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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.

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

OFFICE OF PERSONNEL MANAGEMENT

5 CFR Parts 831 and 842

RIN 3206–AJ82

Voluntary Early Retirement Under the Homeland Security Act of 2002; Correction

AGENCY: Office of Personnel Management.

ACTION: Final rule; correction.

SUMMARY: The Office of Personnel Management (OPM) published in the **Federal Register** of June 15, 2004, a document providing guidance in the requirements for submission of requests for voluntary early retirement authority, the qualifications for voluntary early retirement, etc. Inadvertently, identical typographical errors occurred in two places within the document. This document corrects the errors.

DATES: Effective on August 16, 2004.

FOR FURTHER INFORMATION CONTACT: Charles W. Gray at 202–606–0960, FAX at 202–606–2329, TTY at 202–418–3134, or e-mail at *cwgray@opm.gov.*

SUPPLEMENTARY INFORMATION: OPM published a document in the **Federal Register** of June 15, 2004, (69 FR 33277) providing guidance in the submission of requests for voluntary early retirement authority. Inadvertently, identical typographical errors occurred in two places within the document. This document is being issued to correct the errors.

List of Subjects

5 CFR Part 831

Administrative practice and procedure, Alimony, Claims, Firefighters, Government employees, Income taxes, Intergovernmental regulations, Law enforcement officers, Pensions, Reporting and recordkeeping requirements, Retirement.

5 CFR Part 842

Air Traffic Controllers, Alimony, Firefighters, Government employees, Law enforcement officers, Pensions, Retirement.

■ Accordingly, 5 CFR part 831 is amended as follows:

PART 831—RETIREMENT

■ 1. The authority citation for part 831 continues to read as follows:

Authority: 5 U.S.C. 8347; Sec. 831.102 also issued under 5 U.S.C. 8334; Sec. 831.106 also issued under 5 U.S.C. 552a; Sec. 831.108 also issued under 5 U.S.C. 8336(d)(2); Sec. 831.114 also issued under 5 U.S.C. 8336(d)(2), and section 1313(b)(5) of Pub. L. 107–296, 116 Stat. 2135; Sec. 831.201(b)(1) also issued under 5 U.S.C. 8347(g); Sec. 831.201(b)(6) also issued under 5 U.S.C. 7701(b)(2); Sec. 831.201(g) also issued under sections 11202(f), 11232(e), and 11246(b) of Pub. L. 105–33, 111 Stat. 251; Sec. 831.201(g) also issued under sections 7(b) and 7(e) of Pub. L. 105–274, 112 Stat. 2419; Sec. 831.201(i) also issued under sections 3 and 7(c) of Pub. L. 105–274, 112 Stat. 2419; Sec. 831.204 also issued under section 102(e) of Pub. L. 104–8, 109 Stat. 102, as amended by section 153 of Pub. L. 104–134, 110 Stat. 1321; Sec. 831.205 also issued under section 2207 of Pub. L. 106–265, 114 Stat. 784; Sec. 831.301 also issued under section 2203 of Pub. L. 106–265, 114 Stat. 780; Sec. 831.303 also issued under 5 U.S.C. 8334(d)(2) and section 2203 of Pub. L. 106–235, 114 Stat. 780; Sec. 831.502 also issued under 5 U.S.C. 8337; Sec. 831.502 also issued under section 1(3), E.O. 11228, 3 CFR 1964–1965 Comp. p. 317; Sec. 831.663 also issued under sections 8339(j) and (k)(2); Secs. 831.663 and 831.664 also issued under section 11004(c)(2) of Pub. L. 103–66, 107 Stat. 412; Sec. 831.682 also issued under section 201(d) of Pub. L. 99–251, 100 Stat. 23; Sec. 831.912 also issued under Appendix C to Pub. L. 106–554, 114 Stat. 2763A–125; subpart V also issued under 5 U.S.C. 8343a and section 6001 of Pub. L. 100–203, 101 Stat. 1330–275; Sec. 831.2203 also issued under section 7001(a)(4) of Pub. L. 101–508, 104 Stat. 1388–328.

§ 831.114 [Amended]

■ 2. Amend § 831.114(k)(2)(iv)(B) by removing the word ''servicing'' and adding the word ''serving'' in its place.

PART 842—FEDERAL EMPLOYEES RETIREMENT SYSTEM—BASIC ANNUITY

■ 3. The authority citation for part 842 continues to read as follows:

Authority: 5 U.S.C. 8461(g); Secs. 842.104 and 842.106 also issued under 5 U.S.C. 8461(n); Sec. 842.104 also issued under sections 3 and 7(c) of Pub. L. 105–274, 112 Stat. 2419; Sec. 842.105 also issued under 5 U.S.C. 8402(c)(1) and 7701(b)(2); Sec. 842.106 also issued under section 102(e) of Pub. L. 104–8, 109 Stat. 102, as amended by section 153 of Pub. L. 104–134, 110 Stat. 1321; Sec. 842.107 also issued under sections 11202(f), 11232(e), and 11246(b) of Pub. L. 105–33, 111 Stat. 251; Sec. 842.107 also issued under section 7(b) of Pub. L. 105–274, 112 Stat. 2419; Sec. 842.108 also issued under section 7(e) of Pub. L. 105–274, 112 Stat. 2419; Sec. 842.213 also issued under 5 U.S.C. 8414(b)(1)(B) and section 1313(b)(5) of Pub. L. 107–296, 116 Stat. 2135; Secs. 842.604 and 842.611 also issued under 5 U.S.C. 8417; Sec. 842.607 also issued under 5 U.S.C. 8416 and 8417; Sec. 842.614 also issued under 5 U.S.C. 8419; Sec. 842.615 also issued under 5 U.S.C. 8418; Sec. 842.703 also issued under section 7001(a)(4) of Pub. L. 101–508, 104 Stat. 1388; Sec. 842.707 also issued under section 6001 of Pub. L. 100–203, 101 Stat. 1300; Sec. 842.708 also issued under section 4005 of Pub. L. 101–239, 103 Stat. 2106 and section 7001 of Pub. L. 101–508, 104 Stat. 1388; subpart H also issued under 5 U.S.C. 1104; Sec. 842.810 also issued under Appendix C to Pub. L. 106–554, 114 Stat. 2763A–125.

§ 842.213 [Amended]

■ 4. Amend § 842.213(k)(2)(iv)(B) by removing the word ''servicing'' and adding the word ''serving'' in its place.

Office of Personnel Management.

Kay Coles James,

Director.

[FR Doc. 04–18700 Filed 8–13–04; 8:45 am]

BILLING CODE 6325–39–P

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 905

[Docket No. FV04–905–2 IFR]

Oranges, Grapefruit, Tangerines, and Tangelos Grown in Florida; Exemption for Shipments of Tree Run Citrus

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Interim final rule with request for comments.

SUMMARY: This rule exempts shipments of small quantities of tree run citrus from the rules and regulations under the Florida citrus marketing order (order). The order regulates the handling of oranges, grapefruit, tangerines, and

tangelos grown in Florida and is administered locally by the Citrus Administrative Committee (Committee). Under this rule, shipments of tree run citrus are exempt from grade, size, and assessment requirements under the order. Producers can ship 150 1⅗ bushel boxes, per variety, per shipment of their own citrus free from order regulations, not to exceed 3,000 boxes per variety, per season. The Committee believes this action may be a way to increase fresh market shipments, develop new markets, and improve grower returns.

DATES: Effective August 17, 2004; comments received by October 15, 2004 will be considered prior to issuance of a final rule.

ADDRESSES: Interested persons are invited to submit written comments concerning this rule. Comments must be sent to the Docket Clerk, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; Fax: (202) 720–8938, or E-mail: moab.docketclerk@usda.gov; or Internet: *http://www.regulations.gov.* All comments should reference the docket number and the date and page number of this issue of the **Federal Register** and will be made available for public inspection in the Office of the Docket Clerk during regular business hours, or can be viewed at: *http://www.ams.usda.gov/fv/moab.html.*

FOR FURTHER INFORMATION CONTACT: Cathy Harding, Southeast Marketing Field Office, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 799 Overlook Drive, Suite A, Winter Haven, Florida 33884–1671; telephone: (863) 324–3375, Fax: (863) 325–8793; or George Kelhart, Technical Advisor, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; telephone: (202) 720–2491, Fax: (202) 720–8938.

Small businesses may request information on complying with this regulation by contacting Jay Guerber, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; telephone: (202) 720–2491, Fax: (202) 720–8938, or E-mail: *Jay.Guerber@usda.gov.*

SUPPLEMENTARY INFORMATION: This rule is issued under Marketing Agreement No. 84 and Marketing Order No. 905, both as amended (7 CFR part 905), regulating the handling of oranges, grapefruit, tangerines, and tangelos grown in Florida, hereinafter referred to as the ''order.'' The order is effective under the Agricultural Marketing Agreement Act of 1937, as amended (7 U.S.C. 601–674), hereinafter referred to as the ''Act.''

The Department of Agriculture (USDA) is issuing this rule in conformance with Executive Order 12866.

This rule has been reviewed under Executive Order 12988, Civil Justice Reform. This rule is not intended to have retroactive effect. This rule will not preempt any State or local laws, regulations, or policies, unless they present an irreconcilable conflict with this rule.

The Act provides that administrative proceedings must be exhausted before parties may file suit in court. Under section 608c(15)(A) of the Act, any handler subject to an order may file with USDA a petition stating that the order, any provision of the order, or any obligation imposed in connection with the order is not in accordance with law and request a modification of the order or to be exempted therefrom. A handler is afforded the opportunity for a hearing on the petition. After the hearing USDA would rule on the petition. The Act provides that the district court of the United States in any district in which the handler is an inhabitant, or has his or her principal place of business, has jurisdiction to review USDA's ruling on the petition, provided an action is filed not later than 20 days after the date of the entry of the ruling.

This rule exempts shipments of small quantities of tree run citrus free from the grade, size, and assessment requirements under the order. Tree run fruit is quality citrus picked and boxed in the field and taken directly to market without being graded or sized. By providing this exemption, producers can ship 150 1⅗ bushel boxes per variety, per shipment, of their own citrus free from order regulations. Total shipments cannot exceed 3,000 boxes per variety, per season. The Committee believes this action may be a way to increase fresh market shipments, develop new markets, and improve grower returns. This action was recommended unanimously by the Committee at its meeting on June 15, 2004.

Section 905.80 of the order provides authority for the Committee to exempt certain types of shipments from regulation. Exemptions can be implemented for types of shipments of any variety in such minimum quantities, or for such purposes as the Committee, with the approval of USDA, may specify. No assessment is levied on fruit so shipped. The Committee shall, with the approval of USDA, prescribe such rules, regulations, or safeguards as it deems necessary to prevent varieties handled under the provisions of this section from entering channels of trade for other than the purposes authorized by this section.

Section 905.149 of the order's rules and regulations defines grower tree run citrus and outlines the procedures to be used for growers to apply to the Committee to ship their own tree run citrus exempt from grade, size, and assessment requirements. The provisions were originally established just for the 2002–03 season, then extended for the 2003–04 season. During the 2003–04 season, growers were allowed to ship a maximum of 150 1⅗ bushel boxes per variety, per shipment, up to a seasonal total of 3,000 boxes per variety of their tree run fruit free from order requirements.

For the past two seasons, the Committee has utilized the provisions of § 905.149 on an annual basis. Rather than making this recommendation each year, the Committee recommended that the provisions of § 905.149 be established on a continuous basis. However, growers must receive approval from the Committee before they can utilize this exemption.

According to Florida Department of Citrus (FDOC) regulation 20–35.006, ''Tree run grade is that grade of naturally occurring sound and wholesome citrus fruit which has not been separated either as to grade or size after severance from the tree.'' Also, FDOC regulation 20–62.002 defines wholesomeness as fruit free from rot, decay, sponginess, unsoundness, leakage, staleness, or other conditions showing physical defects of the fruit. By definition, this fruit is handled by the grower and bypasses normal handler operations. Prior to implementation of the exemption, all tree run citrus had to meet all requirements of the marketing order, as well as State of Florida Statutes and Florida Department of Citrus regulations. Even with this rule, tree run citrus must continue to meet applicable State of Florida Statutes and Florida Department of Citrus regulations, including inspection and any container marking requirements. However, growers will be able to pick, box, and ship directly to buyers, and avoid the costs incurred when citrus is handled by packinghouses.

During the season prior to the utilization of § 905.149, small producers of Florida citrus expressed concerns about problems incurred when trying to sell their citrus. These concerns

included increasing production costs, limited returns, and the availability of markets. For some growers, there is limited demand for the variety of citrus they produce or they do not produce much volume. Consequently, they have difficulty getting packinghouses to pack their fruit. These problems, along with market conditions, have driven a fair number of small citrus growers out of the citrus industry.

According to Florida Agricultural Statistics Service, from 1998–99 to 2002–03, fresh grapefruit sales have dropped 22 percent and fresh orange shipments are down 11 percent. This means fewer cartons are being packed. This can cause problems for varieties that may be out of favor with handlers and consumers, or for a particular variety of fruit where there may be a glut on the market. As a result, packinghouses do not wish to become over stocked with fruit which is difficult to market and, therefore, will not pack less popular minor varieties of fruit or fruit that is in oversupply. Packinghouses do not want to pack what they cannot sell. These factors have caused wholesome fruit to be shipped to processing plants or left on the tree.

When citrus cannot be sold into the fresh market, it can be sold to the processing plants. However, the prices received are considerably lower. During the last seven seasons, only the 1999–2000 season produced on-tree returns for processed grapefruit that exceeded one dollar per box. Over the period from 1998–99 through 2002–03, the differential between fresh prices and processed prices has averaged $4.43 per box for grapefruit and $2.20 per box for oranges. Hence, many growers would prefer to ship to the fresh market.

In addition, the costs associated with growing for the fresh market are greater than the costs for growing for the processed market. While the costs of growing for the fresh market have been increasing, in many cases the returns to the grower have been decreasing. The cost of picking, packing, hauling, and associated handling costs for fresh fruit is sometimes greater than the grower's return on the fruit. In some cases, where the cost of harvesting exceeds the returns to the grower or the grower cannot find a buyer for the fruit, economic abandonment can occur. According to information from the National Agricultural Statistics Service, the seasons of 1995–96, 1996–97, 1997–98, and 2000–01 had an average economic abandonment of two million boxes or more of red seedless grapefruit alone.

As a result, growers are looking for other outlets for their fruit in an effort to increase returns. Some growers believe secondary markets exist which are not currently being supplied that would provide additional outlets for their citrus. They think niche markets exist that could be profitable and want the opportunity to continue servicing them. They believe they can ship quality fruit directly to out-of-state markets and that it would be well received.

These growers contend tree run citrus does not need a minimum grade and size to be marketable, and that they can supply quality fruit to secondary markets not served by packed fruit. However, they believe they need to bypass normal handler operations and the associated costs for it to be profitable.

To address these concerns, the Committee recommended for the past two season that producers be allowed to ship small quantities of their own production directly to the market exempt from order requirements. The exemption was established on an annual basis for the 2002–03 season [68 FR 4361, January 29, 2003] and for the 2003–04 season [68 FR 68717, December 10, 2003]. The exemption for the 2003–04 season expired July 31, 2004.

The Committee recommended this exemption on a yearly basis for the past two seasons to determine its effect and how fruit shipped under the exemption was received on the market. The Committee was interested in whether markets existed that packed fruit was not supplying. They also wanted an indication of the number of growers interested in utilizing the exemption and the volume of citrus shipped under the exemption. In addition, the Committee wanted information regarding any compliance issues or any impact on competitive outlets.

During the 2003–04 season, 101 growers were approved to ship under the exemption. Approximately 40 growers actually used the exemption, shipping a total of nearly 16,000 1–3/5-bushel boxes of oranges, grapefruit, tangerines, and tangelos. This is an increase from 23 growers shipping approximately 4,500 boxes during the 2002–03 season. Those producers who took advantage of the exemption believe that the program was successful. They were able to sell their fruit and supply markets not already supplied by traditional packers. Growers also believe more markets exist. They think with time, they can identify additional markets. Thus, growers want to continue have the opportunity to supply these markets.

The Committee had agreed that following the 2003–04 season they would review the information provided by growers who applied for and used the tree run exemption to determine if the exemption should be continued. In the June 15, 2004, meeting, the Committee discussed this issue, and considered the impact and benefits of the exemption. The Committee also reviewed a letter in support of the exemption from Florida Citrus Mutual, a large grower organization.

The Committee believes that markets have been developed and that tree run fruit will continue to be sold primarily to non-competitive, niche markets, such as farmers' markets, flea markets, roadside stands, and similar outlets and will not compete with non-exempt fruit shipped under the order. Fruit is sold in similar markets within the state, and such markets have been successful. Continuing this exemption allows growers to sell directly to similar markets outside of the state, supplying markets that might not otherwise be supplied. The Committee believes this action will allow the industry to service more non-traditional markets and may be a way to increase fresh market shipments and to develop new markets. Consequently, the Committee voted unanimously to extend the tree run exemption on a continuous basis.

Growers will continue to be required to apply to the Committee, on the ''Grower Tree Run Certificate Application'' form provided by the Committee, for an exemption to ship tree run citrus fruit to interstate markets. On this form, the grower must provide their name; address; phone number; legal description of the grove; variety of citrus to be shipped; and the approximate number of boxes produced in the specified grove. The grower must also certify that the fruit to be shipped comes from the grove owned by the grower applicant. The application form will be submitted to the Committee manager and reviewed for completeness and accuracy. The manager will also verify the information provided. After the application has been reviewed, the manager will notify the grower applicant in writing whether the application is approved or denied.

Once the grower has received approval for their application for exemption and begins shipping fruit, a ''Report of Shipments Under Grower Tree Run Certificate'' form, also provided by the Committee, must be completed for each shipment. On this form, the grower will provide the location of the grove, the amount of fruit shipped, the shipping date, and the type of transportation used to ship the fruit,

along with the vehicle license number. The grower must supply the Road Guard Station with a copy of the grower certificate report for each shipment, and provide a copy of the report to the Committee. This report will enable the Committee to maintain compliance. Failure to comply with these requirements may result in the cancellation of a grower's certificate.

This rule does not affect the provision that handlers may ship up to 15 standard packed cartons (12 bushels) of fruit per day exempt from regulatory requirements. Fruit shipped in gift packages that are individually addressed and not for resale, and fruit shipped for animal feed are also exempt from handling requirements under specific conditions. Also, fruit shipped to commercial processors for conversion into canned or frozen products or into a beverage base are not subject to the handling requirements under the order.

Section 8e of the Act requires that whenever grade, size, quality, or maturity requirements are in effect for certain commodities under a domestic marketing order, including citrus, imports of that commodity must meet the same or comparable requirements. This rule does not change the minimum grade and size requirements under the order. Therefore, no change is necessary in the citrus import regulations as a result of this action.

Initial Regulatory Flexibility Analysis

Pursuant to requirements set forth in the Regulatory Flexibility Act (RFA), the Agricultural Marketing Service (AMS) has considered the economic impact of this action on small entities. Accordingly, AMS has prepared this initial regulatory flexibility analysis.

The purpose of the RFA is to fit regulatory actions to the scale of business subject to such actions in order that small businesses will not be unduly or disproportionately burdened. Marketing orders issued pursuant to the Act, and the rules issued thereunder, are unique in that they are brought about through group action of essentially small entities acting on their own behalf. Thus, both statutes have small entity orientation and compatibility.

There are approximately 11,000 producers of Florida citrus in the production area and approximately 75 handlers subject to regulation under the marketing order. Small agricultural producers are defined by the Small Business Administration (SBA) as those having annual receipts of less than $750,000, and small agricultural service firms are defined as those whose annual receipts are less than $5,000,000 (13 CFR 121.201).

Based on industry and Committee data, the average annual f.o.b. price for fresh Florida oranges, grapefruit, tangerines, and tangelos during the 2003–04 season was approximately $8.69 per 4/5 bushel carton, and total fresh shipments for the 2003–04 season where around 52 million cartons of oranges, grapefruit, tangerines, and tangelos. Twenty handlers handled approximately 66 percent of Florida's citrus shipments in 2003–04. Considering the average f.o.b. price, at least 55 percent of the orange, grapefruit, tangerine, and tangelo handlers could be considered small businesses under SBA's definition. Therefore, the majority of Florida citrus handlers may be classified as small entities. The majority of Florida citrus producers may also be classified as small entities.

This rule establishes the provisions of § 905.149 of the rules and regulations on a continuous basis. This rule exempts shipments of small quantities of tree run citrus from the grade, size, and assessment requirements under the order. Growers must receive approval from the Committee before they can use this exemption. The Committee believes this action may be a way to increase fresh market shipments, develop new markets, and improve grower returns. Authority for this action is provided in § 905.80(e).

According to a study by the University of Florida—Institute of Food and Agricultural Sciences, production costs for the 2001–02 season ranged from $1.71 per box for processed oranges to $2.41 per box for grapefruit grown for the fresh market. The average packing charge for oranges is approximately $6.50 per box, for grapefruit the charge is approximately $5.75 per box, and for tangerines the charge can be as high as $9 per box. Sending fruit to a packinghouse can be cost prohibitive, especially for the small grower. This rule may provide an additional outlet for fruit that might otherwise be forced into the processing market or left on the tree altogether. For the 2003–04 season, this exemption accounted for additional fresh shipments totaling over 32,000 cartons.

This rule will not impose any additional costs on the grower. It will have the opposite effect of providing growers the opportunity to reduce the costs associated with having fruit handled by a packinghouse. This action will allow growers to ship small quantities of their tree run citrus directly into interstate commerce exempt from the order's grade, size, and assessment requirements and their related costs. With this action, growers will be able to reduce handling costs and use those savings toward developing additional markets not serviced by the traditional packinghouses. This regulation will help growers by providing another outlet for their fruit. This will benefit all growers regardless of size, but it is expected to have a particular benefit for small growers who need additional revenue to meet operating costs.

The Committee considered one alternative to this action. The possible alternative was to not continue the exemption. However, the Committee believes the exemption provides other possible outlets for fruit and may help increase returns to growers. Therefore, this alternative was rejected.

In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the information collection requirements contained in this rule have been previously approved by the Office of Management and Budget (OMB) and assigned OMB No. 0581–0189. USDA has not identified any relevant Federal rules that duplicate, overlap or conflict with this rule. As with all Federal marketing order programs, reports and forms are periodically reviewed to reduce information requirements and duplication by industry and public sector agencies.

The Committee's meeting was widely publicized throughout the citrus industry and all interested persons were invited to attend the meeting and participate in Committee deliberations. Like all Committee meetings, the June 15, 2004, meeting was a public meeting and all entities, both large and small, were able to express their views on this issue. Interested persons are invited to submit information on the regulatory and informational impacts of this action on small businesses.

A small business guide on complying with fruit, vegetable, and specialty crop marketing agreements and orders may be viewed at: *http://www.ams.usda.gov/fv/moab.html*. Any questions about the compliance guide should be sent to Jay Guerber at the previously mentioned address in the **FOR FURTHER INFORMATION CONTACT** section.

This rule invites comments on exempting small-quantity shipments of tree run citrus free from grade, size, and assessment requirements under the order. Any comments received will be considered prior to finalization of this rule.

After consideration of all relevant material presented, including the Committee's recommendation, and other information, it is found that this interim final rule, as hereinafter set

forth, will tend to effectuate the declared policy of the Act.

Pursuant to 5 U.S.C. 553, it is also found and determined upon good cause that it is impracticable, unnecessary, and contrary to the public interest to give preliminary notice prior to putting this rule into effect and good cause exists for not postponing the effective date of this rule until 30 days after publication in the **Federal Register**. This rule needs to be in place before September 20, 2004, to cover as many shipments during the 2004–05 season as possible. Also, growers can begin making plans on how to utilize the exemption. In addition, growers and handlers are aware of this rule, which was recommended at a public meeting. Also, a 60-day comment period is provided for in this rule and any comments received will be considered prior to finalization.

List of Subjects in 7 CFR Part 905

Grapefruit, Marketing agreements, Oranges, Reporting and recordkeeping requirements, Tangelos, Tangerines.

■ For the reasons set forth in the preamble, 7 CFR part 905 is amended as follows:

PART 905—ORANGES, GRAPEFRUIT, TANGERINES, AND TANGELOS GROWN IN FLORIDA

■ 1. The authority citation for 7 CFR part 905 continues to read as follows:

Authority: 7 U.S.C. 601–674.

§ 905.149 [Amended]

■ 2. Section 905.149 is amended by:

■ A. Removing in paragraph (d) ''July 31, 2004'' and adding the words ''the end of the fiscal period'' in its place.

■ B. Removing paragraph (f)(3) and redesignating paragraphs (f)(4), (f)(5), and (f)(6), as paragraphs (f)(3), (f)(4), and (f)(5), respectively.

Dated: August 10, 2004.

A.J. Yates,

Administrator, Agricultural Marketing Service.

[FR Doc. 04–18614 Filed 8–13–04; 8:45 am]

BILLING CODE 3410–02–P

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 905

[Docket No. FV04–905–3 IFR]

Oranges, Grapefruit, Tangerines, and Tangelos Grown in Florida; Limiting the Volume of Small Red Seedless Grapefruit

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Interim final rule with request for comments.

SUMMARY: This rule limits the volume of small red seedless grapefruit entering the fresh market under the marketing order covering oranges, grapefruit, tangerines, and tangelos grown in Florida (order). The Citrus Administrative Committee (Committee) administers the order locally and recommended this action. This rule limits the volume of sizes 48 and 56 red seedless grapefruit shipped during the first 22 weeks of the 2004–05 season by establishing weekly percentages beginning September 20, 2004. This action supplies enough small red seedless grapefruit without saturating all markets with these small sizes. This rule should help stabilize the market and improve grower returns.

DATES: Effective August 17, 2004; comments received by September 15, 2004 will be considered prior to issuance of a final rule.

ADDRESSES: Interested persons are invited to submit written comments concerning this rule. Comments must be sent to the Docket Clerk, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; Fax: (202) 720–8938, E-mail: *moab.docketclerk@usda.gov*, or Internet: *http://www.regulations.gov*. All comments should reference the docket number and the date and page number of this issue of the **Federal Register** and will be made available for public inspection in the Office of the Docket Clerk during regular business hours, or can be viewed at: *http://www.ams.usda.gov/fv/moab.html*.

FOR FURTHER INFORMATION CONTACT: William G. Pimental, Southeast Marketing Field Office, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 799 Overlook Drive, Suite A, Winter Haven, Florida 33884–1671; telephone: (863) 324–3375, Fax: (863) 325–8793; or George Kelhart, Technical Advisor, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; telephone: (202) 720–2491, Fax: (202) 720–8938.

Small businesses may request information on complying with this regulation by contacting Jay Guerber, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; telephone (202) 720–2491, Fax: (202) 720–8938, or E-mail: *Jay.Guerber@usda.gov*.

SUPPLEMENTARY INFORMATION: This rule is issued under Marketing Agreement No. 84 and Marketing Order No. 905, both as amended (7 CFR part 905), regulating the handling of oranges, grapefruit, tangerines, and tangelos grown in Florida, hereinafter referred to as the ''order.'' The marketing agreement and order are effective under the Agricultural Marketing Agreement Act of 1937, as amended (7 U.S.C. 601–674), hereinafter referred to as the ''Act.''

The Department of Agriculture (USDA) is issuing this rule in conformance with Executive Order 12866.

This rule has been reviewed under Executive Order 12988, Civil Justice Reform. This rule is not intended to have retroactive effect. This rule will not preempt any State or local laws, regulations, or policies, unless they present an irreconcilable conflict with this rule.

The Act provides that administrative proceedings must be exhausted before parties may file suit in court. Under section 608c(15)(A) of the Act, any handler subject to an order may file with USDA a petition stating that the order, any provision of the order, or any obligation imposed in connection with the order is not in accordance with law and request a modification of the order or to be exempted therefrom. A handler is afforded the opportunity for a hearing on the petition. After the hearing the USDA would rule on the petition. The Act provides that the district court of the United States in any district in which the handler is an inhabitant, or has his or her principal place of business, has jurisdiction to review USDA's ruling on the petition, provided an action is filed not later than 20 days after the date of the entry of the ruling.

This rule limits the volume of small red seedless grapefruit entering the fresh market. This rule restricts the volume of sizes 48 and 56 fresh red seedless grapefruit shipped during the first 22

weeks of the 2004–05 season by establishing a weekly percentage for each week, beginning September 20, 2004. This rule supplies enough small red seedless grapefruit, without saturating all markets with these small sizes. This action should help stabilize the market and improve grower returns.

A typical season runs from September through June. It can run longer if there is a strong demand for fresh grapefruit. During the first 22 weeks of a typical season there is an oversupply of small red seedless grapefruit and a reduced demand for such fruit. Later in the season, there is a greater demand for smaller sizes. As discussed later in more detail, this action is intended to stabilize the early season (22-week) supply of small red seedless grapefruit and to help improve the prices received by producers. In the absence of this action, producer prices may be lower than their cost of production.

Section 905.52 of the order provides authority to limit shipments of any grade or size, or both, of any variety of Florida citrus. Such limitations may restrict the shipment of a portion of a specified grade or size of a variety. Under such a limitation, the quantity of such grade or size a handler may ship during a particular week is established as a percentage of the total shipments of such variety shipped by that handler during a prior period, established by the Committee and approved by USDA.

Section 905.153 of the regulations provides procedures for limiting the volume of small red seedless grapefruit entering the fresh market. The procedures specify that the Committee may recommend that only a certain percentage of sizes 48 and 56 red seedless grapefruit be made available for shipment into fresh market channels for any week or weeks during the regulatory period. The regulation period is 22 weeks long and begins the third Monday in September. Under such a limitation, the quantity of sizes 48 and 56 red seedless grapefruit that may be shipped by a handler during a regulated week is calculated using the recommended percentage. In past seasons, handlers could calculate the total volume of sizes 48 and 56 they could ship in a regulated week by taking the recommended weekly percentage times the average weekly volume of red seedless grapefruit handled by such handler in the previous five seasons. However, under a separate interim final rule, USDA is changing the number of seasons used to determine a handler's average week from the five previous seasons to the three previous seasons. This interim final rule also appears in this issue of the **Federal Register**.

This interim final rule limits the volume of sizes 48 (3–9/16 inches minimum diameter) and 56 (3–5/16 inches minimum diameter) red seedless grapefruit entering the fresh market by instituting weekly percentages for the first 22 weeks of the 2004–05 season. This rule establishes weekly percentages at 45 percent for the first three weeks (September 20, 2004 through October 10, 2004), 36 percent for weeks 4 through 18 (October 11, 2004 through January 23, 2005), 40 percent for weeks 19 and 20 (January 23, 2005 through February 6, 2005), and 45 percent for weeks 21 and 22 (February 7, 2005 through February 20, 2005). The Committee recommended this action unanimously at a meeting on June 15, 2004. This action is similar to those taken the previous seven seasons.

The Committee believes that the over shipment of smaller-sized red seedless grapefruit has a detrimental effect on the market. While there is a market for small-sized red seedless grapefruit, the availability of large quantities oversupplies the fresh market with these sizes and negatively impacts the market for all sizes. These smaller sizes, 48 and 56, normally return the lowest prices when compared to the other larger sizes. However, when there is too much volume of the smaller sizes available, the overabundance of small-sized fruit pulls the prices down for all sizes.

For the three seasons prior to the use of percentage size regulation, 1994–95, 1995–96, and 1996–97, returns for red seedless grapefruit had been declining, often not returning the cost of production. On-tree prices for red seedless grapefruit had fallen steadily from $6.87 per box (1⅗ bushel) during the 1991–92 season, to $3.38 per box during the 1993–94 season, to $1.91 per box during the 1996–97 season.

An economic study done by the University of Florida—Institute of Food and Agricultural Sciences in May 1997, found that on-tree prices had fallen from a high near $7.00 per carton in 1991–92 to around $1.50 per carton for the 1996–97 season. The study projected that if the industry elected to make no changes, the on-tree price would remain around $1.50 per carton. The study also indicated that increasing minimum size restrictions could help raise returns.

The Committee believes that the over shipment of smaller-sized red seedless grapefruit contributed to these poor returns for growers and to lower prices. Based on available statistical information, Committee members concluded that once shipments of sizes 48 and 56 reached levels above 250,000 cartons per week, prices declined on those and most other sizes of red seedless grapefruit. The Committee believed if shipments of small sizes were maintained at around or below 250,000 cartons a week, prices would stabilize and demand for the larger, more profitable sizes would increase. Consequently, in 1996, the Committee recommended changing their rules and regulations to establish the procedures in § 905.153 to limit the volume of small red seedless grapefruit entering the market. The Committee has successfully used the provisions of § 905.153 to address the problems associated with the over shipment of small red seedless grapefruit, recommending percentage of size regulation during the first 11 weeks of the 1997–98, 1998–99, 1999–2000, and 2000–01 seasons, and for the first 22 weeks of the 2001–02, 2002–03, and the 2003–04 seasons. Under percentage of size regulation, prices increased and movement stabilized when compared to seasons without regulation. Examples of these positive changes follow.

The Committee believes that for the 2004–05 season small-sized red seedless grapefruit would again negatively impact the market for all grapefruit if not regulated. By regulating the volume of small sizes entering the fresh market for the first 22 weeks of the season, shipments of sizes 48 and 56 can be maintained near the 250,000-carton level. To address the volume of small-sized red seedless grapefruit available and to prevent the over shipment of small sizes, the Committee voted to utilize the provisions of § 905.153 and establish percentage of size regulation for each week of the 22 week regulatory period for the 2004–05 season.

In making its recommendation, the Committee considered the success of previous percentage of size regulations and their experience from past seasons. At the meeting, the Committee referenced the results of a study commissioned to determine the merit of percentage of size regulation. The study completed by Robert E. Barber, Jr., Director of Economics, Florida Citrus Mutual, entitled ''An Econometric Spatial Equilibrium Analysis of the 48/56 Red Grapefruit Rule,'' dated July 1, 2003, evaluated the effectiveness of past percentage of size regulations.

One of the Committee's goals in establishing percentage of size regulation was to stabilize prices and increase returns. The Committee believes percentage of size regulation has been effective in this area, and the study shows this to be true. The study estimates that percentage of size regulation has increased total f.o.b. revenues for red grapefruit by a total of 12 percent or $18.9 million over the six-year period from 1997–98 to 2002–03,

averaging $3.15 million per season. Each of the six seasons had an increase in f.o.b. revenues ranging from a low of $2.52 million during the 1999–2000 season to a high of $3.73 million for the 2002–03 season. The f.o.b. prices per carton are also estimated to have increased by an average of 17 percent or $1.00 per carton during this six-year period.

In the three seasons prior to the first percentage of size regulation in 1997–98, prices of red seedless grapefruit fell from a weighted average f.o.b. price of $7.80 per carton in October to a weighted average f.o.b. price of $5.50 per carton in December. In the seven seasons utilizing percentage of size regulation, red seedless grapefruit maintained higher prices throughout the season with a weighted average f.o.b. price of $8.26 per carton in October, $7.12 per carton in December, and remained at around $7.09 in April. Average prices for the season have also been higher during seasons with percentage of size regulation. The average season price for red seedless grapefruit was $7.10 for the last seven years compared to $5.83 for the three years prior to using percentage of size regulation. The Barber study shows that prices for the seasons 1997–98 to 2002–03 would have been from around $0.72 to $1.00 lower per carton without regulation.

On-tree prices for fresh red seedless grapefruit have also been higher during seasons with percentage of size regulation than for the three seasons prior to regulation. The average on-tree price for fresh red seedless grapefruit was $4.86 for the seasons 1998–99 through 2002–03 with percentage of size regulation compared to $3.08 for the three years prior to regulation.

The University of Florida, Citrus Research and Education Center published an estimated cost of production for grapefruit for the 2002–2003 season. The cost to produce grapefruit for the fresh market was estimated at $1,072.54 per acre for the Indian River area, the major grapefruit production area in Florida. Indian River grapefruit production ranges from 325 boxes per acre to 525 boxes per acre and has averaged around 417 boxes per acre. Based on the cost of production, and the average boxes per acre, growers need to earn a total on-tree value (fruit going both to the fresh market and to processing) of approximately $2.55 per box in order to break even. For the three seasons prior to percentage of size regulation, the total on-tree value averaged $1.78 per box. Comparatively, for the seasons with regulation, 1998–99 through 2002–03, the on-tree value has averaged $2.63 per box for red grapefruit, which is just above the estimated $2.55 per box break-even level.

Small growers have struggled the last ten seasons to receive returns near the cost of production. For many, the higher on-tree returns produced under percentage of size regulation have meant the difference between profit and loss.

Another of the Committee's goals in establishing percentage of size regulation was to help maintain the price differential between the prices for larger sizes and those for smaller sizes. At the start of the season, larger-sized fruit command a premium price. The f.o.b. price can be $4 to $10 more a carton than for the smaller sizes. For 2003–04, the f.o.b. price for a size 27 averaged $12.38 per carton in October 2003. This compares to an average f.o.b. price of around $6.38 per carton for a size 56 during the same period. In the three years before the issuance of a percentage size regulation, the f.o.b. price for large sizes dropped to within $1 or $2 of the f.o.b. price for small sizes by the middle of the season due to the oversupply of the smaller sizes.

Percentage of size regulation has helped sustain the price differential, maintaining higher prices for the larger-sized fruit. During the three years before regulation, the average differential between the carton price for a size 27 and a size 56 was $3.47 at the end of October and dropped to $1.68 by mid-December. In the seven years with percentage of size regulation, the average differential between the carton price for a size 27 and a size 56 was $5.51 at the end of October, $3.83 in mid-December, and remained at around $3.36 the first week in May.

The Barber study also states that f.o.b. revenues for larger sized red grapefruit benefited substantially from percentage of size regulation. Of the $18.9 million increase in total fresh f.o.b. revenues for red grapefruit the last six seasons, nearly $16.7 million can be attributed to gains made by fruit larger than sizes 48 and 56.

According to the Economic Analysis and Program Planning Branch, USDA, the margins between the prices for the various sizes of red grapefruit have remained fairly constant throughout the seasons covered under percentage of size regulation. However, if the domestic market becomes glutted with too many small-sized grapefruit (48 and 56), these margins would be negatively impacted and total grower returns would be reduced.

The goal of this percentage of size rule is to reduce the volume of the least valuable fruit in the market and strengthen grower prices and revenues. Without this rule, the fresh grapefruit market will become glutted with small-sized fruit, which will have a negative impact on prices for larger-sized fruit and grower returns. Absent this rule, the price margins between sizes (23, 27, 32, 36, 40, 48, and 56) will diminish and ultimately result in lower grower returns. This rule is intended to fully supply all markets for small sizes with fresh red seedless grapefruit size 48 and 56, while avoiding oversupplying these markets to the detriment of grower revenues.

The Committee believes percentage of size regulation has also helped stabilize the volume of small sizes entering the fresh market. During deliberations in past seasons, Committee members concluded once shipments of sizes 48 and 56 reached levels above 250,000 cartons per week, prices declined on those and most other sizes of red seedless grapefruit. The last seven seasons during the weeks regulated by a percentage of size regulation, weekly shipment of sizes 48 and 56 red seedless grapefruit remained near or below 250,000 cartons for nearly 80 percent of the regulated weeks. Also, based on the Barber study, while percentage of size regulation has been successful in controlling the volume of small sizes entering the fresh market, it has had only a limited affect on total shipments.

In addition, an economic study by Florida Citrus Mutual (Lakeland, Florida) dated April 1998, also found that the weekly percentage regulation was effective. The study stated that part of the strength in early season pricing appeared to be due to the use of the weekly percentage rule to limit the volume of sizes 48 and 56. It said prices were generally higher across the size spectrum with sizes 48 and 56 having the largest gains, and larger-sized grapefruit also registering modest improvements. The rule shifted the size distribution toward the higher-priced, larger-sized grapefruit, which helped raise average f.o.b. prices. It further stated that sizes 48 and 56 accounted for only 17 percent of domestic shipments during the same period in the 1997–98 season, as small sizes were used to supply export customers with preferences for small-sized grapefruit.

In addition to the success of past regulations, there are other circumstances warranting the consideration of establishing percentage of size regulation. For the four seasons, 1999–2000, 2000–01, 2001–02, and 2002–03 the percentage of the remaining crop represented by small sizes in February averaged around 45 percent. This compares to an average of 31

percent for the same month for seasons 1995–96 through 1997–98. These five seasons, 1999–2000 through 2003–04, averaged a greater percentage of smaller sizes across each month, October through February, than over the three seasons 1995–96 through 1997–98. For the seven seasons prior to the 2002–03 season there has been a movement toward an increased volume of small sizes as a percentage of the overall crop. For the 2002–03 season, grapefruit sized larger than in the previous seasons and small sizes were not as dominant a factor. However, the 2003–04 season red grapefruit produced a greater number of sizes 48 and 56 red grapefruit than anticipated. The September official measurement of red seedless grapefruit indicated that 91 pieces of grapefruit were required for a box. The November measurements indicated that it would take 100 pieces of grapefruit to make a box. Currently, it is unclear how the 2004–05 crop will size. It is possible that the 2004–05 crop may produce the volume of small sizes represented in the majority of past seasons, making an even greater supply of small-sized fruit available for market.

European and Asian markets also impact the volume of small sizes available. These markets have shown a strong demand for the smaller-sized red seedless grapefruit. The increase in the value of currency in these markets compared to the dollar resulted in more shipments of smaller-sized red seedless grapefruit to these markets. However, a reduction in shipments to these areas could occur during the coming season if market conditions change. This could result in a greater amount of small sizes for remaining markets to absorb.

The market for processed grapefruit is also a consideration. Approximately 45 percent of red seedless grapefruit was used for processing in 2002–03, with the majority being squeezed for juice. However, this outlet offers limited returns and is currently not profitable. Of the last seven years, only 1999–2000 produced on-tree returns for processed red seedless grapefruit exceeding $1 per box. Returns for 2002–03 processed red seedless grapefruit averaged a negative $0.68 per box. When on-tree returns for processed grapefruit drop below a dollar, there is pressure to shift a larger volume of the overall crop to the fresh market to benefit from the higher prices normally paid for fresh fruit. From 1998 through 2003, the differential between fresh prices and processed prices has averaged $4.43 per box. Consequently, growers prefer to ship grapefruit to the fresh market.

Statistics from the Florida Department of Citrus show there is currently a 42-week inventory of red seedless grapefruit juice from last season. By the start of the season, it is projected that over 36 weeks worth of juice will remain in inventory. Due to current inventories, on-tree prices for processed red seedless grapefruit for the 2004–05 season will most likely mirror prices from past seasons and remain below a dollar. A fair percentage of red seedless grapefruit shipped for processing are smaller sizes. With limited returns for processed grapefruit, an additional volume of small sizes could be shifted toward the fresh market, further aggravating problems with excessive volumes of small sizes.

Further, red seedless grapefruit production continues to exceed demand. This has contributed to the low returns and led to economic abandonment. According to information from the National Agricultural Statistics Service, the seasons of 1995–96, 1996–97, 1997–98, 2000–01, and 2001–02 had an average economic abandonment of two million boxes or more of red seedless grapefruit. Data available for the 2002–03 season is preliminary, however, it is likely some economic abandonment did occur.

Economic abandonment and prices falling below the cost of production support the use of percentage of size regulation to control the volume of small sizes. The percentage of size regulation has a positive impact on price and is intended to make the most economically viable fruit available to the fresh market without oversupplying small-sized fruit. The above considerations further support the need to control the volume of sizes 48 and 56 during the season to prevent small sizes from overwhelming all markets.

The Committee believes the volume of small red seedless grapefruit available will have a detrimental effect on the market if it is not controlled. Members believe establishing weekly percentages during the last seven seasons has been effective and that problems successfully addressed by percentage of size regulation will return without regulation. Consequently, the Committee believes weekly percentage of size regulation should be established for each of the 22 weeks of the regulatory period for the 2004–05 season. The Committee recommended establishing weekly percentages at 45 percent for the first three weeks, 36 percent for weeks 4 through 18, 40 percent for weeks 19 and 20, and 45 percent for weeks 21 and 22.

The Committee considered the percentages set last year as a basis for discussing percentages for the 2004–05 season. They believe the percentages set last year worked well, and decided to make their initial recommendation for each of the 22 weeks at similar levels. There was a need to increase percentages in the final weeks of regulation for 2003–04. Consequently, the committee recommended increased percentages for the last few weeks in 2004–05 in the event the same conditions occur. Committee members believed setting last season's percentages higher than the most restrictive level allowed of 25 percent had worked well, providing some restriction while affording volume for those markets that prefer small sizes.

Committee members believe if shipments of small sizes are maintained at around or below 250,000 cartons a week, prices stabilize and demand for larger, more profitable sizes increases. The Committee considered the 250,000-carton level when recommending the weekly percentages. The first three weeks are set at 45 percent because it is likely there will only be a limited volume shipped. In the last five seasons, total shipments of red seedless grapefruit have only exceeded 250,000 cartons once in the first three weeks of the season.

Setting weekly percentages at 36 percent for the majority of weeks provides a total allotment of 249,294 cartons (36 percent of the total industry base of 653,424 cartons) per week. This will help hold shipments of sizes 48 and 56 red seedless grapefruit near the 250,000-carton level for the greater part of the season. The increase to 40 percent for weeks 19 and 20 and 45 percent for weeks 21 and 22 offers a little more allotment, provides some transition to the period without regulation and helps to prevent the dumping of small sizes following the end of regulation. The Committee believes these percentages provide some flexibility while holding weekly shipments of sizes 48 and 56 close to the 250,000-carton mark.

More information helpful in determining the appropriate weekly percentages will be available after August. At the time of the June meeting, grapefruit had just begun to size, giving little indication as to the distribution of sizes. Only the most preliminary of crop estimates was available, with the official estimate not to be issued until October. Further, the first reports on how the crop is sizing will not be available until after September. Consequently, the Committee believes it is best to set regulation at these levels, and then relax the percentages later in the season if conditions warrant.

The Committee recognized they could meet again during the regulation period, as needed, and use the most current

information to consider adjustments in the weekly percentage rates. This will help the Committee make the most informed decisions as to whether the established percentages are appropriate. Any changes to the weekly percentages set by this rule will require additional rulemaking and the approval of USDA.

Therefore, this rule establishes weekly percentages at 45 percent for the first three weeks, 36 percent for weeks 4 through 18, 40 percent for weeks 19 and 20, and 45 percent for weeks 21 and 22. This rule is intended to fully supply all markets for small sizes with fresh red seedless grapefruit sizes 48 and 56, while avoiding oversupplying these markets to the detriment of grower revenues. The Committee plans to meet as needed during the 22-week period to ensure weekly percentages are at the appropriate levels.

Under § 905.153, the quantity of sizes 48 and 56 red seedless grapefruit a handler may ship during a regulated week is calculated using the set weekly percentage. Handlers can fill their allotment with size 56, size 48, or a combination of the two sizes such that the total of these shipments is within the established limits. The Committee staff performs the specified calculations and provides them to each handler. The regulatory period begins the third Monday in September, September 20, 2004. Each regulation week begins Monday at 12 a.m. and ends at 11:59 p.m. the following Sunday.

Section 905.153(d) provides the allowances for overshipments, loans, and transfers of allotment. These tolerances allow handlers the opportunity to supply their markets while limiting the impact of small sizes.

The Committee can also act on behalf of handlers wanting to arrange allotment loans or participate in the transfer of allotment. Repayment of an allotment loan is at the discretion of the handlers party to the loan. The Committee will inform each handler of the quantity of sizes 48 and 56 red seedless grapefruit they can handle during a particular week, making the necessary adjustments for overshipments and loan repayments.

Section 8e of the Act requires that whenever grade, size, quality, or maturity requirements are in effect for certain commodities under a domestic marketing order, including grapefruit, imports of that commodity must meet the same or comparable requirements. This rule does not change the minimum grade and size requirements under the order, only the percentages of sizes 48 and 56 red grapefruit that may be handled. Therefore, no change is necessary in the grapefruit import regulations as a result of this action.

Initial Regulatory Flexibility Analysis

Pursuant to requirements set forth in the Regulatory Flexibility Act (RFA), the Agricultural Marketing Service (AMS) has considered the economic impact of this action on small entities. Accordingly, AMS has prepared this initial regulatory flexibility analysis.

The purpose of the RFA is to fit regulatory actions to the scale of business subject to such actions in order that small businesses will not be unduly or disproportionately burdened. Marketing orders issued pursuant to the Act, and the rules issued thereunder, are unique in that they are brought about through group action of essentially small entities acting on their own behalf. Thus, both statutes have small entity orientation and compatibility.

There are approximately 75 grapefruit handlers subject to regulation under the order and approximately 11,000 growers of citrus in the regulated area. Small agricultural service firms, including handlers, are defined by the Small Business Administration (SBA) as those having annual receipts of less than $5,000,000, and small agricultural producers are defined as those having annual receipts of less than $750,000 (13 CFR 121.201).

Based on industry and Committee data, the average annual f.o.b. price for fresh Florida red seedless grapefruit during the 2003–04 season was approximately $7.58 per 4/5-bushel carton, and total fresh shipments for the 2003–04 season are estimated at 24.7 million cartons of red grapefruit. Approximately 25 percent of all handlers handled 75 percent of Florida's grapefruit shipments. Using the average f.o.b. price, at least 80 percent of the grapefruit handlers could be considered small businesses under SBA's definition. Therefore, the majority of Florida grapefruit handlers may be classified as small entities. The majority of Florida grapefruit producers may also be classified as small entities.

The over shipment of small-sized red seedless grapefruit contributes to poor returns and lower on-tree values due to the production of red seedless grapefruit in excess of demand. This rule limits the volume of sizes 48 and 56 red seedless grapefruit shipped during the first 22 weeks of the 2004–05 season by establishing weekly percentages for each of the 22 weeks, beginning September 20, 2004. This rule sets the weekly percentages at 45 percent for weeks 1, 2, and 3, 36 percent for week 4 through week 18, and at 40 percent for weeks 19 and 20, and 45 percent for weeks 21 and 22. The quantity of sizes 48 and 56 red seedless grapefruit that may be shipped by a handler during a particular week is calculated using the percentages set. This action supplies enough small red seedless grapefruit, without saturating all markets with small sizes. This action will help stabilize the market and improve grower returns. This rule uses the provisions of § 905.153. Authority for this action is provided in § 905.52 of the order. The Committee unanimously recommended this action at a meeting on June 15, 2004.

While the establishment of volume regulation may necessitate additional spot picking, which could entail slightly higher harvesting costs, in most cases this is already a standard industry practice. The Barber study indicates spot picking would only fractionally increase harvesting costs on just a small segment of the boxes picked. In addition, with spot picking, the persons harvesting the fruit are more selective and pick only the desired sizes and qualities. This reduces the amount of time and effort needed in sorting fruit, because undersized fruit is not harvested. This may result in a cost savings through reduced processing and packing costs. In addition, because this regulation is only in effect for part of the season, the overall effect on costs is minimal. Consequently, this rule is not expected to appreciably increase costs to producers.

If a 25 percent restriction on small sizes had been applied during the 22-week period for the three seasons prior to the 1997–98 season, an estimated average of 3.1 percent of overall shipments during that period would have been constrained by regulation. A large percentage of this volume most likely could have been replaced by larger sizes for which there are no volume restrictions. Under regulation, larger sizes have been substituted for smaller sizes with a nominal effect on overall shipments.

In addition, handlers can transfer, borrow or loan allotment based on their needs in a given week. Handlers also have the option of over shipping their allotment by 10 percent in a week, provided the over shipment is deducted from the following week's shipments. Approximately 314 loans and transfers were utilized last season. Statistics for 2003–04 show that, in only 3 weeks of the regulated period was the total available allotment used. Therefore, with the weekly percentages for the 2004–05 season set at approximately the same levels as last season, the overall impact of this regulation on total shipments should be minimal.

The Committee believes establishing percentage of size regulation during the 2004–05 season will have benefits

similar to those realized under past regulations. Handlers and producers have received higher returns under percentage of size regulation than without regulation. In the three seasons prior to the first percentage of size regulation in 1997–98, prices of red seedless grapefruit fell from a weighted average f.o.b. price of $7.80 per carton in October to a weighted average f.o.b. price of $5.50 per carton in December. In the seven seasons utilizing percentage of size regulation, red seedless grapefruit maintained higher prices throughout the season with a weighted average f.o.b. price of $8.26 per carton in October, to an average f.o.b. price of $7.12 per carton in December, and remained at around $7.09 in April. Average prices for the season have also been higher during seasons with percentage of size regulation. The average season price for red seedless grapefruit was $7.10 for the last seven years compared to $5.83 for the three prior years to using the percentage of size regulation. The Barber study estimates that prices for the seasons 1997–98 to 2002–03 would have been from around $0.72 to $1.00 lower per carton without regulation.

On-tree earnings per box for fresh red seedless grapefruit have also improved under regulation, providing better returns to growers. The average on-tree price for fresh red seedless grapefruit was $4.86 for the seasons 1998–99 through 2002–03 with percentage of size regulation, compared to $3.08 for the three years prior to regulation. Small growers have struggled the last nine seasons to receive returns near the cost of production. For many, the higher returns provided by percentage of size regulation meant the difference between profit and loss.

Shipments during the 22 weeks covered by this regulation account for nearly 60 percent of the total volume of red seedless grapefruit shipped to the fresh market. Considering this volume and the very limited returns from grapefruit for processing, it is imperative that returns from the fresh market be maximized during this period. Even a small increase in price when coupled with the volume shipped represents a significant increase in the overall return to growers.

The Barber study estimates that prices rose anywhere from 12.9 percent or $.72 to 17.5 percent or $1.00 per 4/5-bushel carton during percentage of size regulation. Even if this action were only successful in raising returns by $.10 per carton, this increase in combination with the substantial number of shipments generally made during this 22-week period, would represent an increased return of nearly $1.4 million. Consequently, any increased returns generated by this action should more than offset any additional costs associated with this regulation.

The purpose of this rule is to help stabilize the market and improve grower returns. Percentage of size regulation is intended to reduce the volume of the least valuable fruit in the market, and shift it to those markets that prefer small sizes. This regulation helps the industry address marketing problems by keeping small sizes (sizes 48 and 56) more in balance with market demand without glutting the fresh market with these sizes.

This rule provides a supply of small-sized red seedless grapefruit sufficient to meet market demand, without saturating all markets with these small sizes. This action is not expected to decrease the overall consumption of red seedless grapefruit. With supply in excess of demand, this rule is not expected to impact consumer prices or demand. The benefits of this rule are expected to be available to all red seedless grapefruit growers and handlers regardless of their size of operation. This rule will likely help small under-capitalized growers who need additional weekly revenues to meet operating costs.

