						
86790	6	Virus, not specified						
86793	6	Yersinia						
86800	6	Thyroglobulin antibody						
86803	6	Hepatitis c ab test						
86804	6	Hep c ab test, confirm						
86805	6	Lymphocytotoxicity assay						
86806	6	Lymphocytotoxicity assay						
86807	6	Cytotoxic antibody screening						
86808	6	Cytotoxic antibody screening						
86812	6	HLA typing, A, B, or C						
86813	6	HLA typing, A, B, or C						
86816	6	HLA typing, DR/DQ						
86817	6	HLA typing, DR/DQ						
86821	6	Lymphocyte culture, mixed						
86822	6	Lymphocyte culture, primed						
86849	6	Immunology procedure						
86850	6	RBC antibody screen						
86860	6	RBC antibody elution						
86870	6	RBC antibody identification						
86880	6	Coombs test						
86885	6	Coombs test						
86886	6	Coombs test						
86890	6	Autologous blood process						
86891	6	Autologous blood, op salvage						
86900	6	Blood typing, ABO						
86901	6	Blood typing, Rh (D)						
86903	6	Blood typing, antigen screen						
86904	6	Blood typing, patient serum						
86905	6	Blood typing, RBC antigens						
86906	6	Blood typing, Rh phenotype						
86910	9	Blood typing, paternity test						
86911	9	Blood typing, antigen system						
86915	6	Bone marrow						
86920	6	Compatibility test						
86921	6	Compatibility test						
86922	6	Compatibility test						
86927	6	Plasma, fresh frozen						
86930	6	Frozen blood prep						
86931	6	Frozen blood thaw						
86932	6	Frozen blood, freeze/thaw						
86940	6	Hemolysins/agglutinins auto						
86941	6	Hemolysins/agglutinins						
86945	6	Blood product/irradiation						
86950	6	Leukacyte transfusion						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
86965	6	Pooling blood platelets						
86970	6	RBC pretreatment						
86971	6	RBC pretreatment						
86972	6	RBC pretreatment						
86975	6	RBC pretreatment, serum						
86976	6	RBC pretreatment, serum						
86977	6	RBC pretreatment, serum						
86978	6	RBC pretreatment, serum						
86985	6	Split blood or products						
86999	6	Transfusion procedure						
87001	6	Small animal inoculation						
87003	6	Small animal inoculation						
87015	6	Specimen concentration						
87040	6	Blood culture for bacteria						
87045	6	Stool culture for bacteria						
87060	6	Nose/throat culture,bacteria						
87070	6	Culture specimen, bacteria						
87072	2	Culture of specimen by kit						
87075	6	Culture specimen, bacteria						
87076	6	Bacteria identification						
87081	6	Bacteria culture screen						
87082	6	Culture of specimen by kit						
87083	6	Culture of specimen by kit						
87084	6	Culture of specimen by kit						
87085	6	Culture of specimen by kit						
87086	6	Urine culture, colony count						
87087	6	Urine bacteria culture						
87088	6	Urine bacteria culture						
87101	6	Skin fungus culture						
87102	6	Fungus isolation culture						
87103	6	Blood fungus culture						
87106	6	Fungus identification						
87109	6	Mycoplasma culture						
87110	6	Culture, chlamydia						
87116	6	Mycobacteria culture						
87117	6	Mycobacteria culture						
87118	6	Mycobacteria identification						
87140	6	Culture typing, fluorescent						
87143	6	Culture typing, GLC method						
87145	6	Culture typing, phage method						
87147	6	Culture typing, serologic						
87151	6	Culture typing, serologic						
87155	6	Culture typing, precipitin						
87158	6	Culture typing, added method						
87163	6	Special microbiology culture						
87164	6	Dark field examination						
87166	6	Dark field examination						
87174	6	Endotoxin, bacterial						
87175	6	Assay, endotoxin, bacterial						
87176	6	Endotoxin, bacterial						
87177	6	Ova and parasites smears						
87181	6	Antibiotic sensitivity, each						
87184	6	Antibiotic sensitivity, each						
87186	6	Antibiotic sensitivity, MIC						
87187	6	Antibiotic sensitivity, MBC						
87188	6	Antibiotic sensitivity, each						
87190	6	TB antibiotic sensitivity						
87192	6	Antibiotic sensitivity, each						
87197	6	Bactericidal level, serum						
87205	6	Smear, stain & interpret						
87206	6	Smear, stain & interpret						
87207	6	Smear, stain & interpret						
87208	6	Smear, stain & interpret						
87210	6	Smear, stain & interpret						
87211	6	Smear, stain & interpret						
87220	6	Tissue exam for fungi						
87230	6	Assay, toxin or antitoxin						
87250	6	Virus inoculation for test						
87252	6	Virus inoculation for test						
87253	6	Virus inoculation for test						
87260	6	Adenovirus ag, dfa						
87265	6	Pertussis ag, dfa						
87270	6	Chylmd trach ag, dfa						
87272	6	Cryptosporidum ag, dfa						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
87274	6	Herpes simplex ag, dfa						
87276	6	Influenza ag, dfa						
87278	6	Legion pneumo ag, dfa						
87280	6	Resp syncytial ag, dfa						
87285	6	Trepon pallidum ag, dfa						
87290	6	Varicella ag, dfa						
87299	6	Ag detection nos, dfa						
87301	6	Adenovirus ag, eia						
87320	6	Chylmd trach ag, eia						
87324	6	Clostridium ag, eia						
87328	6	Cryptospor ag, eia						
87332	6	Cytomegalovirus ag, eia						
87335	6	E coli 0157 ag, eia						
87340	6	Hepatitis b surface ag, eia						
87350	6	Hepatitis b ag, eia						
87380	6	Hepatitis delta ag, eia						
87385	6	Histoplasma capsul ag, eia						
87390	6	Hiv-1 ag, eia						
87391	6	Hiv-2 ag, eia						
87420	6	Resp syncytial ag, eia						
87425	6	Rotavirus ag, eia						
87430	6	Strep a ag, eia						
87449	6	Ag detect nos, eia, mult						
87450	6	Ag detect nos, eia, single						
87470	6	Bartonella, dna, dir probe						
87471	6	Bartonella, dna, amp probe						
87472	6	Bartonella, dna, quant						
87475	6	Lyme dis, dna, dir probe						
87476	6	Lyme dis, dna, amp probe						
87477	6	Lyme dis, dna, quant						
87480	6	Candida, dna, dir probe						
87481	6	Candida, dna, amp probe						
87482	6	Candida, dna, quant						
87485	6	Chylmd pneum, dna, dir probe						
87486	6	Chylmd pneum, dna, amp probe						
87487	6	Chylmd pneum, dna, quant						
87490	6	Chylmd trach, dna, dir probe						
87491	6	Chylmd trach, dna, amp probe						
87492	6	Chylmd trach, dna, quant						
87495	6	Cytomeg, dna, dir probe						
87496	6	Cytomeg, dna, amp probe						
87497	6	Cytomeg, dna, quant						
87510	6	Gardner vag, dna, dir probe						
87511	6	Gardner vag, dna, amp probe						
87512	6	Gardner vag, dna, quant						
87515	6	Hepatitis b, dna, dir probe						
87516	6	Hepatitis b, dna, amp probe						
87517	6	Hepatitis b, dna, quant						
87520	6	Hepatitis c, rna, dir probe						
87521	6	Hepatitis c, rna, amp probe						
87522	6	Hepatitis c, rna, quant						
87525	6	Hepatitis g, dna, dir probe						
87526	6	Hepatitis g, dna, amp probe						
87527	6	Hepatitis g, dna, quant						
87528	6	Hsv, dna, dir probe						
87529	6	Hsv, dna, amp probe						
87530	6	Hsv, dna, quant						
87531	6	Hhv-6, dna, dir probe						
87532	6	Hhv-6, dna, amp probe						
87533	6	Hhv-6, dna, quant						
87534	6	Hiv-1, dna, dir probe						
87535	6	Hiv-1, dna, amp probe						
87536	6	Hiv-1, dna, quant						
87537	6	Hiv-2, dna, dir probe						
87538	6	Hiv-2, dna, amp probe						
87539	6	Hiv-2, dna, quant						
87540	6	Legion pneumo, dna, dir prob						
87541	6	Legion pneumo, dna, amp prob						
87542	6	Legion pneumo, dna, quant						
87550	6	Mycobacteria, dna, dir probe						
87551	6	Mycobacteria, dna, amp probe						
87552	6	Mycobacteria, dna, quant						
87555	6	M.tuberculo, dna, dir probe						
87556	6	M.tuberculo, dna, amp probe						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
87557	6	M.tuberculo, dna, quant						
87560	6	M.avium-intra, dna, dir prob						
87561	6	M.avium-intra, dna, amp prob						
87562	6	M.avium-intra, dna, quant						
87580	6	M.pneumon, dna, dir probe						
87581	6	M.pneumon, dna, amp probe						
87582	6	M.pneumon, dna, quant						
87590	6	N.gonorrhoeae, dna, dir prob						
87591	6	N.gonorrhoeae, dna, amp prob						
87592	6	N.gonorrhoeae, dna, quant						
87620	6	Hpv, dna, dir probe						
87621	6	Hpv, dna, amp probe						
87622	6	Hpv, dna, quant						
87650	6	Strep a, dna, dir probe						
87651	6	Strep a, dna, amp probe						
87652	6	Strep a, dna, quant						
87797	6	Detect agent nos, dna, dir						
87798	6	Detect agent nos, dna, amp						
87799	6	Detect agent nos, dna, quant						
87810	6	Chylmd trach assay w/optic						
87850	6	N. gonorrhoeae assay w/optic						
87880	6	Strep a assay w/optic						
87899	6	Agent nos assay w/optic						
87999	6	Microbiology procedure						
88000	9	Autopsy (necropsy), gross						
88005	9	Autopsy (necropsy), gross						
88007	9	Autopsy (necropsy), gross						
88012	9	Autopsy (necropsy), gross						
88014	9	Autopsy (necropsy), gross						
88016	9	Autopsy (necropsy), gross						
88020	9	Autopsy (necropsy), complete						
88025	9	Autopsy (necropsy), complete						
88027	9	Autopsy (necropsy), complete						
88028	9	Autopsy (necropsy), complete						
88029	9	Autopsy (necropsy), complete						
88036	9	Limited autopsy						
88037	9	Limited autopsy						
88040	9	Forensic autopsy (necropsy)						
88045	9	Coroner's autopsy (necropsy)						
88099	9	Necropsy (autopsy) procedure						
88104	6	Cytopathology, fluids						
88106	6	Cytopathology, fluids						
88107	6	Cytopathology, fluids						
88108	6	Cytopath, concentrate tech						
88125	6	Forensic cytopathology						
88130	6	Sex chromatin identification						
88140	6	Sex chromatin identification						
88141	6	Cytopath cerv/vag interpret						
88142	6	Cytopath cerv/vag thin layer						
88150	6	Cytopath cerv/vag						
88152	6	Cytopath cerv/vag auto						
88155	6	Cytopath cerv/vag index						
88156	6	Cytopath cerv/vag tbs						
88158	6	Cytopath cerv/vag tbs auto						
88160	6	Cytopath smear, other source						
88161	6	Cytopath smear, other source						
88162	6	Cytopath smear, other source						
88170	6	Fine needle aspiration						
88171	6	Fine needle aspiration						
88172	6	Evaluation of smear						
88173	6	Interpretation of smear						
88180	6	Cell marker study						
88182	6	Cell marker study						
88199	6	Cytopathology procedure						
88230	6	Tissue culture, lymphocyte						
88233	6	Tissue culture, skin/biopsy						
88235	6	Tissue culture, placenta						
88237	6	Tissue culture, bone marrow						
88239	6	Tissue culture, other						
88245	6	Chromosome analysis						
88248	6	Chromosome analysis						
88250	6	Chromosome analysis						
88260	6	Chromosome analysis: 5 cells						
88261	6	Chromosome analysis: 5 cells						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
88262	6	Chromosome count: 15–20 cells						
88263	6	Chromosome analysis: 45 cells						
88267	6	Chromosome analysis: placenta						
88269	6	Chromosome analysis: amniotic						
88280	6	Chromosome karyotype study						
88283	6	Chromosome banding study						
88285	6	Chromosome count: additional						
88289	6	Chromosome study: additional						
88299	6	Cytogenetic study						
88300	6	Surg path, gross						
88302	6	Tissue exam by pathologist						
88304	6	Tissue exam by pathologist						
88305	6	Tissue exam by pathologist						
88307	6	Tissue exam by pathologist						
88309	6	Tissue exam by pathologist						
88311	6	Decalcify tissue						
88312	6	Special stains						
88313	6	Special stains						
88314	6	Histochemical stain						
88318	6	Chemical histochemistry						
88319	6	Enzyme histochemistry						
88321	6	Microslide consultation						
88323	6	Microslide consultation						
88325	6	Comprehensive review of data						
88329	6	Pathology consult in surgery						
88331	6	Pathology consult in surgery						
88332	6	Pathology consult in surgery						
88342	6	Immunocytochemistry						
88346	6	Immunofluorescent study						
88347	6	Immunofluorescent study						
88348	6	Electron microscopy						
88349	6	Scanning electron microscopy						
88355	6	Analysis, skeletal muscle						
88356	6	Analysis, nerve						
88358	6	Analysis, tumor						
88362	6	Nerve teasing preparations						
88365	6	Tissue hybridization						
88371	6	Protein, western blot tissue						
88372	6	Protein analysis w/probe						
88399	6	Surgical pathology procedure						
89050	6	Body fluid cell count						
89051	6	Body fluid cell count						
89060	6	Exam, synovial fluid crystals						
89100	6	Sample intestinal contents						
89105	6	Sample intestinal contents						
89125	6	Specimen fat stain						
89130	6	Sample stomach contents						
89132	6	Sample stomach contents						
89135	6	Sample stomach contents						
89136	6	Sample stomach contents						
89140	6	Sample stomach contents						
89141	6	Sample stomach contents						
89160	6	Exam feces for meat fibers						
89190	6	Nasal smear for eosinophils						
89250	6	Fertilization of oocyte						
89251	6	Culture oocyte w/embryos						
89252	6	Assist oocyte fertilization						
89253	6	Embryo hatching						
89254	6	Oocyte identification						
89255	6	Prepare embryo for transfer						
89256	6	Prepare cryopreserved embryo						
89257	6	Sperm identification						
89258	6	Cryopreservation, embryo						
89259	6	Cryopreservation, sperm						
89260	6	Sperm isolation, simple						
89261	6	Sperm isolation, complex						
89300	6	Semen analysis						
89310	6	Semen analysis						
89320	6	Semen analysis						
89325	6	Sperm antibody test						
89329	6	Sperm evaluation test						
89330	6	Evaluation, cervical mucus						
89350	6	Sputum specimen collection						
89355	6	Exam feces for starch						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
89360	6	Collect sweat for test						
89365	6	Water load test						
89399	6	Pathology lab procedure						
90700	9	DTaP immunization						
90701	9	DTP immunization						
90702	9	DT immunization						
90703	9	Tetanus immunization						
90704	9	Mumps immunization						
90705	9	Measles immunization						
90706	9	Rubella immunization						
90707	9	MMR virus immunization						
90708	9	Measles-rubella immunization						
90709	9	Rubella & mumps immunization						
90710	9	Combined vaccine						
90711	9	Combined vaccine						
90712	9	Oral poliovirus immunization						
90713	9	Poliomyelitis immunization						
90714	9	Typhoid immunization						
90716	9	Chicken pox vaccine						
90717	9	Yellow fever immunization						
90718	9	Td immunization						
90719	9	Diphtheria immunization						
90720	9	DTP/HIB vaccine						
90721	9	Dtap/hib vaccine						
90724	6	Influenza immunization						
90725	9	Cholera immunization						
90726	9	Rabies immunization						
90727	9	Plague immunization						
90728	9	BCG immunization						
90730	9	Hepatitis A vaccine						
90732	6	Pneumococcal immunization						
90733	9	Meningococcal immunization						
90735	9	Encephalitis virus vaccine						
90737	9	Influenza B immunization						
90741	9	Passive immunization, ISG						
90742	9	Special passive immunization						
90744	6	Hepatitis B vaccine, under 11						
90745	6	Hepatitis B vaccine, 11–19						
90746	6	Hepatitis B vaccine, over 20						
90747	6	Hepatitis B vaccine, ill pat						
90748	6	Hepatitis b/hib vaccine						
90749	6	Immunization procedure						
90780	6	IV infusion therapy, 1 hour						
90781	6	IV infusion, additional hour						
90782	6	Injection (SC)/(IM)						
90783	6	Injection (IA)						
90784	6	Injection (IV)						
90788	6	Injection of antibiotic						
90799	6	Therapeutic/diag injection						
90801	6	Psy dx interview						
90802	6	Intac psy dx interview						
90804	6	Psytx, office (20–30)						
90805	6	Psytx, office (20–30) w/e&m						
90806	6	Psytx, office (45–50)						
90807	6	Psytx, office (45–50) w/e&m						
90808	6	Psytx, office (75–80)						
90809	6	Psytx, office (75–80) w/e&m						
90810	6	Intac psytx, office (20–30)						
90811	6	Intac psytx, off 20–30 w/e&m						
90812	6	Intac psytx, office (45–50)						
90813	6	Intac psytx, off 45–50 w/e&m						
90814	6	Intac psytx, office (75–80)						
90815	6	Intac psytx, off 75–80 w/e&m						
90816	6	Psytx, hosp (20–30)						
90817	6	Psytx, hosp (20–30) w/e&m						
90818	6	Psytx, hosp (45–50)						
90819	6	Psytx, hosp (45–50) w/e&m						
90821	6	Psytx, hosp (75–80)						
90822	6	Psytx, hosp (75–80) w/e&m						
90823	6	Intac psytx, hosp (20–30)						
90824	6	Intac psytx, hsp 20–30 w/e&m						
90826	6	Intac psytx, hosp (45–50)						
90827	6	Intac psytx, hsp 45–50 w/e&m						
90828	6	Intac psytx, hosp (75–80)						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
90829	6	Intac psytx, hsp 75–80 w/e&m						
90845	6	Psychoanalysis						
90846	6	Family psytx w/o patient						
90847	6	Family psytx w/patient						
90849	6	Multiple family group psytx						
90853	6	Group psychotherapy						
90857	6	Intac group psytx						
90862	6	Medication management						
90865	6	Narcosynthesis						
90870	6	Electroconvulsive therapy						
90871	6	Electroconvulsive therapy						
90875	9	Psychophysiological therapy						
90876	9	Psychophysiological therapy						
90880	6	Hypnotherapy						
90882	9	Environmental manipulation						
90885	6	Psy evaluation of records						
90887	6	Consultation with family						
90889	6	Preparation of report						
90899	6	Psychiatric service/therapy						
90901	6	Biofeedback, any method						
90911	6	Biofeedback peri/uro/rectal						
90918	6	ESRD related services, month						
90919	6	ESRD related services, month						
90920	6	ESRD related services, month						
90921	6	ESRD related services, month						
90922	6	ESRD related services, day						
90923	6	Esrd related services, day						
90924	6	Esrd related services, day						
90925	6	Esrd related services, day						
90935	6	Hemodialysis, one evaluation						
90937	6	Hemodialysis, repeated eval.						
90945	6	Dialysis, one evaluation						
90947	6	Dialysis, repeated eval.						
90989	6	Dialysis training/complete						
90993	6	Dialysis training/incomplete						
90997	6	Hemoperfusion						
90999	6	Dialysis procedure						
91000	6	Esophageal intubation						
91010	6	Esophagus motility study						
91011	6	Esophagus motility study						
91012	6	Esophagus motility study						
91020	6	Gastric motility						
91030	6	Acid perfusion of esophagus						
91032	6	Esophagus, acid reflux test						
91033	6	Prolonged acid reflux test						
91052	6	Gastric analysis test						
91055	6	Gastric intubation for smear						
91060	6	Gastric saline load test						
91065	6	Breath hydrogen test						
91100	6	Pass intestine bleeding tube						
91105	6	Gastric intubation treatment						
91122	6	Anal pressure record						
91299	6	Gastroenterology procedure						
92002	6	Eye exam, new patient						
92004	6	Eye exam, new patient						
92012	6	Eye exam established pt						
92014	6	Eye exam & treatment						
92015	9	Refraction						
92018	6	New eye exam & treatment						
92019	6	Eye exam & treatment						
92020	6	Special eye evaluation						
92060	6	Special eye evaluation						
92065	6	Orthoptic/pleoptic training						
92070	6	Fitting of contact lens						
92081	6	Visual field examination(s)						
92082	6	Visual field examination(s)						
92083	6	Visual field examination(s)						
92100	6	Serial tonometry exam(s)						
92120	6	Tonography & eye evaluation						
92130	6	Water provocation tonography						
92140	6	Glaucoma provocative tests						
92225	6	Special eye exam, initial						
92226	6	Special eye exam, subsequent						
92230	6	Eye exam with photos						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
92235	6	Eye exam with photos						
92240	6	Icg angiography						
92250	6	Eye exam with photos						
92260	6	Ophthalmoscopy/dynamometry						
92265	6	Eye muscle evaluation						
92270	6	Electro-oculography						
92275	6	Electroretinography						
92283	6	Color vision examination						
92284	6	Dark adaptation eye exam						
92285	6	Eye photography						
92286	6	Internal eye photography						
92287	6	Internal eye photography						
92310	9	Contact lens fitting						
92311	6	Contact lens fitting						
92312	6	Contact lens fitting						
92313	6	Contact lens fitting						
92314	9	Prescription of contact lens						
92315	6	Prescription of contact lens						
92316	6	Prescription of contact lens						
92317	6	Prescription of contact lens						
92325	6	Modification of contact lens						
92326	6	Replacement of contact lens						
92330	6	Fitting of artificial eye						
92335	6	Fitting of artificial eye						
92340	9	Fitting of spectacles						
92341	9	Fitting of spectacles						
92342	9	Fitting of spectacles						
92352	6	Special spectacles fitting						
92353	6	Special spectacles fitting						
92354	6	Special spectacles fitting						
92355	6	Special spectacles fitting						
92358	6	Eye prosthesis service						
92370	9	Repair & adjust spectacles						
92371	6	Repair & adjust spectacles						
92390	9	Supply of spectacles						
92391	9	Supply of contact lenses						
92392	9	Supply of low vision aids						
92393	9	Supply of artificial eye						
92395	9	Supply of spectacles						
92396	9	Supply of contact lenses						
92499	6	Eye service or procedure						
92502	6	Ear and throat examination						
92504	6	Ear microscopy examination						
92506	6	Speech & hearing evaluation						
92507	6	Speech/hearing therapy						
92508	6	Speech/hearing therapy						
92510	6	Rehab for ear implant						
92511	6	Nasopharyngoscopy						
92512	6	Nasal function studies						
92516	6	Facial nerve function test						
92520	6	Laryngeal function studies						
92525	6	Oral function evaluation						
92526	6	Oral function therapy						
92531	6	Spontaneous nystagmus study						
92532	6	Positional nystagmus study						
92533	6	Caloric vestibular test						
92534	6	Optokinetic nystagmus						
92541	6	Spontaneous nystagmus test						
92542	6	Positional nystagmus test						
92543	6	Caloric vestibular test						
92544	6	Optokinetic nystagmus test						
92545	6	Oscillating tracking test						
92546	6	Sinusoidal rotational test						
92547	6	Supplemental electrical test						
92548	6	Posturography						
92551	9	Pure tone hearing test, air						
92552	6	Pure tone audiometry, air						
92553	6	Audiometry, air & bone						
92555	6	Speech threshold audiometry						
92556	6	Speech audiometry, complete						
92557	6	Comprehensive hearing test						
92559	9	Group audiometric testing						
92560	9	Bekesy audiometry, screen						
92561	6	Bekesy audiometry, diagnosis						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
92562	6	Loudness balance test						
92563	6	Tone decay hearing test						
92564	6	Sisi hearing test						
92565	6	Stenger test, pure tone						
92567	6	Tympanometry						
92568	6	Acoustic reflex testing						
92569	6	Acoustic reflex decay test						
92571	6	Filtered speech hearing test						
92572	6	Staggered spondaic word test						
92573	6	Lombard test						
92575	6	Sensorineural acuity test						
92576	6	Synthetic sentence test						
92577	6	Stenger test, speech						
92579	6	Visual audiometry (vra)						
92582	6	Conditioning play audiometry						
92583	6	Select picture audiometry						
92584	6	Electrocochleography						
92585	6	Auditory evoked potential						
92587	6	Evoked auditory test						
92588	6	Evoked auditory test						
92589	6	Auditory function test(s)						
92590	9	Hearing aid exam, one ear						
92591	9	Hearing aid exam, both ears						
92592	9	Hearing aid check, one ear						
92593	9	Hearing aid check, both ears						
92594	9	Electro hearing aid test,one						
92595	9	Electro hearingaid test,both						
92596	6	Ear protector evaluation						
92597	6	Oral speech device eval						
92598	6	Modify oral speech device						
92599	6	ENT procedure/service						
92950	6	Heart/lung resuscitation(CPR						
92953	6	Temporary external pacing						
92960	6	Heart electroconversion						
92970	6	Cardioassist, internal						
92971	6	Cardioassist, external						
92975	6	Dissolve clot, heart vessel						
92977	6	Dissolve clot, heart vessel						
92978	6	Intravas us, heart (add-on)						
92979	6	Intravas us, heart (add-on)						
92980	6	Insert intracoronary stent						
92981	6	Insert intracoronary stent						
92982	6	Coronary artery dilation						
92984	6	Coronary artery dilation						
92986	6	Revision of aortic valve						
92987	6	Revision of mitral valve						
92990	6	Revision of pulmonary valve						
92992	6	Revision of heart chamber						
92993	6	Revision of heart chamber						
92995	6	Coronary atherectomy						
92996	6	Coronary atherectomy						
92997	6	Pul art balloon repair, perc						
92998	6	Pul art balloon repair, perc						
93000	6	Electrocardiogram, complete						
93005	6	Electrocardiogram, tracing						
93010	6	Electrocardiogram report						
93012	6	Transmission of ecg						
93014	6	Report on transmitted ecg						
93015	6	Cardiovascular stress test						
93016	6	Cardiovascular stress test						
93017	6	Cardiovascular stress test						
93018	6	Cardiovascular stress test						
93024	6	Cardiac drug stress test						
93040	6	Rhythm ECG with report						
93041	6	Rhythm ECG, tracing						
93042	6	Rhythm ECG, report						
93224	6	ECG monitor/report, 24 hrs						
93225	6	ECG monitor/record, 24 hrs						
93226	6	ECG monitor/report, 24 hrs						
93227	6	ECG monitor/review, 24 hrs						
93230	6	ECG monitor/report, 24 hrs						
93231	6	Ecg monitor/record, 24 hrs						
93232	6	ECG monitor/report, 24 hrs						
93233	6	ECG monitor/review, 24 hrs						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
93235	6	ECG monitor/report, 24 hrs						
93236	6	ECG monitor/report, 24 hrs						
93237	6	ECG monitor/review, 24 hrs						
93268	6	ECG record/review						
93270	6	ECG recording						
93271	6	Ecg/monitoring and anaylysis						
93272	6	Ecg/review, interpret only						
93278	6	ECG/signal-averaged						
93303	6	Echo transthoracic						
93304	6	Echo transthoracic						
93307	6	Echo exam of heart						
93308	6	Echo exam of heart						
93312	6	Echo transesophageal						
93313	6	Echo transesophageal						
93314	6	Echo transesophageal						
93315	6	Echo transesophageal						
93316	6	Echo transesophageal						
93317	6	Echo transesophageal						
93320	6	Doppler echo exam, heart						
93321	6	Doppler echo exam, heart						
93325	6	Doppler color flow						
93350	6	Echo transthoracic						
93501	6	Right heart catheterization						
93503	6	Insert/place heart catheter						
93505	6	Biopsy of heart lining						
93508	6	Cath placement, angiography						
93510	6	Left heart catheterization						
93511	6	Left heart catheterization						
93514	6	Left heart catheterization						
93524	6	Left heart catheterization						
93526	6	Rt & Lt heart catheters						
93527	6	Rt & Lt heart catheters						
93528	6	Rt & Lt heart catheters						
93529	6	Rt, Lt heart catheterization						
93530	6	Rt heart cath, congenital						
93531	6	R & l heart cath, congenital						
93532	6	R & l heart cath, congenital						
93533	6	R & l heart cath, congenital						
93536	6	Insert circulation assi						
93539	6	Injection, cardiac cath						
93540	6	Injection, cardiac cath						
93541	6	Injection for lung angiogram						
93542	6	Injection for heart x-rays						
93543	6	Injection for heart x-rays						
93544	6	Injection for aortography						
93545	6	Injection for coronary xrays						
93555	6	Imaging, cardiac cath						
93556	6	Imaging, cardiac cath						
93561	6	Cardiac output measurement						
93562	6	Cardiac output measurement						
93600	6	Bundle of His recording						
93602	6	Intra-atrial recording						
93603	6	Right ventricular recording						
93607	6	Right ventricular recording						
93609	6	Mapping of tachycardia						
93610	6	Intra-atrial pacing						
93612	6	Intraventricular pacing						
93615	6	Esophageal recording						
93616	6	Esophageal recording						
93618	6	Heart rhythm pacing						
93619	6	Electrophysiology evaluation						
93620	6	Electrophysiology evaluation						
93621	6	Electrophysiology evaluation						
93622	6	Electrophysiology evaluation						
93623	6	Stimulation, pacing heart						
93624	6	Electrophysiologic study						
93631	6	Heart pacing, mapping						
93640	6	Evaluation heart device						
93641	6	Electrophysiology evaluation						
93642	6	Electrophysiology evaluation						
93650	6	Ablate heart dysrhythm focus						
93651	6	Ablate heart dysrhythm focus						
93652	6	Ablate heart dysrhythm focus						
93660	6	Tilt table evaluation						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
93720	6	Total body plethysmography						
93721	6	Plethysmography tracing						
93722	6	Plethysmography report						
93724	6	Analyze pacemaker system						
93731	6	Analyze pacemaker system						
93732	6	Analyze pacemaker system						
93733	6	Telephone analysis, pacemaker						
93734	6	Analyze pacemaker system						
93735	6	Analyze pacemaker system						
93736	6	Telephone analysis, pacemaker						
93737	6	Analyze cardio/defibrillator						
93738	6	Analyze cardio/defibrillator						
93740	6	Temperature gradient studies						
93760	9	Cephalic thermogram						
93762	9	Peripheral thermogram						
93770	6	Measure venous pressure						
93784	9	Ambulatory BP monitoring						
93786	9	Ambulatory BP recording						
93788	9	Ambulatory BP analysis						
93790	9	Review/report BP recording						
93797	6	Cardiac rehab						
93798	6	Cardiac rehab/monitor						
93799	6	Cardiovascular procedure						
93875	6	Extracranial study						
93880	6	Extracranial study						
93882	6	Extracranial study						
93886	6	Intracranial study						
93888	6	Intracranial study						
93922	6	Extremity study						
93923	6	Extremity study						
93924	6	Extremity study						
93925	6	Lower extremity study						
93926	6	Lower extremity study						
93930	6	Upper extremity study						
93931	6	Upper extremity study						
93965	6	Extremity study						
93970	6	Extremity study						
93971	6	Extremity study						
93975	6	Vascular study						
93976	6	Vascular study						
93978	6	Vascular study						
93979	6	Vascular study						
93980	6	Penile vascular study						
93981	6	Penile vascular study						
93990	6	Doppler flow testing						
94010	6	Breathing capacity test						
94060	6	Evaluation of wheezing						
94070	6	Evaluation of wheezing						
94150	6	Vital capacity test						
94200	6	Lung function test (MBC/MVV)						
94240	6	Residual lung capacity						
94250	6	Expired gas collection						
94260	6	Thoracic gas volume						
94350	6	Lung nitrogen washout curve						
94360	6	Measure airflow resistance						
94370	6	Breath airway closing volume						
94375	6	Respiratory flow volume loop						
94400	6	CO2 breathing response curve						
94450	6	Hypoxia response curve						
94620	6	Pulmonary stress testing						
94640	6	Airway inhalation treatment						
94642	6	Aerosol inhalation treatment						
94650	6	Pressure breathing (IPPB)						
94651	6	Pressure breathing (IPPB)						
94652	6	Pressure breathing (IPPB)						
94656	6	Initial ventilator mgmt						
94657	6	Cont. ventilator						
94660	6	Pos airway pressure, CPAP						
94662	6	Neg pressure ventilation,cnp						
94664	6	Aerosol or vapor inhalations						
94665	6	Aerosol or vapor inhalations						
94667	6	Chest wall manipulation						
94668	6	Chest wall manipulation						
94680	6	Exhaled air analysis: O2						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
94681	6	Exhaled air analysis: O2,CO2						
94690	6	Exhaled air analysis						
94720	6	Monoxide diffusing capacity						
94725	6	Membrane diffusion capacity						
94750	6	Pulmonary compliance study						
94760	6	Measure blood oxygen level						
94761	6	Measure blood oxygen level						
94762	6	Measure blood oxygen level						
94770	6	Exhaled carbon dioxide test						
94772	6	Breath recording, infant						
94799	6	Pulmonary service/procedure						
95004	6	Allergy skin tests						
95010	6	Sensitivity skin tests						
95015	6	Sensitivity skin tests						
95024	6	Allergy skin tests						
95027	6	Skin end point titration						
95028	6	Allergy skin tests						
95044	6	Allergy patch tests						
95052	6	Photo patch test						
95056	6	Photosensitivity tests						
95060	6	Eye allergy tests						
95065	6	Nose allergy test						
95070	6	Bronchial allergy tests						
95071	6	Bronchial allergy tests						
95075	6	Ingestion challenge test						
95078	6	Provocative testing						
95115	6	Immunotherapy, one injection						
95117	6	Immunotherapy injections						
95120	9	Immunotherapy, one injection						
95125	9	Immunotherapy, many antigens						
95130	9	Immunotherapy, insect venom						
95131	9	Immunotherapy, insect venoms						
95132	9	Immunotherapy, insect venoms						
95133	9	Immunotherapy, insect venoms						
95134	9	Immunotherapy, insect venoms						
95144	6	Antigen therapy services						
95145	6	Antigen therapy services						
95146	6	Antigen therapy services						
95147	6	Antigen therapy services						
95148	6	Antigen therapy services						
95149	6	Antigen therapy services						
95165	6	Antigen therapy services						
95170	6	Antigen therapy services						
95180	6	Rapid desensitization						
95199	6	Allergy immunology services						
95805	6	Multiple sleep latency test						
95806	6	Sleep study, unattended						
95807	6	Sleep study, attended						
95808	6	Polysomnography, 1-3						
95810	6	Polysomnography, 4 or more						
95811	6	Polysomnography w/cpap						
95812	6	Electroencephalogram (EEG)						
95813	6	Electroencephalogram (EEG)						
95816	6	Electroencephalogram (EEG)						
95819	6	Electroencephalogram (EEG)						
95822	6	Sleep electroencephalogram						
95824	6	Electroencephalography						
95827	6	Night electroencephalogram						
95829	6	Surgery electrocorticogram						
95830	6	Insert electrodes for EEG						
95831	6	Limb muscle testing, manual						
95832	6	Hand muscle testing, manual						
95833	6	Body muscle testing, manual						
95834	6	Body muscle testing, manual						
95851	6	Range of motion measurements						
95852	6	Range of motion measurements						
95857	6	Tensilon test						
95858	6	Tensilon test & myogram						
95860	6	Muscle test, one limb						
95861	6	Muscle test, two limbs						
95863	6	Muscle test, 3 limbs						
95864	6	Muscle test, 4 limbs						
95867	6	Muscle test, head or neck						
95868	6	Muscle test, head or neck						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
95869	6	Muscle test, thor paraspinal						
95870	6	Muscle test, non-paraspinal						
95872	6	Muscle test, one fiber						
95875	6	Limb exercise test						
95900	6	Motor nerve conduction test						
95903	6	Motor nerve conduction test						
95904	6	Sense nerve conduction test						
95920	6	Intraoperative nerve testing						
95921	6	Autonomic nervous func test						
95922	6	Autonomic nervous func test						
95923	6	Autonomic nervous func test						
95925	6	Somatosensory testing						
95926	6	Somatosensory testing						
95927	6	Somatosensory testing						
95930	6	Visual evoked potential test						
95933	6	Blink reflex test						
95934	6	'h' reflex test						
95936	6	'h' reflex test						
95937	6	Neuromuscular junction test						
95950	6	Ambulatory eeg monitoring						
95951	6	EEG monitoring/videorecord						
95953	6	EEG monitoring/computer						
95954	6	EEG monitoring/giving drugs						
95955	6	EEG during surgery						
95956	6	EEG monitoring/cable/radio						
95957	6	EEG digital analysis						
95958	6	EEG monitoring/function test						
95961	6	Electrode stimulation, brain						
95962	6	Electrode stimulation, brain						
95999	6	Neurological procedure						
96100	6	Psychological testing						
96105	6	Assessment of aphasia						
96110	6	Developmental test, lim						
96111	6	Developmental test, extend						
96115	6	Neurobehavior status exam						
96117	6	Neuropsych test battery						
96400	6	Chemotherapy, (SC)/(IM)						
96405	6	Intralesional chemo admin						
96406	6	Intralesional chemo admin						
96408	6	Chemotherapy, push technique						
96410	6	Chemotherapy, infusion method						
96412	6	Chemotherapy, infusion method						
96414	6	Chemotherapy, infusion method						
96420	6	Chemotherapy, push technique						
96422	6	Chemotherapy, infusion method						
96423	6	Chemotherapy, infusion method						
96425	6	Chemotherapy, infusion method						
96440	6	Chemotherapy, intracavitary						
96445	6	Chemotherapy, intracavitary						
96450	6	Chemotherapy, into CNS						
96520	6	Pump refilling, maintenance						
96530	6	Pump refilling, maintenance						
96542	6	Chemotherapy injection						
96545	6	Provide chemotherapy agent						
96549	6	Chemotherapy, unspecified						
96900	6	Ultraviolet light therapy						
96902	6	Trichogram						
96910	6	Photochemotherapy with UV–B						
96912	6	Photochemotherapy with UV–A						
96913	6	Photochemotherapy, UV–A or B						
96999	6	Dermatological procedure						
97001	6	Pt evaluation						
97002	6	Pt re-evaluation						
97003	6	Ot evaluation						
97004	6	Ot re-evaluation						
97010	6	Hot or cold packs therapy						
97012	6	Mechanical traction therapy						
97014	6	Electric stimulation therapy						
97016	6	Vasopneumatic device therapy						
97018	6	Paraffin bath therapy						
97020	6	Microwave therapy						
97022	6	Whirlpool therapy						
97024	6	Diathermy treatment						
97026	6	Infrared therapy						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
97028	6	Ultraviolet therapy						
97032	6	Electrical stimulation						
97033	6	Electric current therapy						
97034	6	Contrast bath therapy						
97035	6	Ultrasound therapy						
97036	6	Hydrotherapy						
97039	6	Physical therapy treatment						
97110	6	Therapeutic exercises						
97112	6	Neuromuscular reeducation						
97113	6	Aquatic therapy/exercises						
97116	6	Gait training therapy						
97122	6	Manual traction therapy						
97124	6	Massage therapy						
97139	6	Physical medicine procedure						
97150	6	Group therapeutic procedures						
97250	6	Myofascial release						
97260	6	Regional manipulation						
97261	6	Supplemental manipulations						
97265	6	Joint mobilization						
97504	6	Orthotic training						
97520	6	Prosthetic training						
97530	6	Therapeutic activities						
97535	6	Self care mngment training						
97537	6	Community/work reintegration						
97542	6	Wheelchair mngement training						
97545	6	Work hardening						
97546	6	Work hardening						
97703	6	Prosthetic checkout						
97750	6	Physical performance test						
97770	6	Cognitive skills development						
97780	9	Acupuncture w/o stim						
97781	9	Acupuncture w/stim						
97799	6	Physical medicine procedure						
98925	6	Osteopathic manipulation						
98926	6	Osteopathic manipulation						
98927	6	Osteopathic manipulation						
98928	6	Osteopathic manipulation						
98929	6	Osteopathic manipulation						
98940	6	Chiropractic manipulation						
98941	6	Chiropractic manipulation						
98942	6	Chiropractic manipulation						
98943	9	Chiropractic manipulation						
99000	6	Specimen handling						
99001	6	Specimen handling						
99002	6	Device handling						
99024	6	Post-op follow-up visit						
99025	6	Initial surgical evaluation						
99050	6	Medical services after hrs						
99052	6	Medical services at night						
99054	6	Medical services,unusual hrs						
99056	6	Non-office medical services						
99058	6	Office emergency care						
99070	6	Special supplies						
99071	6	Patient education materials						
99075	9	Medical testimony						
99078	6	Group health education						
99080	6	Special reports or forms						
99082	6	Unusual physician travel						
99090	6	Computer data analysis						
99100	6	Special anesthesia service						
99116	6	Anesthesia with hypothermia						
99135	6	Special anesthesia procedure						
99140	6	Emergency anesthesia						
99141	6	Sedation, iv/im or inhalant						
99142	6	Sedation, oral/rectal/nasal						
99175	6	Induction of vomiting						
99183	6	Hyperbaric oxygen therapy						
99185	6	Regional hypothermia						
99186	6	Total body hypothermia						
99190	6	Special pump services						
99191	6	Special pump services						
99192	6	Special pump services						
99195	6	Phlebotomy						
99199	6	Special service or report						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
99201	6	Office/outpatient visit, new						
99202	6	Office/outpatient visit, new						
99203	6	Office/outpatient visit, new						
99204	6	Office/outpatient visit, new						
99205	6	Office/outpatient visit, new						
99211	6	Office/outpatient visit, est						
99212	6	Office/outpatient visit, est						
99213	6	Office/outpatient visit, est						
99214	6	Office/outpatient visit, est						
99215	6	Office/outpatient visit, est						
99217	6	Observation care discharge						
99218	6	Observation care						
99219	6	Observation care						
99220	6	Observation care						
99221	6	Initial hospital care						
99222	6	Initial hospital care						
99223	6	Initial hospital care						
99231	6	Subsequent hospital care						
99232	6	Subsequent hospital care						
99233	6	Subsequent hospital care						
99234	6	Observ/hosp same date						
99235	6	Observ/hosp same date						
99236	6	Observ/hosp same date						
99238	6	Hospital discharge day						
99239	6	Hospital discharge day						
99241	6	Office consultation						
99242	6	Office consultation						
99243	6	Office consultation						
99244	6	Office consultation						
99245	6	Office consultation						
99251	6	Initial inpatient consult						
99252	6	Initial inpatient consult						
99253	6	Initial inpatient consult						
99254	6	Initial inpatient consult						
99255	6	Initial inpatient consult						
99261	6	Follow-up inpatient consult						
99262	6	Follow-up inpatient consult						
99263	6	Follow-up inpatient consult						
99271	6	Confirmatory consultation						
99272	6	Confirmatory consultation						
99273	6	Confirmatory consultation						
99274	6	Confirmatory consultation						
99275	6	Confirmatory consultation						
99281	6	Emergency dept visit						
99282	6	Emergency dept visit						
99283	6	Emergency dept visit						
99284	6	Emergency dept visit						
99285	6	Emergency dept visit						
99288	6	Direct advanced life support						
99291	6	Critical care, first hour						
99292	6	Critical care, addl 30 min						
99295	6	Neonatal critical care						
99296	6	Neonatal critical care						
99297	6	Neonatal critical care						
99301	6	Nursing facility care						
99302	6	Nursing facility care						
99303	6	Nursing facility care						
99311	6	Nursing facility care, subseq						
99312	6	Nursing facility care, subseq						
99313	6	Nursing facility care, subseq						
99315	6	Nursing fac discharge day						
99316	6	Nursing fac discharge day						
99321	6	Rest home visit, new patient						
99322	6	Rest home visit, new patient						
99323	6	Rest home visit, new patient						
99331	6	Rest home visit, estab pat						
99332	6	Rest home visit, estab pat						
99333	6	Rest home visit, estab pat						
99341	6	Home visit, new patient						
99342	6	Home visit, new patient						
99343	6	Home visit, new patient						
99344	6	Home visit, new patient						
99345	6	Home visit, new patient						
99347	6	Home visit, estab patient						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
99348	6	Home visit, estab patient						
99349	6	Home visit, estab patient						
99350	6	Home visit, estab patient						
99354	6	Prolonged service, office						
99355	6	Prolonged service, office						
99356	6	Prolonged service, inpatient						
99357	6	Prolonged service, inpatient						
99358	6	Prolonged serv, w/o contact						
99359	6	Prolonged serv, w/o contact						
99360	6	Physician standby services						
99361	6	Physician/team conference						
99362	6	Physician/team conference						
99371	6	Physician phone consultation						
99372	6	Physician phone consultation						
99373	6	Physician phone consultation						
99374	6	Home health care supervision						
99375	6	Home health care supervision						
99377	6	Hospice care supervision						
99378	6	Hospice care supervision						
99379	6	Nursing fac care supervision						
99380	6	Nursing fac care supervision						
99381	9	Preventive visit, new, infant						
99382	9	Preventive visit, new, age 1–4						
99383	9	Preventive visit, new, age 5–11						
99384	9	Preventive visit, new, 12–17						
99385	9	Preventive visit, new, 18–39						
99386	9	Preventive visit, new, 40–64						
99387	9	Preventive visit, new, 65 & over						
99391	9	Preventive visit, est, infant						
99392	9	Preventive visit, est, age 1–4						
99393	9	Preventive visit, est, age 5–11						
99394	9	Preventive visit, est, 12–17						
99395	9	Preventive visit, est, 18–39						
99396	9	Preventive visit, est, 40–64						
99397	9	Preventive visit, est, 65 & over						
99401	9	Preventive counseling, indiv						
99402	9	Preventive counseling, indiv						
99403	9	Preventive counseling, indiv						
99404	9	Preventive counseling, indiv						
99411	9	Preventive counseling, group						
99412	9	Preventive counseling, group						
99420	9	Health risk assessment test						
99429	9	Unlisted preventive service						
99431	6	Initial care, normal newborn						
99432	6	Newborn care not in hospital						
99433	6	Normal newborn care,hospital						
99435	6	Hospital NB discharge day						
99436	6	Attendance, birth						
99440	6	Newborn resuscitation						
99450	9	Life/disability evaluation						
99455	6	Disability examination						
99456	6	Disability examination						
99499	6	Unlisted E/M service						
A0021	9	Outside state ambulance serv						
A0030	6	Air ambulance service						
A0040	6	Helicopter ambulance service						
A0050	6	Water amb service emergency						
A0080	9	Noninterest escort in non er						
A0090	9	Interest escort in non er						
A0100	9	Nonemergency transport taxi						
A0110	9	Nonemergency transport bus						
A0120	9	Noner transport mini-bus						
A0130	9	Noner transport wheelch van						
A0140	9	Nonemergency transport air						
A0160	9	Noner transport case worker						
A0170	9	Noner transport parking fees						
A0180	9	Noner transport lodgng recip						
A0190	9	Noner transport meals recip						
A0200	9	Noner transport lodgng escrt						
A0210	9	Noner transport meals escort						
A0225	6	Neonatal emergency transport						
A0300	6	Ambulance basic non-emer all						
A0302	6	Ambulance basic emergeny all						
A0304	6	Amb adv non-er no serv all						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
A0306	6	Amb adv non-er spec serv all						
A0308	6	Amb adv er no spec serv all						
A0310	6	Amb adv er spec serv all						
A0320	6	Amb basic non-er + supplies						
A0322	6	Amb basic emerg + supplies						
A0324	6	Adv non-er serv sep mileage						
A0326	6	Adv non-er no serv sep mile						
A0328	6	Adv er no serv sep mileage						
A0330	6	Adv er spec serv sep mile						
A0340	6	Amb basic non-er + mileage						
A0342	6	Ambul basic emer + mileage						
A0344	6	Amb adv non-er no serv +mile						
A0346	6	Amb adv non-er serv + mile						
A0348	6	Adv emer no spec serv + mile						
A0350	6	Adv emer spec serv + mileage						
A0360	6	Basic non-er sep mile & supp						
A0362	6	Basic emer sep mile & supply						
A0364	6	Adv non-er no serv sep mi&su						
A0366	6	Adv non-er serv sep mil&supp						
A0368	6	Adv er no serv sep mile&supp						
A0370	6	Adv er spec serv sep mi&supp						
A0380	6	Basic life support mileage						
A0382	6	Basic support routine suppls						
A0384	6	Bls defibrillation supplies						
A0390	6	Advanced life support mileag						
A0392	6	Als defibrillation supplies						
A0394	6	Als IV drug therapy supplies						
A0396	6	Als esophageal intub suppls						
A0398	6	Als routine disposble suppls						
A0420	6	Ambulance waiting ½ hr						
A0422	6	Ambulance 02 life sustaining						
A0424	6	Extra ambulance attendant						
A0888	9	Noncovered ambulance mileage						
A0999	6	Unlisted ambulance service						
A4206	2	1 CC sterile syringe&needle						
A4207	2	2 CC sterile syringe&needle						
A4208	2	3 CC sterile syringe&needle						
A4209	2	5+ CC sterile syringe&needle						
A4210	9	Nonneedle injection device						
A4211	2	Supp for self-adm injections						
A4212	2	Non coring needle or stylet						
A4213	2	20+ CC syringe only						
A4214	2	30 CC sterile water/saline						
A4215	2	Sterile needle						
A4220	2	Infusion pump refill kit						
A4221	2	Maint drug infus cath per wk						
A4222	2	Drug infusion pump supplies						
A4230	9	Infus insulin pump non needl						
A4231	9	Infusion insulin pump needle						
A4232	9	Syringe w/needle insulin 3cc						
A4244	2	Alcohol or peroxide per pint						
A4245	2	Alcohol wipes per box						
A4246	2	Betadine/phisohex solution						
A4247	2	Betadine/iodine swabs/wipes						
A4250	9	Urine reagent strips/tablets						
A4253	2	Blood glucose/reagent strips						
A4254	2	Battery for glucose monitor						
A4255	2	Glucose monitor platforms						
A4256	2	Calibrator solution/chips						
A4258	2	Lancet device each						
A4259	2	Lancets per box						
A4260	9	Levonorgestrel implant						
A4262	2	Temporary tear duct plug						
A4263	2	Permanent tear duct plug						
A4265	2	Paraffin						
A4270	2	Disposable endoscope sheath						
A4300	2	Cath impl vasc access portal						
A4301	2	Implantable access syst perc						
A4305	2	Drug delivery system >=50 ML						
A4306	2	Drug delivery system <=5 ML						
A4310	6	Insert tray w/o bag/cath						
A4311	6	Catheter w/o bag 2-way latex						
A4312	6	Cath w/o bag 2-way silicone						
A4313	6	Catheter w/bag 3-way						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
A4314	6	Cath w/drainage 2-way latex						
A4315	6	Cath w/drainage 2-way silcne						
A4316	6	Cath w/drainage 3-way						
A4320	6	Irrigation tray						
A4321	6	Cath therapeutic irrig agent						
A4322	6	Irrigation syringe						
A4323	6	Saline irrigation solution						
A4326	6	Male external catheter						
A4327	6	Fem urinary collect dev cup						
A4328	6	Fem urinary collect pouch						
A4329	6	External catheter start set						
A4330	6	Stool collection pouch						
A4335	6	Incontinence supply						
A4338	6	Indwelling catheter latex						
A4340	6	Indwelling catheter special						
A4344	6	Cath indw foley 2 way silicn						
A4346	6	Cath indw foley 3 way						
A4347	6	Male external catheter						
A4351	6	Straight tip urine catheter						
A4352	6	Coude tip urinary catheter						
A4353	6	Intermittent urinary cath						
A4354	6	Cath insertion tray w/bag						
A4355	6	Bladder irrigation tubing						
A4356	6	Ext ureth clmp or compr dvc						
A4357	6	Bedside drainage bag						
A4358	6	Urinary leg bag						
A4359	6	Urinary suspensory w/o leg b						
A4361	6	Ostomy face plate						
A4362	6	Solid skin barrier						
A4363	6	Liquid skin barrier						
A4364	6	Ostomy/cath adhesive						
A4365	6	Ostomy adhesive remover wipe						
A4367	6	Ostomy belt						
A4368	6	Ostomy filter						
A4397	6	Irrigation supply sleeve						
A4398	6	Ostomy irrigation bag						
A4399	6	Ostomy irrig cone/cath w brs						
A4400	6	Ostomy irrigation set						
A4402	6	Lubricant per ounce						
A4404	6	Ostomy ring each						
A4421	6	Ostomy supply misc						
A4454	6	Tape all types all sizes						
A4455	6	Adhesive remover per ounce						
A4460	6	Elastic compression bandage						
A4462	6	Abdmnl drssng holder/binder						
A4465	6	Non-elastic extremity binder						
A4470	6	Gravlee jet washer						
A4480	6	Vabra aspirator						
A4481	6	Tracheostoma filter						
A4490	9	Above knee surgical stocking						
A4495	9	Thigh length surg stocking						
A4500	9	Below knee surgical stocking						
A4510	9	Full length surg stocking						
A4550	2	Surgical trays						
A4554	9	Disposable underpads						
A4556	2	Electrodes						
A4557	2	Lead wires						
A4558	2	Conductive paste or gel						
A4560	2	Pessary						
A4565	2	Slings						
A4570	2	Splint						
A4572	2	Rib belt						
A4575	9	Hyperbaric o2 chamber disps						
A4580	2	Cast supplies (plaster)						
A4590	2	Special casting material						
A4595	6	TENS suppl 2 lead per month						
A4611	6	Heavy duty battery						
A4612	6	Battery cables						
A4613	6	Battery charger						
A4615	2	Cannula nasal						
A4616	2	Tubing (oxygen) per foot						
A4617	2	Mouth piece						
A4618	2	Breathing circuits						
A4619	2	Face tent						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
A4620	2	Variable concentration mask						
A4621	2	Tracheotomy mask or collar						
A4622	2	Tracheostomy or larngectomy						
A4623	2	Tracheostomy inner cannula						
A4624	2	Tracheal suction tube						
A4625	2	Trach care kit for new trach						
A4626	2	Tracheostomy cleaning brush						
A4627	9	Spacer bag/reservoir						
A4628	2	Oropharyngeal suction cath						
A4629	2	Tracheostomy care kit						
A4630	6	Repl bat t.e.n.s. own by pt						
A4631	6	Wheelchair battery						
A4635	6	Underarm crutch pad						
A4636	6	Handgrip for cane etc						
A4637	6	Repl tip cane/crutch/walker						
A4640	6	Alternating pressure pad						
A4641	9	Diagnostic imaging agent						
A4642	9	Satumomab pendetide per dose						
A4643	9	High dose contrast MRI						
A4644	9	Contrast 100–199 MGs iodine						
A4645	9	Contrast 200–299 MGs iodine						
A4646	9	Contrast 300–399 MGs iodine						
A4647	2	Supp- paramagnetic contr mat						
A4649	2	Surgical supplies						
A4650	2	Supp esrd centrifuge						
A4655	6	Esrd syringe/needle						
A4660	6	Esrd blood pressure device						
A4663	6	Esrd blood pressure cuff						
A4670	9	Auto blood pressure monitor						
A4680	6	Activated carbon filters						
A4690	6	Dialyzers						
A4700	6	Standard dialysate solution						
A4705	6	Bicarb dialysate solution						
A4712	6	Sterile water						
A4714	6	Treated water for dialysis						
A4730	6	Fistula cannulation set dial						
A4735	6	Local/topical anesthetics						
A4740	6	Esrd shunt accessory						
A4750	2	Arterial or venous tubing						
A4755	2	Arterial and venous tubing						
A4760	6	Standard testing solution						
A4765	6	Dialysate concentrate						
A4770	2	Blood testing supplies						
A4771	2	Blood clotting time tube						
A4772	2	Dextrostick/glucose strips						
A4773	2	Hemostix						
A4774	2	Ammonia test paper						
A4780	6	Esrd sterilizing agent						
A4790	6	Esrd cleansing agents						
A4800	6	Heparin/antidote dialysis						
A4820	6	Supplies hemodialysis kit						
A4850	6	Rubber tipped hemostats						
A4860	2	Disposable catheter caps						
A4870	6	Plumbing/electrical work						
A4880	6	Water storage tanks						
A4890	6	Contracts/repair/maintenance						
A4900	6	Capd supply kit						
A4901	6	Ccpd supply kit						
A4905	6	Ipd supply kit						
A4910	6	Esrd nonmedical supplies						
A4912	2	Gomco drain bottle						
A4913	6	Esrd supply						
A4914	2	Preparation kit						
A4918	2	Venous pressure clamp						
A4919	6	Supp dialysis dialyzer holde						
A4920	2	Harvard pressure clamp						
A4921	2	Measuring cylinder						
A4927	2	Gloves						
A5051	6	Pouch clsd w barr attached						
A5052	6	Clsd ostomy pouch w/o barr						
A5053	6	Clsd ostomy pouch faceplate						
A5054	6	Clsd ostomy pouch w/flange						
A5055	6	Stoma cap						
A5061	6	Pouch drainable w barrier at						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
A5062	6	Drnble ostomy pouch w/o barr						
A5063	6	Drain ostomy pouch w/flange						
A5064	9	Drain ostomy pouch w/fceplte						
A5065	9	Drain ostomy pouch on fcplte						
A5071	6	Urinary pouch w/barrier						
A5072	6	Urinary pouch w/o barrier						
A5073	6	Urinary pouch on barr w/flng						
A5074	9	Urinary pouch w/faceplate						
A5075	9	Urinary pouch on faceplate						
A5081	6	Continent stoma plug						
A5082	6	Continent stoma catheter						
A5093	6	Ostomy accessory convex inse						
A5102	6	Bedside drain btl w/wo tube						
A5105	6	Urinary suspensory						
A5112	6	Urinary leg bag						
A5113	6	Latex leg strap						
A5114	6	Foam/fabric leg strap						
A5119	2	Skin barrier wipes box pr 50						
A5121	2	Solid skin barrier 6x6						
A5122	2	Solid skin barrier 8x8						
A5123	2	Skin barrier with flange						
A5126	2	Adhesive disc/foam pad						
A5131	2	Appliance cleaner						
A5149	2	Incontinence/ostomy supply						
A5500	6	Diab shoe for density insert						
A5501	6	Diabetic custom molded shoe						
A5502	6	Diabetic shoe density insert						
A5503	6	Diabetic shoe w/roller/rockr						
A5504	6	Diabetic shoe with wedge						
A5505	6	Diab shoe w/metatarsal bar						
A5506	6	Diabetic shoe w/off set heel						
A5507	6	Modification diabetic shoe						
A6020	2	Collagen dressing cover ea						
A6025	9	Silicone gel sheet, each						
A6154	2	Wound pouch each						
A6196	2	Alginate dressing <=16 sq in						
A6197	2	Alginate drsg >16 <=48 sq in						
A6198	2	alginate dressing >48 sq in						
A6199	2	Alginate drsg wound filler						
A6203	2	Composite drsg <= 16 sq in						
A6204	2	Composite drsg >16 <=48 sq in						
A6205	2	Composite drsg > 48 sq in						
A6206	2	Contact layer <= 16 sq in						
A6207	2	Contact layer >16<= 48 sq in						
A6208	2	Contact layer > 48 sq in						
A6209	2	Foam drsg <=16 sq in w/o bdr						
A6210	2	Foam drg >16<=48 sq in w/o b						
A6211	2	Foam drg > 48 sq in w/o brdr						
A6212	2	Foam drg <=16 sq in w/border						
A6213	2	Foam drg ≤16<=48 sq in w/bdr						
A6214	2	Foam drg ≤ 48 sq in w/border						
A6215	2	Foam dressing wound filler						
A6216	2	Non-sterile gauze<=16 sq in						
A6217	2	Non-sterile gauze>16<=48 sq						
A6218	2	Non-sterile gauze > 48 sq in						
A6219	2	Gauze >= 16 sq in w/border						
A6220	2	Gauze >16 <=48 sq in w/bordr						
A6221	2	Gauze > 48 sq in w/border						
A6222	2	Gauze <=16 in no w/sal w/o b						
A6223	2	Gauze >16<=48 no w/sal w/o b						
A6224	2	Gauze > 48 in no w/sal w/o b						
A6228	2	Gauze <= 16 sq in water/sal						
A6229	2	Gauze >16 <=48 sq in watr/sal						
A6230	2	Gauze ≤ 48 sq in water/salne						
A6234	2	Hydrocolld drg ≤=16 w/o bdr						
A6235	2	Hydrocolld drg >16 ≤=48 w/o b						
A6236	2	Hydrocolld drg > 48 in w/o b						
A6237	2	Hydrocolld drg <=16 in w/bdr						
A6238	2	Hydrocolld drg >16 <=48 w/bdr						
A6239	2	Hydrocolld drg > 48 in w/bdr						
A6240	2	Hydrocolld drg filler paste						
A6241	2	Hydrocolloid drg filler dry						
A6242	2	Hydrogel drg <=16 in w/o bdr						
A6243	2	Hydrogel drg >16<=48 w/o bdr						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
A6244	2	Hydrogel drg >48 in w/o bdr						
A6245	2	Hydrogel drg <= 16 in w/bdr						
A6246	2	Hydrogel drg >16<=48 in w/b						
A6247	2	Hydrogel drg > 48 sq in w/b						
A6248	2	Hydrogel drsg gel filler						
A6250	2	Skin seal protect moisturizr						
A6251	2	Absorpt drg <=16 sq in w/o b						
A6252	2	Absorpt drg >16 <=48 w/o bdr						
A6253	2	Absorpt drg > 48 sq in w/o b						
A6254	2	Absorpt drg <=16 sq in w/bdr						
A6255	2	Absorpt drg >16<=48 in w/bdr						
A6256	2	Absorpt drg > 48 sq in w/bdr						
A6257	2	Transparent film <= 16 sq in						
A6258	2	Transparent film >16<=48 in						
A6259	2	Transparent film > 48 sq in						
A6260	2	Wound cleanser any type/size						
A6261	2	Wound filler gel/paste /oz						
A6262	2	Wound filler dry form / gram						
A6263	2	Non-sterile elastic gauze/yd						
A6264	2	Non-sterile no elastic gauze						
A6265	2	Tape per 18 sq inches						
A6266	2	Impreg gauze no h20/sal/yard						
A6402	2	Sterile gauze <= 16 sq in						
A6403	2	Sterile gauze >16 <= 48 sq in						
A6404	2	Sterile gauze > 48 sq in						
A6405	2	Sterile elastic gauze /yd						
A6406	2	Sterile non-elastic gauze/yd						
A9150	9	Misc/exper non-prescript dru						
A9160	9	Podiatrist non-covered servi						
A9170	9	Chiropractor non-covered ser						
A9190	9	Misc/expe personal comfort i						
A9270	9	Non-covered item or service						
A9300	9	Exercise equipment						
A9500	9	Technetium TC 99m sestamibi						
A9502	6	Technetium TC99M tetrofosmin						
A9503	9	Technetium TC 99m medronate						
A9505	9	Thallous chloride TL 201/mci						
A9600	6	Strontium-89 chloride						
B4034	6	Enter feed supkit syr by day						
B4035	6	Enteral feed supp pump per d						
B4036	6	Enteral feed sup kit grav by						
B4081	6	Enteral ng tubing w/ stylet						
B4082	6	Enteral ng tubing w/o stylet						
B4083	6	Enteral stomach tube levine						
B4084	6	Gastrostomy/jejunostomy tubi						
B4085	6	Gastrostomy tube w/ring each						
B4150	6	Enteral formulae category i						
B4151	6	Enteral formulae category i-						
B4152	6	Enteral formulae category ii						
B4153	6	Enteral formulae category ii						
B4154	6	Enteral formulae category IV						
B4155	6	Enteral formulae category v						
B4156	6	Enteral formulae category vi						
B4164	6	Parenteral 50% dextrose solu						
B4168	6	Parenteral sol amino acid 3.						
B4172	6	Parenteral sol amino acid 5.						
B4176	6	Parenteral sol amino acid 7-						
B4178	6	Parenteral sol amino acid >						
B4180	6	Parenteral sol carb > 50%						
B4184	6	Parenteral sol lipids 10%						
B4186	6	Parenteral sol lipids 20%						
B4189	6	Parenteral sol amino acid &						
B4193	6	Parenteral sol 52–73 gm prot						
B4197	6	Parenteral sol 74–100 gm pro						
B4199	6	Parenteral sol ≤ 100gm prote						
B4216	6	Parenteral nutrition additiv						
B4220	6	Parenteral supply kit premix						
B4222	6	Parenteral supply kit homemi						
B4224	6	Parenteral administration ki						
B5000	6	Parenteral sol renal-amirosy						
B5100	6	Parenteral sol hepatic-fream						
B5200	6	Parenteral sol stres-brnch c						
B9000	6	Enter infusion pump w/o alrm						
B9002	6	Enteral infusion pump w/ ala						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
B9004	6	Parenteral infus pump portab						
B9006	6	Parenteral infus pump statio						
B9998	6	Enteral supp not otherwise c						
B9999	6	Parenteral supp not othrws c						
D0120	9	Periodic oral evaluation						
D0140	9	Limit oral eval problm focus						
D0150	6	Comprehensve oral evaluation						
D0160	9	Extensv oral eval prob focus						
D0210	9	Intraor complete film series						
D0220	9	Intraoral periapical first f						
D0230	9	Intraoral periapical ea add						
D0240	6	Intraoral occlusal film						
D0250	6	Extraoral first film						
D0260	6	Extraoral ea additional film						
D0270	6	Dental bitewing single film						
D0272	6	Dental bitewings two films						
D0274	6	Dental bitewings four films						
D0290	9	Dental film skull/facial bon						
D0310	9	Dental saliography						
D0320	9	Dental tmj arthrogram incl i						
D0321	9	Dental other tmj films						
D0322	9	Dental tomographic survey						
D0330	9	Dental panoramic film						
D0340	9	Dental cephalometric film						
D0415	9	Bacteriologic study						
D0425	9	Caries susceptibility test						
D0460	6	Pulp vitality test						
D0470	9	Diagnostic casts						
D0471	6	Diagnostic photographs						
D0501	6	Histopathologic examinations						
D0502	6	Other oral pathology procedu						
D0999	6	Unspecified diagnostic proce						
D1110	9	Dental prophylaxis adult						
D1120	9	Dental prophylaxis child						
D1201	9	Topical fluor w prophy child						
D1203	9	Topical fluor w/o prophy chi						
D1204	9	Topical fluor w/o prophy adu						
D1205	9	Topical fluoride w/ prophy a						
D1310	9	Nutri counsel-control caries						
D1320	9	Tobacco counseling						
D1330	9	Oral hygiene instruction						
D1351	9	Dental sealant per tooth						
D1510	6	Space maintainer fxd unilat						
D1515	6	Fixed bilat space maintainer						
D1520	6	Remove unilat space maintain						
D1525	6	Remove bilat space maintain						
D1550	6	Recement space maintainer						
D2110	9	Amalgam one surface primary						
D2120	9	Amalgam two surfaces primary						
D2130	9	Amalgam three surfaces prima						
D2131	9	Amalgam four/more surf prima						
D2140	9	Amalgam one surface permanen						
D2150	9	Amalgam two surfaces permane						
D2160	9	Amalgam three surfaces perma						
D2161	9	Amalgam 4 or ≤ surfaces perm						
D2210	9	Silcate cement per restorat						
D2330	9	Resin one surface-anterior						
D2331	9	Resin two surfaces-anterior						
D2332	9	Resin three surfaces-anterio						
D2335	9	Resin 4/≤ surf or w incis an						
D2336	9	Composite resin crown						
D2380	9	Resin one surf poster primar						
D2381	9	Resin two surf poster primar						
D2382	9	Resin three/more surf post p						
D2385	9	Resin one surf poster perman						
D2386	9	Resin two surf poster perman						
D2387	9	Resin three/more surf post p						
D2410	9	Dental gold foil one surface						
D2420	9	Dental gold foil two surface						
D2430	9	Dental gold foil three surfa						
D2510	9	Dental inlay metalic 1 surf						
D2520	9	Dental inlay metallic 2 surf						
D2530	9	Dental inlay metl 3/more sur						
D2543	9	Dental onlay metallic 3 surf						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
D2544	9	Dental onlay metl 4/more sur						
D2610	9	Inlay porcelain/ceramic 1 su						
D2620	9	Inlay porcelain/ceramic 2 su						
D2630	9	Dental onlay porc 3/more sur						
D2642	9	Dental onlay porcelin 2 surf						
D2643	9	Dental onlay porcelin 3 surf						
D2644	9	Dental onlay porc 4/more sur						
D2650	9	Inlay composite/resin one su						
D2651	9	Inlay composite/resin two su						
D2652	9	Dental inlay resin 3/mre sur						
D2662	9	Dental onlay resin 2 surface						
D2663	9	Dental onlay resin 3 surface						
D2664	9	Dental onlay resin 4/mre sur						
D2710	9	Crown resin laboratory						
D2720	9	Crown resin w/high noble me						
D2721	9	Crown resin w/base metal						
D2722	9	Crown resin w/noble metal						
D2740	9	Crown porcelain/ceramic subs						
D2750	9	Crown porcelain w/h noble m						
D2751	9	Crown porcelain fused base m						
D2752	9	Crown porcelain w/noble met						
D2790	9	Crown full cast high noble m						
D2791	9	Crown full cast base metal						
D2792	9	Crown full cast noble metal						
D2810	9	Crown ¾ cast metallic						
D2910	9	Dental recement inlay						
D2920	9	Dental recement crown						
D2930	9	Prefab stnlss steel crwn pri						
D2931	9	Prefab stnlss steel crown pe						
D2932	9	Prefabricated resin crown						
D2933	9	Prefab stainless steel crown						
D2940	9	Dental sedative filling						
D2950	9	Core build-up incl any pins						
D2951	9	Tooth pin retention						
D2952	9	Post and core cast + crown						
D2954	9	Prefab post/core + crown						
D2955	9	Post removal						
D2960	9	Laminate labial veneer						
D2961	9	Lab labial veneer resin						
D2962	9	Lab labial veneer porcelain						
D2970	6	Temporary-fractured tooth						
D2980	9	Crown repair						
D2999	6	Dental unspec restorative pr						
D3110	9	Pulp cap direct						
D3120	9	Pulp cap indirect						
D3220	9	Therapeutic pulpotomy						
D3230	9	Pulpal therapy anterior prim						
D3240	9	Pulpal therapy posterior pri						
D3310	9	Anterior						
D3320	9	Root canal therapy 2 canals						
D3330	9	Root canal therapy 3 canals						
D3346	9	Retreat root canal anterior						
D3347	9	Retreat root canal bicuspid						
D3348	9	Retreat root canal molar						
D3351	9	Apexification/recalc initial						
D3352	9	Apexification/recalc interim						
D3353	9	Apexification/recalc final						
D3410	9	Apicoect/perirad surg anter						
D3421	9	Root surgery bicuspid						
D3425	9	Root surgery molar						
D3426	9	Root surgery ea add root						
D3430	9	Retrograde filling						
D3450	9	Root amputation						
D3460	6	Endodontic endosseous implan						
D3470	9	Intentional replantation						
D3910	9	Isolation-tooth w rubb dam						
D3920	9	Tooth splitting						
D3950	9	Canal prep/fitting of dowel						
D3960	9	Bleaching of discolored tooth						
D3999	6	Endodontic procedure						
D4210	9	Gingivectomy/plasty per quad						
D4211	9	Gingivectomy/plasty per tooth						
D4220	9	Gingival curettage per quadr						
D4240	9	Gingival flap proc w/planin						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
D4249	9	Crown lengthen hard tissue						
D4250	6	Mucogingival surg per quadra						
D4260	6	Osseous surgery per quadrant						
D4263	6	Bone replce graft first site						
D4264	6	Bone replce graft each add						
D4266	9	Guided tiss regen resorble						
D4267	9	Guided tiss regen nonresorb						
D4270	6	Pedicle soft tissue graft pr						
D4271	6	Free soft tissue graft proc						
D4273	6	Subepithelial tissue graft						
D4274	9	Distal/proximal wedge proc						
D4320	9	Provision splnt intracoronal						
D4321	9	Provisional splint extracoro						
D4341	9	Periodontal scaling & root						
D4355	6	Full mouth debridement						
D4381	6	Localized chemo delivery						
D4910	9	Periodontal maint procedures						
D4920	9	Unscheduled dressing change						
D4999	9	Unspecified periodontal proc						
D5110	9	Dentures complete maxillary						
D5120	9	Dentures complete mandible						
D5130	9	Dentures immediat maxillary						
D5140	9	Dentures immediat mandible						
D5211	9	Dentures maxill part resin						
D5212	9	Dentures mand part resin						
D5213	9	Dentures maxill part metal						
D5214	9	Dentures mandibl part metal						
D5281	9	Removable partial denture						
D5410	9	Dentures adjust cmplt maxil						
D5411	9	Dentures adjust cmplt mand						
D5421	9	Dentures adjust part maxill						
D5422	9	Dentures adjust part mandbl						
D5510	9	Dentur repr broken compl bas						
D5520	9	Replace denture teeth complt						
D5610	9	Dentures repair resin base						
D5620	9	Rep part denture cast frame						
D5630	9	Rep partial denture clasp						
D5640	9	Replace part denture teeth						
D5650	9	Add. tooth to partial denture						
D5660	9	Add. clasp to partial denture						
D5710	9	Dentures rebase cmplt maxil						
D5711	9	Dentures rebase cmplt mand						
D5720	9	Dentures rebase part maxill						
D5721	9	Dentures rebase part mandbl						
D5730	9	Denture reln cmplt maxil ch						
D5731	9	Denture reln cmplt mand chr						
D5740	9	Denture reln part maxil chr						
D5741	9	Denture reln part mand chr						
D5750	9	Denture reln cmplt max lab						
D5751	9	Denture reln cmplt mand lab						
D5760	9	Denture reln part maxil lab						
D5761	9	Denture reln part mand lab						
D5810	9	Denture interm cmplt maxill						
D5811	9	Denture interm cmplt mandbl						
D5820	9	Denture interm part maxill						
D5821	9	Denture interm part mandbl						
D5850	9	Denture tiss conditn maxill						
D5851	9	Denture tiss condtin mandbl						
D5860	9	Overdenture complete						
D5861	9	Overdenture partial						
D5862	9	Precision attachment						
D5899	9	Removable prosthodontic proc						
D5911	6	Facial moulage sectional						
D5912	6	Facial moulage complete						
D5913	9	Nasal prosthesis						
D5914	9	Auricular prosthesis						
D5915	9	Orbital prosthesis						
D5916	9	Ocular prosthesis						
D5919	9	Facial prosthesis						
D5922	9	Nasal septal prosthesis						
D5923	9	Ocular prosthesis interim						
D5924	9	Cranial prosthesis						
D5925	9	Facial augmentation implant						
D5926	9	Replacement nasal prosthesis						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
D5927	9	Auricular replacement						
D5928	9	Orbital replacement						
D5929	9	Facial replacement						
D5931	9	Surgical obturator						
D5932	9	Postsurgical obturator						
D5933	9	Refitting of obturator						
D5934	9	Mandibular flange prosthesis						
D5935	9	Mandibular denture prosth						
D5936	9	Temp obturator prosthesis						
D5937	9	Trismus appliance						
D5951	6	Feeding aid						
D5952	9	Pediatric speech aid						
D5953	9	Adult speech aid						
D5954	9	Superimposed prosthesis						
D5955	9	Palatal lift prosthesis						
D5958	9	Intraoral con def inter plt						
D5959	9	Intraoral con def mod palat						
D5960	9	Modify speech aid prosthesis						
D5982	9	Surgical stent						
D5983	6	Radiation applicator						
D5984	6	Radiation shield						
D5985	6	Radiation cone locator						
D5986	9	Fluoride applicator						
D5987	6	Commissure splint						
D5988	9	Surgical splint						
D5999	9	Maxillofacial prosthesis						
D6010	9	Odontics endosteal implant						
D6020	9	Odontics abutment placement						
D6040	9	Odontics eposteal implant						
D6050	9	Odontics transosteal implnt						
D6055	9	Implant connecting bar						
D6080	9	Implant maintenance						
D6090	9	Repair implant						
D6095	9	Odontics repr abutment						
D6100	9	Removal of implant						
D6199	9	Implant procedure						
D6210	9	Prosthodont high noble metal						
D6211	9	Bridge base metal cast						
D6212	9	Bridge noble metal cast						
D6240	9	Bridge porcelain high noble						
D6241	9	Bridge porcelain base metal						
D6242	9	Bridge porcelain nobel metal						
D6250	9	Bridge resin w/high noble						
D6251	9	Bridge resin base metal						
D6252	9	Bridge resin w/noble metal						
D6520	9	Dental retainer two surfaces						
D6530	9	Retainer metallic 3+ surface						
D6543	9	Dental retainr onlay 3 surf						
D6544	9	Dental retainr onlay 4/more						
D6545	9	Dental retainr cast metl						
D6720	9	Retain crown resin w hi nble						
D6721	9	Crown resin w/base metal						
D6722	9	Crown resin w/noble metal						
D6750	9	Crown porcelain high noble						
D6751	9	Crown porcelain base metal						
D6752	9	Crown porcelain noble metal						
D6780	9	Crown ¾ high noble metal						
D6790	9	Crown full high noble metal						
D6791	9	Crown full base metal cast						
D6792	9	Crown full noble metal cast						
D6920	6	Dental connector bar						
D6930	9	Dental recement bridge						
D6940	9	Stress breaker						
D6950	9	Precision attachment						
D6970	9	Post & core plus retainer						
D6971	9	Cast post bridge retainer						
D6972	9	Prefab post & core plus reta						
D6973	9	Core build up for retainer						
D6975	9	Coping metal						
D6980	9	Bridge repair						
D6999	9	Fixed prosthodontic proc						
D7110	6	Oral surgery single tooth						
D7120	6	Each add tooth extraction						
D7130	6	Tooth root removal						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
D7210	6	Rem imp tooth w mucoper flp						
D7220	6	Impact tooth remov soft tiss						
D7230	6	Impact tooth remov part bony						
D7240	6	Impact tooth remov comp bony						
D7241	6	Impact tooth rem bony w/comp						
D7250	6	Tooth root removal						
D7260	6	Oral antral fistula closure						
D7270	9	Tooth reimplantation						
D7272	9	Tooth transplantation						
D7280	9	Exposure impact tooth orthod						
D7281	9	Exposure tooth aid eruption						
D7285	9	Biopsy of oral tissue hard						
D7286	9	Biopsy of oral tissue soft						
D7290	9	Repositioning of teeth						
D7291	6	Transseptal fiberotomy						
D7310	9	Alveoplasty w/ extraction						
D7320	9	Alveoplasty w/o extraction						
D7340	9	Vestibuloplasty ridge extens						
D7350	9	Vestibuloplasty exten graft						
D7410	9	Rad exc lesion up to 1.25 cm						
D7420	9	Lesion > 1.25 cm						
D7430	9	Exc benign tumor to 1.25 cm						
D7431	9	Benign tumor exc > 1.25 cm						
D7440	9	Malig tumor exc to 1.25 cm						
D7441	9	Malig tumor > 1.25 cm						
D7450	9	Rem odontogen cyst to 1.25cm						
D7451	9	Rem odontogen cyst > 1.25 cm						
D7460	9	Rem nonodonto cyst to 1.25cm						
D7461	9	Rem nonodonto cyst > 1.25 cm						
D7465	9	Lesion destruction						
D7470	9	Rem exostosis maxilla/mandib						
D7480	9	Partial ostectomy						
D7490	9	Mandible resection						
D7510	9	I&d absc intraoral soft tiss						
D7520	9	I&d abscess extraoral						
D7530	9	Removal fb skin/areolar tiss						
D7540	9	Removal of fb reaction						
D7550	9	Removal of sloughed off bone						
D7560	9	Maxillary sinusotomy						
D7610	9	Maxilla open reduct simple						
D7620	9	Clsd reduct simpl maxilla fx						
D7630	9	Open red simpl mandible fx						
D7640	9	Clsd red simpl mandible fx						
D7650	9	Open red simp malar/zygom fx						
D7660	9	Clsd red simp malar/zygom fx						
D7670	9	Open red simple alveolus fx						
D7680	9	Reduct simple facial bone fx						
D7710	9	Maxilla open reduct compound						
D7720	9	Clsd reduct compd maxilla fx						
D7730	9	Open reduct compd mandble fx						
D7740	9	Clsd reduct compd mandble fx						
D7750	9	Open red comp malar/zygma fx						
D7760	9	Clsd red comp malar/zygma fx						
D7770	9	Open reduc compd alveolus fx						
D7780	9	Reduct compnd facial bone fx						
D7810	9	Tmj open reduct-dislocation						
D7820	9	Closed tmp manipulation						
D7830	9	Tmj manipulation under anest						
D7840	9	Removal of tmj condyle						
D7850	9	Tmj meniscectomy						
D7852	9	Tmj repair of joint disc						
D7854	9	Tmj excisn of joint membrane						
D7856	9	Tmj cutting of a muscle						
D7858	9	Tmj reconstruction						
D7860	9	Tmj cutting into joint						
D7865	9	Tmj reshaping components						
D7870	9	Tmj aspiration joint fluid						
D7872	9	Tmj diagnostic arthroscopy						
D7873	9	Tmj arthroscopy lysis adhesn						
D7874	9	Tmj arthroscopy disc reposit						
D7875	9	Tmj arthroscopy synovectomy						
D7876	9	Tmj arthroscopy discectomy						
D7877	9	Tmj arthroscopy debridement						
D7880	9	Occlusal orthotic appliance						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
D7899	9	Tmj unspecified therapy						
D7910	9	Dent sutur recent wnd to 5cm						
D7911	9	Dental suture wound to 5 cm						
D7912	9	Suture complicate wnd > 5 cm						
D7920	9	Dental skin graft						
D7940	6	Reshaping bone orthognathic						
D7941	9	Bone cutting ramus closed						
D7942	9	Bone cutting ramus open						
D7943	9	Cutting ramus open w/graft						
D7944	9	Bone cutting segmented						
D7945	9	Bone cutting body mandible						
D7946	9	Reconstruction maxilla total						
D7947	9	Reconstruct maxilla segment						
D7948	9	Reconstruct midface no graft						
D7949	9	Reconstruct midface w/graft						
D7950	9	Mandible graft						
D7955	9	Repair maxillofacial defects						
D7960	9	Frenulectomy/frenulotomy						
D7970	9	Excision hyperplastic tissue						
D7971	9	Excision pericoronal gingiva						
D7980	9	Sialolithotomy						
D7981	9	Excision of salivary gland						
D7982	9	Sialodochoplasty						
D7983	9	Closure of salivary fistula						
D7990	9	Emergency tracheotomy						
D7991	9	Dental coronoidectomy						
D7995	9	Synthetic graft facial bones						
D7996	9	Implant mandible for augment						
D7999	9	Oral surgery procedure						
D8010	9	Limited dental tx primary						
D8020	9	Limited dental tx transition						
D8030	9	Limited dental tx adolescent						
D8040	9	Limited dental tx adult						
D8050	9	Intercep dental tx primary						
D8060	9	Intercep dental tx transitn						
D8070	9	Compre dental tx transition						
D8080	9	Compre dental tx adolescent						
D8090	9	Compre dental tx adult						
D8210	9	Orthodontic rem appliance tx						
D8220	9	Fixed appliance therapy habt						
D8660	9	Preorthodontic tx visit						
D8670	9	Periodic orthodontc tx visit						
D8680	9	Orthodontic retention						
D8690	9	Orthodontic treatment						
D8999	9	Orthodontic procedure						
D9110	6	Tx dental pain minor proc						
D9210	9	Dent anesthesia w/o surgery						
D9211	9	Regional block anesthesia						
D9212	9	Trigeminal block anesthesia						
D9215	9	Local anesthesia						
D9220	9	General anesthesia						
D9221	9	General anesthesia ea ad 15m						
D9230	6	Analgesia						
D9240	9	Intravenous sedation						
D9310	9	Dental consultation						
D9410	9	Dental house call						
D9420	9	Hospital call						
D9430	9	Office visit during hours						
D9440	9	Office visit after hours						
D9610	9	Dent therapeutic drug inject						
D9630	6	Other drugs/medicaments						
D9910	9	Dent appl desensitizing med						
D9920	9	Behavior management						
D9930	6	Treatment of complications						
D9940	6	Dental occlusal guard						
D9941	9	Fabrication athletic guard						
D9950	6	Occlusion analysis						
D9951	6	Limited occlusal adjustment						
D9952	6	Complete occlusal adjustment						
D9970	9	Enamel microabrasion						
D9999	9	Adjunctive procedure						
E0100	6	Cane adjust/fixed with tip						
E0105	6	Cane adjust/fixed quad/3 pro						
E0110	6	Crutch forearm pair						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
E0111	6	Crutch forearm each						
E0112	6	Crutch underarm pair wood						
E0113	6	Crutch underarm each wood						
E0114	6	Crutch underarm pair no wood						
E0116	6	Crutch underarm each no wood						
E0130	6	Walker rigid adjust/fixed ht						
E0135	6	Walker folding adjust/fixed						
E0141	6	Rigid walker wheeled wo seat						
E0142	6	Walker rigid wheeled with se						
E0143	6	Walker folding wheeled w/o s						
E0145	6	Walker whled seat/crutch att						
E0146	6	Folding walker wheels w seat						
E0147	6	Walker variable wheel resist						
E0153	6	Forearm crutch platform atta						
E0154	6	Walker platform attachment						
E0155	6	Walker rigd pick-up/wheel at						
E0156	6	Walker seat attachment						
E0157	6	Walker crutch attachment						
E0158	6	Walker leg extensions						
E0159	6	Brake for wheeled walker						
E0160	6	Sitz type bath or equipment						
E0161	6	Sitz bath/equipment w/faucet						
E0162	6	Sitz bath chair						
E0163	6	Commode chair stationry fxd						
E0164	6	Commode chair mobile fixed a						
E0165	6	Commode chair stationry det						
E0166	6	Commode chair mobile detach						
E0167	6	Commode chair pail or pan						
E0175	6	Commode chair foot rest						
E0176	6	Air pressre pad/cushion nonp						
E0177	6	Water press pad/cushion nonp						
E0178	6	Gel pressre pad/cushion nonp						
E0179	6	Dry pressre pad/cushion nonp						
E0180	6	Press pad alternating w pump						
E0181	6	Press pad alternating w/ pum						
E0182	6	Pressure pad alternating pum						
E0184	6	Dry pressure mattress						
E0185	6	Gel pressure mattress pad						
E0186	6	Air pressure mattress						
E0187	6	Water pressure mattress						
E0188	6	Synthetic sheepskin pad						
E0189	6	Lambswool sheepskin pad						
E0191	6	Protector heel or elbow						
E0192	6	Pad wheelchr low press/posit						
E0193	6	Powered air flotation bed						
E0194	6	Air fluidized bed						
E0196	6	Gel pressure mattress						
E0197	6	Air pressure pad for mattres						
E0198	6	Water pressure pad for mattr						
E0199	6	Dry pressure pad for mattres						
E0200	6	Heat lamp without stand						
E0202	6	Phototherapy light w/ photom						
E0205	6	Heat lamp with stand						
E0210	6	Electric heat pad standard						
E0215	6	Electric heat pad moist						
E0217	6	Water circ heat pad w pump						
E0218	6	Water circ cold pad w pump						
E0220	6	Hot water bottle						
E0225	6	Hydrocollator unit						
E0230	6	Ice cap or collar						
E0235	6	Paraffin bath unit portable						
E0236	6	Pump for water circulating p						
E0238	6	Heat pad non-electric moist						
E0239	6	Hydrocollator unit portable						
E0241	6	Bath tub wall rail						
E0242	6	Bath tub rail floor						
E0243	6	Toilet rail						
E0244	6	Toilet seat raised						
E0245	6	Tub stool or bench						
E0246	6	Transfer tub rail attachment						
E0249	6	Pad water circulating heat u						
E0250	6	Hosp bed fixed ht w/ mattres						
E0251	6	Hosp bed fixd ht w/o mattres						
E0255	6	Hospital bed var ht w/ mattr						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
E0256	6	Hospital bed var ht w/o matt						
E0260	6	Hosp bed semi-electr w/ matt						
E0261	6	Hosp bed semi-electr w/o mat						
E0265	6	Hosp bed total electr w/ mat						
E0266	6	Hosp bed total elec w/o matt						
E0270	6	Hospital bed institutional t						
E0271	6	Mattress innerspring						
E0272	6	Mattress foam rubber						
E0273	6	Bed board						
E0274	6	Over-bed table						
E0275	6	Bed pan standard						
E0276	6	Bed pan fracture						
E0277	6	Powered pres-redu air mattrs						