The Committee considered several alternatives when discussing this action. The Committee discussed recommending percentages for only the first few weeks and meeting in the fall to recommend the percentages for the remaining weeks. This option was rejected as most members wished to know their volumes for the entire season. The Committee also believes its recommendations on percentages for all 22 weeks have been effective. The Committee also discussed setting higher percentages for the last few weeks of regulation. The Committee agreed that the percentages would be reexamined when more complete data was available and changed if necessary. The Red Grapefruit subcommittee would meet during the 2004–05 season to examine the rule and the percentages, and could recommend adjustments at that time. Therefore, this alternative was also rejected.

In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the information collection requirements contained in this rule have been previously approved by the Office of Management and Budget (OMB) and assigned OMB No. 0581–0189. As with all Federal marketing order programs, reports and forms are periodically reviewed to reduce information requirements and duplication by industry and public sectors.

USDA has not identified any relevant Federal rules that duplicate, overlap or conflict with this rule. However, red seedless grapefruit must meet the requirements as specified in the U.S. Standards for Grades of Florida Grapefruit (7 CFR 51.760 through 51.784) issued under the Agricultural Marketing Act of 1946 (7 U.S.C. 1621 through 1627).

The Committee's meeting was widely publicized throughout the citrus industry and all interested persons were invited to attend the meeting and participate in Committee deliberations on all issues. Like all Committee meetings, the June 15, 2004, meeting was a public meeting and all entities, both large and small, were able to express views on this issue. Interested persons are invited to submit information on the regulatory and informational impacts of this action on small businesses.

A small business guide on complying with fruit, vegetable, and specialty crop marketing agreements and orders may be viewed at: *http://www.ams.usda.gov/fv/moab.html.* Any questions about the compliance guide should be sent to Jay Guerber at the previously mentioned address in the **FOR FURTHER INFORMATION CONTACT** section.

This rule invites comments on limiting the volume of small red seedless grapefruit entering the fresh market during the first 22 weeks of the 2004–05 season. Any comments received will be considered prior to finalization of this rule.

After consideration of all relevant material presented, including the Committee's recommendation, and other information, it is found that this interim final rule, as hereinafter set forth, will tend to effectuate the declared policy of the Act.

Pursuant to 5 U.S.C. 553, it is also found and determined upon good cause that it is impracticable, unnecessary, and contrary to the public interest to give preliminary notice prior to putting this rule into effect and that good cause exists for not postponing the effective date of this rule until 30 days after publication in the **Federal Register** because: (1) This rule needs to be in place when the regulatory period begins September 20, 2004, and handlers need to consider their allotment and how best to service their customers; (2) the industry has been discussing this issue for some time, and the Committee has kept the industry well informed; (3) this action has been widely discussed at various industry and association meetings, and interested persons have

had time to determine and express their positions; (4) this action is similar to those recommended in previous seasons; and (5) this rule provides a 30-day comment period and any comments received will be considered prior to finalization of this rule. A comment period of 30 days is appropriate because it will allow for any needed intra-seasonal changes to be made in a timely manner.

List of Subjects in 7 CFR Part 905

Grapefruit, Marketing agreements, Oranges, Reporting and recordkeeping requirements, Tangelos, Tangerines.

■ For the reasons set forth in the preamble, 7 CFR part 905 is amended as follows:

PART 905—ORANGES, GRAPEFRUIT, TANGERINES, AND TANGELOS GROWN IN FLORIDA

■ 1. The authority citation for 7 CFR part 905 continues to read as follows:

Authority: 7 U.S.C. 601–674.

■ 2. Section 905.350 is revised to read as follows:

§ 905.350 Red seedless grapefruit regulation.

This section establishes the weekly percentages to be used to calculate each handler's weekly allotment of small sizes. Handlers can fill their allotment with size 56, size 48, or a combination of the two sizes such that the total of these shipments are within the established weekly limits. The weekly percentages for size 48 (3 9/16 inches minimum diameter) and size 56 (3 5/16 inches minimum diameter) red seedless grapefruit grown in Florida, which may be handled during the specified weeks, are as follows:

Week	Weekly percentage
(a) 9/20/04 through 9/26/04	45
(b) 9/27/04 through 10/3/04	45
(c) 10/4/04 through 10/10/04	45
(d) 10/11/04 through 10/17/04	36
(e) 10/18/04 through 10/24/04	36
(f) 10/25/04 through 10/31/04	36
(g) 11/1/04 through 11/7/04	36
(h) 11/8/04 through 11/14/04	36
(i) 11/15/04 through 11/21/04	36
(j) 11/22/04 through 11/28/04	36
(k) 11/29/04 through 12/5/04	36
(l) 12/6/04 through 12/12/04	36
(m) 12/13/04 through 12/19/04	36
(n) 12/20/04 through 12/26/04	36
(o) 12/27/04 through 1/2/05	36
(p) 1/3/05 through 1/9/05	36
(q) 1/10/05 through 1/16/05	36
(r) 1/17/05 through 1/23/05	36
(s) 1/24/05 through 1/30/05	40
(t) 1/31/05 through 2/6/05	40
(u) 2/7/05 through 2/13/05	45
(v) 2/14/05 through 2/20/05	45

Dated: August 10, 2004.

A. J. Yates,

Administrator, Agricultural Marketing Service.

[FR Doc. 04–18607 Filed 8–13–04; 8:45 am]

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DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 905

[Docket No. FV04–905–5 IFR]

Oranges, Grapefruit, Tangerines, and Tangelos Grown in Florida; Modifying the Procedures Used To Limit the Volume of Small Red Seedless Grapefruit Grown in Florida

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Interim final rule with request for comments.

SUMMARY: This rule changes the procedures used to limit the volume of sizes 48 and 56 red seedless grapefruit entering the fresh market under the marketing order for oranges, grapefruit, tangerines, and tangelos grown in Florida (order). The order is administered locally by the Citrus Administrative Committee (committee). This rule changes the way a handler's average week is calculated when quantities of small red seedless grapefruit are regulated by adjusting the prior period used from five preceding seasons to three preceding seasons, and the provisions governing overshipments. This action makes the regulation more responsive to industry needs and better allocates base quantities.

DATES: Effective August 17, 2004; comments received by September 15, 2004 will be considered prior to issuance of a final rule.

ADDRESSES: Interested persons are invited to submit written comments concerning this rule. Comments must be sent to the Docket Clerk, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; Fax: (202) 720–8938, E-mail: *moab.docketclerk@usda.gov;* or Internet: *http://www.regulations.gov.* All comments should reference the docket number and the date and page number of this issue of the **Federal Register** and will be made available for public inspection in the Office of the Docket Clerk during regular business hours, or can be viewed at: *http://www.ams.usda.gov/fv/moab.html.*

FOR FURTHER INFORMATION CONTACT: Doris Jamieson, Southeast Marketing Field Office, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 799 Overlook Drive, Suite A, Winter Haven, Florida 33884; telephone: (863) 324–3375, Fax: (863) 325–8793; or George Kelhart, Technical Advisor, Marketing

Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW, STOP 0237, Washington, DC 20250–0237; telephone: (202) 720–2491, Fax: (202) 720–8938.

Small businesses may request information on complying with this regulation by contacting Jay Guerber, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; telephone: (202) 720–2491, Fax: (202) 720–8938, or E-mail: *Jay.Guerber@usda.gov.*

SUPPLEMENTARY INFORMATION: This rule is issued under Marketing Agreement No. 84 and Marketing Order No. 905, both as amended (7 CFR part 905), regulating the handling of oranges, grapefruit, tangerines, and tangelos grown in Florida, hereinafter referred to as the ''order.'' The order is effective under the Agricultural Marketing Agreement Act of 1937, as amended (7 U.S.C. 601–674), hereinafter referred to as the ''Act.''

The Department of Agriculture (USDA) is issuing this rule in conformance with Executive Order 12866.

This rule has been reviewed under Executive Order 12988, Civil Justice Reform. This rule is not intended to have retroactive effect. This rule will not preempt any State or local laws, regulations, or policies, unless they present an irreconcilable conflict with this rule.

The Act provides that administrative proceedings must be exhausted before parties may file suit in court. Under section 608c(15)(A) of the Act, any handler subject to an order may file with USDA a petition stating that the order, any provision of the order, or any obligation imposed in connection with the order is not in accordance with law and request a modification of the order or to be exempted therefrom. A handler is afforded the opportunity for a hearing on the petition. After the hearing USDA would rule on the petition. The Act provides that the district court of the United States in any district in which the handler is an inhabitant, or has his or her principal place of business, has jurisdiction to review USDA's ruling on the petition, provided an action is filed not later than 20 days after the date of the entry of the ruling.

This rule changes the procedures used to limit the volume of sizes 48 and 56 red seedless grapefruit entering the fresh market. This rule changes the way a handler's average week is calculated for when quantities of small red seedless grapefruit are regulated by adjusting the prior period used from five preceding seasons to three preceding seasons. This action also changes provisions governing overshipments. This rule makes the regulation more responsive to industry needs and better allocates base quantities. The committee unanimously recommended these changes at a meeting held on June 15, 2004.

In a separate action, USDA is issuing an interim final rule establishing percentages for each week of the 22-week regulatory period for the 2004–05 shipping season. This rule also appears in this issue of the **Federal Register.**

Section 905.52 of the order provides authority to limit shipments of any grade or size, or both, of any variety of Florida citrus. Such limitations may restrict the shipment of a portion of a specified grade or size of a variety. Under such a limitation, the quantity of such grade or size a handler may ship during a particular week would be established as a percentage of the total shipments of such variety by such handler in a prior period, established by the committee and approved by USDA.

Section 905.153 of the regulations specifies procedures for limiting the volume of small red seedless grapefruit entering the fresh market. Currently, this section defines the prior period as required by § 905.52 as an average week within the immediately preceding five seasons. An average week is calculated for each handler. This section specifies that the Committee may recommend only a certain percentage of sizes 48 and 56 red seedless grapefruit be made available for fresh shipment for any week or weeks during the regulatory period. Under such a limitation, the quantity of sizes 48 and 56 red seedless grapefruit that a handler may ship is calculated by taking the recommended percentage times the handler's average week. Section 905.153 also details overshipment provisions specifying that any handler may ship an amount of sizes 48 and 56 red seedless grapefruit up to 10 percent greater than their allotted volume each week. The quantity of such overshipment is deducted from the handler's allotment for the following week. Overshipments are not permitted during week 22, which now is the final regulatory week.

This rule amends § 905.153 by revising the definition of prior period and the language governing overshipments. This rule changes the number of preceding seasons used to calculate a handler's average week from five preceding seasons to three preceding seasons. This rule also changes the provisions regarding overshipments by redefining when overshipments are permitted.

Section 905.52 specifies that whenever any size limitation restricts the shipment of a portion of a specified size, the quantity each handler may ship during a particular week shall be based on a prior period recommended by the committee and approved by USDA. When the committee recommended the procedures in § 905.153 to limit the volume of small red seedless grapefruit entering the fresh market during the regulated period (61 FR 69011, December 31, 1996), they determined an average week within the preceding five seasons would be the prior period used to calculate a handler's base quantity for each week of regulation.

Currently, an average week is calculated by adding the total red seedless grapefruit shipments by a handler during the 33-week period beginning the third Monday in September for the preceding five seasons. This total is divided by five to establish an average season. This average season is then divided by the 33 weeks in a season to derive the average week. When the committee utilizes these provisions and establishes percentages for the regulatory period, a handler's average week is multiplied by the applicable percentage to establish that handler's base quantity for shipping small red seedless grapefruit during that particular week.

The committee initially chose to use the past five seasons to calculate an average season, because it thought that the five-year period helped adjust for variations in growing conditions between the seasons. At the time, the committee believed using five seasons provided the most accurate picture of an average season and by using the average season to calculate an average week, provided each handler with an equitable base from which to establish shipments.

However, since these procedures were established, there have been many changes in the industry. Some handlers have increased their volume of red seedless grapefruit shipments, while others have decreased their shipments or stopped shipping grapefruit altogether.

Because of the continuing changes in the industry, the committee believes that using the past five seasons no longer provides the most accurate picture of an average season. At its June 15, 2004, meeting, the committee discussed the prior period, and unanimously recommended changing from a five-season average to a three-season average when calculating a handler's average week. The committee believes that this adjustment in the prior period will better reflect changes in the industry, and better allocate the base

quantities for all handlers of red seedless grapefruit.

The committee further believes that the use of a three-season average will be more responsive in reallocating base than the current five-season average. Under a five-season average, it can be several seasons before changes in shipping volume are reflected in the allotment a handler receives. With a five-season average, handlers that have decided to limit their grapefruit business receive more allotment than they need for several seasons even though this allotment could be better utilized by handlers that are increasing their market for red seedless grapefruit. The committee believes that this change better allocates allotment by increasing the base for handlers that have increased their red grapefruit shipments and by reducing the base for handlers that have reduced their red grapefruit shipments.

Consequently, the committee also believes that this change will reduce the need for loans and transfers by shifting additional base to those with increasing shipments. Currently, handlers who are increasing their volume of red seedless grapefruit shipments often need additional allotment to meet their market demands and rely on the provisions in § 905.153 that provide for allotment loans and transfers. Under these provisions, a handler may borrow allotment from another handler or allotments can be transferred from one handler to another. These procedures provide a means for handlers who have increased their volume of red seedless grapefruit shipments to meet the demands of the market and their buyers.

However, handlers do not know how much allotment other handlers have or if the allotment will be used. The committee believes that this change from a five to a three-year average in computing base quantities better reflects the needs of the industry and lessens the need for loans and transfers. This will benefit handlers and the committee staff who process loans and transfers. Therefore, the committee recommended changing the prior period used to calculate an average week from five seasons to three seasons.

The committee also discussed revising the provisions in § 905.153(d) relating to overshipments and the loan or transfer of allotment during week 22. As stated previously, any handler may ship an amount of sizes 48 and 56 red seedless grapefruit up to 10 percent greater than their allotment during any regulated week. The quantity of such overshipment is deducted from the handler's allotment for the following week. Currently, overshipments are not allowed during week 22, because week 22 is the last week of the regulation period and does not provide an opportunity for repayment of any overshipments.

The committee is continuously meeting during the regulated period to discuss the market for red seedless grapefruit and possible changes to the weekly percentages. It believes that market conditions could cause it to recommend the removal of regulation prior to the end of week 22. To recognize this possibility, the committee recommended changing these provisions to specify that overshipments are not permitted during the last week of regulation rather than week 22.

Section 8e of the Act requires that whenever grade, size, quality or maturity requirements are in effect for certain commodities under a domestic marketing order, including grapefruit, imports of that commodity must meet the same or comparable requirements. This rule does not change the minimum grade and size requirements under the order. Therefore, no change is necessary in the grapefruit import regulations as a result of this action.

Initial Regulatory Flexibility Analysis

Pursuant to requirements set forth in the Regulatory Flexibility Act (RFA), the Agricultural Marketing Service (AMS) has considered the economic impact of this action on small entities. Accordingly, AMS has prepared this initial regulatory flexibility analysis.

The purpose of the RFA is to fit regulatory actions to the scale of business subject to such actions in order that small businesses will not be unduly or disproportionately burdened. Marketing orders issued pursuant to the Act, and rules issued thereunder, are unique in that they are brought about through group action of essentially small entities acting on their own behalf. Thus, both statutes have small entity orientation and compatibility.

There are approximately 75 handlers of Florida grapefruit who are subject to regulation under the marketing order and approximately 11,000 growers of citrus in the regulated area. Small agricultural service firms, including handlers, are defined by the Small Business Administration (SBA) as those having annual receipts of less than $5,000,000, and small agricultural producers are defined as those having annual receipts of less than $750,000 (13 CFR 121.201).

Based on industry and committee data, the average annual f.o.b. price for fresh Florida red seedless grapefruit during the 2003–04 season was approximately $7.58 per 4/5-bushel carton, and total fresh shipments for the 2003–04 season are estimated at 24.7 million cartons of red grapefruit. Approximately 25 percent of all handlers handled 75 percent of Florida's grapefruit shipments. Using the average f.o.b. price, at least 80 percent of the grapefruit handlers could be considered small businesses under the SBA definition. Therefore, the majority of Florida grapefruit handlers may be classified as small entities. The majority of Florida grapefruit producers may also be classified as small entities.

This rule revises the procedures used to limit the volume of sizes 48 and 56 red seedless grapefruit entering the fresh market under the order. This rule changes the way a handler's average week is calculated for purposes of this limitation by adjusting the prior period used from the five preceding seasons to the three preceding seasons. This action also amends the language governing overshipments for the last week of regulation. This rule revises the provisions of § 905.153. Authority for this action is provided in § 905.52 of the order. The committee unanimously recommended this action at a meeting on June 15, 2004.

This rule revises procedures in § 905.153 used in implementing percentage size regulations for small red seedless grapefruit under the order. These procedures will be applied uniformly for all handlers regardless of size. This action is not expected to decrease the overall consumption of red seedless grapefruit.

While during the period of regulation this change may result in some handlers receiving a smaller allotment of small-sized red grapefruit, it provides additional allotment to those handlers that have increased shipments. This rule changes how each handler's share of the weekly allotment is calculated, but has a limited affect on the total allotment made available by the weekly percentages. This change in itself does not reduce the total weekly industry base available. It only reallocates the distribution of the base. Statistics for 2003–04 show that the total available industry allotment was used in only 3 weeks of the 22 week regulated period. This change should result in a better utilization of the overall industry base allotments. Because the base allotments will be readily available to those handlers needing it, handlers will be better able to meet buyer needs and additional shipments might result.

In addition, if handlers require additional allotment, they can still transfer, borrow, or loan allotment based on their needs in a given week. Approximately 315 loans and transfers

were utilized last season. This rule will help reduce the need for loans and transfers by better allocating the available base. This will help reduce the amount of time and effort needed to reallocate allotment through loans and transfers. This may result in a cost savings by reducing administrative costs for the committee.

This rule provides handlers with allotment more reflective of their current operations. In addition, this rule changes the provisions on overshipments to provide for the possibility that the committee might choose to end regulation prior to week 22. This rule makes the regulation more responsive to industry needs and better allocates base quantities.

The committee discussed maintaining the number of seasons used to calculate the prior period at five. However, the committee believes that a three-season period will result in a better utilization of the overall industry base allotment. Therefore, this alternative was rejected.

This action will not impose any additional reporting or recordkeeping requirements on either small or large grapefruit handlers. As with all Federal marketing order programs, reports and forms are periodically reviewed to reduce information requirements and duplication by industry and public sector agencies.

USDA has not identified any relevant Federal rules that duplicate, overlap or conflict with this rule. However, red seedless grapefruit must meet the requirements as specified in the U.S. Standards for Grades of Florida Grapefruit (7 CFR 51.760 through 51.784) issued under the Agricultural Marketing Act of 1946 (7 U.S.C. 1621 through 1627).

In addition, the committee's meeting was widely publicized throughout the citrus industry and all interested persons were invited to attend the meeting and participate in committee deliberations on all issues. Like all committee meetings, the June 15, 2004, meeting was a public meeting and all entities, both large and small, were able to express views on this issue. Finally, interested persons are invited to submit information on the regulatory and informational impacts of this action on small businesses.

A small business guide on complying with fruit, vegetable, and specialty crop marketing agreements and orders may be viewed at: *http://www.ams.usda.gov/fv/moab.html.* Any questions about the compliance guide should be sent to Jay Guerber at the previously mentioned address in the **FOR FURTHER INFORMATION CONTACT** section.

This rule revises the procedures used to limit the volume of sizes 48 and 56 red seedless grapefruit entering the fresh market under the order. This rule also amends provisions governing overshipments. Any comments received will be considered prior to finalization of this rule.

After consideration of all relevant material presented, including the committee's recommendation, and other information, it is found that this interim final rule, as hereinafter set forth, will tend to effectuate the declared policy of the Act.

Pursuant to 5 U.S.C. 553, it is also found and determined upon good cause that it is impracticable, unnecessary, and contrary to the public interest to give preliminary notice prior to putting this rule into effect and that good cause exists for not postponing the effective date of this rule until 30 days after publication in the **Federal Register** because: (1) This rule needs to be in place when the regulatory period begins September 20, 2004, and handlers need to consider their allotment and how best to service their customers; (2) the industry has been discussing this issue for some time, and the Committee has kept the industry well informed; (3) this action has been widely discussed at various industry and association meetings, and interested persons have had time to determine and express their positions; and (4) this rule provides a 30-day comment period and any comments received will be considered prior to finalization of this rule.

List of Subjects in 7 CFR Part 905

Grapefruit, Marketing agreements, Oranges, Reporting and recordkeeping requirements, Tangelos, Tangerines.

■ For the reasons set forth in the preamble, 7 CFR part 905 is amended as follows:

PART 905—ORANGES, GRAPEFRUIT, TANGERINES, AND TANGELOS GROWN IN FLORIDA

■ 1. The authority citation for 7 CFR part 905 continues to read as follows:

Authority: 7 U.S.C. 601–674.

§ 905.153 [Amended]

■ 2. Section 905.153 is amended by:

■ A. In paragraph (a), revising ''five'' to read ''three'' in the first, second and third sentences.

■ B. In paragraph (a), revising ''165'' to read ''99'' in the second sentence.

■ C. In paragraph (d), removing the sentence ''Overshipments will not be allowed during week 22.'' and adding the sentence ''Overshipments will not be allowed during the last week of regulation.'' in its place.

Dated: August 10, 2004.

A.J. Yates,

Administrator, Agricultural Marketing Service.

[FR Doc. 04–18608 Filed 8–13–04; 8:45 am]

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DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Parts 916 and 917

[Docket No. FV04–916/917–4 IFR]

Nectarines and Peaches Grown in California; Decreased Assessment Rates

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Interim final rule with request for comments.

SUMMARY: This rule decreases the assessment rates established for the Nectarine Administrative Committee and the Peach Commodity Committee (committees) for the 2004–05 and subsequent fiscal periods. The Nectarine Administrative Committee (NAC) decreased its assessment rate from $0.20 to $0.195 per 25-pound container or container equivalent of nectarines handled. The Peach Commodity Committee (PCC) decreased its assessment rate from $0.20 to $0.19 per 25-pound container or container equivalent of peaches handled. The committees locally administer the marketing orders which regulate the handling of nectarines and peaches grown in California. Authorization to assess nectarine and peach handlers enables the committees to incur expenses that are reasonable and necessary to administer the programs. The fiscal periods run from March 1 through the last day of February. The assessment rates will remain in effect indefinitely unless modified, suspended, or terminated.

DATES: Effective: August 17, 2004. Comments received by October 15, 2004, will be considered prior to issuance of a final rule.

ADDRESSES: Interested persons are invited to submit written comments concerning this rule. Comments must be sent to the Docket Clerk, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; Fax: (202) 720–8938, or E-mail: *moab.docketclerk@usda.gov,* or Internet:

http://www.regulations.gov. Comments should reference the docket number and the date and page number of this issue of the **Federal Register** and will be available for public inspection in the Office of the Docket Clerk during regular business hours, or can be viewed at: *http://www.ams.usda.gov/fv/moab.html.*

FOR FURTHER INFORMATION CONTACT: Toni Sasselli, Program Analyst, California Marketing Field Office, Fruit and Vegetable Programs, AMS, USDA, 2202 Monterey Street, suite 102B, Fresno, California 93721, (559) 487–5901, Fax: (559) 487–5906; or George Kelhart, Technical Advisor, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; telephone: (202) 720–2491, Fax: (202) 720–8938.

Small businesses may request information on complying with this regulation by contacting Jay Guerber, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; telephone: (202) 720–2491, Fax: (202) 720–8938, or E-mail: *Jay.Guerber@usda.gov.*

SUPPLEMENTARY INFORMATION: This rule is issued under Marketing Agreement Nos. 85 and 124 and Order Nos. 916 and 917, both as amended (7 CFR parts 916 and 917), regulating the handling of nectarines and peaches grown in California, respectively, hereinafter referred to as the ''orders.'' The marketing agreements and orders are effective under the Agricultural Marketing Agreement Act of 1937, as amended (7 U.S.C. 601–674), hereinafter referred to as the ''Act.''

The Department of Agriculture (USDA) is issuing this rule in conformance with Executive Order 12866.

This rule has been reviewed under Executive Order 12988, Civil Justice Reform. Under the marketing orders now in effect, California nectarine and peach handlers are subject to assessments. Funds to administer the orders are derived from such assessments. It is intended that the assessment rates as issued herein will be applicable to all assessable nectarines and peaches beginning on March 1, 2004, and continue until amended, suspended, or terminated. This rule will not preempt any State or local laws, regulations, or policies, unless they present an irreconcilable conflict with this rule.

The Act provides that administrative proceedings must be exhausted before parties may file suit in court. Under section 608c(15)(A) of the Act, any handler subject to an order may file with USDA a petition stating that the order, any provision of the order, or any obligation imposed in connection with the order is not in accordance with law and request a modification of the order or to be exempted therefrom. Such handler is afforded the opportunity for a hearing on the petition. After the hearing USDA would rule on the petition. The Act provides that the district court of the United States in any district in which the handler is an inhabitant, or has his or her principal place of business, has jurisdiction to review USDA's ruling on the petition, provided an action is filed not later than 20 days after the date of the entry of the ruling.

This rule decreases the assessment rates established for the NAC for the 2004–05 and subsequent fiscal periods from $0.20 to $0.195 per 25-pound container or container equivalent of nectarines and for the PCC for the 2004–05 and subsequent fiscal periods from $0.20 to $0.19 per 25-pound container or container equivalent of peaches.

The nectarine and peach marketing orders provide authority for the committees, with the approval of USDA, to formulate an annual budget of expenses and collect assessments from handlers to administer the programs. The members of the NAC and PCC are producers of California nectarines and peaches, respectively. They are familiar with the committees' needs, and with the costs for goods and services in their local area and are, thus, in a position to formulate appropriate budgets and assessment rates. The assessment rates are formulated and discussed in public meetings. Thus, all directly affected persons have an opportunity to participate and provide input.

NAC Assessment and Expenses

The NAC recommended, for the 2004–05 fiscal period, and USDA approved, an assessment rate of $0.195 that would continue in effect from fiscal period to fiscal period unless modified, suspended, or terminated by USDA upon recommendation and information submitted by the committee or other information available to USDA.

The NAC met on April 28, 2004, and unanimously recommended 2004–05 fiscal period expenditures of $5,162,866 and an assessment rate of $0.195 per 25-pound container or container equivalent of nectarines. In comparison, last year's expenditures were initially budgeted at $4,173,438. The assessment rate of $0.195 is $0.005 lower than the rate currently in effect.

After the 2003–04 fiscal period budget was formulated and recommended to USDA in May 2003, the committee received one Federal and two State grants which affected both committees' income and expenditures. The NAC also used reserve funds to conduct research on the development of a commercial nectarine beverage. The NAC subsequently unanimously recommended an amended budget for the 2003–04 fiscal period. Under this amended budget, the Federal grant of $533,921 and a State grant of $200,557 were applied to the export market development program, and a State grant of $3,667 was applied to the research program, along with $45,000 of reserve funds.

The assessment rate decrease for the 2004–05 fiscal period was recommended because excess funds from the 2003–04 fiscal period totaling $786,521 were carried into 2004–05. This is substantially higher than what the NAC deems satisfactory. Moreover, the 2004 nectarine crop is expected to be larger than last year's crop. The lower assessment rate also addresses the needs of nectarine growers and handlers who have been affected by low commodity prices for the last few years.

Total income received for the 2004–05 fiscal period is projected to be approximately $5,800,677. Decreasing the assessment rate from $0.20 to $0.195 per 25-pound container is expected to provide about $4,199,453 in assessment revenue, and along with other income, will allow the NAC to start the 2005 season with about $499,811 in reserve funds.

The major expenditures recommended by the NAC for the 2004–05 fiscal period include $219,872 for salaries and benefits, $146,613 for general expenses and industry activities, $1,153,676 for inspection, $208,568 for research, and $3,161,852 for domestic and export market development programs.

Budgeted expenses for these items in the 2003–04 fiscal period were initially estimated to be $226,121 for salaries and benefits, $142,612 for general expenses and industry activities, $1,210,220 for inspection, $138,929 for research, and $2,263,061 for domestic and export market development programs.

The major expenditures under the amended 2003–04 fiscal period budget include $226,121 for salaries and benefits, $142,612 for general expenses and industry activities, $1,210,220 for inspection, $187,596 for research, and $2,997,539 for domestic and export market development programs.

The 2004–05 fiscal period NAC assessment rate was derived after

considering the total NAC expenses of $5,162,866; the estimated assessable nectarines of 22,245,000 twenty-five-pound containers or container equivalents; the estimated income from other sources, such as interest and grants; and the need for an adequate financial reserve to carry the NAC into the 2004 season. The committee has determined that a carry-in of $400,000 is historically necessary to meet its obligations in the early part of each season, before handler assessments are billed and received. To meet these goals, the NAC recommended an assessment rate of $0.195 per 25-pound container or container equivalent. According to the committee, that assessment rate will result in an adequate carry-in, while maintaining reserves within the maximum permitted by the order (approximately one year's expenses; § 916.42).

PCC Assessment and Expenses

The PCC recommended, for the 2004–05 fiscal period, and USDA approved, an assessment rate of $0.19 that would continue in effect from fiscal period to fiscal period unless modified, suspended, or terminated by USDA upon recommendation and information submitted by the committee or other information available to USDA.

The PCC also met on April 28, 2004, and recommended 2004–05 fiscal period expenditures of $5,178,002 and an assessment rate of $0.19 per 25-pound container or container equivalent of peaches. In comparison, last year's expenditures were initially budgeted at $4,086,316. The assessment rate of $0.19 is $0.01 lower than the rate currently in effect.

After the 2003–04 fiscal period budget was formulated and recommended to USDA in May 2003, the PCC received one Federal and two State grants which affected both committee income and expenditures. The committee subsequently unanimously recommended an amended budget for the 2003–04 fiscal period on June 23, 2004. Under this amended budget, the Federal grant of $488,845 and a State grant of $149,667 were applied to the export market development program, and a State grant of $3,667 was applied to the cultural research program.

The decrease for the 2004–05 fiscal period was recommended because excess funds from 2003–04 totaling $915,375 were carried into the 2004–05 fiscal period. This is substantially higher than needed by the PCC to cover early season expenses. In addition, the 2004 peach crop is expected to be higher than last year's crop. The lower assessment rate also addresses the needs of peach growers and handlers who have been affected by low commodity prices for the last few years.

Total income received for the 2004–05 fiscal period is projected to be approximately $5,883,385. Decreasing the assessment rate from $0.20 to $0.19 per 25-pound container is expected to provide about $4,153,654 assessment revenue, and along with other income, will allow the PCC to start the 2005 season with about $567,383 in reserve funds.

The major expenditures recommended by the PCC for the 2004–05 fiscal period include $219,872 for salaries and benefits, $148,598 for general expenses and industry activities, $1,240,520 for inspection, $208,570 for research, and $3,188,457 for domestic and export market development programs.

Budgeted expenditures for these items in the 2003–04 fiscal period were initially estimated to be $226,121 for salaries and benefits, $144,743 for general expenses and industry activities, $1,173,480 for inspection, $138,930 for research, and $2,211,346 for domestic and export market development programs.

The major expenditures under the amended budget for 2003–04 fiscal period include $226,121 for salaries and benefits, $144,743 for general expenses and industry activities, $1,173,480 for inspection, $142,597 for research, and $2,849,858 for domestic and export market development programs.

The 2004–05 fiscal period PCC assessment rate was derived after considering the total PCC expenses of $5,178,002; the estimated assessable peaches of 22,601,000 twenty-five-pound container or container equivalents; the estimated income from other sources, such as interest and grants; and the need for an adequate financial reserve to carry the PCC into the 2004 season. The committee has determined that a carry-in of $500,000 is historically necessary to meet its obligations in the early part of each season, before handler assessments are billed and received. To meet these goals, the PCC recommended an assessment rate of $0.19 per 25-pound container or container equivalent. According to the committee, that assessment rate will result in an adequate carry-in, while maintaining reserves within the maximum permitted by the order (one year's expenses; § 917.38).

Continuance of Assessment Rates

The assessment rates established in this rule will continue in effect indefinitely unless modified, suspended, or terminated by USDA upon recommendation and information submitted by the committees or other available information.

Although these assessment rates will be in effect for an indefinite period, the committees will continue to meet prior to or during each fiscal period to recommend a budget of expenses and consider recommendations for modification of the assessment rates. The dates and times of committee meetings are available from the committees' Web site or USDA. Committee meetings are open to the public and interested persons may express their views at these meetings. USDA will evaluate the committees' recommendations and other available information to determine whether modification of the assessment rate for each committee is needed. Further rulemaking will be undertaken as necessary. The committee's 2004–05 budget and those for subsequent fiscal periods will be reviewed and, as appropriate, approved by USDA.

Initial Regulatory Flexibility Analysis

Pursuant to requirements set forth in the Regulatory Flexibility Act (RFA), the Agricultural Marketing Service (AMS) has considered the economic impact of this action on small entities. Accordingly, AMS has prepared this initial regulatory flexibility analysis.

The purpose of the RFA is to fit regulatory actions to the scale of business subject to such actions in order that small businesses will not be unduly or disproportionately burdened. Marketing orders issued pursuant to the Act, and rules issued thereunder, are unique in that they are brought about through group action of essentially small entities acting on their own behalf. Thus, both statutes have small entity orientation and compatibility.

Industry Information

There are approximately 250 California nectarine and peach handlers subject to regulation under the orders covering nectarines and peaches grown in California, and about 1,800 producers of these fruits in California. The Small Business Administration [13 CFR 121.201] defines small agricultural service firms as those whose annual receipts are less than $5,000,000. The Small Business Administration also defines small agricultural producers as those having annual receipts of less than $750,000. A majority of these handlers and producers may be classified as small entities.

The committees' staff has estimated that there are less than 20 packers in the industry who could be defined as other than small entities. In the 2003 season,

the average handler price received was $7.00 per container or container equivalent of nectarines or peaches. A handler would have to ship at least 714,286 containers to have annual receipts of $5,000,000. Given data on shipments maintained by the committees' staff and the average handler price received during the 2003 season, the committees' staff estimates that small packers represent approximately 94 percent of all the packers within the industry.

The committees' staff has also estimated that less than 20 percent of the producers in the industry could be defined as other than small entities. In the 2003 season, the average producer price received was $4.00 per container or container equivalent for nectarines and peaches. A producer would have to produce at least 187,500 containers of nectarines and peaches to have annual receipts of $750,000. Given data maintained by the committees' staff and the average producer price received during the 2003 season, the committees' staff estimates that small producers represent more than 80 percent of the producers within the industry.

The nectarine and peach marketing orders provide authority for the committees, with the approval of USDA, to formulate an annual budget of expenses and collect assessments from handlers to administer the programs. The members of the NAC and PCC are producers of California nectarines and peaches, respectively.

This rule decreases the assessment rates established for the NAC for the 2004–05 and subsequent fiscal periods from $0.20 to $0.195 per 25-pound container or container equivalent of nectarines and for the PCC for the 2004–05 and subsequent fiscal periods from $0.20 to $0.19 per 25-pound container or container equivalent of peaches.

The NAC recommended 2004–05 fiscal period expenditures of $5,162,866 for nectarines and an assessment rate of $0.195 per 25-pound container or container equivalent of nectarines. The assessment rate of $0.195 is $0.005 lower than the current rate. The PCC recommended expenditures of $5,178,002 for peaches and an assessment rate of $0.19 per 25-pound container or container equivalent of peaches. The assessment rate of $0.19 is $0.01 lower than the current rate.

Analysis of NAC budget

The quantity of assessable nectarines for the 2004–05 fiscal period is estimated at 22,245,000 twenty-five-pound containers or container equivalents. Thus, the $0.195 rate should provide $4,337,775 in assessment income. Income derived from handler assessments and other sources will be adequate to cover budgeted expenses and permit an adequate reserve.

The NAC met on April 28, 2004, and recommended 2004–05 fiscal period expenditures of $5,162,866 and an assessment rate of $0.195 per 25-pound container or container equivalent of peaches. In comparison, last year's expenditures were initially budgeted at $4,173,438. The assessment rate of $0.19 is $0.005 lower than the rate currently in effect.

The major expenditures recommended by the NAC for the 2004–05 fiscal period include $219,872 for salaries and benefits, $146,613 for general expenses and industry activities, $1,153,676 for inspection, $208,568 for research, and $3,161,852 for domestic and export market development programs.

Budgeted expenses for these items in the 2003–04 fiscal period were initially estimated to be $226,121 for salaries and benefits, $142,612 for general expenses and industry activities, $1,210,220 for inspection, $138,929 for research, and $2,263,061 for domestic and export market development programs.

After the 2003–04 fiscal period budget was formulated and recommended to USDA in May 2003, the committee received one Federal and two State grants which affected both committee income and expenditures. The NAC also conducted research to test a commercial nectarine drink, using reserve funds. The committee subsequently unanimously recommended an amended budget for the 2003–04 fiscal period. Under this amended budget, the Federal grant of $533,921 and a State grant of $200,557 were applied to the export marketing development program, and a State grant of $3,667 was applied to the research program, along with $45,000 from the committee's reserves for the nectarine drink.

The major expenditures under the 2003–04 fiscal period amended budget include $226,121 for salaries and benefits, $142,612 for general expenses and industry activities, $1,210,220 for inspection, $187,596 for research, and $2,997,539 for domestic and export market development programs.

The lower assessment rate is possible because of the $915,375 in excess funds carried into the 2004–05 fiscal period. This will provide adequate funds at the beginning of the 2005 season before assessment collections begin. A financial reserve carry-in is desirable because major expense outlays for seasonal promotions and other activities occur before assessments are received.

The 2004–05 fiscal period assessment rate for the NAC was derived after considering the total NAC expenses of $5,162,866; the estimated assessable nectarines of 22,245,000 twenty-five-pound containers or container equivalents; the estimated income from other sources, such as interest; and the need for an adequate financial reserve to carry the NAC into the 2005 season. The committee has determined that a carry-in of $400,000 is historically necessary to meet its obligations in the early part of each season, before handler assessments are billed and received.

To meet this goal, the NAC recommended an assessment rate of $0.195 per 25-pound container or container equivalent. According to the committee, that assessment rate will result in an adequate carry-in, while carrying reserves within the maximum permitted by the order (one year's expenses; § 916.42).

Analysis of PCC budget

The quantity of assessable peaches for the 2004–05 fiscal period is estimated at 22,601,000 twenty-five-pound containers or container equivalents. Thus, the $0.19 rate should provide $4,294,190 in assessment income. Income derived from handler assessments and other sources will be adequate to cover budgeted expenses and permit a small increase in reserves.

The PCC also met on April 28, 2004, and recommended 2004–05 fiscal period expenditures of $5,178,002 and an assessment rate of $0.19 per 25-pound container or container equivalent of peaches. In comparison, last year's expenditures were initially budgeted at $4,086,316. The assessment rate of $0.19 is $0.01 lower than the rate currently in effect.

The major expenditures recommended by the PCC for the 2004–05 fiscal period include $219,872 for salaries and benefits, $148,598 for general expenses and industry activities, $1,240,520 for inspection, $208,570 for research, and $3,188,457 for domestic and export market development programs.

The major expenditures initially recommended by the PCC for the 2003–04 fiscal period include $226,121 for salaries and benefits, $144,743 for general expenses and industry activities, $1,173,480 for inspection, $138,930 for research, and $2,211,346 for domestic and export market development programs.

After the 2003–04 fiscal period budget was formulated and recommended to USDA in May 2003, the committee received one Federal and two State grants which affected both committee

income and expenditures. The committee subsequently unanimously recommended an amended budget for the 2003–04 fiscal period. Under this amended budget, the Federal grant of $488,845 and a State grant of $149,667 were applied to the export market development, and a State grant of $3,667 was applied to the cultural research program.

The major expenditures under the amended budget for the 2003–04 fiscal period include $226,121 for salaries and benefits, $144,743 for general expenses and industry activities, $1,173,480 for inspection, $142,597 for research, and $2,849,858 for domestic and export market development programs.

The lower assessment rate is possible because of the carry-in of $915,375 in excess funds from the 2003–04 fiscal period into the 2004–05 fiscal period. This is substantially higher than the PCC needs for early season expenses before assessment collections begin. A financial reserve carry-in of approximately $500,000 is desirable because major expense outlays for seasonal promotions and other activities occur before assessments are received.

The 2004–05 fiscal period assessment rate for the PCC was derived after considering the total PCC expenses of $5,178,002; the estimated assessable peaches of 22,601,000 twenty-five-pound containers or container equivalents; the estimated income from other sources, such as interest and grants; and the need for an adequate financial reserve to carry the PCC into the 2005 season. The committee has determined that a carry-in of $500,000 is historically necessary to meet its obligations in the early part of each season, before handler assessments are billed and received.

To meet this goal, the PCC recommended an assessment rate of $0.19 per 25-pound container or container equivalent. According to the committee, that assessment rate will result in an adequate carry-in, while keeping reserves within the maximum permitted by the order (one year's expenses; § 917.38).

Considerations in Determining Expenses and Assessment Rates

Prior to arriving at these budgets, the committees considered information and recommendations from various sources, including, but not limited to: the Executive Committee, the Research Subcommittee, the International Programs Subcommittee, the Tree Fruit Quality Subcommittee, and the Domestic Promotion Subcommittee.

Each of the committees then reviewed the proposed expenses; the total estimated assessable 25-pound containers or container equivalents; and the estimated income from other sources, such as interest income and grants, prior to recommending a final assessment rate. The NAC decided that an assessment rate of $0.195 per 25-pound container or container equivalent will allow it to meet its 2004–05 fiscal period expenses and carry over an operating reserve of about $499,811 which is in line with the committee's financial needs. The PCC decided that an assessment rate of $0.19 per 25-pound container or container equivalent will allow it to meet its 2004–05 fiscal period expenses and carry over an operating reserve of $567,383, which is in line with the committee's financial needs. The committees then unanimously recommended these rates to USDA.

A review of historical and preliminary information pertaining to the upcoming fiscal period indicates that the grower price for the 2004 crop year for nectarines and peaches could range between $4.00 and $6.00 per 25-pound container or container equivalent. Therefore, the estimated assessment revenue for the 2004–05 fiscal period as a percentage of total grower revenue could range between 4.9 percent and 3.2 percent for nectarines, and 4.7 percent and 3.2 percent for peaches.

This action decreases the assessment obligation imposed on handlers. Assessments are applied uniformly on all handlers, and some of the costs may be passed on to producers. However, decreasing the assessment rates reduces the burden on handlers, and consequently may reduce the burden on producers.

The committees' meetings were widely publicized throughout the California nectarine and peach industries and all interested persons were invited to attend the meetings and participate in the committees' deliberations on all issues. Like all committee meetings, the April 28, 2004, meetings were public meetings and entities of all sizes were able to express views on this issue. Finally, interested persons are invited to submit information on the regulatory and informational impacts of this action on small businesses.

This rule will impose no additional reporting or recordkeeping requirements on either small or large handlers. As with all Federal marketing order programs, reports and forms are periodically reviewed to reduce information requirements and duplication by industry and public sector agencies.

USDA has not identified any relevant Federal rules that duplicate, overlap, or conflict with this rule.

A small business guide on complying with fruit, vegetable, and specialty crop marketing agreements and orders may be viewed at: *http://www.ams.usda.gov/fv/mb.html.* Any questions about the compliance guide should be sent to Jay Guerber at the previously mentioned address in the **FOR FURTHER INFORMATION CONTACT** section.

A 60-day comment period is provided to allow interested persons to respond to this rule. All written comments received will be considered before a final decision is made on this matter.

After consideration of all relevant material presented, including the committees' recommendations, and other information, it is found that this interim final rule, as hereinafter set forth, will tend to effectuate the declared policy of the Act.

Pursuant to 5 U.S.C. 553, it is also found and determined upon good cause that it is impracticable, unnecessary and contrary to the public interest to give preliminary notice prior to putting this rule into effect and that good cause exists for not postponing the effective date of this rule until 30 days after publication in the **Federal Register** because: (1) The 2004–05 fiscal period began on March 1, 2004, and the marketing orders require that the rates of assessment for each fiscal period apply to all assessable nectarines and peaches handled during such fiscal period; (2) the committees need to have sufficient funds to pay their expenses which are incurred on a continuous basis; and (3) handlers are aware of this action which was recommended by the committees at public meetings and is similar to other assessment rate actions issued in past years; (4) this interim final rule provides a 60-day comment period, and all comments timely received will be considered prior to finalization of this rule.

List of Subjects

7 CFR Part 916

Marketing agreements, Nectarines, Reporting and recordkeeping requirements.

7 CFR Part 917

Marketing agreements, Peaches, Pears, Reporting and recordkeeping requirements.

■ For the reasons set forth in the preamble, 7 CFR parts 916 and 917 are amended as follows:

■ 1. The authority citation for 7 CFR parts 916 and 917 continues to read as follows:

Authority: 7 U.S.C. 601–674.

PART 916—NECTARINES GROWN IN CALIFORNIA

■ 2. Section 916.234 is revised to read as follows:

§ 916.234 Assessment rate.

On and after March 1, 2004, an assessment rate of $0.195 per 25-pound container or container equivalent of nectarines is established for California nectarines.

PART 917—PEACHES GROWN IN CALIFORNIA

■ 3. Section 917.258 is revised to read as follows:

§ 917.258 Assessment rate.

On and after March 1, 2004, an assessment rate of $0.19 per 25-pound container or container equivalent of peaches is established for California peaches.

Dated: August 10, 2004.

A.J. Yates,

Administrator, Agricultural Marketing Service.

[FR Doc. 04–18616 Filed 8–13–04; 8:45 am]

BILLING CODE 3410–02–P

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 925

[Docket No. FV04–925–1 FIR]

Grapes Grown in a Designated Area of Southeastern California; Establishment of Reporting Requirements

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Final rule.

SUMMARY: The Department of Agriculture is adopting, as a final rule, without change, an interim final rule which established end-of-season reporting requirements authorized under the California grape marketing order (order). The order regulates the handling of grapes grown in a designated area of Southeastern California and is administered locally by the California Desert Grape Administrative Committee (Committee). Requiring handlers to file end-of-season grape shipment reports with the Committee enables the Committee to obtain accurate shipment data for assessment billing and for the next season's marketing decisions without incurring the expense of auditing every handler. Handler costs will continue to be reduced because the submission of end-of-season grape shipment reports is expected to be less costly and less time consuming than yearly handler audits.

DATES: Effective Date: September 15, 2004.

FOR FURTHER INFORMATION CONTACT: Rose Aguayo, California Marketing Field Office, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 2202 Monterey Street, suite 102B, Fresno, California 93721; telephone: (559) 487–5901, Fax: (559) 487–5906; or George Kelhart, Technical Advisor, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue, SW., STOP 0237, Washington, DC 20250–0237; telephone: (202) 720–2491, Fax: (202) 720–8938.

Small businesses may request information on complying with this regulation by contacting Jay Guerber, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue, SW., STOP 0237, Washington, DC 20250–0237; telephone: (202) 720–2491, Fax: (202) 720–8938, or e-mail: *Jay.Guerber@usda.gov.*

SUPPLEMENTARY INFORMATION: This rule is issued under Marketing Order No. 925 (7 CFR part 925), regulating the handling of grapes grown in California, hereinafter referred to as the ''order.'' The order is effective under the Agricultural Marketing Agreement Act of 1937, as amended (7 U.S.C. 601–674), hereinafter referred to as the ''Act.''

USDA is issuing this rule in conformance with Executive Order 12866.

This rule has been reviewed under Executive Order 12988, Civil Justice Reform. This rule is not intended to have retroactive effect. This rule will not preempt any State or local laws, regulations, or policies, unless they present an irreconcilable conflict with this rule.

The Act provides that administrative proceedings must be exhausted before parties may file suit in court. Under section 608c(15)(A) of the Act, any handler subject to an order may file with USDA a petition stating that the order, any provision of the order, or any obligation imposed in connection with the order is not in accordance with law and request a modification of the order or to be exempted therefrom. A handler is afforded the opportunity for a hearing on the petition. After the hearing USDA would rule on the petition. The Act provides that the district court of the United States in any district in which the handler is an inhabitant, or has his or her principal place of business, has jurisdiction to review USDA's ruling on the petition, provided an action is filed not later than 20 days after the date of the entry of the ruling.

This rule continues in effect end-of-season reporting requirements authorized under the California grape order. Requiring handlers to file end-of-season grape shipment reports with the Committee enables the Committee to obtain accurate shipment data for assessment billing and for the next season's marketing decisions without incurring the expense of auditing every handler each year. Handler costs will continue to be reduced because the preparation and submission of end-of-season grape shipment reports is expected to be less costly and less time consuming than yearly handler audits. This action is in the best interest of producers and handlers.

Section 925.41 of the grape order provides authority to assess each person who first handles grapes a pro rata share of the expenses which are reasonable and likely to be incurred by the Committee during a fiscal period.

Section 925.215 of the order's rules and regulations establishes an assessment rate of $0.015 per 18-pound lug for grapes grown in a designated area of southeastern California.

Section 925.60(b) of the grape order provides authority for establishing reporting requirements. Under the marketing order, the Committee may, with the approval of the Secretary, establish reporting requirements to collect necessary information or data. The Committee needs data on grape shipments to provide an accurate basis for handler assessments and for the next season's marketing decisions.

Prior to publication of the interim final rule (69 FR 21689, April 22, 2004), the Committee obtained data on grape shipments during handler audits at the end of the season. These handler audits were time consuming and expensive for both the Committee staff and grape handlers. Detailed information follows on these burdens in the Final Regulatory Flexibility Analysis section of this document.

Therefore, at its January 15, 2004, meeting and as clarified at its February 5, 2004, meeting, the Committee unanimously recommended and USDA subsequently approved establishment of § 925.160 under the order's rules and regulations. Section 925.160 reads as follows: ''Section 925.160 Reports. When requested by the California Desert Grape Administrative Committee, each shipper who ships grapes, shall furnish an end-of-season grape shipment report

(CDGAC–3) to the Committee no later than 10 days after the last day of shipment for the season or such later time as the Committee deems appropriate. Such reports shall show the reporting period (the date of the handler's first shipment and the date of the handler's last shipment), the name and other identification of the shipper and grower, the invoice number, shipping date, varietal name, shipment destination (city and state or country), and the number of lugs shipped (pounds).''

The end-of-season grape shipment reporting requirements recommended by the Committee and subsequently approved by the USDA are similar to those required by the California Table Grape Commission (Commission) under a State of California program under which grape research and promotion activities are implemented. Because the Commission is prohibited from sharing confidential handler information, the Committee recommended that an end-of-season grape shipment report be developed for Committee use. Grape shipment data already compiled by handlers for the Commission will be attached to the Committee form to meet the new reporting requirements. Thus, handlers will not be duplicating their efforts and both agencies will receive necessary shipment data for respective program purposes.

The Committee estimates that this action will continue to impact 20 handlers of grapes and further estimates that, on average, each handler will expend approximately 30 minutes per year to prepare and submit this report and accompanying information to the Committee. The Committee believes that this action will continue to reduce handler costs, because the execution and submission of the end-of-season grape shipment report to the Committee is expected to be less costly and time consuming than yearly audits. The Committee vote was unanimous with nine in favor, zero opposed, and zero abstained. This revision does not impact the grape import regulation.

Final Regulatory Flexibility Analysis

Pursuant to requirements set forth in the Regulatory Flexibility Act (RFA), the Agricultural Marketing Service (AMS) has considered the economic impact of this action on small entities. Accordingly, AMS has prepared this final regulatory flexibility analysis.

The purpose of the RFA is to fit regulatory actions to the scale of business subject to such actions in order that small businesses will not be unduly or disproportionately burdened. Marketing orders issued pursuant to the Act, and the rules issued thereunder, are unique in that they are brought about through group action of essentially small entities acting on their own behalf. Thus, both statutes have small entity orientation and compatibility.

There are approximately 20 handlers of California grapes who are subject to regulation under the order and about 50 producers of grapes in the production area. Small agricultural service firms are defined by the Small Business Administration (13 CFR 121.201) as those having annual receipts of less than $5,000,000 and small agricultural producers are defined as those having annual receipts of less than $750,000. Eight of the 20 handlers subject to regulation have annual grape sales of at least $5,000,000. In addition, 10 of the 50 producers have annual sales of at least $750,000. Therefore, a majority of handlers and producers may be classified as small entities.

This rule continues in effect end-of-season reporting requirements authorized under the California grape order. Requiring handlers to file end-of-season grape shipment reports with the Committee enables the Committee to obtain accurate shipment data for assessment billing and for the next season's marketing decisions without incurring the expense of auditing every handler each season. Handler costs will continue to be reduced because the preparation and submission of end-of-season grape shipment reports is expected to be less costly and less time consuming than yearly handler audits. This action is in the best interest of producers and handlers.

Section 925.41 of the grape order provides authority to assess each person who first handles grapes a pro rata share of the expenses which are reasonable and likely to be incurred by the Committee during a fiscal period.

Section 925.60(b) of the grape order provides authority for establishing reporting requirements. Under the marketing order, the Committee may, with the approval of the Secretary, establish reporting requirements to collect necessary information or data. The Committee needs data on grape shipments to provide an accurate basis for handler assessments and for the next season's marketing decisions.

Prior to issuance of the interim final rule, the Committee obtained data on grape shipments during handler audits at the end of the season. These handler audits are time consuming and expensive for both the Committee staff and grape handlers.

Therefore, at its January 15, 2004, meeting and as further clarified at the Committee's February 5, 2004, meeting, the Committee unanimously recommended and USDA subsequently approved establishing § 925.160 under the order's rules and regulations. Section 925.160 reads as follows: ''Section 925.160 Reports. When requested by the California Desert Grape Administrative Committee, each shipper who ships grapes, shall furnish an end-of-season grape shipment report (CDGAC–3) to the Committee no later than 10 days after the last day of shipment for the season or such later time as the Committee deems appropriate. Such reports shall show the reporting period (the date of the handler's first shipment and the date of the handler's last shipment), the name and other identification of the shipper and grower, the invoice number, shipping date, varietal name, shipment destination (city and state), and the number of lugs shipped (pounds).''

The end-of-season reporting requirements recommended by the Committee and subsequently approved by the USDA are similar to those now required by the California Table Grape Commission (Commission). The Commission administers a State of California research and promotion program for grapes produced in California. Because the Commission is prohibited from sharing confidential handler information, the Committee recommended that an end-of-season grape shipment report be developed for Committee use. Shipment data currently compiled by handlers for the Commission will be able to be attached to the newly developed Committee form to meet the Committee's shipment information needs. Thus, handlers will not be duplicating their efforts and both agencies will receive necessary shipment data for program activities. The Committee estimates that 20 grape handlers will be affected by this action with a total annual industry burden of approximately 10 hours (20 handlers × 30 minutes = 10 hours).