E0280	6	Bed cradle						
E0290	6	Hosp bed fx ht w/o rails w/m						
E0291	6	Hosp bed fx ht w/o rail w/o						
E0292	6	Hosp bed var ht w/o rail w/o						
E0293	6	Hosp bed var ht w/o rail w/						
E0294	6	Hosp bed semi-elect w/ mattr						
E0295	6	Hosp bed semi-elect w/o matt						
E0296	6	Hosp bed total elect w/ matt						
E0297	6	Hosp bed total elect w/o mat						
E0305	6	Rails bed side half length						
E0310	6	Rails bed side full length						
E0315	6	Bed accessory brd/tbl/supprt						
E0325	6	Urinal male jug-type						
E0326	6	Urinal female jug-type						
E0350	6	Control unit bowel system						
E0352	6	Disposable pack w/bowel syst						
E0370	6	Air elevator for heel						
E0371	6	Nonpower mattress overlay						
E0372	6	Powered air mattress overlay						
E0373	6	Nonpowered pressure mattress						
E0424	6	Stationary compressed gas 02						
E0425	6	Gas system stationary compre						
E0430	6	Oxygen system gas portable						
E0431	6	Portable gaseous 02						
E0434	6	Portable liquid 02						
E0435	6	Oxygen system liquid portabl						
E0439	6	Stationary liquid 02						
E0440	6	Oxygen system liquid station						
E0441	6	Oxygen contents gas per/unit						
E0442	6	Oxygen contents liq per/unit						
E0443	6	Port 02 contents gas/unit						
E0444	6	Port 02 contents liq/unit						
E0450	6	Volume vent stationary/porta						
E0452	6	Intermit assis device w cpap						
E0453	6	Ventilator 12 hrs/less per d						
E0455	6	Oxygen tent excl croup/ped t						
E0457	6	Chest shell						
E0459	6	Chest wrap						
E0460	6	Neg press vent portabl/statn						
E0462	6	Rocking bed w/ or w/o side r						
E0480	6	Percussor elect/pneum home m						
E0500	6	Ippb all types						
E0550	6	Humidif extens supple w ippb						
E0555	6	Humidifier for use w/ regula						
E0560	6	Humidifier supplemental w/ i						
E0565	6	Compressor air power source						
E0570	6	Nebulizer with compression						
E0575	6	Nebulizer ultrasonic						
E0580	6	Nebulizer for use w/ regulat						
E0585	6	Nebulizer w/ compressor & he						
E0600	6	Suction pump portab hom modl						
E0601	6	Cont airway pressure device						
E0605	6	Vaporizer room type						
E0606	6	Drainage board postural						
E0607	6	Blood glucose monitor home						
E0608	6	Apnea monitor						
E0609	6	Blood gluc mon w/special fea						
E0610	6	Pacemaker monitr audible/vis						
E0615	6	Pacemaker monitr digital/vis						
E0621	6	Patient lift sling or seat						
E0625	6	Patient lift bathroom or toi						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
E0627	6	Seat lift incorp lift-chair						
E0628	6	Seat lift for pt furn-electr						
E0629	6	Seat lift for pt furn-non-el						
E0630	6	Patient lift hydraulic						
E0635	6	Patient lift electric						
E0650	6	Pneuma compresor non-segment						
E0651	6	Pneum compressor segmental						
E0652	6	Pneum compres w/cal pressure						
E0655	6	Pneumatic appliance half arm						
E0660	6	Pneumatic appliance full leg						
E0665	6	Pneumatic appliance full arm						
E0666	6	Pneumatic appliance half leg						
E0667	6	Seg pneumatic appl full leg						
E0668	6	Seg pneumatic appl full arm						
E0669	6	Seg pneumatic appli half leg						
E0671	6	Pressure pneum appl full leg						
E0672	6	Pressure pneum appl full arm						
E0673	6	Pressure pneum appl half leg						
E0690	6	Ultraviolet cabinet						
E0700	6	Safety equipment						
E0710	6	Restraints any type						
E0720	6	Tens two lead						
E0730	6	Tens four lead						
E0731	6	Conductive garment for tens/						
E0740	6	Incontinence treatment systm						
E0744	6	Neuromuscular stim for scoli						
E0745	6	Neuromuscular stim for shock						
E0746	6	Electromyograph biofeedback						
E0747	6	Elec osteogen stim not spine						
E0748	6	Elec osteogen stim spinal						
E0749	6	Elec osteogen stim implanted						
E0751	6	Pulse generator or receiver						
E0753	6	Neurostimul electrodes/leads						
E0755	6	Electronic salivary reflex s						
E0760	6	Osteogen ultrasound stimltor						
E0776	6	Iv pole						
E0781	6	External ambulatory infus pu						
E0782	6	Non-programble infusion pump						
E0783	6	Programmable infusion pump						
E0784	6	Ext amb infusn pump insulin						
E0791	6	Parenteral infusion pump sta						
E0840	6	Tract frame attach headboard						
E0850	6	Traction stand free standing						
E0855	6	Cervical traction equipment						
E0860	6	Tract equip cervical tract						
E0870	6	Tract frame attach footboard						
E0880	6	Trac stand free stand extrem						
E0890	6	Traction frame attach pelvic						
E0900	6	Trac stand free stand pelvic						
E0910	6	Trapeze bar attached to bed						
E0920	6	Fracture frame attached to b						
E0930	6	Fracture frame free standing						
E0935	6	Exercise device passive moti						
E0940	6	Trapeze bar free standing						
E0941	6	Gravity assisted traction de						
E0942	6	Cervical head harness/halter						
E0943	6	Cervical pillow						
E0944	6	Pelvic belt/harness/boot						
E0945	6	Belt/harness extremity						
E0946	6	Fracture frame dual w cross						
E0947	6	Fracture frame attachmnts pe						
E0948	6	Fracture frame attachmnts ce						
E0950	6	Tray						
E0951	6	Loop heel						
E0952	6	Loop tie						
E0953	6	Pneumatic tire						
E0954	6	Wheelchair semi-pneumatic ca						
E0958	6	Whlchr att- conv 1 arm drive						
E0959	6	Amputee adapter						
E0961	6	Wheelchair brake extension						
E0962	6	Wheelchair 1 inch cushion						
E0963	6	Wheelchair 2 inch cushion						
E0964	6	Wheelchair 3 inch cushion						
E0965	6	Wheelchair 4 inch cushion						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
E0966	6	Wheelchair head rest extensi						
E0967	6	Wheelchair hand rims						
E0968	6	Wheelchair commode seat						
E0969	6	Wheelchair narrowing device						
E0970	6	Wheelchair no. 2 footplates						
E0971	6	Wheelchair anti-tipping devi						
E0972	6	Transfer board or device						
E0973	6	Wheelchair adjustabl height						
E0974	6	Wheelchair grade-aid						
E0975	6	Wheelchair reinforced seat u						
E0976	6	Wheelchair reinforced back u						
E0977	6	Wheelchair wedge cushion						
E0978	6	Wheelchair belt w/airplane b						
E0979	6	Wheelchair belt with velcro						
E0980	6	Wheelchair safety vest						
E0990	6	Whellchair elevating leg res						
E0991	6	Wheelchair upholstry seat						
E0992	6	Wheelchair solid seat insert						
E0993	6	Wheelchair back upholstery						
E0994	6	Wheelchair arm rest						
E0995	6	Wheelchair calf rest						
E0996	6	Wheelchair tire solid						
E0997	6	Wheelchair caster w/ a fork						
E0998	6	Wheelchair caster w/o a fork						
E0999	6	Wheelchr pneumatic tire w/wh						
E1000	6	Wheelchair tire pneumatic ca						
E1001	6	Wheelchair wheel						
E1031	6	Rollabout chair with casters						
E1050	6	Whelchr fxd full length arms						
E1060	6	Wheelchair detachable arms						
E1065	6	Wheelchair power attachment						
E1066	6	Wheelchair battery charger						
E1069	6	Wheelchair deep cycle batter						
E1070	6	Wheelchair detachable foot r						
E1083	6	Hemi-wheelchair fixed arms						
E1084	6	Hemi-wheelchair detachable a						
E1085	6	Hemi-wheelchair fixed arms						
E1086	6	Hemi-wheelchair detachable a						
E1087	6	Wheelchair lightwt fixed arm						
E1088	6	Wheelchair lightweight det a						
E1089	6	Wheelchair lightwt fixed arm						
E1090	6	Wheelchair lightweight det a						
E1091	6	Wheelchair youth						
E1092	6	Wheelchair wide w/ leg rests						
E1093	6	Wheelchair wide w/ foot rest						
E1100	6	Whchr s-recl fxd arm leg res						
E1110	6	Wheelchair semi-recl detach						
E1130	6	Whlchr stand fxd arm ft rest						
E1140	6	Wheelchair standard detach a						
E1150	6	Wheelchair standard w/ leg r						
E1160	6	Wheelchair fixed arms						
E1170	6	Whlchr ampu fxd arm leg rest						
E1171	6	Wheelchair amputee w/o leg r						
E1172	6	Wheelchair amputee detach ar						
E1180	6	Wheelchair amputee w/ foot r						
E1190	6	Wheelchair amputee w/ leg re						
E1195	6	Wheelchair amputee heavy dut						
E1200	6	Wheelchair amputee fixed arm						
E1210	6	Whlchr moto ful arm leg rest						
E1211	6	Wheelchair motorized w/ det						
E1212	6	Wheelchair motorized w full						
E1213	6	Wheelchair motorized w/ det						
E1220	6	Whlchr special size/constrc						
E1221	6	Wheelchair spec size w foot						
E1222	6	Wheelchair spec size w/ leg						
E1223	6	Wheelchair spec size w foot						
E1224	6	Wheelchair spec size w/ leg						
E1225	6	Wheelchair spec sz semi-recl						
E1226	6	Wheelchair spec sz full-recl						
E1227	6	Wheelchair spec sz spec ht a						
E1228	6	Wheelchair spec sz spec ht b						
E1230	6	Power operated vehicle						
E1240	6	Whchr litwt det arm leg rest						
E1250	6	Wheelchair lightwt fixed arm						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
E1260	6	Wheelchair lightwt foot rest						
E1270	6	Wheelchair lightweight leg r						
E1280	6	Whchr h-duty det arm leg res						
E1285	6	Wheelchair heavy duty fixed						
E1290	6	Wheelchair hvy duty detach a						
E1295	6	Wheelchair heavy duty fixed						
E1296	6	Wheelchair special seat heig						
E1297	6	Wheelchair special seat dept						
E1298	6	Wheelchair spec seat depth/w						
E1300	6	Whirlpool portable						
E1310	6	Whirlpool non-portable						
E1340	6	Repair for DME, per 15 min						
E1353	6	Oxygen supplies regulator						
E1355	6	Oxygen supplies stand/rack						
E1372	6	Oxy suppl heater for nebuliz						
E1375	6	Oxygen suppl nebulizer porta						
E1377	6	Oxygen concentrator to 244 c						
E1378	6	Oxygen concentrator to 488 c						
E1379	6	Oxygen concentrator to 732 c						
E1380	6	Oxygen concentrator to 976 c						
E1381	6	Oxygen concentrat to 1220 cu						
E1382	6	Oxygen concentrat to 1464 cu						
E1383	6	Oxygen concentrat to 1708 cu						
E1384	6	Oxygen concentrat to 1952 cu						
E1385	6	Oxygen concentrator >1952 c						
E1399	6	Durable medical equipment mi						
E1400	6	Oxygen concentrator < 2 lite						
E1401	6	Oxygen concentrator 2–3 lite						
E1402	6	Oxygen concentrator 3–4 lite						
E1403	6	Oxygen concentrator 4–5 lite						
E1404	6	Oxygen concentrator >5 lite						
E1405	6	O2/water vapor enrich w/heat						
E1406	6	O2/water vapor enrich w/o he						
E1510	6	Kidney dialysate delivry sys						
E1520	6	Heparin infusion pump for di						
E1530	6	Air bubble detector for dial						
E1540	6	Pressure alarm for dialysis						
E1550	6	Bath conductivity meter						
E1560	6	Blood leak detector for dial						
E1570	6	Adjustable chair for esrd pt						
E1575	6	Transducer protector/fluid b						
E1580	6	Unipuncture control system						
E1590	6	Hemodialysis machine						
E1592	6	Auto interm peritoneal dialy						
E1594	6	Cycler dialysis machine						
E1600	6	Deliv/install equip for dial						
E1610	6	Reverse osmosis water purifi						
E1615	6	Deionizer water purification						
E1620	6	Blood pump for dialysis						
E1625	6	Water softening system						
E1630	6	Reciprocating peritoneal dia						
E1632	6	Wearable artificial kidney						
E1635	6	Compact travel hemodialyzer						
E1636	6	Sorbent cartridges for dialy						
E1640	6	Replacement components for d						
E1699	6	Dialysis equipment unspecifi						
E1700	6	Jaw motion rehab system						
E1701	6	Repl cushions for jaw motion						
E1702	6	Repl measr scales jaw motion						
E1800	6	Adjust elbow ext/flex device						
E1805	6	Adjust wrist ext/flex device						
E1810	6	Adjust knee ext/flex device						
E1815	6	Adjust ankle ext/flex device						
E1820	6	Soft interface material						
E1825	6	Adjust finger ext/flex devc						
E1830	6	Adjust toe ext/flex device						
G0001	2	Drawing blood for specimen						
G0002	2	Temporary urinary catheter						
G0004	2	ECG transm phys review & int						
G0005	2	ECG 24 hour recording						
G0006	2	ECG transmission & analysis						
G0007	2	ECG phy review & interpret						
G0008	6	Admin influenza virus vac						
G0009	6	Admin pneumococcal vaccine						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
G0010	6	Admin hepatitis b vaccine						
G0015	2	Post symptom ECG tracing						
G0016	2	Post symptom ECG md review						
G0025	2	Collagen skin test kit						
G0026	6	Fecal leukocyte examination						
G0027	6	Semen analysis						
G0030	6	PET imaging prev PET single						
G0031	6	PET imaging prev PET multple						
G0032	6	PET follow SPECT 78464 singl						
G0033	6	PET follow SPECT 78464 mult						
G0034	6	PET follow SPECT 76865 singl						
G0035	6	PET follow SPECT 78465 mult						
G0036	6	PET follow cornry angio sing						
G0037	6	PET follow cornry angio mult						
G0038	6	PET follow myocard perf sing						
G0039	6	PET follow myocard perf mult						
G0040	6	PET follow stress echo singl						
G0041	6	PET follow stress echo mult						
G0042	6	PET follow ventriculogm sing						
G0043	6	PET follow ventriculogm mult						
G0044	6	PET following rest ECG singl						
G0045	6	PET following rest ECG mult						
G0046	6	PET follow stress ECG singl						
G0047	6	PET follow stress ECG mult						
G0050	6	Residual urine by ultrasound						
G0101	6	CA screen; pelvic/breast exam						
G0104	1	CA screen; flexi sigmoidscope			446	$175	0.35	Add.
G0105	1	Colorectal scrn; hi risk ind			426	$354	0.70	Add.
G0106	6	Colon CA screen; barium enema						
G0107	6	CA screen; fecal blood test						
G0110	6	Nett pulm-rehab educ; ind						
G0111	6	Nett pulm-rehab educ; group						
G0112	6	Nett; nutrition guid, initial						
G0113	6	Nett; nutrition guid,subseqnt						
G0114	6	Nett; psychosocial consult						
G0115	6	Nett; psychological testing						
G0116	6	Nett; psychosocial counsel						
G0120	6	Colon ca scrn; barium enema						
G0121	9	Colon ca scrn; barium enema						
G0122	9	Colon ca scrn; barium enema						
J0120	9	Tetracyclin injection						
J0150	9	Injection adenosine 6 MG						
J0170	9	Adrenalin epinephrin inject						
J0190	9	Inj biperiden lactate/5 mg						
J0205	9	Alglucerase injection						
J0207	9	Amifostine						
J0210	9	Methyldopate hcl injection						
J0256	9	Alpha 1-proteinase 500 MG						
J0270	9	Alprostadil for injection						
J0280	9	Aminophyllin 250 MG inj						
J0290	9	Ampicillin 500 MG inj						
J0295	9	Ampicillin sodium per 1.5 gm						
J0300	9	Amobarbital 125 MG inj						
J0330	9	Succinycholine chloride inj						
J0340	9	Nandrolon phenpropionate inj						
J0350	9	Injection anistreplase 30 u						
J0360	9	Hydralazine hcl injection						
J0380	9	Inj metaraminol bitartrate						
J0390	9	Chloroquine injection						
J0400	9	Inj trimethaphan camsylate						
J0460	9	Atropine sulfate injection						
J0470	9	Dimecaprol injection						
J0475	9	Baclofen 10 MG injection						
J0500	9	Dicyclomine injection						
J0510	9	Benzquinamide injection						
J0515	9	Inj benztropine mesylate						
J0520	9	Bethanechol chloride inject						
J0530	9	Penicillin g benzathine inj						
J0540	9	Penicillin g benzathine inj						
J0550	9	Penicillin g benzathine inj						
J0560	9	Penicillin g benzathine inj						
J0570	9	Penicillin g benzathine inj						
J0580	9	Penicillin g benzathine inj						
J0585	9	Botulinum toxin a per unit						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
J0590	9	Ethylnorepinephrine hcl inj						
J0600	9	Edetate calcium disodium inj						
J0610	9	Calcium gluconate injection						
J0620	9	Calcium glycer & lact/10 ML						
J0630	9	Calcitonin salmon injection						
J0635	9	Calcitriol injection						
J0640	9	Leucovorin calcium injection						
J0670	9	Inj mepivacaine HCL/10 ml						
J0690	9	Cefazolin sodium injection						
J0694	9	Cefoxitin sodium injection						
J0695	9	Cefonocid sodium injection						
J0696	9	Ceftriaxone sodium injection						
J0697	9	Sterile cefuroxime injection						
J0698	9	Cefotaxime sodium injection						
J0702	9	Betamethasone acet&sod phosp						
J0704	9	Betamethasone sod phosp/4 MG						
J0710	9	Cephapirin sodium injection						
J0713	9	Inj ceftazidime per 500 mg						
J0715	9	Ceftizoxime sodium / 500 MG						
J0720	9	Chloramphenicol sodium injec						
J0725	9	Chorionic gonadotropin/1000u						
J0730	9	Chlorpheniramin maleate inj						
J0735	9	Clonidine hydrochloride						
J0740	9	Cidofovir injection						
J0743	9	Cilastatin sodium injection						
J0745	9	Inj codeine phosphate /30 MG						
J0760	9	Colchicine injection						
J0770	9	Colistimethate sodium inj						
J0780	9	Prochlorperazine injection						
J0800	9	Corticotropin injection						
J0810	9	Cortisone injection						
J0835	9	Inj cosyntropin per 0.25 MG						
J0850	9	Cytomegalovirus imm IV /vial						
J0895	9	Deferoxamine mesylate inj						
J0900	9	Testosterone enanthate inj						
J0945	9	Brompheniramine maleate inj						
J0970	9	Estradiol valerate injection						
J1000	9	Depo-estradiol cypionate inj						
J1020	9	Methylprednisolone 20 MG inj						
J1030	9	Methylprednisolone 40 MG inj						
J1040	9	Methylprednisolone 80 MG inj						
J1050	9	Medroxyprogesterone inj						
J1055	9	Medrxyprogester acetate inj						
J1060	9	Testosterone cypionate 1 ML						
J1070	9	Testosterone cypionat 100 MG						
J1080	9	Testosterone cypionat 200 MG						
J1090	9	Testosterone cypionate 50 MG						
J1095	9	Inj dexamethasone acetate						
J1100	9	Dexamethosone sodium phos						
J1110	9	Inj dihydroergotamine mesylt						
J1120	9	Acetazolamid sodium injectio						
J1160	9	Digoxin injection						
J1165	9	Phenytoin sodium injection						
J1170	9	Hydromorphone injection						
J1180	9	Dyphylline injection						
J1190	9	Dexrazoxane HCl injection						
J1200	9	Diphenhydramine hcl injectio						
J1205	9	Chlorothiazide sodium inj						
J1212	9	Dimethyl sulfoxide 50% 50 ML						
J1230	9	Methadone injection						
J1240	9	Dimenhydrinate injection						
J1245	9	Dipyridamole injection						
J1250	9	Inj dobutamine HCL/250 mg						
J1320	9	Amitriptyline injection						
J1325	9	Epoprostenol injection						
J1330	9	Ergonovine maleate injection						
J1362	9	Erythromycin glucep / 250 MG						
J1364	9	Erythro lactobionate /500 MG						
J1380	9	Estradiol valerate 10 MG inj						
J1390	9	Estradiol valerate 20 MG inj						
J1410	9	Inj estrogen conjugate 25 MG						
J1435	9	Injection estrone per 1 MG						
J1436	9	Etidronate disodium inj						
J1440	9	Filgrastim 300 mcg injeciton						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
J1441	9	Filgrastim 480 mcg injection						
J1455	9	Foscarnet sodium injection						
J1460	9	Gamma globulin 1 CC inj						
J1470	9	Gamma globulin 2 CC inj						
J1480	9	Gamma globulin 3 CC inj						
J1490	9	Gamma globulin 4 CC inj						
J1500	9	Gamma globulin 5 CC inj						
J1510	9	Gamma globulin 6 CC inj						
J1520	9	Gamma globulin 7 CC inj						
J1530	9	Gamma globulin 8 CC inj						
J1540	9	Gamma globulin 9 CC inj						
J1550	9	Gamma globulin 10 CC inj						
J1560	9	Gamma globulin >10 CC inj						
J1561	9	Immune globulin 500 mg						
J1562	9	Immune globulin 5 gms						
J1565	9	RSV-ivig						
J1570	9	Ganciclovir sodium injection						
J1580	9	Garamycin gentamicin inj						
J1600	9	Gold sodium thiomaleate inj						
J1610	9	Glucagon hydrochloride/1 MG						
J1620	9	Gonadorelin hydroch/ 100 mcg						
J1626	9	Granisetron HCl injection						
J1630	9	Haloperidol injection						
J1631	9	Haloperidol decanoate inj						
J1642	9	Inj heparin sodium per 10 u						
J1644	9	Inj heparin sodium per 1000u						
J1645	9	Dalteparin sodium						
J1650	9	Inj enoxaparin sodium 30 mg						
J1670	9	Tetanus immune globulin inj						
J1690	9	Prednisolone tebutate inj						
J1700	9	Hydrocortisone acetate inj						
J1710	9	Hydrocortisone sodium ph inj						
J1720	9	Hydrocortisone sodium succ i						
J1730	9	Diazoxide injection						
J1739	9	Hydroxyprogesterone cap 125						
J1741	9	Hydroxyprogesterone cap 250						
J1742	9	Ibutilide fumarate injection						
J1760	9	Iron dextran 2 CC inj						
J1770	9	Iron dextran 5 CC inj						
J1780	9	Iron dextran 10 CC inj						
J1785	9	Injection imiglucerase /unit						
J1790	9	Droperidol injection						
J1800	9	Propranolol injection						
J1810	9	Droperidol/fentanyl inj						
J1820	9	Insulin injection						
J1825	9	Interferon beta-1a						
J1830	9	Interferon beta-1b / .25 MG						
J1840	9	Kanamycin sulfate 500 MG inj						
J1850	9	Kanamycin sulfate 75 MG inj						
J1885	9	Ketorolac tromethamine inj						
J1890	9	Cephalothin sodium injection						
J1910	9	Kutapressin injection						
J1930	9	Propiomazine injection						
J1940	9	Furosemide injection						
J1950	9	Leuprolide acetate /3.75 MG						
J1955	9	Inj levocarnitine per 1 gm						
J1960	9	Levorphanol tartrate inj						
J1970	9	Methotrimeprazine injection						
J1980	9	Hyoscyamine sulfate inj						
J1990	9	Chlordiazepoxide injection						
J2000	9	Lidocaine injection						
J2010	9	Lincomycin injection						
J2060	9	Lorazepam injection						
J2150	9	Mannitol injection						
J2175	9	Meperidine hydrochl /100 MG						
J2180	9	Meperidine/promethazine inj						
J2210	9	Methylergonovin maleate inj						
J2240	9	Metocurine iodide injection						
J2250	9	Inj midazolam hydrochloride						
J2260	9	Inj milrinone lactate/5 ML						
J2270	9	Morphine sulfate injection						
J2275	9	Morphine sulfate injection						
J2300	9	Inj nalbuphine hydrochloride						
J2310	9	Inj naloxone hydrochloride						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
J2320	9	Nandrolone decanoate 50 MG						
J2321	9	Nandrolone decanoate 100 MG						
J2322	9	Nandrolone decanoate 200 MG						
J2330	9	Thiothixene injection						
J2350	9	Niacinamide/niacin injection						
J2360	9	Orphenadrine injection						
J2370	9	Phenylephrine hcl injection						
J2400	9	Chloroprocaine hcl injection						
J2405	9	Ondansetron hcl injection						
J2410	9	Oxymorphone hcl injection						
J2430	9	Pamidronate disodium /30 MG						
J2440	9	Papaverin hcl injection						
J2460	9	Oxytetracycline injection						
J2480	9	Hydrochlorides of opium inj						
J2510	9	Penicillin g procaine inj						
J2512	9	Inj pentagastrin per 2 ML						
J2515	9	Pentobarbital sodium inj						
J2540	9	Penicillin g potassium inj						
J2545	9	Pentamidine isethionte/300mg						
J2550	9	Promethazine hcl injection						
J2560	9	Phenobarbital sodium inj						
J2590	9	Oxytocin injection						
J2597	9	Inj desmopressin acetate						
J2640	9	Prednisolone sodium ph inj						
J2650	9	Prednisolone acetate inj						
J2670	9	Totazoline hcl injection						
J2675	9	Inj progesterone per 50 MG						
J2680	9	Fluphenazine decanoate 25 MG						
J2690	9	Procainamide hcl injection						
J2700	9	Oxacillin sodium injection						
J2710	9	Neostigmine methylslfte inj						
J2720	9	Inj protamine sulfate/10 MG						
J2725	9	Inj protirelin per 250 mcg						
J2730	9	Pralidoxime chloride inj						
J2760	9	Phentolaine mesylate inj						
J2765	9	Metoclopramide hcl injection						
J2790	9	Rho d immune globulin inj						
J2800	9	Methocarbamol injection						
J2810	9	Inj theophylline per 40 MG						
J2820	9	Sargramostim injection						
J2860	9	Secobarbital sodium inj						
J2910	9	Aurothioglucose injection						
J2912	9	Sodium chloride injection						
J2920	9	Methylprednisolone injection						
J2930	9	Methylprednisolone injection						
J2950	9	Promazine hcl injection						
J2970	9	Methicillin sodium injection						
J2995	9	Inj streptokinase /250000 IU						
J2996	9	Alteplase recombinant inj						
J3000	9	Streptomycin injection						
J3010	9	Fentanyl citrate injection						
J3030	9	Sumatriptan succinate / 6 MG						
J3070	9	Pentazocine hcl injection						
J3080	9	Chlorprothixene injection						
J3105	9	Terbutaline sulfate inj						
J3120	9	Testosterone enanthate inj						
J3130	9	Testosterone enanthate inj						
J3140	9	Testosterone suspension inj						
J3150	9	Testosteron propionate inj						
J3230	9	Chlorpromazine hcl injection						
J3240	9	Thyrotropin injection						
J3250	9	Trimethobenzamide hcl inj						
J3260	9	Tobramycin sulfate injection						
J3265	9	Injection torsemide 10 mg/ml						
J3270	9	Imipramine hcl injection						
J3280	9	Thiethylperazine maleate inj						
J3301	9	Triamcinolone acetonide inj						
J3302	9	Triamcinolone diacetate inj						
J3303	9	Triamcinolone hexacetonl inj						
J3305	9	Inj trimetrexate glucoronate						
J3310	9	Perphenazine injection						
J3320	9	Spectinomycn di-hcl inj						
J3350	9	Urea injection						
J3360	9	Diazepam injection						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
J3364	9	Urokinase 5000 IU injection						
J3365	9	Urokinase 250,000 IU inj						
J3370	2	Vancomycin hcl injection						
J3390	9	Methoxamine injection						
J3400	9	Triflupromazine hcl inj						
J3410	9	Hydroxyzine hcl injection						
J3420	9	Vitamin b12 injection						
J3430	9	Vitamin k phytonadione inj						
J3450	9	Mephentermine sulfate inj						
J3470	9	Hyaluronidase injection						
J3475	9	Inj magnesium sulfate						
J3480	9	Inj potassium chloride						
J3490	9	Drugs unclassified injection						
J3520	9	Edetate disodium per 150 mg						
J3530	9	Nasal vaccine inhalation						
J3535	9	Metered dose inhaler drug						
J3570	9	Laetrile amygdalin vit B17						
J7030	9	Normal saline solution infus						
J7040	9	Normal saline solution infus						
J7042	9	5% dextrose/normal saline						
J7050	9	Normal saline solution infus						
J7051	9	Sterile saline/water						
J7060	9	5% dextrose/water						
J7070	9	D5w infusion						
J7100	9	Dextran 40 infusion						
J7110	9	Dextran 75 infusion						
J7120	9	Ringers lactate infusion						
J7130	9	Hypertonic saline solution						
J7190	6	Factor viii						
J7191	6	Factor VIII (porcine)						
J7192	6	Factor viii recombinant						
J7194	6	Factor ix complex						
J7196	6	Othr hemophilia clot factors						
J7197	6	Antithrombin iii injection						
J7300	9	Intraut copper contraceptive						
J7310	9	Ganciclovir long act implant						
J7500	6	Azathiop po tab 50mg 100s ea						
J7501	6	Azathioprine parenteral						
J7503	6	Cyclosporine parenteral						
J7504	6	Lymphocyte immune globulin						
J7505	6	Monoclonal antibodies						
J7506	6	Prednisone oral						
J7507	9	Tacrolimus oral per 1 MG						
J7508	9	Tacrolimus oral per 5 MG						
J7509	6	Methylprednisolone oral						
J7510	6	Prednisolone oral per 5 mg						
J7599	6	Immunosuppressive drug noc						
J7610	9	Acetylcysteine 10% injection						
J7615	9	Acetylcysteine 20% injection						
J7620	9	Albuterol sulfate .083%/ml						
J7625	9	Albuterol sulfate .5% inj						
J7627	9	Bitolterolmesylate inhal sol						
J7630	9	Cromolyn sodium injection						
J7640	9	Epinephrine injection						
J7645	9	Ipratropium bromide .02%/ml						
J7650	9	Isoetharine hcl .1% inj						
J7651	9	Isoetharine hcl .125% inj						
J7652	9	Isoetharine hcl .167% inj						
J7653	9	Isoetharine hcl .2%/ inj						
J7654	9	Isoetharine hcl .25% inj						
J7655	9	Isoetharine hcl 1% inj						
J7660	9	Isoproterenol hcl .5% inj						
J7665	9	Isoproterenol hcl 1% inj						
J7670	9	Metaproterenol sulfate .4%						
J7672	9	Metaproterenol sulfate .6%						
J7675	9	Metaproterenol sulfate 5%						
J7699	9	Inhalation solution for DME						
J7799	9	Non-inhalation drug for DME						
J8499	9	Oral prescrip drug non chemo						
J8530	9	Cyclophosphamide oral 25 MG						
J8560	9	Etoposide oral 50 MG						
J8600	9	Melphalan oral 2 MG						
J8610	9	Methotrexate oral 2.5 MG						
J8999	9	Oral prescription drug chemo						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
J9000	9	Doxorubic hcl 10 MG vl chemo						
J9015	9	Aldesleukin/single use vial						
J9020	9	Asparaginase injection						
J9031	9	Bcg live intravesical vac						
J9040	9	Bleomycin sulfate injection						
J9045	9	Carboplatin injection						
J9050	9	Carmus bischl nitro inj						
J9060	9	Cisplatin 10 MG injection						
J9062	9	Cisplatin 50 MG injection						
J9065	9	Inj cladribine per 1 MG						
J9070	9	Cyclophosphamide 100 MG inj						
J9080	9	Cyclophosphamide 200 MG inj						
J9090	9	Cyclophosphamide 500 MG inj						
J9091	9	Cyclophosphamide 1.0 grm inj						
J9092	9	Cyclophosphamide 2.0 grm inj						
J9093	9	Cyclophosphamide lyophilized						
J9094	9	Cyclophosphamide lyophilized						
J9095	9	Cyclophosphamide lyophilized						
J9096	9	Cyclophosphamide lyophilized						
J9097	9	Cyclophosphamide lyophilized						
J9100	9	Cytarabine hcl 100 MG inj						
J9110	9	Cytarabine hcl 500 MG inj						
J9120	9	Dactinomycin actinomycin d						
J9130	9	Dacarbazine 10 MG inj						
J9140	9	Dacarbazine 200 MG inj						
J9150	9	Daunorubicin						
J9165	9	Diethylstilbestrol injection						
J9170	9	Docetaxel						
J9181	9	Etoposide 10 MG inj						
J9182	9	Etoposide 100 MG inj						
J9185	9	Fludarabine phosphate inj						
J9190	9	Fluorouracil injection						
J9200	9	Floxuridine injection						
J9201	9	Gemcitabine HCl						
J9202	9	Goserelin acetate implant						
J9206	9	Irinotecan injection						
J9208	9	Ifosfomide injection						
J9209	9	Mesna injection						
J9211	9	Idarubicin hcl injection						
J9213	9	Interferon alfa-2a inj						
J9214	9	Interferon alfa-2b inj						
J9215	9	Interferon alfa-n3 inj						
J9216	9	Interferon gamma 1-b inj						
J9217	9	Leuprolide acetate suspnsion						
J9218	9	Leuprolide acetate injection						
J9230	9	Mechlorethamine hcl inj						
J9245	9	Inj melphalan hydrochl 50 MG						
J9250	9	Methotrexate sodium inj						
J9260	9	Methotrexate sodium inj						
J9265	9	Paclitaxel injection						
J9266	9	Pegaspargase/singl dose vial						
J9268	9	Pentostatin injection						
J9270	9	Plicamycin (mithramycin) inj						
J9280	9	Mitomycin 5 MG inj						
J9290	9	Mitomycin 20 MG inj						
J9291	9	Mitomycin 40 MG inj						
J9293	9	Mitoxantrone hydrochl / 5 MG						
J9320	9	Streptozocin injection						
J9340	9	Thiotepa injection						
J9350	9	Topotecan						
J9360	9	Vinblastine sulfate inj						
J9370	9	Vincristine sulfate 1 MG inj						
J9375	9	Vincristine sulfate 2 MG inj						
J9380	9	Vincristine sulfate 5 MG inj						
J9390	9	Vinorelbine tartrate/10 mg						
J9600	9	Porfimer sodium						
J9999	9	Chemotherapy drug						
K0001	6	Standard wheelchair						
K0002	6	Stnd hemi (low seat) whlchr						
K0003	6	Lightweight wheelchair						
K0004	6	High strength ltwt whlchr						
K0005	6	Ultralightweight wheelchair						
K0006	6	Heavy duty wheelchair						
K0007	6	Extra heavy duty wheelchair						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
K0008	6	Cstm manual wheelchair/base						
K0009	6	Other manual wheelchair/base						
K0010	6	Stnd wt frame power whlchr						
K0011	6	Stnd wt pwr whlchr w control						
K0012	6	Ltwt portbl power whlchr						
K0013	6	Custom power whlchr base						
K0014	6	Other power whlchr base						
K0015	6	Detach non-adjus hght armrst						
K0016	6	Detach adjust armrst cmplete						
K0017	6	Detach adjust armrest base						
K0018	6	Detach adjust armrst upper						
K0019	6	Arm pad each						
K0020	6	Fixed adjust armrest pair						
K0021	6	Anti-tipping device each						
K0022	6	Reinforced back upholstery						
K0023	6	Planr back insrt foam w/strp						
K0024	6	Plnr back insrt foam w/hrdwr						
K0025	6	Hook-on headrest extension						
K0026	6	Back upholst lgtwt whlchr						
K0027	6	Back upholst other whlchr						
K0028	6	Fully reclining back						
K0029	6	Reinforced seat upholstery						
K0030	6	Solid plnr seat sngl dnsfoam						
K0031	6	Safety belt/pelvic strap						
K0032	6	Seat uphols lgtwt whlchr						
K0033	6	Seat upholstery other whlchr						
K0034	6	Heel loop each						
K0035	6	Heel loop with ankle strap						
K0036	6	Toe loop each						
K0037	6	High mount flip-up footrest						
K0038	6	Leg strap each						
K0039	6	Leg strap h style each						
K0040	6	Adjustable angle footplate						
K0041	6	Large size footplate each						
K0042	6	Standard size footplate each						
K0043	6	Ftrst lower extension tube						
K0044	6	Ftrst upper hanger bracket						
K0045	6	Footrest complete assembly						
K0046	6	Elevat legrst low extension						
K0047	6	Elevat legrst up hangr brack						
K0048	6	Elevate legrest complete						
K0049	6	Calf pad each						
K0050	6	Ratchet assembly						
K0051	6	Cam relese assem ftrst/lgrst						
K0052	6	Swingaway detach footrest						
K0053	6	Elevate footrest articulate						
K0054	6	Seat wdth 10–12/15/17/20 wc						
K0055	6	Seat dpth 15/17/18 ltwt wc						
K0056	6	Seat ht <17 or <=21 ltwt wc						
K0057	6	Seat wdth 19/20 hvy dty wc						
K0058	6	Seat dpth 17/18 power wc						
K0059	6	Plastic coated handrim each						
K0060	6	Steel handrim each						
K0061	6	Aluminum handrim each						
K0062	6	Handrim 8–10 vert/obliq proj						
K0063	6	Hndrm 12–16 vert/obliq proj						
K0064	6	Zero pressure tube flat free						
K0065	6	Spoke protectors						
K0066	6	Solid tire any size each						
K0067	6	Pneumatic tire any size each						
K0068	6	Pneumatic tire tube each						
K0069	6	Rear whl complete solid tire						
K0070	6	Rear whl compl pneum tire						
K0071	6	Front castr compl pneum tire						
K0072	6	Frnt cstr cmpl sem-pneum tir						
K0073	6	Caster pin lock each						
K0074	6	Pneumatic caster tire each						
K0075	6	Semi-pneumatic caster tire						
K0076	6	Solid caster tire each						
K0077	6	Front caster assem complete						
K0078	6	Pneumatic caster tire tube						
K0079	6	Wheel lock extension pair						
K0080	6	Anti-rollback device pair						
K0081	6	Wheel lock assembly complete						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
K0082	6	22 nf deep cycl acid battery						
K0083	6	22 nf gel cell battery each						
K0084	6	Grp 24 deep cycl acid battry						
K0085	6	Group 24 gel cell battery						
K0086	6	U–1 lead acid battery each						
K0087	6	U–1 gel cell battery each						
K0088	6	Battry chrgr acid/gel cell						
K0089	6	Battery charger dual mode						
K0090	6	Rear tire power wheelchair						
K0091	6	Rear tire tube power whlchr						
K0092	6	Rear assem cmplt powr whlchr						
K0093	6	Rear zero pressure tire tube						
K0094	6	Wheel tire for power base						
K0095	6	Wheel tire tube each base						
K0096	6	Wheel assem powr base complt						
K0097	6	Wheel zero presure tire tube						
K0098	6	Drive belt power wheelchair						
K0099	6	Front caster power whelchair						
K0100	6	Amputee adapter pair						
K0101	6	One-arm drive attachment						
K0102	6	Crutch and cane holder						
K0103	6	Transfer board < 25″						
K0104	6	Cylinder tank carrier						
K0105	6	Iv hanger						
K0106	6	Arm trough each						
K0107	6	Wheelchair tray						
K0108	6	Other accessories						
K0109	6	Customize whlchr base frame						
K0112	6	Trunk vest supprt innr frame						
K0113	6	Trunk vest suprt w/o inr frm						
K0114	6	Whlchr back suprt inr frame						
K0115	6	Back module orthotic system						
K0116	6	Back & seat modul orthot sys						
K0119	6	Azathioprine oral tab 50 MG						
K0120	6	Azathioprine prentrl 100 MG						
K0121	6	Cyclosporine oral 25 MG						
K0122	6	Cyclosporine prentrl 250 MG						
K0123	6	Imun/antitymocyt glob 250 MG						
K0137	6	Skin barrier liquid per oz						
K0138	6	Skin barrier paste per oz						
K0139	6	Skin barrier powder per oz						
K0168	6	Disposable nebulizer set						
K0169	6	Disposable nebulizer small						
K0170	6	Non disposable nebulizer set						
K0171	6	Filtered nebulizer set						
K0172	6	Disposable nebulizer unfill						
K0173	6	Disposable nebulizer prefill						
K0174	6	Reservoir bottle w nebulizer						
K0175	6	Disposable corrugated tubing						
K0176	6	Non dispos corrugated tubing						
K0177	6	Water collec dev w nebulizer						
K0178	6	Disposbl filter w compressor						
K0179	6	Non-dispos filter w/compress						
K0180	6	Aerosol mask with nebulizer						
K0181	6	Dome & mouthpiece w/ nebuliz						
K0182	6	Water distilled w/ nebulizer						
K0183	6	Nasal application with cpap						
K0184	6	Nasal pillows/seals pair						
K0185	6	Headgear with cpap device						
K0186	6	Chin strap with cpap device						
K0187	6	Tubing with cpap device						
K0188	6	Filter disposable with cpap						
K0189	6	Filter non-disposable w/cpap						
K0190	6	Disposable canister w/pump						
K0191	6	Non-disposbl canister w/pump						
K0192	6	Tubing used w/suction pump						
K0193	6	Airway pressure dev/w hmdfer						
K0194	6	Assist device w/humidifier						
K0195	6	Elevating whlchair leg rests						
K0268	6	Humidifier with cpap device						
K0269	6	Aerosol compressor cpap dev						
K0270	6	Ultrasonic generator w nebul						
K0277	6	Skin barrier solid 4x4 equiv						
K0278	6	Skin barrier with flange						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
K0279	6	Skin barrier extended wear						
K0280	6	Extension drainage tubing						
K0281	6	Lubricant catheter insertion						
K0283	6	Saline solution dispenser						
K0284	6	External infusion pump reuse						
K0400	6	Skin support attachment each						
K0401	6	Diabetic deluxe shoe						
K0407	6	Urinary cath skin attachment						
K0408	6	Urinary cath leg strap						
K0409	6	Sterile H2O irrigation solut						
K0410	6	Male ext cath w/adh coating						
K0411	6	Male ext cath w/adh strip						
K0412	6	Mycophenolate mofetil 25o mg						
K0415	6	RX antiemetic drg, oral NOS						
K0416	6	Rx antiemetic drg, rectal NOS						
K0417	6	Mech infus pump sht trm drug						
K0418	6	Oral cyclosporin						
K0419	6	Drainable plstic pch w fcplt						
K0420	6	Drainable rubber pch w fcplt						
K0421	6	drainable plstic pch w/o fp						
K0422	6	Drainable rubber pch w/o fp						
K0423	6	Urinary plstic pouch w fcplt						
K0424	6	Urinary rubber pouch w fcplt						
K0425	6	Urinary plstic pouch w/o fp						
K0426	6	Urinary hvy plstc pch w/o fp						
K0427	6	Urinary rubber pouch w/o fp						
K0428	6	Ostomy faceplt/silicone ring						
K0429	6	Skin barrier solid ext wear						
K0430	6	Skin barrier w flang ex wear						
K0431	6	Closed pouch w st wear bar						
K0432	6	Drainable pch w ex wear bar						
K0433	6	Drainable pch w st wear bar						
K0434	6	Drainable pch ex wear convex						
K0435	6	Urinary pouch w ex wear bar						
K0436	6	Urinary pouch w st wear bar						
K0437	6	Urine pch w ex wear bar conv						
K0438	6	Ostomy pouch liq deodorant						
K0439	6	Ostomy pouch solid deodorant						
K0440	6	Nasal prosthesis						
K0441	6	Midfacial prosthesis						
K0442	6	Orbital prosthesis						
K0443	6	Upper facial prosthesis						
K0444	6	Hemi-facial prosthesis						
K0445	6	Auricular prosthesis						
K0446	6	Partial facial prosthesis						
K0447	6	Nasal septal prosthesis						
K0448	6	Unspec maxillofacial prosth						
K0449	6	Repair maxillofacial prosth						
K0450	6	Liq adhes for facial prosth						
K0451	6	Adhesive remover wipes						
K0452	6	Wheelchair bearings						
K0453	6	Amphotericin B						
K0455	6	Pump uninterrupted infusion						
K0501	6	Aerosol compressor for svneb						
K0503	6	Acetylcysteine inh sol u d						
K0504	6	Albuterol inh sol con						
K0505	6	Albuterol inh sol u d						
K0506	6	Atropine inh sol con						
K0507	6	Atropine inh sol u d						
K0508	6	Bitolterol mes inh sol con						
K0509	6	Bitolterol mes inh sol u d						
K0511	6	Cromolyn sodium inh sol u d						
K0512	6	Dexamethasone inh sol con						
K0513	6	Dexamethasone inh sol u d						
K0514	6	Domase alpha inh sol u d						
K0515	6	Glycopyrrolate inh sol con						
K0516	6	Glycopyrrolate inh sol u d						
K0518	6	Ipratropium brom inh sol u d						
K0519	6	Isoetharine HCl inh sol con						
K0520	6	Isoetharine HCl inh sol u d						
K0521	6	IsoproterenolHCl inh sol con						
K0522	6	IsoproterenolHCl inh sol u d						
K0523	6	Metaproterenol inh sol con						
K0524	6	Metaproterenol inh sol u d						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
K0525	6	Terbutaline SO4 inh sol con						
K0526	6	Terbutaline SO4 inh sol u d						
K0527	6	Triamcinolone inh sol con						
K0528	6	Triamcinolone inh sol u d						
K0529	6	Sterile H20 or nss w lv neb						
K0530	6	Nebulizer not used w oxygen						
L0100	6	Cerv craniosten helmet mold						
L0110	6	Cerv craniostenosis hel non-						
L0120	6	Cerv flexible non-adjustable						
L0130	6	Flex thermoplastic collar mo						
L0140	6	Cervical semi-rigid adjustab						
L0150	6	Cerv semi-rig adj molded chn						
L0160	6	Cerv semi-rig wire occ/mand						
L0170	6	Cervical collar molded to pt						
L0172	6	Cerv col thermplas foam 2 pi						
L0174	6	Cerv col foam 2 piece w thor						
L0180	6	Cer post col occ/man sup adj						
L0190	6	Cerv collar supp adj cerv ba						
L0200	6	Cerv col supp adj bar & thor						
L0210	6	Thoracic rib belt						
L0220	6	Thor rib belt custom fabrica						
L0300	6	TLSO flex surgical support						
L0310	6	Tlso flexible custom fabrica						
L0315	6	Tlso flex elas rigid post pa						
L0317	6	Tlso flex hypext elas post p						
L0320	6	Tlso a-p contrl w apron frnt						
L0330	6	Tlso ant-pos-lateral control						
L0340	6	Tlso a-p-l-rotary with apron						
L0350	6	Tlso flex compress jacket cu						
L0360	6	Tlso flex compress jacket mo						
L0370	6	Tlso a-p-l-rotary hyperexten						
L0380	6	Tlso a-p-l-rot w/ pos extens						
L0390	6	Tlso a-p-l control molded						
L0400	6	Tlso a-p-l w interface mater						
L0410	6	Tlso a-p-l two piece constr						
L0420	6	Tlso a-p-l 2 piece w interfa						
L0430	6	Tlso a-p-l w interface custm						
L0440	6	Tlso a-p-l overlap frnt cust						
L0500	6	Lso flex surgical support						
L0510	6	Lso flexible custom fabricat						
L0515	6	Lso flex elas w/ rig post pa						
L0520	6	Lso a-p-l control with apron						
L0530	6	Lso ant-pos control w apron						
L0540	6	Lso lumbar flexion a-p-l						
L0550	6	Lso a-p-l control molded						
L0560	6	Lso a-p-l w interface						
L0565	6	Lso a-p-l control custom						
L0600	6	Sacroiliac flex surg support						
L0610	6	Sacroiliac flexible custm fa						
L0620	6	Sacroiliac semi-rig w apron						
L0700	6	Ctlso a-p-l control molded						
L0710	6	Ctlso a-p-l control w/ inter						
L0810	6	Halo cervical into jckt vest						
L0820	6	Halo cervical into body jack						
L0830	6	Halo cerv into milwaukee typ						
L0860	6	Magnetic resonanc image comp						
L0900	6	Torso/ptosis support						
L0910	6	Torso & ptosis supp custm fa						
L0920	6	Torso/pendulous abd support						
L0930	6	Pendulous abdomen supp custm						
L0940	6	Torso/postsurgical support						
L0950	6	Post surg support custom fab						
L0960	6	Post surgical support pads						
L0970	6	Tlso corset front						
L0972	6	Lso corset front						
L0974	6	Tlso full corset						
L0976	6	Lso full corset						
L0978	6	Axillary crutch extension						
L0980	6	Peroneal straps pair						
L0982	6	Stocking supp grips set of f						
L0984	6	Protective body sock each						
L0999	6	Add to spinal orthosis NOS						
L1000	6	Ctlso milwauke initial model						
L1010	6	Ctlso axilla sling						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L1020	6	Kyphosis pad						
L1025	6	Kyphosis pad floating						
L1030	6	Lumbar bolster pad						
L1040	6	Lumbar or lumbar rib pad						
L1050	6	Sternal pad						
L1060	6	Thoracic pad						
L1070	6	Trapezius sling						
L1080	6	Outrigger						
L1085	6	Outrigger bil w/ vert extens						
L1090	6	Lumbar sling						
L1100	6	Ring flange plastic/leather						
L1110	6	Ring flange plas/leather mol						
L1120	6	Covers for upright each						
L1200	6	Furnsh initial orthosis only						
L1210	6	Lateral thoracic extension						
L1220	6	Anterior thoracic extension						
L1230	6	Milwaukee type superstructur						
L1240	6	Lumbar derotation pad						
L1250	6	Anterior asis pad						
L1260	6	Anterior thoracic derotation						
L1270	6	Abdominal pad						
L1280	6	Rib gusset (elastic) each						
L1290	6	Lateral trochanteric pad						
L1300	6	Body jacket mold to patient						
L1310	6	Post-operative body jacket						
L1499	6	Spinal orthosis NOS						
L1500	6	Thkao mobility frame						
L1510	6	Thkao standing frame						
L1520	6	Thkao swivel walker						
L1600	6	Abduct hip flex frejka w cvr						
L1610	6	Abduct hip flex frejka covr						
L1620	6	Abduct hip flex pavlik harne						
L1630	6	Abduct control hip semi-flex						
L1640	6	Pelv band/spread bar thigh c						
L1650	6	HO abduction hip adjustable						
L1660	6	HO abduction static plastic						
L1680	6	Pelvic & hip control thigh c						
L1685	6	Post-op hip abduct custom fa						
L1686	6	HO post-op hip abduction						
L1700	6	Leg perthes orth toronto typ						
L1710	6	Legg perthes orth newington						
L1720	6	Legg perthes orthosis trilat						
L1730	6	Legg perthes orth scottish r						
L1750	6	Legg perthes sling						
L1755	6	Legg perthes patten bottom t						
L1800	6	Knee orthoses elas w stays						
L1810	6	Ko elastic with joints						
L1815	6	Elastic with condylar pads						
L1820	6	Ko elas w/ condyle pads & jo						
L1825	6	Ko elastic knee cap						
L1830	6	Ko immobilizer canvas longit						
L1832	6	KO adj jnt pos rigid support						
L1834	6	Ko w/0 joint rigid molded to						
L1840	6	Ko derot ant cruciate custom						
L1843	6	KO single upright custom fit						
L1844	6	Ko w/adj jt rot cntrl molded						
L1845	6	Ko w/ adj flex/ext rotat cus						
L1846	6	Ko w adj flex/ext rotat mold						
L1850	6	Ko swedish type						
L1855	6	Ko plas doub upright jnt mol						
L1858	6	Ko polycentric pneumatic pad						
L1860	6	Ko supracondylar socket mold						
L1870	6	Ko doub upright lacers molde						
L1880	6	Ko doub upright cuffs/lacers						
L1885	6	Knee upright w/resistance						
L1900	6	Afo sprng wir drsflx calf bd						
L1902	6	Afo ankle gauntlet						
L1904	6	Afo molded ankle gauntlet						
L1906	6	Afo multiligamentus ankle su						
L1910	6	Afo sing bar clasp attach sh						
L1920	6	Afo sing upright w/ adjust s						
L1930	6	Afo plastic						
L1940	6	Afo molded to patient plasti						
L1945	6	Afo molded plas rig ant tib						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L1950	6	Afo spiral molded to pt plas						
L1960	6	Afo pos solid ank plastic mo						
L1970	6	Afo plastic molded w/ankle j						
L1980	6	Afo sing solid stirrup calf						
L1990	6	Afo doub solid stirrup calf						
L2000	6	Kafo sing fre stirr thi/calf						
L2010	6	Kafo sng solid stirrup w/o j						
L2020	6	Kafo dbl solid stirrup band/						
L2030	6	Kafo dbl solid stirrup w/o j						
L2035	6	KAFO plastic pediatric size						
L2036	6	Kafo plas doub free knee mol						
L2037	6	Kafo plas sing free knee mol						
L2038	6	Kafo w/o joint multi-axis an						
L2039	6	KAFO, plstic, medlat rotat con						
L2040	6	Hkafo torsion bil rot straps						
L2050	6	Hkafo torsion cable hip pelv						
L2060	6	Hkafo torsion ball bearing j						
L2070	6	Hkafo torsion unilat rot str						
L2080	6	Hkafo unilat torsion cable						
L2090	6	Hkafo unilat torsion ball br						
L2102	6	Afo tibial fx cast plstr mol						
L2104	6	Afo tib fx cast synthetic mo						
L2106	6	Afo tib fx cast plaster mold						
L2108	6	Afo tib fx cast molded to pt						
L2112	6	Afo tibial fracture soft						
L2114	6	Afo tib fx semi-rigid						
L2116	6	Afo tibial fracture rigid						
L2122	6	Kafo fem fx cast plaster mol						
L2124	6	Kafo fem fx cast synthet mol						
L2126	6	Kafo fem fx cast thermoplas						
L2128	6	Kafo fem fx cast molded to p						
L2132	6	Kafo femoral fx cast soft						
L2134	6	Kafo fem fx cast semi-rigid						
L2136	6	Kafo femoral fx cast rigid						
L2180	6	Plas shoe insert w ank joint						
L2182	6	Drop lock knee						
L2184	6	Limited motion knee joint						
L2186	6	Adj motion knee jnt lerman t						
L2188	6	Quadrilateral brim						
L2190	6	Waist belt						
L2192	6	Pelvic band & belt thigh fla						
L2200	6	Limited ankle motion ea jnt						
L2210	6	Dorsiflexion assist each joi						
L2220	6	Dorsi & plantar flex ass/res						
L2230	6	Split flat caliper stirr & p						
L2240	6	Round caliper and plate atta						
L2250	6	Foot plate molded stirrup at						
L2260	6	Reinforced solid stirrup						
L2265	6	Long tongue stirrup						
L2270	6	Varus/valgus strap padded/li						
L2275	6	Plastic mod low ext pad/line						
L2280	6	Molded inner boot						
L2300	6	Abduction bar jointed adjust						
L2310	6	Abduction bar-straight						
L2320	6	Non-molded lacer						
L2330	6	Lacer molded to patient mode						
L2335	6	Anterior swing band						
L2340	6	Pre-tibial shell molded to p						
L2350	6	Prosthetic type socket molde						
L2360	6	Extended steel shank						
L2370	6	Patten bottom						
L2375	6	Torsion ank & half solid sti						
L2380	6	Torsion straight knee joint						
L2385	6	Straight knee joint heavy du						
L2390	6	Offset knee joint each						
L2395	6	Offset knee joint heavy duty						
L2397	6	Suspension sleeve lower ext						
L2405	6	Knee joint drop lock ea jnt						
L2415	6	Knee joint cam lock each joi						
L2425	6	Knee disc/dial lock/adj flex						
L2430	6	Knee jnt ratchet lock ea jnt						
L2435	6	Knee joint polycentric joint						
L2492	6	Knee lift loop drop lock rin						
L2500	6	Thi/glut/ischia wgt bearing						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L2510	6	Th/wght bear quad-lat brim m						
L2520	6	Th/wght bear quad-lat brim c						
L2525	6	Th/wght bear nar m-l brim mo						
L2526	6	Th/wght bear nar m-l brim cu						
L2530	6	Thigh/wght bear lacer non-mo						
L2540	6	Thigh/wght bear lacer molded						
L2550	6	Thigh/wght bear high roll cu						
L2570	6	Hip clevis type 2 posit jnt						
L2580	6	Pelvic control pelvic sling						
L2600	6	Hip clevis/thrust bearing fr						
L2610	6	Hip clevis/thrust bearing lo						
L2620	6	Pelvic control hip heavy dut						
L2622	6	Hip joint adjustable flexion						
L2624	6	Hip adj flex ext abduct cont						
L2627	6	Plastic mold recipro hip & c						
L2628	6	Metal frame recipro hip & ca						
L2630	6	Pelvic control band & belt u						
L2640	6	Pelvic control band & belt b						
L2650	6	Pelv & thor control gluteal						
L2660	6	Thoracic control thoracic ba						
L2670	6	Thorac cont paraspinal uprig						
L2680	6	Thorac cont lat support upri						
L2750	6	Plating chrome/nickel pr bar						
L2755	6	Carbon graphite lamination						
L2760	6	Extension per extension per						
L2770	6	Low ext orthosis per bar/jnt						
L2780	6	Non-corrosive finish						
L2785	6	Drop lock retainer each						
L2795	6	Knee control full kneecap						
L2800	6	Knee cap medial or lateral p						
L2810	6	Knee control condylar pad						
L2820	6	Soft interface below knee se						
L2830	6	Soft interface above knee se						
L2840	6	Tibial length sock fx or equ						
L2850	6	Femoral lgth sock fx or equa						
L2860	6	Torsion mechanism knee/ankle						
L2999	6	Lower extremity orthosis NOS						
L3000	6	Ft insert ucb berkeley shell						
L3001	6	Foot insert remov molded spe						
L3002	6	Foot insert plastazote or eq						
L3003	6	Foot insert silicone gel eac						
L3010	6	Foot longitudinal arch suppo						
L3020	6	Foot longitud/metatarsal sup						
L3030	6	Foot arch support remov prem						
L3040	6	Ft arch suprt premold longit						
L3050	6	Foot arch supp premold metat						
L3060	6	Foot arch supp longitud/meta						
L3070	6	Arch suprt att to sho longit						
L3080	6	Arch supp att to shoe metata						
L3090	6	Arch supp att to shoe long/m						
L3100	6	Hallus-valgus nght dynamic s						
L3140	6	Abduction rotation bar shoe						
L3150	6	Abduct rotation bar w/o shoe						
L3160	6	Shoe styled positioning dev						
L3170	6	Foot plastic heel stabilizer						
L3201	6	Oxford w supinat/pronat inf						
L3202	6	Oxford w/ supinat/pronator c						
L3203	6	Oxford w/ supinator/pronator						
L3204	6	Hightop w/ supp/pronator inf						
L3206	6	Hightop w/ supp/pronator chi						
L3207	6	Hightop w/ supp/pronator jun						
L3208	6	Surgical boot each infant						
L3209	6	Surgical boot each child						
L3211	6	Surgical boot each junior						
L3212	6	Benesch boot pair infant						
L3213	6	Benesch boot pair child						
L3214	6	Benesch boot pair junior						
L3215	6	Orthopedic ftwear ladies oxf						
L3216	6	Orthoped ladies shoes dpth i						
L3217	6	Ladies shoes hightop depth i						
L3218	6	Ladies surgical boot each						
L3219	6	Orthopedic mens shoes oxford						
L3221	6	Orthopedic mens shoes dpth i						
L3222	6	Mens shoes hightop depth inl						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L3223	6	Mens surgical boot each						
L3224	6	Woman's shoe oxford brace						
L3225	6	Man's shoe oxford brace						
L3230	6	Custom shoes depth inlay						
L3250	6	Custom mold shoe remov prost						
L3251	6	Shoe molded to pt silicone s						
L3252	6	Shoe molded plastazote cust						
L3253	6	Shoe molded plastazote cust						
L3254	6	Orth foot non-stndard size/w						
L3255	6	Orth foot non-standard size/						
L3257	6	Orth foot add charge split s						
L3260	6	Ambulatory surgical boot eac						
L3265	6	Plastazote sandal each						
L3300	6	Sho lift taper to metatarsal						
L3310	6	Shoe lift elev heel/sole neo						
L3320	6	Shoe lift elev heel/sole cor						
L3330	6	Lifts elevation metal extens						
L3332	6	Shoe lifts tapered to one-ha						
L3334	6	Shoe lifts elevation heel /i						
L3340	6	Shoe wedge sach						
L3350	6	Shoe heel wedge						
L3360	6	Shoe sole wedge outside sole						
L3370	6	Shoe sole wedge between sole						
L3380	6	Shoe clubfoot wedge						
L3390	6	Shoe outflare wedge						
L3400	6	Shoe metatarsal bar wedge ro						
L3410	6	Shoe metatarsal bar between						
L3420	6	Full sole/heel wedge btween						
L3430	6	Sho heel count plast reinfor						
L3440	6	Heel leather reinforced						
L3450	6	Shoe heel sach cushion type						
L3455	6	Shoe heel new leather standa						
L3460	6	Shoe heel new rubber standar						
L3465	6	Shoe heel thomas with wedge						
L3470	6	Shoe heel thomas extend to b						
L3480	6	Shoe heel pad & depress for						
L3485	6	Shoe heel pad removable for						
L3500	6	Shoe misc add insole leather						
L3510	6	Shoe misc addition insole ru						
L3520	6	Shoe insole felt cver w/ lea						
L3530	6	Shoe misc additions sole hal						
L3540	6	Shoe misc additions sole ful						
L3550	6	Shoe misc add toe tap standa						
L3560	6	Shoe misc add toe tap horses						
L3570	6	Shoe special extension to in						
L3580	6	Shoe convert instep velcro c						
L3590	6	Shoe convert firm to soft cn						
L3595	6	Shoe misc additions march ba						
L3600	6	Trans shoe calip plate exist						
L3610	6	Trans shoe caliper plate new						
L3620	6	Trans shoe solid stirrup exi						
L3630	6	Trans shoe solid stirrup new						
L3640	6	Shoe dennis browne splint bo						
L3649	6	Unlist proc orth shoe modif/						
L3650	6	Shlder fig 8 abduct restrain						
L3660	6	Abduct restrainer canvas&web						
L3670	6	Acromio/clavicular canvas&we						
L3700	6	Elbow orthoses elas w stays						
L3710	6	Elbow elastic with metal joi						
L3720	6	Forearm/arm cuffs free motio						
L3730	6	Forearm/arm cuffs ext/flex a						
L3740	6	Cuffs adj lock w/ active con						
L3800	6	Whfo short opponen no attach						
L3805	6	Whfo long opponens no attach						
L3810	6	Whfo thumb abduction bar						
L3815	6	Whfo second m.p. abduction a						
L3820	6	Whfo ip ext asst w/ mp ext s						
L3825	6	Whfo m.p. extension stop						
L3830	6	Whfo m.p. extension assist						
L3835	6	Whfo m.p. spring extension a						
L3840	6	Whfo spring swivel thumb						
L3845	6	Whfo thumb ip ext ass w/ mp						
L3850	6	Action wrist w/ dorsiflex as						
L3855	6	Whfo adj m.p. flexion contro						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L3860	6	Whfo adj m.p. flex ctrl & i.						
L3890	6	Torsion mechanism wrist/elbo						
L3900	6	Hinge extension/flex wrist/f						
L3901	6	Hinge ext/flex wrist finger						
L3902	6	Whfo ext power compress gas						
L3904	6	Whfo electric custom fitted						
L3906	6	Wrist gauntlet molded to pt						
L3907	6	Whfo wrst gauntlt thmb spica						
L3908	6	Wrist cock-up non-molded						
L3910	6	Whfo swanson design						
L3912	6	Flex glove w/elastic finger						
L3914	6	WHO wrist extension cock-up						
L3916	6	Whfo wrist extens w/ outrigg						
L3918	6	HFO knuckle bender						
L3920	6	Knuckle bender with outrigge						
L3922	6	Knuckle bend 2 seg to flex j						
L3924	6	Oppenheimer						
L3926	6	Thomas suspension						
L3928	6	Finger extension w/ clock sp						
L3930	6	Finger extension with wrist						
L3932	6	Safety pin spring wire						
L3934	6	Safety pin modified						
L3936	6	Palmer						
L3938	6	Dorsal wrist						
L3940	6	Dorsal wrist w/ outrigger at						
L3942	6	Reverse knuckle bender						
L3944	6	Reverse knuckle bend w/ outr						
L3946	6	HFO composite elastic						
L3948	6	Finger knuckle bender						
L3950	6	Oppenheimer w/ knuckle bend						
L3952	6	Oppenheimer w/ rev knuckle 2						
L3954	6	Spreading hand						
L3956	6	Add. joint upper ext orthosis						
L3960	6	Sewho airplan desig abdu pos						
L3962	6	Sewho erbs palsey design abd						
L3963	6	Molded w/ articulating elbow						
L3964	6	Seo mobile arm sup att to wc						
L3965	6	Arm supp att to wc rancho ty						
L3966	6	Mobile arm supports reclinin						
L3968	6	Friction dampening arm supp						
L3969	6	Monosuspension arm/hand supp						
L3970	6	Elevat proximal arm support						
L3972	6	Offset/lat rocker arm w/ ela						
L3974	6	Mobile arm support supinator						
L3980	6	Upp ext fx orthosis humeral						
L3982	6	Upper ext fx orthosis rad/ul						
L3984	6	Upper ext fx orthosis wrist						
L3985	6	Forearm hand fx orth w/ wr h						
L3986	6	Humeral rad/ulna wrist fx or						
L3995	6	Sock fracture or equal each						
L3999	6	Upper limb orthosis NOS						
L4000	6	Repl girdle milwaukee orth						
L4010	6	Replace trilateral socket br						
L4020	6	Replace quadlat socket brim						
L4030	6	Replace socket brim cust fit						
L4040	6	Replace molded thigh lacer						
L4045	6	Replace non-molded thigh lac						
L4050	6	Replace molded calf lacer						
L4055	6	Replace non-molded calf lace						
L4060	6	Replace high roll cuff						
L4070	6	Replace prox & dist upright						
L4080	6	Repl met band kafo-afo prox						
L4090	6	Repl met band kafo-afo calf/						
L4100	6	Repl leath cuff kafo prox th						
L4110	6	Repl leath cuff kafo-afo cal						
L4130	6	Replace pretibial shell						
L4205	6	Ortho dvc repair per 15 min						
L4210	6	Orth dev repair/repl minor p						
L4310	6	Mult-podus/eq orth prep mgmt						
L4320	6	Low ext mgmt sys ft pos afo						
L4350	6	Pneumatic ankle cntrl splint						
L4360	6	Pneumatic walking splint						
L4370	6	Pneumatic full leg splint						
L4380	6	Pneumatic knee splint						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L4390	6	Replace multi-podus splint						
L4392	6	Replace ankle contrac splint						
L4394	6	Replace foot drop splint						
L4396	6	Ankle contracture splint						
L4398	6	Foot drop splint recumbent						
L5000	6	Sho insert w arch toe filler						
L5010	6	Mold socket ank hgt w/ toe f						
L5020	6	Tibial tubercle hgt w/ toe f						
L5050	6	Ank symes mold sckt sach ft						
L5060	6	Symes met fr leath socket ar						
L5100	6	Molded socket shin sach foot						
L5105	6	Plast socket jts/thgh lacer						
L5150	6	Mold sckt ext knee shin sach						
L5160	6	Mold socket bent knee shin s						
L5200	6	Kne sing axis fric shin sach						
L5210	6	No knee/ankle joints w/ ft b						
L5220	6	No knee joint with artic ali						
L5230	6	Fem focal defic constant fri						
L5250	6	Hip canad sing axi cons fric						
L5270	6	Tilt table locking hip sing						
L5280	6	Hemipelvect canad sing axis						
L5300	6	Bk sach soft cover & finish						
L5310	6	Knee disart sach soft cv/fin						
L5320	6	Ak open end sach soft cv/fin						
L5330	6	Hip canadian sach sft cv/fin						
L5340	6	Hemipelvectomy canad cv/fin						
L5400	6	Postop dress & 1 cast chg bk						
L5410	6	Postop dsg bk ea add cast ch						
L5420	6	Postop dsg & 1 cast chg ak/d						
L5430	6	Postop dsg ak ea add cast ch						
L5450	6	Postop app non-wgt bear dsg						
L5460	6	Postop app non-wgt bear dsg						
L5500	6	Init bk ptb plaster direct						
L5505	6	Init ak ischal plstr direct						
L5510	6	Prep BK ptb plaster molded						
L5520	6	Perp BK ptb thermopls direct						
L5530	6	Prep BK ptb thermopls molded						
L5535	6	Prep BK ptb open end socket						
L5540	6	Prep BK ptb laminated socket						
L5560	6	Prep AK ischial plast molded						
L5570	6	Prep AK ischial direct form						
L5580	6	Prep AK ischial thermo mold						
L5585	6	Prep AK ischial open end						
L5590	6	Prep AK ischial laminated						
L5595	6	Hip disartic sach thermopls						
L5600	6	Hip disart sach laminat mold						
L5610	6	Above knee hydracadence						
L5611	6	Ak 4 bar link w/fric swing						
L5613	6	Ak 4 bar ling w/hydraul swig						
L5614	6	4-bar link above knee w/swng						
L5616	6	Ak univ multiplex sys frict						
L5617	6	AK/BK self-aligning unit ea						
L5618	6	Test socket symes						
L5620	6	Test socket below knee						
L5622	6	Test socket knee disarticula						
L5624	6	Test socket above knee						
L5626	6	Test socket hip disarticulat						
L5628	6	Test socket hemipelvectomy						
L5629	6	Below knee acrylic socket						
L5630	6	Syme typ expandabl wall sckt						
L5631	6	Ak/knee disartic acrylic soc						
L5632	6	Symes type ptb brim design s						
L5634	6	Symes type poster opening so						
L5636	6	Symes type medial opening so						
L5637	6	Below knee total contact						
L5638	6	Below knee leather socket						
L5639	6	Below knee wood socket						
L5640	6	Knee disarticulat leather so						
L5642	6	Above knee leather socket						
L5643	6	Hip flex inner socket ext fr						
L5644	6	Above knee wood socket						
L5645	6	Ak flexibl inner socket ext						
L5646	6	Below knee air cushion socke						
L5647	6	Below knee suction socket						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L5648	6	Above knee air cushion socke						
L5649	6	Isch containmt/narrow m-l so						
L5650	6	Tot contact ak/knee disart s						
L5651	6	Ak flex inner socket ext fra						
L5652	6	Suction susp ak/knee disart						
L5653	6	Knee disart expand wall sock						
L5654	6	Socket insert symes						
L5655	6	Socket insert below knee						
L5656	6	Socket insert knee articulat						
L5658	6	Socket insert above knee						
L5660	6	Sock insrt syme silicone gel						
L5661	6	Multi-durometer symes						
L5662	6	Socket insert bk silicone ge						
L5663	6	Sock knee disartic silicone						
L5664	6	Socket insert ak silicone ge						
L5665	6	Multi-durometer below knee						
L5666	6	Below knee cuff suspension						
L5667	6	Socket insert w lock lower						
L5668	6	Socket insert w/o lock lower						
L5669	6	Below knee socket w/o lock						
L5670	6	Bk molded supracondylar susp						
L5672	6	Bk removable medial brim sus						
L5674	6	Bk latex sleeve suspension/e						
L5675	6	Bk latex sleeve susp/eq hvy						
L5676	6	Bk knee joints single axis p						
L5677	6	Bk knee joints polycentric p						
L5678	6	Bk joint covers pair						
L5680	6	Bk thigh lacer non-molded						
L5682	6	Bk thigh lacer glut/ischia m						
L5684	6	Bk fork strap						
L5686	6	Bk back check						
L5688	6	Bk waist belt webbing						
L5690	6	Bk waist belt padded and lin						
L5692	6	Ak pelvic control belt light						
L5694	6	Ak pelvic control belt pad/l						
L5695	6	Ak sleeve susp neoprene/equa						
L5696	6	Ak/knee disartic pelvic join						
L5697	6	Ak/knee disartic pelvic band						
L5698	6	Ak/knee disartic silesian ba						
L5699	6	Shoulder harness						
L5700	6	Replace socket below knee						
L5701	6	Replace socket above knee						
L5702	6	Replace socket hip						
L5704	6	Custom shape covr below knee						
L5705	6	Custm shape cover above knee						
L5706	6	Custm shape cvr knee disart						
L5707	6	Custm shape cover hip disart						
L5710	6	Kne-shin exo sng axi mnl loc						
L5711	6	Knee-shin exo mnl lock ultra						
L5712	6	Knee-shin exo frict swg & st						
L5714	6	Knee-shin exo variable frict						
L5716	6	Knee-shin exo mech stance ph						
L5718	6	Knee-shin exo frct swg & sta						
L5722	6	Knee-shin pneum swg frct exo						
L5724	6	Knee-shin exo fluid swing ph						
L5726	6	Knee-shin ext jnts fld swg e						
L5728	6	Knee-shin fluid swg & stance						
L5780	6	Knee-shin pneum/hydra pneum						
L5785	6	Exoskeletal bk ultralt mater						
L5790	6	Exoskeletal ak ultra-light m						
L5795	6	Exoskel hip ultra-light mate						
L5810	6	Endoskel knee-shin mnl lock						
L5811	6	Endo knee-shin mnl lck ultra						
L5812	6	Endo knee-shin frct swg & st						
L5814	6	Endo knee-shin hydral swg ph						
L5816	6	Endo knee-shin polyc mch sta						
L5818	6	Endo knee-shin frct swg & st						
L5822	6	Endo knee-shin pneum swg frc						
L5824	6	Endo knee-shin fluid swing p						
L5826	6	Pediatric knee joint						
L5828	6	Endo knee-shin fluid swg/sta						
L5830	6	Endo knee-shin pneum/swg pha						
L5840	6	Multi-axial knee/shin system						
L5845	6	Knee-shin sys stance flexion						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L5846	6	Knee-shin sys microprocessor						
L5850	6	Endo ak/hip knee extens assi						
L5855	6	Mech hip extension assist						
L5910	6	Endo below knee alignable sy						
L5920	6	Endo ak/hip alignable system						
L5925	6	Above knee manual lock						
L5930	6	High activity knee frame						
L5940	6	Endo bk ultra-light material						
L5950	6	Endo ak ultra-light material						
L5960	6	Endo hip ultra-light materia						
L5962	6	Below knee flex cover system						
L5964	6	Above knee flex cover system						
L5966	6	Hip flexible cover system						
L5970	6	Foot external keel sach foot						
L5972	6	Flexible keel foot						
L5974	6	Foot single axis ankle/foot						
L5976	6	Energy storing foot						
L5978	6	Ft prosth multiaxial ankl/ft						
L5979	6	Multi-axial ankle/ft prosth						
L5980	6	Flex foot system						
L5981	6	Flex-walk sys low ext prosth						
L5982	6	Exoskeletal axial rotation u						
L5984	6	Endoskeletal axial rotation						
L5985	6	Lwr ext dynamic prosth pylon						
L5986	6	Multi-axial rotation unit						
L5987	6	Shank ft w vert load pylon						
L5999	6	Lowr extremity prosthes NOS						
L6000	6	Par hand robin-aids thum rem						
L6010	6	Hand robin-aids little/ring						
L6020	6	Part hand robin-aids no fing						
L6050	6	Wrst MLd sck flx hng tri pad						
L6055	6	Wrst mold sock w/exp interfa						
L6100	6	Elb mold sock flex hinge pad						
L6110	6	Elbow mold sock suspension t						
L6120	6	Elbow mold doub splt soc ste						
L6130	6	Elbow stump activated lock h						
L6200	6	Elbow mold outsid lock hinge						
L6205	6	Elbow molded w/ expand inter						
L6250	6	Elbow inter loc elbow forarm						
L6300	6	Shlder disart int lock elbow						
L6310	6	Shoulder passive restor comp						
L6320	6	Shoulder passive restor cap						
L6350	6	Thoracic intern lock elbow						
L6360	6	Thoracic passive restor comp						
L6370	6	Thoracic passive restor cap						
L6380	6	Postop dsg cast chg wrst/elb						
L6382	6	Postop dsg cast chg elb dis/						
L6384	6	Postop dsg cast chg shlder/t						
L6386	6	Postop ea cast chg & realign						
L6388	6	Postop applicat rigid dsg on						
L6400	6	Below elbow prosth tiss shap						
L6450	6	Elb disart prosth tiss shap						
L6500	6	Above elbow prosth tiss shap						
L6550	6	Shldr disar prosth tiss shap						
L6570	6	Scap thorac prosth tiss shap						
L6580	6	Wrist/elbow bowden cable mol						
L6582	6	Wrist/elbow bowden cbl dir f						
L6584	6	Elbow fair lead cable molded						
L6586	6	Elbow fair lead cable dir fo						
L6588	6	Shdr fair lead cable molded						
L6590	6	Shdr fair lead cable direct						
L6600	6	Polycentric hinge pair						
L6605	6	Single pivot hinge pair						
L6610	6	Flexible metal hinge pair						
L6615	6	Disconnect locking wrist uni						
L6616	6	Disconnect insert locking wr						
L6620	6	Flexion-friction wrist unit						
L6623	6	Spring-ass rot wrst w/ latch						
L6625	6	Rotation wrst w/ cable lock						
L6628	6	Quick disconn hook adapter o						
L6629	6	Lamination collar w/ couplin						
L6630	6	Stainless steel any wrist						
L6632	6	Latex suspension sleeve each						
L6635	6	Lift assist for elbow						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L6637	6	Nudge control elbow lock						
L6640	6	Shoulder abduction joint pai						
L6641	6	Excursion amplifier pulley t						
L6642	6	Excursion amplifier lever ty						
L6645	6	Shoulder flexion-abduction j						
L6650	6	Shoulder universal joint						
L6655	6	Standard control cable extra						
L6660	6	Heavy duty control cable						
L6665	6	Teflon or equal cable lining						
L6670	6	Hook to hand cable adapter						
L6672	6	Harness chest/shlder saddle						
L6675	6	Harness figure of 8 sing con						
L6676	6	Harness figure of 8 dual con						
L6680	6	Test sock wrist disart/bel e						
L6682	6	Test sock elbw disart/above						
L6684	6	Test socket shldr disart/tho						
L6686	6	Suction socket						
L6687	6	Frame typ socket bel elbow/w						
L6688	6	Frame typ sock above elb/dis						
L6689	6	Frame typ socket shoulder di						
L6690	6	Frame typ sock interscap-tho						
L6691	6	Removable insert each						
L6692	6	Silicone gel insert or equal						
L6700	6	Terminal device model #3						
L6705	6	Terminal device model #5						
L6710	6	Terminal device model #5x						
L6715	6	Terminal device model #5xa						
L6720	6	Terminal device model #6						
L6725	6	Terminal device model #7						
L6730	6	Terminal device model #7lo						
L6735	6	Terminal device model #8						
L6740	6	Terminal device model #8x						
L6745	6	Terminal device model #88x						
L6750	6	Terminal device model #10p						
L6755	6	Terminal device model #10x						
L6765	6	Terminal device model #12p						
L6770	6	Terminal device model #99x						
L6775	6	Terminal device model #555						
L6780	6	Terminal device model #ss555						
L6790	6	Hooks-accu hook or equal						
L6795	6	Hooks-2 load or equal						
L6800	6	Hooks-aprl vc or equal						
L6805	6	Modifier wrist flexion unit						
L6806	6	Trs grip vc or equal						
L6807	6	Term device grip ½ or equal						
L6808	6	Term device infant or child						
L6809	6	Trs super sport passive						
L6810	6	Pincher tool otto bock or eq						
L6825	6	Hands dorrance vo						
L6830	6	Hand aprl vc						
L6835	6	Hand sierra vo						
L6840	6	Hand becker imperial						
L6845	6	Hand becker lock grip						
L6850	6	Term dvc-hand becker plylite						
L6855	6	Hand robin-aids vo						
L6860	6	Hand robin-aids vo soft						
L6865	6	Hand passive hand						
L6867	6	Hand detroit infant hand						
L6868	6	Passive inf hand steeper/hos						
L6870	6	Hand child mitt						
L6872	6	Hand nyu child hand						
L6873	6	Hand mech inf steeper or equ						
L6875	6	Hand bock vc						
L6880	6	Hand bock vo						
L6890	6	Production glove						
L6895	6	Custom glove						
L6900	6	Hand restorat thumb/1 finger						
L6905	6	Hand restoration multiple fi						
L6910	6	Hand restoration no fingers						
L6915	6	Hand restoration replacmnt g						
L6920	6	Wrist disarticul switch ctrl						
L6925	6	Wrist disart myoelectronic c						
L6930	6	Below elbow switch control						
L6935	6	Below elbow myoelectronic ct						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L6940	6	Elbow disarticulation switch						
L6945	6	Elbow disart myoelectronic c						
L6950	6	Above elbow switch control						
L6955	6	Above elbow myoelectronic ct						
L6960	6	Shldr disartic switch contro						
L6965	6	Shldr disartic myoelectronic						
L6970	6	Interscapular-thor switch ct						
L6975	6	Interscap-thor myoelectronic						
L7010	6	Hand otto back steeper/eq sw						
L7015	6	Hand sys teknik village swit						
L7020	6	Electronic greifer switch ct						
L7025	6	Electron hand myoelectronic						
L7030	6	Hand sys teknik vill myoelec						
L7035	6	Electron greifer myoelectro						
L7040	6	Prehensile actuator hosmer s						
L7045	6	Electron hook child michigan						
L7170	6	Electronic elbow hosmer swit						
L7180	6	Electronic elbow utah myoele						
L7185	6	Electron elbow adolescent sw						
L7186	6	Electron elbow child switch						
L7190	6	Elbow adolescent myoelectron						
L7191	6	Elbow child myoelectronic ct						
L7260	6	Electron wrist rotator otto						
L7261	6	Electron wrist rotator utah						
L7266	6	Servo control steeper or equ						
L7272	6	Analogue control unb or equa						
L7274	6	Proportional ctl 12 volt uta						
L7360	6	Six volt bat otto bock/eq ea						
L7362	6	Battery chrgr six volt otto						
L7364	6	Twelve volt battery utah/equ						
L7366	6	Battery chrgr 12 volt utah/e						
L7499	6	Upper extremity prosthes NOS						
L7500	6	Prosthetic dvc repair hourly						
L7510	6	Prosthetic device repair rep						
L7520	6	Repair prosthesis per 15 min						
L7900	6	Vacuum erection system						
L8000	6	Mastectomy bra						
L8010	6	Mastectomy sleeve						
L8020	6	Mastectomy form						
L8030	6	Breast prosthesis silicone/e						
L8039	6	Breast prosthesis NOS						
L8100	6	Elas suprt stock bk med wgt						
L8110	6	Elastic supp stocking bk hvy						
L8120	6	Elastic supp stockng bk surg						
L8130	6	Elastic supp stocking ak med						
L8140	6	Elastic supp stocking ak hvy						
L8150	6	Elastic supp stockng ak surg						
L8160	6	Supp stocking full lgth med						
L8170	6	Supp stocking full lgth hvy						
L8180	6	Supp stocking heavy surg wei						
L8190	6	Elas stocking leotards med w						
L8200	6	Elas stocking leotards surg						
L8210	6	Elastic stocking custom made						
L8220	6	Elastic stocking lymphedema						
L8230	6	Elastic stocking garter belt						
L8239	6	Elastic support NOS						
L8300	6	Truss single w/ standard pad						
L8310	6	Truss double w/ standard pad						
L8320	6	Truss addition to std pad wa						
L8330	6	Truss add to std pad scrotal						
L8400	6	Sheath below knee						
L8410	6	Sheath above knee						
L8415	6	Sheath upper limb						
L8417	6	Pros sheath/sock w gel cushn						
L8420	6	Sock wool below knee						
L8430	6	Sock wool above knee						
L8435	6	Sock wool upper limb						
L8440	6	Shrinker below knee						
L8460	6	Shrinker above knee						
L8465	6	Shrinker upper limb						
L8470	6	Stump sock single below knee						
L8480	6	Stump sock single above knee						
L8485	6	Stump sock fitting uppr limb						
L8490	6	Air seal suction reten systm						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L8499	6	Unlisted misc prosthetic ser						
L8500	6	Artificial larynx						
L8501	6	Tracheostomy speaking valve						
L8600	6	Implant breast silicone/eq						
L8603	6	Collagen imp urinary 2.5 CC						
L8610	6	Ocular implant						
L8612	6	Aqueous shunt prosthesis						
L8613	6	Ossicular implant						
L8614	6	Cochlear device/system						
L8619	6	Replace cochlear processor						
L8630	6	Metacarpophalangeal implant						
L8641	6	Metatarsal joint implant						
L8642	6	Hallux implant						
L8658	6	Interphalangeal joint implnt						
L8670	6	Vascular graft, synthetic						
L8699	6	Prosthetic implant NOS						
M0064	6	Visit for drug monitoring						
M0075	9	Cellular therapy						
M0076	9	Prolotherapy						
M0100	9	Intragastric hypothermia						
M0101	4	Foot care hygienic/pm						
M0300	9	IV chelationtherapy						
M0301	9	Fabric wrapping of aneurysm						
M0302	9	Assessment of cardiac output						
P2028	6	Cephalin floculation test						
P2029	6	Congo red blood test						
P2031	9	Hair analysis						
P2033	6	Blood thymol turbidity						
P2038	6	Blood mucoprotein						
P3000	6	Screen pap by tech w md supv						
P3001	6	Screening pap smear by phys						
P7001	9	Culture bacterial urine						
P9010	9	Whole blood for transfusion						
P9011	9	Blood split unit						
P9012	9	Cryoprecipitate each unit						
P9013	9	Unit/s blood fibrinogen						
P9014	9	Gamma globulin 1 ML						
P9015	9	Rh immune globulin 1 ML						
P9016	9	Leukocyte poor blood, unit						
P9017	9	One donor fresh frozn plasma						
P9018	9	Plasma protein fract, unit						
P9019	9	Platelet concentrate unit						
P9020	9	Plaelet rich plasma unit						
P9021	9	Red blood cells unit						
P9022	9	Washed red blood cells unit						
P9603	6	One-way allow prorated miles						
P9604	6	One-way allow prorated trip						
P9610	6	Urine specimen collect singl						
P9615	6	Urine specimen collect mult						
Q0034	6	Admin of influenza vaccine						
Q0035	6	Cardiokymography						
Q0068	6	Extracorpeal plasmapheresis						
Q0081	6	Infusion ther other than che						
Q0082	6	Activity therapy w/partial h						
Q0083	6	Chemo by other than infusion						
Q0084	6	Chemotherapy by infusion						
Q0085	6	Chemo by both infusion and o						
Q0086	6	Physical therapy evaluation/						
Q0091	6	Obtaining screen pap smear						
Q0092	6	Set up port xray equipment						
Q0111	6	Wet mounts/ w preparations						
Q0112	6	Potassium hydroxide preps						
Q0113	6	Pinworm examinations						
Q0114	6	Fern test						
Q0115	6	Post-coital mucous exam						
Q0132	6	Dispensing fee DME neb drug						
Q0136	6	Non esrd epoetin alpha inj						
Q0144	9	Azithromycin dihydrate, oral						
Q0156	6	Human albumin 5%						
Q0157	6	Human albumin 25%						
Q9920	9	Epoetin with hct <= 20						
Q9921	9	Epoetin with hct = 21						
Q9922	9	Epoetin with hct = 22						
Q9923	9	Epoetin with hct = 23						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
Q9924	9	Epoetin with hct = 24						
Q9925	9	Epoetin with hct = 25						
Q9926	9	Epoetin with hct = 26						
Q9927	9	Epoetin with hct = 27						
Q9928	9	Epoetin with hct = 28						
Q9929	9	Epoetin with hct = 29						
Q9930	9	Epoetin with hct = 30						
Q9931	9	Epoetin with hct = 31						
Q9932	9	Epoetin with hct = 32						
Q9933	9	Epoetin with hct = 33						
Q9934	9	Epoetin with hct = 34						
Q9935	9	Epoetin with hct = 35						
Q9936	9	Epoetin with hct = 36						
Q9937	9	Epoetin with hct = 37						
Q9938	9	Epoetin with hct = 38						
Q9939	9	Epoetin with hct = 39						
Q9940	9	Epoetin with hct ≤= 40						
R0070	6	Transport portable x-ray						
R0075	6	Transport port x-ray multipl						
R0076	6	Transport portable EKG						
V2020	6	Vision svcs frames purchases						
V2025	9	Eyeglasses delux frames						
V2100	6	Lens spher single plano 4.00						
V2101	6	Single visn sphere 4.12–7.00						
V2102	6	Singl visn sphere 7.12–20.00						
V2103	6	Spherocylindr 4.00d/12–2.00d						
V2104	6	Spherocylindr 4.00d/2.12–4d						
V2105	6	Spherocylinder 4.00d/4.25–6d						
V2106	6	Spherocylinder 4.00d/>6.00d						
V2107	6	Spherocylinder 4.25d/12–2d						
V2108	6	Spherocylinder 4.25d/2.12–4d						
V2109	6	Spherocylinder 4.25d/4.25–6d						
V2110	6	Spherocylinder 4.25d/over 6d						
V2111	6	Spherocylindr 7.25d/.25–2.25						
V2112	6	Spherocylindr 7.25d/2.25–4d						
V2113	6	Spherocylindr 7.25d/4.25–6d						
V2114	6	Spherocylinder over 12.00d						
V2115	6	Lens lenticular bifocal						
V2116	6	Nonaspheric lens bifocal						
V2117	6	Aspheric lens bifocal						
V2118	6	Lens aniseikonic single						
V2199	6	Lens single vision not oth c						
V2200	6	Lens spher bifoc plano 4.00d						
V2201	6	Lens sphere bifocal 4.12–7.0						
V2202	6	Lens sphere bifocal 7.12–20.						
V2203	6	Lens sphcyl bifocal 4.00d/.1						
V2204	6	Lens sphcy bifocal 4.00d/2.1						
V2205	6	Lens sphcy bifocal 4.00d/4.2						
V2206	6	Lens sphcy bifocal 4.00d/ove						
V2207	6	Lens sphcy bifocal 4.25–7d/.						
V2208	6	Lens sphcy bifocal 4.25–7/2.						
V2209	6	Lens sphcy bifocal 4.25–7/4.						
V2210	6	Lens sphcy bifocal 4.25–7/ov						
V2211	6	Lens sphcy bifo 7.25–12/.25–						
V2212	6	Lens sphcyl bifo 7.25–12/2.2						
V2213	6	Lens sphcyl bifo 7.25–12/4.2						
V2214	6	Lens sphcyl bifocal over 12.						
V2215	6	Lens lenticular bifocal						
V2216	6	Lens lenticular nonaspheric						
V2217	6	Lens lenticular aspheric bif						
V2218	6	Lens aniseikonic bifocal						
V2219	6	Lens bifocal seg width over						
V2220	6	Lens bifocal add over 3.25d						
V2299	6	Lens bifocal speciality						
V2300	6	Lens sphere trifocal 4.00d						
V2301	6	Lens sphere trifocal 4.12–7.						
V2302	6	Lens sphere trifocal 7.12–20						
V2303	6	Lens sphcy trifocal 4.0/.12–						
V2304	6	Lens sphcy trifocal 4.0/2.25						
V2305	6	Lens sphcy trifocal 4.0/4.25						
V2306	6	Lens sphcyl trifocal 4.00/>6						
V2307	6	Lens sphcy trifocal 4.25–7/.						
V2308	6	Lens sphc trifocal 4.25–7/2.						
V2309	6	Lens sphc trifocal 4.25–7/4.						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
V2310	6	Lens sphc trifocal 4.25–7/>6						
V2311	6	Lens sphc trifo 7.25–12/.25–						
V2312	6	Lens sphc trifo 7.25–12/2.25						
V2313	6	Lens sphc trifo 7.25–12/4.25						
V2314	6	Lens sphcyl trifocal over 12						
V2315	6	Lens lenticular trifocal						
V2316	6	Lens lenticular nonaspheric						
V2317	6	Lens lenticular aspheric tri						
V2318	6	Lens aniseikonic trifocal						
V2319	6	Lens trifocal seg width > 28						
V2320	6	Lens trifocal add over 3.25d						
V2399	6	Lens trifocal speciality						
V2410	6	Lens variab asphericity sing						
V2430	6	Lens variable asphericity bi						
V2499	6	Variable asphericity lens						
V2500	6	Contact lens pmma spherical						
V2501	6	Cntct lens pmma-toric/prism						
V2502	6	Contact lens pmma bifocal						
V2503	6	Cntct lens pmma color vision						
V2510	6	Cntct gas permeable sphericl						
V2511	6	Cntct toric prism ballast						
V2512	6	Cntct lens gas permbl bifocl						
V2513	6	Contact lens extended wear						
V2520	6	Contact lens hydrophilic						
V2521	6	Cntct lens hydrophilic toric						
V2522	6	Cntct lens hydrophil bifocl						
V2523	6	Cntct lens hydrophil extend						
V2530	6	Contact lens gas impermeable						
V2531	6	Contact lens gas permeable						
V2599	6	Contact lens/es other type						
V2600	6	Hand held low vision aids						
V2610	6	Single lens spectacle mount						
V2615	6	Telescop/othr compound lens						
V2623	6	Plastic eye prosth custom						
V2624	6	Polishing artifical eye						
V2625	6	Enlargemnt of eye prosthesis						
V2626	6	Reduction of eye prosthesis						
V2627	6	Scleral cover shell						
V2628	6	Fabrication & fitting						
V2629	6	Prosthetic eye other type						
V2630	2	Anter chamber intraocul lens						
V2631	2	Iris support intraoclr lens						
V2632	2	Post chmbr intraocular lens						
V2700	6	Balance lens						
V2710	6	Glass/plastic slab off prism						
V2715	6	Prism lens/es						
V2718	6	Fresnell prism press-on lens						
V2730	6	Special base curve						
V2740	6	Rose tint plastic						
V2741	6	Non-rose tint plastic						
V2742	6	Rose tint glass						
V2743	6	Non-rose tint glass						
V2744	6	Tint photochromatic lens/es						
V2750	6	Anti-reflective coating						
V2755	6	UV lens/es						
V2760	6	Scratch resistant coating						
V2770	6	Occluder lens/es						
V2780	6	Oversize lens/es						
V2781	6	Progressive lens per lens						
V2785	2	Corneal tissue processing						
V2799	6	Miscellaneous vision service						
V5008	9	Hearing screening						
V5010	9	Assessment for hearing aid						
V5011	9	Hearing aid fitting/checking						
V5014	9	Hearing aid repair/modifying						
V5020	9	Conformity evaluation						
V5030	9	Body-worn hearing aid air						
V5040	9	Body-worn hearing aid bone						
V5050	9	Body-worn hearing aid in ear						
V5060	9	Behind ear hearing aid						
V5070	9	Glasses air conduction						
V5080	9	Glasses bone conduction						
V5090	9	Hearing aid dispensing fee						
V5100	9	Body-worn bilat hearing aid						