The Committee believes that handler costs will continue to be reduced because the preparation and submission of the end-of-season grape shipment report to the Committee is expected to be less costly and time consuming than yearly audits. Prior to issuance of the interim final rule, the 20 grape handlers regulated under the order paid approximately $5,283 and expended approximately 126 man-hours annually for the yearly audits. Approximately ⅓ of the handler audits will continue to be conducted by the Committee for order compliance purposes each year. Therefore, the Committee continues to estimate that an annual savings of $3,698 and 88 man-hours for handlers

will be realized through the use of the end-of-season shipment reports.

Additionally, this rule is expected to continue to affect the reduction in the number of hours of Committee staff time and administrative costs incurred by the Committee in conducting handler audits. Prior to issuance of the interim final rule, the Committee, in conducting audits of all industry handlers, annually spent about $3,600 and about 300 man-hours. If only one-third of the handlers are audited each year, the Committee expects to save about $2,400 and about 200 hours of Committee time. Thus, actual Committee costs using the new shipment form should be about $1,200 and 100 man-hours.

The Committee discussed alternatives to this change, including requiring handlers to submit the end-of-season grape shipment report 5 days after the end of the season. The Committee rejected the 5-day requirement, as they believe handlers need at least 10 days to complete end-of-season handler activities. Additionally, the Committee considered not establishing an end-of-season grape shipment report, but concluded, as previously mentioned, that adding an end-of-season grape shipment reporting requirement will significantly reduce handler costs, as submission of this report will be less costly and less time consuming than yearly handler audits. The Committee vote was unanimous with nine in favor, zero opposed, and zero abstained. This rule is in the interest of handlers and producers. These revisions do not impact the grape import regulation.

Further, the Committee's meetings were widely publicized throughout the grape industry and all interested persons were invited to attend the meetings and participate in the Committee's deliberations. Like all Committee meetings, the January 15, 2004, and February 5, 2004, meetings were public meetings and all entities, both large and small, were able to express their views on these issues.

An interim final rule concerning this action was published in the **Federal Register** on April 22, 2004. Copies of the rule were mailed, e-mailed or faxed by the Committee staff to all Committee members and grape handlers. In addition, the rule was made available through the Internet by the Office of the Federal Register and USDA. That rule provided for a 60-day comment period which ended June 21, 2004. No comments were received.

A small business guide on complying with fruit, vegetable, and specialty crop marketing agreements and orders may be viewed at: *http://www.ams.usda.gov/fv/moab.html.* Any questions about the compliance guide should be sent to Jay Guerber at the previously mentioned address in the **FOR FURTHER INFORMATION CONTACT** section.

As previously mentioned, this rule continues to impose some additional reporting and recordkeeping on both small and large grape handlers. This action continues to require one new Committee form. The information collection requirements are discussed below. As with all Federal marketing order programs, reports and forms are periodically reviewed to reduce information requirements and duplication by industry and public sector agencies. In addition, USDA has not identified any relevant Federal rules that duplicate, overlap or conflict with this rule.

Paperwork Reduction Act

In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35), this notice announces that AMS has requested and obtained emergency approval from the Office of Management and Budget (OMB) for a new information collection request for Marketing Order No. 925, regulating the handling of grapes grown in a designated area of Southeastern California. This emergency approval was assigned OMB No. 0581–0220. The emergency request was necessary because insufficient time was available to follow normal clearance channels. Upon final approval by OMB, this collection will be merged with the forms currently approved for use under OMB No. 0581–0189 ''Generic OMB Fruit Crops.''

Title: Grapes Grown in a Designated Area of Southeastern California; Marketing Order No. 925.

OMB Number: 0581–0220.

Type of Request: New collection.

Abstract: These information collection requirements are essential to carry out the intent of the Act, to provide the respondents the type of service they request, and to administer the California Desert Grape marketing order program, which has been operating since 1980.

On January 15, 2004, the Committee unanimously recommended and the USDA subsequently approved the establishment of § 925.160 under the order's rules and regulations, as further clarified by the Committee at its February 5, 2004, meeting. Section 925.160 requires handlers to furnish an end-of-season grape shipment report (CDGAC–3) to the Committee staff no later than 10 days after the last day of shipment for the season, or such later time, as the Committee deems appropriate. Any handler who ships grapes during the season will be required to report total shipments, and related information, to the Committee. The information requirements created by this action will be reported using one new Committee form, and by attaching shipment information required under the State of California research and promotion program to that form. The new reporting requirement assists the Committee in obtaining accurate shipment data for assessment billing and for the next season's marketing decisions.

The information collected will be used only by authorized representatives of the USDA, including AMS, Fruit and Vegetable Programs' regional and headquarters' staff, and authorized Committee employees. Authorized Committee employees are the primary users of the information and AMS is the secondary user.

The request for approval of the new information collection under the order is as follows:

End of Season Shipment Report, CDGAC Form No. 3

Estimate of Burden: Public reporting burden for this collection of information is estimated to average 30 minutes per response.

Respondents: Persons who ship California grapes from a designated area of Southeastern California.

Estimated Number of Respondents: 20.

Estimated Number of Responses per Respondent: 1.

Estimated Total Annual Burden on Respondents: 10 hours.

No comments were submitted on this information collection. As mentioned before, because there was insufficient time for a normal clearance procedure and prompt implementation was needed, AMS has obtained emergency approval from OMB for the use of this form for the 2004 regulation period, which began April 2004. Upon final approval by OMB, this collection will be merged with the forms currently approved for use under OMB No. 0581–0189 ''Generic OMB Fruit Crops.''

After consideration of all relevant material presented, including the Committee's recommendation, and other information, it is found that finalizing the interim final rule, without change, as published in the **Federal Register** (69 FR 21689, April 22, 2004) will tend to effectuate the declared policy of the Act.

List of Subjects in 7 CFR Part 925

Grapes, Marketing agreements and orders, Reporting and recordkeeping requirements.

PART 925—GRAPES GROWN IN A DESIGNATED AREA OF SOUTHEASTERN CALIFORNIA

■ Accordingly, the interim final rule amending 7 CFR part 925 which was published at 69 FR 21689 on April 22, 2004, is adopted as a final rule without change.

Dated: August 10, 2004.

A.J. Yates,

Administrator, Agricultural Marketing Service.

[FR Doc. 04–18609 Filed 8–13–04; 8:45 am]

BILLING CODE 3410–02–P

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 956

[Docket No. FV04–956–1 FIR]

Sweet Onions Grown in the Walla Walla Valley of Southeast Washington and Northeast Oregon; Establishment of Special Purpose Shipping Regulations and Modification of Reporting Requirements

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Final rule.

SUMMARY: The Department of Agriculture (USDA) is adopting, as a final rule, without change, an interim final rule that established procedures to allow the grading, packing, or storing of Walla Walla sweet onions outside the production area established under the Walla Walla sweet onion marketing order, and modified handler reporting requirements. The marketing order regulates the handling of sweet onions grown in the Walla Walla Valley of Southeast Washington and Northeast Oregon and is administered locally by the Walla Walla Sweet Onion Marketing Committee (Committee). Allowing sweet onion market preparation to occur outside the production area increases the marketing options for Walla Walla sweet onions and may reduce marketing costs. Modification of the reporting requirements contributes to the efficient operation of the program and enhances compliance with the special purpose shipment procedures established in this rule.

EFFECTIVE DATE: September 15, 2004.

FOR FURTHER INFORMATION CONTACT: Barry Broadbent, Marketing Specialist, Northwest Marketing Field Office, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1220 SW., Third Avenue, Suite 385, Portland, Oregon 97204–2807; Telephone: (503) 326–2724; Fax: (503) 326–7440; or e-mail: *Barry.Broadbent@usda.gov;* or George Kelhart, Technical Advisor, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; Telephone: (202) 720–2491; Fax: (202) 720–8938.

Small businesses may request information on complying with this regulation by contacting Jay Guerber, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; Telephone (202) 720–2491; Fax: (202) 720–8938; or e-mail: *Jay.Guerber@usda.gov.*

SUPPLEMENTARY INFORMATION: This rule is issued under Marketing Agreement and Order No. 956, both as amended (7 CFR part 956), regulating the handling of Walla Walla sweet onions grown in Southeast Washington and Northeast Oregon, hereinafter referred to as the ''order.'' The order is effective under the Agricultural Marketing Agreement Act of 1937, as amended (7 U.S.C. 601–674), hereinafter referred to as the ''Act.''

The Department of Agriculture (USDA) is issuing this rule in conformance with Executive Order 12866.

This rule has been reviewed under Executive Order 12988, Civil Justice Reform. This rule is not intended to have retroactive effect. This rule will not preempt any State or local laws, regulations, or policies, unless they present an irreconcilable conflict with this rule.

The Act provides that administrative proceedings must be exhausted before parties may file suit in court. Under section 608c(15)(A) of the Act, any handler subject to an order may file with the USDA a petition stating that the order, any provision of the order, or any obligation imposed in connection with the order is not in accordance with law and request a modification of the order or to be exempted therefrom. A handler is afforded the opportunity for a hearing on the petition. After the hearing the USDA would rule on the petition. The Act provides that the district court of the United States in any district in which the handler is an inhabitant, or has his or her principal place of business, has jurisdiction to review the USDA's ruling on the petition, provided an action is filed not later than 20 days after the date of the entry of the ruling.

Minimum grade, size, maturity, container, and pack requirements are authorized under the order, but currently only container markings are regulated. This rule continues in effect the implementation of procedures and safeguard requirements that allow grading, packing, or storing of Walla Walla sweet onions outside the production area, but within the States of Oregon and Washington. Persons desiring to ship, as well as those desiring to receive Walla Walla sweet onions for grading, packing, or storing outside the production area must apply and report to the Committee on forms provided by the Committee. This rule also continues in effect the additional requirement that handlers must submit a preseason registration form as well as provide additional information on the handler's shipment statement.

Section 956.63 of the order provides authority for the USDA to issue special regulations to facilitate the shipping of Walla Walla sweet onions for grading, packing, or storing outside the production area. Further, § 956.66 provides authority for the establishment of such safeguards as may be necessary to ensure that Walla Walla sweet onions are shipped for the purpose so authorized. Reporting requirements are authorized in § 956.80.

The Committee met on December 8, 2003, and unanimously recommended the establishment of procedures and safeguard requirements to allow the grading, packing, or storing of Walla Walla sweet onions outside the production area. At that meeting, the Committee also unanimously recommended expanding the current handler reporting requirements to include a preseason registration form. The Committee met again on February 10, 2004, and made a unanimous recommendation to broaden the scope of the handler shipment statement to include a listing of producers whose product was handled and the quantity handled for each producer. Committee members believe that this rule will: (1) Allow shippers to use grading, packing, or storing facilities that will be most beneficial to their individual circumstances; (2) contribute to the efficient operation of the program by improving Committee information; and (3) enhance compliance with the provisions of the order.

The grading, packing, and storing costs associated with preparing Walla Walla sweet onions for market may vary between onion packing facilities inside and outside the production area. There may also be differences in the type and variety of packaging options, the transportation alternatives available, or

the level of services offered by individual onion packing facilities inside and outside the production area. This rule allows shippers of Walla Walla sweet onions the flexibility to pack and ship product from the most advantageous facility available, regardless of where in Oregon or Washington that facility is located.

Some examples of situations in which this rule benefits the industry are: (1) A packer outside the area of production is experimenting with modified atmosphere packaging that increases the shelf life of sweet onions; (2) a Walla Walla sweet onion producer is part owner of a packing facility located outside the area of production and wishes to pack and store sweet onions in that facility; (3) a packing facility outside the area of production can offer rail service for shipping and a rail siding is not available within the production area; and (4) a fresh produce marketing company that has a packing facility outside the area of production desires to begin packing and shipping Walla Walla sweet onions.

The Committee believes that the regulations established under the order create orderly marketing, are good for consumers, encourage repeat purchases, and ultimately improve returns to producers. Therefore, the Committee recommended the establishment of safeguards to ensure that all Walla Walla sweet onions graded, packed, or stored outside the production area are ultimately subject to the requirements established under the order.

Persons desiring to ship or receive Walla Walla sweet onions for grading, packing, or storing outside the production area must apply to the Committee on a *Shippers/Receivers Application for Certificate of Privilege,* (SRACP) Form No. 3. Applicants must complete and submit a SRACP form each year prior to shipping or receiving Walla Walla sweet onions for grading, packing, or storing outside the production area. Information collected on the application includes the company name, contact name, address, contact telephone numbers, signature of the shipper or receiver, date, and such other information as the Committee may require. Applicants must agree to furnish reports on shipments of sweet onions made under the Certificate of Privilege and must certify that all shipments of production area onions for grading, packing, or storing outside the production area will be made in accordance with order provisions. Those parties acting as receivers under the Certificate of Privilege must further agree to forward all assessments due on sweet onions handled to the Committee office. If approved, the Committee manager will sign the application, assign a Certificate of Privilege number for tracking purposes, and return a copy of the application to the applicant. If denied, the applicant will be notified in writing of the reasons for denial and have an opportunity to appeal the Committee's decision.

After the Committee approves the applications of both the shipper and the receiver, Walla Walla sweet onions may be shipped out of the production area for grading, packing, or storing. When the parties conclude shipping or receiving, both the shipper and receiver must submit to the Committee a *Special Purpose Shipment Report,* (SPSR) Form No. 4. Information collected on the SPSR includes the Certificate of Privilege number as assigned by the Committee, company name, contact name, address, contact telephone numbers, names of the individuals or companies shipped to or received from, the total quantities of onions shipped or received in 50-pound equivalents, the signature of the shipper or receiver, date, and such other information as the Committee may require.

The SPSR, as well as any assessments due, must be submitted to the Committee no later than 30 days after the date of the last shipment or receipt of Walla Walla sweet onions under the Certificate of Privilege. The SPSR also reiterates that it is the receiver of sweet onions shipped under the Certificate of Privilege that is responsible for payment of the administrative assessment. Shippers and receivers will only be required to submit one (1) of these reports annually.

This rule also continues in effect increased handler-reporting requirements by requiring the submission of a *Walla Walla Sweet Onion Handler Registration Form,* (Registration) Form No. 2, and by expanding the scope of the information required on the existing *Handler's Statement of Walla Walla Sweet Onion Shipments,* (Form No. 1; Form FV–141) (Statement). Each year prior to the shipping season, but in no case later than May 31, all persons desiring to handle Walla Walla sweet onions during the forthcoming season must complete a Registration form and submit it to the Committee. Information collected on this form includes: Company name, contact name, signature, date, addresses, and contact telephone numbers; brands or labels to be marketed; estimated acres of production to be packed; and such other information as the Committee may require.

The previous Statement, which was submitted to the Committee at the end of each shipping season, required handlers to report the quantity of Walla Walla sweet onions handled during the season. This action continues in effect the expansion of the information collected on the Statement to include reporting the quantity of Walla Walla sweet onions handled on behalf of each producer. Information collected on the Registration and modified Statement forms will greatly enhance order compliance by allowing the Committee to compare the collected data with information from other sources for corroboration. This will ultimately assist the Committee in monitoring onion shipments and in the collection of assessments. For example, acreage and production information voluntarily provided by producers will be reconciled with similar information collected from handlers to help ensure that all assessable sweet onion shipments have been properly reported and that assessments have been correctly collected.

This information collection is important to the Committee in light of the regulation relaxation that allows the grading, packing, or storing of Walla Walla sweet onions outside the production area. The Committee believes that enhancing the scope of the reporting requirements is the best way to maintain oversight of the special purpose shipment procedures as modified herein. In addition to enhancing the Committee's compliance efforts, the collection of handler profile information such as addresses and contact numbers will also be useful to the Committee for maintaining contact with handlers throughout the season.

Final Regulatory Flexibility Analysis

Pursuant to requirements set forth in the Regulatory Flexibility Act (RFA), the Agricultural Marketing Service (AMS) has considered the economic impact of this action on small entities. Accordingly, AMS has prepared this final regulatory flexibility analysis.

The purpose of the RFA is to fit regulatory actions to the scale of business subject to such actions in order that small businesses will not be unduly or disproportionately burdened. Marketing orders issued pursuant to the Act, and the rules issued thereunder, are unique in that they are brought about through group action of essentially small entities acting on their own behalf. Thus, both statutes have small entity orientation and compatibility.

There are approximately 28 handlers of Walla Walla sweet onions subject to regulation under the order and approximately 37 Walla Walla sweet onion producers in the regulated area.

Small agricultural service firms are defined by the Small Business Administration (SBA) (13 CFR 121.201) as those having annual receipts of less than $5,000,000, and small agricultural producers are defined as those having annual receipts of less than $750,000.

The Committee estimates that in 2003, 674,038 50-pound containers of Walla Walla sweet onions were marketed at an average FOB price of about $11.50 per container. The total industry value at shipping point was approximately $7,751,437, leaving an average annual gross receipt per handler of $276,837. Thus, a majority of handlers and producers of Walla Walla sweet onions may be classified as small entities.

Committee meetings are widely publicized in advance of the meetings and are held in a location central to the production area. The meetings are open to all industry members and other interested persons who are encouraged to participate in the deliberations and voice their opinions on topics under discussion. Thus, Committee recommendations can be considered representative of small business interests in the industry.

This rule continues the implementation of procedures that allow persons to ship or receive Walla Walla sweet onions outside the area of production for grading, packing, or storing purposes. Persons desiring to do so must first apply to the Committee. The applicants must certify that all Walla Walla sweet onions graded, packed, or stored outside the production area will meet any minimum grade, size, maturity, container, pack, or inspection requirements established under the order. Previously, only container, assessment, and reporting requirements were implemented under the order. After the Committee completes its review of the application and determines that everything is in order, applicants will be granted a Certificate of Privilege authorizing them to ship or receive Walla Walla sweet onions outside the production area for market preparation. At the end of the shipping season, both the shipper and receiver must submit reports to the Committee regarding the quantity of Walla Walla sweet onions handled under Certificate of Privilege. The authority for this action is provided in §§ 956.63 and 956.66.

In addition, this rule continues in effect the expansion of the handler reporting requirements by adding a preseason handler registration form and expanding the scope of information required on the handler's shipment report. These changes provide the Committee with more comprehensive handler information that improves handler compliance and enhances safeguards already in place. The additional information gathered from the new mandatory report complements the modification to the current reporting requirements and contributes to greater efficiency in the operation of the program. The improved safeguards and oversight afforded the Committee with these reporting requirement changes are essential in maintaining compliance with procedures for market preparation outside the production area. The authority for this action is provided in § 956.80.

Regarding the impact of this action on affected entities, this rule imposes minimal additional costs. The Committee estimates that about 10 persons may desire to ship or receive Walla Walla sweet onions for grading, packing, or storing outside the production area during each marketing year. Such shippers and receivers must complete a *Shippers/Receivers Application for Certificate of Privilege, (Form No. 3)* and submit it to the Committee for approval each year prior to shipping or receiving any Walla Walla sweet onions for grading, packing, or storing outside the production area. Once the Committee has approved the application, the parties will be free to handle sweet onions for market preparation out of the production area.

After Walla Walla sweet onions have been handled pursuant to the Certificate of Privilege, both the shipper and receiver must submit a *Special Purpose Shipment Report (Form No. 4)*, to the Committee no later than 30 days after the date of the last shipment or receipt of onions. The Committee estimates that 10 shippers and receivers will each be obligated to submit one (1) of these reports annually. The annual industry burden associated with the information collection on both forms is estimated to total approximately 3.6 hours.

The addition of a preseason registration form and the expansion of the existing reporting requirements for all Walla Walla sweet onion handlers also imposes minimal additional costs on the industry. Persons desiring to handle Walla Walla sweet onions must complete and submit a *Walla Walla Sweet Onion Handler Registration Form (Form No. 2)*, prior to May 31 of each year. Handlers of sweet onions must also submit a *Handler's Statement of Walla Walla Sweet Onion Shipments (Form No. 1; Form FV–141)* that is more detailed than the one previously used. The Committee estimates that 28 handlers are affected, with a total annual industry burden of approximately 25.76 hours for both forms.

The Committee considered one alternative to the part of this proposal that allows Walla Walla sweet onions to be graded, packed, or stored out of the area. The alternative was to prohibit any grading, packing, or storing of Walla Walla sweet onions outside the production area. The Committee felt that this alternative would have limited the flexibility of shippers in making marketing decisions related to the grading, packing, or storing of Walla Walla sweet onions and it was therefore rejected. Allowing the shipment of Walla Walla sweet onions outside the production area for grading, packing, or storing is a relaxation of order requirements and any costs related to additional reporting is outweighed by the benefits of allowing such shipments.

The alternatives that the Committee discussed with regard to increasing handler reporting requirements were: (1) Maintain the status quo and make no changes in the reporting requirements; and (2) make the submission of the registration form and producer information on the shipment statement voluntary instead of mandatory. Both of these options were rejected as not sufficiently addressing the need for better handler information. Enhanced information collection will help improve the Committee's ability to ensure industry compliance with the order. This is especially important in light of the relaxation changes in the order regulations allowing grading, packing, or storing outside the production area.

This rule continues to impose an additional reporting and recordkeeping burden on persons who ship or receive Walla Walla sweet onions for grading, packing, or storing outside the production area. This action requires three new Committee forms and modification of a previous form. In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the information collection requirements on these three new Committee forms and the modification of the previous form were approved by the Office of Management and Budget (OMB) under OMB Control No. 0581–0221 on April 13, 2004.

As with all Federal marketing order programs, reports and forms are periodically reviewed to reduce information requirements and duplication by industry and public sector agencies. In addition, as noted in the initial regulatory flexibility analysis, USDA has not identified any relevant Federal rules that duplicate, overlap or conflict with this rule.

The Committee's meetings were widely publicized throughout the sweet onion industry and all interested persons were invited to attend the meetings and participate in Committee deliberations on all issues. Like all Committee meetings, the December 8, 2003, and the February 10, 2004, meetings were public meetings and all entities, both large and small, were able to express their views.

An interim final rule concerning this action was published in the **Federal Register** on April 26, 2004 (69 FR 22377). Copies of the rule were mailed by the Committee's staff to all Committee members and Walla Walla sweet onion handlers. In addition, the rule was made available through the Internet by the Office of the Federal Register and the USDA. That rule provided a 60-day comment period which ended June 25, 2004. No comments were received.

A small business guide on complying with fruit, vegetable, and specialty crop marketing agreements and orders may be viewed at: *http://www.ams.usda.gov/fv/moab.html.* Any questions about the compliance guide should be sent to Jay Guerber at the previously mentioned address in the **FOR FURTHER INFORMATION CONTACT** section.

After consideration of all relevant material presented, including the Committee's recommendation, and other information, it is found that finalizing the interim final rule, without change, as published in the **Federal Register** (69 FR 22377, April 26, 2004) will tend to effectuate the declared policy of the Act.

List of Subjects in 7 CFR Part 956

Marketing agreements, Onions, Reporting and recordkeeping requirements.

PART 956—SWEET ONIONS GROWN IN THE WALLA WALLA VALLEY OF SOUTHEAST WASHINGTON AND NORTHEAST OREGON

■ Accordingly, the interim final rule amending 7 CFR part 956 which was published at 69 FR 22377 on April 26, 2004, is adopted as a final rule without change.

Dated: August 10, 2004.

A.J. Yates,

Administrator, Agricultural Marketing Service.

[FR Doc. 04–18612 Filed 8–13–04; 8:45 am]

BILLING CODE 3410–02–P

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 989

[Docket No. FV04–989–1 FIR]

Raisins Produced From Grapes Grown in California; Final Free and Reserve Percentages for 2003–04 Crop Natural (Sun-Dried) Seedless Raisins

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Final rule.

SUMMARY: The Department of Agriculture (USDA) is adopting, as a final rule, without change, an interim final rule that established final volume regulation percentages for 2003–04 crop Natural (sun-dried) Seedless (NS) raisins covered under the Federal marketing order for California raisins (order). The order regulates the handling of raisins produced from grapes grown in California and is locally administered by the Raisin Administrative Committee (Committee). The volume regulation percentages are 70 percent free and 30 percent reserve. The percentages are intended to help stabilize raisin supplies and prices, and strengthen market conditions.

EFFECTIVE DATE: Effective September 15, 2004. The volume regulation percentages apply to acquisitions of NS raisins from the 2003–04 crop until the reserve raisins from that crop are disposed of under the order.

FOR FURTHER INFORMATION CONTACT: Maureen T. Pello, Senior Marketing Specialist, California Marketing Field Office, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 2202 Monterey Street, suite 102B, Fresno, California 93721; telephone: (559) 487–5901, Fax: (559) 487–5906; or George Kelhart, Technical Advisor, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; telephone: (202) 720–2491, Fax: (202) 720–8938.

Small businesses may request information on complying with this regulation by contacting Jay Guerber, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington DC 20250–0237; telephone: (202) 720–2491, Fax: (202) 720–8938, or E-mail: *Jay.Guerber@usda.gov*.

SUPPLEMENTARY INFORMATION: This rule is issued under Marketing Agreement and Order No. 989 (7 CFR part 989), both as amended, regulating the handling of raisins produced from grapes grown in California, hereinafter referred to as the ''order.'' The order is effective under the Agricultural Marketing Agreement Act of 1937, as amended (7 U.S.C. 601–674), hereinafter referred to as the ''Act.''

USDA is issuing this rule in conformance with Executive Order 12866.

This rule has been reviewed under Executive Order 12988, Civil Justice Reform. Under the order provisions now in effect, final free and reserve percentages may be established for raisins acquired by handlers during the crop year. This rule continues to establish final free and reserve percentages for NS raisins for the 2003–04 crop year, which began August 1, 2003, and ends July 31, 2004. This rule will not preempt any State or local laws, regulations, or policies, unless they present an irreconcilable conflict with this rule.

The Act provides that administrative proceedings must be exhausted before parties may file suit in court. Under section 608c(15)(A) of the Act, any handler subject to an order may file with USDA a petition stating that the order, any provision of the order, or any obligation imposed in connection with the order is not in accordance with law and request a modification of the order or to be exempted therefrom. Such handler is afforded the opportunity for a hearing on the petition. After the hearing USDA would rule on the petition. The Act provides that the district court of the United States in any district in which the handler is an inhabitant, or has his or her principal place of business, has jurisdiction to review USDA's ruling on the petition, provided an action is filed not later than 20 days after the date of the entry of the ruling.

This rule continues in effect final volume regulation percentages for 2003–04 crop NS raisins covered under the order. The volume regulation percentages are 70 percent free and 30 percent reserve, and were established through an interim final rule published on April 22, 2004 (69 FR 21695). Free tonnage raisins may be sold by handlers to any market. Reserve raisins must be held in a pool for the account of the Committee and are disposed of through various programs authorized under the order. For example, reserve raisins may be sold by the Committee to handlers for free use or to replace part of the free tonnage raisins they exported; used in diversion programs; carried over as a hedge against a short crop; or disposed of in other outlets not competitive with

those for free tonnage raisins, such as government purchase, distilleries, or animal feed.

The volume regulation percentages are intended to help stabilize raisin supplies and prices, and strengthen market conditions. The Committee unanimously recommended final percentages on February 12, 2004.

Computation of Trade Demands

Section 989.54 of the order prescribes procedures and time frames to be followed in establishing volume regulation. This includes methodology used to calculate percentages. Pursuant to § 989.54(a) of the order, the Committee met on August 14, 2003, to review shipment and inventory data, and other matters relating to the supplies of raisins of all varietal types. The Committee computed a trade demand for each varietal type for which a free tonnage percentage might be recommended. Trade demand is computed using a formula specified in the order and, for each varietal type, is equal to 90 percent of the prior year's shipments of free tonnage and reserve tonnage raisins sold for free use into all market outlets, adjusted by subtracting the carryin on August 1 of the current crop year, and adding the desirable carryout at the end of that crop year. As specified in § 989.154(a), the desirable carryout for NS raisins shall equal the total shipments of free tonnage during August and September for each of the past 5 crop years, converted to a natural condition basis, dropping the high and low figures, and dividing the remaining sum by three, or 60,000 natural condition tons, whichever is higher. For all other varietal types, the desirable carryout shall equal the total shipments of free tonnage during August, September and one-half of October for each of the past 5 crop years, converted to a natural condition basis, dropping the high and low figures, and dividing the remaining sum by three.

At its August 2003 meeting, the Committee computed and announced the 2003–04 trade demand for NS raisins at 210,933 tons. The August trade demand, however, did not account for Oleate Seedless raisins (Oleates). Beginning with the 2003–04 crop year, the NS varietal type was modified to include Oleates (68 FR 42943; July 21, 2003). Prior to that time, Oleates were a separate varietal type. The Oleate and NS trade demands were calculated separately. Then the two individual trade demand figures were added together to obtain a combined trade demand reflecting the new combined varietal type. The Committee establishes a 500-ton minimum trade demand for any varietal type for which the computed trade demand is zero or less. The computed trade demand for Oleates was less than zero, so the Committee established the trade demand for Oleates at 500 tons. At USDA's request, the Committee met on September 9, 2003, and recomputed the combined NS trade demand to account for Oleates at 211,493 tons (210,933 plus 500).

COMPUTED TRADE DEMANDS (NATURAL CONDITION TONS)

	NS raisins
Prior year's shipments	297,176
Multiplied by 90 percent	0.90
Equals adjusted base	267,458
Minus carryin inventory	116,465
Plus desirable carryout	60,000
Equals computed trade demand	210,993
Plus Oleate minimum trade demand tons	500
Equals revised trade demand	211,493

Computation of Preliminary Volume Regulation Percentages

Section 989.54(b) of the order requires that the Committee announce, on or before October 5, preliminary crop estimates and determine whether volume regulation is warranted for the varietal types for which it computed a trade demand. That section allows the Committee to extend the October 5 date up to 5 business days if warranted by a late crop.

The Committee met on October 2, 2003, and announced a preliminary crop estimate for NS raisins of 276,931 tons, which is about 20 percent lower than the 10-year average of 348,419 tons. NS raisins are the major varietal type of California raisin. Adding the carryin inventory of 116,465 tons, plus the 276,931-ton crop estimate resulted in a total available supply of 393,396 tons, which was significantly higher (186 percent) than the 211,493-ton trade demand. Thus, the Committee determined that volume regulation for NS raisins was warranted. The Committee announced preliminary free and reserve percentages for NS raisins, which released 85 percent of the computed trade demand since the field price (price paid by handlers to producers for their free tonnage raisins) had been established. The preliminary percentages were 65 percent free and 35 percent reserve.

In addition, preliminary percentages were announced for Other Seedless raisins. It was ultimately determined that volume regulation was only warranted for NS raisins. As in past seasons, the Committee submitted its marketing policy to USDA for review.

Computation of Final Volume Regulation Percentages

Pursuant to § 989.54(c), at its February 12, 2004, meeting, the Committee announced interim percentages for NS raisins to release slightly less than the full trade demand. Based on a revised NS crop estimate of 304,072 tons (up from the October estimate of 276,931 tons), interim percentages for NS raisins were announced at 69.75 percent free and 30.25 percent reserve.

Pursuant to § 989.54(d), the Committee also recommended final percentages at its February 2004 meeting to release the full trade demand for NS raisins. Final percentages were recommended at 70 percent free and 30 percent reserve. The Committee's calculations to arrive at final percentages for NS raisins are shown in the table below:

FINAL VOLUME REGULATION PERCENTAGES (NATURAL CONDITION TONS)

	NS raisins
Trade demand	211,493
Divided by crop estimate	304,072
Equals free percentage	70
100 minus free percentage equals reserve percentage	30

In addition, USDA's ''Guidelines for Fruit, Vegetable, and Specialty Crop Marketing Orders'' (Guidelines) specify that 110 percent of recent years' sales should be made available to primary markets each season for marketing orders utilizing reserve pool authority. This goal was met for NS raisins by the establishment of final percentages, which released almost 100 percent of the trade demand, and offers of additional reserve raisins for sale to handlers for free pursuant to § 989.54(g) (''10 plus 10 offers''), and § 989.67(j) of the order.

As specified in § 989.54(g), the 10 plus 10 offers are two offers of reserve pool raisins, which are made available to handlers during each season. For each such offer, a quantity of reserve raisins equal to 10 percent of the prior year's shipments is made available for free use. Handlers may sell their 10 plus 10 raisins to any market.

For NS raisins, the first 10 plus 10 offer was made in February 2004, and the second offer was made in April 2004. A total of 61,026 tons was made available to raisin handlers through these offers, and all of the raisins were purchased. Adding the total figure of 61,026 tons of 10 plus 10 raisins to the

207,638 tons of free tonnage raisins acquired by handlers from producers through the week ending June 19, 2004, plus 129,345 tons of 2002–03 carryin NS and Oleate inventory, equates to 398,009 tons of natural condition raisins, or 373,117 tons of packed raisins, that are available to handlers for free use or primary markets. This is almost 130 percent of the quantity of NS raisins shipped during the 2002–03 crop year (305,133 natural condition tons or 286,260 packed tons). (Oleates were included in this computation because, as previously stated, Oleates were combined with the NS varietal type beginning with the 2003–04 crop year.)

In addition to the 10 plus 10 offers, § 989.67(j) of the order provides authority for sales of reserve raisins to handlers under certain conditions such as a national emergency, crop failure, change in economic or marketing conditions, inadequate carryover, or if free tonnage shipments in the current crop year exceed shipments of a comparable period of the prior crop year. Such reserve raisins may be sold by handlers to any market. When implemented, the additional offers of reserve raisins make even more raisins available to primary markets, which is consistent with USDA's Guidelines.

The Committee plans to offer 5,714 tons of 2002–03 NS reserve raisins for sale to handlers for free use pursuant to § 989.67(j). Free tonnage deliveries as of June 19, 2004, were 207,638 tons, which is 3,855 tons below the 211,493-ton trade demand. Offering 3,855 tons of reserve raisins for sale to handlers for free use would allow the industry to make available the full 211,493-ton trade demand. Free tonnage shipments from August 2003 through May 2004 are 1,859 tons greater than free tonnage shipments during the same period last year. Adding the 1,859 tons to the 3,855 tons equates to a total of 5,714 tons of reserve being offered to handlers for free use under § 989.67(j) of the order.

Final Regulatory Flexibility Analysis

Pursuant to requirements set forth in the Regulatory Flexibility Act (RFA), the Agricultural Marketing Service (AMS) has considered the economic impact of this action on small entities. Accordingly, AMS has prepared this final regulatory flexibility analysis.

The purpose of the RFA is to fit regulatory actions to the scale of business subject to such actions in order that small businesses will not be unduly or disproportionately burdened. Marketing orders issued pursuant to the Act, and rules issued thereunder, are unique in that they are brought about through group action of essentially small entities acting on their own behalf. Thus, both statutes have small entity orientation and compatibility.

There are approximately 20 handlers of California raisins who are subject to regulation under the order and approximately 4,500 raisin producers in the regulated area. Small agricultural service firms are defined by the Small Business Administration (13 CFR 121.201) as those having annual receipts of less than $5,000,000, and small agricultural producers are defined as those having annual receipts of less than $750,000. Thirteen of the 20 handlers subject to regulation have annual sales estimated to be at least $5,000,000, and the remaining 7 handlers have sales less than $5,000,000. No more than 7 handlers, and a majority of producers, of California raisins may be classified as small entities.

Since 1949, the California raisin industry has operated under a Federal marketing order. The order contains authority to, among other things, limit the portion of a given year's crop that can be marketed freely in any outlet by raisin handlers. This volume control mechanism is used to stabilize supplies and prices and strengthen market conditions.

Pursuant to § 989.54(d) of the order, this rule continues in effect final volume regulation percentages for 2003–04 crop NS raisins. The volume regulation percentages are 70 percent free and 30 percent reserve. Free tonnage raisins may be sold by handlers to any market. Reserve raisins must be held in a pool for the account of the Committee and are disposed of through certain programs authorized under the order.

Volume regulation is warranted this season for NS raisins because acquisitions of 296,625 tons through the week ending June 19, 2004, combined with the carryin inventory of 129,345 tons, results in a total available supply of 425,970 tons, which is about 200 percent higher than the 211,493-ton trade demand. (Oleate inventory was included in this computation because, as previously stated, Oleates were combined with the NS varietal type beginning with the 2003–04 crop year.)

The current volume regulation procedures have helped the industry address its marketing problems by keeping supplies in balance with domestic and export market needs, and strengthening market conditions. The current volume regulation procedures fully supply the domestic and export markets, provide for market expansion, and help reduce the burden of oversupplies in the domestic market.

Raisin grapes are a perennial crop, so production in any year is dependent upon plantings made in earlier years. The sun-drying method of producing raisins involves considerable risk because of variable weather patterns.

Even though the product and the industry are viewed as mature, the industry has experienced considerable change over the last several decades. Before the 1975–76 crop year, more than 50 percent of the raisins were packed and sold directly to consumers. Now, over 60 percent of raisins are sold in bulk. This means that raisins are now sold to consumers mostly as an ingredient in another product such as cereal and baked goods. In addition, for a few years in the early 1970's, over 50 percent of the raisin grapes were sold to the wine market for crushing. Since then, the percent of raisin-variety grapes sold to the wine industry has decreased.

California's grapes are classified into three groups—table grapes, wine grapes, and raisin-variety grapes. Raisin-variety grapes are the most versatile of the three types. They can be marketed as fresh grapes, crushed for juice in the production of wine or juice concentrate, or dried into raisins. Annual fluctuations in the fresh grape, wine, and concentrate markets, as well as weather-related factors, cause fluctuations in raisin supply. This type of situation introduces a certain amount of variability into the raisin market. Although the size of the crop for raisin-variety grapes may be known, the amount dried for raisins depends on the demand for crushing. This makes the marketing of raisins a more difficult task. These supply fluctuations can result in producer price instability and disorderly market conditions.

Volume regulation is helpful to the raisin industry because it lessens the impact of such fluctuations and contributes to orderly marketing. For example, producer prices for NS raisins remained fairly steady from the 1993–94 through the 1997–98 seasons, although production varied. As shown in the table below, during those years, production varied from a low of 272,063 tons in 1996–97 to a high of 387,007 tons in 1993–94, or about 42 percent. According to Committee data, the total producer return per ton during those years, which includes proceeds from both free tonnage plus reserve pool raisins, has varied from a low of $904.60 in 1993–94 to a high of $1,049 in 1996–97, or 16 percent. Total producer prices for the 1998–99 and 1999–2000 seasons increased significantly due to back-to-back short crops during those years. Producer prices dropped dramatically for the last three seasons due to record-

size production, large carry-in inventories, and stagnant demand.

NATURAL SEEDLESS PRODUCER PRICES

Crop year	Deliveries (natural condition tons)	Producer prices (per ton)($)
2002–03	388,010	[1]394.85
2001–02	377,328	650.94
2000–01	432,616	603.36
1999–2000	299,910	1,211.25
1998–99	240,469	[2]1,290.00
1997–98	382,448	946.52
1996–97	272,063	1,049.20
1995–96	325,911	1,007.19
1994–95	378,427	928.27
1993–94	387,007	904.60

[1] Return-to-date, reserve pool still open.
[2] No volume regulation.

There are essentially two broad markets for raisins—domestic and export. In recent years, both export and domestic shipments have been decreasing. Domestic shipments decreased from a high of 204,805 packed tons during the 1990–91 crop year to a low of 156,325 packed tons in 1999–2000. In addition, exports decreased from 114,576 packed tons in 1991–92 to a low of 91,600 packed tons in the 1999–2000 crop year.

In addition, the per capita consumption of raisins has declined from 2.07 pounds in 1988 to 1.48 pounds in 2002. This decrease is consistent with the decrease in the per capita consumption of dried fruits in general, which is due to the increasing availability of most types of fresh fruit throughout the year.

While the overall demand for raisins has been decreasing (as reflected in the decline in commercial shipments), production has been increasing. Deliveries of NS dried raisins from producers to handlers reached an all-time high of 432,616 tons in the 2000–01 crop year. This large crop was preceded by two short crop years; deliveries were 240,469 tons in 1998–99 and 299,910 tons in 1999–2000. Deliveries for the 2000–01 crop year soared to a record level because of increased bearing acreage and yields. Deliveries for the 2001–02 crop year were 377,328 tons, and deliveries for the 2002–03 crop year were 388,010 tons. Deliveries through the week ending June 19, 2004, of the current crop year were at 296,625 tons. Three crop years of high production and a large 2001–02 carryin inventory have contributed to the industry's burdensome supply of raisins.

The order permits the industry to exercise supply control provisions, which allow for the establishment of free and reserve percentages, and establishment of a reserve pool. One of the primary purposes of establishing free and reserve percentages is to equilibrate supply and demand. If raisin markets are over-supplied with product, producer prices will decline.

Raisins are generally marketed at relatively lower price levels in the more elastic export market than in the more inelastic domestic market. This results in a larger volume of raisins being marketed and enhances producer returns. In addition, this system allows the U.S. raisin industry to be more competitive in export markets.

To assess the impact that volume control has on the prices producers receive for their product, an econometric model has been constructed. The model developed is for the purpose of estimating nominal prices under a number of scenarios using the volume control authority under the Federal marketing order. The price producers receive for the harvest and delivery of their crop is largely determined by the level of production and the volume of carryin inventories. The Federal marketing order permits the industry to exercise supply control provisions, which allow for the establishment of reserve and free percentages for primary markets, and a reserve pool. The establishment of reserve percentages impacts the production that is marketed in the primary markets.

The reserve percentage limits what handlers can market as free tonnage. Assuming the 30 percent reserve limits the total free tonnage to 207,638 natural condition tons (.70 × 296,625 tons delivered through June 19, 2004) and carryin is 129,345 natural condition tons, and purchases from reserve total 66,740 natural condition tons (which includes reserve raisins released through both 10 plus 10 offers plus the offer under § 989.67(j)), then the total free supply is estimated at 403,723 natural condition tons. The econometric model estimates prices to be $63 per ton higher than under an unregulated scenario. This price increase is beneficial to all producers regardless of size and enhances producers' total revenues in comparison to no volume control. Establishing a reserve allows the industry to help stabilize supplies in both domestic and export markets, while improving returns to producers.

Free and reserve percentages are established by varietal type, and usually in years when the supply exceeds the trade demand by a large enough margin that the Committee believes volume regulation is necessary to maintain market stability. Accordingly, in assessing whether to apply volume regulation or, as an alternative, not to apply such regulation, it has been determined that volume regulation is warranted this season for only one of the nine raisin varietal types defined under the order.

The free and reserve percentages established by this rule release the full trade demand and apply uniformly to all handlers in the industry, regardless of size. For NS raisins, with the exception of the 1998–99 crop year, small and large raisin producers and handlers have been operating under volume regulation percentages every year since 1983–84. There are no known additional costs incurred by small handlers that are not incurred by large handlers. While the level of benefits of this rulemaking are difficult to quantify, the stabilizing effects of volume regulation impact small and large handlers positively by helping them maintain and expand markets even though raisin supplies fluctuate widely from season to season. Likewise, price

stability positively impacts small and large producers by allowing them to better anticipate the revenues their raisins will generate.

There are some reporting, recordkeeping and other compliance requirements under the order. The reporting and recordkeeping burdens are necessary for compliance purposes and for developing statistical data for maintenance of the program. The requirements are the same as those applied in past seasons. Thus, this action imposes no additional reporting or recordkeeping burdens on either small or large handlers. The forms require information which is readily available from handler records and which can be provided without data processing equipment or trained statistical staff. The information collection and recordkeeping requirements have been previously approved by the Office of Management and Budget (OMB) under OMB Control No. 0581–0178. As with other similar marketing order programs, reports and forms are periodically studied to reduce or eliminate duplicate information collection burdens by industry and public sector agencies. In addition, USDA has not identified any relevant Federal rules that duplicate, overlap, or conflict with this rule.

Further, Committee and subcommittee meetings are widely publicized in advance and are held in a location central to the production area. The meetings are open to all industry members, including small business entities, and other interested persons who are encouraged to participate in the deliberations and voice their opinions on topics under discussion.

An interim final rule concerning this action was published in the **Federal Register** on April 22, 2004 (69 FR 21695). Copies of the rule were mailed to all Committee members and alternates, the Raisin Bargaining Association, handlers, and dehydrators. In addition, the rule was made available through the Internet by the Office of the Federal Register and USDA. That rule provided for a 60-day comment period that ended on June 21, 2004. No comments were received.

A small business guide on complying with fruit, vegetable, and specialty crop marketing agreements and orders may be viewed at: *http://www.ams.usda.gov/fv/moab.html.* Any questions about the compliance guide should be sent to Jay Guerber at the previously mentioned address in the **FOR FURTHER INFORMATION CONTACT** section.

After consideration of all relevant material presented, including the information and recommendation submitted by the Committee and other available information, it is hereby found that this rule, as hereinafter set forth, will tend to effectuate the declared policy of the Act.

List of Subjects in 7 CFR Part 989

Grapes, Marketing agreements, Raisins, Reporting and recordkeeping requirements.

PART 989—RAISINS PRODUCED FROM GRAPES GROWN IN CALIFORNIA

Accordingly, the interim final rule amending 7 CFR part 989 which was published at 69 FR 21695 on April 22, 2004, is adopted as a final rule without change.

Dated: August 10, 2004.

A.J. Yates,

Administrator, Agricultural Marketing Service.

[FR Doc. 04–18613 Filed 8–13–04; 8:45 am]

BILLING CODE 3410–02–P

DEPARTMENT OF THE TREASURY

Office of the Comptroller of the Currency

12 CFR Part 5

[Docket No. 04–20]

RIN 1557–AC11

Fundamental Change in Asset Composition of a Bank

AGENCY: Office of the Comptroller of the Currency, Treasury.

ACTION: Final rule.

SUMMARY: The Office of the Comptroller of the Currency (OCC) is amending its regulations to require a national bank to obtain the approval of the OCC before changing the composition of all, or substantially all, of its assets (1) through sales or other dispositions, or (2) after having sold or disposed of all, or substantially all, of its assets, through subsequent purchases or other acquisitions or other expansions of its operations. The final rule provides that, in the second case, the OCC will apply, among other factors, the same factors as it applies to the establishment of a *de novo* bank. This new approval requirement will enable the OCC to better assess the bank's compliance with applicable law and whether the proposed change comports with safe and sound banking practices.

DATES: Effective Date: October 1, 2004.

FOR FURTHER INFORMATION CONTACT: For questions concerning the final rule, contact Heidi M. Thomas, Special Counsel, Legislative and Regulatory Activities, at (202) 874–5090; Richard Cleva, Senior Counsel, Bank Activities and Structure Division, at (202) 874–5300; or Jan Kalmus, NBE/Licensing Expert, Licensing Activities, at (202) 874–5060, 250 E Street, SW., Washington, DC 20219.

SUPPLEMENTARY INFORMATION:

I. Introduction

The OCC's current regulations at 12 CFR part 5 do not require the approval of the OCC before a national bank substantially changes the composition of its assets through sale or other disposition, nor do they require prior OCC review or approval before a national bank charter becomes a ''stripped'' or ''dormant'' bank charter. Likewise, our regulations do not address a dormant national bank's increase in asset size through purchases or acquisitions to engage again in the business of banking. On January 7, 2004, we proposed to add to our regulations a prior approval requirement for these fundamental changes in a bank's asset composition in order to address the supervisory concerns raised by these types of transactions. *See* 69 FR 892 (Jan. 7, 2004).

As described in the preamble to the proposed rule, these concerns may include increased operations risk, increased concentration risk (especially where asset composition changes as a result of divestiture), and the ability of bank management to implement the new strategy successfully. In addition, a dormant bank being revived may propose to engage in activities that significantly deviate or are a change from the bank's original business plan or operations. If ill conceived, poorly planned, or inadequately executed, these new activities can expose the bank to imprudent levels of risk, with the potential for adverse consequences for the bank's financial condition and, in the extreme situation, for its viability. Even entry into lines of business that are traditional for national banks may present elevated levels of risk to a particular bank if the bank expands substantially or too quickly from a dormant status, misjudges its markets, or fails to ensure that bank management and internal control systems keep pace with the change. The preamble to the proposal also noted that concerns raised by the acquisition of a dormant bank by a third party necessitates the need for the OCC to thoroughly review the nature of the services and products that might be initiated by an acquiring entity.

For the reasons discussed in this preamble, we are adopting in final form

a rule that is substantially the same as the proposal with a few modifications described later in this preamble discussion.

II. Description of the Proposed Rule

We proposed to add a new § 5.53 to subpart D of 12 CFR part 5 to require a national bank to obtain the OCC's prior written approval before undertaking either of two types of fundamental changes in the composition of the bank's assets: (1) Changing the composition of all, or substantially all, of its assets through sales or other dispositions, or (2) after having sold or disposed of all, or substantially all, of its assets, subsequently purchasing or otherwise acquiring assets. Proposed § 5.53(d) specified that this approval requirement would not apply to a change in composition of all, or substantially all, of a bank's assets if the bank undertakes the change in response to direction from the OCC (*e.g.*, in an enforcement action pursuant to 12 U.S.C. 1818) or pursuant to a statute or regulation that requires OCC review or approval (*e.g.*, a voluntary liquidation pursuant to 12 U.S.C. 181 and 12 CFR 5.48).

The proposed rule stated that, in reviewing applications filed under § 5.53, we would consider the purpose of the transaction, its impact on the safety and soundness of the bank, and any effect on the bank's customers. It further stated that we may deny the application if the transaction would have a negative effect in any such respect.

This proposed rule also provided that if a national bank has sold or otherwise disposed of its assets in a transaction requiring approval pursuant to proposed § 5.53, our review of any subsequent change in asset composition through purchase or other acquisition would include, in addition to the forgoing factors, the factors governing the organization of a *de novo* bank under 12 CFR 5.20.

Finally, the proposed rule made a conforming change to § 5.20 to provide that any use of the term ''operating plan'' or ''operating plans'' would be changed to ''business plan or operating plan'' or ''business plans or operating plans,'' as appropriate. As explained in the preamble, current § 5.20 only uses the term ''operating plan'' when referring to the document that describes a national bank's management goals, earnings objectives, and lines of business. However, the banking industry more commonly uses the term ''business plan'' to refer to this document. The term ''business plan'' also typically is used by the OCC and the other Federal banking agencies in policy statements, applications, and internal documents. The OCC proposed this change to eliminate any confusion about whether a substantive difference between the two terms is intended. No such difference was intended, and the two terms may be used interchangeably.

III. Discussion of Comments

The OCC received four comments on the proposed rule. Two comments were submitted by trade associations, one by a national bank, and one by an individual. One commenter, a trade association, supported the proposal in full, with no recommended changes. Specifically, this commenter stated that recent examples of troubled banks that have markedly changed their business operations make this rule appropriate. Furthermore, this commenter noted that because extremely large shifts in the composition of a bank's assets may be made rapidly in today's market, the OCC should review management control and capability issues before such changes take place, rather than at the next examination. Finally, this commenter stated that because such an asset change occurs rarely, the rule should not pose significant new burdens on community or other national banks.

Another commenter proposed a technical drafting amendment. The two remaining commenters raised a number of issues with the proposed rule, which we address in the following discussion.

Scope of Applicability of Proposed Rule. One commenter, a national bank, suggested that large banks, their domestic operating subsidiaries, and their foreign subsidiaries should be exempt from the proposed rule. It stated that a formal application process was unnecessary because these large institutions are supervised by resident OCC examiners who are familiar with the bank's operations and management. Therefore, they concluded, a large bank could not undertake a fundamental change in the composition of assets without the full knowledge, and approval, of OCC staff.

We have declined to make this change. While, as the commenter observes, our large bank resident examiners are very familiar with the operations and management of the banks they supervise, the types of fundamental changes covered by this rule also have legal and policy implications that warrant an interdisciplinary review by other OCC staff, as well as input from the supervisory staff with immediate responsibility for the bank. The formal application process prescribed by this final rule provides the OCC with the best opportunity both to review the safety and soundness of the transaction and to assess the bank's compliance with applicable law. This is consistent with our current rules, which similarly do not exempt large banks from other types of application requirements.

This same commenter requested clarification about how the new approval requirement would apply when there are multiple national bank charters within a single bank holding company structure. We note in response that the final rule applies to each individual national bank, whether or not the bank is part of a holding company. Therefore, a separate application is required of each bank in a holding company structure that proposes to change its asset composition in one of the ways covered by the final rule.

In addition, this commenter requested that the final rule exclude the sales of assets under asset securitization programs where the selling bank continues to have contractual obligations with respect to the securitization, such as acting as servicer of the loans involved. The commenter indicated that securitization strategies and activities do not represent a fundamental change in banking activities. We decline to exempt all asset securitizations from the scope of the final rule because we believe there may be certain scenarios where securitization transactions would fall under this application requirement. For example, we believe that a stripped charter subject to the new approval requirement would result where a bank proposes to make a one-time transfer of all, or substantially all, of its assets into a trust for securitization purposes while retaining only the business of servicing the loans. If, on the other hand, a bank is in the ongoing business of originating loans and securitizing them in order to fund new originations, and it does fund those new originations so that it continually is replenishing the assets it has securitized, then we agree that the ongoing securitization activity does not subject the bank to the requirements of the final rule. This distinction between securitizations that are part of a bank's ordinary and ongoing business and those that are not is consistent with the description of what constitutes a ''dormant bank'' that appears later in this preamble discussion. We have amended the final rule to clarify the application of this requirement to securitizations.

Another commenter, a trade association, asked us to explain how the new rule would apply in cases covered by the OCC's Significant Deviation

Policy.[1] The OCC imposes the ''significant deviation condition'' on certain charter and conversion applications. Under this condition, a bank must provide the OCC at least 60 days' prior written notice of its intent to significantly deviate or change from its business plan or operations and must obtain the OCC's written determination of no objection before the bank engages in any significant deviation or change from its business plan or operations. The significant deviation condition expressly states that ''[i]f such deviation is the subject of an application filed with the OCC, the OCC does not require any further notice to the supervisory office.'' Therefore, as a general matter, a bank that is covered both by § 5.53 and by the condition imposed pursuant to the Significant Deviation Policy only would need to file an application under § 5.53.

This same commenter thought that it was redundant, and therefore unnecessary; to apply the new approval requirement to transactions that also would require a notice under the Change in Bank Control Act (CBCA).[2] However, the CBCA requires the purchaser of the bank, and not the bank itself, to file a notice with the OCC. Furthermore, the statutory factors that the OCC considers in deciding whether to disapprove a CBCA notice are different and more limited than those we will consider in reviewing an application under the final rule.

The CBCA factors include considerations such as the effect of the proposed acquisition on competition; the financial condition, competence, experience, and integrity of the proposed acquirers; the competence, experience, and integrity of the proposed managers of the bank; and the effect of the transaction on the Federal deposit insurance funds. Like the proposal, this final rule provides that, in reviewing a bank's application to make a fundamental change in its asset composition, the OCC will consider the purpose of the transaction, the safety and soundness of the bank, and any effect on the bank's customers. None of these considerations is specifically captured by the CBCA factors. Accordingly, the application required by new § 5.53 is not redundant of the CBCA notice, and we decline to make an exception in the final rule for transactions involving a change in bank control.

Application Process. A trade association commenter requested that the final rule provide guidance on the specific application process of proposed § 5.53, and asked whether and how the public notice and comment provision in part 5 applies to applications under the proposed rule. The procedural rules in subpart A of part 5, Rules of General Applicability, generally govern all application requirements in part 5 ''unless otherwise stated.''[3] Among other things, subpart A provides for a public notice and comment process, and, as part of that process, permits ''any person'' to submit a written request for a hearing.[4]

Part 5 states that the public notice and comment procedures and the opportunity for a hearing do not apply to most filings pertaining to a change in a national bank's activities.[5] The issues presented by such filings typically concern the safety and soundness of, or the legal authority for, the proposed activity. Since the application requirement imposed by this final rule similarly pertains to a change in a bank's activities in certain circumstances, and since the principal issues presented are likely to be safety and soundness or legal issues, we conclude that the public procedures otherwise required by part 5 are not necessary in connection with all applications under § 5.53. We recognize, however, that they may be appropriate in particular cases. Accordingly, the final rule provides that those procedures do not apply unless the OCC determines otherwise due to the significance or novelty of the issues raised by a particular application.

However, we note that a change in composition of assets subject to § 5.53 may be part of a bank's implementation of a new business strategy that subjects the bank to other filing requirements that require public procedures (such as the branch closure notice requirement found in 12 U.S.C. 1831r–1). Nothing in this final rule excepts or excuses the bank from compliance with public procedures imposed in connection with those other filing requirements.

This same commenter also requested that expedited procedures be available for an ''eligible bank,'' *i.e.*, a bank that is well capitalized, well managed, and that has a satisfactory or better CRA rating, as they are under OCC rules for applications and notices covering other changes to activities and operations. The OCC does not agree that an expedited process is warranted for these types of applications. By definition, the changes covered by § 5.53 constitute a fundamental shift in activities and operations that may have serious safety and soundness implications unique to each bank that proposes these changes. The OCC's evaluation of such a significant departure from the bank's existing activities and operations requires an evaluation that does not lend itself to the type of expedited consideration available in the other types of filings to which the commenter refers. Accordingly, we decline to accept the commenter's suggestion. However, we expect that, at most, only a few banks a year would be subject to this requirement, and that it will therefore not have a broad or burdensome effect on the national banking system as a whole.

The final rule does not prescribe time frames or other procedural details with respect to the applications covered by § 5.53, which are matters typically addressed in the *Comptroller's Licensing Manual*.[6] We expect the procedures governing this new application requirement would be generally consistent with those that we use for the processing of other, similar types of applications.

Definition of ''all, or substantially all'' of assets. The proposed rule applied the prior approval requirement when a national bank changes the composition of ''all, or substantially all,'' of its assets, or, after having sold or disposed of all, or substantially all, of its assets, subsequently purchases or acquires new assets. One commenter asked that we quantify the phrase ''substantially all'' by establishing that the ''sales or other dispositions'' must affect at least 95% of the bank's assets. We decline to make this change because a bright-line standard could encourage the structuring of asset dispositions or acquisitions with a view toward avoiding the requirements of § 5.53. The approach taken in the final rule also is consistent with our rules implementing the Bank Merger Act (BMA), 12 U.S.C. 1828(c)(2), where we similarly use and apply the phrase ''all, or substantially

[1] *See* OCC's Significant Deviation Policy, as posted as a supplemental policy document to the Charters Booklet of the Comptroller's Licensing Manual, *http://www.occ.treas.gov/corpbook/forms/SigDevPolicy8–03.pdf*.

[2] 12 U.S.C. 1817(j). *See also* 12 CFR 5.50 (OCC regulation implementing the CBCA).

[3] 12 CFR 5.2(a).

[4] Procedural information that is not included in part 5 is provided in the ''General Policies and Procedures'' booklet of the *Comptroller's Licensing Manual*, which contains sections that address the expansion and contraction of activities. This booklet is available on the OCC's Web site at *http://www.occ.treas.gov/corpbook/group1/public/pdf/gpp.pdf*.

[5] *See, e.g.*, 12 CFR 5.26(e)(6) (fiduciary powers), 5.36(f) (other equity investments), and 5.37(d)(4) (investment in bank premises).

[6] The Comptroller's Licensing Manual is available at *http://www.occ.treas.gov/corpapps/corpapplic.htm*.

all'' of the assets without relying on a bright-line, quantitative definition.[7]

Definition of ''dormant bank''. In the proposal, we described a bank that has divested all, or substantially all, of its assets as a ''dormant bank.'' One commenter suggested that we define this term. By ''dormant bank,'' we mean a bank that is no longer engaged in core banking activities other than on a *de minimis* basis. This definition includes, for example, a bank that has significantly reduced its activities and services or that has contracted out significant portions of its operations to third-party service providers, other than in the ordinary course of the bank's ongoing business. This same definition applies to the references to a ''stripped charter'' in the preamble. We have not included this definition in the text of the regulation, since the term is not used there, but we will include this clarification in future revisions to the *Comptroller's Licensing Manual* that discuss the requirements of § 5.53.

Conforming change to the term ''operating plan''. We received no comments on the proposed rule's conforming change to § 5.20 that provides that any use of the term ''operating plan'' will be changed to ''business plan or operating plan''. Therefore, we adopt this change as proposed.

IV. Description of the Final Rule

Authority

New § 5.53(a) sets out the OCC's authority for adopting this regulation.[8]

Scope

Section 5.53(b) describes the scope of applicability of the regulation. We have moved to this Scope provision the statement (which appeared in the proposal at § 5.53(d)) that this approval requirement does not apply to a change in asset composition that the bank undertakes in response to direction from the OCC (*e.g.*, in an enforcement action pursuant to 12 U.S.C. 1818).

The proposal also excepted from the § 5.53 approval requirement changes in asset composition undertaken pursuant to a statute or regulation that requires prior OCC review or approval. The proposal cited voluntary liquidations undertaken pursuant to 12 U.S.C. 181 and 12 CFR 5.48 as an example illustrating when this exception would apply. For the following reasons, we have removed this language and substituted a narrower exception that clarifies when the final rule applies to voluntary liquidations.

First, the proposal would have exempted stripped charters that are part of a BMA transaction[9] from the application requirement of § 5.53. BMA transactions are the ones that most commonly present the situation where a bank changes asset composition pursuant to a statute or regulation that requires OCC review or approval. However, the BMA process focuses on acquiring entities and does not address the concerns that may arise when the target bank is a stripped or dormant charter. Because the acquisition of a dormant bank charter in a BMA transaction likely will result in the revival of business in the dormant charter, the transaction presents the same concerns that support adoption of the final rule. Accordingly, we have determined that they are appropriately covered by new § 5.53.

Second, we have clarified the application of the new approval requirement to voluntary liquidations by adding an express exemption for a bank that changes its asset composition as part of a voluntary liquidation pursuant to 12 U.S.C. 181 and 182 and 12 CFR 5.48, but only if the liquidating bank has stipulated in its notice of liquidation to the OCC that its liquidation will be completed, the bank dissolved, and its charter returned to the OCC within one year of the date it filed this notice, unless the OCC extends the time period. This change eliminates the § 5.53 application process for those voluntary liquidations that will not result in a dormant bank charter of indefinite duration, while retaining OCC review for those liquidations that are most likely to pose safety and soundness concerns.

Thus, we have concluded that the most common transactions involving a stripped or dormant bank charter should be subject to the § 5.53 application requirement because they are likely to present the concerns that have prompted this rulemaking. So do voluntary liquidations, unless it is clear that the liquidating bank will give up its charter by a date certain. We think it is unlikely that changes in asset composition will be undertaken pursuant to statutes or regulations other than the BMA (and our implementing regulation) or the voluntary liquidation statute (and our implementing regulation). Accordingly, we have determined that it is unnecessary to retain the exemption as originally proposed.

For reasons described in our discussion of the comments, we have also changed this scope provision to clarify that the new application requirement does not apply to a change in composition of assets that is part of a bank's ordinary and ongoing business of originating and securitizing loans.

Application Requirement

Section 5.53(c) contains the new application requirement. It requires a national bank to obtain the OCC's prior written approval before changing the composition of all, or substantially all, of its assets: (1) Through sales or other dispositions, or (2) after having sold or disposed of all, or substantially all, of its assets, through subsequent purchases or other acquisitions or other expansions of its operations.

The final rule adds the reference to ''other expansions'' of a national bank's operations. The proposal provided that a national bank with a dormant charter must file an application and obtain the prior written approval of the OCC ''before changing the composition of all, or substantially all, of its assets, through subsequent purchases or other acquisitions.'' This language could have been misread to cover only acquisitions of assets from third parties. We intended the word ''acquisitions'' to be read broadly, however. A national bank with a dormant charter could restart operations by obtaining—''acquiring''—assets through any means, including generating new assets through the bank's own efforts. For example, we intended that a national bank with a dormant charter that restarts business by first taking new deposits and then using those deposits to fund new assets would be covered by the application requirement in § 5.53. The language in the final rule more clearly indicates this result.

Section 5.53(c)(2) provides that when reviewing an application filed under this section, the OCC will consider the purpose of the transaction, its impact on the safety and soundness of the bank, and any effect on the bank's customers, and that we may deny the application if the transaction would have a negative effect in any such respect. In addition, § 5.53(c)(2) provides that our review of any changes in the asset composition of a dormant bank, through purchase or other acquisition or other expansions of its operations under § 5.53(c)(1)(ii), will include, in addition to the foregoing

[7] *See* 12 CFR 5.33(d). *See also* the Change in Bank Control Booklet of the Comptroller's Licensing Manual, *http://www.occ.treas.gov/corpbook/group3/public/pdf/cbca.pdf.*

[8] One commenter suggested that we remove this paragraph, noting that it repeats information already provided at the beginning of part 5. We have not adopted this suggestion because the placement of this authority paragraph within § 5.53 is consistent with the structure of other sections contained in part 5, and assists the reader in determining exactly where our authority for this new application requirement is found.

[9] *See* 12 U.S.C. 1828(c)(2); 12 CFR 5.33.

factors, the factors governing the organization of a *de novo* bank under § 5.20.[10]

As we indicated in the preamble to the proposed rule, a national bank that has disposed of all or substantially all of its assets before the effective date of this regulation must comply with the prior approval requirement before it purchases or otherwise acquires new assets or expands its operations after this regulation takes effect. We have reworded the second sentence in § 5.53(c)(2) slightly to make it clear that the applicability of the *de novo* factors for renewed asset activity is unaffected by whether the bank had previously obtained the OCC's approval to dispose of its assets.

As indicated in the preamble to the proposed rule, the reasons for the proposed decrease in asset size, future plans for the bank charter (including any plans for liquidation), future asset growth, future plans to market or sell the charter, and future business plans, as applicable, will be relevant to our review of an application to dispose of all, or substantially all, of a bank's assets. In addition, depending on the circumstances presented in the bank's application, our approval of the bank's disposition of all, or substantially all, of its assets will address how long the dormant charter may continue, and could include a requirement that the bank submit a plan of liquidation.

In reviewing an application in connection with an increase in the assets of a stripped charter, we also will consider the bank's future business plan and whether this plan involves activities that significantly deviate from the bank's original business plan or operations prior to its stripped status. Furthermore, we will consider the applicant's staffing plans, plans for oversight of the activity within the bank, and accountability to the board of directors, along with the applicant's plans to acquire, develop, or modify internal control systems adequate to monitor the new activity.

Public Procedures

Section 5.53(d) provides that the public procedures otherwise prescribed by subpart A of part 5 do not apply to applications filed pursuant to § 5.53, unless the OCC determines that some or all of those procedures should apply because of the significance or novelty of the issues presented by a particular application.

Conforming Change in Terminology

The final rule also makes a conforming change to § 5.20 to provide that any use of the term ''operating plan'' or ''operating plans'' will be changed to ''business plan or operating plan'' or ''business plans or operating plans,'' as appropriate.

V. Regulatory Analysis

A. Regulatory Flexibility Act

Pursuant to section 605(b) of the Regulatory Flexibility Act, the Comptroller of the Currency certifies that this final rule will not have a significant economic impact on a substantial number of small entities. This final rule will impose minimum burden on only a small number of national banks, regardless of asset size.

B. Unfunded Mandates Reform Act of 1995

Section 202 of the Unfunded Mandates Reform Act of 1995, Pub. L. 104–4 (Unfunded Mandates Act) requires that an agency prepare a budgetary impact statement before promulgating a rule that includes a Federal mandate that may result in expenditure by State, local, and tribal governments, in the aggregate, or by the private sector, of $100 million or more in any one year. If a budgetary impact statement is required, section 205 of the Unfunded Mandates Act also requires an agency to identify and consider a reasonable number of regulatory alternatives before promulgating a rule. The OCC has determined that this final rule will not result in expenditures by State, local, or tribal governments or by the private sector of $100 million or more. Accordingly, the OCC has not prepared a budgetary impact statement or specifically addressed the regulatory alternatives considered.

C. Executive Order 12866

The Comptroller of the Currency has determined that this final rule does not constitute a ''significant regulatory action'' for the purposes of Executive Order 12866.

D. Paperwork Reduction Act of 1995

In accordance with the requirements of the Paperwork Reduction Act of 1995, the OCC may not conduct or sponsor, and a respondent is not required to respond to, an information collection unless it displays a currently valid Office of Management and Budget (OMB) control number. The information collection requirements contained in this final rule have been reviewed and approved by the OMB under OMB Control Number 1557–0014.

The information collection requirements are contained in § 5.53. Section 5.53 requires a national bank to submit an application to the OCC before changing the composition of all, or substantially all, of its assets through sales or other dispositions or, having sold or disposed of all or substantially all of its assets, through subsequent purchases or other acquisitions. The time per response to complete an application is estimated to be five hours and the number of respondents is estimated to be five national banks. The OMB approved burden as follows:

The likely respondents are national banks.

Estimated number of respondents: 5.

Estimated number of responses: 5.

Estimated total burden hours per response: 5 hours.

Estimated total annual burden hours: 25 hours.

List of Subjects in 12 CFR Part 5

Administrative practice and procedure, National banks, Reporting and recordkeeping requirements.

Authority and Issuance

■ For the reasons set forth in the preamble, part 5 of chapter I of title 12 of the Code of Federal Regulations is amended as follows:

PART 5—RULES, POLICIES, AND PROCEDURES FOR CORPORATE ACTIVITIES

■ 1. The authority citation for part 5 is revised to read as follows:

Authority: 12 U.S.C. 1 *et seq.*, 24a, 24 (Seventh), 93a, 1818, and 3101 *et seq.*

§ 5.20 [Amended]

■ 2. In § 5.20, revise all references to ''operating plan'' or ''operating plans'' to read ''business plan or operating plan'' or ''business plans or operating plans,'' as appropriate.

■ 3. In Subpart D—Other Changes in Activities and Operations, a new § 5.53 is added to read as follows:

§ 5.53 Change in asset composition.

(a) *Authority.* 12 U.S.C. 93a, 1818.

[10] *See* 12 CFR 5.20. When evaluating an application to establish a *de novo* bank, we consider whether the proposed bank: (1) Has organizers who are familiar with national banking laws and regulations; (2) Has competent management, including a board of directors, with ability and experience relevant to the types of services to be provided; (3) Has capital that is sufficient to support the projected volume and type of business; (4) Can reasonably be expected to achieve and maintain profitability; and (5) Will be operated in a safe and sound manner. In addition, § 5.20(f) provides that we also may consider additional factors listed in section 6 of the Federal Deposit Insurance Act, 12 U.S.C. 1816, including the risk to the Federal deposit insurance fund, and whether the proposed bank's corporate powers are consistent with the purposes of the Federal Deposit Insurance Act and the National Bank Act (12 U.S.C. 1 *et seq.*).

(b) *Scope.* This section requires a national bank to obtain the approval of the OCC before changing the composition of all, or substantially all, of its assets through sales or other dispositions, or, having sold or disposed of all, or substantially all, of its assets, through subsequent purchases or other acquisitions or other expansions of its operations. This section does not apply to a change in composition of all, or substantially all, of a bank's assets that the bank undertakes in response to direction from the OCC (*e.g.*, in an enforcement action pursuant to 12 U.S.C. 1818) or as part of a voluntary liquidation pursuant to 12 U.S.C. 181 and 182 and 12 CFR 5.48, if the liquidating bank has stipulated in its notice of liquidation to the OCC that its liquidation will be completed, the bank dissolved and its charter returned to the OCC within one year of the date it filed this notice, unless the OCC extends the time period. This section does not apply to changes in asset composition that occur as a result of a bank's ordinary and ongoing business of originating and securitizing loans.

(c) *Approval requirement.* (1) A national bank must file an application and obtain the prior written approval of the OCC before changing the composition of all, or substantially all, of its assets (i) through sales or other dispositions, or, (ii) having sold or disposed of all or substantially all of its assets, through subsequent purchases or other acquisitions or other expansions of its operations.

(2) In determining whether to approve an application under paragraph (c)(1) of this section, the OCC will consider the purpose of the transaction, its impact on the safety and soundness of the bank, and any effect on the bank's customers. The OCC may deny the application if the transaction would have a negative effect in any of these respects. The OCC's review of any change in asset composition through purchase or other acquisition or other expansions of its operations under paragraph (c)(1)(ii) of this section will include, in addition to the foregoing factors, the factors governing the organization of a bank under § 5.20.

(d) *Exceptions to Rules of General Applicability.* Sections 5.8, 5.10, and 5.11 do not apply with respect to applications filed pursuant to this section. However, if the OCC concludes that an application presents significant or novel policy, supervisory, or legal issues, the OCC may determine that some or all of the provisions of §§ 5.8, 5.10, and 5.11 apply.

Dated: August 4, 2004.

John D. Hawke, Jr.,

Comptroller of the Currency.

[FR Doc. 04–18681 Filed 8–13–04; 8:45 am]

BILLING CODE 4810–33–P

FEDERAL RESERVE SYSTEM

12 CFR Part 226

Regulation Z; Docket No. R–1208]

Truth in Lending

AGENCY: Board of Governors of the Federal Reserve System.

ACTION: Final rule; staff commentary.

SUMMARY: The Board is publishing a final rule amending the staff commentary that interprets the requirements of Regulation Z (Truth in Lending). The Board is required to adjust annually the dollar amount that triggers requirements for certain home mortgage loans bearing fees above a certain amount. The Home Ownership and Equity Protection Act of 1994 sets forth rules for home-secured loans in which the total points and fees payable by the consumer at or before loan consummation exceed the greater of $400 or 8 percent of the total loan amount. In keeping with the statute, the Board has annually adjusted the $400 amount based on the annual percentage change reflected in the Consumer Price Index that is in effect on June 1. The adjusted dollar amount for 2005 is $510.

EFFECTIVE DATE: January 1, 2005.

FOR FURTHER INFORMATION CONTACT: Minh-Duc T. Le, Senior Staff Attorney, Division of Consumer and Community Affairs, Board of Governors of the Federal Reserve System, at (202) 452–3667. For the users of Telecommunications Device for the Deaf (''TDD'') only, contact (202) 263–4869.

SUPPLEMENTARY INFORMATION:

I. Background

The Truth in Lending Act (TILA; 15 U.S.C. 1601–1666j) requires creditors to disclose credit terms and the cost of consumer credit as a dollar amount and as an annual percentage rate. The act requires additional disclosures for loans secured by a consumer's home, and permits consumers to cancel certain transactions that involve their principal dwelling. TILA is implemented by the Board's Regulation Z (12 CFR part 226). The Board's official staff commentary (12 CFR part 226 (Supp. I)) interprets the regulation, and provides guidance to creditors in applying the regulation to specific transactions.

The Home Ownership and Equity Protection Act amendments to TILA were enacted in 1994 as part of the RiegleCommunity Development and Regulatory Improvement Act of 1994, Pub. L. 103–325, 108 Stat. 2160. In 1995, the Board published amendments to Regulation Z implementing HOEPA (60 FR 15463). These amendments, contained in §§ 226.32 and 226.34 of the regulation, impose substantive limitations and additional disclosure requirements on certain closed-end home mortgage loans bearing rates or fees above a certain percentage or amount. As enacted, the statute requires creditors to comply with the HOEPA rules if the total points and fees payable by the consumer at or before loan consummation exceed the greater of $400 or 8 percent of the total loan amount. TILA and Regulation Z provide that the $400 figure shall be adjusted annually on January 1 by the annual percentage change in the Consumer Price Index (CPI) that was reported on the preceding June 1. (*See* 15 U.S.C. 1602(aa)(3) and 12 CFR 226.32(a)(1)(ii)). The Board adjusted the $400 amount to $499 for the year 2004.

The Bureau of Labor Statistics publishes consumer-based indices monthly, but does not ''report'' a CPI change on June 1; adjustments are reported in the middle of each month. The Board uses the CPI–U index, which is based on all urban consumers and represents approximately 87 percent of the U.S. population, as the index for adjusting the $400 dollar figure. The adjustment to the CPI–U index reported by the Bureau of Labor Statistics on May 15, 2004, was the CPI–U index ''in effect'' on June 1, and reflects the percentage increase from April 2003 to April 2004. The adjustment to the $400 figure below reflects a 2.29 percent increase in the CPI–U index for this period and is rounded to whole dollars for ease of compliance.

II. Adjustment and Commentary Revision

Effective January 1, 2005, for purposes of determining whether a home mortgage transaction is covered by 12 CFR 226.32 (based on the total points and fees payable by the consumer at or before loan consummation), a loan is covered if the points and fees exceed the greater of $510 or 8 percent of the total loan amount. Comment 32(a)(1)(ii)–2, which lists the adjustments for each year, is amended to reflect the dollar adjustment for 2005. Because the timing and method of the adjustment is set by statute, the Board finds that notice and public comment on the change are unnecessary.

III. Regulatory Flexibility Analysis

The Board certifies that this amendment will not have a substantial effect on regulated entities because the only change is to raise the threshold for transactions requiring HOEPA disclosures.

List of Subjects in 12 CFR Part 226

Advertising, Federal Reserve System, Mortgages, Reporting and recordkeeping requirements, Truth in lending.

■ For the reasons set forth in the preamble, the Board amends Regulation Z, 12 CFR part 226, as set forth below:

PART 226—TRUTH IN LENDING (REGULATION Z)

■ 1. The authority citation for part 226 continues to read as follows:

Authority: 12 U.S.C. 3806; 15 U.S.C. 1604 and 1637(c)(5).

■ 2. In Supplement I to Part 226, under *Section 226.32—Requirements for Certain Closed-End Home Mortgages,* under Paragraph 32(a)(1)(ii), paragraph 2.x. is added.

SUPPLEMENT I TO PART 226—OFFICIAL STAFF INTERPRETATIONS

* * * * *

Subpart E—Special Rules for Certain Home Mortgage Transactions

* * * * *

§ 226.32—Requirements for Certain Closed-End Home Mortgages

32(a) Coverage

* * * * *

Paragraph 32(a)(1)(ii)

* * * * *

2. *Annual adjustment of $400 amount.*

* * * * *

x. For 2005, $510, reflecting a 2. 29 percent increase in the CPI–U from June 2003 to June 2004, rounded to the nearest whole dollar.

* * * * *

By order of the Board of Governors of the Federal Reserve System, acting through the Director of the Division of Consumer and Community Affairs under delegated authority, August 10, 2004.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. 04–18650 Filed 8–13–04; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 97–NM–235–AD; Amendment 39–12861; AD 2002–16–22]

RIN 2120–AA64

Airworthiness Directives; Boeing Model 727 Series Airplanes Modified in Accordance With Supplemental Type Certificate SA1767SO or SA1768SO

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule; correction.

SUMMARY: This document corrects an error that appeared in airworthiness directive (AD) 2002–16–22 that was published in the **Federal Register** on August 15, 2002 (67 FR 53434). The error resulted in an incorrect reference to a supplemental type certificate. This AD is applicable to certain Boeing Model 727 series airplanes that have been converted from a passenger- to a cargo-carrying (''freighter'') configuration. This AD requires, among other actions, installation of a fail-safe hinge, redesigned main deck cargo door warning and power control systems, and 9g crash barrier.

DATES: Effective September 19, 2002.

FOR FURTHER INFORMATION CONTACT: M. Hassan Amani, Aerospace Engineer, Airframe Branch, ACE–117A, FAA, Atlanta Aircraft Certification Office, One Crown Center, 1895 Phoenix Boulevard, suite 450, Atlanta, Georgia 30349; telephone (770) 703–6080; fax (770) 703–6097.

SUPPLEMENTARY INFORMATION: Airworthiness Directive (AD) 2002–16–22, amendment 39–12861, applicable to certain Boeing Model 727 series airplanes that have been converted from a passenger- to a cargo-carrying (''freighter'') configuration, was published in the **Federal Register** on August 15, 2002 (67 FR 53434). That AD requires, among other actions, installation of a fail-safe hinge, redesigned main deck cargo door warning and power control systems, and 9g crash barrier.

As published, Note 5 of AD 2002–16–22 states, ''Installation of National Aircraft Service, Inc. (NASI), Vent Door System STC ST01438CH, is an acceptable means of compliance with the requirements of paragraph (e) of this AD.'' However, the correct supplemental type certificate (STC) is ST01270CH, as discussed in paragraph 13 of ''Main Deck Cargo Door Systems'' in the preamble of the final rule. Paragraph 13 also contains an error in that it refers to ''Pemco ST01270CH'' rather than ''NASI ST01270CH.''

Since no other part of the regulatory information has been changed, the final rule is not being republished in the **Federal Register**

The effective date of this AD remains September 19, 2002.

§ 39.13 [Corrected]

■ On page 53446, in the second column, Note 5 of AD 2002–16–22 is corrected to read as follows:

* * * * *

Note 5: Installation of National Aircraft Service, Inc. (NASI), Vent Door System STC ST01270CH, is an acceptable means of compliance with the requirements of paragraph (e) of this AD.

* * * * *

Issued in Renton, Washington, on August 9, 2004.

Ali Bahrami,

Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 04–18634 Filed 8–13–04; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION (DOT)

Federal Aviation Administration

14 CFR Part 39

[Docket No. FAA–2004–18648; Directorate Identifier 2004–NE–26–AD; Amendment 39–13773; AD 2004–15–03R1]

RIN 2120–AA64

Airworthiness Directives; General Electric Company CF34–3A1 and –3B1 Series Turbofan Engines

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule; request for comments.

SUMMARY: The FAA is revising an existing airworthiness directive (AD) for General Electric Company (GE) CF34–3A1 and –3B1 series turbofan engines with certain serial numbers (SNs) of stage 5 low pressure turbine (LPT) disks, part number (P/N) 6078T92P01, and/or certain SNs of stage 6 LPT disks, P/N 6078T89P01. That AD currently requires initial and repetitive visual and eddy current inspections of those disks. That AD also allows as optional terminating action to the repetitive inspections, replacement of those SN disks. Also, that AD requires replacement of certain stage 5 and stage 6 LPT disks. This ad requires the same actions. This AD results from the discovery that an

incorrect part number for stage 6 LPT disks was published in the existing AD and from the need to allow credit for actions completed per previous releases of Alert Service Bulletin CF34–AL S/B 72–A0173. We are issuing this AD to prevent LCF failure of stage 5 LPT disks and stage 6 LPT disks, which could lead to uncontained engine failure.

DATES: Effective August 31, 2004. The incorporation of certain publications, as listed in the regulations, was approved previously by the Director of the Federal Register as of August 16, 2004 (69 FR 45562; July 30, 2004).

We must receive any comments on this AD by October 15, 2004.

ADDRESSES: Use one of the following addresses to submit comments on this proposed AD.

- DOT Docket Web site: Go to *http://dms.dot.gov* and follow the instructions for sending your comments electronically.
- Government-wide rulemaking Web site: Go to *http://www.regulations.gov* and follow the instructions for sending your comments electronically.
- Mail: Docket Management Facility; U.S. Department of Transportation, 400 Seventh Street, SW., Nassif Building, Room PL–401, Washington, DC 20590–001.
- Fax: (202) 493–2251.
- Hand Delivery: Room PL–401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

You can get the service information identified in this AD from GE Aircraft Engines, 1000 Western Avenue, Lynn, MA 01910; Attention: CF34 Product Support Engineering, Mail Zone: 34017; telephone (781) 594–6323; fax (781) 594–0600.

You may examine the comments on this AD in the AD docket on the Internet at *http://dms.dot.gov*.

FOR FURTHER INFORMATION CONTACT: Robert Grant, Aerospace Engineer, Engine Certification Office, FAA, Engine and Propeller Directorate, 12 New England Executive Park, Burlington, MA 01803–5299; telephone (781) 238–7757; fax (781) 238–7199.

SUPPLEMENTARY INFORMATION: On July 20, 2004, the FAA issued AD 2004–15–03, Amendment 39–13737 (69 FR 45562; July 30, 2004). That AD requires:

- Initial and repetitive visual and eddy current inspections of certain SN stage 5 LPT disks and stage 6 LPT disks.
- Replacement of the suspect disks as optional terminating action to the repetitive inspections.
- Replacement of certain stage 5 LPT disks and stage 6 LPT disks.

That AD was the result of a report of a stage 5 LPT disk that failed due to cracking from low-cycle-fatigue (LCF) during factory testing. That condition, if not corrected, could result in uncontained engine failure.

Actions Since AD 2004–15–03 Was Issued

Since that AD was issued, we discovered that we published an incorrect part number (P/N) of 6089T89P01 for stage 6 LPT disks. This AD revision corrects that P/N to 6078T89P01. Also, since that AD was issued, we determined that credit for actions completed per previous releases of Alert Service Bulletin CF34–AL S/B 72–A0173 need to be allowed. This AD revision adds a paragraph in the compliance section to allow that credit.

Relevant Service Information

We have reviewed and approved the technical contents of GE Alert Service Bulletin No. CF34–AL S/B 72–A0173, Revision 3, dated July 20, 2004, that lists applicable disks by SN, and describes the procedures for performing visual and eddy current inspections on the applicable stage 5 LPT disks and stage 6 LPT disks.

FAA's Determination and Requirements of This AD

The unsafe condition described previously is likely to exist or develop on other GE CF34–3A1 and –3B1 series turbofan engines of the same type design. We are issuing this AD to prevent LCF failure of stage 5 LPT disks and stage 6 LPT disks, which could lead to uncontained engine failure. This AD requires:

- Initial and repetitive visual and eddy current inspections of certain SN stage 5 LPT disks and stage 6 LPT disks.
- Replacement of the suspect disks as optional terminating action to the repetitive inspections.
- Replacement of certain stage 5 LPT disks and stage 6 LPT disks.

You must use the service information described previously to perform the actions required by this AD.

FAA's Determination of the Effective Date

Since an unsafe condition exists that requires the immediate adoption of this AD, we have found that notice and opportunity for public comment before issuing this AD are impracticable, and that good cause exists for making this amendment effective in less than 30 days.

Docket Management System (DMS)

We have implemented new procedures for maintaining AD dockets electronically. As of May 17, 2004, we posted new AD actions on the DMS and assigned a DMS docket number. We track each action and assign a corresponding Directorate identifier. The DMS docket No. is in the form ''Docket No. FAA–200X–XXXXX.'' Each DMS docket also lists the Directorate identifier (''Old Docket Number'') as a cross-reference for searching purposes.

Comments Invited

This AD is a final rule that involves requirements affecting flight safety and was not preceded by notice and an opportunity for public comment; however, we invite you to submit any written relevant data, views, or arguments regarding this AD. Send your comments to an address listed under **ADDRESSES.** Include ''AD Docket No. FAA–2004–18648; Directorate Identifier 2004–NE–26–AD'' in the subject line of your comments. We specifically invite comments on the overall regulatory, economic, environmental, and energy aspects of the rule that might suggest a need to modify it.

We will post all comments we receive, without change, to *http://dms.dot.gov*, including any personal information you provide. We will also post a report summarizing each substantive verbal contact with FAA personnel concerning this AD. Using the search function of the DMS Web site, anyone can find and read the comments in any of our dockets, including the name of the individual who sent the comment (or signed the comment on behalf of an association, business, labor union, *etc.*). You may review the DOT's complete Privacy Act Statement in the **Federal Register** published on April 11, 2000 (65 FR 19477–78) or you may visit *http://dms.dot.gov*.

We are reviewing the writing style we currently use in regulatory documents. We are interested in your comments on whether the style of this document is clear, and your suggestions to improve the clarity of our communications with you. You can get more information about plain language at *http://www.faa.gov/language* and *http://www.plainlanguage.gov*.

Examining the AD Docket

You may examine the docket that contains the AD, any comments received, and any final disposition in person at the DMS Docket Offices between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The Docket Office (telephone (800) 647–

5227) is located on the plaza level of the Department of Transportation Nassif Building at the street address stated in **ADDRESSES.** Comments will be available in the AD docket shortly after the DMS receives them.

Regulatory Findings

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

For the reasons discussed above, I certify that the 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. Will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

We prepared a summary of the costs to comply with this AD and placed it in the AD Docket. You may get a copy of this summary at the address listed under **ADDRESSES.**

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

■ 2. The FAA amends § 39.13 by removing Amendment 39–13737 (69 FR 45562; July 30, 2004), and by adding a new airworthiness directive, Amendment 39–13773, to read as follows:

2004–15–03R1 General Electric Company: Amendment 39–13773. Docket No. FAA–2004–18648; Directorate Identifier 2004–NE–26–AD.

Effective Date

(a) This airworthiness directive (AD) becomes effective August 31, 2004.

Affected ADs

(b) This AD revises AD 2004–15–03, Amendment 39–13737.

Applicability

(c) This AD applies to General Electric Company (GE) CF34–3A1 and –3B1 series turbofan engines with stage 5 low pressure turbine (LPT) disks, part number (P/N) 6078T92P01, and or stage 6 LPT disks, P/N 6078T89P01, with serial numbers (SNs) listed in Figure 3 of GE Alert Service Bulletin (ASB) No. CF34–AL S/B 72–A0173, Revision 3, dated July 20, 2004. These engines are installed on, but not limited to, Bombardier Canadair CL600–2B19 (RJ) airplanes.

Unsafe Condition

(d) This AD results from a report of a stage 5 LPT disk that failed due to cracking from low-cycle-fatigue during factory testing. The crack started at the site of an electrical arc-out.

Compliance

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

Initial Inspection or Replacement

(f) Using the compliance schedule in Table 1 of this AD:

(1) Visually inspect and eddy current inspect (ECI) applicable stage 5 LPT disks and applicable stage 6 LPT disks using paragraphs 3.C.(1) through 3.E.(6) of GE ASB No. CF34–AL S/B 72–A0173, Revision 3, dated July 20, 2004, if the inspections can be completed within 9 calendar months after the effective date of this AD; or

(2) If the inspections specified in paragraph (f)(1) of this AD cannot be completed within 9 calendar months after the effective date of this AD, replace applicable stage 5 LPT disks and applicable stage 6 LPT disks with a serviceable disk using the compliance schedule in Table 1 of this AD.

(3) The requirements of paragraphs (f)(1) and (f)(2) of this AD do not apply if the inspections were conducted using paragraph (g)(1) of this AD.

TABLE 1.—COMPLIANCE SCHEDULE

On the effective date of this AD, if the disk has:	Then perform the actions defined in paragraph (f) of this AD at next piece-part exposure, not to exceed the accumulation of:
(i) 14,750 or more cycles-since-new (CSN) and has not been fluorescent penetrant inspected (FPI) at an earlier piece-part exposure.	An additional 250 cycles-in-service (CIS) after the effective date of this AD.
(ii) 14,750 or more CSN and has been FPI at an earlier piece-part exposure.	An additional 500 CIS after the effective date of this AD.
(iii) 14,500 or more CSN but fewer than 14,750 CSN	An additional 500 CIS after the effective date of this AD.
(iv) 14,250 or more CSN but fewer than 14,500 CSN	An additional 750 CIS after the effective date of this AD.
(v) 13,000 or more CSN but fewer than 14,250 CSN	An additional 1,000 CIS after the effective date of this AD.
(vi) 2,500 or more CSN but fewer than 13,000 CSN	An additional 4,000 CIS after the effective date of this AD, or 14,000 CSN, whichever comes first.
(vii) Fewer than 2,500 cycles-since-new (CSN)	6,500 CSN.

(g) Before installation in an airplane:

(1) Visually inspect and ECI applicable stage 5 LPT disks and applicable stage 6 LPT disks installed in replacement engines or replacement LPT modules using paragraphs 3.C.(1) through 3.E.(6) of GE ASB No. CF34–AL S/B 72–A0173, Revision 3, dated July 20, 2004, if the inspections can be completed within 9 calendar months after the effective date of this AD; or

(2) If the inspections specified in paragraph (g)(1) of this AD cannot be completed within 9 calendar months after the effective date of this AD, replace applicable stage 5 LPT disks and applicable stage 6 LPT disks installed in replacement engines or replacement LPT modules with a serviceable disk.

Repetitive Inspections

(h) For stage 5 LPT disks and stage 6 LPT disks initially inspected as specified in paragraph (f)(1) or (g)(1) of this AD, perform repetitive visual inspections and ECIs within every 3,100 cycles-since-last-inspection, using paragraphs 3.C.(1) through 3.E.(6) of GE ASB No. CF34–AL S/B 72–A0173, Revision 3, dated July 20, 2004, until the life limit of the part is reached.

Disks That Pass Inspection

(i) If a disk passes inspection, it must be reinstalled into the same LPT module it was removed from.

Optional Terminating Action

(j) Replacement of an applicable stage 5 LPT disk or applicable stage 6 LPT disk with a disk not listed in Figure 3 of GE ASB No. CF34–AL S/B 72–A0173, Revision 3, dated July 20, 2004, is terminating action to the inspections required by this AD for that disk.

Actions Completed per Previous Releases of Alert Service Bulletin CF34–AL S/B 72–A0173

(k) Actions completed before the effective date of this AD using GE ASB No. CF34–AL S/B 72–A0173, dated April 2, 2004; or Revision 1, dated May 20, 2004; or Revision 2, dated June 22, 2004; or Revision 3, dated July 20, 2004; are considered acceptable for compliance with the corresponding action in this AD.

Definitions

(l) For the purposes of this AD, a serviceable disk is defined as a disk that has a SN not listed in Figure 3 of GE ASB No. CF34–AL S/B 72–A0173, Revision 3, dated July 20, 2004.

(m) For the purposes of this AD, the definition of piece-part exposure for the stage 5 LPT disk is when the disk is separated from the forward and aft bolted joints.

(n) For the purpose of this AD, the definition of piece-part exposure for the stage 6 LPT disk is when the disk is separated from the forward bolted joint.

(o) For the purposes of this AD, the definition of a replacement engine or replacement LPT module is an engine or LPT module that is not installed on an operational airplane on the effective date of this AD.

Alternative Methods of Compliance

(p) The Manager, Engine Certification Office, has the authority to approve alternative methods of compliance for this AD if requested using the procedures found in 14 CFR 39.19.

Material Incorporated by Reference

(q) You must use GE ASB No. CF34–AL S/B 72–A0173, Revision 3, dated July 20, 2004, to perform the visual inspections, ECIs, and disk replacements required by this AD. The incorporation by reference of this publication was approved previously by the Director of the Federal Register as of August 16, 2004 (69 FR 45562; July 30, 2004), in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You can get a copy from GE Aircraft Engines, 1000 Western Avenue, Lynn, MA 01910; Attention: CF34 Product Support Engineering, Mail Zone: 34017; telephone (781) 594–6323; fax (781) 594–0600, or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202–741–6030, or go to: *http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.*

Related Information

(r) GE Alert Service Bulletin No. CF34–AL S/B 72–A0178 pertains to the subject of this AD.

Issued in Burlington, Massachusetts, on August 9, 2004.

Ann Mollica,

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

[FR Doc. 04–18635 Filed 8–13–04; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

26 CFR Part 1

[TD 9152]

RIN 1545–BB02

Reduced Maximum Exclusion of Gain From Sale or Exchange of Principal Residence

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Final regulations.

SUMMARY: This document contains final regulations relating to the exclusion of gain from the sale or exchange of a taxpayer's principal residence. The final regulations apply to a taxpayer who has not owned and used the property as the taxpayer's principal residence for two of the preceding five years or who has excluded gain from the sale or exchange of a principal residence within the preceding two years. The final regulations reflect changes to the law by the Taxpayer Relief Act of 1997, as amended by the Internal Revenue Service Restructuring and Reform Act of 1998, and the Military Family Tax Relief Act of 2003.

DATES: *Effective Date:* These final regulations are effective August 13, 2004.

Applicability Date: For dates of applicability, *see* §§ 1.121–3(h) and 1.121–5(e).

FOR FURTHER INFORMATION CONTACT: Sara Paige Shepherd, (202) 622-4960 (not a toll-free number).

SUPPLEMENTARY INFORMATION:

Background

This document contains amendments to 26 CFR part 1. On December 24, 2002, the IRS and Treasury Department published in the **Federal Register** a notice of proposed rule making (67 FR 78398) by cross reference to temporary regulations (REG–138882–02; 67 FR 78367) under section 121(c) of the Internal Revenue Code (Code). The regulations relate to the exclusion of gain from the sale or exchange of the principal residence of a taxpayer who has not owned and used the property as the taxpayer's principal residence for two of the preceding five years or who has excluded gain on the sale or exchange of a principal residence within the preceding two years. Written and electronic comments were received. No public hearing was requested or held.

After considering all of the comments, the proposed regulations are adopted as amended by this Treasury decision, and the corresponding temporary regulations are removed.

Explanation and Summary of Comments

1. Facts and Circumstances Test

Under section 121(a), a taxpayer may exclude up to $250,000 ($500,000 for certain joint returns) of gain realized on the sale or exchange of the taxpayer's principal residence if the taxpayer owned and used the property as the taxpayer's principal residence for at least two years during the five-year period ending on the date of the sale or exchange. Section 121(b)(3) allows the taxpayer to apply the maximum exclusion to only one sale or exchange during the two-year period ending on the date of the sale or exchange. Section 121(c) provides that a taxpayer who fails to meet any of the conditions by reason of a change in place of employment, health, or, to the extent provided in regulations, unforeseen circumstances, may be entitled to an exclusion in a reduced maximum amount.

The temporary regulations provide, as a general definition, that a sale or exchange is by reason of change in place of employment, health, or unforeseen circumstances only if the taxpayer's primary reason for the sale or exchange is a change in place of employment, health, or unforeseen circumstances. The temporary regulations provide factors that may be relevant in determining the taxpayer's primary reason for the sale or exchange.

One commentator asserted that the factors are beyond Congressional intent, unnecessary, and overbroad. The final regulations retain the list of factors because it is helpful in determining the taxpayer's primary reason for the sale or exchange.

For each of the three grounds for claiming a reduced maximum exclusion, the temporary regulations provide a general definition and one or more safe harbors. Under the temporary regulations, if a safe harbor applies, the taxpayer's ''primary reason'' for the sale or exchange is deemed to be change in place of employment, health, or unforeseen circumstances. For greater simplicity, the final regulations delete the primary reason test from the safe harbors and provide that, if a safe harbor applies, the sale or exchange is deemed to be ''by reason of'' a change in place of employment, health, or unforeseen circumstances. If a safe harbor does not apply, the taxpayer may be eligible to claim a reduced maximum exclusion if the taxpayer establishes, based on the facts and circumstances, that the

taxpayer's primary reason for the sale or exchange is a change in place of employment, health, or unforeseen circumstances.

2. Unforeseen Circumstances

The temporary regulations provide that a sale or exchange is by reason of unforeseen circumstances if the primary reason for the sale or exchange is the occurrence of an event that the taxpayer does not anticipate before purchasing and occupying the residence. One commentator asserted that this definition is beyond Congressional intent and would allow any circumstance giving rise to the sale or exchange of property to qualify for a reduced maximum exclusion.

The final regulations revise the definition of a sale or exchange by reason of unforeseen circumstances from ''an event that the taxpayer did not anticipate'' to ''an event that the taxpayer could not reasonably have anticipated'' before purchasing and occupying the residence. Additionally, the final regulations clarify that a sale or exchange by reason of unforeseen circumstances (other than a sale or exchange within a safe harbor) does not qualify for the reduced maximum exclusion if the primary reason for the sale or exchange is a preference for a different residence or an improvement in financial circumstances. The final regulations provide additional examples illustrating the application of the reduced maximum exclusion rules to situations outside of the unforeseen circumstances safe harbors.

Under the temporary regulations, a taxpayer's primary reason for the sale or exchange is deemed to be unforeseen circumstances if one of the following safe harbor events occurs during the taxpayer's ownership and use of the property: (1) Involuntary conversion of the residence, (2) a natural or man made disaster or act of war or terrorism resulting in a casualty to the residence, and (3) in the case of a qualified individual, (a) death, (b) the cessation of employment as a result of which the individual is eligible for unemployment compensation, (c) a change in employment or self-employment status that results in the taxpayer's inability to pay housing costs and reasonable basic living expenses for the taxpayer's household, (d) divorce or legal separation under a decree of divorce or separate maintenance, (e) multiple births resulting from the same pregnancy, or (f) an event determined by the Commissioner to be an unforeseen circumstance. A taxpayer who does not qualify for a safe harbor may demonstrate that, under the facts and circumstances, the primary reason for the sale or exchange is unforeseen circumstances.

Commentators suggested that marriage, bankruptcy of the taxpayer's employer not resulting in the loss of the taxpayer's employment, and the adoption of a family member should be additional unforeseen circumstances safe harbors that qualify for the reduced maximum exclusion.

The final regulations do not adopt these comments. Marriage and adoption are voluntary events that typically lack the degree of unforeseeability common in the other unforeseen circumstances safe harbors, and bankruptcy of the taxpayer's employer unaccompanied by a change in employment status of the taxpayer does not impact the taxpayer's current ability to pay housing costs. However, these events may still qualify for the reduced maximum exclusion under the facts and circumstances test if, as a result of such an event, the taxpayer's primary reason for the sale or exchange is a change in place of employment, health, or unforeseen circumstances.

For purposes of the reduced maximum exclusion by reason of unforeseen circumstances, the temporary regulations provide that a *qualified individual* includes the taxpayer, the taxpayer's spouse, a co-owner of the residence, and a person whose principal place of abode is in the same household as the taxpayer.

A commentator suggested that the unforeseen circumstances exception should be limited to events involving only the taxpayer and the taxpayer's spouse. The commentator stated that, under this narrower exception, a safe harbor for death would be unnecessary because little, if any, gain would result as a consequence of the step-up in basis provisions of the Code. The commentator also asserted that the safe harbor for involuntary conversions is redundant and unnecessary because section 1033 already provides for non-recognition of gain in such circumstances.

The final regulations do not adopt these comments. The inclusion in the safe harbors of events affecting co-owners and co-inhabitants is appropriate because these events may affect the taxpayer's ability to pay housing costs. The involuntary conversion safe harbor is also appropriate, as both the non-recognition provisions of section 1033 and the exclusion provisions of section 121 may apply to a conversion of property. See section 121(d)(5).

The temporary regulations provide that unforeseen circumstances include events determined by the Commissioner to be unforeseen circumstances to the extent provided in published guidance of general applicability or in a ruling directed to a specific taxpayer. The final regulations clarify that taxpayers may rely on only those determinations made by the Commissioner in published guidance of general applicability. A ruling directed to a specific taxpayer does not establish a safe harbor of general applicability.

3. Health Exception

The temporary regulations provide that a sale or exchange of a residence is by reason of health if the primary reason for the sale or exchange is to obtain, provide, or facilitate the diagnosis, cure, mitigation, or treatment of disease, illness, or injury of a qualified individual, or to obtain or provide medical or personal care for a qualified individual suffering from a disease, illness, or injury. A sale or exchange that is merely beneficial to the general health or well-being of the individual is not a sale or exchange by reason of health. This definition is based on the definition of medical care under section 213.

A commentator suggested eliminating the term *diagnosis* from the definition of sale or exchange by reason of health because taxpayers rarely would sell a residence merely to obtain a diagnosis of a disease, illness, or injury. The final regulations do not adopt this suggestion because, while such sales are likely to be uncommon, they may occur. In addition, retaining *diagnosis* in the general definition of sale or exchange by reason of health maintains uniformity with the definition of medical care under section 213 and reduces complexity.

4. Statute of Limitations

A commentator suggested that the regulations should clarify that, under section 6501, the statute of limitations on assessments arising from the use of the exclusion begins to run from the filing date for the year of the sale or exchange. The final regulations do not address this issue because the issue is well-settled by statute and rules regarding the statute of limitations on assessments are outside the scope of these regulations.

5. Military Exception

Numerous commentators suggested that members of the uniformed services should be accorded a special exception to the use requirement because they are often required to be away from home for extended periods of time and unable to use a property as their principal

residence for at least two years during the five-year period prior to a sale or exchange. The final regulations reflect enactment of the Military Family Tax Relief Act of 2003 Public Law 108–121, section 101 (117 Stat. 1335) (MFTRA). The MFTRA amends section 121 to provide that a taxpayer serving (or whose spouse is serving) on qualified official extended duty as a member of the uniformed services or Foreign Service may elect to suspend the running of the 5-year period for up to 10 years. The election may be made with respect to only one property at a time.

The taxpayer makes an election by filing a return for the taxable year of the sale or exchange of the taxpayer's principal residence that does not include the resulting gain in the taxpayer's gross income. A taxpayer who would qualify to exclude gain under section 121 as a result of the amendments made by the MFTRA but is barred by operation of any law or rule of law may nonetheless claim a refund or credit of an overpayment of tax if the taxpayer files the claim before November 11, 2004.

6. Effective Dates

Section 1.121–3 of the final regulations, relating to the reduced maximum exclusion, applies to sales and exchanges on or after August 13, 2004. For sales or exchanges before August 13, 2004 and on or after May 7, 1997, taxpayers may elect to apply the rules retroactively in accordance with § 1.121–4(j) and will be afforded audit protection in accordance with § 1.121–4(k). Section 1.121–5 of the final regulations, relating to the suspension of the 5-year period for certain members of the uniformed services and Foreign Service, applies to sales and exchanges on or after May 7, 1997.

Special Analyses

It has been determined that this Treasury decision is not a significant regulatory action as defined in Executive Order 12866. Therefore, a regulatory assessment is not required. It also has been determined that section 553(b) of the Administrative Procedure Act (5 U.S.C. chapter 5) does not apply to these regulations, and because these regulations do not impose a collection of information on small entities, the Regulatory Flexibility Act (5 U.S.C. chapter 6) does not apply. Pursuant to section 7805(f) of the Code, the notice of proposed rulemaking preceding these regulations was submitted to the Chief Counsel for Advocacy of the Small Business Administration for comment on its impact on small businesses.

Drafting Information

The principal author of these regulations is Sara Paige Shepherd, Office of Associate Chief Counsel (Income Tax and Accounting). However, other personnel from the IRS and Treasury Department participated in the development of the regulations.

List of Subjects in 26 CFR Part 1

Income taxes, Reporting and recordkeeping requirements.

Adoption of Amendments to the Regulations

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

PART 1—INCOME TAXES

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

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

■ **Par. 2.** Section 1.121–3 is amended by:
■ 1. Adding paragraphs (b), (c), (d), (e), and (f).
■ 2. Removing paragraphs (h), (i), (j), and (k).
■ 3. Redesignating paragraph (l) as paragraph (h) and revising it.

The revisions and additions read as follows:

§ 1.121–3 Reduced maximum exclusion for taxpayers failing to meet certain requirements.

* * * * *

(b) *Primary reason for sale or exchange.* In order for a taxpayer to claim a reduced maximum exclusion under section 121(c), the sale or exchange must be by reason of a change in place of employment, health, or unforeseen circumstances. If a safe harbor described in this section applies, a sale or exchange is deemed to be by reason of a change in place of employment, health, or unforeseen circumstances. If a safe harbor described in this section does not apply, a sale or exchange is by reason of a change in place of employment, health, or unforeseen circumstances only if the primary reason for the sale or exchange is a change in place of employment (within the meaning of paragraph (c) of this section), health (within the meaning of paragraph (d) of this section), or unforeseen circumstances (within the meaning of paragraph (e) of this section). Whether the requirements of this section are satisfied depends upon all the facts and circumstances. Factors that may be relevant in determining the taxpayer's primary reason for the sale or exchange include (but are not limited to) the extent to which—

(1) The sale or exchange and the circumstances giving rise to the sale or exchange are proximate in time;

(2) The suitability of the property as the taxpayer's principal residence materially changes;

(3) The taxpayer's financial ability to maintain the property is materially impaired;

(4) The taxpayer uses the property as the taxpayer's residence during the period of the taxpayer's ownership of the property;

(5) The circumstances giving rise to the sale or exchange are not reasonably foreseeable when the taxpayer begins using the property as the taxpayer's principal residence; and

(6) The circumstances giving rise to the sale or exchange occur during the period of the taxpayer's ownership and use of the property as the taxpayer's principal residence.

(c) *Sale or exchange by reason of a change in place of employment*—(1) *In general.* A sale or exchange is by reason of a change in place of employment if, in the case of a qualified individual described in paragraph (f) of this section, the primary reason for the sale or exchange is a change in the location of the individual's employment.

(2) *Distance safe harbor.* A sale or exchange is deemed to be by reason of a change in place of employment (within the meaning of paragraph (c)(1) of this section) if—

(i) The change in place of employment occurs during the period of the taxpayer's ownership and use of the property as the taxpayer's principal residence; and

(ii) The qualified individual's new place of employment is at least 50 miles farther from the residence sold or exchanged than was the former place of employment, or, if there was no former place of employment, the distance between the qualified individual's new place of employment and the residence sold or exchanged is at least 50 miles.

(3) *Employment.* For purposes of this paragraph (c), *employment* includes the commencement of employment with a new employer, the continuation of employment with the same employer, and the commencement or continuation of self-employment.

(4) *Examples.* The following examples illustrate the rules of this paragraph (c):

Example 1. A is unemployed and owns a townhouse that she has owned and used as her principal residence since 2003. In 2004 A obtains a job that is 54 miles from her townhouse, and she sells the townhouse. Because the distance between A's new place of employment and the townhouse is at least 50 miles, the sale is within the safe harbor of paragraph (c)(2) of this section and A is

entitled to claim a reduced maximum exclusion under section 121(c)(2).