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[2] Codes proposed for additions to or deletions from ASC list.

ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
V5110	9	Hearing aid dispensing fee						
V5120	9	Body-worn binaur hearing aid						
V5130	9	In ear binaural hearing aid						
V5140	9	Behind ear binaur hearing ai						
V5150	9	Glasses binaural hearing aid						
V5160	9	Dispensing fee binaural						
V5170	9	Within ear cros hearing aid						
V5180	9	Behind ear cros hearing aid						
V5190	9	Glasses cros hearing aid						
V5200	9	Cros hearing aid dispens fee						
V5210	9	In ear bicros hearing aid						
V5220	9	Behind ear bicros hearing ai						
V5230	9	Glasses bicros hearing aid						
V5240	9	Dispensing fee bicros						
V5299	6	Hearing service						
V5336	9	Repair communication device						
V5362	6	Speech screening						
V5363	6	Language screening						
V5364	6	Dysphagia screening						

ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION

APC group	CPT [1]/ HCPCS	Description
122	19100	BIOPSY OF BREAST; NEEDLE CORE (SEPARATE PROCEDURE)
122	20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE
122	32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE
122	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE
122	38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, INGUINAL, AXILLARY)
122	42400	BIOPSY OF SALIVARY GLAND; NEEDLE
122	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS
122	48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE
122	49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE
122	50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE
122	50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS
122	54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)
122	54800	BIOPSY OF EPIDIDYMIS, NEEDLE
122	60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE
122	62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE
122	67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS
132	19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP
132	20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WICK CATHETER TECHNIQUE, NEEDLE MANOMETER TECHNIQUE) IN DETECTION OF MUSCLE COMPARTMENT SYNDROME
132	21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;
132	21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB
132	21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST APPLICATION
132	21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION
132	23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA
132	23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA
132	23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA
132	23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; INFECTED BURSA
132	27301	INCISION AND DRAINAGE OF DEEP ABSCESS, INFECTED BURSA, OR HEMATOMA, THIGH OR KNEE REGION
132	27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA
132	28001	INCISION AND DRAINAGE, INFECTED BURSA, FOOT
132	38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE
132	38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE
132	51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS
132	54015	INCISION AND DRAINAGE OF PENIS, DEEP
132	54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)
132	55100	DRAINAGE OF SCROTAL WALL ABSCESS
152	16010	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, SMALL
152	16015	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, MEDIUM OR LARGE, OR WITH MAJOR DEBRIDEMENT
152	17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM
152	17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0–50.0 SQ CM
152	17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); OVER 50.0 SQ CM
152	46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CHEMICAL
152	46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; ELECTRODESICCATION

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
152	46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY
152	46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY
152	46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION
152	46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE, ANY METHOD
152	54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CHEMICAL
152	54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; ELECTRODESICCATION
152	54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY
152	54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY
152	54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION
152	54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE, ANY METHOD
152	56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE, ANY METHOD
152	56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE, ANY METHOD
162	11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE
162	11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE
162	11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM
162	11424	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM
162	11444	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3.1 TO 4.0 CM
162	11604	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM
162	11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE
162	16035	ESCHAROTOMY
162	16040	EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG, SYNTHETIC MESH), ANY ANATOMIC SITE; UP TO ONE PERCENT TOTAL BODY SURFACE AREA
162	16041	EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG, SYNTHETIC MESH), ANY ANATOMIC SITE; GREATER THAN ONE PERCENT AND UP TO NINE PERCENT TOTAL BODY SURFACE AREA
162	16042	EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG, SYNTHETIC MESH), ANY ANATOMIC SITE; EACH ADDITIONAL NINE PERCENT TOTAL BODY SURFACE AREA, OR PART THEREOF
162	17304	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; FIRST STAGE, FRESH TISSUE TECHNIQUE, UP TO 5 SPECIMENS
162	17305	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; SECOND STAGE, FIXED OR FRESH TISSUE, UP TO 5 SPECIMENS
162	17306	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; THIRD STAGE, FIXED OR FRESH TISSUE, UP TO 5 SPECIMENS
162	17307	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; ADDITIONAL STAGE(S), UP TO 5 SPECIMENS, EACH STAGE
162	17310	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; MORE THAN 5 SPECIMENS, FIXED OR FRESH TISSUE, ANY STAGE
162	20200	BIOPSY, MUSCLE; SUPERFICIAL
162	20205	BIOPSY, MUSCLE; DEEP
162	20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)
162	20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)
162	20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)
162	23000	REMOVAL OF SUBDELTOID (OR INTRATENDINOUS) CALCAREOUS DEPOSITS, OPEN METHOD
162	23075	EXCISION, TUMOR, SHOULDER AREA; SUBCUTANEOUS
162	24075	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS
162	25075	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; SUBCUTANEOUS
162	27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL
162	27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL
162	28043	EXCISION, TUMOR, FOOT; SUBCUTANEOUS
162	37609	LIGATION OR BIOPSY, TEMPORAL ARTERY
162	54100	BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE)
162	54105	BIOPSY OF PENIS; DEEP STRUCTURES
162	67350	BIOPSY OF EXTRAOCULAR MUSCLE
162	68100	BIOPSY OF CONJUNCTIVA

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
162	68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM
162	68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM
162	68135	DESTRUCTION OF LESION, CONJUNCTIVA
163	10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED
163	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN AND SUBCUTANEOUS TISSUES
163	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, AND MUSCLE
163	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, MUSCLE, AND BONE
163	11406	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM
163	11426	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM
163	11446	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0 CM
163	11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR
163	11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLEX REPAIR
163	11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR
163	11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR
163	11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH SIMPLE OR INTERMEDIATE REPAIR
163	11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH COMPLEX REPAIR
163	11606	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER OVER 4.0 CM
163	11624	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM
163	11626	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM
163	11644	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 3.1 TO 4.0 CM
163	11646	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER OVER 4.0 CM
163	11752	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL; WITH AMPUTATION OF TUFT OF DISTAL PHALANX
163	11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE
163	11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED
163	11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS
163	15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)
163	15781	DERMABRASION; SEGMENTAL, FACE
163	15782	DERMABRASION; REGIONAL, OTHER THAN FACE
163	15811	SALABRASION; OVER 20 SQ CM
163	15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); SUBMENTAL FAT PAD
163	15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE
163	15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;
163	15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY
163	15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;
163	15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTOMY)
163	15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;
163	15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY
163	20240	BIOPSY, EXCISIONAL; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF FEMUR)
163	20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)
163	20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED
163	20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)
163	21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS
163	21556	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, INTRAMUSCULAR
163	21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP
163	21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK
163	21935	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK
163	22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)
163	23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP
163	23076	EXCISION, TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR
163	23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA
163	23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS
163	23331	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER PROSTHESIS REMOVAL)
163	24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP
163	24076	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR
163	24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA
163	24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP
163	25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP
163	25076	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR
163	25077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA
163	26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; SUBCUTANEOUS
163	26116	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; DEEP, SUBFASCIAL, INTRAMUSCULAR
163	26117	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER
163	26320	REMOVAL OF IMPLANT FROM FINGER OR HAND
163	27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP
163	27047	EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS
163	27048	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
163	27049	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF PELVIS AND HIP AREA
163	27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP
163	27327	EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS
163	27328	EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR
163	27329	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH OR KNEE AREA
163	27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA
163	27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP
163	27618	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS
163	27619	EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR
163	28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP
163	28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED
163	69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR
163	69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL
163	69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA
181	11760	REPAIR OF NAIL BED
181	11762	RECONSTRUCTION OF NAIL BED WITH GRAFT
181	11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.0 SQ CM OR LESS
181	11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.1 TO 20.0 SQ CM
181	11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; EACH ADDITIONAL 20.0 SQ CM
181	11950	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS
181	11951	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1.1 TO 5.0 CC
181	11952	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC
181	11954	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER 10.0 CC
181	12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.5 CM OR LESS
181	12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM
181	12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM
181	12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM
181	12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM
181	12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); OVER 30.0 CM
181	12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS
181	12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM
181	12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM
181	12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM
181	12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM
181	12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM
181	12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM
181	12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE
181	12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING
181	12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS
181	12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM
181	12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM
181	12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM
181	12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM
181	12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS
181	12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM
181	12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM
181	12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM
181	12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.1 CM TO 30.0 CM
181	12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS
181	12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM
181	12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM
181	12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM
181	12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM
181	12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
181	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST BLOOD FLOW IN FLAP OR GRAFT
181	20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)
182	13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM
182	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM
182	13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM
182	13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM
182	13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM
182	13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM
182	13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS
182	13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM
182	13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM
182	13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED
182	13300	REPAIR, UNUSUAL, COMPLICATED, OVER 7.5 CM, ANY AREA
182	43870	CLOSURE OF GASTROSTOMY, SURGICAL
183	11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION
183	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS
183	12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM
183	12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVER 30.0 CM
183	12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM
183	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS
183	14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM
183	14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/ OR LEGS; DEFECT 10 SQ CM OR LESS
183	14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/ OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM
183	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS
183	14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10.1 SQ CM TO 30.0 SQ CM
183	14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS
183	14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM
183	14300	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR COMPLICATED, ANY AREA
183	14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE
183	15000	EXCISIONAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF ESSENTIALLY INTACT SKIN (INCLUDING SUBCUTANEOUS TISSUES), SCAR, OR OTHER LESION PRIOR TO REPAIR WITH FREE SKIN GRAFT (LIST AS SEPARATE SERVICE IN ADDITION TO SKIN GRAFT)
183	15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER MINIMAL OPEN AREA (EXCEPT ON FACE), UP TO DEFECT SIZE 2 CM DIAMETER
183	15100	SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET (EXCEPT MULTIPLE DIGITS); 100 SQ CM OR LESS, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)
183	15101	SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET (EXCEPT MULTIPLE DIGITS); EACH ADDITIONAL 100 SQ CM, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF
183	15120	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, AND/OR MULTIPLE DIGITS; 100 SQ CM OR LESS, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)
183	15121	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF
183	15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS
183	15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM
183	15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS
183	15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 20 SQ CM
183	15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 20 SQ CM OR LESS
183	15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 20 SQ CM
183	15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM OR LESS
183	15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONAL 20 SQ CM
183	15350	APPLICATION OF ALLOGRAFT, SKIN
183	15400	APPLICATION OF XENOGRAFT, SKIN
183	15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK
183	15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR LEGS
183	15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS OR FEET
183	15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL
183	15580	CROSS FINGER FLAP, INCLUDING FREE GRAFT TO DONOR SITE
183	15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK
183	15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR LEGS
183	15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA, HANDS (EXCEPT 15625), OR FEET
183	15625	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); SECTION PEDICLE OF CROSS FINGER FLAP

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
183	15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE, EARS, OR LIPS
183	15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, ''WALKING'' TUBE), ANY LOCATION
183	15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS
183	15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS
183	15819	CERVICOPLASTY
183	15820	BLEPHAROPLASTY, LOWER EYELID;
183	15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD
183	15822	BLEPHAROPLASTY, UPPER EYELID;
183	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID
183	15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, ''P–FLAP'')
183	15829	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP
183	15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); BUTTOCK
183	20910	CARTILAGE GRAFT; COSTOCHONDRAL
183	20912	CARTILAGE GRAFT; NASAL SEPTUM
183	20920	FASCIA LATA GRAFT; BY STRIPPER
183	20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET
183	20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)
183	23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION
183	25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION
183	44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)
183	44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)
183	65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE
184	15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALIS, MASSETER, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE)
184	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK
184	15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY
184	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY
184	15740	FLAP; ISLAND PEDICLE
184	15750	FLAP; NEUROVASCULAR PEDICLE
184	15760	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PRIMARY CLOSURE, DONOR AREA
184	15770	GRAFT; DERMA–FAT–FASCIA
184	15824	RHYTIDECTOMY; FOREHEAD
184	15826	RHYTIDECTOMY; GLABELLAR FROWN LINES
184	15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK
184	15831	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ABDOMEN (ABDOMINOPLASTY)
184	15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH
184	15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG
184	15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIP
184	15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM
184	15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); FOREARM OR HAND
184	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA
184	15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)
184	15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)
184	15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT BY MICROSURGICAL TECHNIQUE
184	15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER
184	15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK
184	15877	SUCTION ASSISTED LIPECTOMY; TRUNK
184	15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY
184	15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY
184	15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE
184	15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;
184	15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY
184	15936	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE;
184	15937	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY
184	15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;
184	15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY
184	15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE
184	15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;
184	15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY
184	15956	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE;
184	15958	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY
197	19101	BIOPSY OF BREAST; INCISIONAL
197	19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR A PAPILLOMA LACTIFEROUS DUCT
197	19112	EXCISION OF LACTIFEROUS DUCT FISTULA
197	19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19140), MALE OR FEMALE, ONE OR MORE LESIONS
197	19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER; SINGLE LESION
197	19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER; EACH ADDITIONAL LESION SEPARATELY IDENTIFIED BY A RADIOLOGICAL MARKER
197	19140	MASTECTOMY FOR GYNECOMASTIA
197	19290	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST;
197	19291	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST; EACH ADDITIONAL LESION
197	19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
198	19160	MASTECTOMY, PARTIAL;
198	19162	MASTECTOMY, PARTIAL; WITH AXILLARY LYMPHADENECTOMY
198	19180	MASTECTOMY, SIMPLE, COMPLETE
198	19182	MASTECTOMY, SUBCUTANEOUS
198	19316	MASTOPEXY
198	19318	REDUCTION MAMMAPLASTY
198	19324	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT
198	19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT
198	19328	REMOVAL OF INTACT MAMMARY IMPLANT
198	19330	REMOVAL OF MAMMARY IMPLANT MATERIAL
198	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION
198	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION
198	19350	NIPPLE/AREOLA RECONSTRUCTION
198	19355	CORRECTION OF INVERTED NIPPLES
198	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION
198	19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE
198	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST
198	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST
198	19380	REVISION OF RECONSTRUCTED BREAST
207	21800	CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH
207	21820	CLOSED TREATMENT OF STERNUM FRACTURE
207	22305	CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)
207	22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING AND INCLUDING CASTING OR BRACING
207	22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S) REQUIRING CASTING OR BRACING, WITH AND INCLUDING CASTING AND/ OR BRACING, WITH OR WITHOUT ANESTHESIA, BY MANIPULATION OR TRACTION
207	23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION
207	23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION
207	23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION
207	23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION
207	23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION
207	23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION
207	23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION
207	23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION (WITH OR WITHOUT SHOULDER JOINT INVOLVEMENT)
207	23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA
207	26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA
207	26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATION, EACH
207	26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION, EACH
207	26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT; WITHOUT MANIPULATION, EACH
207	26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH
207	26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH
207	26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA
207	27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE
207	28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION
207	28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION
207	28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH
207	28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH
207	28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA
207	28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA
207	31585	TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITHOUT MANIPULATION
209	23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION
209	23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION
209	23620	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITHOUT MANIPULATION
209	23625	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITH MANIPULATION
209	23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER TUBEROSITY, WITH MANIPULATION
209	23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIPULATION
209	24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION
209	24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION
209	24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION; WITHOUT MANIPULATION
209	24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION
209	24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION
209	24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION
209	24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION
209	24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION
209	24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA
209	24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD), WITH MANIPULATION

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
209	24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, ''NURSEMAID ELBOW'', WITH MANIPULATION
209	24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION
209	24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION
209	24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITHOUT MANIPULATION
209	24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITH MANIPULATION
209	25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION
209	25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION
209	25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, WITH DISLOCATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION)
209	25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION
209	25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION
209	25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION
209	25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION
209	25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID; WITHOUT MANIPULATION
209	25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID; WITH MANIPULATION
209	25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION
209	25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION
209	25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITHOUT MANIPULATION, EACH BONE
209	25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITH MANIPULATION, EACH BONE
209	25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE
209	25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION
209	25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION
209	25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH MANIPULATION
209	25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION
209	26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE
209	26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE
209	26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH INTERNAL OR EXTERNAL FIXATION, EACH BONE
209	26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION
209	26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION
209	26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA
209	26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION
209	26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT; WITH MANIPULATION, EACH
209	27193	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITHOUT MANIPULATION
209	27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION
209	27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION
209	27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION
209	27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION
209	27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA
209	27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR TRACTION; WITHOUT ANESTHESIA, WITHOUT MANIPULATION
209	27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA
209	27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION
209	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, WITHOUT MANIPULATION
209	27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION
209	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION
209	27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITHOUT MANIPULATION
209	27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH MANIPULATION
209	27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION
209	27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION
209	27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION
209	27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION
209	27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MANIPULATION, WITH SKELETAL TRACTION
209	27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION
209	27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA
209	27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA
209	27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITHOUT MANIPULATION
209	27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION
209	27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION
209	27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
209	27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION
209	27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION
209	27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION
209	27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATION
209	27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITHOUT MANIPULATION
209	27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITH MANIPULATION
209	27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION
209	27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION
209	27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH OR WITHOUT ANESTHESIA; WITHOUT MANIPULATION
209	27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH OR WITHOUT ANESTHESIA; WITH SKELETAL TRACTION AND/OR REQUIRING MANIPULATION
209	27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA
209	27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA
209	28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION
209	28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION
209	28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION
209	28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION
209	28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION, EACH
209	28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION, EACH
209	28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH
209	28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH
209	28530	CLOSED TREATMENT OF SESAMOID FRACTURE
209	28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT ANESTHESIA
209	28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA
209	28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA
209	31586	TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITH CLOSED MANIPULATIVE REDUCTION
210	22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION
210	23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA
210	23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)
210	24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA
210	26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA
210	26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA
210	26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA
210	27194	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITH MANIPULATION, REQUIRING MORE THAN LOCAL ANESTHESIA
210	27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA
210	27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR TRACTION; WITH MANIPULATION, REQUIRING ANESTHESIA
210	27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA
210	27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA
210	27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA
210	27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)
210	27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA
210	27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION
210	27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)
210	28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING ANESTHESIA
210	28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA
210	28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA
210	28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA
210	28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA
216	21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION
216	21805	OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION, EACH
216	23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;
216	23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)
216	23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;
216	23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)
216	23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WITHOUT INTERNAL FIXATION
216	23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, WITH OR WITHOUT REPAIR OF TUBEROSITY(-IES);
216	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, WITH OR WITHOUT REPAIR OF TUBEROSITY(-IES); WITH PROXIMAL HUMERAL PROSTHETIC REPLACEMENT
216	23630	OPEN TREATMENT OF GREATER TUBEROSITY FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION
216	23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER TUBEROSITY, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
216	23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE
216	24516	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE AND/OR LOCKING SCREWS
216	24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION
216	24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT INTERCONDYLAR EXTENSION
216	24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH INTERCONDYLAR EXTENSION
216	24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION
216	24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION
216	24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/ OR PROXIMAL RADIUS);
216	24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/ OR PROXIMAL RADIUS); WITH IMPLANT ARTHROPLASTY
216	24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION
216	24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION;
216	24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION; WITH RADIAL HEAD PROSTHETIC REPLACEMENT
216	24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND CLOSED TREATMENT OF DISLOCATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION), WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION
216	25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND OPEN TREATMENT, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION), INCLUDES REPAIR OF TRIANGULAR CARTILAGE
216	25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS OR ULNA
216	25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS AND ULNA
216	25611	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID, REQUIRING MANIPULATION, WITH OR WITHOUT EXTERNAL FIXATION
216	25620	OPEN TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE
216	25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES
216	25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC
216	25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION
216	25695	OPEN TREATMENT OF LUNATE DISLOCATION
216	26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE
216	26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH BONE
216	26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION, WITH OR WITHOUT EXTERNAL FIXATION
216	26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATION
216	26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); COMPLEX, MULTIPLE OR DELAYED REDUCTION
216	26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH MANIPULATION, EACH
216	26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH
216	26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH
216	26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
216	26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH
216	26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION
216	26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, SINGLE
216	27202	OPEN TREATMENT OF COCCYGEAL FRACTURE
216	27509	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, OR SUPRACONDYLAR OR TRANSCONDYLAR, WITH OR WITHOUT INTERCONDYLAR EXTENSION, OR DISTAL FEMORAL EPIPHYSEAL SEPARATION
216	27556	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENTOUS REPAIR OR AUGMENTATION/RECONSTRUCTION
216	27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY
216	27615	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA
216	27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) (EG, PINS OR SCREWS)
216	27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE) WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE
216	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH OR WITHOUT INTERLOCKING SCREWS AND/OR CERCLAGE
216	27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LATERAL MALLEOLUS; WITHOUT FIXATION OF POSTERIOR LIP
216	27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LATERAL MALLEOLUS; WITH FIXATION OF POSTERIOR LIP
216	27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL OR EXTERNAL FIXATION; OF FIBULA ONLY
216	27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL OR EXTERNAL FIXATION; OF TIBIA ONLY
216	27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL OR EXTERNAL FIXATION; OF BOTH TIBIA AND FIBULA
216	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, OR WITH EXCISION OF PROXIMAL FIBULA
216	27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITHOUT REPAIR OR INTERNAL FIXATION
216	27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITH REPAIR OR INTERNAL OR EXTERNAL FIXATION
216	28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION
216	28415	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION;
216	28420	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAINING GRAFT)
216	28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION
216	28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH MANIPULATION, EACH
216	28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH
216	28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH
216	28485	OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH
216	28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION
216	28505	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH
216	28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION
216	28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL, WITH MANIPULATION
216	28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION
216	28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH MANIPULATION
216	28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION
216	28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION
216	28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
217	24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE
217	24365	ARTHROPLASTY, RADIAL HEAD;
217	25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION
217	25447	INTERPOSITION ARTHROPLASTY, INTERCARPAL OR CARPOMETACARPAL JOINTS

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
217	25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT
217	26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; SINGLE, EACH
217	26535	ARTHROPLASTY INTERPHALANGEAL JOINT; SINGLE, EACH
217	27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR GENERAL ANESTHESIA
217	27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS
217	27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;
217	27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY
217	27442	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS;
217	27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY
217	27700	ARTHROPLASTY, ANKLE;
218	21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT
218	24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT
218	24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION
218	24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT (''TOTAL ELBOW'')
218	24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT
218	25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS
218	25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA
218	25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID (NAVICULAR)
218	25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE
218	25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM
218	25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS (''TOTAL WRIST'')
218	26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, SINGLE, EACH
218	26536	ARTHROPLASTY INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, SINGLE, EACH
218	27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS
231	21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP
231	21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE
231	21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)
231	21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)
231	21030	EXCISION OF BENIGN TUMOR OR CYST OF FACIAL BONE OTHER THAN MANDIBLE
231	21031	EXCISION OF TORUS MANDIBULARIS
231	21032	EXCISION OF MAXILLARY TORUS PALATINUS
231	21040	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; SIMPLE
231	21041	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; COMPLEX
231	21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL (SEPARATE PROCEDURE)
231	21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL
231	21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)
231	21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL
231	21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)
231	21282	LATERAL CANTHOPEXY
231	21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH
231	21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH
231	21300	CLOSED TREATMENT OF SKULL FRACTURE WITHOUT OPERATION
231	21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION
231	21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION
231	21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION
231	21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED
231	21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION
231	21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION
231	21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT ''BLOWOUT''; WITHOUT MANIPULATION
231	21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT ''BLOWOUT''; WITH MANIPULATION
231	21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)
231	21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION
231	21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT
231	21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT REQUIRING INTERMAXILLARY FIXATION OR SPLINTING), INITIAL OR SUBSEQUENT
231	21493	CLOSED TREATMENT OF HYOID FRACTURE; WITHOUT MANIPULATION
231	21494	CLOSED TREATMENT OF HYOID FRACTURE; WITH MANIPULATION
231	21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE
231	41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES
231	41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES
232	21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT
232	21034	EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER THAN MANDIBLE
232	21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;
232	21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)
232	21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)
232	21070	CORONOIDECTOMY (SEPARATE PROCEDURE)
232	21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE
232	21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)
232	21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)
232	21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
232	21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL
232	21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)
232	21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)
232	21209	OSTEOPLASTY, FACIAL BONES; REDUCTION
232	21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)
232	21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)
232	21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)
232	21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)
232	21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)
232	21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT
232	21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)
232	21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL
232	21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE
232	21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL
232	21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); COMPLETE
232	21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH
232	21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH
232	21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL
232	21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION
232	21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL SKELETAL FIXATION
232	21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM
232	21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION
232	21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION
232	21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, INCLUDING REPAIR OF CANTHAL LIGAMENTS AND/OR THE NASOLACRIMAL APPARATUS
232	21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE
232	21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT
232	21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT 5116
232	21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)
232	21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION
232	21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION
232	21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION
232	21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION
232	21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION
232	21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION
232	21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE
232	21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION
232	67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION
232	67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF FOREIGN BODY
232	67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH DRAINAGE
232	67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR EXPLORATION, WITH OR WITHOUT BIOPSY
251	20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR COMPLICATED
251	20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC
251	20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL
251	20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)
251	20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, NEW PIN(S) OR WIRE(S) AND/OR NEW RING(S) OR BAR(S))
251	20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM
251	20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)
251	23100	ARTHROTOMY WITH BIOPSY, GLENOHUMERAL JOINT
251	23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;
251	23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW
251	24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY
251	24105	EXCISION, OLECRANON BURSA
251	24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;
251	24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;
251	24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, SINGLE, EACH
251	24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION
251	25000	TENDON SHEATH INCISION; AT RADIAL STYLOID (EG, FOR DEQUERVAIN'S DISEASE)
251	25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; FLEXOR OR EXTENSOR COMPARTMENT
251	25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA
251	25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA
251	25035	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST
251	25085	CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)
251	25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY
251	25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST
251	25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); FLEXORS
251	25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); EXTENSORS, WITH OR WITHOUT TRANSPOSITION OF DORSAL RETINACULUM

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
251	25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST
251	25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON
251	25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION
251	25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION
251	26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA
251	26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA
251	27000	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)
251	27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT
251	27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT
251	27060	EXCISION; ISCHIAL BURSA
251	27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION
251	27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR) WITH OR WITHOUT AUTOGRAFT
251	27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE
251	27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP
251	27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN
251	27306	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR HAMSTRING, (SEPARATE PROCEDURE); SINGLE
251	27307	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR HAMSTRING, (SEPARATE PROCEDURE); MULTIPLE
251	27340	EXCISION, PREPATELLAR BURSA
251	27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)
251	27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY
251	27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT
251	27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY
251	27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT
251	27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE
251	27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, ONE LEG
251	27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, BILATERAL
251	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);
251	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR); WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
251	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;
251	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
251	27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION
251	27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY
251	27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY
251	27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)
251	27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA
251	27606	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA
251	27607	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE
251	27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE
251	27656	REPAIR, FASCIAL DEFECT OF LEG
251	27658	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH
251	27659	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH
251	27664	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH
251	27675	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY
251	27704	REMOVAL OF ANKLE IMPLANT
251	27707	OSTEOTOMY; FIBULA
251	27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION
251	27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
251	27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
251	27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
251	28002	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BURSAL SPACE, SPECIFY
251	28003	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS
252	20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM
252	20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG, ILIZAROV, MONTICELLI TYPE)
252	20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)
252	20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE
252	20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)
252	21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; WITH PARTIAL RIB OSTECTOMY
252	21600	EXCISION OF RIB, PARTIAL
252	21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)
252	23040	ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
252	23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
252	23101	ARTHROTOMY WITH BIOPSY, OR WITH EXCISION OF TORN CARTILAGE, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT
252	23105	ARTHROTOMY WITH SYNOVECTOMY; GLENOHUMERAL JOINT

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
252	23106	ARTHROTOMY WITH SYNOVECTOMY; STERNOCLAVICULAR JOINT
252	23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY
252	23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
252	23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT
252	23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;
252	23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
252	23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT
252	23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE
252	23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA
252	23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK
252	23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE
252	23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA
252	23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HUMERUS
252	23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)
252	23405	TENOMYOTOMY, SHOULDER AREA; SINGLE
252	23406	TENOMYOTOMY, SHOULDER AREA; MULTIPLE THROUGH SAME INCISION
252	24000	ARTHROTOMY, ELBOW, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
252	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)
252	24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY
252	24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY
252	24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
252	24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT
252	24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
252	24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH ALLOGRAFT
252	24130	EXCISION, RADIAL HEAD
252	24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS
252	24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK
252	24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS
252	24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS
252	24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), RADIAL HEAD OR NECK
252	24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON PROCESS
252	24160	IMPLANT REMOVAL; ELBOW JOINT
252	24164	IMPLANT REMOVAL; RADIAL HEAD
252	24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320–24331)
252	24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, SINGLE, EACH
252	24350	FASCIOTOMY, LATERAL OR MEDIAL (EG, ''TENNIS ELBOW'' OR EPICONDYLITIS);
252	24351	FASCIOTOMY, LATERAL OR MEDIAL (EG, ''TENNIS ELBOW'' OR EPICONDYLITIS); WITH EXTENSOR ORIGIN DETACHMENT
252	24352	FASCIOTOMY, LATERAL OR MEDIAL (EG, ''TENNIS ELBOW'' OR EPICONDYLITIS); WITH ANNULAR LIGAMENT RESECTION
252	24354	FASCIOTOMY, LATERAL OR MEDIAL (EG, ''TENNIS ELBOW'' OR EPICONDYLITIS); WITH STRIPPING
252	24356	FASCIOTOMY, LATERAL OR MEDIAL (EG, ''TENNIS ELBOW'' OR EPICONDYLITIS); WITH PARTIAL OSTECTOMY
252	24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION
252	24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)
252	24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION
252	25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
252	25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
252	25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY
252	25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY
252	25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT FOR REPAIR OF TRIANGULAR CARTILAGE COMPLEX
252	25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;
252	25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL ULNA
252	25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS);
252	25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
252	25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); WITH ALLOGRAFT
252	25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;
252	25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
252	25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT
252	25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
252	25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA
252	25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS
252	25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)
252	25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)
252	25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)
252	25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING ''TOTAL WRIST''
252	25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE
252	25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE
252	25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON OR MUSCLE
252	25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE
252	25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE
252	25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, WITH TENDON GRAFT (INCLUDES OBTAINING GRAFT), FOREARM AND/OR WRIST, EACH TENDON OR MUSCLE
252	25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON
252	25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON
252	25300	TENODESIS AT WRIST; FLEXORS OF FINGERS
252	25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS
252	25360	OSTEOTOMY; ULNA
252	25365	OSTEOTOMY; RADIUS AND ULNA
252	25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)
252	25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)
252	27001	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, OPEN
252	27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY
252	27066	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT
252	27067	EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE INCISION
252	27080	COCCYGECTOMY, PRIMARY
252	27097	HAMSTRING RECESSION, PROXIMAL
252	27098	ADDUCTOR TRANSFER TO ISCHIUM
252	27310	ARTHROTOMY, KNEE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
252	27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY
252	27331	ARTHROTOMY, KNEE; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODIES
252	27332	ARTHROTOMY, KNEE, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL OR LATERAL
252	27333	ARTHROTOMY, KNEE, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL AND LATERAL
252	27334	ARTHROTOMY, KNEE, WITH SYNOVECTOMY; ANTERIOR OR POSTERIOR
252	27335	ARTHROTOMY, KNEE, WITH SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA
252	27350	PATELLECTOMY OR HEMIPATELLECTOMY
252	27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;
252	27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT
252	27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
252	27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO 27355, 27356, OR 27357)
252	27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), FEMUR, PROXIMAL TIBIA AND/ OR FIBULA
252	27393	LENGTHENING OF HAMSTRING TENDON; SINGLE
252	27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE, ONE LEG
252	27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE
252	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR
252	27425	LATERAL RETINACULAR RELEASE (ANY METHOD)
252	27610	ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
252	27612	ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING
252	27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY
252	27625	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;
252	27626	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY
252	27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;
252	27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
252	27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT
252	27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS); FIBULA
252	27665	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH
252	27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY
252	27680	TENOLYSIS, INCLUDING TIBIA, FIBULA, AND ANKLE FLEXOR; SINGLE
252	27681	TENOLYSIS, INCLUDING TIBIA, FIBULA, AND ANKLE FLEXOR; MULTIPLE (THROUGH SAME INCISION), EACH
252	27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE (SEPARATE PROCEDURE)
252	27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (THROUGH SAME INCISION), EACH
252	27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)
252	27695	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL
252	27696	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS
252	27698	SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)
252	27709	OSTEOTOMY; TIBIA AND FIBULA

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
252	27730	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA
252	27732	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA
252	27734	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA
252	27740	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA;
252	27889	ANKLE DISARTICULATION
253	23020	CAPSULAR CONTRACTURE RELEASE (SEVER TYPE PROCEDURE)
253	23120	CLAVICULECTOMY; PARTIAL
253	23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL
253	23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY
253	23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;
253	23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING GRAFT AND/OR NECESSARY FIXATION)
253	23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; CLAVICLE
253	23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; PROXIMAL HUMERUS AND HUMERAL HEAD
253	23800	ARTHRODESIS, SHOULDER JOINT; WITH OR WITHOUT LOCAL BONE GRAFT
253	23802	ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)
253	24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)
253	24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE PROCEDURE)
253	24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);
253	24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT
253	24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)
253	24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUFF)
253	24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT
253	24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)
253	24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)
253	24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
253	24470	HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)
253	24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT METHYLMETHACRYLATE, HUMERUS
253	24800	ARTHRODESIS, ELBOW JOINT; WITH OR WITHOUT LOCAL AUTOGRAFT OR ALLOGRAFT
253	24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT OTHER THAN LOCALLY OBTAINED)
253	25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON
253	25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON GRAFT(S) (INCLUDES OBTAINING GRAFT), EACH TENDON
253	25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST;
253	25316	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST; WITH TENDON(S) TRANSFER
253	25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, ANY METHOD (EG, CAPSULODESIS, LIGAMENT REPAIR, TENDON TRANSFER OR GRAFT) (INCLUDES SYNOVECTOMY, CAPSULOTOMY AND OPEN REDUCTION) FOR CARPAL INSTABILITY
253	25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)
253	25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE STABILIZATION (EG, TENDON TRANSFER, TENDON GRAFT OR WEAVE, OR TENODESIS) WITH OR WITHOUT OPEN REDUCTION OF DISTAL RADIOULNAR JOINT
253	25350	OSTEOTOMY, RADIUS; DISTAL THIRD
253	25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD
253	25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA
253	25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS AND ULNA
253	25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA
253	25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA
253	25440	REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AND NECESSARY FIXATION)
253	25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA
253	25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA
253	25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS
253	25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; ULNA
253	25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS AND ULNA
253	25800	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITHOUT BONE GRAFT
253	25805	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT
253	25810	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
253	25830	DISTAL RADIOULNAR JOINT ARTHRODESIS AND SEGMENTAL RESECTION OF ULNA (EG, SAUVE-KAPANDJI PROCEDURE), WITH OR WITHOUT BONE GRAFT
253	27033	ARTHROTOMY, HIP, WITH EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY
253	27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)
253	27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)
253	27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER
253	27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK
253	27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE, BILATERAL
253	27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
253	27400	TENDON OR MUSCLE TRANSFER, HAMSTRINGS TO FEMUR (EGGERS TYPE PROCEDURE)
253	27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL
253	27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE
253	27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS
253	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, FOR CHONDROMALACIA PATELLAE)
253	27420	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; (HAUSER TYPE PROCEDURE)
253	27422	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (CAMPBELL, GOLDWAITE TYPE PROCEDURE)
253	27424	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY
253	27430	QUADRICEPSPLASTY (BENNETT OR THOMPSON TYPE)
253	27435	CAPSULOTOMY, KNEE, POSTERIOR CAPSULAR RELEASE
253	27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS); TIBIA
253	27647	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS
253	27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;
253	27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)
253	27654	REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT
253	27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBIAL EXTENSORS INTO MIDFOOT)
253	27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG, ANTERIOR TIBIAL OR POSTERIOR TIBIAL THROUGH INTEROSSEOUS SPACE, FLEXOR DIGITORUM LONGUS, FLEXOR HALLUCIS LONGUS, OR PERONEAL TENDON TO MIDFOOT OR HINDFOOT)
253	27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON
253	27705	OSTEOTOMY; TIBIA
253	27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FEMUR
253	27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, TIBIA
253	27870	ARTHRODESIS, ANKLE, ANY METHOD
253	27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL
254	23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF); ACUTE
254	23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF); CHRONIC
254	23420	REPAIR OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)
254	23430	TENODESIS OF LONG TENDON OF BICEPS
254	23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION
254	23455	CAPSULORRHAPHY, ANTERIOR; BANKART TYPE OPERATION WITH OR WITHOUT STAPLING
254	23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK
254	23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER
254	23465	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, POSTERIOR, WITH OR WITHOUT BONE BLOCK
254	23466	CAPSULORRHAPHY WITH ANY TYPE MULTI-DIRECTIONAL INSTABILITY
254	27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR
254	27428	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)
254	27429	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR
261	25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY
261	25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT
261	25820	INTERCARPAL FUSION; WITHOUT BONE GRAFT
261	26020	DRAINAGE OF TENDON SHEATH, ONE DIGIT AND/OR PALM
261	26025	DRAINAGE OF PALMAR BURSA; SINGLE, ULNAR OR RADIAL
261	26030	DRAINAGE OF PALMAR BURSA; MULTIPLE OR COMPLICATED
261	26034	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HAND OR FINGER
261	26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)
261	26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)
261	26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)
261	26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT
261	26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CARPOMETACARPAL JOINT
261	26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; METACARPOPHALANGEAL JOINT
261	26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT, EACH
261	26100	ARTHROTOMY WITH SYNOVIAL BIOPSY; CARPOMETACARPAL JOINT
261	26105	ARTHROTOMY WITH SYNOVIAL BIOPSY; METACARPOPHALANGEAL JOINT
261	26110	ARTHROTOMY WITH SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT, EACH
261	26130	SYNOVECTOMY, CARPOMETACARPAL JOINT
261	26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL JOINT
261	26145	SYNOVECTOMY TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR, PALM OR FINGER, SINGLE, EACH DIGIT
261	26160	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER
261	26170	EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE PROCEDURE), EACH
261	26180	EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE)
261	26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)
261	26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;
261	26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER;
261	26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
261	26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); METACARPAL
261	26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); PROXIMAL OR MIDDLE PHALANX OF FINGER

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
261	26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHALANX OF FINGER
261	26250	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL;
261	26260	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER;
261	26261	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
261	26262	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, DISTAL PHALANX OF FINGER
261	26410	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON
261	26418	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON
261	26432	EXTENSOR TENDON REPAIR, DISTAL INSERTION (''MALLET FINGER''), CLOSED, SPLINTING WITH OR WITHOUT PERCUTANEOUS PINNING
261	26433	EXTENSOR TENDON REPAIR, DISTAL INSERTION (''MALLET FINGER''), OPEN, PRIMARY OR SECONDARY REPAIR; WITHOUT GRAFT
261	26437	EXTENSOR TENDON REALIGNMENT, HAND
261	26440	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM OR FINGER, SINGLE, EACH TENDON
261	26445	TENOLYSIS, EXTENSOR TENDON, DORSUM OF HAND OR FINGER; EACH TENDON
261	26450	TENOTOMY, FLEXOR, SINGLE, PALM, OPEN, EACH
261	26455	TENOTOMY, FLEXOR, SINGLE, FINGER, OPEN, EACH
261	26460	TENOTOMY, EXTENSOR, HAND OR FINGER, SINGLE, OPEN, EACH
261	26471	TENODESIS; FOR PROXIMAL INTERPHALANGEAL JOINT STABILIZATION
261	26474	TENODESIS; FOR DISTAL JOINT STABILIZATION
261	26476	TENDON LENGTHENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH
261	26477	TENDON SHORTENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH
261	26478	TENDON LENGTHENING, FLEXOR, HAND OR FINGER, SINGLE, EACH
261	26479	TENDON SHORTENING, FLEXOR, HAND OR FINGER, SINGLE, EACH
261	26500	TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE)
261	26508	THENAR MUSCLE RELEASE FOR THUMB CONTRACTURE
261	26520	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; METACARPOPHALANGEAL JOINT, SINGLE, EACH
261	26525	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE, EACH
261	26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT
261	26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT)
261	26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS
261	26587	RECONSTRUCTION OF SUPERNUMERARY DIGIT, SOFT TISSUE AND BONE
261	26593	RELEASE, INTRINSIC MUSCLES OF HAND (SPECIFY)
261	26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH DIRECT CLOSURE
261	26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH LOCAL ADVANCEMENT FLAPS (V-Y, HOOD)
262	25210	CARPECTOMY; ONE BONE
262	25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW
262	25825	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
262	26040	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; PERCUTANEOUS
262	26045	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; OPEN, PARTIAL
262	26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT)
262	26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT);
262	26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT); EACH ADDITIONAL DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
262	26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGIT
262	26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
262	26255	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
262	26350	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN ''NO MAN'S LAND''; PRIMARY OR SECONDARY WITHOUT FREE GRAFT, EACH TENDON
262	26352	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN ''NO MAN'S LAND''; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
262	26356	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN ''NO MAN'S LAND''; PRIMARY, EACH TENDON
262	26357	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN ''NO MAN'S LAND''; SECONDARY, EACH TENDON
262	26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN ''NO MAN'S LAND''; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
262	26370	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; PRIMARY
262	26372	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)
262	26373	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; SECONDARY WITHOUT FREE GRAFT
262	26390	FLEXOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER
62	26392	REMOVAL OF TUBE OR ROD AND INSERTION OF FLEXOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER
262	26412	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
262	26415	EXTENSOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR DELAYED EXTENSOR TENDON GRAFT, HAND OR FINGER

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
262	26416	REMOVAL OF TUBE OR ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER
262	26420	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON
262	26426	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); USING LOCAL TISSUES
262	26428	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)
262	26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION (''MALLET FINGER''), OPEN, PRIMARY OR SECONDARY REPAIR; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)
262	26442	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON
262	26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, DORSUM OF HAND OR FINGER, INCLUDING HAND AND FOREARM
262	26480	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITHOUT FREE GRAFT, EACH
262	26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
262	26485	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITHOUT FREE TENDON GRAFT
262	26489	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
262	26490	OPPONENSPLASTY; SUBLIMIS TENDON TRANSFER TYPE
262	26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT)
262	26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER
262	26496	OPPONENSPLASTY; OTHER METHODS
262	26497	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER
262	26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS
262	26499	CORRECTION CLAW FINGER, OTHER METHODS
262	26502	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)
262	26504	TENDON PULLEY RECONSTRUCTION; WITH TENDON PROSTHESIS (SEPARATE PROCEDURE)
262	26510	CROSS INTRINSIC TRANSFER
262	26516	CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT
262	26517	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS
262	26518	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS
262	26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)
262	26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT
262	26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION)
262	26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT
262	26550	POLLICIZATION OF A DIGIT
262	26555	POSITIONAL CHANGE OF OTHER FINGER
262	26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS
262	26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)
262	26565	OSTEOTOMY FOR CORRECTION OF DEFORMITY; METACARPAL
262	26567	OSTEOTOMY FOR CORRECTION OF DEFORMITY; PHALANX OF FINGER
262	26568	OSTEOPLASTY FOR LENGTHENING OF METACARPAL OR PHALANX
262	26580	REPAIR CLEFT HAND
262	26585	REPAIR BIFID DIGIT
262	26590	REPAIR MACRODACTYLIA
262	26591	REPAIR, INTRINSIC MUSCLES OF HAND (SPECIFY)
262	26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES
262	26597	RELEASE OF SCAR CONTRACTURE, FLEXOR OR EXTENSOR, WITH SKIN GRAFTS, REARRANGEMENT FLAPS, OR Z-PLASTIES, HAND AND/OR FINGER
262	26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)
262	26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;
262	26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
262	26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB;
262	26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
262	26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;
262	26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
262	26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;
262	26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT
262	26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
262	26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT), EACH ADDITIONAL JOINT
262	26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER
271	27605	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); *LOCAL ANESTHESIA
271	28005	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOOT
271	28008	FASCIOTOMY, FOOT AND/OR TOE
271	28010	TENOTOMY, SUBCUTANEOUS, TOE; SINGLE
271	28011	TENOTOMY, SUBCUTANEOUS, TOE; MULTIPLE

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
271	28020	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOINT
271	28022	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT
271	28024	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT
271	28045	EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR
271	28046	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT
271	28050	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT
271	28052	ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT
271	28054	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT
271	28080	EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH
271	28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR
271	28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR
271	28090	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); FOOT
271	28092	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); TOES
271	28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;
271	28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS;
271	28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT
271	28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD
271	28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)
271	28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD
271	28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METATARSAL (CLAYTON TYPE PROCEDURE)
271	28116	OSTECTOMY, EXCISION OF TARSAL COALITION
271	28118	OSTECTOMY, CALCANEUS;
271	28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE
271	28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TALAR BOSSING), TALUS OR CALCANEUS
271	28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TARSAL BOSSING), TARSAL OR METATARSAL BONE, EXCEPT TALUS OR CALCANEUS
271	28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR DORSAL BOSSING), PHALANX OF TOE
271	28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, SINGLE TOE, EACH
271	28130	TALECTOMY (ASTRAGALECTOMY)
271	28140	METATARSECTOMY
271	28150	PHALANGECTOMY OF TOE, SINGLE, EACH
271	28153	RESECTION, HEAD OF PHALANX, TOE
271	28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, SINGLE, EACH
271	28171	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)
271	28173	RADICAL RESECTION OF TUMOR, BONE; METATARSAL
271	28175	RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE
271	28200	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON
271	28208	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; PRIMARY OR SECONDARY, EACH TENDON
271	28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)
271	28220	TENOLYSIS, FLEXOR, FOOT; SINGLE
271	28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE (THROUGH SAME INCISION)
271	28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE
271	28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE (THROUGH SAME INCISION)
271	28230	TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)
271	28232	TENOTOMY, OPEN, FLEXOR; TOE, SINGLE (SEPARATE PROCEDURE)
271	28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE
271	28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE
271	28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPARATE PROCEDURE)
271	28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, SINGLE, EACH JOINT (SEPARATE PROCEDURE)
271	28280	WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES) (KELIKIAN TYPE PROCEDURE)
271	28285	HAMMERTOE OPERATION, ONE TOE (EG, INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY)
271	28286	COCK-UP FIFTH TOE OPERATION WITH PLASTIC SKIN CLOSURE (RUIZ-MORA TYPE PROCEDURE)
271	28310	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE PROCEDURE)
271	28312	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE
271	28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE (OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES), SOFT TISSUE PROCEDURES ONLY
271	28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)
271	28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION
271	28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION
271	28737	ARTHRODESIS, MIDTARSAL NAVICULAR–CUNEIFORM, WITH TENDON LENGTHENING AND ADVANCEMENT (MILLER TYPE PROCEDURE)
271	28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT
271	28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
271	28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE
271	28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT
271	28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT
271	29893	ENDOSCOPIC PLANTAR FASCIOTOMY
272	28060	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)
272	28062	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)
272	28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH
272	28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH
272	28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
272	28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT
272	28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
272	28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ALLOGRAFT
272	28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)
272	28238	ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE)
272	28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (''STEINDLER STRIPPING'') (SEPARATE PROCEDURE)
272	28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)
272	28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING
272	28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING AS FOR RESISTANT CLUBFOOT DEFORMITY
272	28264	CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE)
272	28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH METATARSAL HEAD
272	28300	OSTEOTOMY; CALCANEUS (DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION
272	28302	OSTEOTOMY; TALUS
272	28304	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS;
272	28305	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (FOWLER TYPE)
272	28306	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; FIRST METATARSAL
272	28307	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; FIRST METATARSAL WITH AUTOGRAFT
272	28308	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; OTHER THAN FIRST METATARSAL
272	28309	OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT (SWANSON TYPE PROCEDURE)
272	28320	REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS, TALUS)
272	28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)
272	28344	RECONSTRUCTION, TOE(S); POLYDACTYLY
272	28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB
272	28360	RECONSTRUCTION, CLEFT FOOT
272	28705	PANTALAR ARTHRODESIS
272	28715	TRIPLE ARTHRODESIS
272	28725	SUBTALAR ARTHRODESIS
272	28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE
272	28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY AS FOR FLATFOOT CORRECTION
272	28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT
272	28760	ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK (JONES TYPE PROCEDURE)
276	28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)
276	28290	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY (SILVER TYPE PROCEDURE)
276	28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE, OR MAYO TYPE PROCEDURE
276	28293	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTION OF JOINT WITH IMPLANT
276	28294	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH TENDON TRANSPLANTS (JOPLIN TYPE PROCEDURE)
276	28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CHEVRON, OR CONCENTRIC TYPE PROCEDURES)
276	28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS TYPE PROCEDURE
276	28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY
276	28299	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY OTHER METHODS (EG, DOUBLE OSTEOTOMY)
280	29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
280	29815	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
280	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
280	29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
280	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
281	29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL
281	29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
281	29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL
281	29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE
281	29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED
281	29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE
281	29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION
281	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH OR WITHOUT CORACOACROMIAL RELEASE
281	29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
281	29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL
281	29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE
281	29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED
281	29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE
281	29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE
281	29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL
281	29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE
281	29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR FIBROCARTILAGE AND/OR JOINT DEBRIDEMENT
281	29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY
281	29848	ARTHROSCOPY, WRIST, SURGICAL; WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT
281	29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
281	29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
281	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROPLASTY, AND/OR RESECTION OF LABRUM
281	29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY
281	29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)
281	29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)
281	29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)
281	29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING
281	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)
281	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING)
281	29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)
281	29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION
281	29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
281	29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL
281	29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED
281	29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE
282	29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE
282	29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)
282	29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)
282	29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)
282	29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERNAL FIXATION (INCLUDING DEBRIDEMENT OF BASE OF LESION)
282	29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION
282	29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA, INCLUDING DRILLING OF THE DEFECT
286	29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATION; WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)
286	29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATION; WITH INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)
286	29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)
286	29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)
286	29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION
286	29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/ AUGMENTATION OR RECONSTRUCTION
286	29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR DOME FRACTURE, OR TIBIAL PLAFOND FRACTURE, WITH OR WITHOUT INTERNAL FIXATION (INCLUDES ARTHROSCOPY)
312	30801	CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (SEPARATE PROCEDURE); SUPERFICIAL
312	30802	CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (SEPARATE PROCEDURE); INTRAMURAL
312	30930	FRACTURE NASAL TURBINATE(S), THERAPEUTIC
312	31612	TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR INJECTION
312	40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS
312	40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX
312	41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF TONGUE
312	41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE–THIRD OF TONGUE
312	41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX
312	41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K–WIRE)
312	41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)
312	41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
312	42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE
312	42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED
312	42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL
312	42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL
312	42405	BIOPSY OF SALIVARY GLAND; INCISIONAL
312	42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR
312	42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPROACH
312	42800	BIOPSY; OROPHARYNX
312	42802	BIOPSY; HYPOPHARYNX
312	42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE
312	42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION
312	42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD
312	60000	INCISION AND DRAINAGE OF THYROGLOSSAL CYST, INFECTED
312	69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA
312	69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL ANESTHESIA
312	69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA
313	30115	EXCISION, NASAL POLYP(S), EXTENSIVE
313	30118	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; EXTERNAL APPROACH (LATERAL RHINOTOMY)
313	30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA
313	30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE
313	30130	EXCISION TURBINATE, PARTIAL OR COMPLETE
313	30140	SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE
313	30150	RHINECTOMY; PARTIAL
313	30160	RHINECTOMY; TOTAL
313	30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA
313	30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY
313	30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)
313	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT
313	30540	REPAIR CHOANAL ATRESIA; INTRANASAL
313	30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)
313	30600	REPAIR FISTULA; ORONASAL
313	30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)
313	30630	REPAIR NASAL SEPTAL PERFORATIONS
313	31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL
313	31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL POLYPS
313	31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHOANAL POLYPS
313	31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;
313	31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL OF POLYP(S)
313	31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)
313	31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR
313	31320	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); DIAGNOSTIC
313	31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL
313	31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS (EG, VOICE BUTTON, BLOM-SINGER PROSTHESIS)
313	31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION
313	31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION
313	31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR
313	31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR
313	31830	REVISION OF TRACHEOSTOMY SCAR
313	40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT
313	40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE
313	40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE
313	40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER OR FAN)
313	40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER)
313	40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION
313	40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY
313	40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT
313	40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX
313	40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX REPAIR
313	40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE
313	40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT
313	40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)
313	40840	VESTIBULOPLASTY; ANTERIOR
313	40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL
313	41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, SUPRAMYLOHYOID
313	41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE
313	41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE
313	41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
313	41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)
313	41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBLINGUAL
313	41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL
313	41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMANDIBULAR
313	41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; MASTICATOR SPACE
313	41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS
313	41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD
313	41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP
313	41116	EXCISION, LESION OF FLOOR OF MOUTH
313	41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE
313	41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)
313	41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH COMPLEX REPAIR
313	42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE
313	42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION
313	42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM
313	42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX
313	42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY
313	42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY
313	42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION
313	42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE
313	42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP
313	42260	REPAIR OF NASOLABIAL FISTULA
313	42325	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA);
313	42326	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA); WITH PROSTHESIS
313	42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL
313	42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)
313	42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)
313	42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DISSECTION
313	42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND
313	42450	EXCISION OF SUBLINGUAL GLAND
313	42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE
313	42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED
313	42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);
313	42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF ONE SUBMANDIBULAR GLAND
313	42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF BOTH SUBMANDIBULAR (WHARTON'S) DUCTS
313	42600	CLOSURE SALIVARY FISTULA
313	42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPROACH
313	42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES
313	42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX
313	42900	SUTURE PHARYNX FOR WOUND OR INJURY
313	42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)
313	42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)
313	42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY); WITH SECONDARY SURGICAL INTERVENTION
313	42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); WITH SECONDARY SURGICAL INTERVENTION
313	43020	ESOPHAGOTOMY, CERVICAL APPROACH, WITH REMOVAL OF FOREIGN BODY
313	43030	CRICOPHARYNGEAL MYOTOMY
313	69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION
313	69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL
313	69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION
313	69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION
313	69450	TYMPANOLYSIS, TRANSCANAL
313	69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)
314	30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP
314	30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP
314	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR
314	30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)
314	30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)
314	30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP ONLY
314	30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP, SEPTUM, OSTEOTOMIES
314	30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE
314	31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH
314	31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH TYPE)
314	31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (INCLUDES ABLATION)
314	31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION (INCLUDES ABLATION)
314	31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION
314	31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION
314	31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION
314	31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
314	31090	SINUSOTOMY COMBINED, THREE OR MORE SINUSES (UNILATERAL)
314	31201	ETHMOIDECTOMY; INTRANASAL, TOTAL
314	31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL
314	31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY
314	31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH
314	31420	EPIGLOTTIDECTOMY
314	31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER PARTIAL LARYNGECTOMY)
314	31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE
314	31750	TRACHEOPLASTY; CERVICAL
314	31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE
314	40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL
314	40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCEDURE
314	40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO STAGES
314	40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE
314	40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECTIONING AND INSERTING OF PEDICLE
314	40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL
314	40844	VESTIBULOPLASTY; ENTIRE ARCH
314	40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)
314	42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAINING GRAFT)
314	42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP
314	42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP
314	42227	LENGTHENING OF PALATE, WITH ISLAND FLAP
314	42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE
314	42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE
314	42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE
314	42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS
314	42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; WITHOUT CLOSURE
314	42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH LOCAL FLAP (EG, TONGUE, BUCCAL)
314	42890	LIMITED PHARYNGECTOMY
314	42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ADVANCEMENT OF LATERAL AND POSTERIOR PHARYNGEAL WALLS
314	69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION
314	69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE TO TRAUMA, INFECTION) (SEPARATE PROCEDURE)
314	69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE
314	69501	TRANSMASTOID ANTROTOMY (''SIMPLE'' MASTOIDECTOMY)
314	69502	MASTOIDECTOMY; COMPLETE
314	69505	MASTOIDECTOMY; MODIFIED RADICAL
314	69511	MASTOIDECTOMY; RADICAL
314	69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY
314	69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL
314	69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID
314	69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY
314	69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY
314	69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY
314	69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY
314	69605	REVISION MASTOIDECTOMY; WITH APICECTOMY
314	69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITHOUT OSSICULAR CHAIN RECONSTRUCTION
314	69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITH OSSICULAR CHAIN RECONSTRUCTION (EG, POSTFENESTRATION)
314	69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITH OSSICULAR CHAIN RECONSTRUCTION AND SYNTHETIC PROSTHESIS (EG, PARTIAL OSSICULAR REPLACEMENT PROSTHESIS (PORP), TOTAL OSSICULAR REPLACEMENT PROSTHESIS (TORP))
314	69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICULAR CHAIN RECONSTRUCTION
314	69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION
314	69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION AND SYNTHETIC PROSTHESIS (EG, PARTIAL OSSICULAR REPLACEMENT PROSTHESIS (PORP), TOTAL OSSICULAR REPLACEMENT PROSTHESIS (TORP))
314	69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICULAR CHAIN RECONSTRUCTION
314	69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION
314	69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR RECONSTRUCTED WALL, WITHOUT OSSICULAR CHAIN RECONSTRUCTION
314	69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR RECONSTRUCTED CANAL WALL, WITH OSSICULAR CHAIN RECONSTRUCTION
314	69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPLETE, WITHOUT OSSICULAR CHAIN RECONSTRUCTION

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
314	69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPLETE, WITH OSSICULAR CHAIN RECONSTRUCTION
314	69650	STAPES MOBILIZATION
314	69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL;
314	69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL; WITH FOOTPLATE DRILL OUT
314	69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY
314	69666	REPAIR OVAL WINDOW FISTULA
314	69667	REPAIR ROUND WINDOW FISTULA
314	69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)
314	69676	TYMPANIC NEURECTOMY
314	69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)
314	69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE
314	69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION
314	69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE GANGLION
314	69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; LATERAL TO GENICULATE GANGLION
314	69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; INCLUDING MEDIAL TO GENICULATE GANGLION
314	69801	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION OF VESTIBULOACTIVE DRUGS (SINGLE OR MULTIPLE PERFUSIONS); TRANSCANAL
314	69802	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION OF VESTIBULOACTIVE DRUGS (SINGLE OR MULTIPLE PERFUSIONS); WITH MASTOIDECTOMY
314	69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT
314	69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT
314	69820	FENESTRATION SEMICIRCULAR CANAL
314	69840	REVISION FENESTRATION OPERATION
314	69905	LABYRINTHECTOMY; TRANSCANAL
314	69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY
314	69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH
317	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY
318	30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD
318	30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) ANY METHOD
318	30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; INITIAL
318	30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; SUBSEQUENT
318	42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY); SIMPLE
318	42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); SIMPLE, WITH POSTERIOR NASAL PACKS, WITH OR WITHOUT ANTERIOR PACKS AND/OR CAUTERIZATION
319	42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12
319	42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER
319	42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12
319	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER
319	42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12
319	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER
319	42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12
319	42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER
319	42860	EXCISION OF TONSIL TAGS
319	42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)
320	32000	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT
320	32420	PNEUMONOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION
320	32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR
320	33010	PERICARDIOCENTESIS; INITIAL
320	33011	PERICARDIOCENTESIS; SUBSEQUENT
320	49080	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC); INITIAL
320	49081	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC); SUBSEQUENT
332	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATUS OR CANINE FOSSA PUNCTURE)
332	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE OR CANNULATION OF OSTIUM)
332	31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)
332	31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF EPISTAXIS
332	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION
332	31510	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY
332	31511	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF FOREIGN BODY
332	31512	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF LESION
332	31513	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH VOCAL CORD INJECTION
332	31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION
332	31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN
332	31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN
332	31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE
332	31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, INITIAL

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
332	31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, SUBSEQUENT
332	31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY
332	31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY
332	31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION
332	31700	CATHETERIZATION, TRANSGLOTTIC (SEPARATE PROCEDURE)
332	31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY
332	31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL
332	31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STENT OR INDWELLING TUBE FOR OXYGEN THERAPY
333	31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY
333	31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)
333	31255	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND POSTERIOR)
333	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY
333	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS
333	31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT REMOVAL OF TISSUE FROM FRONTAL SINUS
333	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY
333	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS
333	31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR
333	31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL
333	31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE
333	31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY
333	31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE
333	31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS
333	31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH OPERATING MICROSCOPE
333	31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY
333	31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE
333	31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC
333	31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE
336	31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION
336	31622	BRONCHOSCOPY; DIAGNOSTIC, (FLEXIBLE OR RIGID), WITH OR WITHOUT CELL WASHING OR BRUSHING
336	31625	BRONCHOSCOPY; WITH BIOPSY
336	31628	BRONCHOSCOPY; WITH TRANSBRONCHIAL LUNG BIOPSY, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE
336	31629	BRONCHOSCOPY; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY
336	31630	BRONCHOSCOPY; WITH TRACHEAL OR BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE
336	31631	BRONCHOSCOPY; WITH TRACHEAL DILATION AND PLACEMENT OF TRACHEAL STENT
336	31635	BRONCHOSCOPY; WITH REMOVAL OF FOREIGN BODY
336	31640	BRONCHOSCOPY; WITH EXCISION OF TUMOR
336	31641	BRONCHOSCOPY; WITH DESTRUCTION OF TUMOR OR RELIEF OF STENOSIS BY ANY METHOD OTHER THAN EXCISION (EG, LASER)
336	31645	BRONCHOSCOPY; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, INITIAL (EG, DRAINAGE OF LUNG ABSCESS)
336	31646	BRONCHOSCOPY; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, SUBSEQUENT
346	36488	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); PERCUTANEOUS, AGE 2 YEARS OR UNDER
346	36489	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); PERCUTANEOUS, OVER AGE 2
346	36490	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); CUTDOWN, AGE 2 YEARS OR UNDER
346	36491	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); CUTDOWN, OVER AGE 2
346	36493	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GUIDANCE
346	36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN
360	33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER
360	33223	REVISION OR RELOCATION OF SKIN POCKET FOR IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR
360	36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP
360	36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP
360	36531	REVISION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP
360	36532	REMOVAL OF IMPLANTABLE INTRAVENOUS INFUSION PUMP
360	36534	REVISION OF IMPLANTABLE VENOUS ACCESS PORT AND/OR SUBCUTANEOUS RESERVOIR
360	36535	REMOVAL OF IMPLANTABLE VENOUS ACCESS PORT AND/OR SUBCUTANEOUS RESERVOIR
367	30915	LIGATION ARTERIES; ETHMOIDAL
367	30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL
367	37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY
367	37650	LIGATION OF FEMORAL VEIN
367	37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS
367	37720	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS
367	37730	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG AND SHORT SAPHENOUS VEINS
367	37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER AND SKIN GRAFT AND/OR INTERRUPTION OF COMMUNICATING VEINS OF LOWER LEG, WITH EXCISION OF DEEP FASCIA
367	37760	LIGATION OF PERFORATORS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WITHOUT SKIN GRAFT
367	37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
367	37785	LIGATION, DIVISION, AND/OR EXCISION OF RECURRENT OR SECONDARY VARICOSE VEINS (CLUSTERS), ONE LEG
368	35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK
368	35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER
368	35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT;
368	35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENOUS GRAFT
368	36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF LIVER)
368	36530	INSERTION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP
368	36533	INSERTION OF IMPLANTABLE VENOUS ACCESS PORT, WITH OR WITHOUT SUBCUTANEOUS RESERVOIR
368	36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); VEIN TO VEIN
368	36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); ARTERIOVENOUS, EXTERNAL (SCRIBNER TYPE)
368	36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); ARTERIOVENOUS, EXTERNAL REVISION, OR CLOSURE
368	36821	ARTERIOVENOUS ANASTOMOSIS, DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARATE PROCEDURE)
368	36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS (SEPARATE PROCEDURE); AUTOGENOUS GRAFT
368	36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS (SEPARATE PROCEDURE); NONAUTOGENOUS GRAFT
368	36832	REVISION OF AN ARTERIOVENOUS FISTULA, WITH OR WITHOUT THROMBECTOMY, AUTOGENOUS OR NONAUTOGENOUS GRAFT (SEPARATE PROCEDURE)
368	36835	INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)
368	36860	CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATHETER
368	36861	CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETER
368	37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA
396	38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS
396	38500	BIOPSY OR EXCISION OF LYMPH NODE(S); SUPERFICIAL (SEPARATE PROCEDURE)
396	38510	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S)
396	38520	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S) WITH EXCISION SCALENE FAT PAD
396	38525	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP AXILLARY NODE(S)
396	38530	BIOPSY OR EXCISION OF LYMPH NODE(S); INTERNAL MAMMARY NODE(S) (SEPARATE PROCEDURE)
396	38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP NEUROVASCULAR DISSECTION
397	38542	DISSECTION, DEEP JUGULAR NODE(S)
397	38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR DISSECTION
397	38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL
397	38745	AXILLARY LYMPHADENECTOMY; COMPLETE
397	38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPARATE PROCEDURE)
397	60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS
397	60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY
397	60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY
397	60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMUSECTOMY
397	60240	THYROIDECTOMY, TOTAL OR COMPLETE
397	60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;
397	60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT
406	43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES
406	43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE
406	43456	DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE
406	43458	DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) FOR ACHALASIA
407	43204	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INJECTION SCLEROSIS OF ESOPHAGEAL VARICES
407	43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VARICES
407	43215	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF FOREIGN BODY
407	43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
407	43217	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
407	43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER)
407	43226	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OVER GUIDE WIRE
407	43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD
417	43200	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
417	43202	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE
417	43234	UPPER GASTROINTESTINAL ENDOSCOPY, SIMPLE PRIMARY EXAMINATION (EG, WITH SMALL DIAMETER FLEXIBLE ENDOSCOPE) (SEPARATE PROCEDURE)
417	43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
417	43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BIOPSY, SINGLE OR MULTIPLE
417	43600	BIOPSY OF STOMACH; BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)
417	44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)
418	43241	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH TRANSENDOSCOPIC TUBE OR CATHETER PLACEMENT
418	43243	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH INJECTION SCLEROSIS OF ESOPHAGEAL AND/OR GASTRIC VARICES
418	43244	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BAND LIGATION OF ESOPHAGEAL AND/OR GASTRIC VARICES

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
418	43245	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH DILATION OF GASTRIC OUTLET FOR OBSTRUCTION, ANY METHOD
418	43246	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH DIRECTED PLACEMENT OF PERCUTANEOUS GASTROSTOMY TUBE
418	43247	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH REMOVAL OF FOREIGN BODY
418	43248	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OF ESOPHAGUS OVER GUIDE WIRE
418	43249	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BALLOON DILATION OF ESOPHAGUS (LESS THAN 30 MM DIAMETER)
418	43250	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
418	43251	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
418	43255	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH CONTROL OF BLEEDING, ANY METHOD
418	43750	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE
419	44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
419	44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH BIOPSY, SINGLE OR MULTIPLE
419	44363	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF FOREIGN BODY
419	44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
419	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
419	44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH CONTROL OF BLEEDING, ANY METHOD
419	44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH PLACEMENT OF PERCUTANEOUS JEJUNOSTOMY TUBE
419	44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH CONVERSION OF PERCUTANEOUS GASTROSTOMY TUBE TO PERCUTANEOUS JEJUNOSTOMY TUBE
419	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
419	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; WITH BIOPSY, SINGLE OR MULTIPLE
419	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; WITH CONTROL OF BLEEDING, ANY METHOD
426	44380	ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
426	44382	ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE
426	44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
426	44386	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; WITH BIOPSY, SINGLE OR MULTIPLE
426	44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
426	44389	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE
426	45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WITH OR WITHOUT COLON DECOMPRESSION (SEPARATE PROCEDURE)
426	45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR MULTIPLE
426	G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK
427	44390	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY
427	44391	COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING, ANY METHOD
427	44392	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
427	44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
427	45355	COLONOSCOPY, RIGID OR FLEXIBLE, TRANSABDOMINAL VIA COLOTOMY, SINGLE OR MULTIPLE
427	45379	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN BODY
427	45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING, ANY METHOD
427	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
427	45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
437	46604	ANOSCOPY; WITH DILATION, ANY METHOD
437	46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY
437	46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
437	46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE
437	46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
437	46614	ANOSCOPY; WITH CONTROL OF BLEEDING, ANY METHOD
437	46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
446	45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
446	45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE
446	45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
446	45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE
446	G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY
447	45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION, ANY METHOD
447	45307	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY
447	45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
447	45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE
447	45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
447	45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING, ANY METHOD
447	45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE (EG, LASER)
447	45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS
448	45332	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY
448	45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
448	45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD
448	45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD
448	45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
449	43219	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF PLASTIC TUBE OR STENT
449	43228	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S), NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
449	43258	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
449	43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION
449	43272	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
449	44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
449	44393	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
449	45339	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
449	45383	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
452	45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS
452	45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM
452	45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS
452	45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)
452	45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA
452	45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL
452	45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL
452	45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA
452	46030	REMOVAL OF ANAL SETON, OTHER MARKER
452	46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE PROCEDURE)
452	46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL
452	46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)
452	46210	CRYPTECTOMY; SINGLE
452	46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL
453	45108	ANORECTAL MYOMECTOMY
453	45150	DIVISION OF STRICTURE OF RECTUM
453	45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSCOCCYGEAL APPROACH
453	45170	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH
453	45190	DESTRUCTION OF RECTAL TUMOR, ANY METHOD (EG, ELECTRODESICCATION) TRANSANAL APPROACH
453	45500	PROCTOPLASTY; FOR STENOSIS
453	45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE
453	45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)
453	46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA
453	46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY OR FISTULOTOMY, SUBMUSCULAR, WITH OR WITHOUT PLACEMENT OF SETON
453	46200	FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY
453	46211	CRYPTECTOMY; MULTIPLE (SEPARATE PROCEDURE)
453	46250	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE
453	46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE
453	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY
453	46258	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
453	46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE
453	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY
453	46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
453	46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS
453	46275	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBMUSCULAR
453	46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); COMPLEX OR MULTIPLE, WITH OR WITHOUT PLACEMENT OF SETON
453	46285	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND STAGE
453	46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP
453	46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT
453	46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT
453	46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE
453	46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT
453	46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION (PARK POSTERIOR ANAL REPAIR)
453	46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SPHINCTER
453	46937	CRYOSURGERY OF RECTAL TUMOR; BENIGN
453	46938	CRYOSURGERY OF RECTAL TUMOR; MALIGNANT
456	43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
456	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR MULTIPLE
456	43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH SPHINCTEROTOMY/PAPILLOTOMY
456	43263	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH PRESSURE MEASUREMENT OF SPHINCTER OF ODDI (PANCREATIC DUCT OR COMMON BILE DUCT)
456	43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE REMOVAL OF STONE(S) FROM BILIARY AND/OR PANCREATIC DUCTS
456	43265	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE DESTRUCTION, LITHOTRIPSY OF STONE(S), ANY METHOD
456	43267	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE INSERTION OF NASOBILIARY OR NASOPANCREATIC DRAINAGE TUBE
456	43268	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE INSERTION OF TUBE OR STENT INTO BILE OR PANCREATIC DUCT
456	43269	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE REMOVAL OF FOREIGN BODY AND/OR CHANGE OF TUBE OR STENT
456	43271	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE BALLOON DILATION OF AMPULLA, BILIARY AND/OR PANCREATIC DUCT(S)
458	47510	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER FOR BILIARY DRAINAGE
458	47511	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL AND EXTERNAL BILIARY DRAINAGE
458	47552	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING AND/OR WASHING (SEPARATE PROCEDURE)
458	47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY, SINGLE OR MULTIPLE
458	47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVAL OF STONE(S)
458	47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF BILIARY DUCT STRICTURE(S) WITHOUT STENT
458	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF BILIARY DUCT STRICTURE(S) WITH STENT
458	47630	BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT, BASKET, OR SNARE (EG, BURHENNE TECHNIQUE)
459	49085	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY
459	49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)
459	49420	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; TEMPORARY
459	49421	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; PERMANENT
459	49426	REVISION OF PERITONEAL-VENOUS SHUNT
466	49495	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE
466	49496	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED
466	49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE
466	49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED
466	49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE
466	49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED
466	49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE
466	49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED
466	49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE
466	49540	REPAIR LUMBAR HERNIA
466	49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE;
466	49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE; INCARCERATED OR STRANGULATED
466	49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE
466	49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED
466	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE
466	49561	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED
466	49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE
466	49566	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED
466	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA REPAIR (LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
466	49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE)
466	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED
466	49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE
466	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED
466	49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE
466	49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED
466	49590	REPAIR SPIGELIAN HERNIA
466	49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE
466	51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR
466	55040	EXCISION OF HYDROCELE; UNILATERAL
466	55041	EXCISION OF HYDROCELE; BILATERAL
470	31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT
470	43760	CHANGE OF GASTROSTOMY TUBE
470	43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE THROUGH THE DUODENUM FOR ENTERIC NUTRITION
470	47525	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER
470	47530	REVISION AND/OR REINSERTION OF TRANSHEPATIC TUBE
470	49422	REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER
470	49429	REMOVAL OF PERITONEAL-VENOUS SHUNT
470	50688	CHANGE OF URETEROSTOMY TUBE
470	51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE
470	51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED
521	50398	CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE
521	52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)
521	52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL ANESTHESIA
522	50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;
522	50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH URETERAL CATHETERIZATION, WITH OR WITHOUT DILATION OF URETER
522	50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY
522	50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY
522	50559	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH INSERTION OF RADIOACTIVE SUBSTANCE WITH OR WITHOUT BIOPSY AND/OR FULGURATION
522	50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH REMOVAL OF FOREIGN BODY OR CALCULUS
522	52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;
522	52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BRUSH BIOPSY OF URETER AND/OR RENAL PELVIS
522	52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR DUCT RADIOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE
522	52204	CYSTOURETHROSCOPY, WITH BIOPSY
522	52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF TRIGONE, BLADDER NECK, PROSTATIC FOSSA, URETHRA, OR PERIURETHRAL GLANDS
522	52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR TREATMENT OF MINOR (LESS THAN 0.5 CM) LESION(S) WITH OR WITHOUT BIOPSY
522	52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL OR CONDUCTION (SPINAL) ANESTHESIA
522	52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE
522	52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE
522	52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY
522	52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS, WITH OR WITHOUT MEATOTOMY, WITH OR WITHOUT INJECTION PROCEDURE FOR CYSTOGRAPHY, MALE OR FEMALE
522	52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE
522	52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL OF THE FOLLOWING: URETHRAL MEATOTOMY, URETHRAL DILATION, INTERNAL URETHROTOMY, LYSIS OF URETHROVAGINAL SEPTAL FIBROSIS, LATERAL INCISIONS OF THE BLADDER NECK, AND FULGURATION OF POLYP(S) OF URETHRA, BLADDER NECK, AND/OR TRIGONE
522	52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL
522	52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL
522	52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL
522	52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE
522	52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE PROCEDURE); SIMPLE
522	52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE PROCEDURE); COMPLICATED
522	52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC INJECTION OF IMPLANT MATERIAL
522	52510	TRANSURETHRAL BALLOON DILATION OF THE PROSTATIC URETHRA, ANY METHOD
522	53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
523	50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;
523	50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH URETERAL CATHETERIZATION, WITH OR WITHOUT DILATION OF URETER
523	50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY
523	50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY
523	50959	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY AND/OR FULGURATION (NOT INCLUDING PROVISION OF MATERIAL)
523	50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH REMOVAL OF FOREIGN BODY OR CALCULUS
523	51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL
523	51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION
523	51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE
523	51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)
523	51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RESECTION
523	51065	CYSTOTOMY, WITH STONE BASKET EXTRACTION AND/OR ULTRASONIC OR ELECTROHYDRAULIC FRAGMENTATION OF URETERAL CALCULUS
523	51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)
523	51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)
523	52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; SMALL BLADDER TUMOR(S) (0.5 TO 2.0 CM)
523	52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(S) (2.0 TO 5.0 CM)
523	52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; LARGE BLADDER TUMOR(S)
523	52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY OR FULGURATION
523	52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)
523	52282	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT
523	52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; SIMPLE OR SMALL (LESS THAN 2.5 CM)
523	52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; COMPLICATED OR LARGE (OVER 2.5 CM)
523	52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL CALCULUS
523	52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF URETERAL CALCULUS (EG, ULTRASONIC OR ELECTRO-HYDRAULIC TECHNIQUE)
523	52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULUS
523	52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)
523	52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY, RETROGRADE
523	52335	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD);
523	52336	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH REMOVAL OR MANIPULATION OF CALCULUS (URETERAL CATHETERIZATION IS INCLUDED)
523	52338	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH BIOPSY AND/OR FULGURATION OF LESION
523	52339	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH RESECTION OF TUMOR
523	52340	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES, OR CONGENITAL OBSTRUCTIVE HYPERTROPHIC MUCOSAL FOLDS
523	52450	TRANSURETHRAL INCISION OF PROSTATE
523	52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)
523	52606	TRANSURETHRAL FULGURATION FOR POSTOPERATIVE BLEEDING OCCURRING AFTER THE USUAL FOLLOW-UP TIME
523	52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE
523	52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS
523	55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE
523	55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED
523	55859	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH OR WITHOUT CYSTOSCOPY
524	52337	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED)
524	52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)
524	52612	TRANSURETHRAL RESECTION OF PROSTATE; FIRST STAGE OF TWO-STAGE RESECTION (PARTIAL RESECTION)
524	52614	TRANSURETHRAL RESECTION OF PROSTATE; SECOND STAGE OF TWO-STAGE RESECTION (RESECTION COMPLETED)
524	52620	TRANSURETHRAL RESECTION; OF RESIDUAL OBSTRUCTIVE TISSUE AFTER 90 DAYS POSTOPERATIVE
524	52630	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE YEAR POSTOPERATIVE

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
524	52647	NON-CONTACT LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)
524	52648	CONTACT LASER VAPORIZATION WITH OR WITHOUT TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)
524	53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY
524	53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY
527	50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE
531	51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK
531	53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA
531	53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA, EXTERNAL
531	53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT
531	53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT
531	53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS
531	53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST
531	53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)
531	53200	BIOPSY OF URETHRA
531	53250	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)
531	53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA
531	53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE
531	53270	EXCISION OR FULGURATION; SKENE'S GLANDS
531	53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE
531	53442	REMOVAL OF PERINEAL PROSTHESIS INTRODUCED FOR CONTINENCE
531	53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE
531	53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE
531	53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL
531	53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA
531	54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN
531	54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN
532	53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE
532	53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE
532	53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA
532	53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE
532	53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE
532	53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE
532	53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNSEN TYPE)
532	53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION
532	53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA
532	53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE
532	53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE
532	53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA
532	53447	REMOVAL, REPAIR, OR REPLACEMENT OF INFLATABLE SPHINCTER INCLUDING PUMP AND/OR RESERVOIR AND/OR CUFF
532	53449	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE SPHINCTER DEVICE
532	53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT
532	53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)
532	53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS
532	53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)
536	54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN
536	54152	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; EXCEPT NEWBORN
536	54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; NEWBORN
536	54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; EXCEPT NEWBORN
537	37790	PENILE VENOUS OCCLUSIVE PROCEDURE
537	54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);
537	54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH
537	54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN LENGTH
537	54120	AMPUTATION OF PENIS; PARTIAL
537	54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE
537	54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URETHRA
537	54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH OR WITHOUT TRANSPLANTATION OF PREPUCE AND/OR SKIN FLAPS
537	54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM
537	54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); GREATER THAN 3 CM
537	54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) WITH FREE SKIN GRAFT OBTAINED FROM SITE OTHER THAN GENITALIA
537	54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (EG, THIRD STAGE CECIL REPAIR)
537	54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH SIMPLE MEATAL ADVANCEMENT (EG, MAGPI, V-FLAP)
537	54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKIN FLAPS (EG, FLIP-FLAP, PREPUCIAL FLAP)
537	54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKIN FLAPS AND MOBILIZATION OF URETHRA

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
537	54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY WITH LOCAL SKIN FLAPS, SKIN GRAFT PATCH, AND/OR ISLAND FLAP
537	54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY CLOSURE, INCISION, OR EXCISION, SIMPLE
537	54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLASTY WITH FLAP OR PATCH GRAFT
537	54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING EXTENSIVE DISSECTION AND URETHROPLASTY WITH FLAP, PATCH OR TUBED GRAFT (INCLUDES URINARY DIVERSION)
537	54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE AND RECONSTRUCTION OF URETHRA AND PENIS BY USE OF LOCAL SKIN AS GRAFTS AND ISLAND FLAPS AND SKIN BROUGHT IN AS FLAPS OR GRAFTS
537	54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION
537	54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;
537	54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE
537	54402	REMOVAL OR REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS
537	54407	REMOVAL, REPAIR, OR REPLACEMENT OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PUMP AND/OR RESERVOIR AND/OR CYLINDERS
537	54409	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE (MULTI-COMPONENT) PROSTHESIS INCLUDING PUMP AND/OR RESERVOIR AND/OR CYLINDERS
537	54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL
537	54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR PRIAPISM
537	54440	PLASTIC OPERATION OF PENIS FOR INJURY
538	53440	OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH OR WITHOUT INTRODUCTION OF PROSTHESIS
538	53445	OPERATION FOR CORRECTION OF URINARY INCONTINENCE WITH PLACEMENT OF INFLATABLE URETHRAL OR BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF PUMP AND/OR RESERVOIR
538	54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)
538	54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)
538	54405	INSERTION OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND/OR RESERVOIR
546	54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)
546	54510	EXCISION OF LOCAL LESION OF TESTIS
546	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH
546	54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH
546	54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)
546	54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATERAL TESTIS
546	54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)
546	54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR
546	54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)
546	54670	SUTURE OR REPAIR OF TESTICULAR INJURY
546	54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)
546	54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR HEMATOMA)
546	54820	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY
546	54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS
546	54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY
546	54860	EPIDIDYMECTOMY; UNILATERAL
546	54861	EPIDIDYMECTOMY; BILATERAL
546	54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL
546	54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL
546	55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)
546	55110	SCROTAL EXPLORATION
546	55120	REMOVAL OF FOREIGN BODY IN SCROTUM
546	55150	RESECTION OF SCROTUM
546	55175	SCROTOPLASTY; SIMPLE
546	55180	SCROTOPLASTY; COMPLICATED
546	55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)
546	55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)
546	55400	VASOVASOSTOMY, VASOVASORRHAPHY
546	55450	LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)
546	55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)
546	55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)
546	55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE PROCEDURE)
546	55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL APPROACH
546	55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH HERNIA REPAIR
546	55680	EXCISION OF MULLERIAN DUCT CYST
547	55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH
547	55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH
550	56351	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C
550	56352	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)
550	56353	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY METHOD)
550	56354	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA
550	56355	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY
550	56356	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHOD)

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
551	56300	LAPAROSCOPY (PERITONEOSCOPY), DIAGNOSTIC; (SEPARATE PROCEDURE)
551	56301	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)
551	56302	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR FALOPE RING)
551	56303	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD
551	56304	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEPARATE PROCEDURE)
551	56305	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)
551	56306	LAPAROSCOPY, SURGICAL; WITH ASPIRATION (SINGLE OR MULTIPLE)
551	56346	LAPAROSCOPY, SURGICAL; GASTROSTOMY, TEMPORARY (TUBE OR RUBBER OR PLASTIC) (SEPARATE PROCEDURE)
552	56307	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)
552	56309	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA (SINGLE OR MULTIPLE)
552	56311	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE
552	56312	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY
552	56313	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE
552	56316	LAPAROSCOPY, SURGICAL; REPAIR OF INITIAL INGUINAL HERNIA
552	56317	LAPAROSCOPY, SURGICAL; REPAIR OF RECURRENT INGUINAL HERNIA
552	56318	LAPAROSCOPY, SURGICAL; ORCHIECTOMY
552	56320	LAPAROSCOPY, SURGICAL; WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE
552	56343	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)
552	56344	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY
552	56362	LAPAROSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITHOUT BIOPSY
552	56363	LAPAROSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITH BIOPSY
562	56350	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)
562	56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST
562	56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING
562	56720	HYMENOTOMY, SIMPLE INCISION
562	56740	EXCISION OF BARTHOLIN'S GLAND OR CYST
562	56800	PLASTIC REPAIR OF INTROITUS
562	56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)
562	57000	COLPOTOMY; WITH EXPLORATION
562	57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS
562	57020	COLPOCENTESIS (SEPARATE PROCEDURE)
562	57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE, ANY METHOD
562	57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)
562	57130	EXCISION OF VAGINAL SEPTUM
562	57135	EXCISION OF VAGINAL CYST OR TUMOR
562	57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)
562	57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)
562	57230	PLASTIC REPAIR OF URETHROCELE
562	57400	DILATION OF VAGINA UNDER ANESTHESIA
562	57410	PELVIC EXAMINATION UNDER ANESTHESIA
562	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA
562	57460	COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTRODE EXCISION PROCEDURE OF THE CERVIX
562	57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL
562	57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH
562	58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING PATENCY (ANY METHOD), WITH OR WITHOUT HYSTEROSALPINGOGRAPHY
562	58350	CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS
562	58970	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD
562	59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN
562	59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL
562	59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)
563	56620	VULVECTOMY SIMPLE; PARTIAL
563	56625	VULVECTOMY SIMPLE; COMPLETE
563	57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL PLICATION)
563	57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE
563	57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY
563	57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;
563	57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR
563	57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)
563	57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY INCONTINENCE, AND/OR INCOMPLETE VAGINAL PROLAPSE)
563	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)
563	57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY
563	57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT
563	57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH
563	57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; COLD KNIFE OR LASER
563	57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; LOOP ELECTRODE EXCISION
563	57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)
563	57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;
563	57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR REPAIR

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
563	57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE
563	58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARATE PROCEDURE); VAGINAL APPROACH
563	58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGINAL APPROACH
563	58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN
567	57820	DILATION AND CURETTAGE OF CERVICAL STUMP
567	58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)
567	59160	CURRETTAGE, POSTPARTUM
586	59840	INDUCED ABORTION, BY DILATION AND CURETTAGE
586	59841	INDUCED ABORTION, BY DILATION AND EVACUATION
587	59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY
587	59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER
587	59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER
587	59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE
600	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC
600	62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID (BY NEEDLE OR CATHETER)
602	61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INITIAL
602	61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; SUBSEQUENT TAPS
602	61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITHOUT INJECTION
602	61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT
602	61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE PROCEDURE)
602	61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT (EG, C1-C2)
602	61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE
602	62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER
602	62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER
602	62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX
602	62273	INJECTION, LUMBAR EPIDURAL, OF BLOOD OR CLOT PATCH
602	62274	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); SUBARACHNOID OR SUBDURAL, SINGLE
602	62275	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); EPIDURAL, CERVICAL OR THORACIC, SINGLE
602	62276	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); SUBARACHNOID OR SUBDURAL, DIFFERENTIAL
602	62277	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); SUBARACHNOID OR SUBDURAL, CONTINUOUS
602	62278	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); EPIDURAL, LUMBAR OR CAUDAL, SINGLE
602	62279	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); EPIDURAL, LUMBAR OR CAUDAL, CONTINUOUS
602	62280	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); SUBARACHNOID
602	62281	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); EPIDURAL, CERVICAL OR THORACIC
602	62282	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); EPIDURAL, LUMBAR OR CAUDAL
602	62288	INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, ANTISPASMODIC, CONTRAST, OR NEUROLYTIC SOLUTIONS; SUBARACHNOID (SEPARATE PROCEDURE)
602	62289	INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, ANTISPASMODIC, CONTRAST, OR NEUROLYTIC SOLUTIONS; LUMBAR OR CAUDAL EPIDURAL (SEPARATE PROCEDURE)
602	62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL DISK, SINGLE OR MULTIPLE LEVELS, LUMBAR
602	62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION, SPINAL
602	62298	INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, CONTRAST, OR NEUROLYTIC SOLUTIONS, EPIDURAL, CERVICAL OR THORACIC (SEPARATE PROCEDURE)
616	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL
616	64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE
616	64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE
616	64560	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NERVE
616	64565	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR
616	64573	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE
616	64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE
616	64577	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NERVE
616	64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR
617	62230	REPLACEMENT OR REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM
617	62350	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER, FOR IMPLANTABLE RESERVOIR OR IMPLANTABLE INFUSION PUMP; WITHOUT LAMINECTOMY
617	62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER
617	62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL OR EPIDURAL INFUSION
617	63660	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODES
617	63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER
617	63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT
617	63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT
617	64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
617	64595	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER
618	61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER
618	61885	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING
618	62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR
618	62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NON-PROGRAMMABLE PUMP
618	62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING
618	63685	INCISION AND SUBCUTANEOUS PLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING
618	64590	INCISION AND SUBCUTANEOUS PLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING
631	27315	NEURECTOMY, HAMSTRING MUSCLE
631	27320	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)
631	28030	NEURECTOMY OF INTRINSIC MUSCULATURE OF FOOT
631	28035	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)
631	61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL, RADIOFREQUENCY); GASSERIAN GANGLION
631	62287	ASPIRATION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISK, ANY METHOD, SINGLE OR MULTIPLE LEVELS, LUMBAR
631	63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODALITY (INCLUDING STIMULATION AND/OR RECORDING)
631	63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT FOLLOWED BY OTHER SURGERY
631	63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD
631	64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT
631	64704	NEUROPLASTY; NERVE OF HAND OR FOOT
631	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED
631	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE
631	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS
631	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS
631	64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)
631	64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW
631	64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST
631	64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL
631	64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)
631	64726	DECOMPRESSION; PLANTAR DIGITAL NERVE
631	64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY) (NEUROPLASTY INCLUDES EXTERNAL NEUROLYSIS)
631	64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE
631	64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE
631	64736	TRANSECTION OR AVULSION OF; MENTAL NERVE
631	64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY
631	64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE
631	64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE
631	64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE
631	64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE
631	64761	TRANSECTION OR AVULSION OF; PUDENDAL NERVE
631	64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL
631	64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL
631	64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE
631	64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT
631	64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY BY THIS NUMBER)
631	64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE
631	64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY BY THIS NUMBER)
631	64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC
631	64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION)
631	64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE
631	64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE
631	64795	BIOPSY OF NERVE
631	64830	MICRODISSECTION AND/OR MICROREPAIR OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE REPAIR)
632	64786	EXCISION OF NEUROMA; SCIATIC NERVE
632	64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)
632	64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE
632	64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE
632	64834	SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE
632	64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR
632	64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR
632	64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT
632	64840	SUTURE OF POSTERIOR TIBIAL NERVE
632	64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
632	64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION
632	64858	SUTURE OF SCIATIC NERVE
632	64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE
632	64861	SUTURE OF; BRACHIAL PLEXUS
632	64862	SUTURE OF; LUMBAR PLEXUS
632	64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL
632	64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING
632	64870	ANASTOMOSIS; FACIAL–PHRENIC
632	64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEURORRHAPHY)
632	64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)
632	64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)
632	64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH
632	64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM LENGTH
632	64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM LENGTH
632	64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN 4 CM LENGTH
632	64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH
632	64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 CM LENGTH
632	64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; UP TO 4 CM LENGTH
632	64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; MORE THAN 4 CM LENGTH
632	64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP TO 4 CM LENGTH
632	64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; MORE THAN 4 CM LENGTH
632	64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND
632	64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE)
632	64905	NERVE PEDICLE TRANSFER; FIRST STAGE
632	64907	NERVE PEDICLE TRANSFER; SECOND STAGE
649	65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT SERIES)
649	65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)
649	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE SESSIONS)
649	66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF VISION, FOR WIDENING OF ANTERIOR CHAMBER ANGLE)
649	66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)
649	66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG, YAG LASER) (ONE OR MORE STAGES)
649	67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR OPACITIES, LASER SURGERY (ONE OR MORE STAGES)
651	65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT HOSPITALIZATION
651	65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BODY
651	65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA
651	65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT
651	65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)
651	65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION
651	65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM
651	65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF VITREOUS AND/OR DISCISSION OF ANTERIOR HYALOID MEMBRANE, WITH OR WITHOUT AIR INJECTION
651	65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF BLOOD, WITH OR WITHOUT IRRIGATION AND/OR AIR INJECTION
651	65820	GONIOTOMY
651	66130	EXCISION OF LESION, SCLERA
651	66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION
651	66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS BOMBE
651	66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION
651	66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPARATE PROCEDURE)
651	66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEPARATE PROCEDURE)
651	66700	CILIARY BODY DESTRUCTION; DIATHERMY
651	66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION
651	66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY
651	66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); STAB INCISION TECHNIQUE (ZIEGLER OR WHEELER KNIFE)
651	66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE PROCEDURE)
652	65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS
652	65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TISSUE
652	65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR RESECTION OF UVEAL TISSUE
652	65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM
652	65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT
652	65770	KERATOPROSTHESIS
652	65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM
652	65850	TRABECULOTOMY AB EXTERNO
652	65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); GONIOSYNECHIAE
652	65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); ANTERIOR SYNECHIAE, EXCEPT GONIOSYNECHIAE
652	65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); POSTERIOR SYNECHIAE

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
652	65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); CORNEOVITREAL ADHESIONS
652	65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER EYE
652	65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE
652	65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE
652	66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY
652	66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY
652	66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH IRIDECTOMY
652	66165	FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCLEISIS OR IRIDOTASIS
652	66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF PREVIOUS SURGERY
652	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING FROM PREVIOUS OCULAR SURGERY OR TRAUMA (INCLUDES INJECTION OF ANTIFIBROTIC AGENTS)
652	66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR (EG, MOLTENO, SCHOCKET, DENVER-KRUPIN)
652	66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR
652	66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT
652	66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE
652	66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY
652	66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE PROCEDURE)
652	66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)
652	66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROUGH SMALL INCISION (EG, MCCANNEL SUTURE)
652	66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS
652	66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNEO-SCLERAL SECTION, WITH OR WITHOUT IRIDECTOMY (IRIDOCAPSULOTOMY, IRIDOCAPSULECTOMY)
652	68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA
652	68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT
652	68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)
652	68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)
667	66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES
667	66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG, PHACOEMULSIFICATION), WITH ASPIRATION
667	66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY
667	66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR
667	66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS
667	66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)
668	66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE)
668	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)
668	66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED WITH CONCURRENT CATARACT REMOVAL
668	66986	EXCHANGE OF INTRAOCULAR LENS
670	65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR
670	65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)
670	65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)
670	65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)
676	65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE
676	65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION
676	66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT
676	67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); PARTIAL REMOVAL
676	67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL WITH MECHANICAL VITRECTOMY
676	67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA APPROACH (POSTERIOR SCLEROTOMY)
676	67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH
676	67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, WITH OR WITHOUT DRAINAGE OF SUBRETINAL FLUID
676	67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC RETINOPEXY)
676	67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)
676	67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR
676	67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR
676	67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY
676	67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY
676	67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; RADIATION BY IMPLANTATION OF SOURCE (INCLUDES REMOVAL OF SOURCE)
676	67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY
677	65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE
677	67311	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE HORIZONTAL MUSCLE
677	67312	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
677	67314	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE VERTICAL MUSCLE (EXCLUDING SUPERIOR OBLIQUE)
677	67316	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO OR MORE VERTICAL MUSCLES (EXCLUDING SUPERIOR OBLIQUE)
677	67318	STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON), SUPERIOR OBLIQUE MUSCLE
677	67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY)
677	67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES
677	67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY, STRABISMUS OR RETINAL DETACHMENT SURGERY) OR RESTRICTIVE MYOPATHY (EG, DYSTHYROID OPHTHALMOPATHY)
677	67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCLE RECESSION
677	67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S) (REPORT IN ADDITION TO CODE FOR SPECIFIC STRABISMUS SURGERY)
677	67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S)
677	67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE PROCEDURE)
683	65175	REMOVAL OF OCULAR IMPLANT
683	65410	BIOPSY OF CORNEA
683	65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH DIAGNOSTIC ASPIRATION OF AQUEOUS
683	65805	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH THERAPEUTIC RELEASE OF AQUEOUS
683	66020	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); AIR OR LIQUID
683	66030	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); MEDICATION
683	67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID–GAS EXCHANGE), WITH OR WITHOUT ASPIRATION (SEPARATE PROCEDURE)
683	67715	CANTHOTOMY (SEPARATE PROCEDURE)
683	67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN
683	67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;
683	67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; FULL THICKNESS
683	68510	BIOPSY OF LACRIMAL GLAND
683	68525	BIOPSY OF LACRIMAL SAC
683	68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;
684	65091	EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT
684	65093	EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT
684	65101	ENUCLEATION OF EYE; WITHOUT IMPLANT
684	65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT
684	65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT
684	65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL
684	65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED TO IMPLANT
684	65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT
684	65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT
684	65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO IMPLANT
684	67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT
684	67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT
684	67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLORATION, WITH OR WITHOUT BIOPSY
684	67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH DRAINAGE ONLY
684	67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF LESION
684	67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF FOREIGN BODY
684	67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION
684	67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION
684	67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION, SINGLE OR MULTIPLE
684	67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT
684	67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH TRANSPOSITION OF TARSAL PLATE
684	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID–FOREHEAD OR CORONAL APPROACH)
684	67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL
684	67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)
684	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH
684	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH
684	67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)
684	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)
684	67909	REDUCTION OF OVERCORRECTION OF PTOSIS
684	67911	CORRECTION OF LID RETRACTION
684	67914	REPAIR OF ECTROPION; SUTURE
684	67916	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE
684	67917	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, KUHNT-SZYMANOWSKI OR TARSAL STRIP OPERATIONS)
684	67921	REPAIR OF ENTROPION; SUTURE
684	67923	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE
684	67924	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, WHEELER OPERATION)
684	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)
684	67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEMENT; UP TO ONE-FOURTH OF LID MARGIN

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
684	67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEMENT; OVER ONE-FOURTH OF LID MARGIN
684	67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; UP TO TWO-THIRDS OF EYELID, ONE STAGE OR FIRST STAGE
684	67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, LOWER, ONE STAGE OR FIRST STAGE
684	67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, UPPER, ONE STAGE OR FIRST STAGE
684	67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND STAGE
684	68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT
684	68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)
684	68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT
684	68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)
684	68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)
684	68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS
684	68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL
684	68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL
684	68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)
684	68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH
684	68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY
684	68700	PLASTIC REPAIR OF CANALICULI
684	68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)
684	68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TUBE
684	68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSERTION OF TUBE OR STENT
684	68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)
684	68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL ANESTHESIA
684	68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF TUBE OR STENT
690	67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;
690	67038	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH EPIRETINAL MEMBRANE STRIPPING
690	67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATION
690	67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOTOCOAGULATION
690	67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DISSECTION, IMBRICATION OR ENCIRCLING PROCEDURE), WITH OR WITHOUT IMPLANT, WITH OR WITHOUT CRYOTHERAPY, PHOTOCOAGULATION, AND DRAINAGE OF SUBRETINAL FLUID
690	67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR OR GAS TAMPONADE, FOCAL ENDOLASER PHOTOCOAGULATION, CRYOTHERAPY, DRAINAGE OF SUBRETINAL FLUID, SCLERAL BUCKLING, AND/OR REMOVAL OF LENS BY SAME TECHNIQUE
690	67112	REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT HAVING PREVIOUS IPSILATERAL RETINAL DETACHMENT REPAIR(S) USING SCLERAL BUCKLING OR VITRECTOMY TECHNIQUES

ADDENDUM C.—LIST OF APC GROUPS AND RELATED INFORMATION

APC group	Group title	Proposed ASC payment rate	Proposed ASC relative value factor
122	level II needle biopsy.aspiration	$186	0.37
132	level II incision & drainage	$162	0.32
152	level II debridement/destruction	$213	0.42
162	level II excision/biopsy	$187	0.37
163	level III excision/biopsy	$449	0.89
181	level I skin repair	$150	0.30
182	level II skin repair	$383	0.76
183	level III skin repair	$465	0.92
184	level IV skin repair	$565	1.12
197	incision/excision breast	$411	0.81
198	breast reconstruction/mastectomy	$596	1.18
207	closed treatment fracture finger/toe/trunk	$53	0.11
209	closed treatment fracture/dislocation/except finger/toe/trunk	$71	0.14
210	bone/joint manipulation under anesthesia	$397	0.79
216	open/percutaneous treatment fracture or dislocation	$580	1.15
217	arthroplasty	$695	1.38
218	arthroplasty with prosthesis	$730	1.45
231	level I skull and facial bone procedures	$437	0.87
232	level II skull and facial bone procedures	$814	1.62
251	level I musculoskeletal procedures	$504	1.00

ADDENDUM C.—LIST OF APC GROUPS AND RELATED INFORMATION—Continued

APC group	Group title	Proposed ASC payment rate	Proposed ASC relative value factor
252	level II musculoskeletal procedures	$574	1.14
253	level III musculoskeletal procedures	$775	1.54
254	level IV musculoskeletal procedures	$1,110	2.20
261	level I hand musculoskeletal procedures	$494	0.98
262	level II hand musculoskeletal procedures	$543	1.08
271	level I foot musculoskeletal procedures	$510	1.01
272	level II foot musculoskeletal procedures	$546	1.08
279	bunion procedures	$680	1.35
280	diagnostic arthroscopy	$675	1.34
281	level I surgical arthroscopy	$807	1.60
282	level II surgical arthroscopy	$860	1.71
286	arthroscopy aided procedures	$1,110	2.20
312	level II ENT procedures	$233	0.46
313	level III ENT procedures	$537	1.07
314	level IV ENT procedures	$946	1.88
317	implantaton of cochlear device	$962	1.91
318	nasal cauterization/packing	$77	0.15
319	tonsil/adenoid procedures	$648	1.29
320	thoracentesis/lavage procedures	$126	0.25
332	level II endoscopy upper airway	$423	0.84
333	level III endoscropy upper airway	$653	1.30
336	endoscopy lower airway	$407	0.81
346	placement transvenous caths/cutdown	$195	0.39
360	removal/revision pacemaker/vascular device	$397	0.79
367	vascular ligation	$682	1.35
368	vascular repair/fistula construction	$841	1.67
396	lymph node excisions	$440	0.87
397	thyroid/lymphadenectomy procedures	$630	1.25
406	esophageal dilation without endoscopy	$187	0.37
407	esophagoscopy	$302	0.60
417	diagnostic upper GI endoscopy	$327	0.65
418	therapeutic upper GI endoscopy	$348	0.69
419	small intestine endoscopy	$364	0.72
426	diagnostic lower GI endoscopy	$354	0.70
427	therapeutic lower GI endoscopy	$405	0.80
437	therapeutic anoscopy	$150	0.30
446	diagnostic sigmoidoscopy	$175	0.35
447	therapeutic proctosigmoidoscopy	$210	0.42
448	therapeutic flexible sigmoidoscopy	$225	0.45
449	complex GI endoscopy	$415	0.82
452	level II anal/rectal procedures	$301	0.60
453	level III anal/rectal procedures	$631	1.25
456	endoscopic retrograde cholangio-pancreatography (ERCP)	$473	0.94
458	percutaneous bilary endoscopic procedures	$473	0.94
459	pentoneal and abdominal procedures	$611	1.21
466	hemia/hydrocele procedures	$739	1.47
470	tube procedures	$119	0.24
521	level I cystourethroscopy and other genitourinary procedures	$212	0.42
522	level II cystourethroscopy and other genitourinary procedures	$393	0.78
523	level III cystourethroscopy and other genitourinary procedures	$504	1.00
524	level IV cystourethroscopy and other genitourinary procedures	$1,131	2.24
527	lithotripsy	$2,107	4.18
531	level I urethral procedures	$418	0.83
532	level II urethral procedures	$644	1.28
536	circumcision	$459	0.91
537	penile procedures	$1,221	2.42
538	insertion of penile prosthesis B94	$1,221	2.42
546	testes/epididymis procedures	$523	1.04
547	prostate biopsy	$265	0.53
550	surgical hysteroscopy	$610	1.21
551	level I laparoscopy	$831	1.65
552	level II laparoscopy	$1,383	2.74
562	level II female reproductive procedures	$481	0.95
563	level III female reproductive procedures	$601	1.19
567	D & C	$458	0.91
586	therapeutic abortion	$448	0.89
587	spontaneous abortion	$503	1.00

ADDENDUM C.—LIST OF APC GROUPS AND RELATED INFORMATION—Continued

APC group	Group title	Proposed ASC payment rate	Proposed ASC relative value factor
600	spinal tap	$101	0.20
602	level II nervous system injections	$241	0.48
616	implantation of neurostimulator electrodes	$391	0.78
617	revision/removal neurological device	$391	0.78
618	implantation neurological devices	$841	1.67
631	level I nerve procedures	$600	1.19
632	level II nerve procedures	$666	1.32
649	laser eye procedures except retinal	$274	0.54
651	level I anterior segment eye procedures	$297	0.59
652	level II anterior segment eye procedures	$415	0.82
667	cataract procedures	$661	1.31
668	cataract procedures with IOL insert	$863	1.71
670	corneal transplant B117	$1,648	3.27
676	posterior segment eye procedures	$336	0.67
677	strabismus/muscle procedures	$523	1.04
683	level III eye procedure	$317	0.63
684	level IV eye procedure	$491	0.97
690	vitrectomy	$983	1.95