Example 2. B is an officer in the United States Air Force stationed in Florida. B purchases a house in Florida in 2002. In May 2003 B moves out of his house to take a 3-year assignment in Germany. B sells his house in January 2004. Because B's new place of employment in Germany is at least 50 miles farther from the residence sold than is B's former place of employment in Florida, the sale is within the safe harbor of paragraph (c)(2) of this section and B is entitled to claim a reduced maximum exclusion under section 121(c)(2).

Example 3. C is employed by Employer R at R's Philadelphia office. C purchases a house in February 2002 that is 35 miles from R's Philadelphia office. In May 2003 C begins a temporary assignment at R's Wilmington office that is 72 miles from C's house, and moves out of the house. In June 2005 C is assigned to work in R's London office. C sells her house in August 2005 as a result of the assignment to London. The sale of the house is not within the safe harbor of paragraph (c)(2) of this section by reason of the change in place of employment from Philadelphia to Wilmington because the Wilmington office is not 50 miles farther from C's house than is the Philadelphia office. Furthermore, the sale is not within the safe harbor by reason of the change in place of employment to London because C is not using the house as her principal residence when she moves to London. However, C is entitled to claim a reduced maximum exclusion under section 121(c)(2) because, under the facts and circumstances, the primary reason for the sale is the change in C's place of employment.

Example 4. In July 2003 D, who works as an emergency medicine physician, buys a condominium that is 5 miles from her place of employment and uses it as her principal residence. In February 2004, D obtains a job that is located 51 miles from D's condominium. D may be called in to work unscheduled hours and, when called, must be able to arrive at work quickly. Because of the demands of the new job, D sells her condominium and buys a townhouse that is 4 miles from her new place of employment. Because D's new place of employment is only 46 miles farther from the condominium than is D's former place of employment, the sale is not within the safe harbor of paragraph (c)(2) of this section. However, D is entitled to claim a reduced maximum exclusion under section 121(c)(2) because, under the facts and circumstances, the primary reason for the sale is the change in D's place of employment.

(d) *Sale or exchange by reason of health*—(1) *In general.* A sale or exchange is by reason of health if the primary reason for the sale or exchange is to obtain, provide, or facilitate the diagnosis, cure, mitigation, or treatment of disease, illness, or injury of a qualified individual described in paragraph (f) of this section, or to obtain or provide medical or personal care for a qualified individual suffering from a disease, illness, or injury. A sale or exchange that is merely beneficial to the general health or well-being of an individual is not a sale or exchange by reason of health.

(2) *Physician's recommendation safe harbor.* A sale or exchange is deemed to be by reason of health if a physician (as defined in section 213(d)(4)) recommends a change of residence for reasons of health (as defined in paragraph (d)(1) of this section).

(3) *Examples.* The following examples illustrate the rules of this paragraph (d):

Example 1. In 2003 A buys a house that she uses as her principal residence. A is injured in an accident and is unable to care for herself. A sells her house in 2004 and moves in with her daughter so that the daughter can provide the care that A requires as a result of her injury. Because, under the facts and circumstances, the primary reason for the sale of A's house is A's health, A is entitled to claim a reduced maximum exclusion under section 121(c)(2).

Example 2. H's father has a chronic disease. In 2003 H and W purchase a house that they use as their principal residence. In 2004 H and W sell their house in order to move into the house of H's father so that they can provide the care he requires as a result of his disease. Because, under the facts and circumstances, the primary reason for the sale of their house is the health of H's father, H and W are entitled to claim a reduced maximum exclusion under section 121(c)(2).

Example 3. H and W purchase a house in 2003 that they use as their principal residence. Their son suffers from a chronic illness that requires regular medical care. Later that year their son begins a new treatment that is available at a hospital 100 miles away from their residence. In 2004 H and W sell their house so that they can be closer to the hospital to facilitate their son's treatment. Because, under the facts and circumstances, the primary reason for the sale is to facilitate the treatment of their son's chronic illness, H and W are entitled to claim a reduced maximum exclusion under section 121(c)(2).

Example 4. B, who has chronic asthma, purchases a house in Minnesota in 2003 that he uses as his principal residence. B's doctor tells B that moving to a warm, dry climate would mitigate B's asthma symptoms. In 2004 B sells his house and moves to Arizona to relieve his asthma symptoms. The sale is within the safe harbor of paragraph (d)(2) of this section and B is entitled to claim a reduced maximum exclusion under section 121(c)(2).

Example 5. In 2003 H and W purchase a house in Michigan that they use as their principal residence. H's doctor tells H that he should get more outdoor exercise, but H is not suffering from any disease that can be treated or mitigated by outdoor exercise. In 2004 H and W sell their house and move to Florida so that H can increase his general level of exercise by playing golf year-round. Because the sale of the house is merely beneficial to H's general health, the sale of the house is not by reason of H's health. H and W are not entitled to claim a reduced maximum exclusion under section 121(c)(2).

(e) *Sale or exchange by reason of unforeseen circumstances*—(1) *In general.* A sale or exchange is by reason of unforeseen circumstances if the primary reason for the sale or exchange is the occurrence of an event that the taxpayer could not reasonably have anticipated before purchasing and occupying the residence. A sale or exchange by reason of unforeseen circumstances (other than a sale or exchange deemed to be by reason of unforeseen circumstances under paragraph (e)(2) or (3) of this section) does not qualify for the reduced maximum exclusion if the primary reason for the sale or exchange is a preference for a different residence or an improvement in financial circumstances.

(2) *Specific event safe harbors.* A sale or exchange is deemed to be by reason of unforeseen circumstances (within the meaning of paragraph (e)(1) of this section) if any of the events specified in paragraphs (e)(2)(i) through (iii) of this section occur during the period of the taxpayer's ownership and use of the residence as the taxpayer's principal residence:

(i) The involuntary conversion of the residence.

(ii) Natural or man-made disasters or acts of war or terrorism resulting in a casualty to the residence (without regard to deductibility under section 165(h)).

(iii) In the case of a qualified individual described in paragraph (f) of this section—

(A) Death;

(B) The cessation of employment as a result of which the qualified individual is eligible for unemployment compensation (as defined in section 85(b));

(C) A change in employment or self-employment status that results in the taxpayer's inability to pay housing costs and reasonable basic living expenses for the taxpayer's household (including amounts for food, clothing, medical expenses, taxes, transportation, court-ordered payments, and expenses reasonably necessary to the production of income, but not for the maintenance of an affluent or luxurious standard of living);

(D) Divorce or legal separation under a decree of divorce or separate maintenance; or

(E) Multiple births resulting from the same pregnancy.

(3) *Designation of additional events as unforeseen circumstances.* The Commissioner may designate other events or situations as unforeseen circumstances in published guidance of general applicability and may issue

rulings addressed to specific taxpayers identifying other events or situations as unforeseen circumstances with regard to those taxpayers (see § 601.601(d)(2) of this chapter).

(4) *Examples.* The following examples illustrate the rules of this paragraph (e):

Example 1. In 2003 A buys a house in California. After A begins to use the house as her principal residence, an earthquake causes damage to A's house. A sells the house in 2004. The sale is within the safe harbor of paragraph (e)(2)(ii) of this section and A is entitled to claim a reduced maximum exclusion under section 121(c)(2).

Example 2. H works as a teacher and W works as a pilot. In 2003 H and W buy a house that they use as their principal residence. Later that year W is furloughed from her job for six months. H and W are unable to pay their mortgage and reasonable basic living expenses for their household during the period W is furloughed. H and W sell their house in 2004. The sale is within the safe harbor of paragraph (e)(2)(iii)(C) of this section and H and W are entitled to claim a reduced maximum exclusion under section 121(c)(2).

Example 3. In 2003 H and W buy a two-bedroom condominium that they use as their principal residence. In 2004 W gives birth to twins and H and W sell their condominium and buy a four-bedroom house. The sale is within the safe harbor of paragraph (e)(2)(iii)(E) of this section, and H and W are entitled to claim a reduced maximum exclusion under section 121(c)(2).

Example 4. In 2003 B buys a condominium in a high-rise building and uses it as his principal residence. B's monthly condominium fee is $X. Three months after B moves into the condominium, the condominium association replaces the building's roof and heating system. Six months later, B's monthly condominium fee doubles in order to pay for the repairs. B sells the condominium in 2004 because he is unable to afford the new condominium fee along with a monthly mortgage payment. The safe harbors of paragraph (e)(2) of this section do not apply. However, under the facts and circumstances, the primary reason for the sale, the doubling of the condominium fee, is an unforeseen circumstance because B could not reasonably have anticipated that the condominium fee would double at the time he purchased and occupied the property. Consequently, the sale of the condominium is by reason of unforeseen circumstances and B is entitled to claim a reduced maximum exclusion under section 121(c)(2).

Example 5. In 2003 C buys a house that he uses as his principal residence. The property is located on a heavily traveled road. C sells the property in 2004 because C is disturbed by the traffic. The safe harbors of paragraph (e)(2) of this section do not apply. Under the facts and circumstances, the primary reason for the sale, the traffic, is not an unforeseen circumstance because C could reasonably have anticipated the traffic at the time he purchased and occupied the house. Consequently, the sale of the house is not by reason of unforeseen circumstances and C is not entitled to claim a reduced maximum exclusion under section 121(c)(2).

Example 6. In 2003 D and her fiance E buy a house and live in it as their principal residence. In 2004 D and E cancel their wedding plans and E moves out of the house. Because D cannot afford to make the monthly mortgage payments alone, D and E sell the house in 2004. The safe harbors of paragraph (e)(2) of this section do not apply. However, under the facts and circumstances, the primary reason for the sale, the broken engagement, is an unforeseen circumstance because D and E could not reasonably have anticipated the broken engagement at the time they purchased and occupied the house. Consequently, the sale is by reason of unforeseen circumstances and D and E are each entitled to claim a reduced maximum exclusion under section 121(c)(2).

Example 7. In 2003 F buys a small condominium that she uses as her principal residence. In 2005 F receives a promotion and a large increase in her salary. F sells the condominium in 2004 and purchases a house because she can now afford the house. The safe harbors of paragraph (e)(2) of this section do not apply. Under the facts and circumstances, the primary reason for the sale of the house, F's salary increase, is an improvement in F's financial circumstances. Under paragraph (e)(1) of this section, an improvement in financial circumstances, even if the result of unforeseen circumstances, does not qualify for the reduced maximum exclusion by reason of unforeseen circumstances under section 121(c)(2).

Example 8. In April 2003 G buys a house that he uses as his principal residence. G sells his house in October 2004 because the house has greatly appreciated in value, mortgage rates have substantially decreased, and G can afford a bigger house. The safe harbors of paragraph (e)(2) of this section do not apply. Under the facts and circumstances, the primary reasons for the sale of the house, the changes in G's house value and in the mortgage rates, are an improvement in G's financial circumstances. Under paragraph (e)(1) of this section, an improvement in financial circumstances, even if the result of unforeseen circumstances, does not qualify for the reduced maximum exclusion by reason of unforeseen circumstances under section 121(c)(2).

Example 9. H works as a police officer for City X. In 2003 H buys a condominium that he uses as his principal residence. In 2004 H is assigned to City X's K–9 unit and is required to care for the police service dog at his home. Because H's condominium association does not permit H to have a dog in his condominium, in 2004 he sells the condominium and buys a house. The safe harbors of paragraph (e)(2) of this section do not apply. However, under the facts and circumstances, the primary reason for the sale, H's assignment to the K–9 unit, is an unforeseen circumstance because H could not reasonably have anticipated his assignment to the K–9 unit at the time he purchased and occupied the condominium. Consequently, the sale of the condominium is by reason of unforeseen circumstances and H is entitled to claim a reduced maximum exclusion under section 121(c)(2).

Example 10. In 2003, J buys a small house that she uses as her principal residence. After J wins the lottery, she sells the small house in 2004 and buys a bigger, more expensive house. The safe harbors of paragraph (e)(2) of this section do not apply. Under the facts and circumstances, the primary reason for the sale of the house, winning the lottery, is an improvement in J's financial circumstances. Under paragraph (e)(1) of this section, an improvement in financial circumstances, even if the result of unforeseen circumstances, does not qualify for the reduced maximum exclusion under section 121(c)(2).

(f) *Qualified individual.* For purposes of this section, *qualified individual* means—

(1) The taxpayer;

(2) The taxpayer's spouse;

(3) A co-owner of the residence;

(4) A person whose principal place of abode is in the same household as the taxpayer; or

(5) For purposes of paragraph (d) of this section, a person bearing a relationship specified in sections 152(a)(1) through 152(a)(8) (without regard to qualification as a dependent) to a qualified individual described in paragraphs (f)(1) through (4) of this section, or a descendant of the taxpayer's grandparent.

* * * * *

(h) *Effective dates.* Paragraphs (a) and (g) of this section are applicable for sales and exchanges on or after December 24, 2002. Paragraphs (b) through (f) of this section are applicable for sales and exchanges on or after August 13, 2004.

§ 1.121–3T [Removed]

■ **Par. 3.** Section 1.121–3T is removed.

■ **Par. 4.** Section 1.121–5 is added to read as follows:

§ 1.121–5 Suspension of 5-year period for certain members of the uniformed services and Foreign Service.

(a) *In general.* Under section 121(d)(9), a taxpayer who is serving (or whose spouse is serving) on qualified official extended duty as a member of the uniformed services or Foreign Service of the United States may elect to suspend the running of the 5-year period of ownership and use during such service but for not more than 10 years. The election does not suspend the running of the 5-year period for any period during which the running of the 5-year period with respect to any other property of the taxpayer is suspended by an election under section 121(d)(9).

(b) *Manner of making election.* The taxpayer makes the election under section 121(d)(9) and this section by filing a return for the taxable year of the

sale or exchange of the taxpayer's principal residence that does not include the gain in the taxpayer's gross income.

(c) *Application of election to closed years.* A taxpayer who would otherwise qualify under §§ 1.121–1 through 1.121–4 to exclude gain from a sale or exchange of a principal residence on or after May 7, 1997, may elect to apply section 121(d)(9) and this section for any years for which a claim for refund is barred by operation of any law or rule of law by filing an amended return before November 11, 2004.

(d) *Example.* The provisions of this section are illustrated by the following example:

Example. B purchases a house in Virginia in 2003 that he uses as his principal residence for 3 years. For 8 years, from 2006 through 2014, B serves on qualified official extended duty as a member of the Foreign Service of the United States in Brazil. In 2015 B sells the house. B did not use the house as his principal residence for 2 of the 5 years preceding the sale. Under section 121(d)(9)and this section, however, B may elect to suspend the running of the 5-year period of ownership and use during his 8-year period of service with the Foreign Service in Brazil. If B makes the election, the 8-year period is not counted in determining whether B used the house for 2 of the 5 years preceding the sale. Therefore, B may exclude the gain from the sale of the house under section 121.

(e) *Effective date.* This section is applicable for sales and exchanges on or after May 7, 1997.

Nancy Jardini,

Acting Deputy Commissioner for Services and Enforcement.

Approved: July 29, 2004.

Gregory F. Jenner,

Acting Assistant Secretary of the Treasury.

[FR Doc. 04–18714 Filed 8–13–04; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Fiscal Service

31 CFR Parts 351, 359, and 363

Regulations Governing Treasury Securities, New Treasury Direct System

AGENCY: Bureau of the Public Debt, Fiscal Service, Treasury.

ACTION: Final rule.

SUMMARY: New Treasury Direct (also referred to as TreasuryDirect) is a book-entry, online system for purchasing, holding and conducting transactions in Treasury securities. This rule describes a new security, the non-interest-bearing New Treasury Direct certificate of indebtedness (C of I), whose sole purpose is to permit investors to accumulate the purchase price of other eligible securities, currently Series I and Series EE U.S. Savings Bonds in New Treasury Direct.

In addition, when the regulations for New Treasury Direct were first published, we delayed the effective date for certain provisions in the rule. The remaining provisions with delayed effective dates are hereby made effective upon publication of this rule.

DATES: Effective: The amendments to parts 351, 359, and 363 are effective August 16, 2004.

The provisions of 363.24(e), (f), (g), (h), (m) and 363.69(d), (e), (f), (g), published at 67 FR 64286 (October 17, 2002), with a stayed date, are effective August 16, 2004.

ADDRESSES: You can download this final rule at the following Internet addresses: *http://www.publicdebt.treas.gov* or *http://www.gpoaccess.gov/ecfr*.

FOR FURTHER INFORMATION CONTACT: Elisha Whipkey, Director, Division of Program Administration, Office of Securities Operations, Bureau of the Public Debt, at (304) 480–6319 or *elisha.whipkey@bpd.treas.gov*. Susan Klimas, Attorney-Adviser, Office of the Chief Counsel, Bureau of the Public Debt, at (304) 480–8692 or *susan.klimas@bpd.treas.gov*. Dean Adams, Assistant Chief Counsel, Office of the Chief Counsel, Bureau of the Public Debt, at (304) 480–8692 or *dean.adams@bpd.treas.gov*. Edward Gronseth, Deputy Chief Counsel, Bureau of the Public Debt, at (304) 480–8692 or *edward.gronseth@bpd.treas.gov*.

SUPPLEMENTARY INFORMATION: New Treasury Direct is an account-based, online, book-entry system for purchasing, holding, and conducting transactions in Treasury securities via the Internet. Treasury is offering to New Treasury Direct account holders a new security, a New Treasury Direct certificate of indebtedness (C of I), a non-interest bearing, short-term security whose sole purpose is to permit investors to accumulate the purchase price of other eligible Treasury securities in New Treasury Direct. Currently, electronic Series EE and Series I savings bonds are offered through New Treasury Direct. Until now, customers could only purchase these bonds by authorizing a debit of their financial institution checking or savings account for the full purchase price.

For many years, Treasury has also offered paper savings bond products through a payroll savings plan that permits investors to accumulate the purchase price of a savings bond over time through payroll deductions. Participating employers are responsible for accumulating and accounting for employees' deductions until they reach the full purchase price of a bond. The introduction of the C of I enables Treasury to provide an electronic alternative to the traditional payroll savings plan by permitting an account holder to purchase a non-interest bearing C of I as a means to accumulate the purchase price of an electronic security in New Treasury Direct. This greatly reduces the burden on employers, who will simply forward the deductions to Treasury via the ACH method. The cost of handling and accounting for deductions has often dissuaded businesses from offering a payroll deduction program for buying savings bonds. With this new feature, employees can direct their employers to send funds to their New Treasury Direct account to be invested in a C of I until they have accumulated the purchase price of other eligible securities.

The underlying principle of New Treasury Direct is to establish direct relationships with investors, enabling them to do business with Treasury online and conduct transactions without personal assistance from Treasury and its agents. The C of I supports Treasury's goal to provide the maximum convenience, flexibility, and investor self-sufficiency to New Treasury Direct investors. A C of I also allows account holders to consolidate funds from various sources for the purchase of another eligible security. A C of I is issued daily and has a one-day maturity with an automatic rollover at maturity, until the account holder redeems the C of I. The account holder may use the redemption proceeds to purchase an eligible security in New Treasury Direct, or may send the redemption proceeds by the ACH method to his or her account at a financial institution. The C of I is backed by the full faith and credit of the United States.

An account holder may purchase a C of I in four ways: (1) By directing his or her employer to send payroll funds to a New Treasury Direct account; (2) by directing his or her financial institution to send funds to his or her New Treasury Direct account; (3) by using the Buy Direct function of his or her New Treasury Direct account to authorize a debit from his or her account at a financial institution to purchase a C of I; and (4) by using the proceeds of a security redemption or payment to purchase a C of I.

The C of I expands the convenience and flexibility of New Treasury Direct and electronic securities for our customers. Employers will be able to significantly reduce their costs in administering savings bond payroll savings plans. The C of I also positions Treasury to offer customers a convenient way to reinvest interest or proceeds of maturing marketable securities when marketable securities are available in New Treasury Direct.

The account owner may direct purchases of securities to be paid for from his or her C of I holdings on a recurring basis or on a one-time basis. The account owner may redeem his or her C of I holdings, but may not transfer or deliver a C of I to another account owner (except to deliver a C of I from a minor linked account to the adult primary account of the former minor).

Upon the death of the account owner, his or her C of I will belong to the estate of the account owner. We will not be responsible for any redemptions of securities that were purchased using the redemption proceeds of a C of I after the death of the account owner prior to our receiving notice of the death.

The custodian of a minor may purchase a C of I within the minor's account. The minor's C of I is the property of the minor.

In addition, when the regulations for New Treasury Direct were first published, in 67 FR 64286 (October 17, 2002), we delayed the effective date for certain provisions in the rule. Certain functionalities of the system involving the granting of view and transact rights to other persons, and the ability to delete pending transactions, were not ready to be deployed at that time. In addition, the sections relating to minors were not ready to be deployed. By a later rule published at 69 FR 2507 (January 16, 2004), we deleted the delayed provisions relating to minors and replaced them with other provisions relating to minors that were effective upon publication. The remaining provisions with delayed effective dates become effective upon publication of this rule.

Procedural Requirements

This final rule does not meet the criteria for a ''significant regulatory action'' as defined in Executive Order 12866. Therefore, a regulatory assessment is not required.

Because this final rule relates to matters of public contract and procedures for United States securities, notice and public procedure and delayed effective date requirements are inapplicable, pursuant to 5 U.S.C. 553(a)(2).

As no notice of proposed rulemaking is required, the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*) does not apply.

We ask for no new collections of information in this final rule. Therefore, the Paperwork Reduction Act (44 U.S.C. 3507) does not apply.

List of Subjects

31 CFR Part 351

Bonds, Federal Reserve system, Government securities.

31 CFR Part 359

Bonds, Federal Reserve system, Government securities, Securities.

31 CFR Part 363

Bonds, Electronic funds transfer, Federal Reserve system, Government securities, Securities.

■ Accordingly, for the reasons set out in the preamble, 31 CFR Chapter II, Subchapter B, is amended as follows:

PART 351—OFFERING OF UNITED STATES SAVINGS BONDS, SERIES EE

■ 1. The authority citation for Part 351 continues to read as follows:

Authority: 5 U.S.C. 301; 12 U.S.C. 391; 31 U.S.C. 3105.

■ 2. Revise §§ 351.62, 351.63 and 351.64 to read as follows:

§ 351.62 How is payment made for purchases of book-entry Series EE savings bonds?

You may only purchase book-entry Series EE savings bonds online through your New Treasury Direct account. You may pay for your securities through a debit to your designated account at a United States depository financial institution, or by applying the redemption proceeds of a certificate of indebtedness held in your New Treasury Direct account.

§ 351.63 How are redemption payments made for my redeemed book-entry Series EE savings bonds?

We will make payments electronically by direct deposit, using the ACH method, to your designated account at a United States depository financial institution. You may also direct that a payment be used to purchase a certificate of indebtedness to be held in your New Treasury Direct account.

§ 351.64 What is the issue date of a book-entry Series EE savings bond?

The issue date of a book-entry Series EE savings bond is the first day of the month in which the security posts to the current holdings of the account owner.

PART 359—OFFERING OF UNITED STATES SAVINGS BONDS, SERIES I

■ 3. The authority citation for part 359 continues to read as follows:

Authority: 5 U.S.C. 301; 12 U.S.C. 391; 31 U.S.C. 3105.

■ 4. Revise §§ 359.47, 359.48 and 359.49 to read as follows:

§ 359.47 How is payment made for purchases of book-entry Series I savings bonds?

You may only purchase book-entry Series I savings bonds online through your New Treasury Direct account. You may pay for your securities through a debit to your designated account at a United States depository financial institution, or by applying the redemption proceeds of a certificate of indebtedness held in your New Treasury Direct account.

§ 359.48 How are redemption payments made for my redeemed book-entry Series I savings bonds?

We will make payments electronically by direct deposit, using the ACH method, to your designated account at a United States depository financial institution. You may also direct that a payment be used to purchase a certificate of indebtedness to be held in your New Treasury Direct account.

§ 359.49 What is the issue date of a book-entry Series I savings bond?

The issue date of a book-entry Series I savings bond is the first day of the month in which the security posts to the current holdings of the account owner.

PART 363—REGULATIONS GOVERNING SECURITIES HELD IN THE NEW TREASURY DIRECT SYSTEM

■ 5. Revise the authority citation for part 363 to read as follows:

Authority: 5 U.S.C. 301; 12 U.S.C. 391; 31 U.S.C. 3102, *et seq.*; 31 U.S.C. 3121, *et seq.*

■ 6. Revise § 363.3 to read as follows:

§ 363.3 What Treasury securities may be held in New Treasury Direct?

Book-entry Series EE savings bonds, book-entry Series I savings bonds, and certificates of indebtedness may be held in New Treasury Direct.

■ 7. Amend § 363.6 by revising the definitions of ''Interest on a savings bond'', ''Redemption of a savings bond'', ''Series EE savings bond'', ''Series I savings bond'', and by adding the definition of ''certificate of indebtedness'', to read as follows:

§ 363.6 What special terms do I need to know to understand this part?

* * * * *

Certificate of Indebtedness (certificate of indebtedness) is a one-day security held within your primary or linked account, including a minor account for which you are the custodian, that automatically matures and is rolled over each day until you request that it be redeemed.

* * * * *

Interest on a savings bond means the difference between the purchase price and the redemption value of the bond.

* * * * *

Redemption of a savings bond refers to the payment of principal and interest at final maturity, or prior to final maturity at the option of the owner. The owner may redeem all principal and interest or a portion of the principal and the proportionate amount of interest.

* * * * *

Series EE savings bond is an accrual-type savings bond, issued either in definitive (paper) form or in book-entry form, that accrues interest on the principal based on rates determined by Treasury.

* * * * *

Series I savings bond is a savings bond, issued either in definitive (paper) form or in book-entry form, that accrues interest in accordance with a formula that includes a fixed component and a component indexed to the rate of inflation.

* * * * *

■ 8. Amend § 363.24 by adding paragraphs (q) and (r), to read as follows:

§ 363.24 What transactions can I perform online through my New Treasury Direct account?

* * * * *

(q) You can purchase a certificate of indebtedness.

(r) You can redeem a partial or total amount of your certificate of indebtedness.

■ 9. Amend 363.27 by adding paragraphs (d)(8) and (e)(4), to read as follows:

§ 363.27 What do I need to know about accounts for minors who have not had a legal guardian appointed by a court?

(d) * * *

(8) The custodian may purchase a certificate of indebtedness on behalf of the minor. The certificate of indebtedness is the property of the minor.

(e) * * *

(4) The minor may gain control of his or her certificate of indebtedness by the custodian de-linking the account and transferring the certificate of indebtedness to the minor's primary account, or the minor may request that Public Debt de-link the account and transfer the certificate of indebtedness to his or her primary account.

* * * * *

■ 10. Revise §§ 363.36, 363.37 and 363.38 to read as follows:

§ 363.36 What securities can I purchase and hold in my New Treasury Direct account?

You can purchase and hold eligible Treasury securities in your account. Eligible securities are Series EE and I savings bonds and certificates of indebtedness.

§ 363.37 How do I purchase eligible Treasury securities to be held in my New Treasury Direct account?

Eligible Treasury securities may only be purchased online through your New Treasury Direct account. Payment for eligible securities other than certificates of indebtedness is made by a debit to your designated account at a United States depository financial institution using the ACH method, or using the redemption proceeds of your certificate of indebtedness.

§ 363.38 What happens if my financial institution returns an ACH debit?

If your designated financial institution returns an ACH debit, we reserve the right to reinitiate the debit at our option. We also reserve the right to reverse the transaction, thereby removing the security from your New Treasury Direct account. We are not responsible for any fees your financial institution may charge relating to returned ACH debits.

■ 11. Revise § 363.41 to read as follows:

§ 363.41 What happens if an ACH payment is returned to Public Debt?

We will notify you electronically of the returned payment. We will hold your payment until you provide us with instructions. Returned payments will not earn interest. We reserve the right to redirect a returned payment to the bank account at a financial institution that you have designated in your New Treasury Direct account as your primary bank account, if that account is different from the one that returned the payment to us. We are not responsible for any fees your financial institution may charge relating to returned ACH payments.

■ 12. Amend § 363.90 by adding paragraph (a)(6) and by revising paragraph (d) introductory text to read as follows:

§ 363.90 What happens when a New Treasury Direct account owner dies and his or her estate is entitled to savings bonds held in the account?

(a) * * *

(6) If the value of the New Treasury Direct account greater than $100,000, we will require probate.

* * * * *

(d) *Survivors' order of precedence for payment or transfer.* If there has been no administration, no administration is contemplated, no summary or small estate procedures have been used, and the total redemption value of the Treasury securities that are the property of the decedent's estate is $100,000 or less, then the securities may be paid to the persons named in the following order of precedence:

* * * * *

■ 13. Amend part 363 by adding Subpart D, to read as follows:

Subpart D—Certificate of Indebtedness

Sec.

363.130 What does this subpart cover?
363.131 What is a New Treasury Direct certificate of indebtedness?
363.132 Can the sale of the certificate of indebtedness be suspended?
363.133 What happens to my certificate of indebtedness if the offering is terminated by the Secretary?
363.134 What regulations cover a certificate of indebtedness?
363.135 In what form is a certificate of indebtedness issued?
363.136 Do certificates of indebtedness pay interest?
363.137 What do I need to know about the registration of a certificate of indebtedness?
363.138 How do I purchase a certificate of indebtedness?
363.139 Is Treasury liable for the purchase of a certificate of indebtedness that is made in error?
363.140 When is a certificate of indebtedness issued?
363.141 How do I purchase a security using the redemption proceeds of my certificate of indebtedness?
363.142 May I redeem my certificate of indebtedness for cash?
363.143 What happens if an ACH payment used to purchase a certificate of indebtedness is later reversed?
363.144 May I delete a pending transaction involving a certificate of indebtedness?
363.145 May I transfer or deliver my certificate of indebtedness?
363.146 What happens to a certificate of indebtedness upon the death of the New Treasury Direct account owner?
363.147 Does Public Debt reserve the right to require that any transaction in a certificate of indebtedness be conducted offline?
363.148 What are the rules for judicial and administrative actions involving a certificate of indebtedness?

363.149 What evidence is required to establish the validity of judicial proceedings?
363.150 May a certificate of indebtedness be pledged or used as collateral?
363.151 Can Treasury suspend transactions in my certificate of indebtedness?
363.152 Does Public Debt make any reservations as to issue of certificates of indebtedness?

§ 363.130 What does this subpart cover?

This subpart is the offering of the certificate of indebtedness by the Secretary of the Treasury (Secretary), and will continue until suspended or terminated by the Secretary. This subpart is also the governing regulations for the certificate of indebtedness.

§ 363.131 What is a New Treasury Direct certificate of indebtedness?

A New Treasury Direct certificate of indebtedness (certificate of indebtedness) is a security held within your primary or linked account, including a minor account for which you are the custodian, that is issued daily, with a one-day maturity, that automatically rolls over at maturity until you request redemption. A certificate of indebtedness has a minimum purchase amount of one cent. The only purpose of a certificate of indebtedness is to accumulate funds for the purchase of another eligible security in the New Treasury Direct system. A certificate of indebtedness within a minor's account is the property of the minor alone.

§ 363.132 Can the sale of the certificate of indebtedness be suspended?

The Secretary may suspend and rescind the suspension of sales of the certificate of indebtedness by announcement at any time.

§ 363.133 What happens to my certificate of indebtedness if the offering is terminated by the Secretary?

Upon the termination of this offering by the Secretary, the certificate of indebtedness ceases to roll over; the proceeds will be paid by the ACH method to the bank account at a financial institution that you designated in your New Treasury Direct account as your primary bank account.

§ 363.134 What regulations cover a certificate of indebtedness?

The regulations in part 363 apply to a certificate of indebtedness. We expressly disclaim representations or warranties regarding a certificate of indebtedness that in any way conflict with these regulations and other applicable law.

§ 363.135 In what form is a certificate of indebtedness issued?

A certificate of indebtedness is issued in electronic form only in the New Treasury Direct system.

§ 363.136 Do certificates of indebtedness pay interest?

Certificates of indebtedness do not pay any interest. However, the Secretary may prescribe a rate of interest, or change the interest rate, for certificates of indebtedness by announcement at any time. The new rate would apply to certificates of indebtedness issued thereafter, as provided in the announcement. The Secretary's determination of the rate will be final.

§ 363.137 What do I need to know about the registration of a certificate of indebtedness?

A certificate of indebtedness is automatically registered in the single ownership form of registration in the New Treasury Direct account owner's name.

§ 363.138 How do I purchase a certificate of indebtedness?

You may purchase your certificate of indebtedness through one or more of the following four methods:

(a) payroll deduction, in which your employer sends funds through the ACH method to your New Treasury Direct account;

(b) deposit by your financial institution, in which your financial institution sends funds by the ACH method to your New Treasury Direct account on a recurring or one-time basis;

(c) through the Buy Direct function of your New Treasury Direct account, in which you direct us to debit funds from your account at a financial institution to purchase a certificate of indebtedness. This method is limited to no greater than $25 per transaction; or

(d) by using the proceeds from the redemption or interest payment of a security to purchase a certificate of indebtedness.

§ 363.139 Is Treasury liable for the purchase of a certificate of indebtedness that is made in error?

We are not liable for any deposits of funds for the purchase of a certificate of indebtedness that are made in error by your financial institution or employer.

§ 363.140 When is a certificate of indebtedness issued?

A certificate of indebtedness is issued the business day after the purchase transaction is made.

§ 363.141 How do I purchase a security using the redemption proceeds of my certificate of indebtedness?

You may purchase an eligible security by redeeming all or a portion of your certificate of indebtedness and applying the proceeds toward the purchase of another eligible security. To do this, your certificate of indebtedness must be of sufficient value to cover the cost of the security. If you are paying for a security using the redemption proceeds of a certificate of indebtedness, you must pay the full amount of the purchase price of the security using the redemption proceeds.

§ 363.142 May I redeem my certificate of indebtedness for cash?

You may redeem part or all of the value of your certificate of indebtedness at any time. The redemption proceeds will be deposited electronically using the ACH method into the account at your financial institution that you designated for the deposit of the proceeds.

§ 363.143 What happens if an ACH payment used to purchase a certificate of indebtedness is later reversed?

If an ACH payment used to purchase a certificate of indebtedness is later reversed, we reserve the right to reverse the purchase of the certificate of indebtedness. If the ACH reversal occurs after the certificate of indebtedness has been redeemed, we reserve the right to reverse previously processed security transactions, including securities that were purchased as gifts and securities that have been transferred or delivered from your account to the account of another New Treasury Direct account owner.

§ 363.144 May I delete a pending transaction involving a certificate of indebtedness?

(a) You may delete a pending purchase of a certificate of indebtedness initiated from your New Treasury Direct account.

(b) You may delete a pending purchase of a security using a certificate of indebtedness as payment.

(c) You may not delete a pending redemption of all or part of the value of a certificate of indebtedness.

§ 363.145 May I transfer or deliver my certificate of indebtedness?

A certificate of indebtedness is nontransferable. You may not deliver a certificate of indebtedness to another New Treasury Direct account as a gift.

§ 363.146 What happens to a certificate of indebtedness upon the death of the New Treasury Direct account owner?

(a) Upon the death of the New Treasury Direct account owner, a certificate of indebtedness is the property of the estate of the account owner. If any purchases of other eligible securities are made after the death of the owner using the redemption proceeds of a certificate of indebtedness as payment, we will consider the securities to be the property of the estate of the account owner, notwithstanding any registration on the security.

(b) We are not liable for the redemption of a security that was purchased using the redemption proceeds of a certificate of indebtedness as payment. We are not liable for the redemption of a certificate of indebtedness that may occur after the death of the account owner but prior to our receiving notice of the death of the account owner.

(c) If the estate is being administered, we will require appropriate proof of appointment for the legal representative of the estate. Letters of appointment must be dated within one year of submission. The legal representative of the estate must request payment of the certificate of indebtedness to the person(s) entitled. We will require ACH instructions. If the value of the New Treasury Direct account is greater than $100,000, we will require probate.

(d) If the estate has been previously settled through judicial proceedings, the person(s) entitled must request payment of the certificate of indebtedness. We will require ACH instructions. We will require a certified copy of the court-approved final accounting for the estate, the court's decree of distribution, or other appropriate evidence.

(e) If there is no formal administration and no representative of the estate is to be appointed, the person(s) entitled under state law summary or small estates procedures may request payment of the certificate of indebtedness. We will require appropriate evidence. We will require ACH instructions.

(f) If there has been no administration, no administration is contemplated, no summary or small estate procedures have been used, and the total redemption value of the Treasury securities that are the property of the decedent's estate is $100,000 or less, then the certificate of indebtedness may be paid to the persons named in the following order of precedence:

(1) There is a surviving spouse and no surviving child or descendant of a deceased child: to the surviving spouse.

(2) There is a surviving spouse and a child or children of the decedent, or descendants of deceased children: one-half to the surviving spouse and one-half to the child or children of the decedent, and the descendants of deceased children, by representation, or by agreement of all persons entitled in this class;

(3) There is no surviving spouse and there is a surviving child or descendant of deceased children: to the child or children of the decedent, and the descendants of deceased children, by representation.

(4) There are no surviving spouse, no surviving child, and no surviving descendants of deceased children: to the parents of the decedent, one-half to each, or in full to the survivor.

(5) There are no surviving spouse, no surviving child or surviving descendants of deceased children, and no surviving parents: to the brothers and sisters and descendants of deceased brothers and sisters by representation.

(6) There are no surviving spouse, no surviving child or surviving descendants of deceased children, no surviving parents, and no brothers or sisters or descendants of deceased brothers and sisters: to other next of kin, as determined by the laws of the decedent's domicile at the time of death.

(7) There are no surviving spouse, no surviving child or surviving descendants of deceased children, no surviving parents, no brothers or sisters or descendants of deceased brothers and sisters, and no next of kin, as determined by the laws of the decedent's domicile at the time of death: to persons related to the decedent by marriage, *i.e.*, heirs of a spouse of the last decedent where the spouse predeceased that registrant.

(8) There are no surviving spouse, no surviving child or surviving descendants of deceased children, no surviving parents, no brothers or sisters or descendants of deceased brothers and sisters, no next of kin, as determined by the laws of the decedent's domicile at the time of death, and no persons related to the decedent by marriage: to the person who paid the burial and funeral expenses, or a creditor of the decedent's estate, but payment may be made only to the extent that the person has not been reimbursed.

(9) Escheat according to the applicable state law.

(g) When we make payments according to paragraph (f) of this section, we will make the payments by the ACH method to either a person individually, or individually and on behalf of all other persons entitled. We will require ACH instructions for payment. A person who receives payment of certificate of indebtedness proceeds individually and on behalf of others agrees to make distribution of the proceeds to the other persons entitled by the law of the decedent's domicile. The provisions of this section are for our convenience and do not determine ownership of the securities or their proceeds. We may rely on information provided by the person who requests payment, and are not liable for any action taken in reliance on the information furnished.

§ 363.147 Does Public Debt reserve the right to require that any transaction in a certificate of indebtedness be conducted offline?

We reserve the right to require any transaction to be conducted offline using an approved form. Signatures on offline transactions must be certified or guaranteed as provided in instructions in § 363.43.

§ 363.148 What are the rules for judicial and administrative actions involving a certificate of indebtedness?

(a) We are not subject to and will not accept a notice of an adverse claim or notice of pending judicial proceedings involving a certificate of indebtedness.

(b) Treasury, Public Debt, and the Federal Reserve Banks are not proper defendants in a judicial proceeding involving competing claims to a certificate of indebtedness.

(c) We will pay the redemption proceeds of a certificate of indebtedness pursuant to a divorce decree that either disposes of the certificate of indebtedness or ratifies a property settlement agreement disposing of the certificate of indebtedness of either of the parties. If the divorce decree does not set out the terms of the property settlement agreement, we will require a certified copy of the agreement.

(d) We will recognize a final order entered by a court that affects ownership rights in a certificate of indebtedness only to the extent that the order is consistent with the provisions of this part. The owner of the certificate of indebtedness must be a party to the proceedings. We will require a certified copy of the court order.

(e) We will pay the redemption proceeds of a certificate of indebtedness pursuant to a valid levy to satisfy a money judgment against the owner of the certificate of indebtedness. Payment will be made only to the extent necessary to satisfy the money judgment.

(f) We will honor an IRS administrative levy under section 6331 of the Internal Revenue Code with respect to the owner.

(g) We will pay the redemption proceeds of a certificate of indebtedness

to a trustee in bankruptcy, a receiver of an insolvent's estate, a receiver in equity, or a similar court officer, if the original court order is against the owner. Payment will be made electronically through the ACH method to a U.S. depository financial institution account designated by the receiver or a similar court official.

§ 363.149 What evidence is required to establish the validity of judicial proceedings?

(a) We require certified copies of the final judgment, decree, or court order, and any necessary supplementary proceedings.

(b) A request for payment by a trustee in bankruptcy or a receiver of an insolvent's estate must be supported by evidence of appointment and qualification.

(c) A request for payment by a receiver in equity or a similar court officer (other than a receiver of an insolvent's estate) must be supported by a copy of an order that authorizes the redemption of the certificate of indebtedness.

§ 363.150 May a certificate of indebtedness be pledged or used as collateral?

A certificate of indebtedness may not be pledged or used as collateral for the performance of an obligation.

§ 363.151 Can Treasury suspend transactions in my certificate of indebtedness?

We reserve the right to suspend transactions in your certificate of indebtedness if we deem it to be in the best interests of the United States.

§ 363.152 Does Public Debt make any reservations as to issue of certificates of indebtedness?

We may reject any application for the purchase of a certificate of indebtedness, in whole or in part. We may refuse to issue a certificate of indebtedness in any case or class of cases, if we deem the action to be in the public interest. Our action in any such respect is final.

Dated: August 11, 2004.

Donald V. Hammond,

Fiscal Assistant Secretary.

[FR Doc. 04–18763 Filed 8–12–04; 12:13 pm]

BILLING CODE 4810–39–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 65

Changes in Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency (FEMA), Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Final rule.

SUMMARY: Modified Base (1% annual-chance) Flood Elevations (BFEs) are finalized for the communities listed below. These modified BFEs will be used to calculate flood insurance premium rates for new buildings and their contents.

EFFECTIVE DATES: The effective dates for these modified BFEs are indicated on the following table and revise the Flood Insurance Rate Maps (FIRMs) in effect for the listed communities prior to this date.

ADDRESSES: The modified BFEs for each community are available for inspection at the office of the Chief Executive Officer of each community. The respective addresses are listed in the table below.

FOR FURTHER INFORMATION CONTACT: Doug Bellomo, P.E., Hazard Identification Section, Mitigation Division, Emergency Preparedness and Response Directorate, FEMA, 500 C Street SW., Washington, DC 20472, (202) 646–2903.

SUPPLEMENTARY INFORMATION: FEMA makes the final determinations listed below of the modified BFEs for each community listed. These modified BFEs have been published in newspapers of local circulation and ninety (90) days have elapsed since that publication.

The Mitigation Division Director of the Emergency Preparedness and Response Directorate has resolved any appeals resulting from this notification.

The modified BFEs are not listed for each community in this notice. However, this rule includes the address of the Chief Executive Officer of the community where the modified BFEs determinations are available for inspection.

The modified BFEs are made pursuant to Section 206 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are in accordance with the National Flood Insurance Act of 1968, 42 U.S.C. 4001 *et seq.*, and with 44 CFR Part 65.

For rating purposes, the currently effective community number is shown and must be used for all new policies and renewals.

The modified BFEs are the basis for the floodplain management measures that the community is required to either adopt or to show evidence of being already in effect in order to qualify or to remain qualified for participation in the National Flood Insurance Program (NFIP).

These modified BFEs, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own, or pursuant to policies established by other Federal, State, or regional entities.

These modified BFEs are used to meet the floodplain management requirements of the NFIP and are also used to calculate the appropriate flood insurance premium rates for new buildings built after these elevations are made final, and for the contents in these buildings.

The changes in BFEs are in accordance with 44 CFR 65.4.

National Environmental Policy Act

This rule is categorically excluded from the requirements of 44 CFR part 10, Environmental Consideration. No environmental impact assessment has been prepared.

Regulatory Flexibility Act

The Mitigation Division Director of the Emergency Preparedness and Response Directorate certifies that this rule is exempt from the requirements of the Regulatory Flexibility Act because modified BFEs are required by the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are required to maintain community eligibility in the NFIP. No regulatory flexibility analysis has been prepared.

Regulatory Classification

This final rule is not a significant regulatory action under the criteria of Section 3(f) of Executive Order 12866 of September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

Executive Order 12612, Federalism

This rule involves no policies that have federalism implications under Executive Order 12612, Federalism, dated October 26, 1987.

Executive Order 12778, Civil Justice Reform

This rule meets the applicable standards of Section 2(b)(2) of Executive Order 12778.

List of Subjects in 44 CFR Part 65

Flood insurance, Floodplains, Reporting and recordkeeping requirements.

■ Accordingly, 44 CFR part 65 is amended to read as follows:

PART 65—[AMENDED]

■ 1. The authority citation for part 65 continues to read as follows:

Authority: 42 U.S.C. 4001 et seq.; Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 65.4 [Amended]

■ 2. The tables published under the authority of § 65.4 are amended as follows:

State and county	Location and case No.	Date and name of newspaper where notice was published	Chief executive officer of community	Effective date of modification	Community No.
Arizona:					
Maricopa, (FEMA Docket No.: B–7444).	City of Phoenix, (03–09–0934P).	Dec. 18, 2003, Dec. 25, 2003, *Arizona Business Gazette*.	The Honorable Skip Rimsza, Mayor, City of Phoenix, 200 West Washington Street, 11th Floor, Phoenix, Arizona 85003.	Mar. 25, 2004.	040051
Maricopa, (FEMA Docket No.: B–7446).	City of Phoenix, (04–09–0654X).	Mar. 18, 2004, Mar. 25, 2004, *Arizona Business Gazette*.	The Honorable Phil Gordon, Mayor, City of Phoenix, 200 West Washington Street, 11th Floor, Phoenix, Arizona 85003–1611.	Jun. 24, 2004.	040051
Pima, (FEMA Docket No.: B–7444).	Town of Marana, (02–09–829P) (04–09–045X).	Jan. 15, 2004, Jan. 22, 2004, *Daily Territorial*.	The Honorable Bobby Sutton, Jr., Mayor, Town of Marana, 13251 North Lon Adams Road, Marana, Arizona 85653.	Apr. 22, 2004.	040118
Pima, (FEMA Docket No.: B–7446).	Town of Marana, (04–09–0750P).	Mar. 25, 2004, Apr. 1, 2004, *Daily Territorial*.	The Honorable Bobby Sutton, Jr., Mayor, Town of Marana, 13251 North Lon Adams Road, Marana, Arizona 85653.	Apr. 22, 2004.	040118
Pima, (FEMA Docket No.: B–7446).	Town of Marana, (03–09–0698P).	Mar. 25, 2004, Apr. 1, 2004, *Daily Territorial*.	The Honorable Bobby Sutton, Jr., Mayor, Town of Marana, 13251 North Lon Adams Road, Marana, Arizona 85653.	Jul. 1, 2004	040118
Pima, (FEMA Docket No.: B–7444).	City of Tucson, (02–09–829P) (04–09–0465X).	Jan. 15, 2004, Jan. 22, 2004, *Daily Territorial*.	The Honorable Bob Walkup, Mayor, City of Tucson, City Hall, 255 West Alameda Street, Tucson, Arizona 85701.	Apr. 22, 2004.	040076
Pima, (FEMA Docket No.: B–7446).	City of Tucson, (03–09–1711P).	Apr. 8, 2004, Apr. 15, 2004, *Daily Territorial*.	The Honorable Bob Walkup, Mayor, City of Tucson, City Hall, 255 West Alameda Street, Tucson, Arizona 85701.	Jul. 15, 2004	040076
Pima, (FEMA Docket No.: B–7444).	Unincorporated Areas, (02–09–829P) (04–09–0465X).	Jan. 15, 2004, Jan. 22, 2004, *Daily Territorial*.	The Honorable Sharon Bronson, Chair, Pima County, Board of Supervisors, 1330 West Congress Street, 11th Floor, Tucson, Arizona 85701.	Apr. 22, 2004.	040073
Pima, (FEMA Docket No.: B–7446).	Unincorporated Areas, (03–09–0698P),.	Mar. 25, 2004, Apr. 1, 2004, *Daily Territorial*.	The Honorable Sharon Bronson, Chair, Pima County, Board of Supervisors, 1330 West Congress Street, 11th Floor, Tucson, Arizona 85701.	Jul. 1, 2004	040073
Yuma, (FEMA Docket No.: B–7444).	Unincorporated Areas, (02–09–045P).	Dec. 16, 2003, Dec. 23, 2003, *Yuma Daily Sun*.	The Honorable Lenore Lorona Stuart, Chairperson, Yuma County, Board of Supervisors, 108 South MainStreet, Yuma, Arizona 85364.	Mar. 24, 2004.	040099

State and county	Location and case No.	Date and name of newspaper where notice was published	Chief executive officer of community	Effective date of modification	Community No.
Amador, (FEMA Docket No.: B–7444).	City of Sutter Creek, (03–09–0678P).	Oct. 8, 2003, Oct. 15, 2003, *Ledger Dispatch*.	The Honorable W. Brent Parsons, Mayor, City of Sutter Creek, P.O. Box 1238, Sutter Creek, California 95685.	Sept. 19, 2003.	060458
Contra Costa (FEMA Docket No.: B–7444).	Unincorporated Areas, (03–09–1147P).	Nov. 6, 2003, Nov. 13, 2003, *Contra Costa Times*.	The Honorable Mark DeSaulnier, Chairman, Contra County, Board of Supervisors, 2425 Bisso Lane Suite 110, Concord, California 94520.	Oct. 29, 2003.	060025
Humboldt (FEMA Docket No.: B–7446).	City of Arcata, (03–09–0824P).	Feb. 10, 2004, Feb. 17, 2004, *Arcata Eye*.	The Honorable Robert Ornelas, Mayor, City of Arcata, 736 F Street, Arcata, California 94521.	May 18, 2004.	060061
Los Angeles (FEMA Docket No.: B–7446).	City of Burbank, (02–09–944P).	Feb. 11, 2004, Feb. 18, 2004, *Burbank Leader*.	The Honorable Stacey Murphy, Mayor, City of Burbank, P.O. Box 6459, Burbank, California 94521.	May 19, 2004.	065018
Los Angeles (FEMA Docket No.: B–7446).	City of Los Angeles; (04–09–0102P).	Mar. 11, 2004, Mar. 18, 2004, *Los Angeles Times*.	The Honorable James K. Hahn, Mayor, City of Los Angeles, 200 North Spring Street, Room 303, Los Angeles, California 90012.	Jun. 17, 2004.	060137
Mono (FEMA Docket No.: B–7444).	Unincorporated Areas, (02–09–0445P).	Jan. 22, 2004, Jan. 29, 2004, *Mammoth Times*.	The Honorable John Cecil, Chairman, Mono County, Board of Supervisors, P.O. Box 654, Bridgeport, California 93517.	Apr. 28, 2004.	060194
Placer (FEMA Docket No.: B–7446).	Unincorporated Area, (03–09–1212P).	Feb. 4, 2004, Feb. 11, 2004, *The Rocklin Placer Herald*.	The Honorable Rex Bloomfield, Chairman, Placer County, Board of Supervisors, 175 Fulweiler Avenue, Auburn, California 95603.	Jan. 8, 2004	060239
Riverside (FEMA Docket No.: B–7446).	City of Moreno Valley, (04–09–0122P).	Apr. 1, 2004, Apr. 8, 2004, *Press—Enterprise*.	The Honorable Frank West, Mayor, City of Moreno Valley, 14177 Frederick Street, Moreno Valley, California 92552.	Jul. 8, 2004	065074
Riverside (FEMA Docket No.: B–7444).	City of Murrieta, (03–09–1620P) (04–09–0819X).	Jan. 22, 2004, Jan. 29, 2004, *The California*.	The Honorable Jack Van Haaster, Mayor, City of Murrieta, 26442 Beckman Court, Murrieta, California 92562.	Apr. 29, 2004.	060751
Riverside (FEMA Docket No.: B–7444).	City of Temecula, (03–09–0162P).	Oct. 29, 2003, Nov. 5, 2003, *The Press Enterprise*.	The Honorable Jeff Stone, Mayor, City of Temecula, P.O. Box 9033, Temecula, California 92589–9033.	Feb. 4, 2004	060742
San Diego (FEMA Docket No.: B–7446).	City of Chula Vista, (03–09–0900P).	Mar. 5, 2004, Mar. 12, 2004, *Chula Vista Star News*.	The Honorable Stephen C. Padilla, Mayor, City of Chula Vista, City Hall, 276 Fourth Avenue, Chula Vista, California 91910.	Jun. 11, 2004.	065021
San Diego (FEMA Docket No.: B–7444).	City of Oceanside, (02–09–1057P).	Jan. 8, 2004, Jan. 15, 2004, *North County Times*.	The Honorable Terry Johnson, Mayor, City of Oceanside, 300 North Coast Highway, Oceanside, California 92054.	Nov. 21, 2003.	060294
San Diego (FEMA Docket No.: B–7446).	City of Oceanside, (04–09–0309P).	Apr. 1, 2004, Apr. 8, 2004, *North County Times*.	The Honorable Terry Johnson, Mayor, City of Oceanside, 300 North Coast Highway, Oceanside, California 92054.	Jul. 8, 2004	060294