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS

Urban area (Constituent counties or county equivalents)	Wage index
0040 Abilene, TX	0.8287
Taylor, TX	
0060 Aguadilla, PR	0.4188
Aguada, PR	
Aguadilla, PR	
Moca, PR	
0080 Akron, OH	0.9772
Portage, OH	
Summit, OH	
0120 Albany, GA	0.7914
Dougherty, GA	
Lee, GA	
0160 Albany-Schenectady-Troy, NY	0.8480
Albany, NY	
Montgomery, NY	
Rensselaer, NY	
Saratoga, NY	
Schenectady, NY	
Schoharie, NY	
0200 Albuquerque, NM	0.9309
Bernalillo, NM	
Sandoval, NM	
Valencia, NM	
0220 Alexandria, LA	0.8162
Rapides, LA	
0240 Allentown-Bethlehem-Easton, PA	1.0086
Carbon, PA	
Lehigh, PA	
Northampton, PA	
0280 Altoona, PA	0.9137
Blair, PA	
0320 Amarillo, TX	0.9425
Potter, TX	
Randall, TX	
0380 AK Anchorage, AK	1.2842
Anchorage,	
0440 Ann Arbor, MI	1.1785
Lenawee, MI	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Livingston, MI	
Washtenaw, MI	
0450 Anniston, AL	0.8266
Calhoun, AL	
0460 Appleton-Oshkosh-Neenah, WI	0.8996
Calumet, WI	
Outagamie, WI	
Winnebago, WI	
0470 Arecibo, PR	0.4218
Arecibo, PR	
Camuy, PR	
Hatillo, PR	
0480 Asheville, NC	0.9072
Buncombe, NC	
Madison, NC	
0500 Athens, GA	0.9087
Clarke, GA	
Madison, GA	
Oconee, GA	
0520 *Atlanta, GA	0.9823
Barrow, GA	
Bartow, GA	
Carroll, GA	
Cherokee, GA	
Clayton, GA	
Cobb, GA	
Coweta, GA	
DeKalb, GA	
Douglas, GA	
Fayette, GA	
Forsyth, GA	
Fulton, GA	
Gwinnett, GA	
Henry, GA	
Newton, GA	
Paulding, GA	
Pickens, GA	
Rockdale, GA	
Spalding, GA	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Walton, GA	
0560 Atlantic City-Cape May, NJ	1.1155
Atlantic City, NJ	
Cape May, NJ	
0600 Augusta-Aiken, GA–SC	0.9333
Columbia, GA	
McDuffie, GA	
Richmond, GA	
Aiken, SC	
Edgefield, SC	
0640 Austin-San Marcos, TX	0.9133
Bastrop, TX	
Caldwell, TX	
Hays, TX	
Travis, TX	
Williamson, TX	
0680 Bakersfield, CA	1.0014
Kern, CA	
0720 *Baltimore, MD	0.9689
Anne Arundel, MD	
Baltimore, MD	
Baltimore City, MD	
Carroll, MD	
Harford, MD	
Howard, MD	
Queen Annes, MD	
0733 Bangor, ME	0.9478
Penobscot, ME	
0743 Barnstable-Yarmouth, MA	1.4291
Barnstable, MA	
0760 Baton Rouge, LA	0.8382
Ascension, LA	
East Baton Rouge, LA	
Livingston, LA	
West Baton Rouge, LA	
0840 Beaumont-Port Arthur, TX	0.8593
Hardin, TX	
Jefferson, TX	
Orange, TX	
0860 Bellingham, WA	1.1221

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Whatcom, WA	
0870 Benton Harbor, MI	0.8634
Berrien, MI	
0875 *Bergen-Passaic, NJ	1.2156
Bergen, NJ	
Passaic, NJ	
0880 Billings, MT	0.9783
Yellowstone, MT	
0920 Biloxi-Gulfport-Pascagoula, MS	0.8415
Hancock, MS	
Harrison, MS	
Jackson, MS	
0960 Binghamton, NY	0.8914
Broome, NY	
Tioga, NY	
1000 Birmingham, AL	0.9005
Blount, AL	
Jefferson, AL	
St. Clair, AL	
Shelby, AL	
1010 Bismarck, ND	0.7695
Burleigh, ND	
Morton, ND	
1020 Bloomington, IN	0.9128
Monroe, IN	
1040 Bloomington-Normal, IL	0.8733
McLean, IL	
1080 Boise City, ID	0.8856
Ada, ID	
Canyon, ID	
1123 *Boston-Worcester Lawrence-Lowell-Brockton, MA–NH	1.1506
Bristol, MA	
Essex, MA	
Middlesex, MA	
Norfolk, MA	
Plymouth, MA	
Suffolk, MA	
Worcester, MA	
Hillsborough, NH	
Merrimack, NH	
Rockingham, NH	
Strafford, NH	
1125 Boulder-Longmont, CO	1.0015
Boulder, CO	
1145 Brazoria, TX	0.9341
Brazoria, TX	
1150 Bremerton, WA	1.0999
Kitsap, WA	
1240 Brownsville-Harlingen-San Benito, TX	0.8740
Cameron, TX	
1260 Bryan-College Station, TX	0.8571
Brazos, TX	
1280 *Buffalo-Niagara Falls, NY	0.9272
Erie, NY	
Niagara, NY	
1303 Burlington, VT	1.0142
Chittenden, VT	
Franklin, VT	
Grand Isle, VT	
1310 Caguas, PR	0.4459
Caguas, PR	
Cayey, PR	
Cidra, PR	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Gurabo, PR	
San Lorenzo, PR	
1320 Canton-Massillon, OH	0.8961
Carroll, OH	
Stark, OH	
1350 Casper, WY	0.9013
Natrona, WY	
1360 Cedar Rapids, IA	0.8529
Linn, IA	
1400 Champaign-Urbana, IL	0.8824
Champaign, IL	
1440 Charleston-North Charleston, SC	0.8807
Berkeley, SC	
Charleston, SC	
Dorchester, SC	
1480 Charleston, WV	0.9142
Kanawha, WV	
Putnam, WV	
1520 *Charlotte-Gastonia-Rock Hill, NC–SC	0.9710
Cabarrus, NC	
Gaston, NC	
Lincoln, NC	
Mecklenburg, NC	
Rowan, NC	
Union, NC	
York, SC	
1540 Charlottesville, VA	0.9051
Albemarle, VA	
Charlottesville City, VA	
Fluvanna, VA	
Greene, VA	
1560 Chattanooga, TN–GA	0.8658
Catoosa, GA	
Dade, GA	
Walker, GA	
Hamilton, TN	
Marion, TN	
1580 Cheyenne, WY	0.7555
Laramie, WY	
1600 *Chicago, IL	1.0860
Cook, IL	
DeKalb, IL	
DuPage, IL	
Grundy, IL	
Kane, IL	
Kendall, IL	
Lake, IL	
McHenry, IL	
Will, IL	
1620 Chico-Paradise, CA	1.0429
Butte, CA	
1640 *Cincinnati, OH–KY–IN	0.9474
Dearborn, IN	
Ohio, IN	
Boone, KY	
Campbell, KY	
Gallatin, KY	
Grant, KY	
Kenton, KY	
Pendleton, KY	
Brown, OH	
Clermont, OH	
Hamilton, OH	
Warren, OH	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
1660 Clarksville-Hopkinsville, TN–KY	0.7852
Christian, KY	
Montgomery, TN	
1680 *Cleveland-Lorain-Elyria, OH	0.9804
Ashtabula, OH	
Cuyahoga, OH	
Geauga, OH	
Lake, OH	
Lorain, OH	
Medina, OH	
1720 Colorado Springs, CO	0.9316
El Paso, CO	
1740 Columbia, MO	0.9001
Boone, MO	
1760 Columbia, SC	0.9192
Lexington, SC	
Richland, SC	
1800 Columbus, GA–AL	0.8288
Russell, AL	
Chattanoochee, GA	
Harris, GA	
Muscogee, GA	
1840 *Columbus, OH	0.9793
Delaware, OH	
Fairfield, OH	
Franklin, OH	
Licking, OH	
Madison, OH	
Pickaway, OH	
1880 Corpus Christi, TX	0.8945
Nueces, TX	
San Patricio, TX	
1900 Cumberland, MD–WV	0.8822
Allegany, MD	
Mineral, WV	
1920 *Dallas, TX	0.9703
Collin, TX	
Dallas, TX	
Denton, TX	
Ellis, TX	
Henderson, TX	
Hunt, TX	
Kaufman, TX	
Rockwall, TX	
1950 Danville, VA	0.8146
Danville City, VA	
Pittsylvania, VA	
1960 Davenport-Rock Island-Moline, IA–IL	0.8405
Scott, IA	
Henry, IL	
Rock Island, IL	
2000 Dayton-Springfield, OH	0.9584
Clark, OH	
Greene, OH	
Miami, OH	
Montgomery, OH	
2020 Daytona Beach, FL	0.8375
Flagler, FL	
Volusia, FL	
2030 Decatur, AL	0.8286
Lawrence, AL	
Morgan, AL	
2040 Decatur, IL	0.7915

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Macon, IL	
2080 *Denver, CO	1.0386
Adams, CO	
Arapahoe, CO	
Denver, CO	
Douglas, CO	
Jefferson, CO	
2120 Des Moines, IA	0.8837
Dallas, IA	
Polk, IA	
Warren, IA	
2160 *Detroit, MI	1.0825
Lapeer, MI	
Macomb, MI	
Monroe, MI	
Oakland, MI	
St. Clair, MI	
Wayne, MI	
2180 Dothan, AL	0.8070
Dale, AL	
Houston, AL	
2190 Dover, DE	0.9303
Kent, DE	
2200 Dubuque, IA	0.8088
Dubuque, IA	
2240 Duluth-Superior, MN–WI	0.9779
St. Louis, MN	
Douglas, WI	
2281 Dutchess County, NY	1.0632
Dutchess, NY	
2290 Eau Claire, WI	0.8764
Chippewa, WI	
Eau Claire, WI	
2320 El Paso, TX	1.0123
El Paso, TX	
2330 Elkhart-Goshen, IN	0.9081
Elkhart, IN	
2335 Elmira, NY	0.8247
Chemung, NY	
2340 Enid, OK	0.7962
Garfield, OK	
2360 Erie, PA	0.8862
Erie, PA	
2400 Eugene-Springfield, OR	1.1435
Lane, OR	
2440 Evansville-Henderson, IN–KY	0.8641
Posey, IN	
Vanderburgh, IN	
Warrick, IN	
Henderson, KY	
2520 Fargo-Moorhead, ND–MN	0.8837
Clay, MN	
Cass, ND	
2560 Fayetteville, NC	0.8734
Cumberland, NC	
2580 Fayetteville-Springdale-Rogers, AR	0.7461
Benton, AR	
Washington, AR	
2620 Flagstaff, AZ–UT	0.9115
Coconino, AZ	
Kane, UT	
2640 Flint, MI	1.1171
Genesee, MI	
2650 Florence, AL	0.7551

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Colbert, AL	
Lauderdale, AL	
2655 Florence, SC	0.8711
Florence, SC	
2670 Fort Collins-Loveland, CO	1.0248
Larimer, CO	
2680 *Ft. Lauderdale, FL	1.0448
Broward, FL	
2700 Fort Myers-Cape Coral, FL	0.8788
Lee, FL	
2710 Fort Pierce-Port St. Lucie, FL	1.0257
Martin, FL	
St. Lucie, FL	
2720 Fort Smith, AR–OK	0.7769
Crawford, AR	
Sebastian, AR	
Sequoyah, OK	
2750 Fort Walton Beach, FL	0.8765
Okaloosa, FL	
2760 Fort Wayne, IN	0.8901
Adams, IN	
Allen, IN	
DeKalb, IN	
Huntington, IN	
Wells, IN	
Whitley, IN	
2800 *Forth Worth-Arlington, TX	0.9979
Hood, TX	
Johnson, TX	
Parker, TX	
Tarrant, TX	
2840 Fresno, CA	1.0607
Fresno, CA	
Madera, CA	
2880 Gadsden, AL	0.8815
Etowah, AL	
2900 Gainesville, FL	0.9616
Alachua, FL	
2920 Galveston-Texas City, TX	1.0564
Galveston, TX	
2960 Gary, IN	0.9633
Lake, IN	
Porter, IN	
2975 Glens Falls, NY	0.8386
Warren, NY	
Washington, NY	
2980 Goldsboro, NC	0.8443
Wayne, NC	
2985 Grand Forks, ND–MN	0.8745
Polk, MN	
Grand Forks, ND	
2995 Grand Junction, CO	0.9090
Mesa, CO	
3000 Grand Rapids-Muskegon-Holland, MI	1.0147
Allegan, MI	
Kent, MI	
Muskegon, MI	
Ottawa, MI	
3040 Great Falls, MT	0.8803
Cascade, MT	
3060 Greeley, CO	1.0097
Weld, CO	
3080 Green Bay, WI	0.9097
Brown, WI	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
3120 *Greensboro-Winston-Salem-High Point, NC	0.9351
Alamance, NC	
Davidson, NC	
Davie, NC	
Forsyth, NC	
Guilford, NC	
Randolph, NC	
Stokes, NC	
Yadkin, NC	
3150 Greenville, NC	0.9064
Pitt, NC	
3160 Greenville-Spartanburg-Anderson, SC	0.9059
Anderson, SC	
Cherokee, SC	
Greenville, SC	
Pickens, SC	
Spartanburg, SC	
3180 Hagerstown, MD	0.9681
Washington, MD	
3200 Hamilton-Middletown, OH	0.8767
Butler, OH	
3240 Harrisburg-Lebanon-Carlisle, PA	1.0187
Cumberland, PA	
Dauphin, PA	
Lebanon, PA	
Perry, PA	
3283 *Hartford, CT	1.2562
Hartford, CT	
Litchfield, CT	
Middlesex, CT	
Tolland, CT	
3285 Hattiesburg, MS	0.7192
Forrest, MS	
Lamar, MS	
3290 Hickory-Morganton-Lenoir, NC	0.8686
Alexander, NC	
Burke, NC	
Caldwell, NC	
Catawba, NC	
3320 Honolulu, HI	1.1816
Honolulu, HI	
3350 Houma, LA	0.7854
Lafourche, LA	
Terrebonne, LA	
3360 *Houston, TX	0.9855
Chambers, TX	
Fort Bend, TX	
Harris, TX	
Liberty, TX	
Montgomery, TX	
Waller, TX	
3400 Huntington-Ashland, WV–KY–OH	0.9160
Boyd, KY	
Carter, KY	
Greenup, KY	
Lawrence, OH	
Cabell, WV	
Wayne, WV	
3440 Huntsville, AL	0.8485
Limestone, AL	
Madison, AL	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
3480 *Indianapolis, IN	0.9848
Boone, IN	
Hamilton, IN	
Hancock, IN	
Hendricks, IN	
Johnson, IN	
Madison, IN	
Marion, IN	
Morgan, IN	
Shelby, IN	
3500 Iowa City, IA	0.9413
Johnson, IA	
3520 Jackson, MI	0.9052
Jackson, MI	
3560 Jackson, MS	0.7760
Hinds, MS	
Madison, MS	
Rankin, MS	
3580 Jackson, TN	0.8522
Madison, TN	
Chester, TN	
3600 Jacksonville, FL	0.8969
Clay, FL	
Duval, FL	
Nassau, FL	
St. Johns, FL	
3605 Jacksonville, NC	0.6973
Onslow, NC	
3610 Jamestown, NY	0.7552
Chautaqua, NY	
3620 Janesville-Beloit, WI	0.8824
Rock, WI	
3640 Jersey City, NJ	1.1412
Hudson, NJ	
3660 Johnson City-Kingsport-Bristol, TN–VA	0.9114
Carter, TN	
Hawkins, TN	
Sullivan, TN	
Unicoi, TN	
Washington, TN	
Bristol City, VA	
Scott, VA	
Washington, VA	
3680 Johnstown, PA	0.8378
Cambria, PA	
Somerset, PA	
3700 Jonesboro, AR	0.7443
Craighead, AR	
3710 Joplin, MO	0.7510
Jasper, MO	
Newton, MO	
3720 Kalamazoo-Battlecreek, MI	1.0668
Calhoun, MI	
Kalamazoo, MI	
Van Buren, MI	
3740 Kankakee, IL	0.8653
Kankakee, IL	
3760 *Kansas City, KS–MO	0.9564
Johnson, KS	
Leavenworth, KS	
Miami, KS	
Wyandotte, KS	
Cass, MO	
Clay, MO	
Clinton, MO	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Jackson, MO	
Lafayette, MO	
Platte, MO	
Ray, MO	
3800 Kenosha, WI	0.9196
Kenosha, WI	
3810 Killeen-Temple, TX	1.0252
Bell, TX	
Coryell, TX	
3840 Knoxville, TN	0.8831
Anderson, TN	
Blount, TN	
Knox, TN	
Loudon, TN	
Sevier, TN	
Union, TN	
3850 Kokomo, IN	0.8416
Howard, IN	
Tipton, IN	
3870 La Crosse, WI–MN	0.8749
Houston, MN	
La Crosse, WI	
3880 Lafayette, LA	0.8206
Acadia, LA	
Lafayette, LA	
St. Landry, LA	
St. Martin, LA	
3920 Lafayette, IN	0.9174
Clinton, IN	
Tippecanoe, IN	
3960 Lake Charles, LA	0.7776
Calcasieu, LA	
3980 Lakeland-Winter Haven, FL	0.8806
Polk, FL	
4000 Lancaster, PA	0.9481
Lancaster, PA	
4040 Lansing-East Lansing, MI	1.0088
Clinton, MI	
Eaton, MI	
Ingham, MI	
4080 Laredo, TX	0.7325
Webb, TX	
4100 Las Cruces, NM	0.8646
Dona Ana, NM	
4120 *Las Vegas, NV–AZ	1.0592
Mohave, AZ	
Clark, NV	
Nye, NV	
4150 Lawrence, KS	0.8608
Douglas, KS	
4200 Lawton, OK	0.9045
Comanche, OK	
4243 Lewiston-Auburn, ME	0.9536
Androscoggin, ME	
4280 Lexington, KY	0.8390
Bourbon, KY	
Clark, KY	
Fayette, KY	
Jessamine, KY	
Madison, KY	
Scott, KY	
Woodford, KY	
4320 Lima, OH	0.9185
Allen, OH	
Eagles, OH	
4360 Lincoln, NE	0.9231

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Lancaster, NE	
4400 Little Rock-North Little Rock, AR	0.8490
Faulkner, AR	
Laennec, AR	
Pulaski, AR	
Saline, AR	
4420 Longview-Marshall, TX	0.8613
Gregg, TX	
Harrison, TX	
Upshur, TX	
4480 *Los Angeles-Long Beach, CA	1.2232
Los Angeles, CA	
4520 Louisville, KY–IN	0.9507
Clark, IN	
Floyd, IN	
Harrison, IN	
Scott, IN	
Bullitt, KY	
Jefferson, KY	
Oldham, KY	
4600 Lubbock, TX	0.8400
Lubbock, TX	
4640 Lynchburg, VA	0.8228
Amherst, VA	
Bedford, VA	
Bedford City, VA	
Campbell, VA	
Lynchburg City, VA	
4680 Macon, GA	0.9227
Bibb, GA	
Houston, GA	
Jones, GA	
Peach, GA	
Twiggs, GA	
4720 Madison, WI	1.0055
Dane, WI	
4800 Mansfield, OH	0.8639
Crawford, OH	
Richland, OH	
4840 Mayaguez, PR	0.4475
Anasco, PR	
Cabo Rojo, PR	
Hormigueros, PR	
Mayaguez, PR	
Sabana Grande, PR	
San German, PR	
4880 McAllen-Edinburg-Mission, TX	0.8371
Hidalgo, TX	
4890 Medford-Ashland, OR	1.0354
Jackson, OR	
4900 Melbourne-Titusville-Palm Bay, FL	0.8819
Brevard, FL	
4920 *Memphis, TN–AR–MS	0.8589
Crittenden, AR	
DeSoto, MS	
Fayette, TN	
Shelby, TN	
Tipton, TN	
4940 Merced, CA	1.0947
Merced, CA	
5000 *Miami, FL.	
Dade, FL	0.9859

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
5015 *Middlesex-Somerset-Hunterdon, NJ	1.1059
Hunterdon, NJ	
Middlesex, NJ	
Somerset, NJ	
5080 *Milwaukee-Waukesha, WI	0.9819
Milwaukee, WI	
Ozaukee, WI	
Washington, WI	
Waukesha, WI	
5120 *Minneapolis-St. Paul, MN–WI	1.0733
Anoka, MN	
Carver, MN	
Chisago, MN	
Dakota, MN	
Hennepin, MN	
Isanti, MN	
Ramsey, MN	
Scott, MN	
Sherburne, MN	
Washington, MN	
Wright, MN	
Pierce, WI	
St. Croix, WI	
5160 Mobile, AL	0.8455
Baldwin, AL	
Mobile, AL	
5170 Modesto, CA	1.0794
Stanislaus, CA	
5190 *Monmouth-Ocean, NJ	1.0934
Monmouth, NJ	
Ocean, NJ	
5200 Monroe, LA	0.8414
Ouachita, LA	
5240 Montgomery, AL	0.7671
Autauga, AL	
Elmore, AL	
Montgomery, AL	
5280 Muncie, IN	0.9173
Delaware, IN	
5330 Myrtle Beach, SC	0.8072
Horry, SC	
5345 Naples, FL	1.0109
Collier, FL	
5360 *Nashville, TN	0.9182
Cheatham, TN	
Davidson, TN	
Dickson, TN	
Robertson, TN	
Rutherford TN	
Sumner, TN	
Williamson, TN	
Wilson, TN	
5380 *Nassau-Suffolk, NY	1.3807
Nassau, NY	
Suffolk, NY	
5483 *New Haven-Bridgeport-Stamford-Danbury-Waterbury, CT.	
Fairfield, CT	1.2618
New Haven, CT	
5523 New London-Norwich, CT	1.2013
New London, CT	
5560 *New Orleans, LA	0.9566
Jefferson, LA	
Orleans, LA	
Plaquemines, LA	
St. Bernard, LA	
St. Charles, LA	
St. James, LA	
St. John Baptist, LA	
St. Tammany, LA	
5600 *New York, NY	1.4449
Bronx, NY	
Kings, NY	
New York, NY	
Putnam, NY	
Queens, NY	
Richmond, NY	
Rockland, NY	
Westchester, NY	
5640 *Newark, NJ	1.1980
Essex, NJ	
Morris, NJ	
Sussex, NJ	
Union, NJ	
Warren, NJ	
5660 Newburgh, NY–PA	1.1283
Orange, NY	
Pike, PA	
5720 *Norfolk-Virginia Beach-Newport News, VA–NC	0.8316
Currituck, NC	
Chesapeake City, VA	
Gloucester, VA	
Hampton City, VA	
Isle of Wight, VA	
James City, VA	
Mathews, VA	
Newport News City, VA	
Norfolk City, VA	
Poquoson City, VA	
Portsmouth City, VA	
Suffolk City, VA	
Virginia Beach City, VA	
Williamsburg City, VA	
York, VA	
5775 *Oakland, CA	1.5068
Alameda, CA	
Contra Costa, CA	
5790 Ocala, FL	0.9032
Marion, FL	
5800 Odessa-Midland, TX	0.8660
Ector, TX	
Midland, TX	
5880 *Oklahoma City, OK	0.8481
Canadian, OK	
Cleveland, OK	
Logan, OK	
McClain, OK	
Oklahoma, OK	
Pottawatomie, OK	
5910 Olympia, WA	1.0901
Thurston, WA	
5920 Omaha, NE–IA	0.9421
Pottawattamie, IA	
Cass, NE	
Douglas, NE	
Sarpy, NE	
Washington, NE	
5945 *Orange County, CA	1.1605
Orange, CA	
5960 *Orlando, FL	0.9397
Lake, FL	
Orange, FL	
Osceola, FL	
Seminole, FL	
5990 Owensboro, KY	0.7480
Daviess, KY	
6015 Panama City, FL	0.8337
Bay, FL	
6020 Parkersburg-Marietta, WV–OH	0.8046
Washington, OH	
Wood, WV	
6080 Pensacola, FL	0.8193
Escambia, FL	
Santa Rosa, FL	
6120 Peoria-Pekin, IL	0.8571
Peoria, IL	
Tazewell, IL	
Woodford, IL	
6160 *Philadelphia, PA–NJ	1.1398
Burlington, NJ	
Camden, NJ	
Gloucester, NJ	
Salem, NJ	
Bucks, PA	
Chester, PA	
Delaware, PA	
Montgomery, PA	
Philadelphia, PA	
6200 *Phoenix-Mesa, AZ	0.9606
Maricopa, AZ	
Pinal, AZ	
6240 Pine Bluff, AR	0.7826
Jefferson, AR	
6280 *Pittsburgh, PA	0.9725
Allegheny, PA	
Beaver, PA	
Butler, PA	
Fayette, PA	
Washington, PA	
Westmoreland, PA	
6323 Pittsfield, MA	1.0960
Berkshire, MA	
6340 Pocatello, ID	0.9586
Bannock, ID	
6360 Ponce, PR	0.4589
Guayanilla, PR	
Juana Diaz, PR	
Penuelas, PR	
Ponce, PR	
Villalba, PR	
Yauco, PR	
6403 Portland, ME	0.9627
Cumberland, ME	
Sagadahoc, ME	
York, ME	
6440 *Portland-Vancouver, OR–WA	1.1344
Clackamas, OR	
Columbia, OR	
Multnomah, OR	
Washington, OR	
Yamhill, OR	
Clark, WA	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
6483 Providence-Warwick-Pawtucket, RI	1.1049
Bristol, RI	
Kent, RI	
Newport, RI	
Providence, RI	
Washington, RI	
Statewide, RI	
6520 Provo-Orem, UT	1.0073
Utah, UT	
6560 Pueblo, CO	0.8450
Pueblo, CO	
6580 Punta Gorda, FL	0.8725
Charlotte, FL	
6600 Racine, WI	0.8934
Racine, WI	
6640 Raleigh-Durham-Chapel Hill, NC	0.9818
Chatham, NC	
Durham, NC	
Franklin, NC	
Johnston, NC	
Orange, NC	
Wake, NC	
6660 Rapid City, SD	0.8345
Pennington, SD	
6680 Reading, PA	0.9516
Berks, PA	
6690 Redding, CA	1.1790
Shasta, CA	
6720 Reno, NV	1.0768
Washoe, NV	
6740 Richland-Kennewick-Pasco, WA	0.9918
Benton, WA	
Franklin, WA	
6760 Richmond-Petersburg, VA	0.9152
Charles City County, VA	
Chesterfield, VA	
Colonial Heights City, VA	
Dinwiddie, VA	
Goochland, VA	
Hanover, VA	
Henrico, VA	
Hopewell City, VA	
New Kent, VA	
Petersburg City, VA	
Powhatan, VA	
Prince George, VA	
Richmond City, VA	
6780 *Riverside-San Bernardino, CA	1.1307
Riverside, CA	
San Bernardino, CA	
6800 Roanoke, VA	0.8402
Botetourt, VA	
Roanoke, VA	
Roanoke City, VA	
Salem City, VA	
6820 Rochester, MN	1.0502
Olmsted, MN	
6840 *Rochester, NY	0.9524
Genesee, NY	
Livingston, NY	
Monroe, NY	
Ontario, NY	
Orleans, NY	
Wayne, NY	
6880 Rockford, IL	0.9081
Boone, IL	
Ogle, IL	
Winnebago, IL	
6895 Rocky Mount, NC	0.9029
Edgecombe, NC	
Nash, NC	
6920 *Sacramento, CA	1.2202
El Dorado, CA	
Placer, CA	
Sacramento, CA	
6960 Saginaw-Bay City-Midland, MI	0.9564
Bay, MI	
Midland, MI	
Saginaw, MI	
6980 St. Cloud, MN	0.9544
Benton, MN	
Stearns, MN	
7000 St. Joseph, MO	0.8366
Andrews, MO	
Buchanan, MO	
7040 *St. Louis, MO–IL	0.9130
Clinton, IL	
Jersey, IL	
Madison, IL	
Monroe, IL	
St. Clair, IL	
Franklin, MO	
Jefferson, MO	
Lincoln, MO	
St. Charles, MO	
St. Louis, MO	
St. Louis City, MO	
Warren, MO	
7080 Salem, OR	0.9965
Marion, OR	
Polk, OR	
7120 Salinas, CA	1.4513
Monterey, CA	
7160 *Salt Lake City-Ogden, UT	0.9857
Davis, UT	
Salt Lake, UT	
Weber, UT	
7200 San Angelo, TX	0.7780
Tom Green, TX	
7240 *San Antonio, TX	0.8499
Bexar, TX	
Comal, TX	
Guadalupe, TX	
Wilson, TX	
7320 *San Diego, CA	1.2193
San Diego, CA	
7360 *San Francisco, CA	1.4180
Marin, CA	
San Francisco, CA	
San Mateo, CA	
7400 *San Jose, CA	1.4332
Santa Clara, CA	
7440 *San Juan-Bayamon, PR	0.4625
Aguas Buenas, PR	
Barceloneta, PR	
Bayamon, PR	
Canovanas, PR	
Carolina, PR	
Catano, PR	
Ceiba, PR	
Comerio, PR	
Corozal, PR	
Dorado, PR	
Fajardo, PR	
Florida, PR	
Guaynabo, PR	
Humacao, PR	
Juncos, PR	
Los Piedras, PR	
Loiza, PR	
Luguillo, PR	
Manati, PR	
Morovis, PR	
Naguabo, PR	
Naranjito, PR	
Rio Grande, PR	
San Juan, PR	
Toa Alta, PR	
Toa Baja, PR	
Trujillo Alto, PR	
Vega Alta, PR	
Vega Baja, PR	
Yabucoa, PR	
7460 San Luis Obispo-Atascadero-Paso Robles, CA	1.1374
San Luis Obispo, CA	
7480 Santa Barbara-Santa Maria-Lompoc, CA	1.0688
Santa Barbara, CA	
7485 Santa Cruz-Watsonville, CA	1.4187
Santa Cruz, CA	
7490 Santa Fe, NM	1.0332
Los Alamos, NM	
Santa Fe, NM	
7500 Santa Rosa, CA	1.2815
Sonoma, CA	
7510 Sarasota-Bradenton, FL	0.9757
Manatee, FL	
Sarasota, FL	
7520 Savannah, GA	0.8638
Bryan, GA	
Chatham, GA	
Effingham, GA	
7560 Scranton-Wilkes-Barre-Hazleton, PA	0.8539
Columbia, PA	
Lackawanna, PA	
Luzerne, PA	
Wyoming, PA	
7600 *Seattle-Bellevue-Everett, WA	1.1339
Island, WA	
King, WA	
Snohomish, WA	
7610 Sharon, PA	0.8783
Mercer, PA	
7620 Sheboygan, WI	0.7862
Sheboygan, WI	
7640 Sherman-Denison, TX	0.8499
Grayson, TX	
7680 Shreveport-Bossier City, LA	0.9381
Bossier, LA	
Caddo, LA	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Webster, LA	
7720 Sioux City, IA–NE	0.8031
Woodbury, IA	
Dakota, NE	
7760 Sioux Falls, SD	0.8712
Lincoln, SD	
Minnehaha, SD	
7800 South Bend, IN	0.9868
St. Joseph, IN	
7840 Spokane, WA	1.0486
Spokane, WA	
7880 Springfield, IL	0.8713
Menard, IL	
Sangamon, IL	
7920 Springfield, MO	0.7989
Christian, MO	
Greene, MO	
Webster, MO	
8003 Springfield, MA	1.0740
Hampden, MA	
Hampshire, MA	
8050 State College, PA	0.9635
Centre, PA	
8080 Steubenville-Weirton, OH–WV	0.8645
Jefferson, OH	
Brooke, WV	
Hancock, WV	
8120 Stockton-Lodi, CA	1.1496
San Joaquin, CA	
8140 Sumter, SC	0.7842
Sumter, SC	
8160 Syracuse, NY	0.9464
Cayuga, NY	
Madison, NY	
Onondaga, NY	
Oswego, NY	
8200 Tacoma, WA	1.1016
Pierce, WA	
8240 Tallahassee, FL	0.8332
Gadsden, FL	
Leon, FL	
8280 *Tampa-St. Petersburg-Clearwater, FL	0.9103
Hernando, FL	
Hillsborough, FL	
Pasco, FL	
Pinellas, FL	
8320 Terre Haute, IN	0.8614
Clay, IN	
Vermillion, IN	
Vigo, IN	
8360 Texarkana, AR-Texarkana, TX	0.8664
Miller, AR	
Bowie, TX	
8400 Toledo, OH	1.0390
Fulton, OH	
Lucas, OH	
Wood, OH	
8440 Topeka, KS	0.9438
Shawnee, KS	
8480 Trenton, NJ	1.0380
Mercer, NJ	
8520 Tucson, AZ	0.9180
Pima, AZ	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
8560 Tulsa, OK	0.8074
Creek, OK	
Osage, OK	
Rogers, OK	
Tulsa, OK	
Wagoner, OK	
8600 Tuscaloosa, AL	0.8187
Tuscaloosa, AL	
8640 Tyler, TX	0.9567
Smith, TX	
8680 Utica-Rome, NY	0.8398
Herkimer, NY	
Oneida, NY	
8720 Vallejo-Fairfield-Napa, CA	1.3754
Napa, CA	
Solano, CA	
8735 Ventura, CA	1.0946
Ventura, CA	
8750 Victoria, TX	0.8474
Victoria, TX	
8760 Vineland-Millville-Bridgeton, NJ	1.0110
Cumberland, NJ	
8780 Visalia-Tulare-Porterville, CA	0.9924
Tulare, CA	
8800 Waco, TX	0.7696
McLennan, TX	
8840 *Washington, DC–MD–VA–WV	1.0911
District of Columbia, DC	
Calvert, MD	
Charles, MD	
Frederick, MD	
Montgomery, MD	
Prince Georges, MD	
Alexandria City, VA	
Arlington, VA	
Clarke, VA	
Culpepper, VA	
Fairfax, VA	
Fairfax City, VA	
Falls Church City, VA	
Fauquier, VA	
Fredericksburg City, VA	
King George, VA	
Loudoun, VA	
Manassas City, VA	
Manassas Park City, VA	
Prince William, VA	
Spotsylvania, VA	
Stafford, VA	
Warren, VA	
Berkeley, WV	
Jefferson, WV	
8920 Waterloo-Cedar Falls, IA	0.8640
Black Hawk, IA	
8940 Wausau, WI	1.0545
Marathon, WI	
8960 West Palm Beach-Boca Raton, FL	1.0372
Palm Beach, FL	
9000 Wheeling, OH–WV	0.7707
Belmont, OH	
Marshall, WV	
Ohio, WV	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
9040 Wichita, KS	0.9403
Butler, KS	
Harvey, KS	
Sedgwick, KS	
9080 Wichita Falls, TX	0.7646
Archer, TX	
Wichita, TX	
9140 Williamsport, PA	0.8548
Lycoming, PA	
9160 Wilmington-Newark, DE–MD	1.1538
New Castle, DE	
Cecil, MD	
9200 Wilmington, NC	0.9322
New Hanover, NC	
Brunswick, NC	
9260 Yakima, WA	1.0102
Yakima, WA	
9270 Yolo, CA	1.1431
Yolo, CA	
9280 York, PA	0.9415
York, PA	
9320 Youngstown-Warren, OH	0.9937
Columbiana, OH	
Mahoning, OH	
Trumbull, OH	
9340 Yuba City, CA	1.0324
Sutter, CA	
Yuba, CA	
9360 Yuma, AZ	0.9732
Yuma, AZ	

*Large Urban Area

WAGE INDEX FOR RURAL AREAS

Nonurban area	Wage index
Alabama	0.7260
Alaska	1.2302
Arizona	0.7989
Arkansas	0.6995
California	0.9977
Colorado	0.8129
Connecticut	1.2617
Delaware	0.8925
Florida	0.8838
Georgia	0.7761
Hawaii	1.0229
Idaho	0.8221
Illinois	0.7644
Indiana	0.8161
Iowa	0.7391
Kansas	0.7203
Kentucky	0.7772
Louisiana	0.7383
Maine	0.8468
Maryland	0.8617
Massachusetts	1.0718
Michigan	0.8923
Minnesota	0.8179
Mississippi	0.6911
Missouri	0.7205
Montana	0.8302
Nebraska	0.7401
Nevada	0.8914

WAGE INDEX FOR RURAL AREAS—Continued

Nonurban area	Wage index
New Hampshire	0.9717
New Jersey [1]	.....
New Mexico	0.8070
New York	0.8401
North Carolina	0.7937
North Dakota	0.7360
Ohio	0.8434
Oklahoma	0.7072
Oregon	0.9975
Pennsylvania	0.8421
Puerto Rico	0.3939
Rhode Island [1]	.....
South Carolina	0.7921
South Dakota	0.6983
Tennessee	0.7353
Texas	0.7404
Utah	0.8926
Vermont	0.9314
Virginia	0.7782
Washington	1.0221
West Virginia	0.7938
Wisconsin	0.8471
Wyoming	0.8247

[1] All counties within the State are classified urban.

[FR Doc. 98–14835 Filed 6–11–98; 8:45 am]

BILLING CODE 4120–01–P

federal register

Friday
June 12, 1998

Part III

Department of Education

American Overseas Research Centers (AORC) Program; Notice Inviting New Awards for Fiscal Year 1998

DEPARTMENT OF EDUCATION

[CFDA NO: 84.274]

American Overseas Research Centers (AORC) Program; Notice Inviting New Awards For Fiscal Year (FY) 1998

Purpose of Program: The American Overseas Research Centers program provides grants to eligible consortia of domestic institutions of higher education to establish or operate overseas research centers that promote postgraduate research, exchanges, and area studies.

Eligible Applicants: Consortia of U.S. institutions of higher education.

Deadline for Transmittal of Applications: July 20, 1998.

Deadline for Intergovernmental Review: August 20, 1998.

Applications Available: June 16, 1998.

Available Funds: $100,000.

Estimated Range of Awards: $35,000–50,000.

Estimated Average Size of Awards: $54,545.

Estimated Number of Awards: 3.

Note: The Department is not bound by any estimates in this notice.

Project Period: 24 months, beginning October 1, 1998.

Applicable Regulations: (a) The Education Department General Administrative Regulations (EDGAR) in 34 CFR Parts 74, 75, 77, 79, 82, 85, and 86.

Supplementary Information: Because there are no program specific regulations for this program, applicants are directed to the authorizing statute for the American Overseas Research Centers program, section 610 of part A, title VI, of the Higher Education Act of 1965, as amended. (20 U.S.C. 1127)

The Secretary shall only award grants to centers under this section that (1) receive more than 50 percent of their funding from public or private United States sources; (2) have a permanent presence in the country in which the center is located; and (3) are organizations described in section 501(c)(3) of the Internal Revenue Code of 1993 which are exempt from taxation under section 501(a) of such Code.

Grants awarded under this program may be used to pay all or a portion of the cost of establishing or operating a center or program, including the cost of faculty and staff stipends and salaries; faculty, staff, and student travel; the operation and maintenance of overseas facilities; the cost of teaching and research materials; the cost of acquisition, maintenance, and preservation of library collections; the cost of bringing visiting scholars and faculty to a center to teach or to conduct research; the cost of organizing and managing conferences; and the cost of publications and dissemination of material for the scholarly and general public.

Selection Criteria: The Secretary uses the selection criteria in sections 75.209 and 75.210, 34 CFR Part 75 of Education Department General Administrative Regulations (EDGAR) to evaluate grant applications. The selection criteria and the points assigned to the criteria are included in the application package.

FOR APPLICATIONS OR INFORMATION CONTACT: Cheryl E. Gibbs, U.S. Department of Education, International Education and Graduate Programs Service, 600 Independence Avenue, S.W., Suite 600–B, Portals Building, Washington, D.C. 20202–5331. Telephone (202) 401–9785. Individuals who use a telecommunications device for the deaf (TDD) may call the Federal Information Relay Service (FRS) at 1–800–877–8339 between 8 a.m. and 5 p.m., Eastern time, Monday through Friday.

Individuals with disabilities may obtain this document in an alternate format (e.g., Braille, large print, audiotape, or computer diskette) on request to the contact person listed in the preceding paragraph. Individuals with disabilities may obtain a copy of the application package in an alternate format, also, by contacting that person. However, the Department is not able to reproduce in an alternate format the standard forms included in the application package.

Electronic Access to This Document

Anyone may view this document, as well as all other Department of Education documents published in the **Federal Register**, in text or portable document format (pdf) on the World Wide Web at either of the following sites:

http://ocfo.ed.gov/fedreg.htm
http://www.ed.gov/news.html

To use the pdf you must have the Adobe Acrobat Reader Program with Search, which is available free at either of the previous sites. If you have any questions about using the pdf, call the U.S. Government Printing Office at (202) 512–1530 or, toll free at 1–888–293–6498

Anyone may also view these documents in text copy only on an electronic bulletin board of the Department. Telephone: (202) 219–1511 or, toll free, 1–800–222–4922. The documents are located under Option G—Files/Announcements, Bulletins, and Press Releases.

Note: The official version of a document is the document published in the **Federal Register.**

Program Authority: 20 U.S.C. 1127.

Dated: June 3, 1998.

David A. Longanecker,

Assistant Secretary for Postsecondary Education.

[FR Doc. 98–15610 Filed 6–11–98; 8:45 am]

BILLING CODE 4000–01–M

federal register

Friday
June 12, 1998

Part IV

Department of Education

National Institute on Disability and Rehabilitation Research; Notice of Final Funding Priorities for Fiscal Years 1998–1999 for Certain Centers and Office of Special Education and Rehabilitative Services; Notice Inviting Applications for New Rehabilitation Research and Training Centers and New Rehabilitation Engineering Research Centers for Fiscal Year 1998

DEPARTMENT OF EDUCATION

National Institute on Disability and Rehabilitation Research; Notice of Final Funding Priorities for Fiscal Years 1998–1999 for Certain Centers

SUMMARY: The Secretary announces funding priorities for three Rehabilitation Research and Training Centers (RRTCs) and four Rehabilitation Engineering Research Centers (RERCs) under the National Institute on Disability and Rehabilitation Research (NIDRR) for fiscal years 1998–1999. The Secretary takes this action to focus research attention on areas of national need. These priorities are intended to improve rehabilitation services and outcomes for individuals with disabilities.

EFFECTIVE DATE: This priority takes effect on July 13, 1998.

FOR FURTHER INFORMATION CONTACT: Donna Nangle. Telephone: (202) 205–5880. Individuals who use a telecommunications device for the deaf (TDD) may call the TDD number at (202) 205–5516. Internet: Donna__Nangle@ed.gov

Individuals with disabilities may obtain this document in an alternate format (e.g., Braille, large print, audiotape, or computer diskette) on request to the contact person listed in the preceding paragraph.

SUPPLEMENTARY INFORMATION: This notice contains final priorities under the Disability and Rehabilitation Research Projects and Centers Program for three RRTCs related to: aging with a disability, arthritis rehabilitation, and stroke rehabilitation. The notice also contains final priorities for four RERCs related to: prosthetics and orthotics, wheeled mobility, technology transfer, and telerehabilitation.

These final priorities support the National Education Goal that calls for every adult American to possess the skills necessary to compete in a global economy.

The authority for the Secretary to establish research priorities by reserving funds to support particular research activities is contained in sections 202(g) and 204 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 761a(g) and 762).

Note: This notice of final priorities does *not* solicit applications. A notice inviting applications is published in this issue of the **Federal Register**.

Analysis of Comments and Changes

On March 3, 1998, the Secretary published a notice of proposed priorities in the **Federal Register** (62 FR 10428–10437). The Department of Education received forty-five letters commenting on the notice of proposed priority by the deadline date. Technical and other minor changes—and suggested changes the Secretary is not legally authorized to make under statutory authority—are not addressed.

Rehabilitation Research and Training Centers—General

Comment: One commenter suggested that NIDRR should do more than encourage all Centers to involve individuals with disabilities as recipients of research training and clinical training. A second commenter suggested that RRTCs should be required to hire individuals with disabilities.

Discussion: Involvement of individuals with disabilities is one of the general requirements that apply to all RRTCs. All RRTCs must ''involve individuals with disabilities and, if appropriate, their representatives, in planning and implementing its research, training, and dissemination activities, and in evaluating the Center.'' Applications for RRTCs are evaluated, in part, on the extent to which the applicant encourages individuals with disabilities to apply for employment.

Changes: None.

Comment: NIDRR received a comment in response to the proposed priority on Arthritis Rehabilitation that suggested that NIDRR require the RRTC to collaborate with arthritis-related organizations as well as other RRTCs.

Discussion: This comment prompted a general review of all of the collaboration and coordination requirements contained in the proposed RRTC and RERC priorities to determine their appropriateness and consistency. That review revealed some inconsistency in language requiring clarification.

Changes: The RRTC priorities have been revised to clarify that having met the stated collaboration or coordination requirements, each RRTC has the authority to collaborate or coordinate with other entities carrying out related activities.

Comment: NIDRR received comments in a preceding FY 98 RERC competition that suggested that the requirements for conducting a state-of-the-science conference and publishing a final report should be more flexible.

Discussion: As a result of this comment, NIDRR revised the general state-of-the-science conference and final report requirement in the preceding priority. The following reason was provided for this change: ''Information from the state-of-the-science conference will be used, in conjunction with NIDRR's programs reviews and other inputs in the determination of future research issues and as part of NIDRR's Government Performance Results Act database. The budget planning process requires this information to be available during the fourth year of a five year grant. As long as the report is available in the fourth year of the grant, grantees should have as much flexibility as possible in regard to the scheduling of the state-of-the-science conference.''

Changes: To be consistent with the state-of-the-science conference requirement used in the previous priority, it has been revised in the RRTC and RERC priorities to allow grantees total discretion in scheduling the conference.

Priority 1: Aging With a Disability

Comment: Research and training on aging with a disability should be interdisciplinary.

Discussion: An applicant could propose to carry out the RRTC's research and training activities using an interdisciplinary model. The peer review process will evaluate the merits of the proposal. However, NIDRR has no basis to determine that all applicants should be prohibited from proposing other models.

Changes: None.

Comment: The priority should include health promotion and wellness programs in the second activity on reducing aging's impact on health status.

Discussion: An applicant could propose to include health promotion and wellness programs in the second activity of the priority. The peer review process will evaluate the merits of the proposal. However, NIDRR has no basis to determine that all applicants should be required to include health promotion and wellness programs in their efforts to address reducing aging's impact on health status.

Changes: None.

Comment: The fourth activity on psychosocial adjustment should be expanded to include community integration in order to address broader community resource issues such as access to health care and employment.

Discussion: NIDRR agrees that expanding the scope of the fourth activity to include community integration will enable the RRTC to address a wider range of important issues. It will also provide applicants with more discretion to propose activities that address a wider range of issues related to psychosocial adjustment.

Changes: Community integration has been added to the fourth activity of the priority.

Priority 2: Arthritis Rehabilitation

Comment: The RRTC should study managed care in order to enable persons with expertise in arthritis to contribute to this burgeoning field of interest.

Discussion: The impact of managed care on the provision of services to persons with arthritis is an important area. However, it is not feasible, considering the complexity of the topic, for the RRTC to address managed care in addition to the current requirements in the priority.

Changes: None.

Priority 3: Stroke Rehabilitation

Comment: The RRTC should address reducing the incidence and impact of coexisting and secondary conditions on stroke survivors. These conditions are not only common in all age groups of stroke survivors, but also have a significant impact on the course, care, and outcome of stroke rehabilitation efforts.

Discussion: NIDRR agrees that including coexisting and secondary conditions within the activities of the RRTC constitutes a more comprehensive approach to stroke rehabilitation.

Changes: The first activity has been revised to include coexisting and secondary conditions.

Rehabilitation Engineering and Research Centers—General

Comment: The priorities should be broadened to include a field-initiated activity for grants smaller in scope.

Discussion: NIDRR's field-initiated projects competition is held annually. Therefore, including a field-initiated activity within an RERC priority is unnecessary.

Changes: None.

Priority 4: Prosthetics and Orthotics (P and O)

Comment: The RERC should be required to address the human-technology interface.

Discussion: The second activity requires the RERC to address selecting and fitting prosthetic and orthotic devices. The human-technology interface is a required step in this process. Therefore, an additional requirement addressing human-technology interface is unnecessary.

Changes: None.

Priority 5: Wheeled Mobility

Comment: Three commenters suggested broadening the priority to address new technologies in the area of wheeled mobility. One commenter specifically suggested requiring the RRTC to investigate advanced electric powered wheelchair controls and develop new wheelchair technology to increase performance and accessibility while reducing cost and preventing secondary disability.

Discussion: NIDRR agrees that research on new technologies in the area of wheeled mobility is needed. NIDRR believes that applicants should have as much discretion as possible in this emerging area. Under the revised priority (see below) an applicant could propose to investigate advanced electric powered wheelchair controls or develop new wheelchair technology to increase performance and accessibility while reducing cost and preventing secondary disability. The peer review process will evaluate the merits of these proposals. NIDRR also has no basis to determine that all applicants should be required to investigate advanced electric powered wheelchair controls or develop new wheelchair technology to increase performance and accessibility while reducing cost and preventing secondary disability.

Changes: The priority has been revised to require the RRTC to develop and evaluate new technologies in the area of wheeled mobility.

Comment: Thirteen commenters expressed concern about the need for continued research activities related to wheelchair transportation safety issues.

Discussion: NIDRR agrees with the commenters that issues remain to be addressed in regard to wheelchair transportation safety. An applicant could propose to include wheelchair transportation safety issues in the activity to develop and evaluate new technologies in the area of wheeled mobility. The peer review process will evaluate the merits of the proposal. However, NIDRR has no basis to determine that all applicants should be required to carry out research on wheelchair transportation safety issues.

Changes: None.

Comment: The fifth activity should be expanded to include voluntary performance standards for wheelchairs, and the sixth activity should be expanded to include outcome measurement tools or quantifying seating and mobility interventions.

Discussion: Expanding the fifth and sixth activities as suggested by the commenter is not necessary because an applicant could propose the commenter's suggestions under the new requirement to develop and evaluate new technologies in the area of wheeled mobility.

Changes: None.

Comment: Researchers have recently demonstrated wheelchair control systems that augment human motion control. Given the relevance of this area of research and the success of state-of-the-art prototypes, it is recommended that the commercialization of augmented wheelchair control systems be a requirement of this priority.

Discussion: The RERC can carry out research on augmented wheelchair control systems, however, commercialization of augmented wheelchair control systems is outside the scope and purpose of the RERC.

Changes: None.

Comment: It may be unclear to applicants why it is important to integrate external devices with wheelchairs. The priority could be improved by adding the word ''control'' to the second activity.

Discussion: The background section elaborates on the importance of control systems for external devices. NIDRR agrees that including ''control'' in the second activity will clarify the purpose of the second activity.

Changes: The second activity has been revised to include control of external devices.

Comment: A fundamental need before outcome measures can be developed for wheelchair seating is to develop the standardized measures and terminology that will define and allow communication about the quantification of the wheelchair seated posture. The sixth activity regarding the development and evaluation of outcome measurement tools should be revised to include standardized measures and terminology of seated posture.

Discussion: An applicant could propose to develop and evaluate standardized measures and terminology of seated posture under the sixth activity of the priority. The peer review process will evaluate the merits of this proposal. However, NIDRR has no basis to determine that all applicants should be required to develop and evaluate standardized measures and terminology of seated posture.

Changes: None.

Comment: The RERC should be required to investigate injury risk and assess technologies and strategies that will enhance wheelchair safety.

Discussion: An applicant could propose to investigate injury risk and assess technologies and strategies that will enhance wheelchair safety under the new requirement to develop and evaluate new technologies in the area of wheeled mobility. The peer review process will evaluate the merits of the proposal. However, NIDRR has no basis to determine that all applicants should be required to investigate injury risk and assess technologies and strategies that will enhance wheelchair safety.

Changes: None.

Priority 6: Technology Transfer

Comment: The background section should be expanded to discuss technology commercialization and technology utilization.

Discussion: Commercialization and technology utilization are key components of technology transfer. Commercialization and technology utilization are referred to in a variety of ways throughout the background section.

Changes: None.

Comment: The words ''technology transfer'' should be added to the third and fourth activities in order to clarify that the RERC is expected to address the continuum of technology transfer activities.

Discussion: The third and fourth activities address specific development, evaluation, design, and dissemination tasks. It is not necessary to include the words ''technology transfer'' in order to understand these requirements or ensure that the continuum of technology transfer activities will be pursued by applicants.

Changes: None.

Comment: The RERC should be required to carry out demonstration activities. Technology transfer needs to be demonstrated using assistive technology products that are consumer and market responsive.

Discussion: As reflected in the priority and the selection criteria that will be used to evaluate applications, the RERC is required to carry out research, development, training, dissemination, utilization, and technical assistance activities. Having met the requirements to complete these activities, an applicant could propose to carry out related demonstration activities. However, NIDRR has no basis to determine that all applicants should be required to carry out demonstration activities.

Changes: None.

Proposed Priority 7: Telerehabilitation

Comment: Four commenters feel the priority should be broadened to include the development of strategies and techniques necessary to provide and monitor vocational rehabilitation services.

Discussion: The priority purposefully refers to ''rehabilitation services'' in general in order to be applicable to all types of rehabilitation services. Therefore, the RERC is expected to address vocational rehabilitation services as well as other rehabilitation services.

Changes: None.

Comment: The four activities do not contain the words ''research,'' ''engineering,'' or ''science'' and could be misinterpreted as simply calling for demonstrations of existing technologies without significantly advancing the state-of-the-art. The wording of the priority should be modified to strengthen the commitment to scientific and engineering investigation.

Discussion: NIDRR agrees that the priority should be revised in order to reinforce the RERC's commitment to scientific and engineering investigation.

Changes: An investigation requirement has been added to the second and third activities.

Comment: A new activity should be added to require the RERC to serve as the national focal point for telerehabilitation and virtual reality related to individuals with disabilities and to maintain links with the much larger international and national telemedicine and virtual reality communities.

Discussion: RERCs are national in scope and expected to take a leadership position within the field. The RERC is also expected to communicate and coordinate with other entities carrying out related research and development activities. Unless the RERC could not achieve its purposes without a requirement to coordinate or collaborate with specific entities, NIDRR provides applicants with the discretion to propose the partners for coordination and collaboration activities.

Changes: None.

Comment: Two commenters indicated that, too often, patients in rural areas who experience communication disorders are unable to obtain state-of-the-art speech and language therapy in geographically accessible centers. These commenters suggested that scope of this RERC should be expanded to include the rehabilitation of individuals with communication disorders in rural settings.

Discussion: Unless noted otherwise in a priority, any NIDRR-funded project or center must address the needs of all persons with disabilities, including those with communication disorders.

Changes: None.

Comment: Two commenters indicated that the background statement mentions ''spinal cord injury, stroke, and traumatic brain injury'' as examples of disabling conditions to which telerehabilitation techniques might usefully be applied. To avoid ambiguity and an unnecessarily narrow mandate, the background statement should be broadened to include a broad range of disabilities.

Discussion: The fact that background statement mentions ''spinal cord injury, stroke, and traumatic brain injury'' as examples of disabling conditions to which telerehabilitation techniques might usefully be applied, is not intended to suggest that the RERC limit its activities to these conditions. This RERC is expected to address the rehabilitation needs of all persons with disabilities.

Changes: None.

Comment: Five commenters indicated the priority focuses too narrowly on individuals who lack easy access to outpatient rehabilitation care due to geographic remoteness. The commenters pointed out that many people in metropolitan areas have geographical access problems due, in part, from a lack of accessible transportation. The commenters suggest that the first activity be broadened to include all consumers of rehabilitation services who encounter barriers to receiving continued care through conventional means.

Discussion: The communication systems that the RERC will identify and evaluate to connect comprehensive rehabilitation facilities with therapists, individuals, and family members living in remote areas will be applicable to all consumers of rehabilitation and settings, including metropolitan areas.

Changes: None.

Comment: Two commenters feel the last sentence of the third paragraph in the background statement appears to limit monitoring capabilities to only video and audio technologies. The commenters suggested that the sentence should be broadened to include a variety of promising sensor technologies.

Discussion: The RERC will include sensor technologies in its activities, and these technologies are referenced in the second paragraph of the background statement.

Changes: None.

Comment: The word ''diagnostic'' in the second activity is too limiting and should be replaced with either ''assessment'' or ''evaluation.''

Discussion: NIDRR agrees that ''assessment'' is a more appropriate term.

Changes: The second activity has been revised by substituting the word ''assessment'' for ''diagnostic.''

Comment: The second activity should be expanded beyond rehabilitation to include post-rehabilitation health services.

Discussion: Having met all the requirements of the priority, an applicant could propose to include post-rehabilitation health services within the scope of its activities. The peer review process will evaluate the merits of the proposal. However, NIDRR has no basis

to determine that all applicants should be required to include post-rehabilitation health services within the scope of the RERC's activities.

Changes: None.

Comment: Managed care will have a major impact on the extent to which telerehabilitation will be used once these technologies are developed. Therefore, this RERC should be required to coordinate its activities with the NIDRR funded RRTC on Managed Health Care for Individuals with Disabilities.

Discussion: An applicant could propose to coordinate with the RRTC on Managed Health Care. The peer review process will evaluate the merits of this proposal. However, it is not necessary for the RERC to coordinate with the RRTC on Managed Health Care in order to carry out its purposes.

Changes: None.

Comment: Three commenters suggested that the priority should identify relevant rehabilitation disciplines such as occupational therapy, physical therapy, speech pathology and nursing. A fourth commenter indicated that nurses are the most common caregivers in the home setting and suggested that nurses should be included in the first activity.

Discussion: NIDRR agrees that the use of the term ''therapists'' in the first activity may be interpreted narrowly. ''Providers of rehabilitation services'' is a broader category would clearly include nurses.

Changes: The first activity has been revised by substituting ''providers of rehabilitation services'' for ''therapists.''

Comment: In regard to the second and fourth activities, the RERC should provide a testbed environment to demonstrate concepts prior to investment, including simulating telecommunication links to test bandwidth performance and simulating new rehabilitation strategies and devices in virtual reality software. Specifically the RERC should: demonstrate the application of tools via pilot tests with regional rehabilitation service partners; demonstrate the application of technology to establish on-line rehabilitation services communities; and provide collaborative virtual reality capabilities establishing on-line communities via the Internet to provide job postings, rehabilitation news, tips and best practices, virtual reality 3D chat rooms, push technology features to reach remote users, and education and training simulations.

Discussion: All of the proposals contained in this comment are within the scope of the priority and could be proposed by an applicant to achieve the purposes of the second and fourth activity. The peer review process will evaluate the merits of the proposals. There is insufficient evidence to warrant requiring all applicants to carry out the activities suggested in the comment.

Changes: None.

Comment: Although telerehabilitation and virtual reality are new technologies, they have little in common. Virtual reality is a therapy, while telerehabilitation is a health care delivery and educational system. The fourth activity requiring the RERC to investigate the use of virtual reality should be deleted from this priority. Virtual reality deserves a separate priority.

Discussion: NIDRR disagrees that virtual reality is a therapy. NIDRR believes that it is an emerging technology with significant therapeutic potential. In light of substantial work that is being supported elsewhere in the public and private sector on virtual reality applications, NIDRR believes that authorizing this RERC to undertake one activity investigating the use of virtual reality in rehabilitation is a proper course of action.

Changes: None.

Comment: The RERC should be required to implement the concepts of universal design and universal access in all facets of their research.

Discussion: NIDRR supports the promotion of universal design and universal access through a variety of research, training, technical assistance, and information dissemination activities. An applicant could propose to carry out its activities consistent with concepts of universal design and access. The peer review process will evaluate the merits of this approach. However, NIDRR declines to require all applicants to implement these concepts because the RERC's purpose could be achieved without adherence to these concepts.

Changes: None.

Comment: The RERC should not only research strategies that employ remote technologies to deliver services, but also strategies to collect and analyze process and outcome data over time.

Discussion: NIDRR agrees with the commenter and points out that the RERC is required to develop and evaluate these strategies under the third activity in the priority. No further changes are necessary in the priority.

Changes: None.

Comment: Although some systems may already be in place to facilitate the delivery of telerehabilitation services, new technologies are emerging every day. The word ''develop'' should be included in the first activity.

Discussion: NIDRR agrees that the RERC should not only identify and evaluate, but also develop communications systems under the first activity in the priority.

Changes: The priority has been revised to require the RERC to develop communications systems under the first activity in the priority.

Comment: The priority does not mention the potential that telecommunication technology has in promoting organizational and multidisciplinary team collaboration. NIDRR should place an emphasis on evaluation of telecommunications technology in fostering collaboration.

Discussion: An applicant could propose to place an emphasis on telecommunications technology that fosters collaboration. The peer review process will evaluate the merits of this emphasis. However, NIDRR has no basis to determine that all applicants should be required to place an emphasis on telecommunications technology that promotes collaboration.

Changes: None.

Comment: Given that shorter lengths-of-stay are becoming common place throughout the rehabilitation community, the RERC should be required to explore techniques for extending rehabilitation programs in the home and other settings (e.g., day care centers, senior centers, independent living centers).

Discussion: An applicant could propose to explore techniques for providing rehabilitation services through telerehabilitation in a variety of settings, including day care centers, senior centers, and independent living centers. The peer review process will evaluate the merits of this proposal. However, NIDRR has no basis to determine that all applicants should be required to propose extending rehabilitation programs through telerehabilitation in a variety of settings, including day care centers, senior centers, and independent living centers.

Changes: None.

Comment: Virtual reality is a costly technology and activities related to virtual reality development and testing could engage a disproportionately high portion of the resources available for this RERC. A relatively modest project involving applications of virtual reality could easily account for all of the funds proposed to support this RERC. It would be disappointing to see a focus on such a high profile application deter development of lower cost technologies that may have more immediate and broader payoff.

Discussion: NIDRR recognizes that the emerging field of virtual reality could

easily overwhelm the resources of the RERC and has purposefully limited the fourth activity to research related to virtual reality rather than development.

Changes: None.

Comment: Care should be taken to ensure that technologies developed under this RERC can be used in settings without state-of-the-art hardware and software. Developing technology applications that take advantage of the existing communication infrastructure has the potential to put state-of-the-art rehabilitation services within reach of all people, regardless of the wealth of the community.

Discussion: NIDRR agrees that the RERC should develop technologies with the broadest application. The selection criteria used in the peer review process will address this issue by evaluating the impact of the proposed activities on the target population.

Changes: None.

Comment: The priority should be broadened to require the RERC to study policy issues (e.g., reimbursement issues and selection criteria) that will affect the implementation of telerehabilitation.

Discussion: NIDRR agrees that there are policy issues that will affect the implementation of telerehabilitation. An applicant could propose to integrate policy issues into the first, third, and fourth activities of the priority. The peer review process will evaluate the merits of the proposal. However, there is insufficient evidence to require that all applicants address policy issues related to the implementation of telerehabilitation.

Changes: None.

Comment: The third activity appears to focus on remote therapeutic interventions while the second activity focuses on evaluation tools. Is this interpretation correct?

Discussion: The commenter's interpretation is correct.

Changes: None.

Rehabilitation Research and Training Centers

The authority for RRTCs is contained in section 204(b)(2) of the Rehabilitation Act of 1973, as amended (29 U.S.C. 760–762). Under this program, the Secretary makes awards to public and private organizations, including institutions of higher education and Indian tribes or tribal organizations, for coordinated research and training activities. These entities must be of sufficient size, scope, and quality to effectively carry out the activities of the Center in an efficient manner consistent with appropriate State and Federal laws. They must demonstrate the ability to carry out the training activities either directly or through another entity that can provide that training.

The Secretary may make awards for up to 60 months through grants or cooperative agreements. The purpose of the awards is for planning and conducting research, training, demonstrations, and related activities leading to the development of methods, procedures, and devices that will benefit individuals with disabilities, especially those with the most severe disabilities.

Description of Rehabilitation Research and Training Centers

RRTCs are operated in collaboration with institutions of higher education or providers of rehabilitation services or other appropriate services. RRTCs serve as centers of national excellence and national or regional resources for providers and individuals with disabilities and the parents, family members, guardians, advocates or authorized representatives of these individuals.

RRTCs conduct coordinated, integrated, and advanced programs of research in rehabilitation targeted toward the production of new knowledge to improve rehabilitation methodology and service delivery systems, to alleviate or stabilize disabling conditions, and to promote maximum social and economic independence of individuals with disabilities.

RRTCs provide training, including graduate, pre-service, and in-service training, to assist individuals to more effectively provide rehabilitation services. They also provide training including graduate, pre-service, and in-service training, for rehabilitation research personnel.

RRTCs serve as informational and technical assistance resources to providers, individuals with disabilities, and the parents, family members, guardians, advocates, or authorized representatives of these individuals through conferences, workshops, public education programs, in-service training programs and similar activities.

RRTCs disseminate materials in alternate formats to ensure that they are accessible to individuals with a range of disabling conditions.

NIDRR encourages all Centers to involve individuals with disabilities and individuals from minority backgrounds as recipients of research training, as well as clinical training.

The Department is particularly interested in ensuring that the expenditure of public funds is justified by the execution of intended activities and the advancement of knowledge and, thus, has built this accountability into the selection criteria. Not later than three years after the establishment of any RRTC, NIDRR will conduct one or more reviews of the activities and achievements of the Center. In accordance with the provisions of 34 CFR 75.253(a), continued funding depends at all times on satisfactory performance and accomplishment.

General RRTC Requirements

The following requirements apply to these RRTCs pursuant to these absolute priorities unless noted otherwise. An applicant's proposal to fulfill these requirements will be assessed using applicable selection criteria in the peer review process.

The RRTC must provide: (1) applied research experience; (2) training on research methodology; and (3) training to persons with disabilities and their families, service providers, and other appropriate parties in accessible formats on knowledge gained from the Center's research activities.

The RRTC must develop and disseminate informational materials based on knowledge gained from the Center's research activities, and disseminate the materials to persons with disabilities, their representatives, service providers, and other interested parties.

The RRTC must involve individuals with disabilities and, if appropriate, their representatives, in planning and implementing its research, training, and dissemination activities, and in evaluating the Center.

The RRTC must conduct a state-of-the-science conference and publish a comprehensive report on the final outcomes of the conference. The report must be published in the fourth year of the grant.

Priorities

Under 34 CFR 75.105(c)(3), the Secretary gives an absolute preference to applications that meet the following priorities. The Secretary will fund under this competition only applications that meet one of these absolute priorities.

Priority 1: Aging with a Disability

Background

Advances in medical care, rehabilitation technology, and rehabilitative treatment have made aging a routine event for persons with a disability. The rapid increase in the number of people with a physical disability who are growing older has been well documented (McNeil, J., ''Americans With Disabilities,'' U.S. Bureau of the Census, *Statistical Brief,*

SB/94–1, 1994). Many persons aging with a disability face significant new challenges to their health, daily functioning, and independence. These challenges may come from onset of chronic conditions such as hypertension or from secondary conditions such as post-polio. For example, approximately 70 percent of people with polio experience some form of ''post-polio syndrome,'' a condition that impairs functioning (Halstead, L., ''Assessment Differential Diagnosis for Post-Polio Syndrome,'' *Orthopedics,* 14, pgs. 1209–1222, 1991).

The problems resulting from aging with a disability can be grouped into four areas: (1) Decline in health status due to onset of new chronic conditions or development of secondary conditions; (2) decline in functional abilities due to changed health status; (3) difficulty maintaining psychological well-being and life satisfaction; and (4) diminished capacity of family and community support networks to accommodate changes associated with aging with a disability.

Aging with a disability is a complex phenomenon, influenced by both normal and injury-related biological processes, by medical and rehabilitative developments, and by changing social, cultural and physical environments (De Vivo, M., et al., ''Causes of Death During the First 12 Years After Spinal Cord Injury,'' *Archives of Physical Medicine and Rehabilitation,* 74, pgs. 248–254, 1991). Although some progress has been made in systematically assessing the ''natural course'' of aging with a physical disability (Whiteneck, G., ''Learning from Empirical Investigations,'' *Perspectives on Aging with Spinal Cord Injury,* pgs. 23–27, 1992), this work is not complete.

Persons aging with a disability face significant health problems because of the onset of new conditions associated with the aging process itself and potentially complicated by the disability condition. Research suggests that chronic diseases such as cardiovascular illnesses and diabetes occur at earlier than expected ages and in substantially higher percentages among persons who acquired a disability in early life (Pope, A. and Flemming, C., *Disability in America: Toward a National Agenda for Prevention,* pg. 191, 1991). Significant bone loss (osteoporosis) is higher in people with complete spinal cord lesions than in age-matched controls (Garland, D., et al., ''Osteoporosis After Spinal Cord Injury,'' *Journal of Orthopedic Research,* 10, pgs. 371–378, 1992). Other age-related health problems may be impairment-specific secondary conditions such as hip dislocations in people with cerebral palsy or respiratory problems for persons with post-polio syndrome. One study found that 50 percent of people with a 40-year history of cerebral palsy had severe joint, back or neck pain (Murphy, K., ''Medical and Social Issues in Adults with Cerebral Palsy, The California Study,'' *Developmental Medicine and Child Neurology,* Vol. 37, pgs. 1075–1084, 1995).

Fatigue, loss of strength, increased pain, and other health-related changes associated with aging may affect function so that capacity to perform activities of daily living (ADL) (e.g., mobility, bathing, and transfers), is diminished. Fatigue and weakness may affect 60 to 70 percent of people with spinal cord injury (SCI) or post-polio (Gerhart, K., et al., ''Long-term Spinal Cord Injury: Functional Changes Over Time,'' *Archives of Physical Medicine and Rehabilitation,* 74, pgs. 1030–1035, 1993).

In addition to facing new physical challenges, some people aging with a disability also develop psychological conditions. In the general aging population, depression is often an unrecognized corollary of the aging process (Lebowitz, B., et al., ''Diagnosis and Treatment of Depression in Late Life,'' *Journal of the American Medical Association,* 278 (14), pgs. 1186–1190, 1997). At least one study has found that between 25 and 40 percent of persons aging with a disability show high distress, especially as expressed in symptoms of depression (Fuhrer, M., et al., ''The Relationship of Life Satisfaction to Impairment, Disability and Handicap Among Persons with Spinal Cord Injury Living in the Community,'' *Archives of Physical Medicine and Rehabilitation,* 73, pgs. 552–557, 1992). Treatment of depression for persons aging with a disability is difficult to obtain because of the failure of health professionals to recognize depression in persons aging with a disability (Krause, J. and Crewe, N., ''Chronological Age Time Since Injury and Time of Measurement: Effect on Adjustment After Spinal Cord Injury,'' *Archives of Physical Medicine and Rehabilitation,* 72, pgs. 91–100, 1991).

Families may experience new stresses because of age-related conditions acquired by their family members with disabilities. In addition, aging of family caregivers may affect their ability to continue caregiving roles, thus reducing the ability of a person aging with a disability to remain in the family setting. The importance of this issue is reinforced by the fact that family caregivers provide most of the personal assistance to persons with disabilities (Nosek, M., ''Life Satisfaction of People with Physical Disabilities: Relationship to Personal Assistance, Disability Status and Handicap,'' *Rehabilitation Psychology,* 40, pgs. 191–197, 1995). Helping families cope can include options like expanding respite care or training related to age-related changes.

The increase in the numbers of persons aging with a disability has increased the need for rehabilitation personnel trained in providing services to this population. Serving an aging population may also require new treatment and other service delivery models. Research on effective accommodations, including the use of assistive technology, for this aging population has been limited.

Priority 1

The Secretary will establish an RRTC on Aging with a Disability to promote the health, functional abilities, psychological well-being, and independence of persons aging with a disability. The RRTC shall:

(1) Investigate the natural course of aging with a disability;

(2) Identify, develop, and evaluate methods to reduce aging's impact on health status, including onset of new chronic conditions and secondary conditions associated with the primary disability;

(3) Identify, develop, and evaluate rehabilitation techniques, including the effective use of assistive technology, to maintain functional independence;

(4) Investigate and evaluate methods to improve community integration and psychosocial adjustment; and

(5) Conduct studies to identify the extent to which aging affects the ability of families to support persons aging with a disability in family and community settings and evaluate strategies that will enhance the ability of families to cope.

In carrying out these priorities, the RRTC must coordinate with aging with disability research and demonstration activities sponsored by the National Center on Medical Rehabilitation Research, the Department of Veterans Affairs, the Social Security Administration, the Health Care Financing Administration, and the RRTCs on Health Care for Individuals with Disabilities—Issues in Managed Health Care, Aging with Spinal Cord Injury, and Aging with Mental Retardation, the RERC on Assistive Technology for Older Persons with Disabilities, and other entities carrying out related research or training activities.

Priority 2: Arthritis Rehabilitation

Background

''Arthritis'' means joint inflammation and encompasses a large family of more than 100 so-called rheumatic diseases that can affect people of all ages. The prevalence of many of these diseases tends to increase with age and several occur predominantly in women; others are more common in men. These diseases can affect joints, muscles, tendons, ligaments, and the protective coverings of some internal organs. Onset is usually in middle age, and arthritis and musculoskeletal conditions typically present a cluster of chief complaints including, but not limited to, pain, muscle impairments, and joint impairments. Arthritis and musculoskeletal conditions typically result in functional limitations in ADL. While individuals with arthritis experience most of their limitations in physical functional activities, the concept of function has psychological and social dimensions as well (Guccione, A. A., ''Arthritis and the Process of Disablement,'' *Physical Therapy,* Vol. 74, No. 5, May, 1994). For the purpose of this priority, arthritis and musculoskeletal diseases must include, but are not limited to, rheumatoid arthritis (RA), osteoarthritis (OA), juvenile rheumatoid arthritis (JRA), osteoporosis, and fibromyalgia syndrome.

Physical activity may provide significant physical and mental health benefits for persons with arthritis and musculoskeletal diseases. In recognizing that regular physical activity can help control joint swelling and pain, the U.S. Surgeon General's 1996 Report on Physical Activity and Health, urges people with arthritis to exercise. The Center for Disease Control and Prevention has indicated that most persons with arthritis and other rheumatic conditions should engage in physical activity because exercise helps people with arthritis maintain normal muscle strength and joint function and reduces the risk of premature death, heart disease, diabetes, high blood pressure, colon cancer, depression, and anxiety (Krucoff, C., ''Taking Action Against Arthritis,'' *The Washington Post Health Section,* October 21, 1997). Maintenance of health and wellness is important when dealing with the problems of arthritis and musculoskeletal diseases. A number of factors, such as understanding and managing fatigue and conserving energy, developing relaxation techniques, participating in exercise programs, and learning about weight control and proper nutrition, aid in the goal of achieving a quality of life for individuals who cope with the various problems encountered.

Pain is a major concern for individuals with arthritis and musculoskeletal diseases. Pain can affect the ability to work or function independently in the home or community. The increased dependency encountered, the thoughts of progressive deformities, and feelings of frustration through loss of control often lead to psychosocial difficulties. Rehabilitation interventions can reduce pain, depression and improve functional abilities.

Musculoskeletal conditions are among the top-ranked conditions causing limitations in the ability to perform work and reported as causes of actual work loss. Estimates for prevalence of work disability, defined as ceasing to work, ranges from 51 percent to 59 percent. Clinical studies have indicated that when RA is in a severe form, this rate could be as high as 60 percent a decade after diagnosis (Felts, W. and Yelin, E., ''The Economic Impact of the Rheumatic Diseases in the United States,'' *Journal of Rheumatology,* 16, pgs. 867–884, 1989). Decreased work satisfaction has been reported by persons with RA; 59 percent are unable to maintain gainful employment. In addition, patients with RA are significantly more likely to have lost their job or to have retired early due to their illness, and are the most likely to have reduced their work hours or stopped working entirely due to their illness (Gabriel S. E., et al., ''Indirect and Nonmedical Costs Among People with RA and OA Compared with Nonarthritic Controls,'' *Journal of Rheumatology,* 24(1), pgs. 43–48, January, 1997). Reasonable job accommodations for people with arthritis and musculoskeletal diseases to manage fatigue, stress, job performance issues, allowances for medical treatments and individual-related modifications are areas for employers to consider.

More than 200,000 children in the U.S. are affected with some form of arthritis (Cassidy, J. T., et al., ''Juvenile Rheumatoid Arthritis,'' *Textbook of Pediatric Rheumatology,* pgs. 133–233, 1995). JRA is the most common childhood connective tissue disease (Chaney, J. and Peterson, L., *Journal of Pediatric Psychology,* Vol. 14, No. 3, 1989). JRA affects the physical, psychological and social development of children and adolescents. Assessing needs and developing strategies to aid in the promotion of improved medical, educational, psychosocial, and vocational services is essential with this population.

Priority 2

The Secretary will establish an RRTC on Arthritis Rehabilitation to improve the functional abilities and promote the independence of individuals with arthritis and musculoskeletal diseases. The RRTC shall:

(1) Identify, develop, and evaluate exercise and fitness programs;

(2) Identify, develop, and evaluate rehabilitation interventions to increase psychological well-being and reduce pain;

(3) Identify, develop, and evaluate job accommodations to maintain employment; and

(4) Identify, develop, and evaluate programs to maintain health and wellness.

In carrying out the purposes of the priority, the RRTC must:

- Address the needs of children and youth; and
- Coordinate with arthritis activities sponsored by the National Institute on Arthritis and Musculoskeletal and Skin Diseases, the National Center for Medical Rehabilitation Research, and other entities carrying out related research or training activities.

Priority 3: Stroke Rehabilitation

Background

In the U.S., there are approximately three million stroke survivors and 400,000 to 500,000 new or recurrent stroke cases annually (Gorelicj, P., ''Stroke Prevention,'' *Archives of Neurology,* 52(4), pgs. 347–355, 1995). Stroke survivors are the largest population in rehabilitation hospitals, and an estimated $30 billion is spent on stroke treatment each year (Alberts, M., et al., ''Hospital Charges for Stroke Patients,'' *Stroke,* 27 (10) pgs. 1825–1828, 1996). Previous NIDRR-funded stroke rehabilitation research has focused on prevention and treatment of secondary conditions of stroke; enhancing functional capacity following stroke; improving social and community functioning; and studying the natural history of impairment, disability, and quality of life after stroke.

Rehabilitation goals for stroke patients focus on maximizing physical and psychological function, teaching patients about prevention of recurrent stroke, and working with family members to facilitate integration of the person recovering from stroke back into family and community settings. Stroke patients potentially face a number of functional problems resulting from the paralysis, dysphagia, neurological, and other health-related sequelae of stroke.

Higher order cognitive deficits, such as incomprehension and short-term memory loss, have been shown to have a primary role in predicting rehabilitation length of stay, functional outcome and long-term care needs of stroke survivors. Early, comprehensive assessment of cognitive deficits has been shown to play a significant role in effecting better rehabilitation outcomes (Galski, T., et al., ''Predicting Length of Stay, Functional Outcome, and Aftercare in the Rehabilitation of Stroke Patients. The Dominant Role of Higher-Order Cognition,'' *Stroke*, 24 (12), pgs. 1794–1800, December, 1993).

Endurance exercise is recognized as an important component of rehabilitation for stroke patient recovery of sensorimotor function. The ability of stroke patients to participate in exercise is compromised because they have lowered motor functional ability as a result of both reduced oxidative capacity and reduced availability of motor units. Traditional methods of measuring aerobic capacity are not appropriate for this population, nor are exercise training protocols that do not reflect stroke patient capacity for exercise (Potempa, K., et al., ''Benefits of Aerobic Exercise After Stroke,'' *Sports Medicine*, 21(5), pgs. 337–346, 1996).

Changes in personality, mood, and temperament can be confusing and distressing for stroke survivors and their caregivers. Depression can be a significant problem for both survivors and caregivers (Kumar, A., et al., ''Quantitative Anatomic Measures and Comorbid Medical Illness in Late-life Major Depression,'' *American Journal of Geriatrics Psychiatry*, 5(1), pgs. 15–25, 1997). Effective treatment of psychological and behavioral problems may require more standardized approaches that incorporate psychopharmacological, behavioral, and psychological interventions.

Although stroke is predominantly a phenomenon that strikes persons aged 65 and over, five percent occur in persons under age 45. Individuals in this age cohort are generally employed, have a longer life expectancy than older stroke patients, and generally have better underlying health status and incur less brain injury related to the stroke (Ferro, J. and Crespo, M., ''Prognosis After Transient Ischemic Attack and Ischemic Stroke in Young Adults,'' *Stroke*, (8), pgs. 1611–1616, August, 1994). Rehabilitation for younger patients may emphasize vocational options, sexuality, and social functioning (Roth, E., ''From the Editor,'' *Topics in Stroke Rehabilitation—The Young Stroke Survivor*, Vol. 1, pg. vi, Spring, 1994). In addition, complications such as drug use or pregnancy may complicate rehabilitation strategies (Meyer, J., et al., ''Etiology and Diagnosis of Stroke in the Young Adult,'' *Topics in Stroke Rehabilitation—The Young Stroke Survivor*, Vol. 1, pgs. 1–14, Spring, 1994).

Persons at the other end of the age spectrum, those over age 75 who comprise 41.8 percent of stroke rehabilitation patients (Personal communication with Samuel J. Markello, Ph.D. and Carl V. Granger, M.D., Director, National Rehabilitation Outcomes Database, maintained by the Uniform Data System for Medical Rehabilitation, University of Buffalo, January, 1998), are at risk for poor rehabilitation outcomes possibly because of the effects of frailty and co-morbid disease (Falconer, J., et al., ''Stroke Inpatient Rehabilitation: A Comparison Across Age Groups,'' *Journal of the American Geriatric Society*, 42(1), pgs. 39–44, January, 1994). In this population, presence of a healthy and caring spouse, bladder and bowel continence, and ability to feed oneself have predicted better outcomes (Reddy, M. and Reddy, V., ''After a Stroke: Strategies to Restore Function and Prevent Complications,'' *Geriatrics*, 52(9), pgs. 59–62, September, 1997).

Prevention of stroke recurrence is increasingly a goal of medical rehabilitation stroke treatment programs (Gorelick, P., ''Stroke Prevention,'' *Archives of Neurology*, 52(4), pgs. 347–355, April, 1995). Prevention methods include teaching individuals to monitor their blood pressure, raising awareness of the importance of nutrition and exercise, and educating family members about stroke.

Medical research shows promise for dramatically improving the diagnosis and treatment of stroke in acute care settings. New drug therapies may significantly limit the impact of the initial stroke. Better diagnostic tools, such as using magnetic resonance imaging (MRI) to determine stroke type, size, and location, will result in earlier diagnosis and treatment (Centofanti, M., ''Fighting Back Against Brain Attack,'' *Johns Hopkins Magazine*, pgs. 18–24, November, 1997). The consequences of improved initial stroke treatment for rehabilitation treatment and service delivery mechanisms are unknown.

Changes in financing and service delivery models of stroke rehabilitation have created different rehabilitation treatment setting options for stroke patients. Increasingly, stroke patients are receiving rehabilitation in post-acute service settings (e.g., nursing-home based rehabilitation programs). As a consequence of these changes, there are questions about the impact on outcomes of stroke patients. For instance, how does treatment intensity vary across settings; does treatment intensity affect outcomes across settings; do population characteristics differ across settings? Initial research indicates that outcomes may not differ dramatically when comparing acute to post-acute rehabilitation settings (Cramer A., et al., ''Outcomes and Costs After Hip Fracture and Stroke—A Comparison of Rehabilitation Settings,'' *JAMA*, Vol. 277, pgs. 396–404, 1997); however, knowledge about long-term outcomes of treatment in these different settings is still inconclusive.

Another development affecting stroke rehabilitation is implementation of practice guidelines. In 1996, the Agency for Health Care Policy and Research published stroke treatment guidelines (*Post-Stroke Rehabilitation: A Quick Reference Guide for Clinicians*, Pub. 95–0663, 1996). These guidelines aim to minimize variation in treatment across acute care and rehabilitation settings (Ringel, S. and Hughes, R., ''Evidence-based Medicine, Critical Pathways, Practice Guidelines, and Managed Care. Reflections on the Prevention and Care of Stroke,'' *Archives of Neurology*, 53(9), pgs. 867–871, 1996). The rate of adoption of these guidelines and their impact on rehabilitation service and outcomes is not yet known.

Priority 3

The Secretary will establish an RRTC for Stroke Rehabilitation to develop and evaluate rehabilitation approaches to improve stroke rehabilitation treatment for all patients. The RRTC shall:

(1) Identify, develop, and evaluate rehabilitation techniques to address coexisting and secondary conditions and improve outcomes for all stroke patients, giving specific emphasis to rehabilitation needs of older and younger patient groups and to methods that incorporate cognition in the treatment protocols;

(2) Develop and evaluate standard aerobic exercise protocols; and

(3) Identify and evaluate methods to identify and treat depression and other psychological problems associated with stroke;

(4) Determine the effectiveness of stroke prevention education provided in medical rehabilitation settings;

(5) Evaluate the impact of changes in diagnosis and medical treatment of stroke on rehabilitation needs;

(6) Evaluate long-range outcomes for stroke rehabilitation across different treatment settings;

(7) Evaluate the impact of stroke practice guidelines on delivery and outcomes of rehabilitation services.

In carrying out the purposes of the priority, the RRTC must:

- Collaborate with RRTCs on Health Care for Individuals with Disabilities—Issues in Managed Health Care, and Aging with a Disability; and
- Coordinate with stroke activities sponsored by the National Center for Medical Rehabilitation Research, the National Institute on Neurological Disorders and Stroke, and other entities carrying out related research or training activities.

Rehabilitation Engineering Research Centers

The authority for RERCs is contained in section 204(b)(3) of the Rehabilitation Act of 1973, as amended (29 U.S.C. 762(b)(3)). The Secretary may make awards for up to 60 months through grants or cooperative agreements to public and private agencies and organizations, including institutions of higher education, Indian tribes, and tribal organizations, to conduct research, demonstration, and training activities regarding rehabilitation technology in order to enhance opportunities for meeting the needs of, and addressing the barriers confronted by, individuals with disabilities in all aspects of their lives. An RERC must be operated by or in collaboration with an institution of higher education or a nonprofit organization.

Description of Rehabilitation Engineering Research Centers

RERCs carry out research or demonstration activities by:

(a) Developing and disseminating innovative methods of applying advanced technology, scientific achievement, and psychological and social knowledge to (1) solve rehabilitation problems and remove environmental barriers, and (2) study new or emerging technologies, products, or environments;

(b) Demonstrating and disseminating (1) innovative models for the delivery of cost-effective rehabilitation technology services to rural and urban areas, and (2) other scientific research to assist in meeting the employment and independent living needs of individuals with severe disabilities; or

(c) Facilitating service delivery systems change through (1) the development, evaluation, and dissemination of consumer-responsive and individual and family-centered innovative models for the delivery to both rural and urban areas of innovative cost-effective rehabilitation technology services, and (2) other scientific research to assist in meeting the employment and independent needs of individuals with severe disabilities.

Each RERC must provide training opportunities to individuals, including individuals with disabilities, to become researchers of rehabilitation technology and practitioners of rehabilitation technology in conjunction with institutions of higher education and nonprofit organizations.

The Department is particularly interested in ensuring that the expenditure of public funds is justified by the execution of intended activities and the advancement of knowledge and, thus, has built this accountability into the selection criteria. Not later than three years after the establishment of any RERC, NIDRR will conduct one or more reviews of the activities and achievements of the Center. In accordance with the provisions of 34 CFR 75.253(a), continued funding depends at all times on satisfactory performance and accomplishment.

General RERC Requirements

The following requirements apply to the RERCs pursuant to these absolute priorities unless noted otherwise. An applicant's proposal to fulfill these requirements will be assessed using applicable selection criteria in the peer review process.

The RERC must have the capability to design, build, and test prototype devices and assist in the transfer of successful solutions to relevant production and service delivery settings. The RERC must evaluate the efficacy and safety of its new products, instrumentation, or assistive devices.

The RERC must disseminate research results and other knowledge gained from the Center's research and development activities to persons with disabilities, their representatives, disability organizations, businesses, manufacturers, professional journals, service providers, and other interested parties.

The RERC must develop and carry out utilization activities to successfully transfer all new and improved technologies developed by the RERC to the marketplace.

The RERC must involve individuals with disabilities and, if appropriate, their representatives, in planning and implementing its research, development, training, and dissemination activities, and in evaluating the Center.

The RERC must conduct a state-of-the-science conference and publish a comprehensive report on the final outcomes of the conference. The report must be published in the fourth year of the grant.

Priorities

Under 34 CFR 75.105(c)(3), the Secretary gives an absolute preference to applications that meet the following priorities. The Secretary will fund under this competition only applications that meet one of these absolute priorities.

Priority 4: Prosthetics and Orthotics

Background

Prosthetic limbs (also called artificial or replacement limbs) perform functions previously performed by lost or absent limbs or portions of limbs. Orthoses (also called braces or anatomical technology devices) are devices applied to limbs or other parts of the body that have either lost or impaired function to compensate for certain differences in anatomical shape or size, muscle weakness, or paralysis. Appropriately fitted prosthetic and orthotic (P and O) devices improve functional abilities for work and ADL.

The National Health Interview Survey of 1992 reported a prevalence in the United States of 102,000 individuals with upper extremity loss or absence, and 256,000 individuals with lower extremity loss or absence (LaPlante, M. and Carlson, D., ''Disability in the United States: Prevalence and Causes, 1992'' *Disability Statistics Report No. 7*, NIDRR, pg. 29, 1996). The majority of these individuals use or need prosthetic limbs. It is more difficult to estimate the prevalence of individuals who use or need orthotic devices because orthoses are used in a wide variety of disabilities, and unlike loss or absence of a limb, have not historically been a specific category in national surveys. However, the National Health Interview Survey on Assistive Devices (NHIS–AD) of 1990 reported that 3,514,000 individuals in the United States used anatomical technology devices, categorized as braces for either the leg, foot, arm, hand, neck, back or other (LaPlante, M. P., et al., ''Assistive Technology Devices and Home Accessibility Features: Prevalence, Payment, Need, and Trends,'' *Advance Data from Vital and Health Statistics*, National Center for Health Statistics, No. 217, pg. 6, 1992).

According to the Institute of Medicine, there is a lack of a complete and widely accepted base of scientific and engineering data to support the process of individuals obtaining the optimum device for their particular need. The lack of an effective scientific and theoretical foundation for human gait inhibits the engineering design of technology to aid ambulation. More

work is also needed in research and development directed to the problems of arm and hand replacement (*Enabling America: Assessing the Role of Rehabilitation Science and Engineering*, Institute of Medicine Report, pgs. 111–117, 1997).

The enormous diversity of P and O devices to address many different muscular, neuromuscular, and skeletal issues, adds to the complexity of this field and supports the need for quantitative documentation to improve the process by which individuals obtain the most appropriate P and O device for their need (Esquenazi, A. and Meier, R. H., ''Rehabilitation in Limb Deficiency. 4. Limb Amputation,'' *Archives of Physical Medicine and Rehabilitation*, Vol. 77, pgs. s18–s28, 1996). For example, there are approximately 100 commercially available prosthetic knees capable of being used in transfemoral prostheses (Michael, J. W., ''Prosthetic Knee Mechanisms,'' *Physical Medicine and Rehabilitation: State of the Art Reviews*, Vol. 8, pgs. 147–164, 1994), making it difficult to evaluate all possible options. The trend in health care toward evidence-based decision making will require the collection and analysis of data that may not have occurred in the past (Guyatt, G., et al., ''Evidence-Based Medicine: A New Approach to Teaching the Practice of Medicine,'' *JAMA*, Vol. 268, pgs. 2420–2425, 1992).

Evaluations will play a key role in shaping the services available in the future (Hailey, D. M., ''Orthoses and Prostheses,'' *International Journal of Technology Assessment in Health Care*, Vol. 11, pgs. 214–234, 1995). As more quantitative measurements are being made at the individual level with respect to device selection, there is a need to collect data on use of devices by individuals in a uniform format for archival reference and research purposes. A database that could be used to evaluate the outcomes of individuals using P and O devices does not exist. Such a database might include, but would not be limited to: technical specifications and details of the device; appropriate performance and outcome measures; relevant anthropometric measurements of the wearer; appropriate medical and demographic data, and payment information.

The increased attention to prosthetic technology in developing nations (Day, H. J. B., ''A Review of the Consensus Conference on Appropriate Prosthetic Technology in Developing Countries,'' *Prosthetics and Orthotics International*, Vol. 20, pgs. 15–23, 1996) along with the advanced state of science in many European nations, provides opportunity and impetus for the development of international standards in P and O. In addition, increased international exchanges of both information and technology, as a result of comparative work, are highly likely to be beneficial to both the United States and other countries.

Priority 4

The Secretary will establish an RERC on Prosthetics and Orthotics to strengthen and expand the scientific and engineering basis for the field, and develop new ways to use information technology that will ultimately result in delivery of improved service to individuals who can benefit from prosthetic and orthotic devices. The RERC shall:

(1) Increase the understanding of the scientific and engineering principles for human locomotion, reaching, prehension, and manipulation, and incorporate these principles into the design of P and O devices;

(2) Develop and evaluate a prototype computer-based system to select the most appropriate P and O device (or combination of devices), and fit the device to an individual;

(3) Develop a prototype database of individuals using P&O devices in collaboration with industry including, but not limited to, technical details of the device, appropriate performance and outcome measures, relevant anthropometric measurements of the wearer, appropriate medical and demographic data, and cost and payment information; and

(4) Maintain an international exchange of scientific information and participate in the development of international standards.

In carrying out these purposes, the RERC must coordinate on activities of mutual interest with the RERC on Land Mines and other entities carrying out related research or development activities.

Priority 5: Wheeled Mobility

Background

Approximately 1.4 million Americans use a wheelchair as their primary source of mobility (Kraus, L., et al., *Chartbook on Disability in the United States*, InfoUse, Berkeley, CA, 1996), including approximately 600,000 Americans who live in skilled nursing facilities and are over the age of 65 (Shaw, G. and Taylor, S. J., ''A Survey of Wheelchair Seating Problems of the Institutionalized Elderly,'' *Assistive Technology*, Vol. 3, RESNA Press, pgs. 5–10, 1991). The number of Americans who use wheelchairs nearly doubled between 1980 and 1990 while the general population increased by 13 percent during that same period (LaPlante, M. P., et al., ''Assistive Technology Devices and Home Accessibility Features: Prevalence, Payment, Need, and Trends,'' *Advance Data from Vital and Health Statistics*, No. 217, U.S. Department of Health and Human Services, September, 1992). The number of wheelchair users increases as a population ages (Ohlin, P., et al., ''Technology Assisting Disabled and the Older People in Europe,'' The Swedish Handicap Institute, Stockholm, 1995). As the American population continues to grow older, the number of individuals who will require the use of a wheelchair for mobility is expected to increase.

Wheelchairs and wheelchair seating systems have dramatically improved over the past decade due in part to advances in lightweight, high-strength materials, improved mechanical designs, and improved microprocessor control technologies, and more efficient drive train systems for powered chairs. There are virtually hundreds of options available to wheelchair users (e.g., frame sizes and designs, castors, hand rims, seat sizes, and seat backs). Selecting the appropriate options when either prescribing or purchasing a wheelchair or wheelchair seating system can be complicated and difficult for therapists and consumers.

Individuals who use powered wheelchairs often rely on external devices (e.g., ventilators, augmentative communication devices, and environmental control systems) for respiratory support or to help them function during the day. Improvements in electronic technologies have led to the development of sophisticated wheelchair controllers with built-in flexibility and adjustability. Typical controllers are based on microcomputers and allow for the adjustment of parameters (e.g., acceleration and deceleration control, speed control, and tremor dampening) to improve the user's ability to control the wheelchair safely (Cook, A. M. and Hussey, S. M., *Assistive Technologies: Principles and Practice*, pg. 549, 1995). These controllers are also capable of directly controlling external devices. Most external devices are made by companies other than wheelchair manufacturers. As a result, compatibility between external devices and powered wheelchairs is often problematic.

Wheelchairs and wheelchair seating systems combine to provide mobility, pressure relief, postural support, deformity management, and increased comfort, function and tolerance

(Hobson, D. A., ''Seating and Mobility for the Severely Disabled,'' *Rehabilitation Engineering,* pgs. 193–252, 1990). Most wheelchair users are candidates for seating and positioning interventions. Typical seating systems statically control an individual's posture by constraining the individual to a fixed position using modular or custom fit devices and systems such as foam wedges, hand shaped foams, ''foam-in-place,'' vacuum consolidation, and CAD–CAM (Cook, A. M. and Hussey, S. M., op. cit., pgs. 237–239). For individuals who have a high degree of muscle tone or spasticity, staying in a fixed position can be uncomfortable and cause pressure sores. An alternative to static seating is dynamic seating. A recent case study in this area of research looked at the benefits of a dynamic seating system for an adolescent with cerebral palsy with a high degree of extensor tone. This system allowed the individual to extend during spasms, then returned the individual to a functional seating posture upon relaxation resulting in a reduction of generalized tone and improved posture (Ault, H. K., et al., ''Design of a Dynamic Seating System for Clients with Extensor Spasms,'' *Proceedings of the RESNA 1997 Annual Conference,* pgs. 187–189, 1997).

Pressure relief is critical for individuals who have little or no sensation in weight bearing areas, such as persons with spinal cord injury and some elderly, or those who are unable to shift their weight to relieve pressure (Bergen, A., et al., *Positioning for Function: Wheelchairs and Other Assistive Technologies,* p. 4, 1990). Without proper pressure relief, individuals are prone to develop pressure sores (decubitus ulcers) that can result in tremendous costs for treatment and in time lost from work (Ditunno, J. F., Jr. and Formal, C. S., ''Chronic Spinal Cord Injury,'' *New England Journal of Medicine,* Vol. 330, pgs. 550–556, 1994). The incidence for pressure sores has remained fairly static (Stover, S. L., et al., *Spinal Cord Injury: Clinical Outcomes from the Model Systems,* pgs. 109–113, 1995). There are many factors that contribute to the development of pressure sores. External forces (i.e., tension, compression, and shear) applied to localized areas are the primary causes of pressure sores. Other factors affecting pressure sore development include, but are not limited to, stress, friction, body size, posture, nutrition, age, blood circulation, and the microclimate between one's body and the seating surface (Cook, A. M. and Hussey, S. M., op. cit., pgs. 282–285). Understanding the interactions between these factors is paramount to improving seating and positioning systems.

Decisions made during seating evaluations are often subjective in nature and are based upon observational analyses and past experience of the therapists involved. There are over 300 commercially available cushions on the market (HyperABLEDATA, 1997), as well as a myriad of wheelchair options. Understanding these options and knowing when to use them is difficult for therapists and consumers. Voluntary performance standards for seating and clinical measurement devices would allow for objective comparison of products based upon standardized test results from each manufacturer.

A number of outcome measurement tools may be used to measure functional outcomes of individuals during the rehabilitation process. However, many of these tools do not consider assistive technology interventions, including seating and mobility, when rating an individual's overall performance. For example, in order to get a maximum score using the Functional Independence Measure, the individual cannot rely on assistive technology; thereby implying that a person cannot be totally functionally independent if he or she uses assistive technology devices (Scherer, M. J. and Galvin, J. C., ''An Outcomes Perspective of Quality Pathways to the Most Appropriate Technology,'' *Evaluating, Selecting, and Using Appropriate Assistive Technology,* pg. 21, 1996). A number of clinical measurement devices (e.g., pressure monitoring devices, and seating simulators) may be used in seating and mobility clinic environments, however, they do not systematically measure and record outcomes of wheelchair and seating interventions.

Priority 5

The Secretary will establish an RERC on Wheeled Mobility to improve the efficiency and selection of wheelchairs and wheelchair seating systems and investigate new seating system strategies including dynamic seating systems and pressure sore prevention. The RERC shall:

(1) Develop and evaluate strategies that can be used to aid therapists and consumers in making informed decisions when prescribing or purchasing new wheelchairs and wheelchair seating systems;

(2) Develop and evaluate strategies in collaboration with industry to promote the integration of external devices with powered wheelchairs and the control of these external devices, ensuring their compatibility and usability;

(3) Develop and evaluate new technologies in the area of wheeled mobility;

(4) Investigate the viability of dynamic seating systems;

(5) Investigate the factors that contribute to the development of pressure sores and develop and evaluate tools, devices and strategies to prevent them from occurring;

(6) Investigate the use of voluntary performance standards for wheelchair seating devices and clinical measurement devices and, if appropriate, develop in collaboration with industry strategies to facilitate the implementation of those standards; and

(7) Develop and evaluate outcome measurement tools for quantifying seating clinic intervention results.

In carrying out the purposes of the priority, the RERC must coordinate on activities of mutual interest with all the RRTCs addressing Spinal Cord Injury, the RRTC on Aging with a Disability, and other entities carrying out related research or development activities.

Priority 6: Technology Transfer

Background

Technology transfer is a means of capitalizing on and increasing the value of an initial investment in research of a particular technology through new applications. Technology transfer also involves moving conceptualizations and new inventions from a potential application into a working prototype and, ultimately, into a commercial product. There has been an increased interest in developing assistive technology in recent years. Basic research has yielded innovations developed with the disability population in mind and more generic applied research has resulted in new ways to transfer existing technologies initially developed for different purposes into assistive technology products. In addition, there are an increasing number of entrepreneurs and inventors developing devices specifically for persons with disabilities.

Approximately 13 million people with disabilities use assistive technology devices to assist them with major life activities (Kraus, L., et al., *Chartbook on Disability in the United States,* InfoUse, Berkeley, CA, 1996). Understanding the functional needs of persons with disabilities, translating those needs into technical solutions, identifying the markets and determining which technologies may be successfully transferred into usable assistive technology products is critical to the

technology transfer process (Spaepen, A. J., ''Technology Transfer and Service Delivery in Rehabilitation Technology,'' *Journal of Rehabilitation Sciences*, Vol. 4, pgs. 84–87, 1991). The assistive technology market is expected to grow dramatically over the next two decades as the American population ages and as the survival rate of accident victims continues to climb (Federal Laboratory Consortium, ''Federal Laboratory Technologies Enable the Disabled,'' *Technology Transfer Business*, Vol. 4, p. 11, 1997).

There are models of technology transfer that are routinely utilized by government, small businesses, nonprofit organizations, universities and industry (Rouse, D., ''Technology Identification and Partnership Development,'' Research Triangle Institute, 1997). These models assume a market that is identifiable and definable, somewhat homogeneous, visible, and well-financed. Transferring promising technologies and new inventions to the assistive technology arena presents unique challenges. Devices that either have the potential for use by persons with disabilities, or were invented for consumers with disabilities often are not successfully commercialized because of the limited number of potential users or the developer's inexperience and limited understanding of disabilities and the assistive technology marketplace (Gilden, D., ''Moving from Naive to Knowledgeable on the Road to Technology Transfer,'' *Technology and Disability*, Vol. 7, pgs. 115–125, 1997).

Frequently, inventions and prototypes of devices require considerable engineering, modification and redesign. The vast majority of assistive technology companies are very small and have limited access to knowledge, resources, markets, funds, skills and finance (Swanson, D., ''Determining the Government's Responsibilities in Technology,'' *Journal of Technology Transfer*, Vol. 20 (2), pgs. 3–4, 1995). Companies and entrepreneurs interested in transferring inventions and existing technologies into new products for persons with disabilities require technical assistance to make sound and profitable decisions and to do a better job of analyzing the viability of potential products.

Proper screening of devices is critical to the assistive technology transfer process and requires a feasibility study to be performed for each device prior to any significant investment of time and financial resources. Typical questions to ask include: Does the device already exist in some other form? Do consumers have alternate and satisfactory ways to perform the same function that would negate the need for another device? Would the required investment justify the development of the new device? Is the market too small? Are consumers interested in using the device? (Newroe, B. N. and Oskardottir, A. Y., ''Identification and Networking of Assistive Technology-Related Transfer Resources Through the Consumer Assistive Technology Network (CATN),'' *Technology and Disability*, Vol. 7, pgs. 31–45, 1997).

Assistive technology evaluation involves activities beyond the initial screening of new products and innovations. It is important to identify and include all other stakeholders in the evaluation process including, but not limited to, technology experts, engineers, developers, manufacturers, corporations, community organizations, providers and potential purchasers. In addition to evaluation studies, it is necessary to provide an estimate of the resources required and of the product's readiness for commercialization in order to attract a developer or manufacturer. Safety, reliability, cost, customer satisfaction and durability must also be measured (Sheredos, S., et al., ''The Department of Veterans Affairs Rehabilitation Research and Development Service's Technology Process,'' *Technology and Disability*, Vol. 7, pgs. 25–30, 1997).

Most assistive technology devices are considered orphan products (devices used by very small populations and having limited market appeal). In anticipation of a products' low volume and unproven market demand, potential manufacturers and suppliers must be offered a well researched device prospectus that will act as an incentive for production. Products incorporating the principles of universal design are developed with built-in flexibility so they are usable by all people, regardless of age and ability, at no additional cost (Mace, R., et al., ''Accessible Environments: Toward Universal Design,'' *Design Interventions: Toward Universal Design*, p. 156, 1991). The evaluation phase should include an assessment of whether a product may have universal application, thereby increasing its marketability.

Priority 6

The Secretary will establish an RERC on technology transfer to facilitate and improve the process of moving new, useful and better assistive technology inventions and applications of existing technologies from the prototype phase to the marketplace to benefit persons with disabilities. The RERC shall:

(1) Identify and evaluate models of technology transfer that are applicable to assistive technology;

(2) Identify the needs and provide technical assistance, including engineering design and support, to inventors, entrepreneurs, small companies, research laboratories, and industry and university labs to facilitate the transfer of assistive technology with particular emphasis on orphan products;

(3) Develop and implement methodologies to screen promising assistive technology and to evaluate the potential for commercialization, including an assessment of principles of universal design of prototypes developed by individual inventors, small businesses and public or private research laboratories for use by persons with disabilities; and

(4) Design and disseminate protocols for technical, user and market evaluations of promising inventions and new uses for existing technologies.

In carrying out the purposes of the priority, the RERC must:

Conduct activities in consultation with industry, public and private research facilities, small businesses, entrepreneurs, university-based research laboratories and consumers; and

Provide technical assistance and support to all RERC's on issues pertaining to technology evaluation and transfer.

Priority 7: Telerehabilitation

Background

One of the most notable changes in the nation's health care system is a dramatic downward shift in the average length of stay for patients admitted to rehabilitation hospitals. According to the National Spinal Cord Injury Statistical Center, the average length of stay for patients admitted into the Model SCI Care System dropped from 115 days in 1974 to 49 days in 1995 (''Spinal Cord Injury: Facts and Figures at a Glance,'' National Spinal Cord Injury Statistical Center, University of Alabama at Birmingham, August, 1997). Individuals living in rural areas may have less of an opportunity to continue their rehabilitation than do individuals living in urban settings due to a lack of rehabilitation outpatient centers in rural regions. Given that individuals are being discharged earlier in the rehabilitation process, there is tremendous need for new and innovative therapeutic devices and strategies that can be used to continue therapy for individuals living in remote settings who may not have access to outpatient therapy.

For more than 30 years, clinicians, researchers, and others have been

investigating the use of advanced telecommunications and information technologies to improve health care, resulting in the advent of telemedicine. Telemedicine has a variety of applications including patient care, education, research, administration and public health (*Telemedicine: A Guide to Assessing Telecommunications in Health Care*, Institute of Medicine Report, National Academy Press, p. 16, 1996). At least 10 States have established Medicaid payment mechanisms for medical services provided through telemedicine (U.S. Department of Commerce, ''Telemedicine Report to Congress,'' January 31, 1997). Technological advances in medicine, sensor technologies, telecommunications and information technologies provide unique opportunities for expanding upon the field of telemedicine to further develop the field of telerehabilitation. By using technology, telerehabilitation enables rehabilitation professionals to provide rehabilitation services to individuals when distance separates the participants (Temkin, A. J., et al., ''Telerehab: A Perspective of the Way Technology is Going to Change the Future of Patient Treatment,'' *REHAB Management*, p. 28, February/March, 1996). Telecommunication and information technologies used in telemedicine are modernizing medical rehabilitation services and are beginning to be used in other aspects of the rehabilitation process. For example, ongoing experiments to provide effective delivery of therapeutic counseling from the offices of professional psychologists to clients physically located elsewhere, using modified video-conferencing techniques, are under study by the American Psychological Association (Sleek, S., ''Providing Therapy from a Distance,'' *APA Monitor*, American Psychological Association, Vol. 28, No. 8, August, 1997).

Two very important aspects of comprehensive rehabilitation are education and training. Rehabilitation practitioners work closely with individuals and family members to enhance their functional abilities, assist them in adjusting to their disability (Haas, J., ''Ethical Issues in Rehabilitation Medicine,'' *Rehabilitation Medicine: Principles and Practice, Second Edition*, p. 34, 1993), and lessen the likelihood of secondary complications (Stover, S., et al., *Spinal Cord Injury: Clinical Outcomes from the Model Systems*, p. 322, 1995). Secondary complications from acute trauma, such as spinal cord injury, stroke, and traumatic brain injury, are a leading cause for re-hospitalization. One way of reducing the likelihood of contracting secondary complications is through education, training, and monitoring. This can be achieved using portable, low-cost communication devices capable of providing video and audio connection between comprehensive rehabilitation facilities and individuals living in rural communities. Those devices can enable individuals to communicate with rehabilitation professionals while at home or in remote clinical settings, and to continue with the educational and training components of the rehabilitation process. These devices also allow physicians and other clinicians to monitor the progress of these individuals and offer clinical diagnoses and interventions when appropriate.

Traditional therapeutic interventions include the use of heat, cold, light, friction, and pressure to facilitate healing and relieve pain in affected areas. Many of these therapy techniques require costly equipment and can be used only by trained therapists. Given that individuals are being discharged earlier in the rehabilitation process, there is tremendous need for new, innovative and cost-effective therapeutic devices and strategies that can be used to safely continue therapy for individuals living in remote settings who may not have access to comprehensive outpatient rehabilitation therapy.

Virtual reality is an interactive computer-based technology capable of simulating complex three-dimensional (3–D) environments. The number of virtual reality applications has risen dramatically over this past decade and includes flight simulators, 3–D medical imaging technologies, and entertainment systems (Hayward, T., *Adventures in Virtual Reality*, pgs. 41–48, 1993). The benefits of combining virtual reality with rehabilitation interventions are potentially extensive. Virtual reality technologies are being used to convert sign language into speech and to develop barrier-free designs for people with physical disabilities. Biosensors that provide qualitative and quantitative data about muscle activity, pressure and movements are also capable of being integrated into virtual reality systems for use in rehabilitation.

Priority 7

The Secretary will establish an RERC on telerehabilitation to identify and develop technologies capable of supporting rehabilitation services for individuals who do not have access to comprehensive outpatient rehabilitation services. The RERC shall:

(1) Identify, develop, and evaluate communication systems capable of connecting comprehensive rehabilitation facilities with providers of rehabilitation services, individuals and family members living in remote settings to provide ongoing rehabilitation education and training services;

(2) Develop, investigate, and evaluate monitoring and assessment tools that can be used in the provision of rehabilitation services through telerehabilitation;

(3) Develop, investigate, and evaluate strategies and devices to provide and monitor therapeutic interventions in remote settings; and

(4) Investigate the use of virtual reality in rehabilitation including, but not limited to, education, monitoring, diagnosing, and therapy.

In carrying out the purposes of the priority, the RERC must coordinate on activities of mutual interest with the RERCs on Telecommunications and Information Technologies Access, the RRTC on Rural Rehabilitation Services, and other entities carrying out related research or development activities.

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Note: The official version of this document is the document published in the **Federal Register**.

Applicable Program Regulations: 34 CFR Part 350.

Program Authority: 29 U.S.C. 760–762.

(Catalog of Federal Domestic Assistance Numbers 84.133B, Rehabilitation Research

and Training Centers, and 84.133E Rehabilitation Engineering Research Centers)

Dated: June 8, 1998.

Curtis L. Richards,

Acting Assistant Secretary for Special Education and Rehabilitative Services.

[FR Doc. 98–15697 Filed 6–11–98; 8:45 am]

BILLING CODE 4000–01–P

DEPARTMENT OF EDUCATION

[CFDA Nos.: 84.133B and 84.133E]

Office of Special Education and Rehabilitative Services, National Institute on Disability and Rehabilitation Research; Notice Inviting Applications for New Rehabilitation Research and Training Centers and New Rehabilitation Engineering Research Centers for Fiscal Year 1998

Note to Applicants: This notice is a complete application package. Together with the statute authorizing the programs and applicable regulations governing the programs, including the Education Department General Administrative Regulations (EDGAR), this notice contains information, application forms, and instructions needed to apply for a grant under these competitions.

These programs support the National Education Goal that calls for all Americans to possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.

The estimated funding levels in this notice do not bind the Department of Education to make awards in any of these categories, or to any specific number of awards or funding levels, unless otherwise specified in statute.

Applicable Regulations: The Education Department General Administrative Regulations (EDGAR), 34 CFR Parts 74, 75, 77, 80, 81, 82, 85, and 86; and Disability and Rehabilitation Research Projects and Centers—34 CFR Part 350, particularly *Rehabilitation Research and Training Centers* in Subpart C and *Rehabilitation Engineering Research Centers* in Subpart D.

Program Title: Rehabilitation Research and Training Centers (RRTCs)

CFDA Number: 84.133B.

Purpose of Program: RRTCs conduct coordinated and advanced programs or research on disability and rehabilitation that will produce new knowledge that will improve rehabilitation methods and service delivery systems, alleviate or stabilize disabling conditions, and promote maximum social and economic independence for individuals with disabilities. RRTCs provide training to service providers at the pre-service, in-service training, undergraduate, and graduate levels, to improve the quality and effectiveness of rehabilitation services. They also provide advanced research training to individuals with disabilities and those from minority backgrounds engaged in research on disability and rehabilitation. RRTCs serve as national and regional technical assistance resources and provide training for service providers, individuals with disabilities and families and representatives, and rehabilitation researchers.

Eligible Applicants: Parties eligible to apply for grants under this program are States, public or private agencies, including for-profit agencies, public or private organizations, including for-profit organizations, institutions of higher education, and Indian tribes and tribal organizations.

APPLICATION NOTICE FOR FISCAL YEAR 1998 REHABILITATION RESEARCH AND TRAINING CENTERS, CFDA NO.84–133B

Funding priority	Deadline for transmittal of applications	Estimated number of awards	Maximum award amount (per year)*	Project period (months)
Aging with a Disability	8/12/98	1	$700,000	60
Arthritis Rehabilitation	8/12/98	1	800,000	60
Stroke Rehabilitation	8/12/98	1	800,000	60

* **Note:** The Secretary will reject without consideration or evaluation any application that proposes a project funding level that exceeds the stated maximum award amount per year (See 34 CFR 75.104(b)).

RRTC Selection Criteria: The Secretary uses the following selection criteria to evaluate applications under the RRTC program. (See § 350.54)

(a) *Importance of the problem* (9 points total).

(1) The Secretary considers the importance of the problem.

(2) In determining the importance of the problem, the Secretary considers the following factors:

(i) The extent to which the applicant clearly describes the need and target population (3 points).

(ii) The extent to which the proposed activities address a significant need of those who provide services to individuals with disabilities (3 points).

(iii) The extent to which the proposed project will have beneficial impact on the target population (3 points).

(b) *Responsiveness to an absolute or competitive priority* (4 points total).

(1) The Secretary considers the responsiveness of the application to the absolute or competitive priority published in the **Federal Register**.

(2) In determining the responsiveness of the application to the absolute or competitive priority, the Secretary considers the following factors:

(i) The extent to which the applicant addresses all requirements of the absolute or competitive priority (2 points).

(ii) The extent to which the applicant's proposed activities are likely to achieve the purposes of the absolute or competitive priority (2 points).

(c) *Design of research activities* (35 points total).

(1) The Secretary considers the extent to which the design of research activities is likely to be effective in accomplishing the objectives of the project.

(2) In determining the extent to which the design is likely to be effective in accomplishing the objectives of the project, the Secretary considers the following factors:

(i) The extent to which the research activities constitute a coherent, sustained approach to research in the field, including a substantial addition to the state-of-the-art (5 points).

(ii) The extent to which the methodology of each proposed research activity is meritorious, including consideration of the extent to which—

(A) The proposed design includes a comprehensive and informed review of the current literature, demonstrating knowledge of the state-of-the-art (5 points);

(B) Each research hypothesis is theoretically sound and based on current knowledge (5 points);

(C) Each sample population is appropriate and of sufficient size (5 points);

(D) The data collection and measurement techniques are appropriate and likely to be effective (5 points); and

(E) The data analysis methods are appropriate (5 points).

(iii) The extent to which anticipated research results are likely to satisfy the original hypotheses and could be used for planning additional research, including generation of new hypotheses where applicable (5 points).

(d) *Design of training activities* (11 points total).

(1) The Secretary considers the extent to which the design of training activities is likely to be effective in accomplishing the objectives of the project.

(2) In determining the extent to which the design is likely to be effective in accomplishing the objectives of the project, the Secretary considers the following factors:

(i) The extent to which the proposed training materials are likely to be effective, including consideration of their quality, clarity, and variety (2 points).

(ii) The extent to which the proposed training methods are of sufficient quality, intensity, and duration (2 points).

(iii) The extent to which the proposed training content—

(A) Covers all of the relevant aspects of the subject matter (1 point); and

(B) If relevant, is based on new knowledge derived from research activities of the proposed project (1 point).

(iv) The extent to which the proposed training materials, methods, and content are appropriate to the trainees, including consideration of the skill level of the trainees and the subject matter of the materials (2 points).

(v) The extent to which the proposed training materials and methods are accessible to individuals with disabilities (1 point).

(vi) The extent to which the applicant is able to carry out the training activities, either directly or through another entity (2 points).

(e) *Design of dissemination activities* (8 points total).

(1) The Secretary considers the extent to which the design of dissemination activities is likely to be effective in accomplishing the objectives of the project.

(2) In determining the extent to which the design is likely to be effective in accomplishing the objectives of the project, the Secretary considers the following factors:

(i) The extent to which the content of the information to be disseminated—

(A) Covers all of the relevant aspects of the subject matter (1 point); and

(B) If appropriate, is based on new knowledge derived from research activities of the project (1 point).

(ii) The extent to which the materials to be disseminated are likely to be effective and usable, including consideration of their quality, clarity, variety, and format (2 points).

(iii) The extent to which the methods for dissemination are of sufficient quality, intensity, and duration (2 points).

(iv) The extent to which the materials and information to be disseminated and the methods for dissemination are appropriate to the target population, including consideration of the familiarity of the target population with the subject matter, format of the information, and subject matter (1 point).

(v) The extent to which the information to be disseminated will be accessible to individuals with disabilities (1 point).

(f) *Design of technical assistance activities* (4 points total).

(1) The Secretary considers the extent to which the design of technical assistance activities is likely to be effective in accomplishing the objectives of the project.

(2) In determining the extent to which the design is likely to be effective in accomplishing the objectives of the project, the Secretary considers the following factors:

(i) The extent to which the methods for providing technical assistance are of sufficient quality, intensity, and duration (1 point).

(ii) The extent to which the information to be provided through technical assistance covers all of the relevant aspects of the subject matter (1 point).

(iii) The extent to which the technical assistance is appropriate to the target population, including consideration of the knowledge level of the target population, needs of the target population, and format for providing information (1 point).

(iv) The extent to which the technical assistance is accessible to individuals with disabilities (1 point).

(g) *Plan of operation* (4 points total).

(1) The Secretary considers the quality of the plan of operation.

(2) In determining the quality of the plan of operation, the Secretary considers the following factors:

(i) The adequacy of the plan of operation to achieve the objectives of the proposed project on time and within budget, including clearly defined responsibilities, and timelines for accomplishing project tasks (2 points).

(ii) The adequacy of the plan of operation to provide for using resources, equipment, and personnel to achieve each objective (2 points).

(h) *Collaboration* (2 points total).

(1) The Secretary considers the quality of collaboration.

(2) In determining the quality of collaboration, the Secretary considers the following factors:

(i) The extent to which the applicant's proposed collaboration with one or more agencies, organizations, or institutions is likely to be effective in achieving the relevant proposed activities of the project (1 point).

(ii) The extent to which agencies, organizations, or institutions demonstrate a commitment to collaborate with the applicant (1 point).

(i) *Adequacy and reasonableness of the budget* (3 points total).

(1) The Secretary considers the adequacy and the reasonableness of the proposed budget.

(2) In determining the adequacy and the reasonableness of the proposed budget, the Secretary considers the following factors:

(i) The extent to which the costs are reasonable in relation to the proposed project activities (1 point).

(ii) The extent to which the budget for the project, including any subcontracts, is adequately justified to support the proposed project activities (2 points).

(j) *Plan of evaluation* (7 points total).

(1) The Secretary considers the quality of the plan of evaluation.

(2) In determining the quality of the plan of evaluation, the Secretary considers the following factors:

(i) The extent to which the plan of evaluation provides for periodic assessment of progress toward—

(A) Implementing the plan of operation (1 point); and

(B) Achieving the project's intended outcomes and expected impacts (1 point).

(ii) The extent to which the plan of evaluation will be used to improve the performance of the project through the feedback generated by its periodic assessments (1 point).

(iii) The extent to which the plan of evaluation provides for periodic assessment of a project's progress that is based on identified performance measures that—

(A) Are clearly related to the intended outcomes of the project and expected impacts on the target population (2 points); and

(B) Are objective, and quantifiable or qualitative, as appropriate (2 points).

(k) *Project staff* (9 points total).

(1) The Secretary considers the quality of the project staff.

(2) In determining the quality of the project staff, the Secretary considers the extent to which the applicant encourages applications for employment from persons who are members of groups that have traditionally been underrepresented based on race, color, national origin, gender, age, or disability (1 point).

(3) In addition, the Secretary considers the following factors:

(i) The extent to which the key personnel and other key staff have appropriate training and experience in disciplines required to conduct all proposed activities (2 points).

(ii) The extent to which the commitment of staff time is adequate to accomplish all the proposed activities of the project (2 points).

(iii) The extent to which the key personnel are knowledgeable about the methodology and literature of pertinent subject areas (2 points).

(iv) The extent to which the project staff includes outstanding scientists in the field (2 points).

(l) *Adequacy and accessibility of resources* (4 points).

(1) The Secretary considers the adequacy and accessibility of the applicant's resources to implement the proposed project.

(2) In determining the adequacy and accessibility of resources, the Secretary considers the following factors:

(i) The extent to which the applicant is committed to provide adequate facilities, equipment, other resources, including administrative support, and laboratories, if appropriate (1 point).

(ii) The extent to which the applicant has appropriate access to clinical populations and organizations representing individuals with disabilities to support advanced clinical rehabilitation research (2 points).

(iii) The extent to which the facilities, equipment, and other resources are appropriately accessible to individuals with disabilities who may use the facilities, equipment, and other resources of the project (1 point).

Program Title: Rehabilitation Engineering Research Centers (RERCs).

CFDA Number: 84.133E.

Purpose of Program: RERCs conduct research, demonstration, and training activities regarding rehabilitation technology—including rehabilitation engineering, assistive technology devices, and assistive technology services, in order to enhance the opportunities to better meet the needs of, and address the barriers confronted by, individuals with disabilities in all aspects of their lives.

Eligible Applicants: Parties eligible to apply for grants under this program are States, public or private agencies, including for-profit agencies, public or private organizations, including for-profit organizations, institutions of higher education, and Indian tribes and tribal organizations.

RERC Selection Criteria: The Secretary uses the following selection criteria to evaluate applications under the RERC program. (See § 350.54)

(a) *Importance of the problem* (8 points total).

(1) The Secretary considers the importance of the problem.

(2) In determining the importance of the problem, the Secretary considers the following factors:

(i) The extent to which the applicant clearly describes the need and target population (3 points).

(ii) The extent to which the proposed activities address a significant need of rehabilitation service providers (2 points).

APPLICATION NOTICE FOR FISCAL YEAR 1998 REHABILITATION ENGINEERING RESEARCH CENTERS, CFDA NO. 84.133E

Funding priority	Deadline for transmittal of applications	Estimated number of awards	Maximum award amount (per year)*	Project period (months)
Prosthetics and Orthotics	8/12/98	1	$900,000	60
Wheeled Mobility	8/12/98	1	900,000	60
Technology Transfer	8/12/98	1	900,000	60
Tele-rehabilitation	8/12/98	1	900,000	60

Note: The Secretary will reject without consideration or evaluation any application that proposes a project funding level that exceeds the stated maximum award amount per year (See 34 CFR 75.104(b)).

(iii) The extent to which the proposed project will have beneficial impact on the target population (3 points).

(b) *Responsiveness to an absolute or competitive priority* (4 points total).

(1) The Secretary considers the responsiveness of an application to the absolute or competitive priority published in the **Federal Register**.

(2) In determining the application's responsiveness to the absolute or competitive priority, the Secretary considers the following factors:

(i) The extent to which the applicant addresses all requirements of the absolute or competitive priority (2 points).

(ii) The extent to which the applicant's proposed activities are likely to achieve the purposes of the absolute or competitive priority (2 points).

(c) *Design of research activities* (20 points total).

(1) The Secretary considers the extent to which the design of research activities is likely to be effective in accomplishing the objectives of the project.

(2) In determining the extent to which the design is likely to be effective in accomplishing the objectives of the project, the Secretary considers the following factors:

(i) The extent to which the research activities constitute a coherent, sustained approach to research in the field, including a substantial addition to the state-of-the-art (3 points).

(ii) The extent to which the methodology of each proposed research activity is meritorious, including consideration of the extent to which—

(A) The proposed design includes a comprehensive and informed review of the current literature, demonstrating knowledge of the state-of-the-art (3 points);

(B) Each research hypothesis is theoretically sound and based on current knowledge (3 points);

(C) Each sample population is appropriate and of sufficient size (3 points);

(D) The data collection and measurement techniques are appropriate and likely to be effective (3 points); and

(E) The data analysis methods are appropriate (3 points).

(iii) The extent to which anticipated research results are likely to satisfy the original hypotheses and could be used for planning additional research,

including generation of new hypotheses where applicable (2 points).

(d) *Design of development activities* (20 points total).

(1) The Secretary considers the extent to which the design of development activities is likely to be effective in accomplishing the objectives of the project.

(2)(i) In determining the extent to which the design is likely to be effective in accomplishing the objectives of the project, the Secretary considers the following factors:

(ii) The extent to which the plan for development, clinical testing, and evaluation of new devices and technology is likely to yield significant products or techniques, including consideration of the extent to which—

(A) The proposed project will use the most effective and appropriate technology available in developing the new device or technique (3 points);

(B) The proposed development is based on a sound conceptual model that demonstrates an awareness of the state-of-the-art in technology (4 points);

(C) The new device or technique will be developed and tested in an appropriate environment (3 points);

(D) The new device or technique is likely to be cost-effective and useful (3 points);

(E) The new device or technique has the potential for commercial or private manufacture, marketing, and distribution of the product (4 points); and

(F) The proposed development efforts include adequate quality controls and, as appropriate, repeated testing of products (3 points).

(e) *Design of training activities* (4 points total).

(1) The Secretary considers the extent to which the design of training activities is likely to be effective in accomplishing the objectives of the project.

(2) In determining the extent to which the design is likely to be effective in accomplishing the objectives of the project, the Secretary considers the following factor: The extent to which the type, extent, and quality of the proposed clinical and laboratory research experience, including the opportunity to participate in advanced-level research, are likely to develop highly qualified researchers (4 points).

(f) *Design of dissemination activities* (7 points total).

(1) The Secretary considers the extent to which the design of dissemination activities is likely to be effective in accomplishing the objectives of the project.

(2) In determining the extent to which the design is likely to be effective in accomplishing the objectives of the project, the Secretary considers the following factors:

(i) The extent to which the content of the information to be disseminated—

(A) Covers all of the relevant aspects of the subject matter (2 points); and

(B) If appropriate, is based on new knowledge derived from research activities of the project (2 points).

(ii) The extent to which the materials to be disseminated are likely to be effective and usable, including consideration of their quality, clarity, variety, and format (2 points).

(iii) The extent to which the information to be disseminated will be accessible to individuals with disabilities (1 point).

(g) *Design of utilization activities* (2 points total).

(1) The Secretary considers the extent to which the design of utilization activities is likely to be effective in accomplishing the objectives of the project.

(2) In determining the extent to which the design is likely to be effective in accomplishing the objectives of the project, the Secretary considers the following factor: The extent to which the potential new users of the information or technology have a practical use for the information and are likely to adopt the practices or use the information or technology, including new devices (2 points).

(h) *Design of technical assistance activities* (2 points total).

(1) The Secretary considers the extent to which the design of technical assistance activities is likely to be effective in accomplishing the objectives of the project.

(2) In determining the extent to which the design is likely to be effective in accomplishing the objectives of the project, the Secretary considers the following factor: The extent to which the methods for providing technical assistance are of sufficient quality, intensity, and duration (2 points).

(i) *Plan of operation* (4 points total).

(1) The Secretary considers the quality of the plan of operation.

(2) In determining the quality of the plan of operation, the Secretary considers the following factors:

(i) The adequacy of the plan of operation to achieve the objectives of the proposed project on time and within budget, including clearly defined responsibilities, and timelines for accomplishing project tasks (2 points).

(ii) The adequacy of the plan of operation to provide for using resources, equipment, and personnel to achieve each objective (2 points).

(j) *Collaboration* (4 points total).

(1) The Secretary considers the quality of collaboration.

(2) In determining the quality of collaboration, the Secretary considers the following factors:

(i) The extent to which agencies, organizations, or institutions demonstrate a commitment to collaborate with the applicant (2 points).

(ii) The extent to which agencies, organizations, or institutions that commit to collaborate with the applicant have the capacity to carry out collaborative activities (2 points).

(k) *Adequacy and reasonableness of the budget* (3 points total).

(1) The Secretary considers the adequacy and the reasonableness of the proposed budget.

(2) In determining the adequacy and the reasonableness of the proposed budget, the Secretary considers the following factors:

(i) The extent to which the costs are reasonable in relation to the proposed project activities (1 point).

(ii) The extent to which the budget for the project, including any subcontracts, is adequately justified to support the proposed project activities (2 points).

(l) *Plan of evaluation* (9 points total).

(1) The Secretary considers the quality of the plan of evaluation.

(2) In determining the quality of the plan of evaluation, the Secretary considers the following factors: The extent to which the plan of evaluation provides for periodic assessment of a project's progress that is based on identified performance measures that—

(i) Are clearly related to the intended outcomes of the project and expected impacts on the target population (5 points); and

(ii) Are objective, and quantifiable or qualitative, as appropriate (4 points).

(m) *Project staff* (9 points total).

(1) The Secretary considers the quality of the project staff.

(2) In determining the quality of the project staff, the Secretary considers the extent to which the applicant encourages applications for employment from persons who are members of groups that have traditionally been underrepresented based on race, color, national origin, gender, age, or disability (1 point).

(3) In addition, the Secretary considers the following factors:

(i) The extent to which the key personnel and other key staff have appropriate training and experience in disciplines required to conduct all proposed activities (2 points).

(ii) The extent to which the commitment of staff time is adequate to accomplish all the proposed activities of the project (2 points).

(iii) The extent to which the key personnel are knowledgeable about the methodology and literature of pertinent subject areas (2 points).

(iv) The extent to which the project staff includes outstanding scientists in the field (2 points).

(n) *Adequacy and accessibility of resources* (4 points total).

(1) The Secretary considers the adequacy and accessibility of the applicant's resources to implement the proposed project.

(2) In determining the adequacy and accessibility of resources, the Secretary considers the following factors:

(i) The extent to which the applicant is committed to provide adequate facilities, equipment, other resources, including administrative support, and laboratories, if appropriate (2 points).

(ii) The extent to which the applicant has appropriate access to clinical populations and organizations representing individuals with disabilities to support advanced clinical rehabilitation research (1 point).

(iii) The extent to which the facilities, equipment, and other resources are appropriately accessible to individuals with disabilities who may use the facilities, equipment, and other resources of the project (1 point).

Instructions for Application Narrative

The Secretary strongly recommends the following:

(a) A one-page abstract;

(b) An Application Narrative (i.e., Part III that addresses the selection criteria that will be used by reviewers in evaluating individual proposals) of no more than 125 pages double-spaced (no more than 3 lines per vertical inch) 8½ x 11″ pages (on one side only) with one inch margins (top, bottom, and sides). The application narrative page limit recommendation does not apply to: Part I—the electronically scannable form; Part II—the budget section (including the narrative budget justification); and Part IV—the assurances and certifications; and

(c) A font no smaller than a 12-point font and an average character density no greater than 14 characters per inch.

Instructions for Transmittal of Applications

(a) If an applicant wants to apply for a grant, the applicant shall —

(1) Mail the original and two copies of the application on or before the deadline date to: U.S. Department of Education, Application Control Center, Attention: (CFDA # [Applicant must insert number and letter]), Washington, D.C. 20202–4725, or

(2) Hand deliver the original and two copies of the application by 4:30 p.m. [Washington, D.C. time] on or before the deadline date to: U.S. Department of Education, Application Control Center, Attention: (CFDA # [Applicant must insert number and letter]), Room #3633, Regional Office Building #3, 7th and D Streets, S.W., Washington, D.C.

(b) An applicant must show one of the following as proof of mailing:

(1) A legibly dated U.S. Postal Service postmark.

(2) A legible mail receipt with the date of mailing stamped by the U.S. Postal Service.

(3) A dated shipping label, invoice, or receipt from a commercial carrier.

(4) Any other proof of mailing acceptable to the Secretary.

(c) If an application is mailed through the U.S. Postal Service, the Secretary does not accept either of the following as proof of mailing:

(1) A private metered postmark.

(2) A mail receipt that is not dated by the U.S. Postal Service.

Notes: (1) The U.S. Postal Service does not uniformly provide a dated postmark. Before relying on this method, an applicant should check with its local post office.

(2) An applicant wishing to know that its application has been received by the Department must include with the application a stamped self-addressed postcard containing the CFDA number and title of this program.

(3) The applicant *must* indicate on the envelope and—if not provided by the Department—in Item 10 of the Application for Federal Assistance (Standard Form 424) the CFDA number—and letter, if any—of the competition under which the application is being submitted.

Application Forms and Instructions

The appendix to this application is divided into four parts. These parts are organized in the same manner that the submitted application should be organized. These parts are as follows:

PART I: Application for Federal Assistance (Standard Form 424 (Rev. 4–88)) and instructions.

PART II: Budget Form—Non-Construction Programs (Standard Form 524A) and instructions.

PART III: Application Narrative.

Additional Materials

Estimated Public Reporting Burden.

Assurances—Non-Construction Programs (Standard Form 424B).

Certification Regarding Lobbying, Debarment, Suspension, and Other Responsibility Matters: and Drug-Free Work-Place Requirements (ED Form 80–0013).

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion: Lower Tier Covered Transactions (ED Form 80–0014) and instructions. (NOTE: ED Form GCS–014 is intended for the use of primary participants and should not be transmitted to the Department.)

Disclosure of Lobbying Activities (Standard Form LLL (if applicable) and instructions; and Disclosure Lobbying Activities Continuation Sheet (Standard Form LLL–A).

An applicant may submit information on a photostatic copy of the application and budget forms, the assurances, and the certifications. However, the application form, the assurances, and the certifications must each have an *original signature.* No grant may be awarded unless a completed application form has been received.

FOR APPLICATIONS CONTACT: The Grants and Contracts Service Team, Department of Education, 600 Independence Avenue S.W., Switzer Building, 3317, Washington, D.C. 20202, or call (202) 205–8207. Individuals who use a telecommunications device for the deaf (TDD) may call the TDD number at (202) 205–9860. The preferred method for requesting information is to FAX your request to (202) 205–8717.

Individuals with disabilities may obtain a copy of the application package in an alternate format by contacting the GCST. However, the Department is not able to reproduce in an alternate format the standard forms included in the application package.

FOR FURTHER INFORMATION CONTACT: Donna Nangle, U.S. Department of Education, 600 Maryland Avenue, S.W., room 3418, Switzer Building, Washington, D.C. 20202–2645. Telephone: (202) 205–5880. Individuals who use a telecommunications device for the deaf (TDD) may call the TDD number at (202) 205–9136. Internet: Donna__Nangle@ed.gov

Individuals with disabilities may obtain this document in an alternate format (e.g., Braille, large print, audiotape, or computer diskette) on request to the contact person listed in the preceding paragraph.

Electronic Access to This Document

Anyone may view this document, as well as all other Department of Education documents published in the **Federal Register**, in text or portable document format (pdf) on the World Wide Web at either of the following sites:

http://ocfo.ed.gov/fedreg.htm
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of the preceding sites. If you have questions about using the pdf, call the U.S. Government Printing Office at (202) 512–1530 or, toll free at 1–888–293–6498.

Anyone may also view these documents in text copy only on an electronic bulletin board of the Department. Telephone: (202) 219–1511 or, toll free, 1–800–222–4922. The documents are located under Option G—Files/Announcements, Bulletins and Press Releases.

Note: The official version of this document is the document published in the **Federal Register**.

Program Authority: 29 U.S.C. 760–762.

Dated: June 8, 1998.

Curtis L. Richards,

Acting Assistant Secretary for Special Education and Rehabilitative Services.

Appendix

Application Forms and Instructions

Applicants are advised to reproduce and complete the application forms in this section. Applicants are required to submit an original and two copies of each application as provided in this section. However, applicants are encouraged to submit an original and seven copies of each application in order to facilitate the peer review process and minimize copying errors.

FREQUENT QUESTIONS

1. CAN I GET AN EXTENSION OF THE DUE DATE?

No! On rare occasions the Department of Education may extend a closing date for all applicants. If that occurs, a notice of the revised due date is published in the **Federal Register**. However, there are no extensions or exceptions to the due date made for individual applicants.

2. WHAT SHOULD BE INCLUDED IN THE APPLICATION?

The application should include a project narrative, vitae of key personnel, and a budget, as well as the Assurances forms included in this package. Vitae of staff or consultants should include the individual's title and role in the proposed project, and other information that is specifically pertinent to this proposed project. The budgets for both the first year and all subsequent project years should be included.

If collaboration with another organization is involved in the proposed activity, the application should include assurances of participation by the other parties, including written agreements or assurances of cooperation. It is *not* useful to include general letters of support or endorsement in the application.

If the applicant proposes to use unique tests or other measurement instruments that are not widely known in the field, it would be helpful to include the instrument in the application.

Many applications contain voluminous appendices that are not helpful and in many cases cannot even be mailed to the reviewers. It is generally not helpful to include such things as brochures, general capability statements of collaborating organizations, maps, copies of publications, or descriptions of other projects completed by the applicant.

3. WHAT FORMAT SHOULD BE USED FOR THE APPLICATION?

NIDRR generally advises applicants that they may organize the application to follow the selection criteria that will be used. The specific review criteria vary according to the specific program, and are contained in this Consolidated Application Package.

4. MAY I SUBMIT APPLICATIONS TO MORE THAN ONE NIDRR PROGRAM COMPETITION OR MORE THAN ONE APPLICATION TO A PROGRAM?

Yes, you may submit applications to any program for which they are responsive to the program requirements. You may submit the same application to as many competitions as you believe appropriate. You may also submit more than one application in any given competition.

5. WHAT IS THE ALLOWABLE INDIRECT COST RATE?

The limits on indirect costs vary according to the program and the type of application.

An applicant for an RRTC is limited to an indirect rate of 15%.

An applicant for an RERC is limited to the organization's approved indirect cost rate. If the organization does not have an approved indirect cost rate, the application should include an estimated actual rate.

6. CAN PROFITMAKING BUSINESSES APPLY FOR GRANTS?

Yes. However, for-profit organizations will not be able to collect a fee or profit on the grant, and in some programs will be required to share in the costs of the project.

7. CAN INDIVIDUALS APPLY FOR GRANTS?

No. Only organizations are eligible to apply for grants under NIDRR programs. However, individuals are the only entities eligible to apply for fellowships.

8. CAN NIDRR STAFF ADVISE ME WHETHER MY PROJECT IS OF INTEREST TO NIDRR OR LIKELY TO BE FUNDED?

No. NIDRR staff can advise you of the requirements of the program in which you propose to submit your application. However, staff cannot advise you of whether your subject area or proposed approach is likely to receive approval.

9. HOW DO I ASSURE THAT MY APPLICATION WILL BE REFERRED TO THE MOST APPROPRIATE PANEL FOR REVIEW?

Applicants should be sure that their applications are referred to the correct competition by clearly including the competition title and CFDA number, including alphabetical code, on the Standard Form 424, and including a project title that describes the project.

10. HOW SOON AFTER SUBMITTING MY APPLICATION CAN I FIND OUT IF IT WILL BE FUNDED?

The time from closing date to grant award date varies from program to program. Generally speaking, NIDRR endeavors to have awards made within five to six months of the closing date.

Unsuccessful applicants generally will be notified within that time frame as well. For the purpose of estimating a project start date, the applicant should estimate approximately six months from the closing date, but no later than the following September 30.

11. CAN I CALL NIDRR TO FIND OUT IF MY APPLICATION IS BEING FUNDED?

No. When NIDRR is able to release information on the status of grant applications, it will notify applicants by letter. The results of the peer review cannot be released except through this formal notification.

12. IF MY APPLICATION IS SUCCESSFUL, CAN I ASSUME I WILL GET THE REQUESTED BUDGET AMOUNT IN SUBSEQUENT YEARS?

No. Funding in subsequent years is subject to availability of funds and project performance.

13. WILL ALL APPROVED APPLICATIONS BE FUNDED?

No. It often happens that the peer review panels approve for funding more applications than NIDRR can fund within available resources. Applicants who are approved but not funded are encouraged to consider submitting similar applications in future competitions.

BILLING CODE 4000–01–P

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

Application Identifier

1. TYPE OF SUBMISSION
- ❑ Construction
- ❑ Non-Construction

Preapplication:
- ❑ Construction
- ❑ Nonconstruction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

Organizational Unit:

Address (Give city, county, state, and zip code):

Name and telephone number of the person to be contacted on matters involving this application (give area code)

6. Employer Identification Number:

7. TYPE OF APPLICATION:
(enter appropriate letter here) ❑

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Cont. I of HL
J. Private University
K. Indian tribe
L. Individual
M. Profit Org.
N. Other (Specify) _____

8. TYPE OF APPLICATION
❑ New ❑ Continuation ❑ Revision

If Revision, enter appropriate letter(s) here: ❑ ❑
A. Increase Award
B. Decrease Award
C. Increase Duration
D. Decrease Duration
Other (specify)

9. NAME OF FEDERAL AGENCY

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 84.
Title:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

13. PROPOSED PROJECT:

Start Date:

Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

b. Project:

15. ESTIMATED FUNDING

a.	Federal	$ .00
b.	Applicant	$ .00
c.	State	$ .00
d.	Local	$ .00
e.	Other	$ .00
f.	Program Income	$ .00
g.	TOTAL	$ .00

16. IS APPLICANT SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ❑ THIS PREAPPLICATION /APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE

b. NO ❑ PROGRAM IS NOT COVERED BY E.O. 12372

❑ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
❑ Yes If "Yes" attach an explanation
❑ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

b. Title:

c. Telephone Number:

d. Signature of Authorized Representative

e. Date Signed

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Standard Form 424 REV 4-88)
Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:
1.	Self-explanatory.
2.	Date application submitted to Federal agency (or State if applicable) & applicants control number (if applicable).
3.	State use only (if applicable).
4.	If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.
5.	Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matter related to this application.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7.	Enter the appropriate letter in the space provided.
8.	Check appropriate box and enter appropriate letter(s) in the space(s) provided: - "New" means a new assistance award. - "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. - "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.
9.	Name of Federal agency from which assistance is being requested with this application.
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.
11.	Enter a brief descriptive title of the project, if more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications use a separate sheet to provide a summary description of this project.
12.	List the State and area (county, city, etc.) the applicant is applying to serve **with this application.**
13.	Self-explanatory.
14.	List the applicant's Congressional District and any District(s) affected by the program or project.
15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate <u>only</u> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application).

U.S. DEPARTMENT OF EDUCATION

BUDGET INFORMATION

NON-CONSTRUCTION PROGRAMS

OMB Control No. 1880--0538

Expiration Date: 10/31/99

Name of Institution/Organization

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

SECTION A - BUDGET SUMMARY
U.S. DEPARTMENT OF EDUCATION FUNDS

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	**Total (f)**
1. Personnel						
2. Fringe Benefits						
3. Travel						
4. Equipment						
5. Supplies						
6. Contractual						
7. Construction						
8. Other						
9. Total Direct Costs (lines 1-8)						
10. Indirect Costs						
11. Training Stipends						
12. Total Costs (lines 9-11)						

ED FORM NO. 524

Name of Institution/Organization	Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

SECTION B - BUDGET SUMMARY
NON-FEDERAL FUNDS

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	**Total (f)**
1. Personnel						
2. Fringe Benefits						
3. Travel						
4. Equipment						
5. Supplies						
6. Contractual						
7. Construction						
8. Other						
9. Total Direct Costs (lines 1-8)						
10. Indirect Costs						
11. Training Stipends						
12. Total Costs (lines 9-11)						

SECTION C - OTHER BUDGET INFORMATION (see instructions)

ED FORM NO. 524

Public reporting burden for this collection of information is estimated to vary from 13 to 22 hours per response, with an average of 17.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, Information Management and Compliance Division, Washington, D.C. 20202-4651; and the Office of Management and Budget, Paperwork Reduction Project 1875-0102, Washington, D.C. 20503.