State and county	Location and case No.	Date and name of newspaper where notice was published	Chief executive officer of community	Effective date of modification	Community No.
San Diego (FEMA Docket No.: B–7446).	City of San Diego, (04–09–0108P).	Apr. 8, 2004, Apr. 15, 2004, *San Diego City Transcript*.	The Honorable Richard M. Murphy, Mayor, City of San Diego, 202 C Street, 11th Floor, San Diego, California 92101.	Jul. 15, 2004	060295
San Diego (FEMA Docket No.: B–7444).	Unincorporated Areas, (03–09–0999P).	Nov. 13, 2003, Nov. 20, 2003, *The San Diego Union-Tribune*.	The Honorable Greg Cox, Chairman, San Diego County Board of Supervisors, 1600 Pacific Highway, Room 335, San Diego, California 92101.	Feb. 19, 2004.	060284
San Diego (FEMA Docket No.: B–7446).	Unincorporated Areas, (03–09–1209P).	Apr. 8, 2004, Apr. 15, 2004, *San Diego Union-Tribune*.	The Honorable Dianne Jacob, Chairwoman, San Diego County Board of Supervisors, 1600 Pacific Highway, San Diego, California 92101.	Jul. 15, 2004	060284
Ventura (FEMA Docket No.: B–7440).	City of Fillmore, (02–09–927P).	Jul. 31, 2003, Aug. 7, 2003, *Fillmore Gazette*.	The Honorable Evaristo Barajas, Mayor, City of Fillmore, Fillmore City Hall, 250 Central Avenue, Fillmore, California 93015–1907.	Nov. 7, 2003	060415
Ventura (FEMA Docket No.: B–7444).	City of Simi Valley, (03–09–1657P).	Dec. 11, 2003, Dec. 18, 2003, *Ventura County Star*.	The Honorable William Davis, Mayor, City of Simi Valley, 2929 Tapo Canyon Road, Simi Valley, California 93063–2199.	Nov. 18, 2003.	060421
Ventura (FEMA Docket No.: B–7444).	City of Simi Valley, (03–09–1631P).	Jan. 1, 2004, Jan. 8, 2004, *Ventura County Star*.	The Honorable William Davis, Mayor, City of Simi Valley, 2929 Tapo Canyon Road, Simi Valley, California 93063–2199.	Apr. 9, 2004	060421
Ventura (FEMA Docket No.: B–7446).	City of Simi Valley, (04–09–0234P).	Feb. 12, 2004, Feb. 19, 2004, *Ventura County Star*.	The Honorable William Davis, Mayor, City of Simi Valley, 2929 Tapo Canyon Road, Simi Valley, California 93063–2199.	Jan. 30, 2004.	060421
Ventura (FEMA Docket No.: B–7440).	Unincorporated Areas, (02–09–927P).	Jul. 31, 2004, Aug. 7, 2004, *Fillmore Gazette*.	The Honorable Judy Mikels, Chair, Ventura County, Board of Supervisors, 800 South Victoria Avenue, Ventura, California 93009.	Nov. 7, 2003	060413
Colorado:					
Adams, (FEMA Docket No.: B–7446).	City of Brighton, (03–08–0621P).	Feb. 4, 2004, Feb. 11, 2004, *Brighton Standard Blade*.	The Honorable Jan Pawlowski, Mayor, City of Brighton, 22 South Fourth Avenue, Brighton, Colorado 80601.	May 12, 2004.	080004
Adams (FEMA Docket No.: B–7446).	Unincorporated Areas, (03–08–0621P).	Feb. 4, 2004, Feb. 11, 2004, *Brighton Standard Blade*.	The Honorable Elaine T. Valente, Chair, Adams County Board of Commissioners, 450 South Fourth Avenue, Brighton, Colorado 80601.	May 12, 2004.	080001
Adams (FEMA Docket No.: B–7446).	Unincorporated Areas, (02–08–398P).	Feb. 6, 2004, Feb. 13, 2004, *Eastern Colorado News*.	The Honorable Elaine T. Valente, Chair, Adams County Board of Commissioners, 450 South Fourth Avenue, Brighton, Colorado 80601.	May 14, 2004.	080001

State and county	Location and case No.	Date and name of newspaper where notice was published	Chief executive officer of community	Effective date of modification	Community No.
Arapahoe, (FEMA Docket No.: B–7446).	City of Littleton, (03–08–0691P).	Mar. 11, 2004, Mar. 18, 2004, *Littleton Independent*.	The Honorable John Ostermiller, Mayor, City of Littleton, 2255 West Berry Avenue, Littleton, Colorado 80165.	Mar. 1, 2004	080017
Boulder, (FEMA Docket No.: B–7444).	City of Boulder, (03–08–0410P).	Jan. 8, 2004, Jan. 15, 2004, *Boulder Daily Camera*.	The Honorable William R. Toor, Mayor, City of Boulder, 1777 Broadway, Boulder, Colorado 80306.	Apr. 15, 2004.	080024
Douglas, (FEMA Docket No.: B–7446).	Town of Parker, (04–08–0033P).	Feb. 19, 2004, Feb. 26, 2004, *Douglas County News-Press*.	The Honorable Gary Lasater, Mayor, Town of Parker, 20120 East Mainstreet, Parker, Colorado 80138.	May 27, 2004.	080310
El Paso (FEMA Docket No.: B–7444).	Town of Monument, (03–08–0661P).	Jan. 7, 2004, Jan. 14, 2004, *Tri-Lakes Tribune*.	The Honorable E. L. Konarski, Mayor, Town of Monument, P.O. Box 325, Monument, Colorado 80132.	Apr. 13, 2004.	080064
El Paso (FEMA Docket No.: B–7444).	Unincorporated Areas, (03–08–0619P).	Dec. 17, 2003, Dec. 24, 2004, *El Paso County News*.	The Honorable Chuck Brown, Chairman, El Paso County, Board of Commissioners, 27 East Vermijo Avenue, Colorado Springs, Colorado 80903–2208.	Mar. 24, 2004.	080059
El Paso (FEMA Docket No.: B–7446).	Unincorporated Areas, (03–08–0406P).	Mar. 10, 2004, Mar. 17, 2004, *El Paso County News*.	The Honorable Chuck Brown, Chairman, El Paso County, Board of Commissioners, 27 East Vermijo Avenue, Colorado Springs, Colorado 80903–2208.	Jun. 16, 2004.	080059
El Paso (FEMA Docket No.: B–7446).	Unincorporated Areas, (03–08–0449P).	Mar. 17, 2004, Mar. 24, 2004, *El Paso County News*.	The Honorable Chuck Brown, Chairman, El Paso County, Board of Commissioners, 27 East Vermijo Avenue, Colorado Springs, Colorado 80903–2208.	Jun. 23, 2004.	080059
El Paso (FEMA Docket No.: B–7446).	Unincorporated Areas, (03–08–0617P).	Mar. 17, 2004, Mar. 24, 2004, *El Paso County News*.	The Honorable Chuck Brown, Chairman, El Paso County, Board of Commissioners, 27 East Vermijo Avenue, Colorado Springs, Colorado 80903–2208.	Jun. 23, 2004.	080059
Gilpin, (FEMA Docket No.: B–7444).	City of Black Hawk, (02–08–526P).	Oct. 10, 2003, Oct. 17, 2003, *Weekly Register Call*.	The Honorable Kathryn Eccker, Mayor, City of Black Hawk, P.O. Box 17, Black Hawk, Colorado 80422.	September 15, 2003.	080076
Jefferson, (FEMA Docket No.: B–7444).	City of Lakewood, (03–08–0597P).	Dec. 4, 2003, Dec. 11, 2003, *The Lakewood Sentinel*.	The Honorable Steve Burkholder, Mayor, City of Lakewood, Lakewood Civic Center South, 480 South Allison Parkway/ Lakewood, Colorado 80226.	Mar. 11, 2004.	085075
Jefferson, (FEMA Docket No.: B–7446).	City of Lakewood, (03–08–0305P).	Mar. 25, 2004, Apr. 1, 2004, *Lakewood Sentinal*.	The Honorable Steve Burkholder, Mayor, City of Lakewood, Lakewood Civic Center South, 480 South Allison Parkway, Lakewood, Colorado 80226.	Jul. 1, 2004	085075

State and county	Location and case No.	Date and name of newspaper where notice was published	Chief executive officer of community	Effective date of modification	Community No.
Jefferson, (FEMA Docket No.: B–7446).	City of Unincorporated Areas, (03–08–0479P).	Feb. 25, 2004, Mar. 3, 2004, *Evergreen Canyon Courier*.	The Honorable Michelle Lawrence, Chairperson, Jefferson County, Board of Commissioners, 100 Jefferson County Parkway, Golden, Colorado 80419–5550.	Jun. 2, 2004	080087
Jefferson, (FEMA Docket No.: B–7444).	City of Westminster, (03–08–0023P).	Jan. 8, 2004, Jan. 15, 2004 *Westminster Window*.	The Honorable Ed Moss, Mayor, City of Westminster, 4800 West 92nd Avenue, Westminster, CO 80031.	Apr. 14, 2004.	080008
Jefferson, (FEMA Docket No.: B–7446).	City of Westminster, (03–08–0520P).	Jan. 29, 2004, Feb. 5, 2004, *Westminster Window*.	The Honorable Ed Moss, Mayor, City of Westminster, 4800 West 92nd Avenue, Westminster, CO 80031.	May 6, 2004	080008
Larimer, (FEMA Docket No.: B–7444).	City of Fort Collins, (03–08–0612P).	Dec. 11, 2003, Dec. 18, 2003, *Fort Collins Coloradoan*.	The Honorable Ray Martinez, Mayor, City of Fort Collins, P.O. Box 580, Fort Collins, Colorado 80525.	Dec. 17, 2003.	080102
Routt, (FEMA Docket No.: B–7444).	City of Steamboat Springs, (03–08–0036P).	Jan. 4, 2004, Jan. 11, 2004, *Steamboat Pilot*.	The Honorable Kathy Connell, City Council President, City of Steamboat Springs, P.O. Box 775088, Steamboat Springs, Colorado 80477.	Apr. 12, 2004.	080159
Hawaii:					
Hawaii, (FEMA Docket No.: B–7446).	City of Hawaii County, (03–09–1531P).	Feb. 12, 2004, Feb. 19, 2004, *Hawaii Tribune Herald*.	The Honorable Harry Kim, Mayor, Hawaii County, 25 Aupuni Street, Hilo, Hawaii 96720.	Jan. 20, 2004.	155166
Hawaii: Maui, (FEMA Docket No.: B–7446).	City of Maui County, (03–09–0438P).	Mar. 25, 2004, Apr. 1, 2004, *Maui News*.	The Honorable Alan M. Arawaka, Mayor, Maui County, 200 South High Street, Wailuku, Hawaii 96793–2155.	Jul. 1, 2004	150003
North Carolina: Guilford, (FEMA Docket No.: B–7444).	City of Greensboro, (03–04–063P).	Dec. 17, 2003, Dec. 24, 2003, *News & Record*.	The Honorable Keith Holliday, Mayor, City of Greensboro, P.O. Box 3136, Greensboro, North Carolina 27402.	Mar. 24, 2004.	375351
Nevada: Clark, (FEMA Docket No.: B–7444).	City of Henderson, (03–09–0270P).	Dec. 4, 2003, Dec. 11, 2003, *Las Vegas Review Journal*.	The Honorable James B. Gibson, Mayor, City of Henderson, 240 South Water Street, Henderson, Nevada 89015.	Nov. 6, 2003	320005
Texas: Dallas, (FEMA Docket No.: B–7444).	City of Sachse, (03–06–2321P).	Jan. 15, 2004, Jan. 22, 2004, *Dallas Morning News*.	The Honorable Hugh Cairns, Mayor, City of Sachse, 7310 Vista Valley Lane, Sachse, Texas 75048.	Apr. 14, 2004.	480186
Utah:					
Iron, (FEMA Docket No.: B–7444).	City of Cedar City, (03–08–0370P).	Nov. 13, 2003, Nov. 20, 2003, *The Spectrum*.	The Honorable Gerald R. Sherratt, Mayor, City of Cedar City, P.O. Box 249, Cedar City, Utah 84720.	Feb. 19, 2004.	490074
Sevier, (FEMA Docket No.: B–7446).	City of Salina, (04–08–0072P).	Feb. 25, 2004, Mar. 3, 2004, *Richfield Reaper*.	The Honorable Marilyn S. Anderson, Mayor, City of Salina, P.O. Box 69, Salina, Utah 84654.	Jun. 2, 2004	490132
Washington:					
King, (FEMA Docket No.: B–7444).	City of Bothell, (03–10–0047P).	Oct. 16, 2003, Oct. 23, 2003, *Seattle Times*.	The Honorable Jeff Merrill, Mayor, City of Bothell, 18305 101st Avenue Northeast, Bothell, Washington 98011.	Jan. 22, 2004.	530075

State and county	Location and case No.	Date and name of newspaper where notice was published	Chief executive officer of community	Effective date of modification	Community No.
King, (FEMA Docket No.: B–7446).	City of Bellevue, (03–10–0399P).	Feb. 26, 2004, Mar. 4, 2004, *King County Journal*.	The Honorable Connie Marshall, Mayor, City of Bellevue, P.O. Box 90012, Bellevue, Washington 98009–9012.	Jun. 3, 2004	530074
King,(FEMA Docket No.: B–7444).	City of Issaquah, (03–10–0308P).	Oct. 15, 2003, Oct. 22, 2003, *Issaquah Press*.	The Honorable Ava Frisinger, Mayor, City of Issaquah, P.O. Box 1307, Issaquah, Washington 98027–1307.	Jan. 22, 2004.	530079
Washington: Spokane,(FEMA Docket No.: B–7444).	City of Spokane, (02–10–545P).	Jan. 8, 2004, Jan. 15, 2004, *Spokesman Review*.	The Honorable John Powers, Mayor, City of Spokane, Spokane City Hall, 808 West Spokane Falls Boulevard, Spokane, Washington 99201–3355.	Apr. 14, 2004.	530183
Wyoming: Teton,(FEMA Docket No.: B–7444).	Teton County, (03–08–0507P).	Dec. 3, 2003, Dec. 10, 2003,*Jackson Hole News*.	The Honorable Bill Paddleford, Chair, Teton County, Board of Commissioners, P.O. Box 3594, Jackson, Wyoming 83001.	Nov. 19, 2003.	560094

(Catalog of Federal Domestic Assistance No. 83.100, ''Flood Insurance.'')

Dated: August 10, 2004.

David I. Maurstad,

Acting Director, Mitigation Division, Emergency Preparedness and Response Directorate.

[FR Doc. 04–18686 Filed 8–13–04; 8:45 am]

BILLING CODE 9110–12–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 65

[Docket No. FEMA–D–7561]

Changes in Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency (FEMA), Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Interim rule.

SUMMARY: This interim rule lists communities where modification of the Base (1% annual chance) Flood Elevations (BFEs) is appropriate because of new scientific or technical data. New flood insurance premium rates will be calculated from the modified BFEs for new buildings and their contents.

DATE: These modified BFEs are currently in effect on the dates listed in the table and revise the Flood Insurance Rate Map(s) (FIRMs) in effect prior to this determination for each listed community.

From the date of the second publication of these changes in a newspaper of local circulation, any person has ninety (90) days in which to request through the community that the Director reconsider the changes. The modified elevations may be changed during the 90-day period.

ADDRESSES: The modified BFEs for each community are available for inspection at the office of the Chief Executive Officer of each community. The respective addresses are listed in the table below.

FOR FURTHER INFORMATION CONTACT: Doug Bellomo, P.E., Hazard Identification Section, Emergency Preparedness and Response Directorate, FEMA, 500 C Street, SW., Washington, DC 20472, (202) 646–2903.

SUPPLEMENTARY INFORMATION: The modified BFEs are not listed for each community in this interim rule. However, the address of the Chief Executive Officer of the community where the modified BFE determinations are available for inspection is provided.

Any request for reconsideration must be based upon knowledge of changed conditions, or upon new scientific or technical data.

The modifications are made pursuant to Section 201 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are in accordance with the National Flood Insurance Act of 1968, 42 U.S.C. 4001 *et seq.*, and with 44 CFR Part 65.

For rating purposes, the currently effective community number is shown and must be used for all new policies and renewals.

The modified BFEs are the basis for the floodplain management measures that the community is required to either adopt or to show evidence of being already in effect in order to qualify or to remain qualified for participation in the National Flood Insurance Program (NFIP).

These modified elevations, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own, or pursuant to policies established by other Federal, State or regional entities.

The changes in BFEs are in accordance with 44 CFR 65.4.

National Environmental Policy Act

This rule is categorically excluded from the requirements of 44 CFR part 10, Environmental Consideration. No environmental impact assessment has been prepared.

Regulatory Flexibility Act

The Mitigation Division Director of the Emergency Preparedness and Response Directorate certifies that this rule is exempt from the requirements of the Regulatory Flexibility Act because modified BFEs are required by the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are required to

maintain community eligibility in the NFIP. No regulatory flexibility analysis has been prepared.

Regulatory Classification

This interim rule is not a significant regulatory action under the criteria of Section 3(f) of Executive Order 12866 of September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

Executive Order 12612, Federalism

This rule involves no policies that have federalism implications under Executive Order 12612, Federalism, dated Oct. 26, 1987.

Executive Order 12778, Civil Justice Reform

This rule meets the applicable standards of Section 2(b)(2) of Executive Order 12778.

List of Subjects in 44 CFR Part 65

Flood insurance, Floodplains, reporting and Recordkeeping requirements.

■ Accordingly, 44 CFR part 65 is amended to read as follows:

PART 65—[AMENDED]

■ 1. The authority citation for part 65 continues to read as follows:

Authority: 42 U.S.C. 4001 *et seq.*; Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 65.4 [Amended]

■ 2. The tables published under the authority of § 65.4 are amended as shown below:

State and county	Location	Dates and name of newspaper where notice was published	Chief executive officer of community	Effective date of modification	Community No.
Alabama:					
Jefferson	City of Birmingham.	Jul. 1, 2004, Jul. 8, 2004, *The Ledger*.	The Honorable Bernard Kincaid, Mayor of the City of Birmingham, City Hall, Room 500, 710 North 20th Street, Birmingham, Alabama 35203.	Jun. 24, 2004	010116 E
St. Clair	City of Moody	Jul. 22, 2004, Jul. 29, 2004, *The Leeds News*.	The Honorable Joe Lee, Mayor of the City of Moody, 2900 Daniel Drive, Moody, Alabama 35004.	Jul. 13, 2004	010187 B
Kentucky:					
Warren	City of Bowling Green.	Jul. 5, 2004, Jul. 12, 2004, *Daily News*.	The Honorable Sandy Jones, Mayor of the City of Bowling Green, P.O. Box 430, Bowling Green, Kentucky 42102–0430.	Jun. 28, 2004	210219 D
Warren	Unincorporated Areas.	Jul. 5, 2004, Jul. 12, 2004, *Daily News*.	The Honorable Mike Buchanon, Warren County Judge/Executive, County Courthouse, 429 East 10th Street, Bowling Green, Kentucky 42101.	Jun. 28, 2004	210312 D
Maine: Cumberland.	Town of Scarborough.	Jul. 7, 2004, Jul. 14, 2004, *Portland Press Herald*.	Mr. Ronald Owens, Scarborough Town Manager, P.O. Box 360, Scarborough, Maine 04070–0360.	Jun. 28, 2004	230052 E
Massachusetts: Suffolk.	City of Boston	Jul. 16, 2004, Jul. 23, 2004, *Boston Herald*.	The Honorable Thomas Menino, Mayor of the City of Boston, 1 City Hall Plaza, 5th Floor, Boston, Massachusetts 02201.	Jul. 9, 2004	250286 D
Mississippi: DeSoto.	City of Olive Branch.	Aug. 5, 2004, Aug. 12, 2004, *The DeSoto County Tribune*.	The Honorable Samuel P. Rikard, Mayor of the City of Olive Branch, City Hall, 9189 Pigeon Roost Road, Olive Branch, Mississippi 38654.	Jul. 27, 2004	280286 E
Pennsylvania:					
Dauphin	Township of Lower Paxton.	Jul. 19, 2004, Jul. 26, 2004, *The Patriot News*.	Mr. William B. Hawk, Chairman of the Township of Lower Paxton Board of Supervisors, 75 South Houcks Road, Suite 207, Harrisburg, Pennsylvania 17109.	Oct. 25, 2004	420384 B
Bucks	Township of Northampton.	Aug. 4, 2004, Aug. 11, 2004, *Bucks County Courier Times*.	Mr. Bruce Townsend, Township of Northampton, Manager, 55 Township Road, Richboro, Pennsylvania 18954.	Nov. 10, 2004	420988 F
Bucks	Township of Warminster.	Aug. 4, 2004, Aug. 11, 2004, *The Intelligencer*.	Ms. Judith Smith, Township of Warminster, Manager, 401 Gibson Avenue, Warminster, Pennsylvania 18794.	Nov. 10, 2004	420990 F
Bucks	Township of Warrington.	Aug. 4, 2004, Aug. 11, 2004, *The Intelligencer*.	Mr. John D. Bonargo, Sr., Township of Warrington, Manager, Township Building, 852 Easton Road, Warrington, Pennsylvania 18976.	Nov. 10, 2004	420208 F

State and county	Location	Dates and name of newspaper where notice was published	Chief executive officer of community	Effective date of modification	Community No.
Bucks	Township of Warwick.	Aug. 4, 2004, Aug. 11, 2004, *The Intelligencer*.	Ms. Judith A. Algeo, Chairman of the Township of Warwick, Board of Supervisors, 1733 Township Greene, Jamison, Pennsylvania 18929.	Nov. 10, 2004	420209 F
Bucks	Town of Wrightstown.	Aug. 4, 2004, Aug. 11, 2004, *Bucks County Courier Times*.	Mr. Chester S. Pogonowski, Chairman of the Township of Wrightstown, Board of Supervisors, 738 Penns Park Road, Wrightstown, Pennsylvania 18940.	Nov. 10, 2004	421045 F
Tennessee: Sumner.	City of Gallatin	Jul. 9, 2004, Jul. 16, 2004, *The News Examiner*.	The Honorable Don K. Wright, Mayor of the City of Gallatin, 132 West Main Street, Gallatin, Tennessee 37066.	Jul. 2, 2004	470185 D
Virginia: Fauquier	Unincorporated Areas.	Jul. 15, 2004, Jul. 22, 2004, *Fauquier Citizen*.	Mr. G. Robert Lee, Fauquier County Administrator, 40 Culpeper Street, Warrenton, Virginia.	Jul. 9, 2004	510055 B

(Catalog of Federal Domestic Assistance No. 83.100, ''Flood Insurance'')

Dated: August 9, 2004.

David I. Maurstad,

Acting Director, Mitigation Division, Emergency Preparedness and Response Directorate.

[FR Doc. 04–18694 Filed 8–13–04; 8:45 am]

BILLING CODE 9110–12–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 65

Changes in Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency (FEMA), Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Final rule.

SUMMARY: Modified Base (1% annual chance) Flood Elevations (BFEs) are finalized for the communities listed below. These modified elevations will be used to calculate flood insurance premium rates for new buildings and their contents.

EFFECTIVE DATES: The effective dates for these modified BFEs are indicated on the following table and revise the Flood Insurance Rate Map(s) (FIRMs) in effect for each listed community prior to this date.

ADDRESSES: The modified BFEs for each community are available for inspection at the office of the Chief Executive Officer of each community. The respective addresses are listed in the table below.

FOR FURTHER INFORMATION CONTACT: Doug Bellomo, P.E., Hazard Identification Section, Emergency Preparedness and Response Directorate, FEMA, 500 C Street SW., Washington, DC 20472, (202) 646–2903.

SUPPLEMENTARY INFORMATION: FEMA makes the final determinations listed below of modified BFEs for each community listed. These modified elevations have been published in newspapers of local circulation and ninety (90) days have elapsed since that publication. The Mitigation Division Director of the Emergency Preparedness and Response Directorate has resolved any appeals resulting from this notification.

The modified BFEs are not listed for each community in this notice. However, this rule includes the address of the Chief Executive Officer of the community where the modified base flood elevation determinations are available for inspection.

The modifications are made pursuant to section 206 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are in accordance with the National Flood Insurance Act of 1968, 42 U.S.C. 4001 *et seq.*, and with 44 CFR part 65.

For rating purposes, the currently effective community number is shown and must be used for all new policies and renewals.

The modified BFEs are the basis for the floodplain management measures that the community is required to either adopt or to show evidence of being already in effect in order to qualify or to remain qualified for participation in the National Flood Insurance Program (NFIP).

These modified elevations, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own, or pursuant to policies established by other Federal, state or regional entities.

These modified elevations are used to meet the floodplain management requirements of the NFIP and are also used to calculate the appropriate flood insurance premium rates for new buildings built after these elevations are made final, and for the contents in these buildings.

The changes in BFEs are in accordance with 44 CFR 65.4.

National Environmental Policy Act

This rule is categorically excluded from the requirements of 44 CFR part 10, Environmental Consideration. No environmental impact assessment has been prepared.

Regulatory Flexibility Act

The Mitigation Division Director of the Emergency Preparedness and Response Directorate certifies that this rule is exempt from the requirements of the Regulatory Flexibility Act because modified BFEs are required by the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are required to maintain community eligibility in the NFIP. No regulatory flexibility analysis has been prepared.

Regulatory Classification

This final rule is not a significant regulatory action under the criteria of

section 3(f) of Executive Order 12866 of September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

Executive Order 12612, Federalism

This rule involves no policies that have federalism implications under Executive Order 12612, Federalism, dated Oct. 26, 1987.

Executive Order 12778, Civil Justice Reform

This rule meets the applicable standards of section 2(b)(2) of Executive Order 12778.

List of Subjects in 44 CFR Part 65

Flood insurance, Floodplains, Reporting and recordkeeping requirements.

■ Accordingly, 44 CFR part 65 is amended to read as follows:

PART 65—[AMENDED]

■ 1. The authority citation for part 65 continues to read as follows:

Authority: 42 U.S.C. 4001 *et seq.*; Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 65.4 [Amended]

■ 2. The tables published under the authority of § 65.4 are amended as follows:

State and county	Location	Dates and name of newspaper where notice was published	Chief executive officer of community	Effective date of modification	Community No.
New Hampshire: Cheshire (FEMA Docket No. D–7547).	City of Keene	Oct. 3, 2003, Oct. 10, 2003, *The Keene Sentinel*.	The Honorable Michael Blastos, Mayor of the City of Keene, City Hall, 3 Washington Street, Keene, New Hampshire 03431.	Sept. 25, 2003	330023 D

(Catalog of Federal Domestic Assistance No. 83.100, ''Flood Insurance.'')

Dated: August 9, 2004.

David I. Maurstad,

Acting Director, Mitigation Division, Emergency Preparedness and Response Directorate.

[FR Doc. 04–18695 Filed 8–13–04; 8:45 am]

BILLING CODE 9110–12–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 65

[Docket No. FEMA–B–7448]

Changes in Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency (FEMA), Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Interim rule.

SUMMARY: This interim rule lists communities where modification of the Base (1% annual-chance) Flood Elevations (BFEs) is appropriate because of new scientific or technical data. New flood insurance premium rates will be calculated from the modified BFEs for new buildings and their contents.

DATES: These modified BFEs are currently in effect on the dates listed in the table below and revise the Flood Insurance Rate Maps in effect prior to this determination for the listed communities.

From the date of the second publication of these changes in a newspaper of local circulation, any person has ninety (90) days in which to request through the community that the Mitigation Division Director for the Emergency Preparedness and Response Directorate reconsider the changes. The modified BFEs may be changed during the 90-day period.

ADDRESSES: The modified BFEs for each community are available for inspection at the office of the Chief Executive Officer of each community. The respective addresses are listed in the table below.

FOR FURTHER INFORMATION CONTACT: Doug Bellomo, P.E. Hazard Identification Section, Mitigation Division, Emergency Preparedness and Response Directorate, FEMA, 500 C Street SW., Washington, DC 20472, (202) 646–2903.

SUPPLEMENTARY INFORMATION: The modified BFEs are not listed for each community in this interim rule. However, the address of the Chief Executive Officer of the community where the modified BFE determinations are available for inspection is provided.

Any request for reconsideration must be based on knowledge of changed conditions or new scientific or technical data.

The modifications are made pursuant to section 201 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are in accordance with the National Flood Insurance Act of 1968, 42 U.S.C. 4001 *et seq.*, and with 44 CFR part 65.

For rating purposes, the currently effective community number is shown and must be used for all new policies and renewals.

The modified BFEs are the basis for the floodplain management measures that the community is required to either adopt or to show evidence of being already in effect in order to qualify or to remain qualified for participation in the National Flood Insurance Program (NFIP).

These modified BFEs, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own, or pursuant to policies established by the other Federal, State, or regional entities.

The changes BFEs are in accordance with 44 CFR 65.4.

National Environmental Policy Act

This rule is categorically excluded from the requirements of 44 CFR Part 10, Environmental Consideration. No environmental impact assessment has been prepared.

Regulatory Flexibility Act

The Mitigation Division Director for the Emergency Preparedness and Response Directorate certifies that this rule is exempt from the requirements of the Regulatory Flexibility Act because modified BFEs are required by the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are required to maintain community eligibility in the NFIP. No regulatory flexibility analysis has been prepared.

Regulatory Classification

This interim rule is not a significant regulatory action under the criteria of section 3(f) of Executive Order 12866 of

September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

Executive Order 12612, Federalism

This rule involves no policies that have federalism implications under Executive Order 12612, Federalism, dated Oct. 26, 1987.

Executive Order 12778, Civil Justice Reform

This rule meets the applicable standards of section 2(b)(2) of Executive Order 12778.

List of Subjects in 44 CFR Part 65

Flood insurance, Floodplains, Reporting and recordkeeping requirements.

■ Accordingly, 44 CFR part 65 is amended to read as follows:

PART 65—[AMENDED]

■ 1. The authority citation for part 65 continues to read as follows:

Authority: 42 U.S.C. 4001 *et seq.*; Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 65.4 [Amended]

■ 2. The tables published under the authority of § 65.4 are amended as follows:

State and county	Location and case no.	Date and name of newspaper where notice was published	Chief executive officer of community	Effective date of modification	Community no.
Arizona:					
Gila	City of Globe (04–09–0928P).	Jun. 16, 2004, Jun. 23, 2004, *Arizona Silver Belt*.	The Honorable Stanley Gibson, Mayor, City of Globe, 150 North Pine Street, Globe, Arizona 85501.	Sept. 22, 2004	040029
Maricopa	City of Avondale (04–09–0311P).	Jun. 17, 2004, Jun. 24, 2004, *Arizona Republic*.	The Honorable Ronald J. Drake, Mayor, City of Avondale, 525 North Central Avenue, Avondale, Arizona 85323.	Sept. 23, 2004	040038
Maricopa	Town of Buckeye (04–09–0585P).	Jun. 17, 2004, Jun. 24, 2004, *Buckeye Valley News*.	The Honorable Dusty Hull, Mayor, Town of Buckeye, 100 North Apache Road, Suite A, Buckeye, Arizona 85326.	May 27, 2004	040039
Maricopa	Town of Buckeye (04–09–0544P).	Jun. 17, 2004, Jun. 24, 2004, *Buckeye Valley News*.	The Honorable Dusty Hull, Mayor, Town of Buckeye, 100 North Apache Road, Suite A, Buckeye, Arizona 85326.	May 27, 2004	040039
Maricopa	City of Phoenix (02–09–290P).	Jun. 3, 2004, Jun. 10, 2004, *Arizona Business Gazette*.	The Honorable Phil Gordon, Mayor, City of Phoenix, 200 West Washington Street, 11th Floor, Phoenix, Arizona 85003–1611.	Sept. 9, 2004	040051
Maricopa	City of Phoenix (03–09–1019P).	Jun. 17, 2004, Jun. 24, 2004, *Arizona Business Gazette*.	The Honorable Phil Gordon, Mayor, City of Phoenix, 200 West Washington Street, 11th Floor, Phoenix, Arizona 85003–1611.	Sept. 23, 2004	040051
Maricopa	Unincorporated Areas (04–09–0311P).	Jun. 17, 2004, Jun. 24, 2004, *Arizona Republic*.	The Honorable Andrew W. Kunasek, Chairman, Maricopa County Board of Supervisors, 301 West Jefferson Street, 10th Floor, Phoenix, Arizona 85003.	Sept. 23, 2004	040037
Pima	Town of Marana (02–09–1039P).	Jun. 10, 2004, Jun. 17, 2004, *Tucson Citizen*.	The Honorable Bobby Sutton, Jr., Mayor, Town of Marana, 13251 North Lon Adams Road, Marana, Arizona 85653.	Sept. 16, 2004	040118
Pima	Town of Marana (04–09–0308P).	May 6, 2004, May 13, 2004, *Daily Territorial*.	The Honorable Bobby Sutton, Jr., Mayor, Town of Marana, 13251 North Lon Adams Road, Marana, Arizona 85653.	Aug. 12, 2004	040118
Pima	Unincorporated Areas (02–09–1039P).	Jun. 10, 2004, Jun. 17, 2004, *Tucson Citizen*.	The Honorable Sharon Bronson, Chair, Pima County Board of Supervisors, 130 West Congress Street, 11th Floor, Tucson, Arizona 85701.	Sept. 16, 2004	040073
California:					
Los Angeles	City of Burbank (02–09–874P).	Jun. 16, 2004, Jun. 23, 2004, *Burbank Leader*.	The Honorable Stacey Murphy, Mayor, City of Burbank, P.O. Box 6459, Burbank, California 91510–6459.	May 20, 2004	065018
San Diego	City of Escondido (03–09–1334P).	Jun. 10, 2004, Jun. 17, 2004, *North County Times*.	The Honorable Lori Pfeiler, Mayor, City of Escondido, 201 North Broadway, Escondido, California 92025.	May 21, 2004	060290
San Diego	City of San Diego (02–09–0909X).	Apr. 29, 2004, May 6, 2004, *San Diego Daily Transcript*.	The Honorable Richard M. Murphy, Mayor, City of San Diego, 202 C Street, 11th Floor, San Diego, California 92101.	Aug. 5, 2004	060295

State and county	Location and case no.	Date and name of newspaper where notice was published	Chief executive officer of community	Effective date of modification	Community no.
San Diego	Unincorporated Areas (04–09–0909X).	Apr. 29, 2004, May 6, 2004, *San Diego Daily Transcript*.	The Honorable Dianne Jacob, Chairwoman, San Diego County Board of Supervisors, 1600 Pacific Highway, Room 335, San Diego, California 92101.	Aug. 5, 2004	060284
San Diego	Unincorporated Areas (03–09–1334P).	Jun. 10, 2004, Jun. 17, 2004, *North County Times*.	The Honorable Greg Cox, Chairman, San Diego County, Board of Supervisors, 1600 Pacific Highway, Room 335, San Diego, California 92101.	May 21, 2004	060284
Solano	City of Fairfield (04–09–0394P).	Apr. 29, 2004, May 6, 2004, *Daily Republic*.	The Honorable Karin MacMillan, Mayor, City of Fairfield, 1000 Webster Street, Fairfield, California 94533.	Aug. 5, 2004	060370
Colorado: Adams	Unincorporated Areas (02–08–250P).	Jun. 23, 2004, Jun. 30, 2004, *Brighton Standard-Blade*.	The Honorable Elaine T. Valente, Chairwoman, Adams County, Board of Commissioners, 450 South Fourth Avenue, Brighton, Colorado 80601.	Sept. 29, 2004	080001
Adams	Unincorporated Areas (03–08–0677P).	Apr. 9, 2004, Apr. 16, 2004, *Eastern Colorado News*.	The Honorable Elaine T. Valente, Chairwoman, Adams County, Board of Commissioners, 450 South Fourth Avenue, Brighton, Colorado 80601.	Jul. 16, 2004	080001
Adams	City of Westminster (02–08–250P).	Jun. 23, 2004, Jun. 30, 2004, *Brighton Standard-Blade*.	The Honorable Ed Moss, Mayor, City of Westminster, 4800 West 92nd Avenue, Westminster, Colorado 80031.	Sept. 29, 2004	080008
Boulder	City of Boulder (04–08–0098P).	Jun. 10, 2004, Jun. 17, 2004, *Boulder Daily Camera*.	The Honorable William R. Toor, Mayor, City of Boulder, P.O. Box 791, Boulder, Colorado 80306.	Sept. 16, 2004	080024
Boulder and Weld.	Town of Erie (04–08–0066P).	Apr. 28, 2004, May 5, 2004, *Erie Review*.	The Honorable Barbara Connors, Mayor, Town of Erie, P.O. Box 750, Erie, Colorado 80516.	Aug. 4, 2004	080181
Boulder	City of Lafayette (04–08–0259P).	May 27, 2004, Jun. 3, 2004, *Boulder Daily Camera*.	The Honorable Chris Berry, Mayor, City of Lafayette, 1290 South Public Road, Lafayette, Colorado 80026.	Sept. 1, 2004	080026
Boulder	Unincorporated Areas (04–08–0259P).	May 27, 2004, Jun. 3, 2004, *Boulder Daily Camera*.	The Honorable Paul Danish, Chairman, Boulder County, Board of Commissioners, P.O. Box 471, Boulder, Colorado 80306.	Sept. 1, 2004	080023
Broomfield	City and County of Broomfield (03–08–0022P).	May 5, 2004, May 12, 2004, *Broomfield Enterprise*.	The Honorable Karen Stuart, Mayor, City and County of Broomfield, One DesCombes Drive, Broomfield, Colorado 80020.	Aug. 25, 2004, ...	085073
Broomfield	City and County of Broomfield (04–08–0259P).	May 26, 2004, Jun. 2, 2004, *Broomfield Enterprise*.	The Honorable Karen Stuart, Mayor, City and County of Broomfield, One DesCombes Drive, Broomfield, Colorado 80020.	Sept. 1, 2004	085073
Broomfield and Jefferson.	City and County of Broomfield (02–08–447P).	Jun. 9, 2004, Jun. 16, 2004, *Broomfield Enterprise*.	The Honorable Karen Stuart, Mayor, City and County of Broomfield, One DesCombes Drive, Broomfield, Colorado 80020.	Sept 15, 2004	085073
Broomfield and Jefferson.	City of Westminster (02–08–447P).	Jun. 9, 2004, Jun. 16, 2004, *Broomfield Enterprise*.	The Honorable Ed Moss, Mayor, City of Westminster, 4800 West 92nd Avenue, Westminster, Colorado 80031.	Sept. 15, 2004	080008
Douglas	Unincorporated Areas (03–08–0425P).	Apr. 22, 2004, Apr. 29, 2004, *Douglas County News Press*.	The Honorable James R. Sullivan, Chairman, Douglas County, Board of Commissioners, 100 Third Street, Castle Rock, Colorado 80104.	Jul. 29, 2004	080049
El Paso	City of Colorado Springs (03–08–0229P).	May 27, 2004, Jun. 3, 2004, *The Gazette*.	The Honorable Lionel Rivera, Mayor, City of Colorado Springs, P.O. Box 1575, Colorado Springs, Colorado 80901.	Sept. 2, 2004	080060
El Paso	Town of Green Mountain (04–08–0136P).	Apr. 8, 2004, Apr. 15, 2004, *The Gazette*.	The Honorable Richard Bratton, Mayor, Town of Green Mountain Falls, P.O. Box 524, Green Mountain Falls, CO 80819.	Jul. 15, 2004	080062

State and county	Location and case no.	Date and name of newspaper where notice was published	Chief executive officer of community	Effective date of modification	Community no.
El Paso	City of Manitou Springs (04–08–0013P).	Jun. 10, 2004, *Pikes Peak Bulletin*.	The Honorable Marcy Morrison, Mayor, City of Manitou Springs, 606 Manitou Avenue, Manitou Springs, Colorado 80829.	May 12, 2004	080063
El Paso	Unincorporated Areas (03–08–0318P).	Apr. 28, 2004, May 5, 2004, *El Paso County News*.	The Honorable Chuck Brown, Chair, El Paso County Board of Commissioners, 27 East Vermijo Avenue, Colorado Springs, Colorado 80903–2203.	Apr. 9, 2004	080059
Eagle	Town of Eagle (04–08–0145P).	May 27, 2004, Jun. 3, 2004, *Eagle Valley Enterprise*.	The Honorable Roxie Deane, Mayor, Town of Eagle, 200 Broadway, Eagle, Colorado 81631.	Sept. 2, 2004	080238
Eagle	Unincorporated Areas (04–08–0145P).	May 27, 2004, Jun. 3, 2004, *Eagle Valley Enterprise*.	The Honorable Michael Gallagher, Chairman, Eagle County Board of Commissioners, P.O. Box 850, Eagle, Colorado 81631.	Sept. 2, 2004	080051
Adams and Jefferson.	City of Westminster (03–08–0645P).	May 13, 2004, May 20, 2004, *Westminster Window*.	The Honorable Ed Moss, Mayor, City of Westminster, 4800 West 92nd Avenue, Westminster, Colorado 80031.	Aug. 19, 2004	080008
North Carolina: Rowan.	City of Salisbury (03–04–575P).	Apr. 15, 2004, Apr. 22, 2004, *Salisbury Post*.	The Honorable Susan W. Kluttz, Mayor, City of Salisbury, 217 South Main Street, Salisbury, North Carolina 28144.	Jul. 22, 2004	370215
Utah: Salt Lake.	City of West Jordan (04–08–0014P).	Apr. 22, 2004, Apr. 29, 2004, *Salt Lake Tribune*.	The Honorable Bryan Holladay, Mayor, City of West Jordan, 8000 Redwood Road, West Jordan, Utah 84088.	Mar. 25, 2004	490108

(Catalog of Federal Domestic Assistance No. 83.100, ''Flood Insurance.'')

Dated: August 10, 2004.

David I. Maurstad,

Acting Director, Mitigation Division, Emergency Preparedness and Response Directorate.

[FR Doc. 04–18691 Filed 8–13–04; 8:45 am]

BILLING CODE 9110–12–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 67

Final Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Final rule.

SUMMARY: Base (1% annual-chance) Flood Elevations and modified Base Flood Elevations (BFEs) are made final for the communities listed below. The BFEs and modified BFEs are the basis for the floodplain management measures that each community is required either to adopt or to show evidence of being already in effect in order to qualify or remain qualified for participation in the National Flood Insurance Program (NFIP).

EFFECTIVE DATE: The date of issuance of the Flood Insurance Rate Map (FIRM) showing BFEs and modified BFEs for each community. This date may be obtained by contacting the office where the FIRM is available for inspection as indicated in the table below.

ADDRESSES: The final base flood elevations for each community are available for inspection at the office of the Chief Executive Officer of each community. The respective addresses are listed in the table below.

FOR FURTHER INFORMATION CONTACT: Doug Bellomo, P.E., Hazard Identification Section, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–2903.

SUPPLEMENTARY INFORMATION: The Federal Emergency Management Agency makes the final determinations listed below of BFEs and modified BFEs for each community listed. These modified elevations have been published in newspapers of local circulation and ninety (90) days have elapsed since that publication. The Mitigation Division Director of the Emergency Preparedness and Response Directorate has resolved any appeals resulting from this notification.

This final rule is issued in accordance with Section 110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and 44 CFR Part 67.

The Federal Emergency Management Agency has developed criteria for floodplain management in floodprone areas in accordance with 44 CFR Part 60.

Interested lessees and owners of real property are encouraged to review the proof Flood Insurance Study and FIRM available at the address cited below for each community.

The BFEs and modified BFEs are made final in the communities listed below. Elevations at selected locations in each community are shown.

National Environmental Policy Act

This rule is categorically excluded from the requirements of 44 CFR Part 10, Environmental Consideration. No environmental impact assessment has been prepared.

Regulatory Flexibility Act

The Mitigation Division Director of the Emergency Preparedness and Response Directorate certifies that this rule is exempt from the requirements of the Regulatory Flexibility Act because modified base flood elevations are required by the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are required to establish and maintain community eligibility in the

NFIP. No regulatory flexibility analysis has been prepared.

Regulatory Classification

This final rule is not a significant regulatory action under the criteria of Section 3(f) of Executive Order 12866 of September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

Executive Order 12612, Federalism

This rule involves no policies that have federalism implications under Executive Order 12612, Federalism, dated Oct. 26, 1987.

Executive Order 12778, Civil Justice Reform

This rule meets the applicable standards of Section 2(b)(2) of Executive Order 12778.

List of Subjects in 44 CFR Part 67

Administrative practice and procedure, Flood insurance, Reporting and record keeping requirements.

■ Accordingly, 44 CFR Part 67 is amended to read as follows:

PART 67—[AMENDED]

■ 1. The authority citation for Part 67 continues to read as follows:

Authority: 42 U.S.C. 4001 *et seq.*; Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 67.11 [Amended]

■ 2. The tables published under the authority of § 67.11 are amended as follows:

State	City/town/county	Source of flooding	Location	#Depth in feet above ground. *Elevation in feet (NGVD) Modified *Elevation in feet (NAVD) Modified
KS	Lansing (City) Leavenworth County (FEMA Docket No. P7641).	Ninemile Creek North		*817
		North Fork of Ninemile Creek North		*843
		Sevenmile Creek		*821
		Sevenmile Creek Tributary		*773
Maps are available for inspection at the Community Development Department, 800 1st Terrace, Lansing, Kansas.				
KS	Leavenworth County (FEMA Docket No. P7641)	Ninemile Creek North (Lower Reach)		*771
		Ninemile Creek North (Upper Reach)		*906
		North Fork of Ninemile Creek North		*891
		Sevenmile Creek (Upper Reach)		*826
		South Fork of Ninemile Creek North		*892
Maps are available for inspection at the Leavenworth County Courthouse, Planning and Zoning Department, 300 Walnut Street, Leavenworth, Kansas.				
MO	Piedmont (City) Wayne County (FEMA Docket No. P7641).	McKenzie Creek		*520
Maps are available for inspection at City Hall, 115 West Green Street, Piedmont, Missouri.				
MO	Wayne County (Unincorporated Areas) (FEMA Docket No. P7641).	McKenzie Creek		*520
Maps are available for inspection at the Wayne County Courthouse, 109 Walnut Street, Greenville, Missouri.				
NE	Pilger (Village) Stanton County (FEMA Docket No. P7609).	Elkhorn River		*1411
Maps are available for inspection at 220 North Main Street, Pilger, Nebraska.				
NE	Stanton (City) Stanton County (FEMA Docket No. P7609).	Elkhorn River		*1462
Maps are available for inspection at 800 Eleventh Street, Stanton, Nebraska.				

Dated: August 10, 2004.

(Catalog of Federal Domestic Assistance No. 83.100, ''Flood Insurance'')

David I. Maurstad,

Acting Director, Mitigation Division, Emergency Preparedness and Response Directorate.

[FR Doc. 04–18687 Filed 8–13–04; 8:45 am]

BILLING CODE 9110–12–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 67

Final Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency (FEMA), Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Final rule.

SUMMARY: Base (1% annual chance) Flood Elevations (BFEs) and modified BFEs are made final for the communities listed below. The BFEs and modified BFEs are the basis for the floodplain management measures that each community is required either to adopt or to show evidence of being already in effect in order to qualify or remain qualified for participation in the

National Flood Insurance Program (NFIP).

EFFECTIVE DATES: The date of issuance of the Flood Insurance Rate Map (FIRM) showing BFEs and modified BFEs for each community. This date may be obtained by contacting the office where the maps are available for inspection as indicated on the table below.

ADDRESSES: The final BFEs for each community are available for inspection at the office of the Chief Executive Officer of each community. The respective addresses are listed in the table below.

FOR FURTHER INFORMATION CONTACT: Doug Bellomo, P.E., Hazard Identification Section, Emergency Preparedness and Response Directorate, FEMA, 500 C Street SW., Washington, DC 20472, (202) 646–2903.

SUPPLEMENTARY INFORMATION: FEMA makes the final determinations listed below for the modified BFEs for each community listed. These modified elevations have been published in newspapers of local circulation and ninety (90) days have elapsed since that publication. The Mitigation Division Director of the Emergency Preparedness and Response Directorate, has resolved any appeals resulting from this notification.

This final rule is issued in accordance with Section 110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and 44 CFR part 67.

The Agency has developed criteria for floodplain management in floodprone areas in accordance with 44 CFR part 60.

Interested lessees and owners of real property are encouraged to review the proof Flood Insurance Study and FIRM available at the address cited below for each community.

The BFEs and modified BFEs are made final in the communities listed below. Elevations at selected locations in each community are shown.

National Environmental Policy Act

This rule is categorically excluded from the requirements of 44 CFR part 10, Environmental Consideration. No environmental impact assessment has been prepared.

Regulatory Flexibility Act

The Mitigation Division Director of the Emergency Preparedness and Response Directorate certifies that this rule is exempt from the requirements of the Regulatory Flexibility Act because final or modified BFEs are required by the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and are required to establish and maintain community eligibility in the NFIP. No regulatory flexibility analysis has been prepared.

Regulatory Classification

This final rule is not a significant regulatory action under the criteria of Section 3(f) of Executive Order 12866 of September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

Executive Order 12612, Federalism

This rule involves no policies that have federalism implications under Executive Order 12612, Federalism, dated Oct. 26, 1987.

Executive Order 12778, Civil Justice Reform

This rule meets the applicable standards of Section 2(b)(2) of Executive Order 12778.

List of Subjects in 44 CFR Part 67

Administrative practice and procedure, Flood insurance, Reporting and recordkeeping requirements.