INSTRUCTIONS FOR ED FORM NO. 524

General Instructions

This form is used to apply to individual U.S. Department of Education discretionary grant programs. Unless directed otherwise, provide the same budget information for each year of the multi-year funding request. Pay attention to applicable program specific instructions, if attached.

Section A - Budget Summary
U.S. Department of Education Funds

All applicants must complete Section A and provide a breakdown by the applicable budget categories shown in lines 1-11.

Lines 1-11, columns (a)-(e): For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Lines 1-11, column (f): Show the multi-year total for each budget category. If funding is requested for only one project year, leave this column blank.

Line 12, columns (a)-(e): Show the total budget request for each project year for which funding is requested.

Line 12, column (f): Show the total amount requested for all project years. If funding is requested for only one year, leave this space blank.

Section B - Budget Summary
Non-Federal Funds

If you are required to provide or volunteer to provide matching funds or other non-Federal resources to the project, these should be shown for each applicable budget category on lines 1-11 of Section B.

Lines 1-11, columns (a)-(e): For each project year for which matching funds or other contributions are provided, show the total contribution for each applicable budget category.

Lines 1-11, column (f): Show the multi-year total for each budget category. If non-Federal contributions are provided for only one year, leave this column blank.

Line 12, columns (a)-(e): Show the total matching or other contribution for each project year.

Line 12, column (f): Show the total amount to be contributed for all years of the multi-year project. If non-Federal contributions are provided for only one year, leave this space blank.

Section C - Other Budget Information
Pay attention to applicable program specific instructions, if attached.

1. Provide an itemized budget breakdown, by project year, for each budget category listed in Sections A and B.

2. If applicable to this program, enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period. In addition, enter the estimated amount of the base to which the rate is applied, and the total indirect expense.

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.

4. Provide other explanations or comments you deem necessary.

BILLING CODE 4000–01–C

Public reporting burden for these collections of information is estimated to average 30 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of these collections of information, including suggestions for reducing this burden, to: the U.S. Department of Education, Information Management and Compliance Division, Washington, D.C. 20202–4651; and to the Office of Management and Budget, Paperwork Reduction Project 1820–0027, Washington, D.C. 20503.

Rehabilitation Research and Training Centers (CFDA No. 84.133B) 34 CFR Part 350.

Rehabilitation Engineering Research Center (CFDA No. 84.133E) 34 CFR Part 350.

BILLING CODE 4000–01–P

NOTICE TO ALL APPLICANTS

Thank you for your interest in this program. The purpose of this enclosure is to inform you about a new provision in the Department of Education's General Education Provisions Act (GEPA) that applies to applicants for new grant awards under Department programs. This provision is section 427 of GEPA, enacted as part of the Improving America's Schools Act of 1994 (Pub. L. 103-382).

To Whom Does This Provision Apply?

Section 427 of GEPA affects applicants for new discretionary grant awards under this program. ALL APPLICANTS FOR NEW AWARDS MUST INCLUDE INFORMATION IN THEIR APPLICATIONS TO ADDRESS THIS NEW PROVISION IN ORDER TO RECEIVE FUNDING UNDER THIS PROGRAM.

What Does This Provision Require?

Section 427 requires each applicant for funds (other than an individual person) to include in its application a description of the steps the applicant proposes to take to ensure equitable access to, and participation in, its federally assisted program for students, teachers, and other program beneficiaries with special needs.

This section allows applicants discretion in developing the required description. The statute highlights six types of barriers that can impede equitable access or participation that you may address: gender, race, national origin, color, disability, or age. Based on local circumstances, you can determine whether these or other barriers may prevent your students, teachers, etc. from equitable access or participation. Your description need not be lengthy; you may provide a clear and

succinct description of how you plan to address those barriers that are applicable to your circumstances. In addition, the information may be provided in a single narrative, or, if appropriate, may be discussed in connection with related topics in the application.

Section 427 is not intended to duplicate the requirements of civil rights statutes, but rather to ensure that, in designing their projects, applicants for Federal funds address equity concerns that may affect the ability of certain potential beneficiaries to fully participate in the project and to achieve to high standards. Consistent with program requirements and its approved application, an applicant may use the Federal funds awarded to it to eliminate barriers it identifies.

What are Examples of How an Applicant Might Satisfy the Requirement of This Provision?

The following examples may help illustrate how an applicant may comply with section 427.

(1) An applicant that proposes to carry out an adult literacy project serving, among others, adults with limited English proficiency, might describe in its application how it intends to distribute a brochure about the proposed project to such potential participants in their native language.

(2) An applicant that proposes to develop instructional materials for classroom use might describe how it will make the materials available on audio tape or in braille for students who are blind.

(3) An applicant that proposes to carry out a model science program for secondary students and is concerned that girls may be less likely than boys to enroll in the course, might indicate how it intends to conduct "outreach" efforts to girls, to encourage their enrollment.

We recognize that many applicants may already be implementing effective steps to ensure equity of access and participation in their grant programs, and we appreciate your cooperation in responding to the requirements of this provision.

Estimated Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1801-0004 (Exp. 8/31/98). The time required to complete this information collection is estimated to vary from 1 to 3 hours per response, with an average of 1.5 hours, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651.

OMB Approval No. 0348-0040

ASSURANCES- NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §§874) and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to

EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signature of Authorized Certifying Official	Title	
Applicant Organization		Date Submitted

SF 424 (4-88) Back

CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 34 CFR Part 85, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over $100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110--

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c)Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610 -

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about-

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will-

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants Policy and Oversight Staff, U.S. Department of Education, 600 Independence Avenue, S.W. (Room 3652, GSA Regional Office Building No. 3), Washington, DC 20202-4248. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted-

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address. city, county, state, zip code)

_____

_____

_____

Check [ ] if there are workplaces on file that are not identified here.

DRUG-FREE WORKPLACE
(GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610-

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants Policy and Oversight Staff, Department of Education, 600 Independence Avenue, S.W. (Room 3652, GSA Regional Office Building No. 3), Washington, DC 20202-4248. Notice shall include the identification number(s) of each affected grant.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

NAME OF APP LICANT	PR/AWARD NUMBER AND / OR PROJECT NAME
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	DATE

ED 80-0013

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions

This certification is required by the Department of Education regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, for all lower tier transactions meeting the threshold and tier requirements stated at Section 85.110.

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," " person," "primary covered transaction," " principal," proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NAME OF APPLICANT	PR/AWARD NUMBER AND/OR PROJECT NAME
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	DATE

ED 80-0014, 9/90 (Replaces GCS-009 (REV.12/88), which is obsolete)

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C 1352
(See reverse for public burden disclosure.)

1. **Type of Federal Action:**
   ☐ a. contract
   b. grant
   c. cooperative agreement
   d. loan
   e. loan guarantee
   f. loan insurance

2. **Status of Federal Action:**
   ☐ a. bid/offer/application
   b. initial award
   c. post-award

3. **Report Type:**
   ☐ a. initial filing
   b. material change

   For Material Change Only:
   year _____ quarter ____
   date of last report

4. **Name and Address of Reporting Entity:**
   ☐ Prime ☐ Subawardee
   Tier _____, *if known:*

   Congressional District, *if known:*

5. **If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:**

   Congressional District, *if known:*

6. **Federal Department/Agency:**

7. **Federal Program Name/Description:**

   CFDA Number, *if applicable*:

8. **Federal Action Number,** *if known:*

9. **Award Amount,** *if known:*

   $

10. a. **Name and Address of Lobbying ~~Entity~~ Registrant** *(if individual, last name, first name, MI):*

    b. **Individuals Performing Services** *(including address if different from No. 10a) (last name, first name, MI):*

~~11. **Amount of Payment** *(check all that apply):*~~

~~$ _____ ☐ actual ☐ planned~~

~~12. **Form of Payment** *(check all that apply):*~~

~~☐ a. cash~~
~~☐ b. in-kind; specify: nature _____~~
~~value _____~~

~~13. **Type of Payment** *(Check all that apply):*~~

~~☐ a. retainer~~
~~☐ b. one-time fee~~
~~☐ c. commission~~
~~☐ d. contingent fee~~
~~☐ e. deferred~~
~~☐ f. other; specify: _____~~

~~14. **Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11:**~~

~~*(attach Continuation Sheet(s) SF-LLL-A, if necessary)*~~

~~15. **Continuation Sheet(s) SF-LLL attached:** ☐ Yes ☐ No~~

16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: _____

Print Name: _____

Title: _____

Telephone No.: _____ **Date:**

Federal Use Only

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Standard Form - LLL

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. ~~Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate~~. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and conract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee" then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number, grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, state, and zip code of the ~~lobbying entity~~ registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).

~~11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this a material change report, enter the cumulative amount of payment made or planned to be made.~~

~~12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of in-kind payment.~~

~~13. Check the appropriate box(es). Check all boxes that apply. If other specify nature.~~

~~14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.~~

~~15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.~~

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions

DUNS Number Instructions

D-U-N-S No.: Please provide the applicant's D-U-N-S Number. You can obtain your D-U-N-S Number at no charge by calling **1-800-333-0505** or by completing a D-U-N-S Number Request Form. The form can be obtained via the Internet at the following URL:

http://www.dnb.com/dbis/aboutdb/intlduns.htm

The D-U-N-S Number is a unique nine-digit number that does not convey any information about the recipient. A built in check digit helps assure the accuracy of the D-U-N-S Number. The ninth digit of each number is the check digit, which is mathematically related to the other digits. It lets computer systems determine if a D-U-N-S Number has been entered correctly.

Dun & Bradstreet, a global information services provider, has assigned D-U-N-S numbers to over 43 million companies worldwide.

[FR Doc. 98–15698 Filed 6–11–98; 8:45 am]
BILLING CODE 4000–01–C

federal register

Friday
June 12, 1998

Part V

Department of Labor

Employment and Training Administration

United States Employment Service; Labor Exchange Performance Measures; Notice

DEPARTMENT OF LABOR

Employment and Training Administration

United States Employment Service; Labor Exchange Performance Measures

AGENCY: Employment and Training Administration.

ACTION: Notice and request for comments.

SUMMARY: In response to the requirements of the Government Performance and Results Act (GPRA) of 1993, the national call for government programs to be more accountable and results-oriented, the Department of Labor (DOL) Employment and Training Administration (ETA) launched a project called the Workforce Development Performance Measures Initiative (WDPMI) to develop a menu of key performance measures for use in the workforce development system. Due to the absence of established key performance indicators for the public labor exchange program that measures both the self-service and staff-assisted service options now available, the United States Employment Service (USES) initiated a project at about the same time to work cooperatively with States in developing program-specific performance measures. This Federal-State workgroup also was charged with ensuring that the labor exchange performance measures it proposed would be compatible with and complementary to the overall WDPMI performance measures being developed.

The Labor Exchange Performance Measures workgroup prepared a discussion draft issues paper entitled ''America's Labor Exchange Performance Measures'' that identified a list of potential measures. This paper was shared informally among the State Employment Security Agencies during a period beginning on September 10, 1997, until October 31, 1997. More than 20 States provided reactions and feedback on the proposed measures. The Labor Exchange Performance Measures workgroup considered these comments and in subsequent discussions refined the potential program measures.

This **Federal Register** Notice (FRN) provides a description of the conceptual framework within which public labor exchange services are delivered, and requests comment from interested parties and USES' stakeholders on proposed performance measures for labor exchange services. The Department of Labor also is interested in comments on the appropriate number of measures, and whether the proposed measures take into account the full range of services and service options in the modern labor exchange. In addition, the Department is interested in learning about other measures that State labor exchange agencies have found useful for management and continuous improvement purposes.

There currently are two bills being considered by the Congress (H.R. 1385 and S. 1186) which will provide the framework for the Nation's workforce development system. Among the provisions of the bills is a requirement that the Wagner-Peyser funded labor exchange program functions are provided through the One-Stop system (called ''full-service'' in H.R. 1385).

These proposed measures are a starting point for development of comprehensive measures for the labor exchange function of the emerging workforce development system. This FRN does not address the data elements needed to produce the performance measures nor proposes specific changes to the ETA reporting requirements. That will be the subject of a subsequent notice.

DATES: Comments on the proposed Labor Exchange function performance measures must be received by the U.S. Department of Labor on or before July 27, 1998. Late-filed comments will be considered to the extent possible.

ADDRESSES: Comments must be filed in Room N4470, U.S. Department of Labor, Employment and Training Administration, United States Employment Service, 200 Constitution Avenue NW., Washington, DC 20210.

FOR FURTHER INFORMATION CONTACT: John R. Beverly, III, United States Employment Service, U.S. Department of Labor, 200 Constitution Avenue NW., Room N4470, Washington, DC 20210, Tel. 202–219–5257, Fax 202–219–6643, E-mail jbeverly@doleta.gov

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I. Authority

Labor exchange performance measures will be implemented under the following authority:

A. Wagner-Peyser Act section 10 (c), 29 U.S.C. 49i(c)

(c) Reports

Each State receiving funds under this Act shall (1) make such reports concerning its operations and expenditures in such form and containing such information as shall be prescribed by the Secretary, and (2) establish and maintain a management system in accordance with guidelines established by the Secretary designed to facilitate the compilation and analysis of programmatic and financial data necessary for reporting, monitoring and evaluating purposes.

B. Government Performance and Results Act of 1993

Purposes—The purposes of this Act are to improve the confidence of the American people in the capability of the Federal Government, by systematically holding Federal agencies accountable for achieving program results;
—improve Federal program effectiveness and public accountability by promoting a new focus on results,

service quality, and customer satisfaction.

II. Introduction

A. Mission of the US Department of Labor

The 1998 USDOL Strategic Performance Plan states that it is the mission of the Department of Labor to foster and promote the welfare of the job seekers, wage earners and retirees of the United States by improving their working conditions, advancing their opportunities for profitable employment, and protecting their retirement, health, and other benefits.

In carrying out a part of this mission, the Department, through the Employment and Training Administration, administers a variety of Federal programs to help employers find workers, to help job seekers find employment, to provide unemployment insurance benefits and reemployment services to jobless workers, to track changes in employment and to provide job training to meet the changing workplace skill needs.

B. Role of the Public Labor Exchange in the USDOL Mission

In a May 1, 1933, report to the Senate from the Education and Labor Committee, and a May 22, 1933, report to the House of Representatives from the Labor Committee, the stated purpose of the public labor exchange is:

(1) To foster, promote and develop the welfare of the wage earners of the United States including juniors (youth) regularly employed;

(2) To improve their working conditions;

(3) To advance their opportunities for profitable employment by regularly collecting, furnishing, and publishing employment information as to opportunities for employment;

(4) For maintaining a system for clearing labor between the several States; and

(5) For cooperating and coordinating the public employment offices throughout the country.

On June 6, 1933, the Wagner-Peyser Act (29 U.S.C. 49 et seq.) became law and has since provided the basic funding support for the public labor exchange system.

Over the 64 years of its history, the role of the public labor exchange has changed and evolved to meet the needs of the nation, employers and job seekers. Dedicated and hard working employees have labored in service to the United States from its earliest role in assisting the nation to recover from the depths of the Great Depression as part of the national recovery effort, through the efforts in support of the nation's economy by assisting private sector employers as their need for workers was revived. In the years that followed, the public labor exchange was an important part of the mobilization in support of war industries during World War II and the return to a post war economy. During that time the federal/State partnership was restructured with a redirection of effort to support private sector employers' workforce needs. Through the 1960's and 70's the national system of Wagner-Peyser funded labor exchange offices was instrumental in advancing a variety of social programs designed to expand participation and conditions of employment for several target groups including jobless workers, the economically disadvantaged and those who had particular difficulty in gaining access to employment opportunities.

In 1986, the Secretary of Labor conducted a series of four public hearings at which 138 individuals testified and 562 submitted written testimony representing a cross section of the stakeholders of the nation's public labor exchange, including business and industry, the unemployed, target group advocates (e.g. veterans etc.), labor unions, State governments, employees and the training and education communities. The intent was to assess the current role of the labor exchange and to secure input on the appropriate role for the Wagner-Peyser Act funded labor exchange in the 21st century.

The vast majority of respondents (97.6%) indicated that the nationwide public labor exchange system was viable, and should be maintained and improved. Many of the respondents highlighted the need to streamline the system and to return to providing basic labor exchange activities. The list which follows represents the most frequently identified services in their order of priority:

- Intake, general assessment, and referral to jobs, training or re-training opportunities, and/ or support services;
- Labor market and occupational information;
- Preliminary screening of applicants for employers' job orders;
- Basic skill and/or aptitude testing;
- Direct placement (includes job referral);
- Job Search Assistance, including training and tips on interviewing, etc.; and
- Specialized recruitment for employers with large staffing requirements and workforce needs.

The majority of commentators indicated that the public labor exchange services should be available free to all employers and job seekers, and that the role of the federal, State and local governments and the private sector should be maintained as they were at the time of the review and are today.

In addition to responding to specific questions posed in the FRN that announced the hearings, the commentators also offered other recommendations including:

- The public image of the labor exchange should be improved to promote use of the available services,
- There be an increased use of automation and technology to provide linkage among states and localities and related programs to assist job matching, and to provide more timely and accurate labor force projections,
- DOL develop better standards to evaluate performance and incentive systems,
- Staffing levels be increased,
- Data collection and reporting systems be enhanced,
- Staff training be increased,
- Better job skills assessment tools be developed,
- Labor market information be improved,
- Federal support for State-level program integration efforts be increased, and
- Alternative funding sources to finance operations be found.

In the 12 years since the re-examination, the public labor exchange system has been streamlined. Revitalized operations now provide service using flexible tiered service delivery strategies. The public labor exchange has significantly increased the use of automation and technology to provide service and information, and implemented many of the changes and improvements which were suggested. In cooperation with the Unemployment Insurance Service, the public labor exchange also developed a system of worker profiling and re-employment services for Unemployment Insurance (UI) claimants to speed their return to productive employment.

The Wagner-Peyser funded public labor exchange has become a core component of the new Workforce Development System and is the universal access component of the nation's One-Stop Career Centers. For many business and job seeking customers, their only experience and contact with the Workforce Development System will be Wagner-Peyser funded services.

The lack of additional financial investment in the public labor exchange may be traced, to some degree, to its failure to develop national labor

exchange performance measures. Performance data that have been collected and used provides an inaccurate picture of the overall success and value of the services provided. Moreover, these data fail to address the employer customer who is taxed to pay for the public labor exchange services.

In this fiscal environment where labor exchange funding has either remained the same or declined, a good performance measurement system will help States and agencies manage programs and decide on the most appropriate mix of labor exchange services to offer.

For the most part, previous measurement schemes were simple counts of service outputs, e.g., individuals referred to jobs, with the effectiveness of those outputs gauged through ratios made by comparing those counts to the total pool of persons registering with the labor exchange, e.g., 24% of all labor exchange applicants received a job referral. Moreover, measurement of the effectiveness of employer services were confined to a count of the number of job openings received by the public labor exchange as compared to the number of openings on which a placement action occurred, i.e., the job openings filled rate.

The ETA 9002 reporting and data collection system has been the source of these program data. The authority to collect ETA 9002 data will expire on August 31, 1999. This sunset date offers an opportunity to re-examine how the labor exchange function is measured. It is DOL's hope to secure comment from all of the stakeholders including employers, wage earners, unions, and partner agencies in the emerging workforce development system, including the education, training, and public assistance communities on both the performance measures proposed herein and the conceptual framework within which those measures would operate. The comments received will be reviewed and adjustments will be made to the proposed measures as appropriate. Following this participatory process, another FRN will be issued to promulgate the key performance measures, to identify the data elements needed to produce those measures, and to establish State data reporting requirements.

ETA recognizes its responsibility to continue to collect information on the race, age, sex, religion, ethnicity, disability status, and veteran status of the job seekers who register to use its services.

III. Performance Measurement Development Process

A. Labor Exchange Performance Measures Workgroup

The USES Labor Exchange Performance Measures Initiative (LEPMI) Workgroup was composed of fifteen representatives drawn from State employment service agencies, USDOL regional and national offices, the Veterans' Employment and Training Service, and the Interstate Conference of Employment Security Agencies (ICESA). The members of the Labor Exchange Performance Measures Initiative (LEPMI) possessed on average over 20 years of experience in a variety of program areas and disciplines including tracking and monitoring program performance.

The workgroup was convened in June 1997 to develop a menu of conceptual performance measures which could be adopted for the Labor Exchange function of the Workforce Development System. The Workgroup used guidelines similar to those used by the ETA Workforce Development System Performance Measures Initiative Policy Committee to assess alternative measures, and maintained a close coordination between that effort and its work. Several persons served on both workgroups. This close working relationship between the two complementary performance measures initiatives has continued.

The Workgroup began by agreeing that the new performance measurement system should be directed toward measuring the outcomes of service delivery, whenever possible, and *not* the inputs or outputs of the processes used to provide service. The first task the LEPMI work group tackled was to identify the core services being provided in today's labor exchange. The workgroup identified the following as the core service categories of the public labor exchange: for Employers the core services identified were Job Listing, Business Assistance, and Job Matching and Initial Screening of Candidates for Employment; for Job Seekers the core services identified were Job Search Assistance, Job Development, and Facilitating Access to Self-Help Tools.

There are a wide variety of activities which are included within the broad categories of service, examples of which can be seen in Figure #1 which follows this FRN.

To develop performance measures, the workgroup benchmarked a variety of measurement strategies including the way in which the results of the public labor exchange has been measured in the past, workload-based measures similar to measures used in UI programs, measures of the effectiveness of training programs, approaches used to measure private sector business success and indicators of success in the public library system.

The workgroup also agreed early in its deliberations to a set of four guiding principles:

1. The Performance Measures proposed are intended to apply to the labor exchange function without regard to the administrative or program structure in which labor exchange services are delivered. Traditionally, the Labor Exchange function has been within the purview of State Employment Security Agencies (SESA's) nationwide. With the emergence of the Electronic Labor Exchange, worker profiling and intensive job search assistance activities under the Dislocated Worker programs, Welfare Reform, and One-Stop Career Center service delivery approaches, the Labor Exchange function is now being performed in a variety of agency and program models. These measures focus on the function not the program.

2. The customer universe against which staff-assisted service outcomes are to be measured would be limited to those persons who have received staff-assisted services and not all persons registered with the public labor exchange, whether or not they are seeking work.

There are several customer groups who use the public labor exchange for purposes other than immediate employment. These include but are not limited to applicants and recipients of Food Stamps, Home Relief or State General Assistance, Medicaid, temporary housing, and day care programs. Many of these programs require registration with the public employment service as part of the program application process.

Other customers have an intermittent interest in pursuing employment. These can include applicants who are not in the labor market and those who are currently employed but interested in new job opportunities. Many of these individuals will periodically register for employment with the labor exchange. A segment of this group includes candidates for employment with prominent local firms that have developed exclusive recruitment agreements with the public labor exchange office. Some employers, such as auto industry manufacturing companies and major retail outlets, post signs outside of their plants and personnel offices which inform candidates that they hire candidates for employment who are referred by the

public labor exchange only, directing the job seekers to complete applications at a local labor exchange office.

Mass recruitment control services are valued by many employers and result in registration of thousands of job seekers who are interested in working for only one of these major area employers. If any of the members of these customer groups fail to respond to other employer recruitments or job referral call-ins, and never return to the offices for job search assistance, they will ultimately be inactivated with no service. These customers are excluded from consideration when calculating the outcomes for labor exchange service because they did not receive and were not interested in staff-assisted service.

3. Although the performance measures presented in this FRN are not segmented by target group, e.g., Welfare-to-Work, Migrant and Seasonal Farm Workers, etc., ETA encourages segmenting performance measures to allow a comparison among groups of customers. Measuring program performance based simply on overall entered employment outcomes, without taking into account the labor market characteristics of the various target groups of job seekers being serviced, may under-represent the true performance of the public labor exchange system. Because public labor exchange services are available to all job seekers and all employers (universal access), its performance outcomes routinely include hard-to-place customer groups, e.g., potential UI Exhaustees, Public Assistance Recipients, Migrant/Seasonal Farm Workers, or Youth. However, current methodology does not account for the difficulty factors these groups may present. Segmentation of performance measures may offer insight into these overall outcomes. For example, an entered employment rate might be developed for Welfare-to-Work job seekers which could be compared to the entered employment rate for all job seekers.

ETA believes segmentation of outcomes for specific groups of customers can provide valuable insights into overall performance outcomes. This FRN does not address the data elements needed to produce the segmented outcome measures nor does it propose specific changes to ETA reporting. These will be the subject of a subsequent notice.

4. Data gathering, to the extent possible, should be directly related to service delivery and the cost of data collection and reporting should be proportionate to the cost of the service provided. A performance measurement system developed in the current environment that has been shaped by the national effort to reduce the administrative paperwork burden and to focus on the results of government programs should not propose measures that cost substantially more to collect and report than the unit price for delivering the service.

B. Service Delivery Strategies in the Modern Labor Exchange

To continue to meet customer needs for labor exchange services in a period of diminishing resources, States operating Employment Security, One-Stop, and Workforce Development programs have devised a variety of approaches and service delivery models which are significantly different from the traditional model of an ''Unemployment'' office that provided one-on-one staff-intensive interviews and individualized assistance to job seekers in finding jobs. This model, as the sole means delivery of labor exchange, is now largely extinct.

Today, labor exchange services are typically provided using a tiered delivery system composed of three flexible and adaptive service strategies: ''Self-Service''; ''Facilitated Self-Help''; and ''Staff-Assisted Service.'' Figure #2, which follows this FRN, shows this service model. Each strategy is designed to respond to differing service needs and differing service populations. It is the Department's expectation that State agencies providing labor exchange service will use each of the three service delivery strategies.

This FRN represents the first effort to describe the tiered service delivery continuum, particularly the electronic Self-Service and Facilitated Self-Help strategies. Accordingly, more descriptive text has been devoted to the descriptions of the Self-Service and Facilitated Self-Help service strategies compared to the description of the traditional Staff-Assisted service strategy. This should not be interpreted as a preference for one strategy over another. Each has a necessary and appropriate role in labor exchange service delivery.

1. In a *Self-Service strategy*, States make labor exchange resources available which customers can utilize independently, i.e., *without* staff intervention. Three current trends have helped drive the development of self-service strategies in today's public labor exchange.

First, government is increasingly required to do more with less, and so must find ways to deliver its products and services more efficiently.

Second, the labor market itself has changed, with unemployment being less associated with cyclical pressures and more with structural causes where increasing numbers of job seekers are considered dislocated workers. Studies have suggested that in the future job market most workers will change careers (not just jobs) several times during their work lives.

Third, customer expectations have changed, and the public labor exchange system faces new demands from its customers regarding the quality of the services that are provided. Customers also expect to participate in the decisions involving what services are provided and how they are provided.

This delivery mode places the customers in charge of the services they receive. The acceptance of self-service modes of service delivery is demonstrated by the increased number and availability of public access computers, automated teller machines, debit cards, and library swipe cards with bar-coded data, etc. There has also been a general movement within the United States toward placing more responsibility on, and expecting greater participation from, an individual who wishes to receive governmental services or benefits. In line with these trends, customers of the public labor exchange increasingly have made clear their preference for exercising informed choices in determining which products and services they receive and how they receive them.

An additional and significant benefit of the self-service mode of service delivery is that self-service expands the capacity of the system beyond the limits of the available staff resources, thereby efficiently handling a wide variety of customer labor market and employment information needs.

2. In the *Facilitated Self-Help strategy*, customers are provided access to self-help resources at the One-Stop Career Center or local labor exchange office, generally through a dedicated Resource Room. For many customers this is their first exposure to self-service tools and computer-based systems. In addition, one or more staff are assigned to assist customers who need help in using those resources. These staff interact with the customer, as needed, to facilitate the customer's job search using government-provided resources, e.g., personal computers, word processing and/or resume writing software, fax and copy machines, etc., and online access to the DOL-funded Internet-based tools, e.g., America's Job Bank (AJB), America's Talent Bank (ATB), America's Career InfoNet, etc. After being introduced to and assisted to use these Internet-based

self-service systems many customers will be able to use them in the future without assistance both in the One-Stop Center and in other locations with access to the Internet, e.g., schools, libraries, and at home. As funding for the traditional labor exchange or employment service has remained flat or declined, use of this mode of service delivery has increased. It continues to place the customers in charge of the services they wish to access, but provides the staff facilitation needed to ensure that the customers can obtain the service or information they require. Again, the cost for providing services using this strategy is less than under a Staff-Assisted service strategy, since the ratio of staff to customers is much higher.

3. The *Staff-Assisted strategy* ranges from intensive one-on-one services where a staff person is assigned to a job seeker as a case manager, to those where a customer interacts with service staff in a small group setting. This is the more traditional mode of operation for delivery of public labor exchange services. The services most frequently delivered in this manner are assessment, intensive job search assistance, employment plan development, case management, counseling and vocational guidance, and job development. The expected output is a job referral and the expected outcome is entry to employment. Group services, such as job clubs and workshops on interviewing techniques, the world of work, and use of labor market information are also classified as staff-assisted services, although they are provided on a one-to-many service basis.

C. Discussion of Labor Exchange Performance Measurement Approaches

DOL is proposing a different approach for measuring performance under each of these service strategies. The Department does this for two primary reasons. The first reason is that each strategy results in significantly different relative costs. Costs can be measured per unit of service provided or as an overall cost for providing access to resources. The costs to provide a service should be the primary determinant in deciding how much to invest to measure that service and how much customer information to collect. The more significant the service intervention, e.g., the higher the unit cost of that service, the greater the rationale for collecting data to justify the expenditure of public funds. For example it would not appear to be prudent to spend $10.00 pursuing a follow-up action to determine the outcome of a service that costs less than 25 cents to deliver. However, one should be willing to expend significant resources in determining whether a $5000 investment in training results in a long term payoff to the taxpayer.

The following are examples of labor exchange services and resources that might routinely be provided in a self-service or facilitated self-help mode and for which it might be difficult to document an employment outcome without a substantial data collection and follow up effort.

- Labor Market Information.
- Self-help pamphlets, magazines, newspapers, and reference books.
- Internet access for use of self-help job finding tools, e.g., AJB/ATB.
- Access to computer hardware and software, fax and copy machines, telephones, and other equipment in resource centers.

Gaining Internet access to resources and tools such as these from a job seeker's home or from a community resource, such as a library or community center, may cost the public labor exchange system only a few pennies per transaction. First, because economies of scale are achieved in the development and maintenance of Internet-based systems and resources. Second, because the cost of the computer equipment, Internet service provider access, telecommunications software and hardware, supplies, electric power, and facilities are borne by the user or by another organization.

This cost per transaction rises slightly when these latter costs are borne directly by the public employment service, such as when offered through a resource room. When these self-service resources are further augmented by making staff resources available to assist and/or instruct customers in using these tools and resources, the unit cost again rises.

A similar case might be made for employer services. An employer may post an unsuppressed (broadcast) job opening directly to AJB over the Internet instructing interested parties to contact that employer directly. This is a very low cost self-service option.

Employers may also request assistance from public labor exchange staff in placing their job openings on America's Job Bank. The cost of this service can increase further when the employer also asks the Labor Exchange to screen and refer applicants to that job order. The cost to provide this level of staff-assisted service may rise to the level where tracking outcome data is important.

The second reason for pursuing different kinds of performance measures when using different service delivery strategies is that, for program outcome measures, one must be able to make a rational argument that there is a nexus between the service(s) provided and the outcome measured. For example, it might be difficult to argue that a single user session of browsing through labor market information in a self-service mode over the Internet can be directly linked to a person obtaining a job 30 days later. However, should that same person come into the local public labor exchange office several times over the course of a few weeks and attend workshops, obtain help in his or her job search from the local office staff, and receive one or more job referrals, such a nexus can be reasonably concluded.

Clearly, finding a way to gauge the results of self-service and facilitated self-help strategies presents a challenge to the system. This is particularly true since the Government Performance and Results Act (GPRA) became law. Under GPRA, government agencies must account to their investors (Congress and the American people) as to both how their programs perform and what results they achieved. The challenge is to find a means to satisfy this requirement where the service costs only a few pennies per transaction to deliver and the relationship to traditional program results is difficult to draw. As the level of service intervention increases, staff involvement grows, and dollar investment rises, the use of outcome and impact performance measures may become necessary to justify and explain the expenditure of public resources.

DOL hopes that it has addressed these concerns in the performance measures which follow.

1. Measurement Approach for Self-Service Strategies

A small ad-hoc task team was convened to come up with an approach to measuring the self-service components of the workforce development system. This team included several persons who were members of both the Workforce Development Performance Measure Initiative (WDPMI) and the Labor Exchange Performance Measures Initiative (LEPMI) workgroups. The team concluded that the following factors should be used to determine when outcomes measures would be appropriate for gauging the performance of a particular self-service or facilitated self-help service:

- There is a significant value-added provided by the service, i.e., the service is more than just an information exchange.

• The cost to collect and track outcomes is less than the cost per unit to provide the service.

• The service itself is intended to lead to an employment or other measurable outcome.

• The cost of providing the service rises to a point which indicates a need to justify the expenditure of public resources.

• The time lapse between receiving the service and the measurement of the outcome is short enough that the service can be considered to be causative of and/or contributory to that outcome.

The Ad-hoc Task Team used these factors to help determine whether self-service and facilitated self-help strategies should be included in outcome measurement calculations. The first group of services considered were those which could be provided in a *completely self-service* mode, requiring no staff assistance. These services included:

• accessing and using electronic labor exchange information services,

• completing online self-assessments,

• finding information, such as labor market information (LMI) or community services,

• online training, self improvement, and skill enhancement, and

• applying for services and benefits (e.g., using telephones for original and continued UI claims).

The Ad-hoc Task Team agreed that customers receiving services in this fashion *should not* be included in *outcome* measurements, but rather services *should be measured using output measures*.

In general, the Ad-hoc Task Team agreed with the performance measurement strategy which had been developed by the Labor Exchange Performance Measures workgroup. Under this strategy, measuring the value of self-service strategies, such as using DOL and State-developed Internet-based tools (America's Job Bank, America's Talent Bank, and America's Career InfoNet) should be analogous to measuring the value of services measured in public library systems. Using this concept, performance would be measured by counting the growth over time of:

• *Holdings:* the numbers of jobs and resumes that are maintained in its inventory;

• *Usage:* the number of times customers use its services; and

• *Transactions:* how many times specific kinds of services are used, e.g., referral information on job listings are accessed or downloads of resumes are requested.

Figure #3, which follows this FRN, shows a model of this approach to measure program performance.

2. Measurement Approach for Facilitated Self-Help Strategies

Under the facilitated self-help service strategy, staff assist customers to use self-help tools and resources. The services provided include:

• the self-service activities noted above;

• access to computer hardware, software, telephones, office equipment and other physical resources in a Labor Exchange office; and

• staff assistance in using any of the above services or resources.

The approach to measurement of these services would be a combination of usage and customers' satisfaction. Usage would be measured as a simple count of the number of persons using resources rooms. This could be collected using swipe cards, tallies, sign-in sheets, and/or automated session counts. Customers using self-help services should not be included in outcome measurement until or unless they are provided more intensive staff-assisted service. Customer satisfaction would be used to look at the dimensions of service: accessibility, quality, timeliness, and security. This could be done by surveys that would not be reported nationally. These surveys would be locally developed, controlled, and used for continuous improvement projects at the local level.

3. Measurement Approach for Staff-Assisted Strategies

Services delivered using a staff-assisted service strategy represent a value-added service. Measuring the performance of these value-added services requires addressing their employment-related *outcomes* for job seekers and employers. Additionally, measures should be adopted which can be used to assess the overall effectiveness and impact of the public labor exchange system.

D. Initial Comments on the Draft for Discussion Issues Paper

The United States Employment Service in cooperation with the Interstate Conference of Employment Security Agencies (ICESA) released the issues paper, entitled, ''Draft for Discussion—America's Labor Exchange Performance Measures,'' in September, 1997. It provided a review of the rationale and a suggested conceptual framework for establishing a set of key performance measures of labor exchange services. Included was a discussion of a variety of alternative measures and the identification of 10 potential performance measures of staff-assisted job seeker and employer services. In addition, performance measures were suggested for the electronic labor exchange which counts holdings, usage, and transactions. Also included were two system measures. One was a cost-to-benefit measure that looks at unit cost per outcome, and the other was a measure of the impact of service on Unemployment Insurance benefits compensated.

State Employment Security Agency Administrators were asked to provide written reactions to the suggested measures by October 31, 1997. The ''Draft for Discussion'' issue paper was also made available on the Internet on the USDOL-supported ICESA Workforce ATM website (http://www.icesa.org/national/docs/LABOREX.HTML). This approach provided an opportunity for the public labor exchange system to have direct input to the initial development of the performance measures that are the subject of this FRN.

Based on the comments received from States, and subsequent additional discussion and consideration by the workgroup, the number of job seeker measures has been reduced and several improvements have been made to other measures. In some cases, where different approaches were suggested and there was no clear-cut decision as to which approach was the better choice, more than one option has been included in this FRN for comment.

Current system redesign efforts to enhance and integrate the features of America's Job Bank and America's Talent Bank systems will make it possible to collect and aggregate some data electronically without additional State data collection or transmission effort. It is the Department's intention to actively pursue electronic data collection approaches to the extent feasible.

IV. Definitions

A. *Job Search Assistance* (JSA): Includes services currently defined in the ETA 9002 Data Preparation Handbook NO. 406 under the ''Received Some Reportable Service'' categories and in items 12 through 42. The service activities included are: job search workshops, job finding clubs, resume assistance, providing specific labor market information, job search plan development, job matching, job development, referral to jobs, vocational guidance, assessment interviews, testing, vocational counseling, federal bonding, and referral to other services

(including skills training, educational services and supportive services).

B. *Facilitated Self-help:* Is a staff-assisted service in which staff facilitates customer access to a variety of in-office self-help job finding tools and resources. Support staff provides limited assistance on an as needed basis. Most job seekers require limited assistance. Normally, job-seeking customers are not required to register for service before they are allowed access to self-help tools or resource areas, rooms or centers.

C. *Self-help Tools:* Include, but are not limited to, resource rooms, automated labor exchange system devices, Internet access, fax machines, telephones, photocopiers, personal computers, word processors, career and labor market information, and reference materials.

D. *Staff Assisted Labor Exchange Services:* Include job search assistance, job development assistance and job referrals, and can be characterized as service which is conducted one-on-one or in small groups.

E. *Job Listing Services* (JLS): Include activities performed on behalf of employers to assist them in filling their workforce needs. JLS includes but is not limited to services and activities such as job order taking, job order maintenance, referral follow-up and interview support, together with connecting activities including searching job seeker databases, transmitting resumes, and marketing job orders to the job seeker (applicant) pool, etc.

F. *Referral Related Action:* Includes the following services and activities:

(1) Referral of qualified candidates, or

(2) Contact with the employer to review potential referrals, to develop a candidate recruitment strategy or adjust features of the job order which prevent identification of candidates for referral, i.e., salary, experience requirements, etc.

G. *Business Assistance Service* (BAS): Includes, but is not limited to, providing employer education seminars, job and task analysis, providing local labor market information, and referral to other workforce development or economic development services or agencies.

There are a number of employer service activities which are *excluded* from the definition of BAS. They are: periodic mass mailings and routine promotional mailings to increase employer job listings, providing labor market information via the Internet and employer contacts for the provision of other core services, e.g., job listing, job matching, initial screening or referral services.

H. *Entered Employment:* The unduplicated count of job seekers (applicants) who enter employment by job placement or obtained employment. See page II–12 of ETA 9002 Data Preparation Handbook, ET Handbook NO. 406.

(1) *Job Placement:* The hiring of a job seeker by a private or public employer after referral to a job by the Agency staff, or collocated or out-stationed staff in cooperation with the Agency, provided that the following conditions were fulfilled:

(a) Prepared a job order prior to referral, except in the case of a job development contact on behalf of a specific job seeker,

(b) Made prior referral arrangement with the employer,

(c) Referred an individual who was not designated by the employer, and

(d) Verified from a reliable source that the job seeker had entered work, and the placement was recorded in the agency data base.

See page II–12 of ETA 9002 Data Preparation Handbook ET Handbook NO. 406.

(2) *Obtained Employment:* Individuals who secure employment within the current quarter or the next completed quarter following the last staff-assisted job search assistance service that was partially funded by the Agency, such as:

(a) Participating in job search activities,

(b) Accepting a position resulting from the use of an agency-sponsored automated labor exchange,

(c) Receiving employment counseling or testing or development of an employability plan,

(d) Receiving bonding assistance,

(e) Terminating from a skill training program to which a job seeker was referred by the Agency, or

(f) Receiving tax credit voucher, and receipt of verification from a reliable source, preferably the employer.

See page II–13 of ETA 9002 Data Preparation Handbook ETA NO. 406. Entered Employment can be counted in the current quarter or the next completed quarter following the receipt of the last staff-assisted service (a maximum of 180 days).

I. *Entered Employment Rate* (EER): Is the percentage of job-seekers securing employment after receiving Staff-Assisted Services.

J. *Cost per Entered Employment* (CPEE): Is the cost of achieving the positive outcome of entry to employment following the provision of service. The CPEE is determined by dividing the total of those who entered employment by the total funding received for the federal Wagner-Peyser Act, and Veteran Services grants and State appropriations used for the Labor Exchange function during a program year (July 1–June 30).

V. Proposed Labor Exchange Performance Measures

Specific questions have been developed regarding these performance measures for which public comment is sought. Questions can be found at the end of sections A., C., and D. below, and they are numbered sequentially, 1 through 16. Commentators need not repeat questions as part of their response, but addressing the specific questions by number would be most helpful to this effort.

A. For Self-Service Strategies

Performance measures will be output measures based on holdings, usage and transactions (much like a library) until customer-friendly, non-invasive sign-on and low cost follow-up approaches are developed to identify job-seekers in the electronic labor exchange.

In developing these performance measures, the needs and interests of legislators, policy makers, program managers, budget planners, analysts, employers and other investors were considered. These output measures may be used for strategic planning, program management, continuous improvement and research. This information combined with customer satisfaction surveys and feedback could assist in the design of system improvements to meet customer needs.

It is DOL's expectation that national data reporting will be produced by the AJB/ATB system, and will be aggregated and reported electronically. It is also DOL's expectation that these performance measures will not require additional state data collection.

1. *Holdings:* This measure is a count of the number of employer job orders and the number of job seeker resumes in the AJB/ATB system. Continued growth in the number of job orders and resumes in the AJB/ATB system provides an indication of customer satisfaction and perceived value by the customers.

2. *Usage:* This measure is a count of user sessions on the AJB/ATB system. A user is an individual who accesses the AJB/ATB system for any purpose. Some users of the system supply personal identification numbers and passwords; others are anonymous. A user session represents each single continuous access. This is different than a ''hit'', which measures the number of Internet server accesses (ie. computer to computer communications). Under this measure, we will count registered employers, registered job seekers and anonymous sessions. Enhancements to

the AJB/ATB system are underway to provide better information on anonymous sessions. This output measure will provide a gauge of how many customers are using these electronic labor exchange services over some defined period of time and whether the usage is growing, remaining static or declining.

3. *Transactions:* This is an output measure of a higher level of interaction with the AJB/ATB system beyond a review of the information resources. For example, among the variety of transactions which could be collected electronically, two stand out. They are Job Seeker Referral Requests and Employer Resume Downloads.

''Job Seeker Referral Requests'' measures the number of job order referral instruction screens that are viewed by job seekers on AJB. This output measure is a count of the number of times job order referral instruction screens are viewed by job seekers on AJB after viewing a job order description. This measure identifies the number of users who have requested specific job referral information and are likely to respond to the employer's job opportunity. There are two ways in which this occurs: unsuppressed job orders and suppressed job orders. In unsuppressed job orders the employer contact information is broadcast and not hidden from the job seeker. In this case, the job seeker self refers. In suppressed job orders the employer contact information is not viewable or accessible through computers and the job seeker must be referred to the employer by the local labor exchange office holding the job order.

''Resumes Downloaded'' is a count of job seeker resumes that employers have selected from a list of job seekers, who met an employer defined search criteria, to obtain job seeker contact information.

Questions

The Department specifically invites interested persons to provide comments, data, information and views concerning the following:

Q1. Do these proposed measures adequately represent an employer's or job seeker's satisfaction with the Electronic Labor Exchange?

Q2. How would you rate the importance of the three types of self-service outputs (holdings, usage, and transactions)? Which would be most or least important for strategic planning, program management, etc.?

Q3. What other ways would you suggest for measurement of self-help services?

Q4. How do you currently or how would you suggest the national system collect customer satisfaction data and information?

Q5. Will the proposed Self-Service Electronic Labor Exchange measures enhance State quality improvement initiatives?

Q6. What specifically defined period of time would be most appropriate for self-service performance measurement: monthly, quarterly, or annually?

B. For Facilitated Self-Help Strategies

Two Facilitated Self-help measures are being proposed: the number of users and customer satisfaction. These measures are intended to determine the extent to which customers value facilitated self-help services. The measures address this by answering two questions: do customers use the service and are customers satisfied with the services?

1. Number of Users of Self-Help Service

The Number of Users of Self-Help Service is an output measure of the number of customers who access the self-help resources which includes the assistance of a knowledgeable staff member assigned to facilitate customer access to and use of the self-help tools. It is the intent that facilitated self-help provides service to a large number of job seekers with a minimum investment of staff time.

The accumulation of a count of users can be as rudimentary as an office stroke tally or a sign-in log. It would not be necessary to track which self-help tools are used, although valuable information needed for the continuous improvement of facilitated self-help programs might be gained from a periodic assessment of which tools are most popular or useful to job seekers.

2. Customer Satisfaction

Customer Satisfaction can be measured by conducting periodic formal telephone or mail surveys or by collecting customer in-person feedback using a structured approach at specified intervals. The measure could capture the frequency of use of self-help resources. Customers normally are not required to register to use the self-help tools in a labor exchange office or one-stop career center. These measures recognize the customer's use of and satisfaction with self-help resources.

Facilitated Self-Help is a widely used and valid form of service. Self-Help service is consistent with the reality of shrinking resources, and relates directly to customers' demand. This measure can contribute to continuous improvement with input from the customer.

C. For Staff-Assisted Service Strategies

Measures of Job Seeker Customer Services

Staff-Assisted Labor Exchange Services are the core activities of the modern Labor Exchange Office. The purpose of these performance measures is to determine the outcomes, effectiveness, and system impact of Staff-Assisted job seeker service. Performance will be evaluated through a combination of interrelated performance measures. These measures will be useful to legislators, employers, policy makers, agency administrators and program managers since they provide a tool for managing programs, baseline data for continuous quality improvement, and feedback that will allow States to respond to customer needs. These quantitative measures should be supplemented by qualitative measures of customer satisfaction and are not intended to be the sole measures of satisfaction.

1. *Entered Employment Rate* (EER): The EER is the percentage of job seekers securing employment after receiving staff-assisted labor exchange services divided by the total number of job seekers who received staff-assisted labor exchange services. This measure uses as its denominator only those customers who receive staff-assisted service(s) and not the total number of applicants registered in the labor exchange office database. This performance measure looks at the effectiveness of the Job Search Assistance services that have employment as the expected outcome. This measure encourages an increased level of job order and job seeker follow-up, tracking and employer feedback. Service and entered employment data would be collected and reported by staff to the labor exchange reporting system. Unemployment Insurance wage records can be an additional data source used to conduct job seeker follow-up on entry to employment.

[Optional Measure] *Job Development Entered Employment Rate:* Is an additional and *optional* measure of Job Search Assistance service. Job Development (JD) has been an effective tool to help individuals who have barriers to employment or difficulty in finding employment to find jobs. With the expected expansion in the role of the Labor Exchange in Welfare-to-Work programs, it has been suggested that a JD Entered Employment Rate would be valuable for program management and continuous improvement.

Job Development Entered Employment Rate is the percentage of job seekers who entered employment after receiving Job Development referral

compared to the total number of job seekers who received JD referral.

An outcome measurement of the pro-active solicitation of a job opportunity for an individual or group, this measure assesses the effectiveness of job development efforts in contributing to job seeker entry to employment. Job development is defined as development of a job opening for a job seeker or group of job seekers through direct contact with potential employers when no suitable job openings are currently listed. Job development contacts are currently reported within the category of ''Received Reportable Service'' in the ETA 9002 report.

This performance measure is intended to create an incentive for staff to use their considerable knowledge of the labor market and employers' needs to increase the number and effectiveness of job development contacts and referrals on behalf of job seekers.

Measures of Employer Customer Services

The variety of staff-assisted services that are made available to employers can be grouped into three categories: Job Listing Services, Job Matching, and Business Assistance service.

The purpose of the proposed performance measures is to determine the extent to which employers' needs are being fulfilled in terms of the ''Timeliness,'' ''Quality,'' and ''Impact'' of our work. Staff-assisted employer service performance should be evaluated by this combination of interrelated performance measures. The individual measures should not be viewed in isolation and these measures should be supplemented by qualitative measures of employer satisfaction.

The proposed measures provide an indirect indication of employer customer satisfaction. They are not intended to be the sole measures of satisfaction. For example, the Return (Repeat) Business measure may be a good measure of employer satisfaction at the macro (state or national) level. However, federal contractors and others who are required to list their jobs with the Agency may or may not be satisfied employer customers.

It is recognized that services provided to employers are not currently reported to the USDOL and may not now be collected by the labor exchange agency. These employer service measures may require States to develop new administrative reporting or program record keeping systems.

2. *Job Listing Return Business Rate:* The number of employers who list more than one job order divided by the total number of employers who use the Staff-Assisted Job Listing Services during a reporting year. This outcome measure of repeat business serves as a means to determine employer satisfaction with the job listing service.

The intent of this measure is to provide an incentive for service delivery staff to improve customer service and relationships including quick response time, quality referrals, and employer follow-up contacts. Most of the data needed for the Return Business measure is readily available with the possible exception that some States do not capture employer identification numbers on job orders. This measure would require that employer identification information be collected and reported for all job orders in the agency reporting and Job Bank system.

Some States have expressed a preference for measuring job openings rather than job orders. The focus of this measure is employer satisfaction, not the volume of job openings or the number of job orders the labor exchange receives or an employer market penetration rate. Repeat business is a better indicator of employer satisfaction, and this measure is used in the private sector as an important indicator of success in service sector business enterprises.

Some States and labor exchange staff were also concerned with the effect of employer direct job order entry into AJB and employer access to resumes on ATB and its impact on the number of job orders they would receive. In the past the number of job orders secured by a local office and listed in the State job bank has been a key local office performance measure in some States. Again, this measure represents the percent of Return Business which results from the employer's satisfaction with the Staff-Assisted service. Job orders entered directly by employers are captured in the electronic labor exchange measures of AJB and ATB holdings and are not lost to the state. An unintended consequence of this measure may be a counter-productive competition between a State's staff-assisted service component and the State's electronic labor exchange component. From a local office viewpoint, this measure may motivate staff members to discourage employers use of the job order self entry service options in AJB to assure that there is a high rate of repeat job listing business credited to the staff assisted service component. Enhancements to the AJB/ATB systems and report generators are currently underway as mentioned above. This labor exchange system performance issue will be addressed in future AJB/ATB versions. The Department would appreciate comments and suggestions for dealing with this potential consequence of measuring Repeat Employer Business in the staff-assisted service component of the labor exchange.

Other States commented on the impact of having a large number of small employers or adverse economic conditions which would reduce the opportunity for return business during a reporting period as short as a year. DOL acknowledges the concern and would encourage comments which are based on a review of State Employment Service, Unemployment Insurance or Tax administrative data which demonstrate this phenomenon. DOL would also be interested to learn if this is a result of an agency policy to target small employers who have limited workforce replacement or expansion needs.

Finally, even if the suggested defect in this performance measure is accurate, the Return Business measure would be useful for strategic planning, performance management and continuous improvement efforts. This measure is intended to be used by States for national performance reporting and state program management as opposed to being used for State-to-State comparisons.

3. *Business Assistance Service Return Business:* In addition to Job Listing and Job Matching services, there are a number of other types of Staff-Assisted labor market information and services which employers require. These were defined in section IV. G. above. The provision of Business Assistance Services (BAS) is intended as a means of stimulating increased employer job listings and employer support for the Labor Exchange and Workforce Development System. The BAS Return Business Rate is the number of employers who utilize more than one BAS service divided by the total number of employers who use at least one Job Listing, Job Matching or Business Assistance staff-assisted service. The intent is to measure the level of employer customer satisfaction with BAS provided and to be an incentive to increase service to an important customer.

4. *Referral Response Time:* Is an outcome measure of Job Matching Service (JMS) effectiveness, which combines the interests of job-seekers and employers. The Job Order Response Time measure is the percentage of job orders for which referral-related action took place within three business days compared to the total number of job orders listed. This performance measure provides an incentive for quick response

to job orders by job-seeker referral or by direct referral-related contact with employers. Three business days have been identified as the generally accepted standard for referral and/or follow-up contact with employers who use the Job Listing Service (JLS).

Some States indicated concerns regarding their ability to track employer follow-up contacts. It is recognized that current systems may have to be adjusted to capture this information. Although it is understood that not all job orders can have a quality referral made within three days, this measure encourages rapid response to the employer's need by the provision of other employer services such as, contact with the employer to review potential referrals, to develop a candidate recruitment strategy and/or to adjust features of the job order which prevent identification of candidates for referral, i.e., salary, experience requirements, etc.

5. *Average Time Lapse to Successful Referral:* This outcome measure will provide a picture of how quickly labor exchange agencies respond to job orders with referral of a qualified candidate for employment. The performance measure is the average time lapse (in days) from the date an employer's job order is listed to the date of referral of the first agency-referred individual hired by that employer. The underlying presumption is that when the employer decides to hire one of the labor exchange referrals, the agency has met the employer's candidate qualification need.

Not included in this calculation are job orders where the employer hires from another source. This removes from the equation situations where, although qualified candidates are referred, the employer decides to hire an equally qualified candidate from another source.

This measure focuses on the time lapse to the date of job-seeker referral. An employer's hiring practices which may delay the offer of employment for many days or weeks does not affect the outcome of this measure. This measure provides a snapshot of the agency's referral practices in terms of responsiveness with a quality feature. It is intended to balance the rapid referral measure and mitigates the possibility that fast, but poor quality, job-seeker referrals will be the reaction to a rapid response performance measure.

Job Order Fill Rate: Based on State comment, an additional measure of the Employer Satisfaction is proposed. The Job Order Fill Rate is the number of job orders for which a placement is made divided by the total number of suppressed job orders received within the reporting year. A job order for which the employer name, address, and other identification or contact information is hidden from the job seekers' view is considered to be a suppressed job order.

Employers have the option of listing a job order in a suppressed or unsuppressed mode depending on the level of initial screening, and/or referral control service the employer wish the labor exchange to exert. Frequently employers are guided in the decision to suppress contact information based on the local availablity of candidates for employment who meet the skill, background and experience required to be successful candidates for employment by labor exchange staff.

This outcome measure will provide a picture of how effectively agencies or States respond to these job listings with qualified candidates for employment. In this measure, the fact that the employer hires one of the job seekers referred by the agency is verification that the candidate was qualified for the job and that the employer was satisfied with the service provided.

The intent of this measure is to provide an incentive to meet and/or exceed employer customer expectations by referral of qualified candidates for employment. Not including in the denominator of this performance measure job orders which are listed in an unsuppressed or broadcast fashion avoids the possible unintended consequence that the labor exchange fill rate performance is measured against job orders where staff-assisted service is neither needed nor wanted by the businesses that want to broadcast available employment opportunities. The required data are currently being collected in many States and are available.

In some States, a Job Opening Fill Rate performance measure has been used for many years as the approach to gauge the efficiency of local Labor Exchange offices and operations. In other States, the Job Opening Fill Rate has been discontinued because it has proven to be a disincentive to securing employer job orders in occupational areas where local management and staff would find it difficult to identify local and immediately available candidates. By including in the performance measure denominator only those job orders and openings which have the employer contact information suppressed, there will be less of an incentive to withhold job orders from the system or to artificially reduce the number of job openings. Based on labor market information, and in consultation with the employer, job orders that are not likely to be filled by a local candidate can be listed in an unsuppressed fashion and would therefore not count in the Fill Rate measure denominator.

Questions

The Department specifically invites interested persons to provide comments, data, information and views concerning the following:

Q7. Are there other services which your State or agency provides which have entry to employment as a goal which should be included in a list of Job Search Assistance services?

Q8. Veteran service and other target group service programs continue to provide a higher level of one-on-one job-seeker service and job development assistance. Is the level of the job development assistance activity in your State or agency significant enough to require measurement of the Job Development Entered Employment Rate separately and apart from the Staff-Assisted Entered Employment Rate (EER)?

Q9. What would be the impact of a requirement to collect or have the facilities necessary to associate an employer ID number with a job order?

Q10. Is the proposed three business day standard for measuring referral-related follow-up contact with employers consistent with your agency or State approach?

Q11. The Job Order Fill Rate measure is intended to provide an indication of employer satisfaction with staff-assisted labor exchange services. Are the unintended consequences of a fill rate performance measure serious enough to eliminate it from consideration as a program performance measure?

Q12. Are there other services and/or service delivery approaches which should be included in the mix of services suggested under the Business Assistance Service definition?

Q13. Will these proposed Staff-Assisted Labor Exchange service measures enhance State continuous quality improvement initiatives?

D. System Measures

1. Cost Per Entered Employment (CPEE)

This is an outcome measure of the efficiency of the labor exchange function. The CPEE is calculated by dividing the total number of entered employment counts by the total funds allocated to the labor exchange function. Funding sources would include Wagner-Peyser Act, Veteran Employment and Training Service (VETS) allocations to States, and supplemental State funding provided for the labor exchange function. This measure will provide the context for the public labor exchange systems to

compare its key outcome—entered employment—against other workforce development components. For example, a 40% EER that costs only $300 per entered employment may seem more favorable when compared to an 80% EER when each EE costs $5000.

Another intent of the measure is to promote efficiency by providing management with cost-of-operation information. This information could be used for strategic planning, allocation and distribution of scarce resources, as well as continuous quality improvement efforts.

Administrative data sources are available to produce this system measure, and includes SESA administrative records and labor exchange job-seeker service records. In many States, Unemployment Insurance wage record data can be used to improve entered employment information.

Funding data can be captured from the annual grant allocation documents for Wagner-Peyser and Veteran's Services. The information on State funding for the labor exchange function would have to be collected by canvassing the States to determine the level of additional State support. The cost should be calculated based on the Wagner-Peyser Program Year basis, which is consistent with other employment and training program funding cycles. The Veterans' program grants would have to be prorated since they are allocated based on a Federal Fiscal Year. A similar proration would be required for State funding which is not allocated on a program year basis.

The CPEE measure is easy to understand and is generally accepted. These data are also useful for program management and the resource allocation process.

2. Duration of Benefits Compensated

Employers are the primary customers of Workforce Development programs nationwide. To meet employers' workforce needs, public labor exchange agencies focus on job-seekers who possess a labor market attachment and marketable skills. In addition, Wagner-Peyser Act funding is provided to the public labor exchange, in part, to administer the work test for the State Unemployment Insurance compensation system and to provide job search and placement services for claimants. The effect and/or impact of services directed toward UI benefit customers has many dimensions which can be significantly affected by movement in the economy and local business conditions. However, there is a general belief that labor exchange service can have a direct and measurable impact on the duration of benefits.

Two options are proposed to measure the impact of staff-assisted service on unemployment insurance benefit customers:

The first option is a measure of duration of benefits compensated for claimants who receive services compared to prior year(s)'' duration. This measure can be adjusted based on economic conditions. This measure seeks to determine the impact of staff-assisted labor exchange services on the duration of benefits for claimants who received services. Data can be collected from Unemployment Insurance average duration data records (UI claims first payments/weeks compensated), labor exchange agency records, and local office data reporting. USDOL Unemployment Actuarial Unit data on business cycles and economic conditions could also be useful in explaining the impact of job-seeker services on claimants. Benchmark data would be available from previous State reporting.

An easy-to-understand measure of the success of labor exchange services, this measure can be adjusted to consider State and local economic conditions. Most of the required data is easily accessible. This duration-of-benefits model could also be adapted to other groups such as Welfare-to-Work customers and Veterans, etc., and could be expressed as a reduction in the number of income transfer payments, as a trust fund savings, or as a part of a return on investment statement.

The second option is a measure of the impact of Labor Exchange Services on the Duration of Benefits Compensated for UI Claimants Required to Search for Work (Work-Test Claimants) who receive Staff-Assisted Labor Exchange services and enter employment compared to the average duration-of-benefits compensated to all claimants who are required to search for work.

This outcome measure also seeks to determine the impact of staff-assisted labor exchange service on the duration of benefits claimants. In this option, the group to be studied will consist of UI claimants who: (1) were not exempt from an active work search; (2) received staff-assisted labor exchange job-seeker services; and (3) entered employment.

Staff-Assisted Labor Exchange services for claimant job-seekers includes job search assistance (JSA) and a variety of facilitated self-help services enumerated in the definitions above in section IV. A, B, and C. Since the benefit customer job-seeker's identity is known, they are usually registered in the labor exchange system.

A claimant who is required to search for work is a job-seeker who, as a condition of receiving Unemployment Insurance benefits, is required to perform an active work search. This criterion excludes UI benefit customers who are on a temporary layoff, required to secure employment through a union agent, partially unemployed and receive benefits under an approved partial benefit program, or exempt from work search requirements due to enrollment in an approved training program.

This performance measure provides an incentive to deliver high quality JSA and other service to UI job seekers, to begin the provision of service early in the claim, to aggressively follow-up on job referrals, to track UI job-seekers' follow-through on work search plans, and to determine when the benefit claimant became re-employed.

Administrative data are available for development of this measure of impact from Unemployment Insurance Wage Records (claims filed and average duration data), ES records (referral and service data elements in the current ETA 9002 compliant reporting systems and the Employment Security Systems Institute systems), and local office data reporting. In addition, federal and State benchmark databases which can be used to measure the State against its previous accomplishments are available.

The measure can be used to show the effectiveness of service when a reduction in duration can be shown, and would be useful to legislators, employers, and policy makers. The impact or reduction in the duration of benefits performance measure could be:

(a) translated into a reduction in the number of weeks compensated and a calculation of Unemployment Insurance Trust Fund savings using the State's average benefit rate, and

(b) adapted for other target groups including Welfare-to-Work customers, Veterans, etc. In this case the result could be expressed as a reduction in the number of monthly income transfer payments, as a dollar savings in benefits using average benefit rate data, or as part of a return on investment statement.

Questions

The Department specifically invites interested persons to provide comments, data, information and views concerning the following:

Q14. Can a measure of UI Benefit duration provide a meaningful measure of the impact of labor exchange services on those claimants who receive staff-assisted services?

Q15. Would the measurement, and comparison of the rate of UI claim

exhaustion be a better system measure of the labor exchange staff-assisted service to UI benefit customers?

Q16. Considering the measures proposed in this FRN, is there an optimal mix of performance measures which your State or agency would suggest?

Finally, it should be noted that the Workforce Development legislation currently pending before the Congress (H.R. 1385 and S. 1186) provides core performance measures that include, in addition to entered employment, retention in employment six months after entry and increases in earnings. Under the proposed legislation, these measures would apply to participants in the Workforce Development activities provided through the One-stop System, including labor exchange activities.

We would appreciate receiving views on the appropriateness of these additional measures for measuring public labor exchange programs.

Paperwork Reduction Act

The notice issued here is not subject to the requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*) Because it contains no ''collection of information'' as defined in 44 U.S.C. 3502(3).

Signed at Washington, D.C., this 8th day of June 1998.

Raymond J. Uhalde,

Acting Assistant Secretary for Employment and Training.

BILLING CODE 4510–30–P

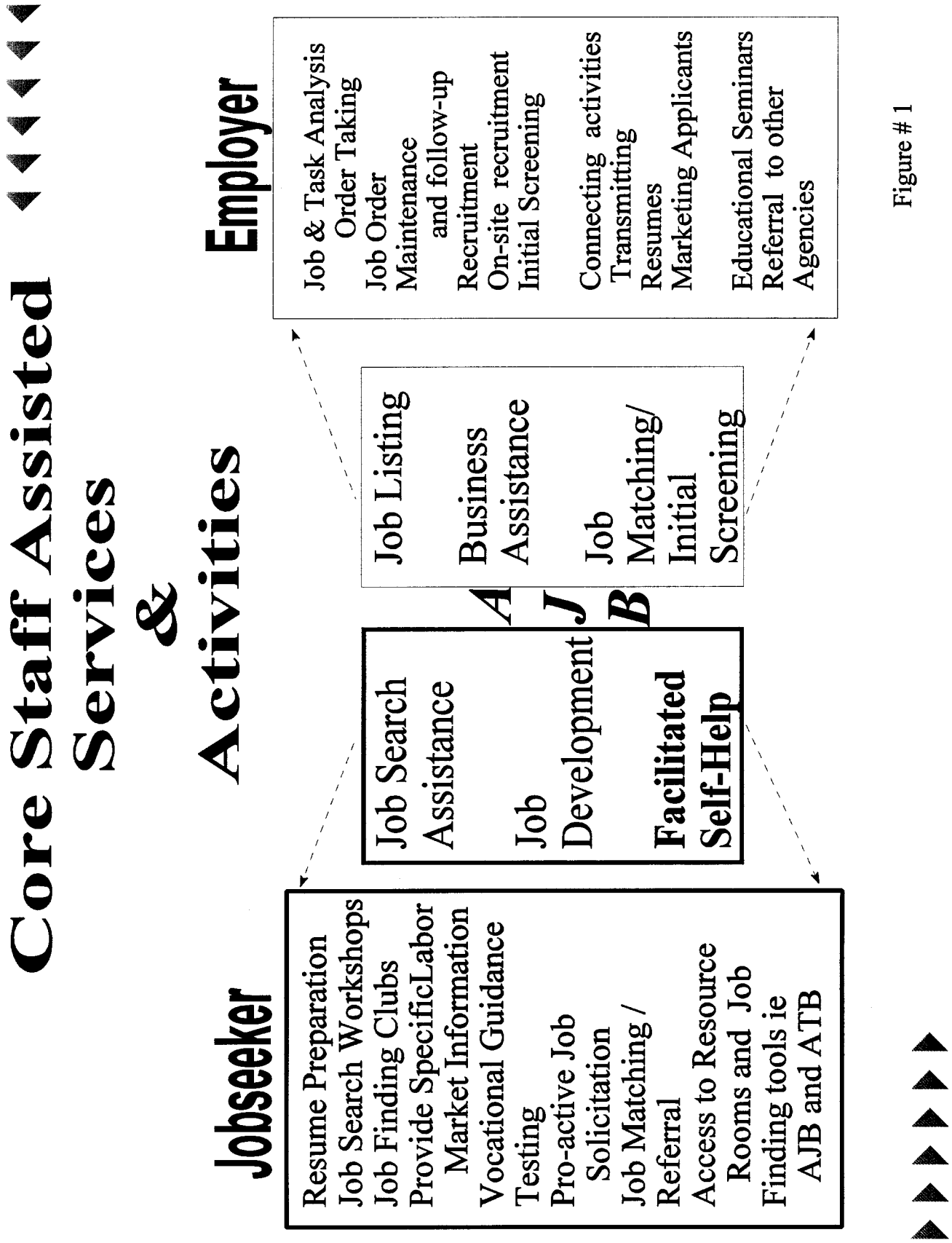
Core Staff Assisted Services & Activities
Jobseeker
Resume Preparation
Job Search Workshops
Job Finding Clubs
Provide SpecificLabor Market Information
Vocational Guidance
Testing
Pro-active Job Solicitation
Job Matching / Referral
Access to Resource Rooms and Job Finding tools ie AJB and ATB
Job Search Assistance
Job Development
Facilitated Self-Help
A
J
B
Job Listing
Business Assistance
Job Matching/ Initial Screening
Employer
Job & Task Analysis Order Taking
Job Order Maintenance and follow-up
Recruitment
On-site recruitment
Initial Screening
Connecting activities Transmitting Resumes
Marketing Applicants
Educational Seminars
Referral to other Agencies

Figure # 1

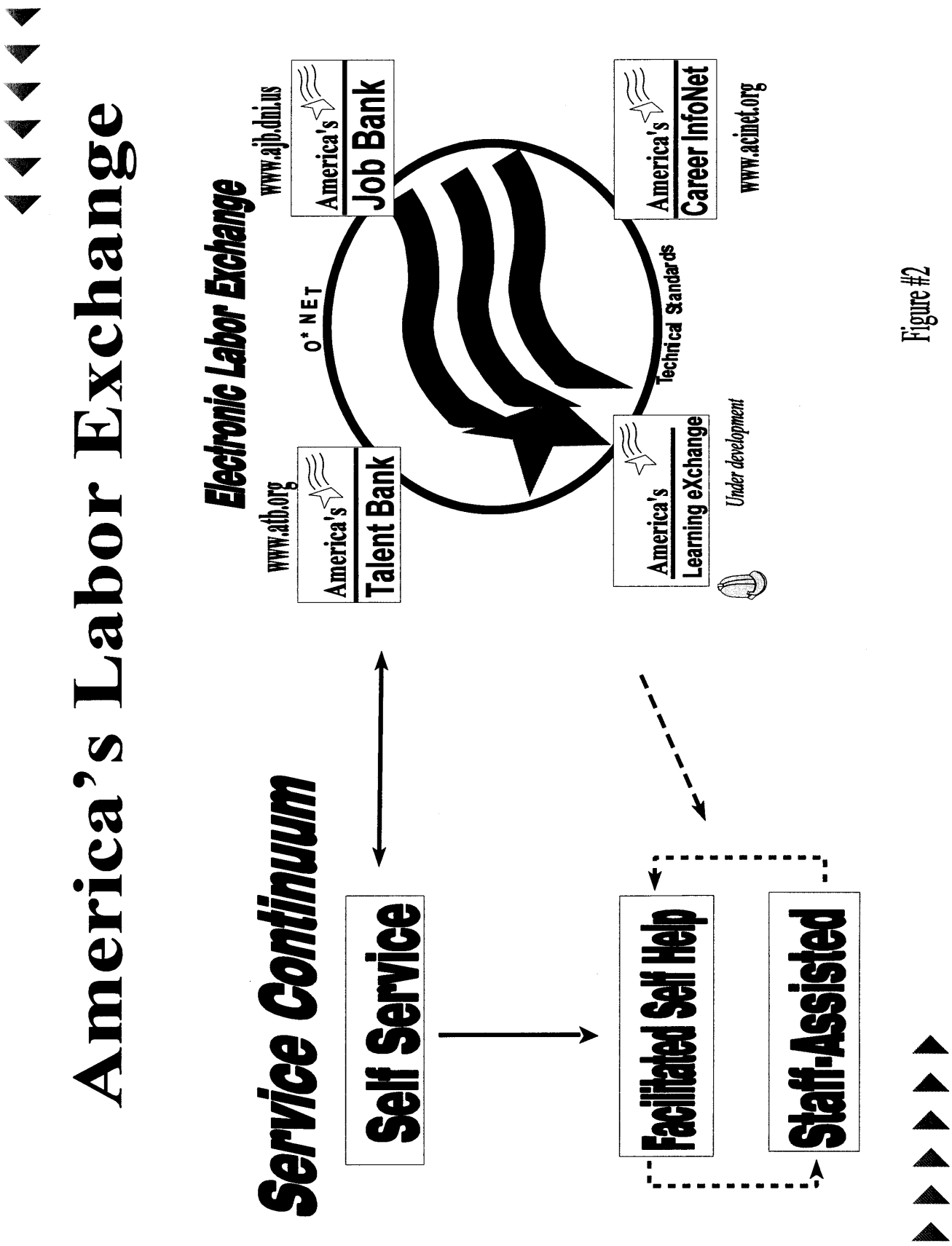
America's Labor Exchange
Electronic Labor Exchange
www.ajb.dni.us
America's Job Bank
O*NET
www.atb.org
America's Talent Bank
America's Career InfoNet
www.acinet.org
Technical Standards
America's Learning eXchange
Under development
Service Continuum
Self Service
Facilitated Self Help
Staff-Assisted

Figure #2

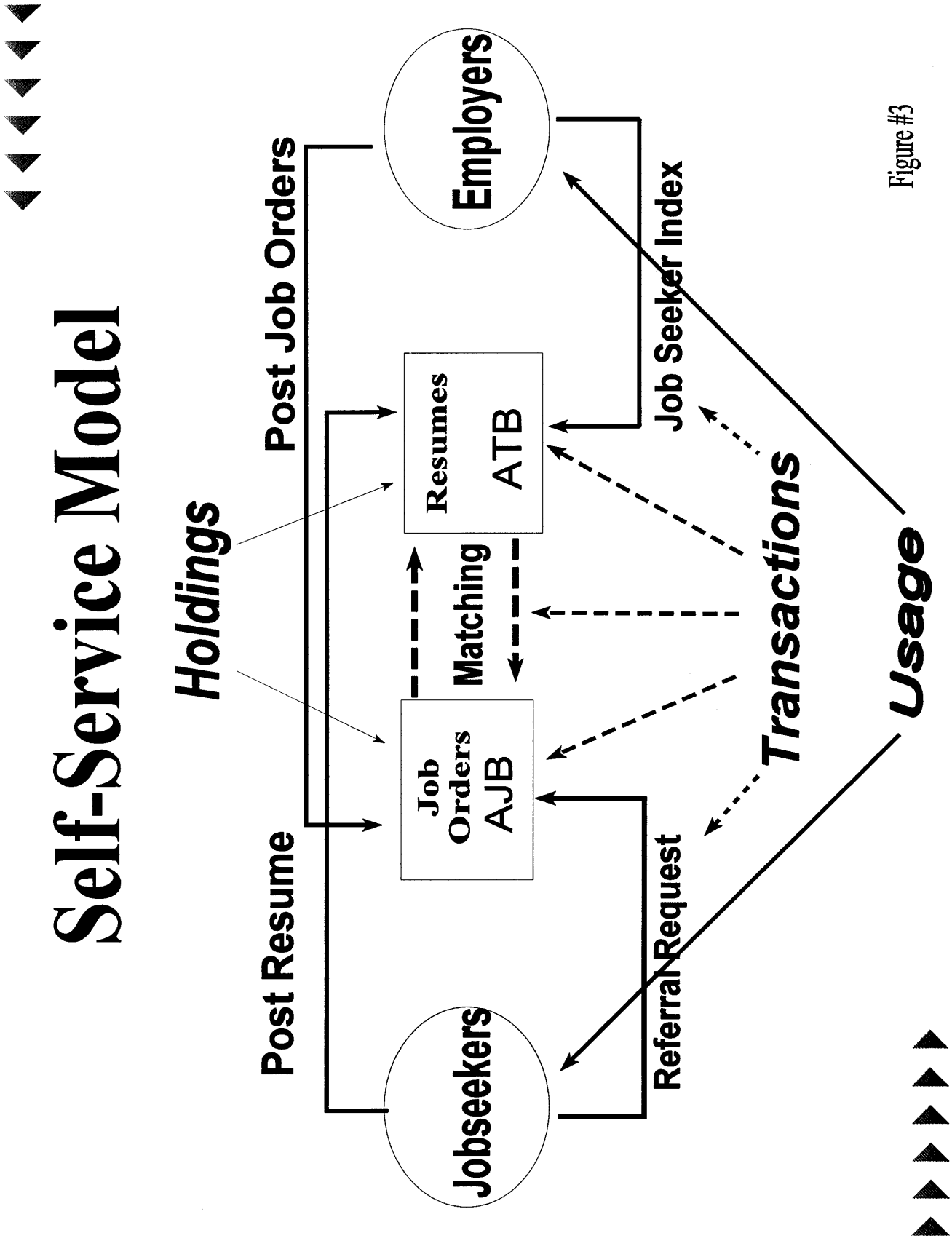

Figure #3

[FR Doc. 98–15754 Filed 6–11–98; 8:45 am]

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federal register

Friday
June 12, 1998

Part VI

Federal Communications Commission

47 CFR Part 90

Reconsideration of the Rules and Policies for the 220–222 MHz Radio Service; Final Rule

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 90

[PR Docket No. 89–552, GN Docket No. 93–252, and PP Docket No. 92–253; FCC 98–93]

Reconsideration of the Rules and Policies for the 220–222 MHz Radio Service

AGENCY: Federal Communications Commission.