■ Accordingly, 44 CFR part 67 is amended as follows:

PART 67—[AMENDED]

■ 1. The authority citation for Part 67 continues to read as follows:

Authority: 42 U.S.C. 4001 *et seq.*; Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 67.11 [Amended]

■ 2. The tables published under the authority of § 67.11 are amended as follows:

Source of flooding and location	# Depth in feet above ground. * Elevation in feet (NGVD) ÷ ● Elevation in feet (NAVD)
NORTH CAROLINA Robeson County (FEMA Docket No. D–7584)	
Aaron Swamp:	
At the confluence with Horse Swamp	●97
Approximately 2,000 feet upstream of Dew Road	●147
Robeson County (Unincorporated Areas)	
Alligator Swamp:	
Approximately 0.7 mile downstream of Affinity Road	●69
Approximately 0.5 mile upstream of Marietta Road	●91
Robeson County (Unincorporated Areas)	
Ashpole Swamp:	
At the NC/SC State boundary	●60
Approximately 0.42 mile upstream of State Route 710	●155
Robeson County (Unincorporated Areas)	
Ashpole Swamp Tributary 1:	
At the confluence with Ashpole Swamp	●100
Approximately 0.8 mile upstream of Butler Road	●123
Robeson County (Unincorporated Areas)	
Ashpole Swamp Tributary 2:	
At the confluence with Ashpole Swamp	●107
Approximately 100 feet downstream of West Horne Road	●113
Robeson County (Unincorporated Areas)	
Ashpole Swamp Tributary 3:	
At the confluence with Ashpole Swamp	●123
Approximately 0.4 mile upstream of State Route 710	●143
Robeson County (Unincorporated Areas)	
Ashpole Swamp Tributary 4:	
At the confluence with Ashpole Swamp	●126
Approximately 0.45 mile upstream of Bridges Road	●141
Robeson County (Unincorporated Areas)	
Bay Branch:	
At the confluence with Indian Swamp	●94
Approximately 0.63 mile upstream of the confluence with Indian Swamp	●100
Robeson County (Unincorporated Areas)	
Bear Swamp:	
Just upstream of State Route 710	●183
Approximately 100 feet downstream of WL Moore Woods Road	●188
Robeson County (Unincorporated Areas)	
Beaverdam Branch:	
At the confluence with Little Marsh Swamp	●152
Approximately 0.5 mile upstream of Carolina Church Road	●173
Robeson County (Unincorporated Areas)	
Big Branch (near Town of Marietta):	
At the confluence with Ashpole Swamp	●76
Approximately 0.3 mile downstream of Shakespeare Road	●86
Robeson County (Unincorporated Areas)	
Big Branch (near Town of St. Pauls):	
At the confluence with Big Marsh Swamp	●142
Approximately 0.6 mile upstream of CSX Transportation	●155
Robeson County (Unincorporated Areas)	
Big Branch Tributary 1:	
At the confluence with Big Branch	●142

Source of flooding and location	# Depth in feet above ground. * Elevation in feet (NGVD) ÷ ● Elevation in feet (NAVD)
Approximately 0.5 mile upstream of the confluence with Big Branch	•152
Robeson County (Unincorporated Areas)	
Big Branch Tributary 2:	
At the confluence with Big Branch	•145
Approximately 50 feet downstream of U.S. Route 301	•156
Robeson County (Unincorporated Areas)	
Big Branch Canal:	
At the confluence with Lumber River	●92
Approximately 1,225 feet upstream of Wilmington Highway	●100
Robeson County (Unincorporated Areas)	
Big Marsh Swamp:	
At the confluence with Big Swamp	●122
At the Robeson/Hoke County boundary	●188
Robeson County (Unincorporated Areas)	
Big Marsh Swamp Tributary 1:	
At the confluence with Big Marsh Swamp	●153
Approximately 600 feet upstream of Great Marsh Church Road	●169
Robeson County (Unincorporated Areas)	
Big Marsh Swamp Tributary 2:	
At the confluence with Big Marsh Swamp	●167
Approximately 1,400 feet upstream of Pine Street	●185
Robeson County (Unincorporated Areas)	
Big Swamp:	
At the upstream side of Railroad	●99
At the confluence of Big Marsh Swamp and Galberry Swamp	●122
Robeson County (Unincorporated Areas)	
Black Branch:	
At the confluence with Big Marsh Swamp	●149
Approximately 800 feet upstream of State Route 20	●165
Robeson County (Unincorporated Areas)	
Black Branch (near Town of Maxton):	
At the confluence with Little Bull Branch	●151
Approximately 0.5 mile upstream of Morrison Road	●171
Robeson County (Unincorporated Areas)	
Bogue Swamp:	
At the confluence with Little Marsh Swamp	●161
Approximately 1,325 feet upstream of State Route 71	●187
Robeson County (Unincorporated Areas)	
Bracey Swamp:	
At the confluence with Mitchell Swamp	●113
Approximately 250 feet downstream of Bracey Cemetary Road	●128
Bryant Swamp:	
At the confluence with Big Swamp	●95
Approximately 1.0 mile upstream of the confluence with Big Swamp	●96
Robeson County (Unincorporated Areas)	
Buckhorn Swamp:	
At the confluence with Cold Camp Creek	●144
Approximately 1.2 miles upstream of State Route 301	●177
Robeson County (Unincorporated Areas)	
Bull Branch:	
Approximately 0.5 mile upstream of the confluence with Leith Creek	●129
Approximately 1,000 feet upstream of Benjamin Road	●175
Robeson County (Unincorporated Areas)	
Burnt Swamp:	
At the confluence with Richland Swamp	●140
Approximately 1,500 feet upstream of Melinda Road	●190
Robeson County (Unincorporated Areas)	
Cold Camp Creek:	
At the confluence with Galberry Swamp	●144
Approximately 2.2 miles upstream of the confluence of Cold Camp Creek Tributary 2	●165
Robeson County (Unincorporated Areas)	
Collection Canal:	
Approximately 0.4 mile upstream of the confluence with Jacob Swamp	●113
At the confluence with Underpass Overland North	●119
Robeson County (Unincorporated Areas), City of Lumberton	
Contrary Swamp:	
At the confluence with Michell Swamp	●111
Approximately 0.7 mile upstream of Interstate 95	●119
Robeson County (Unincorporated Areas)	
Cotton Mill Branch:	
At Martin Luther King Jr. Drive	•116
At the confluence with Underpass Overland South	•118
Robeson County (Unincorporated Areas), City of Lumberton	
Cowford Swamp:	
At the confluence with McLeod Mill Branch	•105
Approximately 300 feet downstream of Butler Road	•121
Robeson County (Unincorporated Areas)	
Cowpen Branch:	
At the confluence with Ten Mile Swamp	•145
Approximately 0.5 mile upstream of Interstate 95	•149
Robeson County (Unincorporated Areas)	
Cowpen Swamp:	
Approximately 0.5 mile downstream of Jordache Road	•80
Approximately 1,700 feet upstream of State Line Road	•92
Robeson County (Unincorporated Areas)	
Dunn's Marsh Creek:	
At the confluence with Little Marsh Swamp	•155
Approximately 300 feet downstream of Mallory Road	•187
Robeson County (Unincorporated reas), Town of Parkton	
Dunn's Marsh Creek Tributary 1:	
At the confluence with Dunn's Marsh Creek	•173
Approximately 0.5 mile upstream of Barlow Road	•186
Robeson County (Unincorporated Areas), Town of Parkton	
Dunn's Marsh Creek Tributary 2:	
At the confluence with Dunn's Marsh Creek	•177
Approximately 0.3 mile upstream of State Route 71	•183
Robeson County (Unincorporated Areas)	
First Swamp:	
At the confluence with Wilkinson Creek	•129
Approximately 0.5 mile upstream of O'Quinn Road	•169
Robeson County (Unincorporated Areas)	
Five Mile Branch:	
At downstream side of Meadow Road	•138
Approximately 0.5 mile upstream of Meadow Road	•139
Robeson County (Unincorporated Areas), City of Lumberton	
Frazier Branch:	
At the confluence with Shoe Heel Creek	•149
Approximately 600 feet upstream of Fairley Road	•174
Robeson County (Unincorporated Areas)	
Fullermore Swamp:	
At the confluence with Ashpole Swamp	•116
Approximately 300 feet upstream of State Route 710	•126
Robeson County (Unincorporated Areas)	
Fullermore Swamp Tributary:	
At the confluence with Fullermore Swamp	•126
Approximately 1,200 feet upstream of NW Railroad Avenue	•139

Source of flooding and location	# Depth in feet above ground. * Elevation in feet (NGVD) ÷ ● Elevation in feet (NAVD)
Robeson County (Unincorporated Areas)	
Galberry Swamp:	
At the confluence with Big Swamp	•122
At the confluence of Cold Camp Creek and Buckhorn Swamp	•144
Robeson County (Unincorporated Areas)	
Gravel Branch:	
At the confluence with Tenmile Swamp	•123
At Reagan Church Road	•133
Robeson County (Unincorporated Areas)	
Gum Branch:	
At the confluence with Big Marsh Swamp	•152
Approximately 800 feet upstream of Covington Farm Road	•169
Robeson County (Unincorporated Areas)	
Gum Swamp:	
At the upstream side of railroad	•169
Approximately 160 feet upstream of the Robeson/Hoke County boundary	•219
Robeson County (Unincorporated Areas)	
Hog Swamp:	
At the confluence with Ashpole Swamp	•74
Approximately 1.9 miles upstream of Pleasant Hope Road	•132
Robeson County (Unincorporated Areas)	
Holy Swamp:	
At the confluence with Raft Swamp	•126
Approximately 0.7 mile upstream of Evergreen Church Road	•149
Robeson County (Unincorporated Areas)	
Horn Camp Swamp:	
At the confluence with Horse Swamp	•95
Approximately 500 feet upstream of Horne Camp Road	•115
Robeson County (Unincorporated Areas)	
Horns Millrace:	
At the confluence with Ashpole Swamp	•89
Approximately 1,300 feet upstream of Farm Lane	•131
Robeson County (Unincorporated Areas)	
Horse Branch:	
At the confluence with Big Marsh Swamp	•133
Approximately 100 feet downstream of E Great Marsh Church Road	•144
Robeson County (Unincorporated Areas)	
Horse Swamp:	
At the confluence with Ashpole Swamp	•94
Approximately 500 feet downstream of railroad	•133
Robeson County (Unincorporated Areas)	
Humphrey Branch:	
At the confluence with Raft Swamp	•148
Approximately 1.1 miles upstream of the confluence with Raft Swamp	•165
Robeson County (Unincorporated Areas)	
Indian Swamp:	
At the confluence with Coward Swamp	•66
Approximately 0.47 mile upstream of Atkinson Road	•109
Robeson County (Unincorporated Areas), Town of Proctorville	
Jackson Swamp:	
At the confluence with Big Swamp	•101
Approximately 1,400 feet downstream of Judge Road	•125
Robeson County (Unincorporated Areas)	
Jacob Diversion:	
Approximately 0.4 mile downstream of Contempare Drive	•124
Approximately 0.3 mile upstream of Emery Road	•133
Robeson County (Unincorporated Areas), City of Lumberton	
Jacob Swamp:	
Approximately 900 feet upstream of the confluence with Lumber River	•107
Approximately 0.5 mile upstream of Kenny Biggs Road	•121
Robeson County (Unincorporated Areas), City of Lumberton	
Jordan Swamp:	
At the confluence with Gum Swamp	•187
At County boundary	•218
Robeson County (Unincorporated Areas)	
Jowers Branch:	
At the confluence with Shoe Heel Creek	•159
Approximately 0.5 mile upstream of Charlie Watt Road	•190
Robeson County (Unincorporated Areas)	
Juniper Branch:	
At the confluence with Raft Swamp	•170
Approximately 100 feet downstream of Johnson Road	•203
Robeson County (Unincorporated Areas)	
Lee's Branch:	
At the confluence with Tenmile Swamp	•121
Approximately 1,000 feet upstream of Vester Road	•132
Robeson County (Unincorporated Areas)	
Leith Creek:	
At State boundary	•125
At County boundary	•136
Robeson County (Unincorporated Areas)	
Little Bear Swamp:	
Approximately 325 feet upstream of the confluence of Bear Swamp	•185
Approximately 150 feet upstream of WL Moore Woods Road	•188
Robeson County (Unincorporated Areas)	
Little Bull Branch:	
At the confluence with Bull Branch	•139
Approximately 0.5 mile upstream of Bethea Road	•169
Robeson County (Unincorporated Areas)	
Little Burnt Swamp:	
At the confluence with Burnt Swamp	•163
Approximately 0.4 mile upstream of Townsends Chapel Road	•178
Robeson County (Unincorporated Areas)	
Little Hog Swamp:	
At the confluence with Hog Swamp	•106
Approximately 0.4 mile upstream of Greensville Road	•123
Robeson County (Unincorporated Areas)	
Little Indian Swamp:	
At the confluence with Indian Swamp	•90
Approximately 400 feet downstream of State Route 130	•97
Little Jacob Swamp:	
Approximately 250 feet downstream of Lowette Road	•113
Approximately 1,000 feet downstream of Kenny Biggs Road	•122
Robeson County (Unincorporated Areas), City of Lumberton	
Little Juniper Branch:	
At the upstream side of railroad	•170
Approximately 0.7 mile upstream of Hezekiah Road	•186
Robeson County (Unincorporated Areas)	
Little Marsh Swamp:	
At the confluence with Galberry Swamp	•131
At the County boundary	•191
Robeson County (Unincorporated Areas), Town of Lumber Bridge	
Little Marsh Swamp Tributary:	
At the confluence with Little Marsh Swamp	•171
Approximately 0.5 mile upstream of State Highway 20	•182
Robeson County (Unincorporated Areas)	
Little Raft Swamp:	
At the confluence with Raft Swamp	•155

Source of flooding and location	# Depth in feet above ground. * Elevation in feet (NGVD) ÷ ● Elevation in feet (NAVD)
At the Hoke/Robeson County boundary	●187
Robeson County (Unincorporated Areas), Town of Red Springs	
Little Swamp:	
At the confluence with Big Swamp	●100
Approximately 0.9 mile upstream of Singletary Church Road	●107
Robeson County (Unincorporated Areas)	
Little Tenmile Swamp:	
At the confluence with Tenmile Swamp	●145
Approximately 850 feet upstream of McDuffie Crossing Road	●163
Robeson County (Unincorporated Areas)	
Long Branch (near City of Lumberton):	
At the confluence with Big Swamp	●99
Approximately 1.0 mile upstream of McKinnon Rollin Road	●113
Robeson County (Unincorporated Areas)	
Long Branch (near Town of Parkton):	
At the confluence with Buckhorn Swamp	●149
Approximately 1.5 miles upstream of Council Road	●169
Robeson County (Unincorporated Areas)	
Long Swamp:	
At the confluence with Richland Swamp	●194
At County boundary	●208
Robeson County (Unincorporated Areas)	
Lumber River:	
Approximately 1.9 miles upstream of Willoughby Road	●95
Approximately 0.4 mile downstream of NC 72	●111
Robeson County (Unincorporated Areas), City of Lumberton	
McGregor Branch:	
At the confluence with Shoe Heel Creek	●124
Approximately 0.4 mile upstream of Elsie Road	●151
Robeson County (Unincorporated Areas)	
McLeans Branch:	
At the confluence with Little Raft Swamp	●171
Approximately 0.4 mile upstream of State Route 71	●204
Robeson County (Unincorporated Areas), Town of Red Springs	
McLeod Mill Branch:	
At the confluence with Ashpole Swamp	●98
Approximately 1,800 feet downstream of Butler Road	●132
Robeson County (Unincorporated Areas)	
McLeod Mill Branch Tributary:	
At the confluence with McLeod Mill Branch	●103
Approximately 0.74 mile upstream of the confluence with McLeod Mill Branch	●111
Robeson County (Unincorporated Areas)	
McRae Branch:	
At the confluence with Shoe Heel Creek	●137
Approximately 0.6 mile upstream of U.S. Route 501	●169
Robeson County (Unincorporated Areas)	
Mercer Branch:	
At the confluence with Little Marsh Swamp	●133
Approximately 1,200 feet upstream of Interstate 95	●167
Robeson County (Unincorporated Areas)	
Middle Branch:	
At the confluence with Wilkinson Creek	●131
Approximately 850 feet upstream of McLeod Drive	●164
Robeson County (Unincorporated Areas)	
Mill Branch (near Town of Fairmont):	
At the confluence with Ashpole Swamp	●85
Approximately 0.3 mile upstream of White Pond Road	●103
Robeson County (Unincorporated Areas)	
Mill Branch (near City of Lumberton):	
At the confluence with Raft Swamp	●137
Approximately 0.5 mile upstream of East 4th Avenue	●154
Robeson County (Unincorporated Areas)	
Mirey Branch:	
At the confluence with Big Marsh Swamp	●161
Approximately 0.4 mile upstream of the confluence withBig Marsh Swamp	●167
Robeson County (Unincorporated Areas)	
Mitchell Swamp:	
At the State boundary	●111
Approximately 1,800 feet downstream of Viper Lane	●151
Robeson County (Unincorporated Areas)	
Moss Neck Swamp:	
At the upstream side of Moss Neck Road	●144
Approximately 0.6 mile upstream of Chicken Road	●162
Robeson County (Unincorporated Areas)	
Old Field Branch:	
At the confluence with Tenmile Swamp	●134
Approximately 0.5 mile upstream of the confluence with Ten Mile Swamp	●139
Robeson County (Unincorporated Areas)	
Old Field Swamp:	
At the confluence with Hog Swamp	●86
Approximately 150 feet downstream of Interstate 95	●135
Robeson County (Unincorporated Areas), Town of Fairmont	
Old Field Swamp Tributary:	
At the confluence with Old Field Swamp	●103
Approximately 500 feet upstream of railroad	●127
Robeson County (Unincorporated Areas)	
Red Hill Branch:	
At the confluence with Hog Swamp	●93
Approximately 1,300 feet upstream of the confluence withHog Swamp	●95
Robeson County (Unincorporated Areas)	
Panther Branch.	
At the confluence with Richland Swamp	●154
Approximately 0.3 mile upstream of Old Lowry Road	●201
Robeson County (Unincorporated Areas)	
Pittman Mill Branch:	
At the confluence with Old Field Swamp	●92
Approximately 0.4 mile upstream of Pittman Street	●113
Robeson County (Unincorporated Areas), Town of Fairmont	
Raft Swamp:	
Approximately 0.5 mile upstream of the confluence with the Lumber River	●123
At the Robeson/Hoke County boundary	●182
Robeson County (Unincorporated Areas)	
Reedy Branch:	
At the confluence with Old Field Swamp	●111
Approximately 0.7 mile upstream of the confluence with Old Field Swamp	●121
Robeson County (Unincorporated Areas)	
Richland Swamp:	
At the confluence with Raft Swamp	●133
Approximately 0.5 mile upstream of Mount Zion Church Road	●210
Robeson County (Unincorporated Areas)	
Saddletree Swamp:	
Approximately 1,250 feet upstream of McDuffie Crossing Road	●155
Approximately 0.8 mile upstream of McDuffie Crossing Road	●158
Robeson County (Unincorporated Areas)	
Saddletree Swamp Tributary:	
At the upstream side of Mt. Moriah Church Road	●144

Source of flooding and location	# Depth in feet above ground. * Elevation in feet (NGVD) ÷ ● Elevation in feet (NAVD)
Approximately 500 feet upstream of W Powersville Road	•147
Robeson County (Unincorporated Areas), City of Lumberton	
Scotts Mill Branch:	
At the confluence with Ashpole Swamp	•105
Approximately 0.63 mile downstream of U.S. Route 301	•134
Robeson County (Unincorporated Areas)	
Shoe Heel Creek:	
At State boundary	•114
At Scotland/Robeson County boundary	•164
Robeson County (Unincorporated Areas), Town of Maxton	
Short Swamp:	
At the confluence with Wilkinson Creek	•129
Approximately 0.3 mile downstream of Cabinet Shop Road	•140
Robeson County (Unincorporated Areas)	
Tenmile Swamp:	
At the confluence with Big Swamp	•116
Approximately 1,450 feet upstream of McDuffie Crossing Road	•162
Robeson County (Unincorporated Areas)	
Tenmile Swamp Tributary:	
At the confluence with Tenmile Swamp	•127
Approximately 1,050 feet upstream of E Powersville Road	•137
Robeson County (Unincorporated Areas)	
Thick Branch:	
At the confluence with Tenmile Swamp	•126
Approximately 1,400 feet upstream of Indian Heritage Road	•133
Robeson County (Unincorporated Areas)	
Town Ditch:	
At the confluence with Mitchell Swamp	•119
Approximately 0.9 mile upstream of the confluence with Mitchell Swamp	•129
Robeson County (Unincorporated Areas), Town of Rowland	
Underpass Overland North:	
At the confluence with Collection Canal	•119
At the confluence with Underpass Overland South	•119
City of Lumberton	
Underpass Overland South:	
At the confluence with Cotton Mill Branch	•118
Approximately 150 feet upstream of Interstate 95	•124
City of Lumberton	
Watering Hole Swamp:	
At the confluence with Wilkinson Creek	•135
Approximately 50 feet downstream of O'Quinn Road	•167
Robeson County (Unincorporated Areas)	
White Oak Branch:	
At the confluence with Raft Swamp	•129
Approximately 0.4 mile upstream of Oak Grove Ch. Road	•148
Robeson County (Unincorporated Areas)	
White Oak Swamp:	
At the confluence with Big Swamp	•110
Approximately 1,100 feet upstream of Howell Road	•135
Robeson County (Unincorporated Areas)	
Wildcat Branch:	
At the confluence with Tenmile Swamp	•116
Approximately 0.4 mile upstream of Smith Mill Road	•132
Robeson County (Unincorporated Areas)	
Wilkinson Creek:	
At the confluence with Shoe Heel Creek	•117
Approximately 450 feet downstream of O'Quinn Road	•167
Robeson County (Unincorporated Areas)	
Wilkinson Creek Tributary:	
At the confluence with Wilkinson Creek	•122
Approximately 1.5 miles upstream of Gaddy's Mill Road	•154
Robeson County (Unincorporated Areas)	
Town of Fairmont	
Maps available for inspection at the Fairmont Town Hall, 421 South Main Street, Fairmont, North Carolina.	
Town of Lumber Bridge	
Maps available for inspection at the Lumber Bridge Town Hall, 101 Railroad Street, Lumber Bridge, North Carolina.	
City of Lumberton	
Maps available for inspection at the City of Lumberton Planning Department, 501 East 5th Street, Lumberton, North Carolina.	
Town of Maxton	
Maps available for inspection at the Maxton Town Hall, 201 McCaskill Street, Maxton, North Carolina.	
Town of Parkton	
Maps available for inspection at the Parkton Town Hall, 28 West Second Street, Parkton, North Carolina.	
Town of Proctorville	
Maps available for inspection at the Proctorville Town Hall, Corner of Carolina & Main Street, Proctorville, North Carolina.	
Town of Red Springs	
Maps available for inspection at the Red Springs Town Hall, 217 South Main Street, Red Springs, North Carolina.	
Robeson County (Unincorporated Areas)	
Maps available for inspection at the Robeson County Inspections & Zoning Office, 415 Country Club Drive, Lumberton, North Carolina.	
Town of Rowland	
Maps available for inspection at the Rowland Town Hall, 202 West Main Street, Rowland, North Carolina.	
VIRGINIA	
Albemarle County (FEMA Docket No. D–7586)	
Cow Branch:	
At the confluence with Moores Creek	•333
Approximately 285 feet upstream of Mill Creek Drive	•439
Albemarle County (Unincorporated Areas)	
Flat Branch:	
At the confluence with North Fork Rivanna River	•386
Approximately 4,890 feet upstream of the confluence with Flat Branch Tributary	•441
Albemarle County (Unincorporated Areas)	
Flat Branch Tributary:	
At the confluence with Flat Branch	•386
Approximately 2,490 feet upstream of Lewis & Clark Drive	•442
Albemarle County (Unincorporated Areas)	
Herring Branch:	
At the confluence with North Fork Rivanna River	•389
Approximately 2,530 feet upstream of private drive	•443
Albemarle County (Unincorporated Areas)	
Jacobs Run:	
At the confluence with North Fork Rivanna River	•396

Source of flooding and location	# Depth in feet above ground. * Elevation in feet (NGVD) ÷ ● Elevation in feet (NAVD)
At the Chris Green Lake Dam	●396
Albemarle County (Unincorporated Areas)	
Lickinghole Creek:	
Approximately 70 feet downstream of railroad bridge	●501
Approximately 150 feet upstream of Jarmans Gap Road	●902
Albemarle County (Unincorporated Areas)	
North Fork Rivanna River:	
At the confluence with Rivanna River	●356
Approximately 1,375 feet upstream of Dickerson Road	●398
Albemarle County (Unincorporated Areas)	
Powells Creek:	
At the confluence with Lickinghole Creek	●623
Approximately 320 feet upstream of Railroad Avenue	●786
Albemarle County (Unincorporated Areas)	
Rivanna River:	
At the County boundary	●287
At the confluence with North Fork Rivanna River	●356
Albemarle County (Unincorporated Areas), Independent City of Charlottesville	
Slabtown Branch:	
At the confluence with Lickinghole Creek	●600
Approximately 3,000 feet upstream of State Route 684	●766
Albemarle County (Unincorporated Areas)	
Moores Creek:	
At the confluence with Rivanna River	●329
Approximately 1,300 feet downstream of State Route 20	●330
Albemarle County (Unincorporated Areas), Independent City of Charlottesville	
Meadow Creek:	
At the confluence with Rivanna River	●345
Approximately 100 feet upstream of Rio Road	●358
Albemarle County (Unincorporated Areas), Independent City of Charlottesville	
South Fork Rivanna River:	
At the confluence with Rivanna River	●356
Approximately 630 feet upstream of the confluence of Powell Creek	●358
Albemarle County (Unincorporated Areas)	

Source of flooding and location	# Depth in feet above ground. * Elevation in feet (NGVD) ÷ ● Elevation in feet (NAVD)
Albemarle County (Unincorporated Areas)	
Maps available for inspection at the Albemarle County Engineering Office, 401 McIntire Road, Charlottesville, Virginia.———	
Independent City of Charlottesville	
Maps available for inspection at the Charlottesville City Hall,Neighborhood Development Services, 4th Street, NW., Charlottesville,Virginia.———	
NEW YORK	
Hoosick Falls (Village), Rensselaer County (FEMA Docket No. D–7580)	
Hoosick River:	
Approximately 2,000 feet downstream of Church Street	*411
Approximately 0.51 mile upstream of Boston and Maine Railroad	*432
Maps available for inspection at Hoosick Falls Village Office, 24 MainStreet, Hoosick Falls, New York.	
VIRGINIA	
Roanoke County (FEMA Docket No. D–7588)	
Peters Creek Tributary A:	
At the confluence with Peters Creek	*1,106
Approximately 160 feet upstream of Timberview Road	*1,220
Roanoke County (Unincorporated Areas)	
Peters Creek:	
Approximately 1,150 feet upstream of the confluence with Roanoke River	*968
At the confluence of Peters Creek Tributaries A and B	*1,106
City of Roanoke, Roanoke County (Unincorporated Areas)	
Peters Creek Tributary B:	
At the confluence with Peters Creek	*1,106
Approximately 2,000 feet upstream of the confluence with Peters Creek	*1,127
Roanoke County (Unincorporated Areas)	
Peters Creek Tributary C:	
Approximately 20 feet upstream of the confluence with Peters Creek	*1,028
Approximately 1,100 feet upstream of Embassy Drive	*1,088
City of Roanoke, Roanoke County (Unincorporated Areas)	

Source of flooding and location	# Depth in feet above ground. * Elevation in feet (NGVD) ÷ ● Elevation in feet (NAVD)
Roanoke County (Unincorporated Areas)	
Maps available for inspection at the Roanoke County Engineering Office, 5204 Bernard Drive S.W., Roanoke, Virginia.	
City of Roanoke	
Maps available for inspection at the City of Roanoke Engineer's Office, 215 Church Street, Room 350, Roanoke, Virginia.———	
Send comments to The Honorable Ralph Smith, Mayor of the City of Roanoke, 215 Church Street, Room 452, Roanoke, Virginia 24011–1594.	

(Catalog of Federal Domestic Assistance No. 83.100, ''Flood Insurance.'')

Dated: August 9, 2004.

David I. Maurstad,

Acting Director , Mitigation Division, Emergency Preparedness and Response Directorate.

[FR Doc. 04–18688 Filed 8–13–04; 8:45 am]

BILLING CODE 9110–12–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 67

Final Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency (FEMA), Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Final rule.

SUMMARY: Base (1% annual chance) Flood Elevations (BFEs) and modified BFEs are made final for the communities listed below. The BFEs and modified BFEs are the basis for the floodplain management measures that each community is required either to adopt or to show evidence of being already in effect in order to qualify or remain qualified for participation in the National Flood Insurance Program (NFIP).

EFFECTIVE DATES: The date of issuance of the Flood Insurance Rate Map (FIRM) showing BFEs and modified BFEs for each community. This date may be obtained by contacting the office where the maps are available for inspection as indicated on the table below.

ADDRESSES: The final BFEs for each community are available for inspection at the office of the Chief Executive Officer of each community. The respective addresses are listed in the table below.

FOR FURTHER INFORMATION CONTACT: Doug Bellomo, P.E., Hazard Identification Section, Emergency Preparedness and Response Directorate, FEMA, 500 C Street SW., Washington, DC 20472, (202) 646–2903.

SUPPLEMENTARY INFORMATION: FEMA makes the final determinations listed below for the modified BFEs for each community listed. These modified elevations have been published in newspapers of local circulation and ninety (90) days have elapsed since that publication. The Mitigation Division Director of the Emergency Preparedness and Response Directorate, has resolved any appeals resulting from this notification.

This final rule is issued in accordance with Section 110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and 44 CFR Part 67.

The Agency has developed criteria for floodplain management in floodprone areas in accordance with 44 CFR Part 60.

Interested lessees and owners of real property are encouraged to review the proof Flood Insurance Study and FIRM available at the address cited below for each community.

The BFEs and modified BFEs are made final in the communities listed below. Elevations at selected locations in each community are shown.

National Environmental Policy Act

This rule is categorically excluded from the requirements of 44 CFR Part 10, Environmental Consideration. No environmental impact assessment has been prepared.

Regulatory Flexibility Act

The Mitigation Division Director of the Emergency Preparedness and Response Directorate certifies that this rule is exempt from the requirements of the Regulatory Flexibility Act because final or modified BFEs are required by the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and are required to establish and maintain community eligibility in the NFIP. No regulatory flexibility analysis has been prepared.

Regulatory Classification

This final rule is not a significant regulatory action under the criteria of Section 3(f) of Executive Order 12866 of September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

Executive Order 12612, Federalism

This rule involves no policies that have federalism implications under Executive Order 12612, Federalism, dated Oct. 26, 1987.

Executive Order 12778, Civil Justice Reform

This rule meets the applicable standards of Section 2(b)(2) of Executive Order 12778.

List of Subjects in 44 CFR Part 67

Administrative practice and procedure, Flood insurance, Reporting and recordkeeping requirements.

■ Accordingly, 44 CFR Part 67 is amended as follows:

PART 67—[AMENDED]

■ 1. The authority citation for Part 67 continues to read as follows:

Authority: 42 U.S.C. 4001 *et seq.*; Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 67.11 [Amended]

■ 2. The tables published under the authority of § 67.11 are amended as follows:

Source of flooding and location	#Depth in feet above ground. *Elevation in feet (NGVD) •Elevation in feet (NAVD)
VIRGINIA	
Stafford County (FEMA Docket No. D–7586)	
Accokeek Creek:	
Approximately 0.66 mile downstream of State Route 609	•12
Approximately 350 feet upstream of State Route 628	•189
Aquia Creek:	
Approximately 0.79 mile downstream of Aquia Drive	•8
Approximately 930 feet upstream of Tacketts Mill Road	•281
Austin Run:	
Approximately 0.63 mile upstream of the confluence with Aquia Creek	•7
Approximately 285 feet upstream of Winding Creek Road (State Route 628)	•258
Claiborne Run:	
At the upstream side of Kings Highway (State Route 3)	•41
Approximately 0.56 mile upstream of U.S. Route 1	•168
England Run:	
Approximately 185 feet upstream of the confluence with Rappahannock River	•59
Approximately 1.0 mile upstream of State Route 670	•225
Falls Run:	
Approximately 1,000 feet upstream of U.S. Route 17	•40
Approximately 1.06 miles upstream of Cardinal Forest Drive	•345
Little Falls Run:	
Approximately 1,280 feet upstream of Kings Highway	•32
Approximately 0.52 mile upstream of State Route 218	•142
Rocky Run:	
At the confluence with Tributary 3 to Austin Run	•54
Approximately 225 feet upstream of Rockdale Road (State Route 617)	•148
Tributary 3 to Austin Run:	
At the confluence with Austin Run	•32
Approximately 800 feet upstream of the confluence of Austin Run Tributary 2	•54
Whitsons Run (previously known as Tributary 1 to Austin Run):	
At the confluence with Austin Run	•56
Approximately 0.65 mile upstream of Eustace Road (State Route 751)	•253
Maps available for inspection at the Stafford County Administration Center, Department of Code Administration, 1300 Courthouse Road, Stafford, Virginia.	

(Catalog of Federal Domestic Assistance No. 83.100, ''Flood Insurance'')

Dated: August 9, 2004.

David I. Maurstad,

Acting Director, Mitigation Division, Emergency Preparedness and Response Directorate.

[FR Doc. 04–18689 Filed 8–13–04; 8:45 am]

BILLING CODE 9110–12–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 67

Final Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency (FEMA), Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Final rule.

SUMMARY: Base (1% annual chance) Flood Elevations (BFEs) and modified BFEs are made final for the

communities listed below. The BFEs and modified BFEs are the basis for the floodplain management measures that each community is required either to adopt or to show evidence of being already in effect in order to qualify or remain qualified for participation in the National Flood Insurance Program (NFIP).

EFFECTIVE DATES: The date of issuance of the Flood Insurance Rate Map (FIRM) showing BFEs and modified BFEs for each community. This date may be obtained by contacting the office where the maps are available for inspection as indicated on the table below.

ADDRESSES: The final BFEs for each community are available for inspection at the office of the Chief Executive Officer of each community. The respective addresses are listed in the table below.

FOR FURTHER INFORMATION CONTACT: Doug Bellomo, P. E., Hazard Identification Section, Emergency Preparedness and Response Directorate, FEMA, 500 C Street SW., Washington, DC 20472, (202) 646–2903.

SUPPLEMENTARY INFORMATION: FEMA makes the final determinations listed below for the modified BFEs for each community listed. These modified elevations have been published in newspapers of local circulation and ninety (90) days have elapsed since that publication. The Mitigation Division Director of the Emergency Preparedness and Response Directorate, has resolved any appeals resulting from this notification.

This final rule is issued in accordance with section 110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and 44 CFR part 67.

The Agency has developed criteria for floodplain management in floodprone areas in accordance with 44 CFR part 60.

Interested lessees and owners of real property are encouraged to review the proof Flood Insurance Study and FIRM available at the address cited below for each community.

The BFEs and modified BFEs are made final in the communities listed below. Elevations at selected locations in each community are shown.

National Environmental Policy Act

This rule is categorically excluded from the requirements of 44 CFR part 10, Environmental Consideration. No environmental impact assessment has been prepared.

Regulatory Flexibility Act

The Mitigation Division Director of the Emergency Preparedness and Response Directorate certifies that this rule is exempt from the requirements of the Regulatory Flexibility Act because final or modified BFEs are required by the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and are required to establish and maintain community eligibility in the NFIP. No regulatory flexibility analysis has been prepared.

Regulatory Classification

This final rule is not a significant regulatory action under the criteria of section 3(f) of Executive Order 12866 of September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

Executive Order 12612, Federalism

This rule involves no policies that have federalism implications under Executive Order 12612, Federalism, dated Oct. 26, 1987.

Executive Order 12778, Civil Justice Reform

This rule meets the applicable standards of section 2(b)(2) of Executive Order 12778.

List of Subjects in 44 CFR Part 67

Administrative practice and procedure, Flood insurance, Reporting and recordkeeping requirements.

■ Accordingly, 44 CFR Part 67 is amended as follows:

PART 67—[AMENDED]

■ 1. The authority citation for part 67 continues to read as follows:

Authority: 42 U.S.C. 4001 *et seq.*; Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 67.11 [Amended]

■ 2. The tables published under the authority of § 67.11 are amended as follows:

Source of flooding and location	#Depth in feet above ground. *Elevation in feet (NGVD)•Elevation in feet (NAVD)
WISCONSIN	
New Richmond (City), St. Croix County (FEMA Docket No. D–7572)	
Paper Jack Creek:	
Just downstream of County Road A	*945
Approximately 0.7 mile upstream of 140th Street	*982
Willow River:	
Approximately 0.5 mile downstream of State Highway 64	*949
Just downstream of County Road K	*980
Maps available for inspection at the City of New Richmond Civic Center,156 East First Street, New Richmond, Wisconsin.	

(Catalog of Federal Domestic Assistance No. 83.100, ''Flood Insurance.'')

Dated: August 10, 2004.

David I. Maurstad,

Acting Director, Mitigation Division, Emergency Preparedness and Response Directorate.

[FR Doc. 04–18690 Filed 8–13–04; 8:45 am]

BILLING CODE 9110–12–P

Proposed Rules

Federal Register
Vol. 69, No. 157
Monday, August 16, 2004

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 Part 927

[Docket No. FV04–927–2 PR]

Winter Pears Grown in Oregon and Washington; Decrease of a Continuing Supplemental Assessment Rate for the Beurre d'Anjou Variety of Pears Grown in Oregon and Washington

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Proposed rule.

SUMMARY: This rule would decrease the continuing supplemental assessment rate established for the Winter Pear Control Committee (Committee) for the 2004–2005 and subsequent fiscal periods from $0.03 to $0.01 per 44-pound standard box or container equivalent of the Beurre d'Anjou variety of pears (d'Anjou pears) handled, excluding organically produced d'Anjou pears. The Committee locally administers the marketing order which regulates the handling of winter pears grown in Oregon and Washington. Authorization for a supplemental assessment rate on individual varieties or subvarieties of winter pears enables the Committee to fund authorized projects for these varieties. The fiscal period began July 1 and ends June 30. The supplemental assessment rate would remain in effect indefinitely unless modified, suspended, or terminated.

DATES: Comments must be received by September 7, 2004.

ADDRESSES: Interested persons are invited to submit written comments concerning this rule. Comments must be sent to the Docket Clerk, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue, SW., STOP 0237, Washington, DC 20250–0237; fax: (202) 720–8938; e-mail: *moab.docketclerk@usda.gov;* or Internet: *http://www.regulations.gov.* Comments should reference the docket number and the date and page number of this issue of the **Federal Register** and will be available for public inspection in the Office of the Docket Clerk during regular business hours, or can be viewed at: *http://www.ams.usda.gov/fv/moab.html.*

FOR FURTHER INFORMATION CONTACT: Susan M. Hiller, Northwest Marketing Field Office, Fruit and Vegetable Programs, AMS, USDA, 1220 SW. Third Avenue, suite 385, Portland, Oregon 97204–2807; telephone: (503) 326–2724, fax: (503) 326–7440; or George Kelhart, Technical Advisor, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue, SW., STOP 0237, Washington, DC 20250–0237; telephone: (202) 720–2491, fax: (202) 720–8938.

Small businesses may request information on complying with this regulation by contacting Jay Guerber, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue, SW., STOP 0237, Washington, DC 20250–0237; telephone: (202) 720–2491, fax: (202) 720–8938, or e-mail: *Jay.Guerber@usda.gov.*

SUPPLEMENTARY INFORMATION: This rule is issued under Marketing Agreement No. 89 and Order No. 927, both as amended (7 CFR part 927), regulating the handling of winter pears grown in Oregon and Washington, hereinafter referred to as the ''order.'' The order is effective under the Agricultural Marketing Agreement Act of 1937, as amended (7 U.S.C. 601–674), hereinafter referred to as the ''Act.''

The Department of Agriculture (USDA) is issuing this rule in conformance with Executive Order 12866.

This rule has been reviewed under Executive Order 12988, Civil Justice Reform. Under the marketing order now in effect, Oregon and Washington winter pear handlers are subject to assessments. Funds to administer the order are derived from such assessments. It is intended that the supplemental assessment rate as proposed herein would be applicable to all assessable d'Anjou pears, excluding organically produced d'Anjou pears, beginning on July 1, 2004, and continue until amended, suspended, or terminated. This rule will not preempt any State or local laws, regulations, or policies, unless they present an irreconcilable conflict with this rule.

The Act provides that administrative proceedings must be exhausted before parties may file suit in court. Under section 608c(15)(A) of the Act, any handler subject to an order may file with USDA a petition stating that the order, any provision of the order, or any obligation imposed in connection with the order is not in accordance with law and request a modification of the order or to be exempted therefrom. Such handler is afforded the opportunity for a hearing on the petition. After the hearing USDA would rule on the petition. The Act provides that the district court of the United States in any district in which the handler is an inhabitant, or has his or her principal place of business, has jurisdiction to review USDA's ruling on the petition, provided an action is filed not later than 20 days after the date of the entry of the ruling.

This rule would decrease the supplemental assessment rate established for the Committee for the 2004–2005 and subsequent fiscal periods from $0.03 to $0.01 per 44-pound standard box or container equivalent of d'Anjou pears, excluding organically produced d'Anjou pears. The $0.01 supplemental assessment rate on conventionally produced (pears that are not organically produced) and handled d'Anjou pears is in addition to the continuing base assessment rate of $0.49 per 44-pound standard box or container equivalent established for the 1998–1999 and subsequent fiscal periods, which pertains to all winter pears handled under the order (63 FR 46633; September 2, 1998). The current supplemental rate of $0.03 per 44-pound standard box or container equivalent was established at 67 FR 5438; February 6, 2002.

The order provides authority for the Committee, with the approval of USDA, to formulate an annual budget of expenses and collect assessments from handlers to administer the program. The order also provides authority to fix supplemental rates of assessment on individual varieties or subvarieties to secure sufficient funds to provide for projects authorized under § 927.47. Section 927.47 provides authority for the establishment of production research, or marketing research and development projects designed to assist,

improve, or promote the marketing, distribution, and consumption of pears. The members of the Committee are growers and handlers of Oregon and Washington winter pears. They are familiar with the Committee's needs and with the costs for goods and services in their local area and are thus in a position to formulate an appropriate budget and assessment rates. The assessment rates are formulated and discussed in a public meeting. Thus, all directly affected persons have an opportunity to participate and provide input.

The Committee met on June 4, 2004, and unanimously recommended 2004–2005 expenditures of $7,302,905 and reconfirmed the continuing base assessment rate of $0.49 per 44-pound standard box or container equivalent of winter pears established for the 1998–1999 and subsequent fiscal periods. The Committee also recommended a supplemental assessment rate of $0.01 per 44-pound standard box or container equivalent of d'Anjou pears, excluding organically produced d'Anjou pears. In comparison, last year's budgeted expenditures were $8,320,989.

The Committee shares management and other expenses with Pear Bureau Northwest and the Northwest Fresh Bartlett Pear Marketing Committee (7 CFR part 931) under a management agreement. The major expenditures recommended by the Committee for the 2004–2005 fiscal period include $339,905 for shared expenses (salaries and benefits, insurance, office rent, equipment rental and maintenance, office supplies, telephone, postage, and similar expenses); $290,000 for production research, and market research and development; $110,000 for Ethoxyquin data research, $183,000 for program expenses (compliance and education, committee meetings, office equipment purchases, industry development, and computer programs); and $6,380,000 for paid advertising. Budgeted expenses for these items in 2003–2004 were $329,989, $324,000, $360,000, $179,000, and $7,128,000, respectively.

Under this proposed rule, conventionally produced and handled d'Anjou pears would be assessed at a total rate of $0.50 per 44-pound standard box or container equivalent, while all other varieties of winter pears, including organically produced d'Anjou pears, will be assessed at the currently established rate of $0.49 per 44-pound standard box or container equivalent. The Committee estimates that of the 14,500,000 44-pound standard boxes or container equivalents of winter pears projected for utilization during the 2004–2005 fiscal period, 11,000,000 44-pound standard boxes or container equivalents will be conventionally produced pears of the d'Anjou variety. While the income derived from the base assessment rate will continue to fund the Committee's administrative and promotional activities, income derived from the supplemental assessment rate would be used exclusively to fund the collection of data on Ethoxyquin residue on stored d'Anjou pears. Ethoxyquin is an antioxidant that is registered for use on pears for controlling superficial scald, a physiological disease affecting the appearance of certain varieties of stored pears. The supplemental assessment rate would not be applicable to d'Anjou pears that are organically produced, because Ethoxyquin is not used in their handling and storage.

Assessment income for the 2004–2005 fiscal period is expected to total $7,215,000. Income from the $0.49 base assessment rate is estimated at $7,105,000, calculated on estimated shipments of 14,500,000 44-pound standard boxes or container equivalents. In addition, income from the $0.01 supplemental assessment rate is estimated at $110,000, calculated on estimated shipments of 11,000,000 44-pound standard boxes or container equivalents. The supplemental assessment rate of $0.01 is $0.02 lower than the rate currently in effect. The Committee recommended a decreased supplemental assessment rate due to the projected reduced cost for the final stage of the Ethoxyquin data research. Income derived from handler assessments, along with interest income and funds from the Committee's authorized reserve would be adequate to cover budgeted expenses. Funds in the reserve (currently $440,550) would be kept within the maximum permitted by the order of approximately one fiscal period's expenses (§ 927.42).

The continuing base assessment rate and the decreased supplemental assessment rate of $0.01 would continue in effect indefinitely unless modified, suspended, or terminated by USDA upon recommendation and information submitted by the Committee or other available information.

Although the supplemental assessment rate would be in effect for an indefinite period, the Committee would continue to meet prior to or during each fiscal period to recommend a budget of expenses and consider recommendations for modification of the assessment rate. The dates and times of Committee meetings are available from the Committee or USDA. Committee meetings are open to the public and interested persons may express their views at these meetings. USDA would evaluate Committee recommendations and other available information to determine whether modification of either the base assessment rate or the supplemental assessment rate is needed. Further rulemaking would be undertaken as necessary. The Committee's 2004–2005 budget and those for subsequent fiscal periods would be reviewed and, as appropriate, approved by USDA.

Initial Regulatory Flexibility Analysis

Pursuant to requirements set forth in the Regulatory Flexibility Act (RFA), the Agricultural Marketing Service (AMS) has considered the economic impact of this rule on small entities. Accordingly, AMS has prepared this initial regulatory flexibility analysis.

The purpose of the RFA is to fit regulatory actions to the scale of business subject to such actions in order that small businesses will not be unduly or disproportionately burdened. Marketing orders issued pursuant to the Act, and the rules issued thereunder, are unique in that they are brought about through group action of essentially small entities acting on their own behalf. Thus, both statutes have small entity orientation and compatibility.

There are approximately 1,753 growers of winter pears in Oregon and Washington and approximately 50 handlers subject to regulation under the marketing order. Small agricultural growers are defined by the Small Business Administration (13 CFR 121.201) as those having annual receipts of less than $750,000, and small agricultural service firms are defined as those whose annual receipts are less than $5,000,000.

According to the *Noncitrus Fruits and Nuts, 2003 Preliminary Summary* issued in January 2004 by the National Agricultural Statistics Service, the total farm gate value of winter pears in the regulated production area for 2003 was $135,492,000. Therefore, the 2003 average gross revenue for a winter pear grower in the regulated production area was $77,292. Further, based on Committee records and recent f.o.b. prices for winter pears, over 76 percent of the regulated handlers ship less than $5,000,000 worth of winter pears on an annual basis. Based on this information it can be concluded that the majority of growers and handlers of winter pears in the States of Oregon and Washington may be classified as small entities.

This rule would decrease the supplemental assessment rate established for the Committee and collected from handlers for the 2004–2005 and subsequent fiscal periods from

$0.03 to $0.01 per 44-pound standard box or container equivalent of d'Anjou pears, excluding organically produced d'Anjou pears. The Committee unanimously recommended 2004–2005 expenditures of $7,302,905 and reconfirmed the continuing base assessment rate of $0.49 per 44-pound standard box or container equivalent of winter pears established for the 1998–1999 and subsequent fiscal periods. The Committee also recommended a decreased supplemental assessment rate of $0.01 per 44-pound standard box or container equivalent of d'Anjou pears, excluding organically produced d'Anjou pears.

The Committee shares management and other expenses with Pear Bureau Northwest and the Northwest Fresh Bartlett Pear Marketing Committee (7 CFR part 931) under a management agreement. The major expenditures recommended by the Committee for the 2004–2005 fiscal period include $339,905 for shared expenses (salaries and benefits, insurance, office rent, equipment rental and maintenance, office supplies, telephone, postage, and similar expenses); $290,000 for production research, and market research and development; $110,000 for Ethoxyquin data research, $183,000 for program expenses (compliance and education, committee meetings, office equipment purchases, industry development, and computer programs); and $6,380,000 for paid advertising. Budgeted expenses for these items in 2003–2004 were $329,989, $324,000, $360,000, $179,000, and $7,128,000, respectively.

Assessment income for the 2004–2005 fiscal period is expected to total $7,215,000. Income from the $0.49 base assessment rate is estimated at $7,105,000, calculated on estimated shipments of 14,500,000 44-pound standard boxes or container equivalents. In addition, income from the $0.01 supplemental assessment rate is estimated at $110,000, calculated on estimated shipments of 11,000,000 44-pound standard boxes or container equivalents. The supplemental assessment rate of $0.01 is $0.02 lower than the rate currently in effect. The Committee recommended a decreased supplemental assessment rate due to the projected reduced cost for the final stage of the Ethoxyquin data research. Income derived from handler assessments, along with interest income and funds from the Committee's authorized reserve would be adequate to cover budgeted expenses. Funds in the reserve (currently $440,550) would be kept within the maximum permitted by the order of approximately one fiscal period's expenses (§ 927.42).

The Committee reviewed and unanimously recommended 2004–2005 expenditures of $7,302,905 which includes increases in shared expenses and program expenses and decreases in production research, and market research and development, Ethoxyquin data research, and paid advertising expenses. Prior to arriving at this budget, alternative expenditure and assessment levels were discussed by the Committee. Based upon the projected reduced cost for the final stage of the Ethoxyquin data research, the Committee recommended a reduction in the supplemental assessment rate. Ethoxyquin is not used in the handling and storage of organically produced d'Anjou pears, thus they were excluded from the Committee's supplemental assessment rate recommendation.

A review of historical information and preliminary information pertaining to the upcoming fiscal period indicates that the grower price for the 2004–2005 fiscal period could range between $5.80 and $7.35 per standard box of winter pears. Therefore, the estimated assessment revenue for the 2004–2005 fiscal period, inclusive of revenue from both the base assessment rate and the supplemental assessment rate, as a percentage of total grower revenue could range between 6.8 and 8.6 percent.

This action would decrease the assessment obligation imposed on handlers. Assessments are applied uniformly on all handlers, and some of the costs may be passed on to growers. However, decreasing the supplemental assessment rate would reduce the burden on handlers, and may reduce the burden on growers. In addition, the Committee's meeting was widely publicized throughout the Oregon and Washington winter pear industry and all interested persons were invited to attend the meeting and participate in Committee deliberations on all issues. Like all Committee meetings, the June 4, 2004, meeting was a public meeting and all entities, both large and small, were able to express views on this issue. Finally, interested persons are invited to submit information on the regulatory and informational impacts of this action on small businesses.

This proposed rule would impose no additional reporting or recordkeeping requirements on either small or large Oregon and Washington winter pear handlers. As with all Federal marketing order programs, reports and forms are periodically reviewed to reduce information requirements and duplication by industry and public sector agencies.

USDA has not identified any relevant Federal rules that duplicate, overlap, or conflict with this rule.

A small business guide on complying with fruit, vegetable, and specialty crop marketing agreements and orders may be viewed at: *http://www.ams.usda.gov/fv/moab.html.* Any questions about the compliance guide should be sent to Jay Guerber at the previously mentioned address in the **FOR FURTHER INFORMATION CONTACT** section.

A 20-day comment period is provided to allow interested persons to respond to this proposed rule. Twenty days is deemed appropriate because: (1) The 2004–2005 fiscal period began on July 1, 2004, and the marketing order requires that the rates of assessment for each fiscal period apply to all assessable winter pears handled during such fiscal period; (2) the proposed rule would decrease the supplemental assessment rate for assessable d'Anjou pears beginning with the 2004–2005 fiscal period; and (3) handlers are aware of this action which was unanimously recommended by the Committee at a public meeting and is similar to other assessment rate actions issued in past years.

List of Subjects in 7 CFR Part 927

Marketing agreements, Pears, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, 7 CFR part 927 is proposed to be amended as follows:

PART 927—WINTER PEARS GROWN IN OREGON AND WASHINGTON

1. The authority citation for 7 CFR part 927 continues to read as follows:

Authority: 7 U.S.C. 601–674.

2. Section 927.236 is revised to read as follows:

§ 927.236 Assessment rate.

On and after July 1, 2004, an assessment rate of $0.49 per 44-pound standard box or container equivalent of conventionally and organically produced pears and, in addition, a supplemental assessment rate of $0.01 per 44-pound standard box or container equivalent of Beurre d'Anjou variety pears, excluding organically produced Beurre d'Anjou pears, is established for the Winter Pear Control Committee.

Dated: August 10, 2004.

A.J. Yates,

Administrator, Agricultural Marketing Service.

[FR Doc. 04–18615 Filed 8–13–04; 8:45 am]

BILLING CODE 3410–02–P

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 993

[Docket No. FV04–993–2 PR]

Dried Prunes Produced in California; Increased Assessment Rate

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Proposed rule.

SUMMARY: This rule would increase the assessment rate established for the Prune Marketing Committee (Committee) under Marketing Order No. 993 for the 2004–05 and subsequent crop years from $2.00 to $4.00 per ton of salable dried prunes. The Committee locally administers the marketing order which regulates the handling of dried prunes grown in California. Authorization to assess dried prune handlers enables the Committee to incur expenses that are reasonable and necessary to administer the program. The Committee recommended a higher assessment rate because the 2004–05 crop is expected to be very small and a higher assessment rate is needed to generate sufficient funds to meet program expenses. The crop year begins August 1 and ends July 31. The assessment rate would remain in effect indefinitely unless modified, suspended, or terminated.

DATES: Comments must be received by September 7, 2004.

ADDRESSES: Interested persons are invited to submit written comments concerning this rule. Comments must be sent to the Docket Clerk, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue, SW., STOP 0237, Washington, DC 20250–0237; Fax: (202) 720–8938; or E-mail: *moab.docketclerk@usda.gov*, or Internet: *http://www.regulations.gov*. Comments should reference the docket number and the date and page number of this issue of the **Federal Register** and will be available for public inspection in the Office of the Docket Clerk during regular business hours, or can be viewed at: *http://www.ams.usda.gov/fv/moab.html*.

FOR FURTHER INFORMATION CONTACT: Toni Sasselli, Program Analyst, or Richard P. Van Diest, Marketing Specialist, California Marketing Field Office, Fruit and Vegetable Programs, AMS, USDA, 2202 Monterey Street, suite 102B, Fresno, California 93721; telephone: (559) 487–5901; Fax (559) 487–5906; or George Kelhart, Technical Advisor, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue, SW., STOP 0237, Washington, DC 20250–0237; telephone: (202) 720–2491, Fax: (202) 720–8938.

Small businesses may request information on complying with this regulation by contacting Jay Guerber, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue, SW., STOP 0237, Washington, DC 20250–0237; telephone: (202) 720–2491, Fax: (202) 720–8938, or E-mail: *Jay.Guerber@usda.gov*.

SUPPLEMENTARY INFORMATION: This rule is issued under Marketing Agreement and Order No. 993, both as amended (7 CFR part 993), regulating the handling of dried prunes grown in California, hereinafter referred to as the ''order.'' The marketing agreement and order are effective under the Agricultural Marketing Agreement Act of 1937, as amended (7 U.S.C. 601–674), hereinafter referred to as the ''Act.''

The Department of Agriculture (USDA) is issuing this rule in conformance with Executive Order 12866.

This rule has been reviewed under Executive Order 12988, Civil Justice Reform. Under the marketing order now in effect, California dried prune handlers are subject to assessments. Funds to administer the order are derived from such assessments. It is intended that the assessment rate as proposed herein would be applicable to all assessable dried prunes beginning on August 1, 2004, and continue until amended, suspended, or terminated. This rule will not preempt any State or local laws, regulations, or policies, unless they present an irreconcilable conflict with this rule.

The Act provides that administrative proceedings must be exhausted before parties may file suit in court. Under section 608c(15)(A) of the Act, any handler subject to an order may file with USDA a petition stating that the order, any provision of the order, or any obligation imposed in connection with the order is not in accordance with law and request a modification of the order or to be exempted therefrom. Such handler is afforded the opportunity for a hearing on the petition. After the hearing USDA would rule on the petition. The Act provides that the district court of the United States in any district in which the handler is an inhabitant, or has his or her principal place of business, has jurisdiction to review USDA's ruling on the petition, provided an action is filed not later than 20 days after the date of the entry of the ruling.

This rule would increase the assessment rate established for the Committee for the 2004–05 and subsequent crop years from $2.00 to $4.00 per ton of salable dried prunes.

The California dried prune marketing order provides authority for the Committee, with the approval of USDA, to formulate an annual budget of expenses and collect assessments from handlers to administer the program. The members of the Committee are producers and handlers of California dried prunes. They are familiar with the Committee's needs and with the costs for goods and services in their local area and are thus in a position to formulate an appropriate budget and assessment rate. The assessment rate is formulated and discussed in a public meeting. Thus, all directly affected persons have an opportunity to participate and provide input.

For the 2003–04 and subsequent crop years, the Committee recommended, and USDA approved, an assessment rate that would continue in effect from crop year to crop year unless modified, suspended, or terminated by USDA upon recommendation and information submitted by the Committee or other information available to USDA.

The Committee met on June 23, 2004, and unanimously recommended 2004–05 expenditures of $275,800 and an assessment rate of $4.00 per ton of salable dried prunes. In comparison, last year's budgeted expenditures were $322,022. The assessment rate of $4.00 per ton is $2.00 higher than the rate currently in effect. The Committee recommended a higher assessment rate because a very small crop is expected this year. The salable prune production this year is expected to be 68,950 tons, the smallest crop since the early 1900's. The assessment rate of $4.00 per ton is expected to provide sufficient funds for Committee operations this year.

The following table compares major budget expenditures recommended by the Committee on June 23, 2004, and major budget expenditures in the 2003–04 budget.

Budget expense categories	2003–04	2004–05
Total Personnel Salaries	$179,726	$181,335
Total Operating Expenses	96,876	85,080
Reserve for Contingencies	45,420	9,385

The assessment rate recommended by the Committee was derived by dividing anticipated expenses by the estimated salable tons of California dried prunes. Production of dried prunes for the year is estimated at 68,950 salable tons, which should provide $275,800 in assessment income. Income derived from handler assessments is expected to be adequate to cover budgeted expenses. Interest income also would be available if assessment income is reduced for some reason. The Committee is authorized to use excess assessment funds from the 2003–04 crop year (currently estimated at $105,000) for up to 5 months beyond the end of the crop year to meet 2004–05 crop year expenses. At the end of the 5 months, the Committee refunds or credits excess funds to handlers (§ 993.81(c)).

The proposed assessment rate would continue in effect indefinitely unless modified, suspended, or terminated by USDA upon recommendation and information submitted by the Committee or other available information.

Although this assessment rate would be in effect for an indefinite period, the Committee would continue to meet prior to or during each crop year to recommend a budget of expenses and consider recommendations for modification of the assessment rate. The dates and times of Committee meetings are available from the Committee or USDA. Committee meetings are open to the public and interested persons may express their views at these meetings. USDA will evaluate Committee recommendations and other available information to determine whether modification of the assessment rate is needed. Further rulemaking would be undertaken as necessary. The Committee's 2004–05 budget and those for subsequent crop years would be reviewed and, as appropriate, approved by USDA.

Initial Regulatory Flexibility Analysis

Pursuant to requirements set forth in the Regulatory Flexibility Act (RFA), the Agricultural Marketing Service (AMS) has considered the economic impact of this rule on small entities. Accordingly, AMS has prepared this initial regulatory flexibility analysis.

The purpose of the RFA is to fit regulatory actions to the scale of business subject to such actions in order that small businesses will not be unduly or disproportionately burdened. Marketing orders issued pursuant to the Act, and the rules issued thereunder, are unique in that they are brought about through group action of essentially small entities acting on their own behalf. Thus, both statutes have small entity orientation and compatibility.

There are approximately 1,100 producers of dried prunes in the production area and approximately 22 handlers subject to regulation under the marketing order. Small agricultural producers are defined by the Small Business Administration (13 CFR 121.201) as those having annual receipts less than $750,000, and small agricultural service firms are defined as those whose annual receipts are less than $5,000,000.

Eight of the 22 handlers (36.4 percent) shipped over $5,000,000 of dried prunes and could be considered large handlers by the Small Business Administration. Fourteen of the 22 handlers (63.6 percent) shipped under $5,000,000 of dried prunes and could be considered small handlers. An estimated 32 producers, or less than 3 percent of the 1,100 total producers, would be considered large growers with annual income over $750,000. The majority of handlers and producers of California dried prunes may be classified as small entities.