ACTION: Final rule; petitions for reconsideration.

SUMMARY: The Federal Communications Commission has adopted a *Memorandum Opinion and Order on Reconsideration (MO&O)* concerning rules and policies for the 220–222 MHz radio service (220 service). The *MO&O* responds to petitions for reconsideration or clarification of the *220 MHz Second Report and Order (Second R&O)* and the *220 MHz Third Report and Order (Third R&O)* in this proceeding. This *MO&O* reaffirms the decision in the *Second R&O* with one clarification. The *MO&O* also generally reaffirms the rules adopted in the *Third R&O*, but adopts some changes and clarifications. The intended effect of this action is to clarify and resolve issues pertaining to the 220 service prior to the Commission's auction of remaining spectrum within that service.

EFFECTIVE DATE: August 11, 1998.

Written comments by the public on the new information collections are due on or before July 13, 1998.

ADDRESSES: A copy of any comments on the information collections contained in the *MO&O* should be submitted Judy Boley, Federal Communications Commission, Room 234, 1919 M Street, N.W., Washington, D.C. 20503, or via the internet to jboley@fcc.gov, and to Timothy Fain, OMB Desk Officer, 10236 NEOB, 725–17th Street, N.W., Washington, D.C. 20503, or via the internet to fain__t@al.eop.gov.

FOR FURTHER INFORMATION CONTACT: For Non-Auction Information: Marty Liebman, Mary Woytek, or Jon Reel, 202–418–1310. For Auction Information: Frank Stilwell, 202–418–0660.

SUPPLEMENTARY INFORMATION: This is a synopsis of the *Memorandum Opinion and Order on Reconsideration* in PR Docket No. 89–552, GN Docket 93–252, and PP Docket 93–253, FCC 98–93, adopted on May 14, 1998, and released on May 21, 1998. The complete text of this decision is available for inspection and copying during normal business hours in the FCC Reference Center (Room 239), 1919 M Street, N.W., Washington, D.C., and may be purchased from the Commission's copy contractor, International Transcription Service, (202) 857–3800, 1231 20th Street, N.W., Washington, DC 20036. The complete text is also available under the file name fcc98093.wp on the Commission's internet site at http://www.fcc.gov/Bureaus/Wireless/Orders/1998/index.html. Written comments must be submitted by OMB on the new information collections on or before July 27, 1998.

Paperwork Reduction Act

This *MO&O* contains new information collections that have been submitted to the Office of Management and Budget (OMB) for Emergency Clearance under the Paperwork Reduction Act, Public Law No. 104–13. The Commission, as part of its continuing effort to reduce paperwork burdens, invites the general public and the OMB to comment on these information collections. Comments should address: (a) whether the new collections of information are necessary for the proper performance of the functions of the Commission, including whether the information shall have practical utility; (b) the accuracy of the Commission's burden estimates; (c) ways to enhance the quality, utility, and clarity of the information collected; and (d) ways to minimize the burden of the collection of information on the respondents, including the use of automated collection techniques or other forms of information technology.

OMB Approval Number: 3060–XXXX.

Title: Private Land Mobile Radio Services Part 90.

Form No.: N/A.

Type of Review: New collection.

Respondents: Licensees in the 220–222 MHz band.

Number of Responses: 18,400.

Estimated Time Per Response: 30 minutes to 12 hours. These estimates are for various burdens including coordinating actions with other licensees, submitting certifications with applications for modifications of authorizations, and seeking a waiver of section 90.729(b).

Frequency of Response: On occasion.

Total Annual Burden: Approximately 44,850 hours.

Needs and Uses: The information collected will be used by the Commission to verify licensee compliance with Commission rules and regulations, to ensure the integrity of the 220 MHz service, and to ensure that licensees continue to fulfill their statutory responsibilities in accordance with the Communications Act of 1934.

Synopsis of Memorandum Opinion and Order on Reconsideration

1. The Commission adopts a *Memorandum Opinion and Order on Reconsideration (MO&O)* which responds to petitions for reconsideration or clarification of two Orders previously adopted in this proceeding concerning the 220–222 MHz radio service (220 MHz service). The *220 MHz Second Report and Order (Second R&O)* (61 FR 03841, February 2, 1996) enabled existing 220 MHz licensees to modify their licenses to relocate their authorized base stations within Commission specified parameters. The *220 MHz Third Report and Order (Third R&O)* (62 FR 16004, April 3, 1997) established rules to govern the future operation and licensing of the 220 MHz service. In response to petitions for reconsideration or clarification of the *Second R&O*, the *MO&O* reaffirms the earlier decision with one clarification, stating the Commission's continuing belief that the modification procedures the Commission has adopted provide existing 220 MHz licensees flexibility to complete construction of their systems and provide service without unreasonably impairing the opportunity of potential competitors to obtain licenses in the 220 MHz service. In general, the *MO&O* affirms the rules for the 220 MHz service adopted in the *Third R&O*, but adopts some changes and clarifications.

2. The *MO&O* first considers issues raised on reconsideration of the *Third R&O*. The Commission denies the petitions which seek to modify the Commission's rule that specifies the co-channel protection that must be provided to Phase I licensees by Phase II licensees.[1] In the *Third R&O*, the Commission decided that Phase II Economic Area (EA) and Regional licensees would be required to locate their base stations at least 120 km from the base stations of co-channel Phase I licensees, except that Phase II licensees would be permitted to locate their base stations less than 120 km from the base stations of co-channel Phase I licensees if they provide 10 dB protection to the predicted 38 dBuV/m (dBu) service contour of the base stations of the Phase I licensees.

3. Petitioners seek reconsideration of this decision, arguing that Phase II

[1] Licensees granted authorizations from among applications filed on or before May 24, 1991, are hereinafter referred to as Phase I licensees. On August 28, 1995, the Commission released the *220 MHz Third Notice of New Rulemaking (Third Notice)* (60 FR 46564, September 7, 1995), which proposed market area licensing and more flexible technical rules for the next phase (Phase II) of licensing of the 220 MHz band.

licensees should be required, in locating their base stations, to afford greater protection to co-channel Phase I licensees by providing 10 dB protection to the predicted *28* dBu service contour of all co-channel Phase I base stations. Other petitioners do not oppose continued protection of the 38 dBu service contour, but assert that the Commission should afford greater than 10 dB protection to that contour.

4. Petitioners argue that the decision made by the Commission in the *Third R&O* to provide 10 dB protection to the 38 dBu contour of Phase I stations does not provide adequate protection between Phase I and Phase II licensees. Petitioners contend that 220 MHz systems significantly outperform the Commission's original coverage estimation, and that 220 MHz customers operate throughout the 28 dBu areas. Petitioners add that failure to adopt protection criteria based on a 28 dBu contour denies Phase I 220 MHz licensees a quality of service comparable to that of competitive wireless systems.

5. Based on its detailed analysis of the technical information and arguments provided by petitioners (*see* paragraphs 28–67 of the full text of the *MO&O)*, the Commission concludes that petitioners failed to adequately support their claims, and that retention of the rule that provides for 10 dB protection to the 38 dBu contour of Phase I stations will not adversely affect operations in the 220 MHz service. The Commission indicates, too, that it is confident that the existing 220 MHz protection criteria will enable Phase I licensees and future Phase II licensees to operate in harmony.

6. The Commission denies petitions requesting a change to the way a Phase I license service contour is calculated. In the *Third R&O*, the Commission decided that Phase II EA and Regional licensees could locate their base stations less than 120 km from the base stations of co-channel Phase I licensees if they provide 10 dB protection to the predicted 38 dBu service contour of the base stations of such licensees. The Commission also decided in the *Third R&O* that the predicted 38 dBu contour of Phase I licensees would be calculated based on the licensee's authorized effective radiated power (ERP) and height above average terrain (HAAT)—not on the maximum allowable ERP and HAAT provided in the Commission's rules for the 220–222 MHz band. The Commission further determined that licensees operating at power levels lower than their initially authorized ERP would be required to seek modification of their authorization to reflect the lower ERP.

7. Petitioners disagree with the Commission's decision to require Phase I licensees to modify their authorizations to reflect the system's actual ERP, and to define the service area based upon actual ERP. Petitioners contend that this is a departure from previous Commission policy for Part 90, and argue that these requirements will result in a significant reduction in the protection afforded to Phase I licensees. Several parties contend that a Phase I licensee's service area should be defined based on maximum authorized power and height levels.

8. The Commission disagrees with petitioners. It indicates that in developing rules for authorizing Phase II licensees to serve a particular geographic area, it sought to allow them to serve any portion of that area, except for portions of the area already being served by co-channel Phase I licensees. The Commission states that the area ''already being served'' by co-channel Phase I licensees is the area the licensee was serving at the time the decisions adopted in the *Third R&O* became effective, and must therefore be calculated based on the licensee's ERP and HAAT at that time. The Commission also indicates that, as discussed in paragraphs 175–184 of the full text of the *MO&O*, the area being served by a Phase I licensee that relocated its base station in accordance with the provisions of the *Second R&O* is calculated based on the HAAT and the ERP of the relocated base station.

9. The Commission states that if it were to assume that all 220 MHz Phase I licensees are operating at the maximum power and antenna height for the 220 MHz service when many are not operating at such parameters and may never operate at such parameters, it could force Phase II licensees to provide considerably greater protection to co-channel Phase I licensees than necessary, and thereby potentially deny service to the public in areas beyond the Phase I licensee's actual 38 dBu service contour. The Commission also indicates that to protect a Phase I licensee's base station in accordance with a power level that the licensee might employ at some time in the future could also deny service to the public.

10. The Commission therefore denies requests for the adoption of alternative methods for calculating a Phase I licensees service contour made by petitioners. As indicated in the *MO&O*, the Wireless Telecommunications Bureau will issue a Public Notice following the adoption of the *MO&O* announcing when applications must be filed by Phase I, non-nationwide licensees in order to enable such licensees to comply with the requirement that they modify their authorization to reflect the ERP at which they were operating at the time the decisions adopted in the *Third R&O* became effective.

11. The Commission grants in part the petitions that request that Phase I licensees be permitted to modify their authorizations to the extent that Phase I licensees will be permitted to make modifications to their authorizations which do not expand their 38 dBu service contour, and also will be permitted to convert their site-by-site licenses to a single license. Otherwise such petitions are denied.

12. The Commission recognizes that licensed sites may become unusable for a variety of reasons and agrees with petitioners arguments that, in order to maintain the economic and technical viability of a licensee's 220 MHz service, Phase I incumbent licensees should be permitted to modify their authorizations (*e.g.*, to relocate their base station, to change the ERP or HAAT of their base station) as long as doing so does not expand their service contour, as that contour has been defined in this proceeding. Such licensees will therefore be permitted to make those modifications to their authorizations that do not expand their 38 dBu service contour. Phase I licensees will also be able to add additional transmitters within their 38 dBu service contour without prior authorization from the Commission, *e.g.*, to fill in ''dead spots'' in coverage or to reconfigure their systems to increase capacity within their service area, so long as signals from such transmitters do not expand their 38 dBu service contour.

13. The *MO&O* notes that a Phase I licensee who relocates under the criteria set forth in the *Second R&O* (and as further considered in this *MO&O*) must first establish its 38 dBu service contour at its new base station site in accordance with the Commission's rules for relocation before it can take advantage of the flexibility provided in this section. In addition, Phase I licensees will be required to notify the Commission of any changes in technical parameters or additional stations constructed through a minor modification of their license. These modification applications will not be subject to public notice and petition to deny provisions in the Commission's rules, or mutually exclusive applications.

14. The Commission's rules require geographic separation between Phase I

base stations transmitting on the upper 40 channels in the 220–221 MHz band (*i.e.*, channels 161–200, referred to in the Commission's rules as ''Sub-band B'') and Phase I base stations receiving on the lower 40 channels in the 221–222 MHz band (*i.e.*, channels 1–40, referred to in the Commission's rules as ''Sub-band A''). Also, as indicated in the *Third R&O*, the Commission's rules require Phase II licensees transmitting on Sub-band B channels to provide geographic protection to Phase I licensees operating on Sub-band A channels; and require Phase II licensees operating on Sub-band B and Sub-band A channels to coordinate the location of their base stations with one another to avoid interference. The Commission's decision in this *MO&O* to permit Phase I, non-nationwide licensees to modify their authorizations to add additional transmitter sites or change the operating parameters or location of their base station, however, raises interference concerns if such stations are authorized to licensees operating in Sub-bands A and B.

15. First, with respect to potential interference among Phase I licensees, the Commission believes that Phase I licensees authorized on Sub-band A or Sub-band B channels that may seek to add additional transmitter sites or change the operating parameters or location of their base stations should be required to coordinate such actions in a manner similar to the way that Phase II licensees authorized on Sub-band A and Sub-band B channels must coordinate the location of their base stations under § 90.723(f) of the Commission's rules. Thus, to ensure that appropriate geographic separations are maintained if licensees authorized on Sub-band A or Sub-band B channels seek modifications to add additional transmitter sites or change the operating parameters or location of their base station, the Commission will require licensees authorized on Sub-band A or Sub-band B channels to coordinate such actions with one another to avoid interference. These licensees must include with their application for a minor modification of their authorization, a certification that the station has been appropriately coordinated.

16. Second, § 90.723(e) currently requires Phase II licensees authorized on Sub-band B channels, in locating their base stations, to provide geographic protection to the base stations of Phase I licensees authorized on Sub-band A channels. However, the Commission does not believe that it would be appropriate to require a Phase II licensee authorized on Sub-band B, as it constructs its EA or Regional system, to have to protect receivers associated with additional transmitter sites that a Phase I licensee authorized on Sub-band A might add within its service contour at any time in the future. The Commission thus concludes, that a Phase II licensee authorized on Sub-band B channels should continue to provide geographic protection to Phase I licensees authorized on Sub-band A, but only to the base station of such licensees, as authorized at the time the Phase II, Sub-band B licensee seeks to construct its station.

17. Third, under the Commission's existing rules, there are no protection or coordination requirements among Phase I licensees authorized on Sub-band B and Phase II licensees authorized on Sub-band A. However, if Phase I, Sub-band B licensees are permitted to add additional transmitter sites or modify the operating parameters or location of their base station at any time in the future, such actions could cause unforeseen interference to the base stations of Phase II, Sub-band A licensees. The Commission will therefore require Phase I, Sub-band B licensees, in adding additional transmitter sites or modifying the operating parameters or location of their base station, to coordinate such actions with Phase II licensees authorized on Sub-band A. Phase I, Sub-band B licensees must include with their application for a minor modification of their authorization, a certification that the station has been appropriately coordinated.

18. In addition, the Commission will allow Phase I 220 MHz licensees to convert their site-by-site licenses to a single license authorizing operations throughout the incumbents' contiguous and overlapping 38 dBu service contours of their constructed multiple sites. Phase I licensees seeking such reissued licenses must make a one-time filing of specific information for each of their external base station sites to assist the Commission staff in updating the Commission's database. The Commission also will require evidence that such facilities are constructed and placed in operation and that, by operation of the Commission's rules, no other licensee would be able to use these channels within this geographic area. The Commission notes that facilities added or modified that do not extend the 38 dBu service contour will not require prior approval under this procedure.

19. The Commission believes this decision strikes a fair balance between the interests of incumbents and Phase II licensees. A Phase I licensee will be free to maintain full operational flexibility in providing service within its own service contour, while ensuring that the licensee's use of the spectrum does not negatively impact other 220 MHz operations.

20. In response to a petition seeking clarification of the decision in the *Third R&O* that the emission limits provided in § 90.212(f) of the Commission's rules must be met only at the outermost edges of contiguous channels, the Commission indicates that such emission limits must be met only at the outermost edges of contiguous channels, including those cases in which licensees combine multiple authorizations that result in contiguous channels. The Commission also clarifies that, so long as licensees combining multiple authorizations to create a contiguous channel block maintain the required co-channel protection on all of the channels that comprise the channel block, such licensees will be permitted to eliminate the emission mask on all ''inside channels.''

21. The Commission grants a petition to modify § 90.729(b) of its rules to provide that the antenna height limitation for stations operating on 221–222 MHz frequencies be associated with HAAT of the station's transmitting antenna, rather than the antenna's height above ground. The Commission indicates that by requiring licensees operating on these frequencies to limit the height of their transmitting antenna to 7 meters HAAT, it will eliminate instances of licensees inadvertently causing interference to adjacent channel operations by transmitting at an antenna height of 7 meters above ground at a particularly high elevation. The Commission also modifies § 90.729(c) to indicate that the height restriction of base stations operating on channels 196–200 must be associated with such station's transmitting antenna HAAT, rather than the antenna's height above ground.

22. The Commission denies petitions requesting that the power limit for fixed stations operating on mobile channels (*i.e.*, channels in the 221–222 MHz band) be raised from 50 watts ERP to 500 watts ERP. The Commission indicates that if 220 MHz licensees were to be permitted, as petitioners propose, to operate fixed stations in the 221–222 MHz band at a power level of 500 watts ERP—ten times higher than the current limit—it would be concerned about the possibility of interference to adjacent channel 220 MHz land mobile operations. The Commission therefore rejects the adoption of a rule that would allow for such transmissions.

23. The Commission concludes that the only manner in which a licensee

could operate a fixed station in the 221–222 MHz band at a power level of 500 watts ERP without disrupting the operations of other 220 MHz licensees would be for that licensee to gain the consent of all affected 220 MHz licensees to operate such a station. It will therefore permit a licensee seeking to operate fixed stations in the 221–222 MHz band at a power level of 500 watts ERP to seek a waiver of § 90.729(b) of the Commission's rules if the licensee obtains the consent for such operation from the following licensees authorized on channels up to 200 kHz removed from the channels of the licensee: (1) All nationwide licensees; (2) all Phase II non-nationwide licensees that are authorized in an EA or Region that is located within 6 km of the licensee's proposed fixed station; (3) all Government nationwide users; and (4) all Phase I non-nationwide licensees with a base station that is located within 6 km of the licensee's proposed fixed station. As discussed in paragraphs 95–106 of the full text of the *MO&O*, Phase I non-nationwide licensees may modify their authorizations to add additional transmitters within their existing service area, or change the operating parameters or location of their base station. The Commission concludes that such a licensee seeking the consent of a Phase I non-nationwide licensee to operate at 500 watts ERP will not be required to obtain the consent of that licensee with regard to any additional transmitters for which the licensee obtains authorization. The licensee will only be required to obtain the consent with regard to the licensee's base station, as authorized at the time the licensee seeks the consent.

24. The Commission dismisses on procedural grounds petitions requesting that the Commission raise the allowable power limit for the base stations of nationwide licensees from 500 watts ERP to 1400 watts ERP. The Commission finds that, because in the *Third Notice*, the Commission did not seek comment with regard to the appropriateness its rule that provides the height-power restrictions for stations operating in the 220 MHz band, and because commenters, in response to the *Third Notice*, did not seek modification of the rule with regard to height-power limitations for stations operating in the 220–221 MHz band, and because the Commission did not address or modify the 220–221 MHz band height-power limitations in the *Third R&O*, this matter is beyond the scope of this reconsideration proceeding. The Commission does, however, believe that an increase in the allowable power for nationwide licensees would be acceptable provided that appropriate technical criteria are established to ensure that interference does not occur to adjacent channel systems. The Commission therefore invites those parties seeking modification of the Commission's rules regarding this matter to submit a petition for rulemaking in order to change the allowable power limit and to develop such criteria.

25. The *MO&O* declines requests to specify the criteria used to determine whether licensees have provided substantial service as alternative means of meeting their construction requirements. The *MO&O* instead refers parties seeking clarification of the standard beyond the definition in the Commission's rules to the Commission's stated purpose in applying the standard to 220 MHz, and to previous examples the Commission has given of substantial service. The *MO&O* maintains that any further elaboration of the standard at this time would only limit its flexibility and usefulness to licensees and their customers.

26. The *MO&O* removes the 220 MHz service spectrum efficiency standard and thus grants petitions seeking elimination of the efficiency standard as applied to paging operations. In the *Third R&O*, the Commission concluded that Phase I and Phase II licensees combining contiguous 5 kHz channels in order to operate on channels wider than 5 kHz would be required to meet the following spectrum efficiency standard: for voice communications, a licensee was required to employ equipment that provides at least one voice channel per 5 kHz of channel bandwidth; for data communications, a licensee was required to employ equipment that operates at a data rate of at least 4,800 bits per second per 5 kHz of channel bandwidth. The standard was implemented through the Commission's equipment type acceptance process.

27. The Commission agrees with petitioners who argue that the goal of making the 220 MHz service rules more flexible by permitting paging on a primary basis, and by permitting the aggregation of contiguous channels, is threatened because paging equipment is not presently capable of meeting the efficiency standard for the band. The Commission also believes that, since adoption of the *Third R&O*, circumstances have developed in a manner that suggests that 220 MHz spectrum will be used efficiently by service providers regardless of whether any spectrum efficiency standard is imposed.

28. Although the Commission is convinced by the showings in the record that carriers seeking to offer one-way paging services would be impaired in their ability to take advantage of the licensing flexibility introduced in the *Third R&O* because of the requirements of the spectrum efficiency standard, the Commission is not persuaded by the claim of some petitioners that the best solution to this problem is to exempt paging carriers from the standard. The Commission explains that singling out paging services for special treatment while leaving the standard in place would have the potential effect of impeding the introduction and deployment of other services demanded by consumers that use available equipment that does not comply with the strictures of the efficiency standard.

29. The Commission further notes that elimination of the efficiency standard, while avoiding the policy deficiencies that are inherent in an exemption limited to one class of carriers, grants the relief sought by the petitioners. The Commission concludes that there is not a rational basis for avoiding this problem for carriers choosing to offer one type of service while permitting the problem to stand as a barrier to carriers offering other services. Although the Commission notes that no party has petitioned directly for this result, the Commission does not believe that any 220 MHz licensee or applicant will be harmed by this grant of additional flexibility.

30. Elimination of the standard preserves the Commission policy of maximizing flexible use of spectrum. This policy is particularly important for 220 MHz spectrum because small businesses may be prominent players in developing this spectrum, and these businesses would directly benefit from a flexible spectrum use policy that enables them to respond efficiently to marketplace demand. The Commission further observes that, in services where the Commission has used competitive bidding to award licenses, there is evidence that licensees are using spectrally efficient technologies, despite the decision of the Commission not to impose spectrum efficiency standards.

31. The Commission states that eliminating the spectrum efficiency standard for combined contiguous channels should not be construed as a lessening of its commitment to using this band to stimulate innovative narrowband technology. Because the efficiency standard applies only to those licensees who may combine contiguous 5 kHz channels to form larger channels, it has only limited effect on the majority of 220 MHz service licensees whose

channels are not contiguous. The Commission therefore believes the market for efficient narrowband 5 kHz equipment will remain strong. The Commission also notes that, subsequent to its adoption of the *Third R&O*, its decision in the *220 MHz Fourth Report and Order* in this proceeding (62 FR 46211, September 2, 1997) (*Fourth R&O*) has stimulated deployment of spectrally efficient 5 kHz equipment.

32. Although most of the debate in the record focused on the standard for data, the Commission also removes the spectrum efficiency standard for voice communications. The Commission discerns no reasonable legal or policy basis to make a distinction with respect to the application of a spectrum efficiency standard. Elimination of the standard will grant licensees seeking to provide voice services comparable flexibility to employ the type of technology that best meets their needs. As with 220 MHz licensees that provide data services, the Commission is confident that licensees providing voice services will seek to ensure the success of their business plans by using the most spectrally efficient technologies to serve the maximum number of customers.

33. The Commission rejects one petitioner's suggestion that it adopt a lenient efficiency standard that would become stricter over time. The Commission explains that if a stricter standard were phased in, and operators were permitted to continue using equipment they had acquired under the early, more lenient standard, the later standard would probably have little effect. The Commission also rejects petitioners' proposal that the efficiency standard of the Refarming proceeding be applied to the 220 MHz band. The Commission notes that the 220 MHz band—a small sector of the radio spectrum, clear of incumbents using older, inefficient technology, in which the Commission has attempted to foster technological innovation—presents quite different circumstances and concerns. The Commission is not persuaded that conformance of the two standards would significantly promote the goals of either docket, and notes that nothing in the Refarming proceeding would preclude the use of 5 kHz equipment in refarmed bands.

34. The Commission notes that its decision renders moot the question of whether waiver requests regarding the spectrum efficiency standard should be subject to public comment, as a petitioner requested. In the *MO&O*, the removal of the spectrum efficiency standard is discussed in paragraphs 111–149.

35. The *MO&O* next clarifies construction requirements contained in § 90.769 of the Commission's rules by stipulating that § 90.769 applies only to Phase II nationwide licensees and not to Phase I nationwide licensees. The title of § 90.769 is amended accordingly to avoid confusion.

36. The *MO&O* grants a petition requesting that the Commission reconsider or clarify language regarding the return of pending nationwide 220 MHz applications, by clarifying that the language ordering the return of pending nationwide applications does not apply to pending, commercial, nationwide 220 MHz applications. The Commission notes, however, that the applications for nationwide, commercial 220 MHz licenses have since been dismissed.

37. Regarding acquisition of multiple nationwide licenses, the *MO&O* dismisses as moot a petition asking that the Commission amend its rules to permit entities to obtain more than one Phase I authorization in a geographic area. The *Fourth R&O* in this proceeding, which was adopted after the petition for reconsideration was filed, repealed § 90.739(a) of the Commission's rules which restricted the circumstances under which a Phase I licensee could obtain an additional license. Section 90.739 was revised to provide that there would be no limit on the number of licenses that may be authorized to a single 220 MHz service licensee. Thus, no additional action is required by the Commission at this time.

38. Consistent with the conclusions reached in the *Part I Third R&O*, (63 FR 2315, January 15, 1998) the Commission eliminates installment payment plans for small and very small businesses participating in the 220 MHz service auction, and increases the level of bidding credits for such entities. Small businesses with gross revenues not to exceed $15 million will receive a 25 percent bidding credit and very small businesses with gross revenues not to exceed $3 million will receive a 35 percent bidding credit. The *MO&O* also amends § 90.1015 of the Commission's rules to permit auction winners to make their final payments within ten (10) business days after the applicable deadline, provided that they also pay a late fee of five (5) percent of the amount due. This change will conform the 220 MHz rules with the generally-applicable part 1 rules. Applicants that do not submit the required final payment and 5 percent late fee within the 10-day late payment period will be declared in default and will be subject to the default payment specified in § 1.2104(g) of the Commission's rules. The Commission emphasizes that the decision to permit late payments is limited to payments owed by winning bidders that have submitted timely initial down payments. Finally, regarding installment payments, the Commission reiterates that the procedures set forth in part 1, Subpart Q of the Commission's rules apply to the Phase II 220 MHz service unless otherwise indicated in part 90 of the Commission's rules. The Commission thus clarifies that applicants at the short- and long-form application stages are subject to the reporting requirements contained in the newly adopted part 1 ownership disclosure rule.

39. Finally, regarding the *Third R&O*, the *MO&O* denies on procedural grounds petitions to reconsider the construction requirements for Phase I licensees, particularly the requirement that nationwide, Phase I licensees construct all five channels at a minimum number of base stations at certain urban sites. The *MO&O* also dismisses on procedural grounds petitions to cease requiring nationwide, Phase I licensees to obtain specific licenses for each base station.

40. The *MO&O* also considers petitions for reconsideration and clarification filed in response to the *Second R&O* which adopted a one-time modification procedure that allows licensees to modify their licenses to relocate their authorized base stations to previously unauthorized locations. Under this procedure, licensees with base stations authorized inside any Designated Filing Area (DFA) were permitted to relocate their base stations up to one-half the distance over 120 km toward any authorized co-channel base station, to a maximum distance of 8 km. Licensees with base stations authorized outside the boundaries of any DFA were permitted to relocate their base stations up to one-half the distance over 120 km toward any authorized co-channel base station, to a maximum distance of 25 km, so long as they did not locate their base station more than 8 km inside the boundaries of any DFA.

41. The Commission finds that the *Second R&O* set out a clear and unambiguous framework governing the maximum distance licensees are permitted to move under the modification procedure. Under this framework, contrary to the assertions of the petitioners, the defining element of a proposed modification is not the ultimate location of the base station—the defining element is based on the initially authorized location.

42. The Commission denies petitions requesting that licensees be permitted moves up to a maximum distance of 25

km, rather than the 8 km authorized in the *Second R&O*, if the licensees is moving from a location within a DFA to a location outside that DFA. In ruling against the petitions, the *MO&O* states that the purpose of the modification procedure was to enable 220 MHz licensees to carry out their initial business plans by finding a useable site within their planned area of service. It was not the Commission's intention for the modification procedure to serve as an opportunity for a licensee to abandon its original plan to serve a particular area in favor of a more attractive or different service area. The Commission maintains that a licensee who is presently authorized within a DFA, would have available to it the same multiplicity of base station sites within an 8 km radius as a licensee who is moving from a location within a DFA to another location within a DFA.

43. The fact that a licensee initially authorized in a DFA chooses to seek a new base station site outside its DFA should not entitle that licensee to be treated in the same manner as a licensee that was initially authorized outside a DFA, and therefore, presumably requires a larger area, *i.e.*, 25 km, within which to find a new base station site. Therefore, the Commission reaffirms its determination that a licensee with an authorized base station located in a DFA will be permitted to relocate its base station up to one-half the distance over 120 km toward any co-channel licensee's initially authorized base station, to a maximum distance of 8 km, regardless of whether the relocated base station site is inside or outside the boundaries of the DFA. The Commission also denies a petition asking for clarification of its position to indicate that a licensee whose initially authorized site is located inside a DFA within 8 km of the perimeter and who seeks to modify its authorization in order to move to a location outside the DFA be permitted to move its site up to one-half the distance over 120 km toward any co-channel licensee's initially authorized base station, to a maximum distance of 25 km.

44. The *MO&O* grants, in part, petitions requesting that the Commission accept modifications of operating parameters other than relocation modifications to the extent that the Commission clarifies that licensees who seek to relocate may modify their antenna HAAT. Otherwise these petitions are denied with respect to this issue. The Commission states that the *Second R&O* sought to accommodate Phase I licensees that for various unforeseen reasons were unable to construct at their authorized locations and so provided such licensees with the opportunity to seek modification of their licenses to relocate their base stations. The *Second R&O* did not provide for licensees to modify their authorizations for any other reason, such as to change their power or antenna height.

45. The Commission continues to believe that the modification procedure set out in the *Second R&O* appropriately accommodates the needs of licensees who were unable to construct at their authorized locations. The intention of the Commission in the *Second R&O* was to craft carefully and narrowly drawn relocation parameters to provide relief to existing licensees but not to allow them to enhance their position in the marketplace. The interest of the Commission in establishing precise and narrow criteria was heightened by the fact that the Commission allowed these licensees to file modification applications without providing an opportunity for other potential applicants to file competing initial applications. Thus, the *MO&O* finds no basis for any general extension of the modification parameters to include changes to antenna height and power at a licensee's originally authorized location. The Commission notes that if a licensee who did not seek to relocate believed it was impossible to remain at the same HAAT at the original location, there is nothing in the *Second R&O* that would prevent such a licensee from applying for a waiver of the Commission's rules. The Commission also notes, however, that licensees who decided not to relocate under the procedures announced in the *Second R&O* will be permitted to make changes to their technical parameters, as provided elsewhere in the *MO&O* as long as such modifications do not expand their 38 dBu service contour.

46. In addition, because it is highly unlikely that a licensee who relocates its base station will be able to install its antenna at the identical HAAT specified in its existing authorization, the Commission clarifies that licensees seeking to relocate are also permitted to modify their HAAT. On the other hand, it would not be necessary for a licensee who relocates to operate at the new site at a different power level, and thus the *Second R&O* does not allow a licensees who relocates to change its power level.

47. If, however, as a result of raising the antenna height, the height and power combination exceeds the provisions of the ERP vs. Antenna Height Table in § 90.729 of the Commission's rules, the rules require that the licensee's authorized power shall be reduced accordingly so that the operations of the licensee remain in compliance with the provisions of that section. Any applicant seeking to relocate and to alter operating power levels is permitted to relocate (if the application is in conformance with applicable rules), but the *Second R&O* does not establish any authorization pursuant to which the applicant may alter operating power levels. The Commission notes that after a licensee relocates in accordance with the Commission's modification procedures and establishes its 38 dBu service contour, the licensee will be able to make changes to its authorization, including its power level, provided that doing so does not expand its 38 dBu service contour.

48. As for licensees who were granted Special Temporary Authority (STA) at their original locations but at increased height or power, those STAs were granted only on a temporary basis, and they conferred no guarantee that the licensee would be able to obtain a permanent authorization in accordance with those changes. In addition, a licensee with an STA to operate at different height or power parameters would not be precluded from offering service if the licensee is not granted permanent authorization at those parameters. Only the coverage area would be altered.

49. Finally, the Commission notes that petitioners base their arguments in part on the assumption that existing stations are likely to be protected under new Phase II rules based on a service contour. Petitioners further assert that such protection is likely to be based on maximum allowable height and power. In fact, the protection afforded Phase I licensees by future Phase II licensees has been addressed by the Commission in the *Third R&O*, where the Commission determined that Phase I licensees would be protected to their 38 dBu service contour based on *actual*, as opposed to maximum, height and power. This decision was affirmed in this *MO&O*.

50. In the *Second R&O* the Commission recognized that a number of licensees had obtained STAs to operate base stations at alternative locations and that some of these locations would not meet the permissible modification requirements established in the *Second R&O*. The Commission believed that it would not be appropriate to require licensees to discontinue operations if they had obtained STAs to operate at alternate locations and were currently operating or planning to operate at such locations. The *Second R&O* therefore provided that a licensee who had been granted an

STA to operate at an alternative site would be permitted to seek permanent authorization at the STA site if the licensee certified that it had (1) constructed its base station and placed the base station in operation, or commenced service at that site; or (2) taken delivery of its base station transceiver on or before the adoption date of the *Second R&O*. The Commission provided that such licensees were permitted to seek permanent authorization at the STA site regardless of whether locating at the STA site would be in strict conformance with the relocation distance limitations prescribed in the modification procedure.

51. The *MO&O* denies petitions requesting that the Commission reconsider or clarify that if a licensee had taken delivery of its base station transceiver on or before January 26, 1996, and had filed an application for STA on or before January 26, 1996, the licensee need not have been granted an STA by January 26, 1996, in order to be allowed to seek permanent authorizations at its STA site. The *MO&O* concludes that it was the Commission's intent in the *Second R&O* that the relief provided for licensees operating under STAs be restricted to those licensees who had been granted STAs on or before January 26, 1996.

52. The Commission finds no basis to conclude that the January 26, 1996, deadline is arbitrary or capricious. The Commission grants STAs to licensees upon a showing of need. Prior to January 26, 1996, the Commission granted STAs because 220 MHz licensees would be unable to operate at base station sites other than their initially authorized locations, because the Commission had not yet announced final modification rules for the 220 MHz service. As of January 26, 1996, the final modification and relocation procedures had been announced and thus there no longer was any need for an STA. After that date it would have only been necessary to issue an STA in order to meet a licensee's needs in an emergency situation.

53. As to those licensees who took delivery of their equipment and expended time and resources preparing their STA site for construction, but who waited to apply for an STA until late January, the Commission notes that an STA does not guarantee any right to obtain permanent authorization at the STA site. While pre-grant construction may not be an uncommon practice, the Commission's rules provide that licensees who construct prior to receiving an authorization do so at their own risk. Licensees were able to apply for STAs at any time during the planning or construction of their base stations and had no reason to delay filing their STA applications. At the time the *Second R&O* was released, the construction deadline was February 2, 1996. The Commission's regulations caution applicants to file STA applications at least 10 days prior to the date of proposed operation. Therefore, a licensee who filed an STA application after January 23, 1996, could not reasonably have expected to receive an STA prior to the construction deadline.

54. For these reasons, the Commission concludes that a licensee who had taken delivery of its base station transceiver on or before January 26, 1996, must have been granted an STA on or before January 26, 1996, in order to be allowed to seek permanent authorization at its STA site. The Commission notes that licensees who were not granted STAs on or before January 26, 1996, were permitted to modify their base station locations in accordance with the relocation rules set forth in §§ 90.753(a) and 90.753(b) of the Commission's rules.

55. The *MO&O* denies petitions seeking clarification of the *Second R&O* to allow waiver requests to be accompanied by an alternative site proposal. The *Second R&O* recognized that in certain areas of the Nation it is possible that the technical characteristics of base station sites available under the relocation procedure may be considerably inferior to the technical characteristics of currently licensed sites and sites that may exist at nearby, more elevated locations. In these cases, the Commission contemplated that licensees would seek a waiver of the modification procedures the Commission adopted in the *Second R&O*. Petitioners express concern that the *Second R&O* did not provide for a protection mechanism or for a tolling of the construction period for licensees filing such waiver requests. They argue that if a waiver request is ultimately denied, a licensee would lose its authorization for failure to construct by March 11, 1996.

56. Under the Commission's general waiver rule for services licensed under part 90, a waiver applicant must show that no reasonable alternative exists within existing rules. Furthermore, the standard for granting waiver requests, as set forth in *Wait Radio*, is that ''the very essence of waiver is the assumed validity of the general rule, and also the applicant's violation unless waiver is granted.'' [2] Thus, a licensee seeking a waiver of the Commission's rules to locate its base station at a site not permitted under the modification procedure must, in order to apply for a waiver, have no alternative available under the rules. If a licensee is able to offer an alternative relocation site, then, it could be argued that there is no reasonable basis for a waiver.

57. Therefore, a 220 MHz licensee seeking a waiver would need to show that site alternatives within the parameters of the Commission's relocation rules would be so inferior that they would preclude a viable system. To decide otherwise and permit licensees to make alternative site showings would not be consistent with this rule and also would impair one of the policy objectives set forth in the *Second R&O*, i.e., to provide existing licensees flexibility to complete construction of their systems and provide service while not unreasonably impairing the opportunity of potential competitors to obtain licenses in the 220 MHz service. The Commission believes that it provided sufficient flexibility to incumbent licensees by permitting them to relocate their base stations while at the same time insulating them from any competing filings by new applicants. To go further, as petitioners urge the Commission to do, would risk an adverse impact on the competitive development of the 220 MHz service.

58. The Commission concludes that the *Second R&O* posed a clear and reasonable choice for 220 MHz licensee, that if a licensee believed that, due to unique terrain features, it wanted to apply for a waiver of the modification procedures established in the *Second R&O*, it could chose to do so. The *Second R&O* did not provide licensees with the option of applying for a waiver while at the same time allowing them to attempt to retain their option to construct at an alternate, although inferior, site which complies with the rules.

59. The Commission provided licensees with a reasonable framework for modifying their base station locations, and petitioners, in the Commission's view, have not presented persuasive arguments that the Commission should now change that framework to allow for alternative site proposals to accompany waiver requests. Furthermore, since the Commission is affirming that licensees may not file alternative locations proposals with a waiver request, the Commission does not need to reach the question of whether to allow licensees whose waiver requests are denied a reasonable period of time to construct their facilities at an alternative site. The

[2] Wait Radio v. FCC, 418 F.2d 1153, 1158 (D.C. Cir. 1969).

Commission notes, however, that the *Second R&O* stated that the Commission will extend the deadline for a licensee to construct its station and place it in operation, or commence service beyond August 15, 1996, by the number of days after June 1, 1996, that pass before a licensee's timely filed modification application is actually granted. Therefore, a licensee who is granted a waiver after June 1, 1996, will have an adequate period of time to construct its station.

60. Finally, the *MO&O* denies petitions asking for clarification that the Commission will accept waiver requests other than the specific type of waiver request discussed in the *Second R&O* because such clarification is unnecessary under the Commission's rules. The Commission notes that there is nothing in the *Second R&O* that would prevent a licensee from seeking an appropriate and timely waiver of the Commission's rules if the licensee believes it has met the Commission's standard for waiver.

Supplemental Final Regulatory Flexibility Analysis

61. As required by the Regulatory Flexibility Act (RFA),[3] a Final Regulatory Flexibility Analysis (FRFA) was incorporated in Appendix B of the *220 MHz Second Report and Order (Second R&O)* and in Appendix A of the *220 MHz Third Report and Order (Third R&O)* in this proceeding. The Commission's Supplemental Final Regulatory Flexibility Analysis (Supplemental FRFA) in this *Memorandum Opinion and Order on Reconsideration (MO&O)* reflects revised or additional information to that contained in those FRFAs. This Supplemental FRFA is thus limited to matters raised in response to the *Second R&O* or the *Third R&O* that are granted on reconsideration in the *MO&O*. This Supplemental FRFA conforms to the RFA, as amended by the Contract with America Advancement Act of 1996 (CWAAA).[4]

I. Need for and Objectives of the Action

62. The actions taken in this *MO&O* are in response to petitions for reconsideration or clarification of the service rules adopted in the *Third R&O* to implement service in the 220–222 MHz frequency band (220 MHz service), and in response to petitions for reconsideration or clarification of license modification rules adopted in the *Second R&O*. The petitions are denied, with the following exceptions. The rule changes adopted in the *MO&O* grant in part the petitions that Phase I licensees be permitted to modify their authorizations to the extent that Phase I licensees will be permitted to make modifications to their authorizations which do not expand their 38 dBu service contours. Phase I licensees will also be permitted to convert their site-by-site licenses to a single license. The Commission's objective in permitting such modifications is to provide Phase I licensees with maximum flexibility while striking a fair balance between the interests of incumbent licensees and Phase II licensees.

63. The Commission also grants the petition that the antenna height limitation for stations operating in the 220 MHz band be associated with the HAAT of the station's transmitting antenna, rather than the antenna's height above ground. The Commission's objective is to eliminate instances of licensees inadvertently causing interference to adjacent channel operations.

64. The *MO&O* removes the 220 MHz service spectrum efficiency standard, and thus grants the petition that the Commission eliminate the efficiency standard as applied to paging operations. In light of the observations of petitioners regarding the unavailability of equipment that would meet the standard, the Commission now believes that imposition of the standard could inadvertently deny the provision of certain services in the 220–222 MHz band, contrary to the intent of the *Third R&O*. The Commission's objective in removing the standard is to facilitate the provision of a wide range of services in the 220 MHz band.

65. In addition, the Commission addresses certain issues that the *Part I Third R&O* directs be resolved in this proceeding. Consistent with the conclusions reached in the *Part I Third R&O*, the Commission eliminates installment payment plans for small and very small businesses participating in the 220 MHz service auction, and increases the level of bidding credits for such entities. The Commission will also amend its rules to permit auction winners to make their final payments within 10 business days after the applicable deadline, provided that they also pay a late fee of 5 percent of the amount due.

II. Summary of Significant Issues Raised by the Public in Response to the Final Regulatory Flexibility Analyses

66. No comments were received in direct response to the FRFAs. Small Business in Telecommunications (SBT) commented that the Commission's position regarding license modifications appeared to express more concern for future licensees than for incumbent licensees who are currently providing service to the public. The actions taken in this *MO&O* reflect the Commission's recognition that licensed sites may become unusable for a variety of reasons. The Commission is persuaded by arguments that, in order to maintain the economic and technical viability of a licensee's 220 MHz service, Phase I incumbent licensees should be permitted to modify their authorizations as long as doing so does not expand their service contour. Modifications to Phase I licensees' authorizations which do not expand their 38 dBu service contour will therefore be permitted.

67. Phase I licensees will also be able to add new transmitters within their 38 dBu service contour without prior authorization from the Commission so long as signals from such transmitters do not expand the 38 dBu service contour. These modification applications will not be subject to public notice and petition to deny provisions in the Commission's rules, and will not be subject to mutually exclusive applications. In addition, the Commission will allow Phase I 220 MHz licensees to convert their site-by-site licenses to a single license authorizing operations throughout the incumbents' contiguous and overlapping 38 dBu service contours of their constructed multiple sites. The Commission believes this decision strikes a fair balance between the interests of incumbents and Phase II licensees.

68. The *MO&O*, as provided in the *Part I Third R&O*, eliminates installment payment financing for small and very small businesses participating in the Phase II 220 MHz service auction. At the same time, in order to offer small and very small businesses a meaningful opportunity to participate in the auction, the Commission has offered higher bidding credits, consistent with those available through a loan.

III. Description and Estimate of the Number of Small Entities to Which Rules Will Apply

A. Phase II Licensees

69. As in the FRFAs, the service regulations the Commission adopts to implement the Phase II 220 MHz service would apply to all entities seeking a Phase II 220 MHz license. As discussed in the FRFAs, using the Small Business Administration (SBA) definitions applicable to radiotelephone companies and to cable and pay television services,

[3] *See* 5 U.S.C. 603.

[4] Public Law No. 104–121, 110 Stat. 846 (1996), codified at 5 U.S.C. 601–612. Title II of the CWAAA is The Small Business Regulatory Enforcement Fairness Act of 1996 (SBREFA).

a majority of 220 MHz service entities may be small businesses.

70. The Commission had not developed a more refined definition of small entities applicable to the 220 MHz service, prior to the *Third R&O,* because the Phase II 220 MHz service is a new service. The RFA amendments were not in effect until after release of the *Third Notice,* therefore no data was received establishing the number of small businesses associated with the Phase II 220 MHz service. In the *Third R&O,* the Commission adopted criteria for defining small businesses and very small businesses for purposes of determining their eligibility for special provisions such as bidding credits and installment payments. The SBA has approved these definitions for Phase II licensees. The Commission will use the definitions in estimating the potential number of small entities applying for auctionable spectrum.

71. The Commission defined a small business as an entity that, together with its affiliates and controlling principals, has average gross revenues not exceeding $15 million for the preceding three years. Additionally, bidding credits and an installment payment plan were made available to each applicant that is a very small business, defined as an entity that, together with its affiliates and controlling principals, has average gross revenues that are not more than $3 million for the preceding three years.

72. No parties submitting or commenting on the petitions for reconsideration giving rise to this *MO&O* commented on the potential number of entities that would be small businesses or very small businesses, and the Commission is unable to predict accurately the number of applicants for the Phase II 220 MHz service that would fit the definition of a small business or a very small business for competitive bidding purposes.

73. In the FRFAs, the Commission estimated that it would receive approximately 2,220 total applications for the Phase II 220 MHz service, *i.e.,* 2,000 Public Safety applications (including 1,000 EMRS applications), 90 applications for Economic Area channels, 20 applications for Regional channels, 100 applications for secondary service, and 10 applications for Nationwide channels. These applicants (many of whom may be small entities), as well as Phase I 220 MHz licensees (discussed below), and at least six equipment manufacturers (three of which may be small entities), were subject to the rules adopted in the *Third R&O.*

74. The Commission justified the auctions-related estimate of participation, including an estimate of 120 small entities, by referring to its experience in the auction of the 900 MHz SMR service, a service similar to the 220 MHz service. In the 900 MHz SMR service, which utilized an identical definition for small business, 1,050 licenses were made available and a total of 128 applications were received in the auction. Of these applications, 71 qualified as very small businesses and 30 qualified as small businesses. A total of 908 licenses will be made available for authorization in the 220 MHz service auction. Given that 128 qualified applications were received in the 900 MHz SMR auction, the Commission anticipated receiving slightly fewer or 120 applications in the 220 MHz service auction. Given that 71 applicants qualified as very small businesses and 30 applicants qualified as small businesses in the 900 MHz SMR auction, the Commission estimated that proportionately fewer, or 65 applicants, would qualify as very small businesses and 27 applicants would qualify as small businesses in the 220 MHz service auction.

75. Because the elimination of installment payments is counterbalanced by the Commission's decision to elevate the size of bidding credits, the Commission anticipates that the figures it has presented regarding the estimated number of small entities participating in the 220 MHz service auction will remain unchanged. The Commission therefore anticipates that approximately 55 percent of the 120 applicants will qualify as very small businesses and 23 percent will qualify as small businesses.

B. Phase I Licensees

76. The Commission has not developed a definition of small entities applicable to 220 MHz Phase I licensees, or equipment manufacturers for purposes of this Supplemental FRFA, and, since the RFA amendments were not in effect until after the release of the *Third Notice* and the *220 MHz Fourth Notice of Proposed Rulemaking* (60 FR 46566, September 7, 1995) was closed, the Commission did not request information regarding the number of small businesses that are associated with the 220 MHz service.

77. To estimate the number of Phase I licensees and the number of 220 MHz equipment manufacturers that are small businesses the Commission shall use the relevant definitions provided by SBA.

78. There are approximately 1,515 non-nationwide Phase I licensees and four nationwide licensees currently authorized to operate in the 220 MHz band. To estimate the number of such entities that are small businesses, the Commission applies the definition of a small entity under SBA rules applicable to radiotelephone companies. This definition provides that a small entity is a radiotelephone company employing no more than 1,500 persons. According to the Bureau of the Census, only 12 radiotelephone firms out of a total of 1,178 such firms which operated during 1992 had 1,000 or more employees. Therefore, even if all 12 of these firms were 220 MHz service companies, nearly all 220 MHz service companies were small businesses under the SBA's definition.

C. Radio Equipment Manufacturers

79. The Commission anticipates that at least six radio equipment manufacturers will be affected by the decisions in this proceeding. According to SBA regulations, a radio and television broadcasting and communications equipment manufacturer must have 750 or fewer employees in order to qualify as a small business concern. Census Bureau data indicate that there are 858 U.S. firms that manufacture radio and television broadcasting and communications equipment, and that 778 of these firms have no more than 750 employees and would therefore be classified as small entities. The Commission does not have information that indicates how many of the six radio equipment manufacturers associated with this proceeding are among these 778 firms. However, because three of these manufacturers (Motorola, Ericsson, and E.F. Johnson) are major, nationwide radio equipment manufacturers, the Commission concludes that these manufacturers would not qualify as small business.

IV. Description of Projected Reporting, Recordkeeping, and Other Compliance Requirements

80. Phase I non-nationwide licensees who modify their authorizations as outlined in this *MO&O* or add new transmitters within their 38 dBu service contour will be required to file an FCC Form 600 with the Commission. Phase I non-nationwide licensees who decide to convert their site-by-site licenses to a single license authorizing operations throughout the incumbents' contiguous and overlapping 38 dBu service contours of their constructed multiple sites will also be required to file an FCC Form 600. Phase I, non-nationwide licensees will be required to file an FCC Form 600 to comply with the requirement that they modify their authorization to reflect the ERP at which they were operating at the time the decisions adopted in the *Third R&O*

became effective. The FCC Form 600 is currently in use and has already received OMB clearance.

81. Phase I licensees authorized on Channels 161–200 and Channels 1–40 will be required to coordinate the addition, removal, or modification of station sites among themselves to avoid interference. Such licensees will also be required to include, in their application for minor modification of their authorization to add, remove, or modify a station site, a certification that the station has been appropriately coordinated. Phase I licensees authorized on Channels 161–200 will be required to coordinate the addition, removal, or modification of station sites with Phase II licensees authorized on Channels 1–40. Such Phase I licensees will also be required to include, in their application for minor modification of their authorization to add, remove, or modify a station site, a certification that the station has been appropriately coordinated. Licensees seeking a waiver of § 90.729(b) of the Commission's rules to operate fixed stations in the 221–222 MHz band at a power level of 500 watts ERP will be required to gain the consent for such operation from all affected 220 MHz licensees.

V. Steps Taken to Minimize Significant Economic Impact on Small Entities, and Significant Alternatives Considered

82. The actions taken in this *MO&O* are in response to petitions for reconsideration including, the Commission believes, several filed by small businesses. The changes minimize any possible significant economic impact on small entities, while remaining consistent with the objectives of this proceeding.

83. The *MO&O* grants the petitions of Phase I licensees to the extent of permitting, upon application, modifications to Phase I licensees' authorizations which do not expand their 38 dBu service contour. Phase I licensees also will be permitted to convert their site-by-site licenses to a single license. The deregulatory nature of these steps helps minimize the economic impact of telecommunications regulation on small entities.

84. By removing the 220 MHz service spectrum efficiency standard, the *MO&O* grants the petition that the Commission eliminate the efficiency standard as applied to paging operations. The deregulatory nature of this step helps to minimize the economic impact of telecommunications regulation on small entities. We considered retaining the standard and exempting paging only, but rejected this course as potentially discouraging the provision of innovative services. The Commission also considered replacing the standard with a more lenient standard that would be made stricter over time, but rejected this course because the Commission believes operators would continue using equipment acquired under the more lenient standard, in which case the later standard would have little effect. The Commission also considered conforming the 220 MHz band spectrum efficiency standard to the standard used in the Refarming proceeding. The Commission concluded, however, that because it applies only to aggregated, contiguous channels, and expires in 2001, the 220 MHz standard touches too few licensees for too short a time to significantly increase equipment development for the refarmed bands.

85. The Commission also believes that small businesses may be prominent players in developing this spectrum, and these businesses would directly benefit from a flexible spectrum use policy that enables them to respond efficiently to marketplace demand. Given the relatively small amount of spectrum assigned in a 220 MHz license, the Commission thinks it is reasonable to expect that acquisition of the 220 MHz Phase II licenses may be relatively affordable and therefore this service may be particularly attractive to small businesses.

86. Consistent with the conclusions reached in the Part 1 *Third R&O*, the *MO&O* eliminates installment payment plans for small and very small businesses participating in the 220 MHz service auction, and increase the level of bidding credits for such entities. The Commission will also amend its rules to permit auction winners to make their final payments within 10 business days after the applicable deadline, provided that they also pay a late fee of 5 percent of the amount due.

87. While installment payment plans for small entities in the 220 MHz service are eliminated in the *MO&O*, the Commission found that better alternatives to assist small businesses as well as ensure provision of new services to the public are to raise bidding credits for existing categories of small entities. The Commission believes that bidding credits of sufficient size will enable small businesses to secure private financing. This suggestion is consistent with the Commission's experience in other auctions in which installment payments were not offered and small entities nevertheless have been successful (e.g., the auction of Wireless Communications Service licenses, for which bidding credits were heightened to accommodate the lack of installment payments). Prior to the *MO&O*, bidding credits of 10 percent were offered to small businesses and 25 percent to very small businesses. The Commission now offers bidding credits of 25 percent to small businesses and 35 percent to very small businesses. The levels of bidding credits adopted offer a reasonable accommodation for the elimination of installment payments.

VI. Report to Congress

88. The Commission will send a copy of this Supplementary Final Regulatory Flexibility Analysis, along with the *MO&O*, in a report to Congress pursuant to the Small Business Regulatory Enforcement Fairness Act of 1996.[5] In addition, the Commission will send a copy of the *MO&O*, including this Supplemental FRFA to the Chief Counsel for Advocacy for SBA.

Ordering Clauses

89. Accordingly, it is ordered, that the petitions for reconsideration or clarification filed by American Mobile Telecommunications Association; Incom Communications Corporation, SEA, Inc., In Touch Services, Inc., Philip Adler dba Communications Management Company, and Aircom Communications, Inc.; In Touch Services, Inc.; Police Emergency Services, Inc. and Bostom and Associates Company; and SMR Advisory Group, L.C. with respect to the *220 MHz Second Report and Order* in PR Docket No. 89–552 and GN Docket No. 93–252, are granted to the extent provided herein and otherwise are denied. This action is taken pursuant to sections 4(i), 4(j), 303(d), 303(r), 309(j), 332, and 405 of the Communications Act of 1934, 47 U.S.C. 154(i), 154(j), 303(d), 303(r), 309(j), 332, 405.

90. It is further ordered, that the petitions for reconsideration or clarification filed by American Mobile Telecommunications Association, Inc.; Comtech Communications, Inc.; Glenayre Technologies, Inc.; Global Cellular Communications, Inc.; INTEK Diversified Corp.; Metricom, Inc.; National Communications Group, Capital Communications Group, Columbia Communications Group, Lonesome Dove Communications, All-American Communications Partners, and Shiner Bock Group; Personal Communications Industry Association; SEA Inc.; Rush Network Corp.; and SMR Advisory Group L.C. with respect to the *220 MHz Third Report and Order* in PR Docket No. 89–552 and GN Docket No. 93–252, are granted to the extent provided herein and otherwise are

[5] *See* 5 U.S.C. 801(a)(1)(A).

denied. This action is taken pursuant to sections 4(i), 4(j), 303(d), 303(r), 309(j), 332, and 405 of the Communications Act of 1934, 47 U.S.C. 154(i), 154(j), 303(d), 303(r), 309(j), 332, 405.

91. It is further ordered that the Commission's rules are amended as indicated. It is further ordered that the provisions of this Order and the Commission's rules, as amended in this decision, shall become effective August 11, 1998.

92. It is further ordered that a Public Notice will be issued by the Wireless Telecommunications Bureau following the adoption of this Order announcing when applications must be filed by Phase I, non-nationwide licensees in order to enable such licensees to comply with the requirement that they modify their authorization to reflect the ERP at which they were operating at the time the decisions adopted in the *220 MHz Third Report and Order* became effective.

93. It is further ordered that the Commission's Office of Public Affairs, Reference Operations Division, shall send a copy of this Order, including the Supplemental Final Regulatory Flexibility Analysis, to the Chief Counsel for Advocacy of the Small Business Administration.

List of Subjects in 47 CFR Part 90

Radio.

Federal Communications Commission.

Magalie Roman Salas,

Secretary.

Rule Changes

For the reasons stated in the preamble part 90 of title 47 of the Code of Federal Regulations is amended as follows:

PART 90—PRIVATE LAND MOBILE SERVICES

1. The authority citation for Part 90 continues to read as follows:

Authority: 47 U.S.C. 154, 251–2, 303, 309, and 332, unless otherwise noted.

2. Section 90.203 is amended by revising paragraph (k) to read as follows:

§ 90.203 Type acceptance required.

* * * * *

(k) For transmitters operating on frequencies in the 220–222 MHz band, type acceptance will only be granted for equipment with channel bandwidths up to 5 kHz, except that type acceptance will be granted for equipment operating on 220–222 MHz band Channels 1 through 160 (220.0025 through 220.7975/221.0025 through 221.7975), 171 through 180 (220.8525 through 220.8975/221.8525 through 221.8975), and 186 through 200 (220.9275 through 220.9975/221.9275 through 221.9975) with channel bandwidths greater than 5 kHz.

3. Section 90.711 is amended by revising paragraph (a) introductory text to read as follows:

§ 90.711 Processing of Phase II applications.

(a) Phase II applications for authorizations on Channels 166 through 170 and Channels 181 through 185 will be processed on a first-come, first-served basis. When multiple applications are filed on the same day for these frequencies in the same geographic area, and insufficient frequencies are available to grant all applications (*i.e.*, if all applications were granted, violation of the station separation provisions of § 90.723(k) would result), these applications will be considered mutually exclusive and will be subject to random selection procedures pursuant to § 1.972 of this chapter.

* * * * *

4. Section 90.723 is amended by revising paragraphs (e) and (f), redesignating paragraphs (g), (h), and (i) as paragraphs (i), (j), and (k), respectively, and by adding paragraphs (g) and (h) to read as follows:

§ 90.723 Selection and assignment of frequencies.

* * * * *

(e) Phase II licensees authorized on 220–221 MHz frequencies assigned from Sub-band B will be required to geographically separate their base station or fixed station transmitters from the base station or fixed station receivers of Phase I licensees authorized on 221–222 MHz frequencies 200 kHz removed or less in Sub-band A in accordance with the Table in paragraph (d) of this section. Such Phase II licensees will not be required to geographically separate their base station or fixed station transmitters from receivers associated with additional transmitter sites that are added by such Phase I licensees in accordance with the provisions of § 90.745(a).

(f) Phase II licensees with base or fixed stations transmitting on 220–221 MHz frequencies assigned from Sub-band B and Phase II licensees with base or fixed stations receiving on Sub-band A 221–222 MHz frequencies, if such transmitting and receiving frequencies are 200 kHz or less removed from one another, will be required to coordinate the location of their base stations or fixed stations to avoid interference and to cooperate to resolve any instances of interference in accordance with the provisions of § 90.173(b).

(g) Phase I licensees with base or fixed stations transmitting on 220–221 MHz frequencies assigned from Sub-band B and Phase I licensees with base or fixed stations receiving on Sub-band A 221–222 MHz frequencies (if such transmitting and receiving frequencies are 200 kHz or less removed from one another) that add, remove, or modify station sites in accordance with the provisions of § 90.745(a) will be required to coordinate such actions with one another to avoid interference and to cooperate to resolve any instances of interference in accordance with the provisions of § 90.173(b).

(h) Phase I licensees with base or fixed stations transmitting on 220–221 MHz frequencies assigned from Sub-band B that add, remove, or modify station sites in accordance with the provisions of § 90.745(a) will be required to coordinate such actions with Phase II licensees with base or fixed stations receiving on Sub-band A 221–222 MHz frequencies 200 kHz or less removed.

* * * * *

5. Section 90.729 is amended by revising paragraphs (b) and (c) introductory text to read as follows:

§ 90.729 Limitations on power and antenna height.

* * * * *

(b) The maximum permissible ERP for mobile units is 50 watts. Portable units are considered as mobile units. Licensees operating fixed stations or paging base stations transmitting on frequencies in the 221–222 MHz band may not operate such fixed stations or paging base stations at power levels greater than 50 watts ERP, and may not transmit from antennas that are higher than 7 meters above average terrain, except that transmissions from antennas that are higher than 7 meters above average terrain will be permitted if the effective radiated power of such transmissions is reduced below 50 watts ERP by 20 $\log_{10}(h/7)$ dB, where h is the height above average terrain (HAAT), in meters.

(c) Base station and fixed station transmissions on base station transmit Channels 196–200 are limited to 2 watts ERP and a maximum antenna HAAT of 6.1 meters (20 ft). Licensees authorized on these channels may operate at power levels above 2 watts ERP or with a maximum antenna HAAT greater than 6.1 meters (20 ft) if:

* * * * *

6. Section 90.733 is amended by revising paragraphs (d), (e), and (g) to read as follows:

§ 90.733 Permissible operations.

* * * * *

(d) Licensees, except for licensees authorized on Channels 161 through 170 and 181 through 185, may combine any number of their authorized, contiguous channels (including channels derived from multiple authorizations) to form channels wider than 5 kHz.

(e) In combining authorized, contiguous channels (including channels derived from multiple authorizations) to form channels wider than 5 kHz, the emission limits in § 90.210(f) must be met only at the outermost edges of the contiguous channels. Transmitters shall be tested to confirm compliance with this requirement with the transmission located as close to the band edges as permitted by the design of the transmitter. The frequency stability requirements in § 90.213 shall apply only to the outermost of the contiguous channels authorized to the licensee. However, the frequency stability employed for transmissions operating inside the outermost contiguous channels must be such that the emission limits in § 90.210(f) are met over the temperature and voltage variations prescribed in § 2.995 of this chapter.

* * * * *

(g) The transmissions of a Phase I non-nationwide licensee's paging base station, or fixed station transmitting on frequencies in the 220–221 MHz band, must meet the requirements of §§ 90.723(d), (g), (h), and (k), and 90.729, and such a station must operate at the effective radiated power and antenna height-above-average-terrain prescribed in the licensee's land mobile base station authorization.

* * * * *

7. Section 90.745 is added to read as follows:

§ 90.745 Phase I licensee service areas.

(a) A Phase I licensee's service area shall be defined by the predicted 38 dBu service contour of its authorized base station or fixed station transmitting on frequencies in the 220–221 MHz band at its initially authorized location or at the location authorized in accordance with §§ 90.751, 90.753, 90.755 and 90.757 if the licensee has sought modification of its license to relocate its initially authorized base station. The Phase I licensee's predicted 38 dBu service contour is calculated using the F(50,50) field strength chart for Channels 7–13 in § 73.699 (Fig. 10) of this chapter, with a 9 dB correction factor for antenna height differential, and is based on the authorized effective radiated power (ERP) and antenna height-above-average-terrain of the licensee's base station or fixed station. Phase I licensees are permitted to add, remove, or modify transmitter sites within their existing service area without prior notification to the Commission so long as their predicted 38 dBu service contour is not expanded. The incumbent licensee must, however, notify the Commission within 30 days of the completion of any changes in technical parameters or additional stations constructed through a minor modification of its license. Such notification must be made by submitting the appropriate FCC form and must include the appropriate filing fee, if any. These minor modification applications are not subject to public notice and petition to deny requirements or mutually exclusive applications.

(b) Phase I licensees holding authorizations for service areas that are contiguous and overlapping may exchange these authorizations for a single license, authorizing operations throughout the contiguous and overlapping service areas. Phase I licensees exercising this license exchange option must submit specific information for each of their external base station sites.

8. The section heading of § 90.769 is revised to read as follows:

§ 90.769 Construction and implementation of Phase II nationwide licenses.

* * * * *

9. Section 90.1011 is revised to read as follows:

§ 90.1011 Submission of upfront payments and down payments.

(a) The Commission will require applicants to submit an upfront payment prior to the start of a 220 MHz Service auction. The amount of the upfront payment for each geographic area license auctioned and the procedures for submitting it will be set forth by the Wireless Telecommunications Bureau in a public notice in accordance with § 1.2106 of this chapter.

(b) Each winning bidder in a 220 MHz Service auction must submit a down payment to the Commission in an amount sufficient to bring its total deposits up to 20 percent of its winning bid within ten (10) business days following the release of a Public Notice announcing the close of bidding.

10. Section 90.1013 is revised to read as follows:

§ 90.1013 Long-form application (FCC Form 601).

Each successful bidder for a 220 MHz geographic area license must submit a long-form application (FCC Form 601) within ten (10) business days after being notified by Public Notice that it is the winning bidder. Applications for 220 MHz geographic area licenses on FCC Form 601 must be submitted in accordance with § 1.2107 of this chapter, all applicable procedures set forth in the rules in this part, and any applicable Public Notices that the Commission may issue in connection with an auction. After an auction, the Commission will not accept long-form applications for 220 MHz geographic area licenses from anyone other than the auction winners and parties seeking partitioned licenses pursuant to agreements with auction winners under § 90.1019 of this chapter.

11. Section 90.1015 is revised to read as follows:

§ 90.1015 License grant, denial, default, and disqualification.

(a) Unless otherwise specified by Public Notice, auction winners are required to pay the balance of their winning bids in a lump sum within ten (10) business days following the release of a Public Notice establishing the payment deadline. If a winning bidder fails to pay the balance of its winning bids in a lump sum by the applicable deadline as specified by the Commission, it will be allowed to make payment within ten (10) business days after the payment deadline, provided that it also pays a late fee equal to five percent of the amount due. When a winning bidder fails to pay the balance of its winning bid by the late payment deadline, it is considered to be in default on its license(s) and subject to the applicable default payments. Licenses will be awarded upon the full and timely payment of winning bids and any applicable late fees.

(b) A bidder that withdraws its bid subsequent to the close of bidding, defaults on a payment due, or is disqualified, is subject to the payments specified in § 1.2104(g), § 1.2109, and § 90.1007 of this chapter, as applicable.

12. Section 90.1017 is revised to read as follows:

§ 90.1017 Bidding credits for small businesses and very small businesses.

(a) *Bidding credits.* A winning bidder that qualifies as a small business or a consortium of small businesses as defined in § 90.1021(b)(1) or § 90.1021(b)(4) may use a bidding credit of 25 percent to lower the cost of its winning bid. A winning bidder that qualifies as a very small business or a consortium of very small businesses as defined in § 90.1021(b)(2) or § 90.1021(b)(4) may use a bidding credit

of 35 percent to lower the cost of its winning bid.

(b) *Unjust enrichment—Bidding credits.* (1) If a small business or very small business (as defined in §§ 90.1021(b)(1) and 90.1021(b)(2), respectively) that utilizes a bidding credit under this section seeks to transfer control or assign an authorization to an entity that is not a small business or a very small business, or seeks to make any other change in ownership that would result in the licensee losing eligibility as a small business or very small business, the small business or very small business must seek Commission approval and reimburse the U.S. government for the amount of the bidding credit, plus interest based on the rate for ten year U.S. Treasury obligations applicable on the date the license was granted, as a condition of approval of the assignment, transfer, or other ownership change.

(2) If a very small business (as defined in § 90.1021(b)(2)) that utilizes a bidding credit under this section seeks to transfer control or assign an authorization to a small business meeting the eligibility standards for a lower bidding credit, or seeks to make any other change in ownership that would result in the licensee qualifying for a lower bidding credit under this section, the licensee must seek Commission approval and reimburse the U.S. government for the difference between the amount of the bidding credit obtained by the licensee and the bidding credit for which the assignee, transferee, or licensee is eligible under this section, plus interest based on the rate for ten year U.S. Treasury obligations applicable on the date the license was granted, as a condition of the approval of such assignment, transfer, or other ownership change.

(3) The amount of payments made pursuant to paragraphs (b)(1) and (b)(2) of this section will be reduced over time as follows: A transfer in the first two years of the license term will result in a forfeiture of 100 percent of the value of the bidding credit (or the difference between the bidding credit obtained by the original licensee and the bidding credit for which the post-transfer licensee is eligible); in year 3 of the license term the payment will be 75 percent; in year 4 the payment will be 50 percent; and in year 5 the payment will be 25 percent, after which there will be no assessment.

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The text of laws is not published in the **Federal Register** but may be ordered in "slip law" (individual pamphlet) form from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 (phone, 202–512–1808). The text will also be made available on the Internet from GPO Access at http://www.access.gpo.gov/su_docs/. Some laws may not yet be available.

H.R. 2400/P.L. 105–178

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