This rule would increase the assessment rate established for the Committee and collected from handlers for the 2004–05 and subsequent crop years from $2.00 to $4.00 per ton of salable dried prunes. The Committee unanimously recommended 2004–05 expenditures of $275,800 and an assessment rate of $4.00 per ton of salable dried prunes. The proposed assessment rate of $4.00 per ton is $2.00 higher than the current rate. The quantity of assessable dried prunes for the 2004–05 crop year is now estimated at 68,950 salable tons. Thus, the $4.00 rate should provide $275,800 in assessment income and be adequate to meet this year's expenses. Interest income also would be available to cover budgeted expenses if the 2004–05 expected assessment income falls short.

The following table compares major budget expenditures recommended by the Committee on June 23, 2004, and major budget expenditures in the 2003–04 budget.

Budget expense categories	2003–04	2004–05
Total Personnel Salaries	$179,726	$181,335
Total Operating Expenses	96,876	85,080
Reserve for Contingencies	45,420	9,385

Prior to arriving at its budget of $275,800, the Committee considered information from various sources, such as the Committee's Executive Subcommittee. An alternative to this action would be to continue with the $2.00 per ton assessment rate. However, an assessment rate of $2.00 per ton in combination with the estimated crop of 68,950 salable tons would not generate sufficient monies needed to fund all the budget items for 2004–05. The assessment rate of $4.00 per ton of salable dried prunes was determined by dividing the total recommended budget by the estimated salable dried prunes. The Committee is authorized to use excess assessment funds from the 2003–04 crop year (currently estimated at $105,000) for up to 5 months beyond the end of the crop year to fund 2003–04 crop year expenses. At the end of the 5 months, the Committee refunds or credits excess funds to handlers (§ 993.81(c)). Anticipated assessment income and interest income during 2004–05 would be adequate to cover authorized expenses.

The grower price for the 2004–05 season is expected to average above the estimated 2003–04 average grower price of about $750 per salable ton of dried prunes. Based on an estimated 68,950 salable tons of dried prunes, assessment revenue during the 2004–05 crop year is

expected to be less than 1 percent of the total expected grower revenue.

This action would increase the assessment obligation imposed on handlers. While assessments impose some additional costs on handlers, the costs are minimal and uniform on all handlers. Some of the additional costs may be passed on to producers. However, these costs would be offset by the benefits derived by the operation of the marketing order. In addition, the Committee's meeting was widely publicized throughout the California dried prune industry and all interested persons were invited to attend the meeting and participate in Committee deliberations on all issues. Like all Committee meetings, the June 23, 2004, meeting was a public meeting and all entities, both large and small, were able to express views on this issue. Finally, interested persons are invited to submit information on the regulatory and informational impacts of this action on small businesses.

This proposed rule would impose no additional reporting or recordkeeping requirements on either small or large California dried prune handlers. As with all Federal marketing order programs, reports and forms are periodically reviewed to reduce information requirements and duplication by industry and public sector agencies.

USDA has not identified any relevant Federal rules that duplicate, overlap, or conflict with this rule.

A small business guide on complying with fruit, vegetable, and specialty crop marketing agreements and orders may be viewed at: *http://www.ams.usda.gov/fv/moab/html.* Any questions about the compliance guide should be sent to Jay Guerber at the previously mentioned address in the **FOR FURTHER INFORMATION CONTACT** section.

A 20-day comment period is provided to allow interested persons to respond to this proposed rule. Twenty days is deemed appropriate because: (1) The 2004–05 crop year begins on August 1, 2004, and the marketing order requires that the rate of assessment for each crop year apply to all assessable prunes handled during such crop year; (2) the Committee needs to have sufficient funds to pay its expenses which are incurred on a continuous basis; and (3) handlers are aware of this action which was unanimously recommended by the Committee at a public meeting and is similar to other assessment rate actions issued in past years.

List of Subjects in 7 CFR Part 993

Marketing agreements, Plums, Prunes, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, 7 CFR part 993 is proposed to be amended as follows:

PART 993—DRIED PRUNES PRODUCED IN CALIFORNIA

1. The authority citation for 7 CFR part 993 continues to read as follows:

Authority: 7 U.S.C. 601–674.

2. Section 993.347 is revised to read as follows:

§ 993.347 Assessment rate.

On and after August 1, 2004, an assessment rate of $4.00 per ton is established for California dried prunes.

Dated: August 10, 2004.

A.J. Yates,

Administrator, Agricultural Marketing Service.

[FR Doc. 04–18611 Filed 8–13–04; 8:45 am]

BILLING CODE 3410–02–P

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 987

[Docket No. FV04–987–2 PR]

Domestic Dates Produced or Packed in Riverside County, California; Increased Assessment Rate

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Proposed rule.

SUMMARY: This rule would increase the assessment rate established for the California Date Administrative Committee (committee) for the 2004–05 and subsequent crop years from $0.75 to $0.85 per hundredweight of dates handled. The committee locally administers the marketing order which regulates the handling of dates produced or packed in Riverside County, California. Authorization to assess date handlers enables the committee to incur expenses that are reasonable and necessary to administer the program. The Committee recommended increasing the assessment rate because additional revenues are needed to fund program operations. The crop year begins October 1 and ends September 30. The assessment rate would remain in effect indefinitely unless modified, suspended, or terminated.

DATES: Comments must be received by September 15, 2004.

ADDRESSES: Interested persons are invited to submit written comments concerning this rule. Comments must be sent to the Docket Clerk, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; Fax: (202) 720–8938, or E-mail: *moab.docketclerk@usda.gov;* or Internet: *http://www.regulations.gov.* Comments should reference the docket number and the date and page number of this issue of the **Federal Register** and will be available for public inspection in the Office of the Docket Clerk during regular business hours, or can be viewed at: *http://www.ams.usda.gov/fv/moab.html.*

FOR FURTHER INFORMATION CONTACT: Toni Sasselli, Program Analyst, Terry Vawter or Richard P. Van Diest, Marketing Specialists, California Marketing Field Office, Fruit and Vegetable Programs, AMS, USDA, 2202 Monterey St., suite 102B, Fresno, CA 93721; telephone: (559) 487–5901, Fax: (559) 487–5906; or George Kelhart, Technical Advisor, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; telephone: (202) 720–2491, Fax: (202) 720–8938.

Small businesses may request information on complying with this regulation by contacting Jay Guerber, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue SW., STOP 0237, Washington, DC 20250–0237; telephone: (202) 720–2491, Fax: (202) 720–8938, or E-mail: *Jay.Guerber@usda.gov.*

SUPPLEMENTARY INFORMATION: This rule is issued under Marketing Agreement and Marketing Order No. 987, both as amended (7 CFR part 987), regulating the handling of domestic dates produced or packed in Riverside County, California, hereinafter referred to as the ''order.'' The marketing agreement and order are effective under the Agricultural Marketing Agreement Act of 1937, as amended (7 U.S.C. 601–674), hereinafter referred to as the ''Act.''

The Department of Agriculture (USDA) is issuing this rule in conformance with Executive Order 12866.

This rule has been reviewed under Executive Order 12988, Civil Justice Reform. Under the marketing order now in effect, California date handlers are subject to assessments. Funds to administer the order are derived from

such assessments. It is intended that the assessment rate as proposed herein would be applicable to all assessable dates beginning on October 1, 2004, and continue until amended, suspended, or terminated. This rule would not preempt any State or local laws, regulations, or policies, unless they present an irreconcilable conflict with this rule.

The Act provides that administrative proceedings must be exhausted before parties may file suit in court. Under section 608c(15)(A) of the Act, any handler subject to an order may file with USDA a petition stating that the order, any provision of the order, or any obligation imposed in connection with the order is not in accordance with law and request a modification of the order or to be exempted therefrom. Such handler is afforded the opportunity for a hearing on the petition. After the hearing USDA would rule on the petition. The Act provides that the district court of the United States in any district in which the handler is an inhabitant, or has his or her principal place of business, has jurisdiction to review USDA's ruling on the petition, provided an action is filed not later than 20 days after the date of the entry of the ruling.

This rule would increase the assessment rate established for the committee for the 2004–05 and subsequent crop years from $0.75 to $0.85 per hundredweight of assessable dates handled.

The California date marketing order provides authority for the committee, with the approval of USDA, to formulate an annual budget of expenses and collect assessments from handlers to administer the program. The members of the committee are producers and producer-handlers of California dates. They are familiar with the committee's needs and with the costs for goods and services in their local area and are thus in a position to formulate an appropriate budget and assessment rate. The assessment rate is formulated and discussed at a public meeting. Thus, all directly affected persons have an opportunity to participate and provide input.

For the 2003–04 and subsequent crop years, the committee recommended, and USDA approved, an assessment rate that would continue in effect from crop year to crop year unless modified, suspended, or terminated by USDA upon recommendation and information submitted by the committee or other information available to USDA.

The committee met on June 30, 2004, and unanimously recommended 2004–05 crop year expenditures of $223,000 and an assessment rate of $0.85 per hundredweight of dates handled. In comparison, last year's budgeted expenditures were $225,365. The recommended assessment rate of $0.85 is $0.10 higher than the rate currently in effect. The increase in the assessment rate is needed to fund the committee's budget and maintain its operating reserve at about $36,000, which the committee deems satisfactory.

Proceeds from sales of cull dates are deposited in a surplus account for subsequent use by the committee in covering the surplus pool share of the committee's expenses. Handlers may also dispose of cull dates of their own production within their own livestock-feeding operation; otherwise, such cull dates must be shipped or delivered to the committee for sale to non-human food product outlets. For the 2004–05 crop year, the committee voted to use $2,000 from the surplus account to help fund the committee's budget of $223,000.

The budgeted administrative expenses for the 2004–05 crop year include $90,427 for labor and office expenses. This compares to $123,710 in budgeted expenses in 2003–04. In addition, $112,499 has been budgeted for marketing and promotion under the program for the 2004–05 crop year. This compares to $101,655 in budgeted marketing and promotion expenses for the 2003–04 crop year. A total of $20,074 is budgeted as a contingency reserve for 2004–05. A reserve of $10,000 was included in the budget for 2003–04.

The assessment rate of $0.85 per hundredweight of assessable dates was derived by applying the following formula where:

A=Cull Surplus Fund ($2,000)
B=2004–05 expected shipments (260,000 hundredweight)
C=2004–05 expenses ($223,000);
(C–A) B = $0.85 per hundredweight.

Estimated shipments should provide $221,000 in assessment income. Income derived from handler assessments and $2,000 from the cull surplus fund would be adequate to cover budgeted expenses. Funds in the reserve are expected to total about $35,700 by September 30, 2005, and therefore would be less than the maximum permitted by the order (not to exceed 50 percent of the average of expenses incurred during the most recent five preceding crop years as required under § 987.72(c)).

The proposed assessment rate would continue in effect indefinitely unless modified, suspended, or terminated by USDA upon recommendation and information submitted by the committee or other available information.

Although this assessment rate would be in effect for an indefinite period, the committee would continue to meet prior to or during each crop year to recommend a budget of expenses and consider recommendations for modification of the assessment rate. The dates and times of committee meetings are available from the committee or USDA. Committee meetings are open to the public and interested persons may express their views at these meetings. USDA would evaluate committee recommendations and other available information to determine whether modification of the assessment rate is needed. Further rulemaking would be undertaken as necessary. The committee's 2004–05 budget and those for subsequent crop years would be reviewed and, as appropriate, approved by USDA.

Initial Regulatory Flexibility Analysis

Pursuant to requirements set forth in the Regulatory Flexibility Act (RFA), the Agricultural Marketing Service (AMS) has considered the economic impact of this rule on small entities. Accordingly, AMS has prepared this initial regulatory flexibility analysis.

The purpose of the RFA is to fit regulatory actions to the scale of business subject to such actions in order that small businesses will not be unduly or disproportionately burdened. Marketing orders issued pursuant to the Act, and the rules issued thereunder, are unique in that they are brought about through group action of essentially small entities acting on their own behalf. Thus, both statutes have small entity orientation and compatibility. There are approximately 124 producers of dates in the production area and approximately 10 handlers subject to regulation under the marketing order. The Small Business Administration (13 CFR 121.201) defines small agricultural producers as those having annual receipts of less than $750,000, and small agricultural service firms are defined as those having annual receipts of less than $5,000,000.

An industry profile shows that four of the 10 handlers (40 percent) shipped over $5,000,000 of dates and could be considered large handlers by the Small Business Administration. Six of the 10 handlers (60 percent) shipped under $5,000,000 of dates and could be considered small handlers. An estimated 7 producers, or less than 6 percent, of the 124 total producers, would be considered large producers with annual incomes over $750,000. The majority of handlers and producers of California dates may be classified as small entities.

This rule would increase the assessment rate established for the committee and collected from handlers for the 2004–05 and subsequent crop years from $0.75 to $0.85 per hundredweight of assessable dates handled. The committee unanimously recommended 2004–05 expenditures of $223,000 and the $0.85 per hundredweight assessment rate at their meeting on June 30, 2004. The proposed assessment rate of $0.85 is $0.10 higher than the rate currently in effect. The quantity of assessable dates for the 2004–05 crop year is estimated at 260,000 hundredweight. Thus, the $0.85 per hundredweight rate should provide $221,000 in assessment income. This, along with approximately $2,000 from the surplus account, would be adequate to meet the committee's 2004–05 crop year expenses.

The budgeted administrative expenses for the 2004–05 crop year include $90,427 for labor and office expenses. This compares to $123,710 in budgeted expenses in 2003–04. In addition, $112,499 has been budgeted for marketing and promotion under the marketing order for the 2004–05 crop year. This compares to $101,655 in budgeted marketing and promotion expenses for the 2003–04 crop year. A total of $20,074 is budgeted as a contingency reserve. A reserve totaling $10,000 was budgeted last year.

The committee reviewed and unanimously recommended 2004–05 expenditures of $223,000 which include marketing and promotion programs. Prior to arriving at this budget, the committee considered alternative expenditure levels and alternative assessment levels. The committee agreed that the increased assessment rate was appropriate to cover expenses and maintain its operating reserve at a satisfactory level ($35,700). The assessment rate of $0.85 per hundredweight of assessable dates was then determined by applying the following formula where:

A=Cull Surplus Fund ($2,000)
B=2004–05 expected shipments (260,000 hundredweight)
C=2004–05 expenses ($223,000);
(C–A) B = $0.85 per hundredweight.

Estimated shipments should provide $221,000 in assessment income. Income derived from handler assessments and $2,000 from the cull surplus fund would be adequate to cover budgeted expenses. Funds in the administrative reserve are expected to total about $35,700 by September 30, 2005, and therefore would be less than the maximum permitted by the order (not to exceed 50 percent of the average of expenses incurred during the most recent five preceding crop years as required under § 987.72(c)).

A review of historical information and preliminary information pertaining to the upcoming crop year indicates that the grower price for the 2004–05 season could range between $40 and $120 per hundredweight of dates. Therefore, the estimated assessment revenue for the 2004–05 crop year as a percentage of total grower revenue could range between .7 and 2.1 percent.

This action would increase the assessment obligation imposed on handlers under the Federal marketing order. While assessments impose some additional costs on handlers, the costs are minimal and uniform on all handlers. Some of the additional costs may be passed on to producers. However, these costs would be offset by the benefits derived by the operation of the marketing order. In addition, the committee's meeting was widely publicized throughout the California date industry and all interested persons were invited to attend the meeting and participate in committee deliberations on all issues. Like all committee meetings, the June 30, 2004, meeting was a public meeting and all entities, both large and small, were able to express views on this issue. Finally, interested persons are invited to submit information on the regulatory and informational impacts of this action on small businesses.

This proposed rule would impose no additional reporting or recordkeeping requirements on either small or large California date handlers. As with all Federal marketing order programs, reports and forms are periodically reviewed to reduce information requirements and duplication by industry and public sector agencies.

USDA has not identified any relevant Federal rules that duplicate, overlap, or conflict with this rule.

A small business guide on complying with fruit, vegetable, and specialty crop marketing agreements and orders may be viewed at: *http//www.ams.usda.gov/fv/moab.html.* Any questions about the compliance guide should be sent to Jay Guerber at the previously mentioned address in the **FOR FURTHER INFORMATION CONTACT** section.

A 30-day comment period is provided to allow interested persons to respond to this proposed rule. Thirty days is deemed appropriate because: (1) The 2004–05 crop year begins on October 1, 2004, and the marketing order requires that the rate of assessment for each crop year apply to all assessable dates handled during such crop year; (2) the committee needs to have sufficient funds to pay its expenses which are incurred on a continuous basis; and (3) handlers are aware of this action which was unanimously recommended by the committee at a public meeting and is similar to other assessment rate actions issued in past years.

List of Subjects in 7 CFR Part 987

Dates, Marketing agreements, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, 7 CFR part 987 is proposed to be amended as follows:

PART 987—DOMESTIC DATES PRODUCED OR PACKED IN RIVERSIDE COUNTY, CALIFORNIA

1. The authority citation for 7 CFR part 987 continues to read as follows:

Authority: 7 U.S.C. 601–674.

2. Section 987.339 is revised to read as follows: *§ 987.339 Assessment rate.*

On and after October 1, 2004, an assessment rate of $0.85 per hundredweight is established for California dates.

Dated: August 10, 2004.

A.J. Yates,

Administrator, Agricultural Marketing Service.

[FR Doc. 04–18610 Filed 8–13–04; 8:45 am]

BILLING CODE 3410–02–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 2002–NM–173–AD]

RIN 2120–AA64

Airworthiness Directives; Boeing Model 747–400, –400D, and –400F Series Airplanes Equipped With General Electric (GE) or Pratt & Whitney (P&W) Series Engines

AGENCY: Federal Aviation Administration, DOT.

ACTION: Supplemental notice of proposed rulemaking; reopening of comment period.

SUMMARY: This document revises an earlier proposed airworthiness directive (AD), applicable to certain Boeing Model 747–400, –400D, and –400F series airplanes; equipped with GE or P&W series engines, that would have required modifications and functional tests of the wiring of the wire integration unit and the air supply control test unit (ASCTU) of the engine

bleed air distribution system. This new action revises the proposed rule by adding a new requirement. The actions specified by this new proposed AD are intended to prevent inadvertent commanded shutdown of the engine bleed air distribution systems due to an erroneous ASCTU command. That shutdown could cause depressurization of the airplane and subsequent ice build-up on the engine inlets during descent, which could result in ingestion of ice into the engine(s) and consequent loss of thrust on one or more engines. This action is intended to address the identified unsafe condition.

DATES: Comments must be received by September 10, 2004.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 2002–NM–173–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056. Comments may be inspected at this location between 9 a.m. and 3 p.m., Monday through Friday, except Federal holidays. Comments may be submitted via fax to (425) 227–1232. Comments may also be sent via the Internet using the following address: *9-anm-nprmcomment@faa.gov.* Comments sent via fax or the Internet must contain ''Docket No. 2002–NM–173–AD'' in the subject line and need not be submitted in triplicate. Comments sent via the Internet as attached electronic files must be formatted in Microsoft Word 97 or 2000 or ASCII text.

The service information referenced in the proposed rule may be obtained from Boeing Commercial Airplanes, P.O. Box 3707, Seattle, Washington 98124–2207. This information may be examined at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington.

FOR FURTHER INFORMATION CONTACT: Don Eiford, Aerospace Engineer, Systems and Equipment Branch, ANM–130S, FAA, Seattle Aircraft Certification Office, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (425) 917–6465; fax (425) 917–6590.

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 action may be changed in light of the comments received.

Submit comments using the following format:

- Organize comments issue-by-issue. For example, discuss a request to change the compliance time and a request to change the service bulletin reference as two separate issues.
- For each issue, state what specific change to the proposed AD is being requested.
- Include justification (*e.g.*, reasons or data) for each request.

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 action must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket Number 2002–NM–173–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. 2002–NM–173–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056.

Discussion

A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) to add an airworthiness directive (AD), applicable to certain Boeing Model 747–400, –400D, and –400F series airplanes; equipped with GE or P&W series engines, was published as a notice of proposed rulemaking (NPRM) in the **Federal Register** on August 11, 2003 (68 FR 47513) (hereafter referred to as the ''original NPRM.'') The original NPRM would have required modifications and functional tests of the wiring of the wire integration unit and the air supply control test unit (ASCTU) of the engine bleed air distribution system. The original NPRM was prompted by a report that, on two separate occasions, there was a loss of airflow from all four bleed air distribution systems that caused the ASCTU to indicate an erroneous strut overheat condition, and command shutdown of the bleed air distribution systems. Inadvertent commanded shutdown of the engine bleed air distribution systems due to an erroneous ASCTU command, could cause depressurization of the airplane and subsequent ice build-up on the engine inlets during descent, which could result in ingestion of ice into the engine(s) and consequent loss of thrust on one or more engines

Comments

We have considered the following comments on the original NPRM.

Request To Reduce Compliance Time

One commenter states that a compliance time of 18 months for the modifications and functional tests of the wiring of the wire integration unit and the ASTCU command, as specified in the original NPRM, is too lengthy, and notes that these actions should be done in a more timely manner. The commenter notes that industry has been aware of the condition since the issuance of Boeing Service Bulletin 747–36A2136, dated April 12, 2001 (Revision 1, dated January 17, 2002, was referenced in the original NPRM for accomplishing the specified actions), and adds that the actions take only 8 hours to do. For these reasons, the commenter states that the remaining fleet can be modified within 6 to 9 months. In addition, the commenter states that failure of the identified system poses a significant safety risk should an erroneous ASCTU command and subsequent inadvertent commanded shutdown of the pressurization and de-icing/anti-icing systems occur. Such failure on polar or oceanic routes where the need to divert to distant airports can lead to extended flight in adverse conditions such as icing, low altitude weather, and cold temperatures may be unavoidable. The commenter asks that accomplishment of the actions specified in the original NPRM be done in a more timely manner.

We do not agree. In developing an appropriate compliance time for the modifications and functional tests, we considered the safety implications and normal maintenance schedules for timely accomplishment of the actions. Further, we arrived at the compliance time with operator and manufacturer concurrence. In consideration of these factors, and because the amount of time required for doing the modifications and functional tests is sufficiently long, we determined that the compliance time, as proposed, represents an appropriate interval in which the actions can be accomplished in a timely manner, while

still maintaining an adequate level of safety. Operators are always permitted to do the requirements of an AD at a time earlier than the specified compliance time; therefore, an operator may choose to do the modifications and functional tests before the compliance time. If additional data are presented that would justify a shorter compliance time, we may consider further rulemaking on this issue. No change to the supplemental NPRM is made in this regard.

Request To Confirm Proper Sequence for Modifications/Tests

One commenter asks for FAA confirmation that it is acceptable to do the resistance tests specified in paragraph (a)(3) of the original NPRM before removing the existing ASCTU and installing a new or reworked ASCTU, as specified in paragraph (a)(2) of the original NPRM. The commenter also asks for confirmation that it is acceptable to do the post-installation tests specified in paragraph (a)(3) after doing the removal and installation specified in paragraph (a)(2).

In response to the commenter's request, we contacted Boeing to verify the proper sequence for doing the modifications and functional tests. Boeing verified that the commenter is correct in that the resistance tests should be done without the ASCTU installed; therefore, Boeing has issued, and we have reviewed, Boeing Service Bulletin 747–36A2136, Revision 2, dated May 13, 2004, to incorporate the proper sequence. The procedures specified in Revision 2 are essentially the same as those in Revision 1. However, the procedures in Revision 2 change the sequence of the work steps to specify doing the resistance test after the ASCTU is removed. Therefore, we have revised paragraph (a) of the supplemental NPRM by changing the sequence for doing the modifications and functional tests, and adding Revision 2 of the service bulletin as the appropriate source of service information for accomplishing those actions. In addition, we have changed paragraph (b) of the supplemental NPRM to specify that if the resistance test was done with the ASCTU installed, using the original issue or Revision 1 of the service bulletin, the ASCTU must be removed and the test done again within 18 months after the effective date of this AD.

FAA's Determination and Proposed Requirements of the Supplemental NPRM

The change discussed above expands the scope of the original NPRM; therefore, we have determined that it is necessary to reopen the comment period to provide additional opportunity for public comment on this supplemental NPRM. This supplemental NPRM would require doing the resistance test again if the test was done with the ASCTU installed.

Cost Impact

There are approximately 414 airplanes of the affected design in the worldwide fleet. The FAA estimates that 70 airplanes of U.S. registry would be affected by this proposed AD, that it would take approximately 8 work hours per airplane to accomplish the proposed modifications and functional tests, and that the average labor rate is $65 per work hour. Required parts would be minimal. Based on these figures, the cost impact of the proposed actions on U.S. operators is estimated to be $36,400, or $520 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. The cost impact figures discussed in AD rulemaking actions represent only the time necessary to perform the specific actions actually required by the AD. These figures typically do not include incidental costs, such as the time required to gain access and close up, planning time, or time necessitated by other administrative actions.

Regulatory Impact

The regulations proposed herein would not have a substantial direct effect on the States, on the relationship between the national Government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, it is determined that this proposal would not have federalism implications under Executive Order 13132.

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:

Boeing: Docket 2002–NM–173–AD.

Applicability: Model 747–400, –400D, and –400F series airplanes; as listed in Boeing Service Bulletin 747–36A2136, Revision 2, dated May 13, 2004; certificated in any category.

Compliance: Required as indicated, unless accomplished previously.

To prevent inadvertent commanded shutdown of the engine bleed air distribution systems due to an erroneous air supply control test unit (ASCTU) command, which could cause depressurization of the airplane and subsequent ice build-up on the engine inlets during descent, which could result in ingestion of ice into the engine(s) and consequent loss of thrust on one or more engines, accomplish the following:

Modifications/Tests

(a) Within 18 months after the effective date of this AD: Do the modifications and functional tests of the wiring of the wire integration unit (WIU) and the ASCTU of the engine bleed air distribution system specified in paragraphs (a)(1), (a)(2), (a)(3), (a)(4) of this AD, in accordance with the Accomplishment Instructions of Boeing Service Bulletin 747–36A2136, Revision 2, dated May 13, 2004. Before further flight after accomplishing paragraphs (a)(2), (a)(3), and (a)(4) of this AD: Do the post-installation tests in accordance with the service bulletin.

(1) Remove the existing ASCTU.

(2) Do the wiring changes between the WIU and ASCTU and the wiring changes to the WIU.

(3) Do the resistance tests.

(4) Install a new or reworked ASCTU.

Credit for Previous Issues of Boeing Service Bulletin

(b) Modifications and tests accomplished before the effective date of this AD in accordance with Boeing Alert Service Bulletin 747–36A2136, dated April 12, 2001; or Revision 1, dated January 17, 2002; are considered acceptable for compliance with

the corresponding actions specified in paragraph (a) of this AD, if the resistance tests were done with the ASCTU removed. If the resistance tests were done with the ASCTU installed, do the actions specified in paragraphs (b)(1), (b)(2), and (b)(3) of this AD, at the time specified in paragraph (a) of this AD, in accordance with the Accomplishment Instructions of Boeing Service Bulletin 747–36A2136, Revision 2, dated May 13, 2004. Before further flight after accomplishing paragraph (b)(3) of this AD: Do the post-installation tests in accordance with the service bulletin.

(1) Remove the existing ASCTU.
(2) Do the resistance tests.
(3) Reinstall the ASCTU.

Part Installation

(c) As of the effective date of this AD, no person may install on any airplane an ASCTU having a part number listed in the ''Old Part Number'' column in the table specified in paragraph 3.C. of the Accomplishment Instructions of Hamilton Sundstrand Service Bulletin 36–186, dated March 30, 2001.

Alternative Methods of Compliance (AMOCs)

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

Issued in Renton, Washington, on August 9, 2004.

Ali Bahrami,

Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 04–18641 Filed 8–13–04; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION (DOT)

Federal Aviation Administration

14 CFR Part 39

[Docket No. FAA–2004–18869; Directorate Identifier 2004–NE–23–AD]

RIN 2120–AA64

Airworthiness Directives; General Electric Company CF34–3A1 Turbofan Engines

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: The FAA proposes to adopt a new airworthiness directive (AD) for General Electric Company (GE) CF34–3A1 turbofan engines with certain high pressure turbine (HPT) rotating components installed. This proposed AD results from the discovery that the manufacturer removed certain part numbers of HPT rotating components from the Life Limits section of the CF34 Engine Manual, SEI–756. We are proposing this AD to clarify that these HPT rotating components have life limits in order to prevent low cycle fatigue (LCF) cracking and failure of those components, leading to uncontained engine failure and damage to the airplane.

DATES: We must receive any comments on this proposed AD by October 15, 2004.

ADDRESSES: Use one of the following addresses to submit comments on this proposed AD.

- DOT Docket Web site: *Go to http://dms.dot.gov* and follow the instructions for sending your comments electronically.
- Government-wide rulemaking Web site: Go to *http://www.regulations.gov* and follow the instructions for sending your comments electronically.
- Mail: Docket Management Facility; U.S. Department of Transportation, 400 Seventh Street, SW., Nassif Building, Room PL–401, Washington, DC 20590–001.
- Fax: (202) 493–2251.
- Hand Delivery: Room PL–401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

You may examine the comments on this proposed AD in the AD docket on the Internet at *http://dms.dot.gov*.

FOR FURTHER INFORMATION CONTACT: Robert Grant, Aerospace Engineer, Engine Certification Office, FAA, Engine & Propeller Directorate, 12 New England Executive Park, Burlington, MA 01803–5299; telephone (781) 238–7757; fax (781) 238–7199.

SUPPLEMENTARY INFORMATION:

Docket Management System (DMS)

We have implemented new procedures for maintaining AD dockets electronically. As of May 17, 2004, we posted new AD actions on the DMS and assigned a DMS docket number. We track each action and assign a corresponding Directorate identifier. The DMS docket No. is in the form ''Docket No. FAA–200X–XXXXX.'' Each DMS docket also lists the Directorate identifier (''Old Docket Number'') as a cross-reference for searching purposes.

Comments Invited

We invite you to submit any written relevant data, views, or arguments regarding this proposal. Send your comments to an address listed under **ADDRESSES.** Include ''Docket No. FAA–2004–18869; Directorate Identifier 2004–NE–23–AD'' in the subject line of your comments. We specifically invite comments on the overall regulatory, economic, environmental, and energy aspects of the proposed AD. We will consider all comments received by the closing date and may amend the proposed AD in light of those comments.

We will post all comments we receive, without change, to *http://dms.gov,* including any personal information you provide. We will also post a report summarizing each substantive verbal contact with FAA personnel concerning this proposed AD. Using the search function of the DMS Web site, anyone can find and read the comments in any of our dockets, including the name of the individual who sent the comment (or signed the comment on behalf of an association, business, labor union, *etc.*). You may review the DOT's complete Privacy Act Statement in the **Federal Register** published on April 11, 2000 (65 FR 19477–78) or you may visit *http://dms.gov.*

We are reviewing the writing style we currently use in regulatory documents. We are interested in your comments on whether the style of this document is clear, and your suggestions to improve the clarity of our communications that affect you. You can get more information about plain language at *http://www.faa.gov/language* and *http://www.plainlanguage.gov*.

Examining the AD Docket

You may examine the docket that contains the proposal, any comments received and, any final disposition in person at the DMS Docket Offices between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The Docket Office (telephone (800) 647–5227) is located on the plaza level of the Department of Transportation Nassif Building at the street address stated in **ADDRESSES.** Comments will be available in the AD docket shortly after the DMS receives them.

Discussion

CF34–3A1 engines are used in both business jet and regional jet applications. The regional jet is used in both commercial, and corporate and private applications. In May of 2003, GE issued a Temporary Revision to the CF34 Engine Manual, SEI–756, that removed the life limits from the following parts used in the commercial application:

- 6078T90P01, Balance Piston Air Seal.
- 6017T00P05, HPT Rotor Shaft.
- 4027T15P03, Stage 1 Front Cooling Plate.

- 6078T93P01 and 6078T93P02, Stage 1 Turbine Disk.
- 5041T70P03, Stage 1 Aft Cooling Plate.
- 5023T97P03, Stage 2 Rear Cooling Plate.
- 6078T94P01 and 6078T94P02, Stage 2 Turbine Disk.
- 5042T29P02, Stage 2 Front Cooling Plate.
- 5041T67P02, Outer Torque Coupling.
- 5079T02P01, Inner Torque Coupling.

As a result of that Temporary Revision removing the life limits of these parts from the engine manual, operators may not realize that the parts must be removed from service prior to those limits. In March of 2004, we became aware that a CF34–3A1 lease engine with some or all of these part number components installed, was introduced into the commercial regional jet fleet. We have since learned that there are a total of eight CF34–3A1 lease engines, with some or all of these part number components installed, which may be operated in commercial regional jets. We are therefore proposing this AD to clarify that these parts still have life limits and must be removed from service before exceeding those limits.

This condition, if not corrected, could result in HPT rotating components being operated beyond their life limit, which could result in LCF cracking and failure of those components, leading to uncontained engine failure and damage to the airplane.

FAA's Determination and Requirements of the Proposed AD

We have evaluated all pertinent information and identified an unsafe condition that is likely to exist or develop on other products of this same type design. We are proposing this AD, which would clarify that the HPT rotating components listed by part number have a life limit of 6,000 cycles-since-new.

Costs of Compliance

We estimate that eight CF34–3A1 turbofan engines installed on airplanes of U.S. registry would be affected by this proposed AD. Since the life limits for the listed HPT rotating components were contained in the original approved type design, and since we estimate that no affected engine has a component that is near or approaching that limit, we estimate that this AD will not resulting in any additional direct labor or part costs.

Regulatory Findings

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

For the reasons discussed above, I certify that the 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. Would not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

We prepared a summary of the costs to comply with this proposal and placed it in the AD Docket. You may get a copy of this summary at the address listed under **ADDRESSES.**

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

The Proposed Amendment

Under the authority delegated to me by the Administrator, the Federal Aviation Administration proposes to amend 14 CFR part 39 as follows:

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

2. The FAA amends § 39.13 by adding the following new airworthiness directive:

General Electric Company: Docket No. FAA–2004–18869; Directorate Identifier 2004–NE–23–AD.

Comments Due Date

(a) The Federal Aviation Administration (FAA) must receive comments on this airworthiness directive (AD) action by October 15, 2004.

Affected ADs

(b) None.

Applicability

(c) This AD applies to General Electric Company (GE) CF34–3A1 turbofan engines with one or more of the high pressure turbine (HPT) rotating components installed, listed in the following Table 1:

TABLE 1.—HPT ROTATING COMPONENTS WITH LIFE LIMITS RESTORED

Part No.	Nomenclature
6078T90P01	Seal, Balance Piston Air.
6017T00P05	Shaft, HPT Rotor.
4027T15P03	Plate, Stage 1 Front Cooling.
6078T93P01	Disk, Stage 1 Turbine.
6078T93P02	Disk, Stage 1 Turbine.
5041T70P03	Plate, Stage 1 Aft Cooling.
5023T97P03	Plate, Stage 2 Rear Cooling.
6078T94P01	Disk, Stage 2 Turbine.
6078T94P02	Disk, Stage 2 Turbine.
5042T29P02	Plate, Stage 2 Front Cooling.
5041T67P02	Coupling, Outer Torque.
5079T02P01	Coupling, Inner Torque.

These CF34–3A1 turbofan engines are installed on, but not limited to, Bombardier series Regional Jet Model CL–600–2B19 (Regional Jet Series 100 and 440) airplanes.

Unsafe Condition

(d) This AD results from the discovery that the manufacture removed the HPT rotating component part numbers, listed in Table 1 of this AD, from the HPT Life Limits section of the CF34 Engine Manual, SEI–756. We are issuing this AD to clarify that the HPT rotating component part numbers, listed in Table 1 of this AD, have a life limit to prevent low cycle fatigue (LCF) cracking and failure of those components, leading to uncontained engine failure and damage to the airplane.

Compliance

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

(f) Remove from service the HPT rotating components listed in Table 1 of this AD, before exceeding the life limit of 6,000 cycles-since-new.

Alternative Methods of Compliance

(g) The Manager, Engine Certification Office, has the authority to approve alternative methods of compliance for this AD if requested using the procedures found in 14 CFR 39.19.

Material Incorporated by Reference

(h) None.

Related Information

(i) GE Temporary Revision No. 05–0073, and Temporary Revision No. 05–0074, for CF34 Engine Manual, SEI–756, also pertain to the subject of this AD.

Issued in Burlington, Massachusetts, on August 9, 2004.

Ann Mollica,

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

[FR Doc. 04–18642 Filed 8–13–04; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 98–ANE–80–AD]

RIN 2120–AA64

Airworthiness Directives; Pratt & Whitney JT8D–209, –217, –217A, –217C, and –219 Series Turbofan Engines

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: The FAA proposes to supersede an existing airworthiness directive (AD) for Pratt & Whitney (PW) JT8D–209, –217, –217A, –217C, and –219 series turbofan engines. That AD currently requires torque inspection of the 3rd stage and 4th stage low pressure turbine (LPT) blades for shroud notch wear and replacement of the blade if wear limits are exceeded. This proposed AD would require torque inspections at shorter inspection intervals of the refurbished 3rd stage and 4th stage LPT blades, but the same or longer inspection intervals of the new 3rd stage and 4th stage LPT blades, for shroud notch wear and replacement of the blade if wear limits are exceeded. This proposed AD would also require replacing LPT-to-exhaust case bolts and nuts with bolts and nuts made of Tinidur material. This proposed AD results from reports of 194 blade fractures since 1991, with 37 of those blade fractures resulting in LPT case separation, and three reports of uncontained 3rd stage and 4th stage LPT blade failures with cowl penetration. We are proposing this AD to prevent an uncontained blade failure that could result in damage to the airplane.

DATES: We must receive any comments on this proposed AD by October 15, 2004.

ADDRESSES: Use one of the following addresses to submit comments on this proposed AD:

- *By mail:* Federal Aviation Administration (FAA), New England Region, Office of the Regional Counsel, Attention: Rules Docket No. 98–ANE–80–AD, 12 New England Executive Park, Burlington, MA 01803–5299.
- *By fax:* (781) 238–7055.
- *By e-mail: 9-ane-adcomment@faa.gov*

You can get the service information identified in this proposed AD from Pratt & Whitney, 400 Main St., East Hartford, CT 06108; telephone (860) 565–8770, fax (860) 565–4503.

You may examine the AD docket at the FAA, New England Region, Office of the Regional Counsel, 12 New England Executive Park, Burlington, MA.

FOR FURTHER INFORMATION CONTACT: Keith Lardie, Aerospace Engineer, Engine Certification Office, FAA, Engine and Propeller Directorate, 12 New England Executive Park, Burlington, MA 01803–5299; telephone (781) 238–7189, fax (781) 238–7199.

SUPPLEMENTARY INFORMATION:

Comments Invited

We invite you to submit any written relevant data, views, or arguments regarding this proposal. Send your comments to an address listed under **ADDRESSES.** Include ''ADDocket No. 98–ANE–80–AD'' in the subject line of your comments. If you want us to acknowledge receipt of your mailed comments, send us a self-addressed, stamped postcard with the docket number written on it; we will date-stamp your postcard and mail it back to you. We specifically invite comments on the overall regulatory, economic, environmental, and energy aspects of the proposed AD. If a person contacts us verbally, and that contact relates to a substantive part of this proposed AD, we will summarize the contact and place the summary in the docket. We will consider all comments received by the closing date and may amend the proposed AD in light of those comments.

We are reviewing the writing style we currently use in regulatory documents. We are interested in your comments on whether the style of this document is clear, and your suggestions to improve the clarity of our communications that affect you. You may get more information about plain language at *http://www.faa.gov/language* and *http://www.plainlanguage.gov.*

Examining the AD Docket

You may examine the AD Docket (including any comments and service information), by appointment, between 8 a.m. and 4:30 p.m., Monday through Friday, except Federal holidays. *See* **ADDRESSES** for the location.

Discussion

On December 20, 1999, the FAA issued AD 99–27–01, Amendment 39–11482 (64 FR 72916, December 29, 1999). That AD requires torque inspection of the 3rd stage and 4th stage LPT blades for shroud notch wear and replacement of the blade if wear limits are exceeded. That AD was the result of a report of an uncontained blade failure. That condition, if not corrected, could result in uncontained blade failure, leading to damage to the airplane. Also, on October 21,1999, we issued AD 99–22–14, Amendment 39–11392(64 FR 58328, October 29, 1999). That AD requires replacingLPT-to-exhaust case bolts and nuts with improved containment hardware. That AD was the result of reports of LPT flange separation resulting from LPT blade failures. That condition, if not corrected, could result in LPT flange separations resulting from LPT blade failures.

Actions Since We Issued AD 99–27–01 and AD 99–22–14

Since we issued AD 99–27–01, there have been two additional uncontained engine failures. The fracture rate of 3rd stage and 4th stage LPT blades remains unchanged, with about 12 to 18 fractures occurring per year. PW has determined that torque inspections of the 3rd stage and 4th stage LPT blades for shroud notch wear must be performed at shorter inspection intervals for refurbished blades, to prevent LPT blade failures. Also, since we issued AD 99–22–14, PW determined that the LPT-to-exhaust case bolts and nuts introduced by that AD have a higher failure rate than the previous interim nut and bolt configuration. We issued a Notice of Proposed Rulemaking (NPRM), Docket No. 92–ANE–15–AD, on July 7, 2004, to supersede AD 99–22–14. That NPRM proposes to no longer require replacing the LPT-to-exhaust case bolts and nuts.

Relevant Service Information

We have reviewed and approved the technical contents of PW Alert Service Bulletin (ASB) No. JT8D A6224, Revision 5, dated June 11, 2004, that describes procedures for initial and repetitive torque inspections of 3rd stage and 4th stage LPT blades for shroud notch wear at revised inspection thresholds and intervals.

FAA's Determination and Requirements of the Proposed AD

We have evaluated all pertinent information and identified an unsafe condition that is likely to exist or develop on other JT8D–209, –217, –217A, –217C, and –219 series turbofan engines of this same type design. We are proposing this AD, which would require initial and repetitive torque inspections of the 3rd stage and 4th stage LPT blades for shroud notch wear at the thresholds and intervals specified in the compliance section, and replacement of LPT-to-exhaust case bolts part number (P/N) ST1315–15 and nuts P/N 4023466 with bolts and nuts made of Tinidur

material. The proposed AD would require that you do the torque inspections using the service information described previously.

Interim Action

These actions are interim actions and we may take further rulemaking actions in the future.

Costs of Compliance

There are about 2,345 PW JT8D–200 series turbofan engines of the affected design in the worldwide fleet. We estimate that 1,143 engines installed on airplanes of U.S. registry would be affected by this proposed AD. We also estimate that it would take approximately 1 work hour per engine to perform a proposed torque inspection, and 1 work hour per engine to perform the proposed bolt and nut replacements. The average labor rate is $65 per work hour. Required parts would cost approximately $1,734 per engine. Based on these figures, we estimate the total cost of the proposed AD to U.S. operators to perform one torque inspection, and bolt and nut replacements to be $2,130,552.

Regulatory Findings

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

For the reasons discussed above, I certify that the 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. Would not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

We prepared a summary of the costs to comply with this proposal and placed it in the AD Docket. You may get a copy of this summary by sending a request to us at the address listed under **ADDRESSES**. Include ''AD Docket No. 98–ANE–80–AD'' in your request.

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

The Proposed Amendment

Accordingly, under the authority delegated to me by the Administrator, the Federal Aviation Administration proposes to amend 14 CFR part 39 as follows:

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

2. The FAA amends § 39.13 by removing Amendment 39–11482 (64 FR 72916, December 29, 1999) and by adding a new airworthiness directive to read as follows:

Pratt & Whitney: Docket No. 98–ANE–80–AD. Supersedes AD 99–27–01, Amendment 39–11482.

Comments Due Date

(a) The Federal Aviation Administration (FAA) must receive comments on this airworthiness directive (AD) action by October 15, 2004.

Affected ADs

(b) This AD supersedes AD 99–27–01, Amendment 39–11482.

Applicability

(c) This AD applies to Pratt & Whitney (PW) JT8D–209, –217, –217A, –217C, and –219 series turbofan engines. These engines are installed on, but not limited to, Boeing 727 series and MD–80 series airplanes.

Unsafe Condition

(d) This AD results from reports of 194 blade fractures since 1991, with 37 of those blade fractures resulting in LPT case separation, and three reports of uncontained 3rd stage and 4th stage LPT blade failures with cowl penetration. We are issuing this AD to prevent an uncontained blade failure that could result in damage to the airplane.

Compliance

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

Initial Torque Inspection for JT8D–209, –217, and –217A Engines

(f) For JT8D–209, –217, and –217A engines, perform the initial torque inspection of 3rd and 4th stage LPT blades for shroud notch wear. Use the procedures described in Accomplishment Instructions, Part 1, Paragraphs 1. through 3. of PW Alert Service Bulletin (ASB) No. A6224, Revision 5, dated June 11, 2004, at the applicable threshold in the following Table 1:

TABLE 1.—INITIAL TORQUE INSPECTION THRESHOLD FOR JT8D–209, –217, AND –217A ENGINES

Blade type	Hours time-in-service (TIS)	Inspection threshold
(1) New pre-Service Bulletin (SB) No. 5867 (small notch) 3rd stage turbine blades.	Any number	Within 6,000 hours TIS.
(2) Refurbished pre-SB No. 5867 (small notch) 3rd stage turbine blades.	(i) Fewer than 3,000	Within 4,000 hours TIS.
	(ii) 3,000 or more	Within 6,000 hours TIS, or within 1,000 hours TIS after the effective date of this AD, whichever occurs first.
(3) New post-SB No. 5867 (large notch) 3rd stage turbine blades.	Any number	Within 10,000 hours TIS.
(4) Refurbished post-SB No. 5867 (large notch) 3rd stage turbine blades.	(i) Fewer than 6,000	Within 7,000 hours TIS.
	(ii) 6,000 or more	Within 8,000 hours TIS, or within 1,000 hours TIS after the effective date of this AD, whichever occurs first.
(5) New pre-SB No. 6029 (small notch) 4th stage turbine blades.	Any number	Within 6,000 hours TIS.
(6) Refurbished pre-SB No. 6029 (small notch) 4th stage turbine blades.	(i) Fewer than 3,000	Within 4,000 hours TIS.
	(ii) 3,000 or more	Within 6,000 hours TIS, or within 1,000 hours TIS after the effective date of this AD, whichever occurs first.
(7) New post-SB No. 6029 or new post-SB No. 6308 (large notch) 4th stage turbine blades.	Any number	Within 10,000 hours TIS.

TABLE 1.—INITIAL TORQUE INSPECTION THRESHOLD FOR JT8D–209, –217, AND –217A ENGINES—Continued

Blade type	Hours time-in-service (TIS)	Inspection threshold
(8) Refurbished post-SB No. 6029 or refurbished post-SB No. 6308 (large notch) 4th stage turbine blades.	(i) Fewer than 6,000	Within 7,000 hours TIS.
	(ii) 6,000 or more	Within 8,000 hours TIS, or within 1,000 hours TIS after the effective date of this AD, whichever occurs first.

Repetitive Torque Inspections for JT8D–209, –217, and –217A Engines

(g) For JT8D–209, –217, and –217A engines, perform repetitive torque inspections of 3rd and 4th stage LPT blades for shroud notch wear. Use the procedures described in Accomplishment Instructions, Part 1, Paragraph 1. of PW ASB No. A6224, Revision 5, dated June 11, 2004, at the applicable intervals in the following Table 2 and Table 3:

TABLE 2.—3RD STAGE REPETITIVE TORQUE INSPECTION INTERVALS FOR JT8D–209, –217, AND –217A ENGINES

Inspection torque readings	Number of readings	Disposition
Greater than or equal to 15 LB–IN (1.695 N.m)	All	Repeat torque inspection within 1,000 hours TIS since last inspection.
Less than or equal to 15 LB–IN (1.695 N.m) but greater than or equal to 10 LB–IN (1.130 N.m).	One or more	Repeat torque inspection within 500 hours TIS since last inspection.
Less than or equal to 10 LB–IN (1.130 N.m) but greater than or equal to 5 LB–IN (0.565 N.m).	One to three	Repeat torque inspection within 125 hours TIS since last inspection.
Less than or equal to 10 LB–IN (1.130 N.m) but greater than or equal to 5 LB–IN (0.565 N.m).	Four or more	Remove engine from service within 20 hours TIS since last inspection.
Less than 5 LB–IN (0.565 N.m)	One or more	Remove engine from service within 20 hours TIS since last inspection.

TABLE 3.—4TH STAGE REPETITIVE TORQUE INSPECTION INTERVALS FOR JT8D–209, –217, AND –217A ENGINES

Inspection torque readings	Number of readings	Disposition
Greater than or equal to 15 LB–IN (1.695 N.m)	All	Repeat torque inspection within 1,000 hours TIS since last inspection.
Less than or equal to 15 LB–IN (1.695 N.m) but greater than or equal to 10 LB–IN (1.130 N.m).	One or more	Repeat torque inspection within 500 hours TIS since last inspection.
Less than or equal to 10 LB–IN (1.130 N.m) but greater than or equal to 5 LB–IN (0.565 N.m).	One to six	Repeat torque inspection within 125 hours TIS since last inspection.
Less than or equal to 10 LB–IN (1.130 N.m) but greater than or equal to 5 LB–IN (0.565 N.m).	Seven or more	Remove engine from service within 20 hours TIS since last inspection.
Less than 5 LB–IN (0.565 N.m)	One or more	Remove engine from service within 20 hours TIS since last inspection.

(h) Subsequent repeat inspection intervals must not exceed the previous inspection interval.

JT8D–209, –217, and –217A Engines Removed From Service

(i) JT8D–209, –217, and –217A engines removed from service may be returned to service after a detailed inspection and repair or replacement for all blades that exceed Engine Manual limits is done, using procedures described in Accomplishment Instructions, Part 1, Paragraph 4, of PW ASB No. A6224, Revision 5, dated June 11, 2004. Information on repairing or replacing turbine blades can also be found in JT8D–200 Engine Manual, Part No. 773128.

Initial Inspection for JT8D–217C and –219 Engines

(j) For JT8D–217C and –219 engines, perform the initial torque inspection of 4th stage LPT blades for shroud notch wear. Use the procedures described in Accomplishment Instructions, Part 2, Paragraphs 1. through 3. of PW ASB No. A6224, Revision 5, dated June 11, 2004, at the applicable threshold in the following Table 4:

TABLE 4.—INITIAL TORQUE INSPECTION THRESHOLD FOR JT8D–217C AND –219 ENGINES

Blade type	TIS	Inspection threshold
(1) New pre-SB No. 6090 (small notch) 4th stage turbine blades.	Any number	Within 5,000 hours TIS.

TABLE 4.—INITIAL TORQUE INSPECTION THRESHOLD FOR JT8D–217C AND –219 ENGINES—Continued

Blade type	TIS	Inspection threshold
(2) Refurbished pre-SB No. 6090 (small notch) 4th stage turbine blades.	(i) Fewer than 3,000.	Within 4,000 hours TIS.
	(ii) 3,000 or more	Within 5,000 hours TIS, or within 1,000 hours TIS after the effective date of this AD, whichever occurs first.
(3) New post-SB No. 6090, new post-SB No. 6402, or new post-SB No. 6412 (large notch) 4th stage turbine blades.	Any number	Within 10,000 hours TIS.
(4) Refurbished "As-Cast" post-SB No. 6090, post-SB No. 6402, or post-SB No. 6412 (large notch) 4th stage turbine blades.	Any number	Within 7,000 hours TIS.
(5) Refurbished "Modified" post-SB No. 6090, post-SB No. 6402, or post-SB No. 6412 (large notch) 4th stage turbine blades.	(i) Fewer than 3,000	Within 4,000 hours TIS.
	(ii) 3,000 or more	Within 7,000 hours TIS, or within 1,000 hours TIS after the effective date of this AD, whichever occurs first.

Repetitive Torque Inspections for JT8D–217C and –219 Engines

(k) For JT8D–217C and –219 engines, perform repetitive torque inspections of 4th stage LPT blades for shroud notch wear. Use the procedures described in Accomplishment Instructions, Part 2, Paragraph 1. of PW ASB No. A6224, Revision 5, dated June 11, 2004, at the applicable intervals in the following Table 5:

TABLE 5.—REPETITIVE TORQUE INSPECTION INTERVALS FOR JT8D–217C AND –219 ENGINES

Inspection torque readings	Number of readings	Disposition
Greater than or equal to 15 LB–IN (1.695 N.m)	All	Repeat torque inspection within 1,000 hours TIS since last inspection.
Less than or equal to 15 LB–IN (1.695 N.m) but greater than or equal to 10 LB–IN (1.130 N.m).	One or more	Repeat torque inspection within 500 hours TIS since last inspection.
Less than or equal to 10 LB–IN (1.130 N.m) but greater than or equal to 5 LB–IN (0.565 N.m).	One to six	Repeat torque inspection within 125 hours TIS since last inspection.
Less than or equal to 10 LB–IN (1.130 N.m) but greater than or equal to 5 LB–IN (0.565 N.m).	Seven or more	Remove engine from service within 20 hours TIS since last inspection.
Less than 5 LB–IN (0.565 N.m)	One or more	Remove engine from service within 20 hours TIS since last inspection.

(l) Subsequent repeat inspection intervals must not exceed the previous inspection interval.

JT8D–217C and –219 Engines Removed From Service

(m) JT8D–217C and –219 engines removed from service may be returned to service after a detailed inspection and repair or replacement for all blades that exceed Engine Manual limits is done, using procedures described in Accomplishment Instructions, Part 2, Paragraph 4, of PW ASB No. A6224, Revision 5, dated June 11, 2004. Information on repairing or replacing turbine blades can also be found in JT8D–200 Engine Manual, Part No. 773128.

Other Criteria for All Engine Models Listed in This AD

(n) Whenever a refurbished or used blade is intermixed with new blades in a rotor, use the lowest initial inspection threshold that is applicable.

(o) The initial torque inspection or the repetitive inspection intervals should not be reset unless the blades are refurbished.

(p) Whenever a used (service run) blade is reinstalled in a rotor, the previous used time should be subtracted from the initial torque inspection threshold.

LPT-to-Exhaust Case Bolts and Nuts Replacement

(q) At next accessibility to the LPT-to-exhaust case bolts, part number (P/N) ST1315–15, and nuts, P/N 4023466, replace bolts and nuts with bolts and nuts made of Tinidur material. Information on replacing the bolts and nuts can be found in PW Service Bulletin No. 6455, dated January 15, 2004.

Definitions

(r) For the purpose of this AD, refurbishment is defined as restoration of either the shrouds or blade retwist or both, per the JT8D–200 Engine Manual, Part No. 773128.

(s) For the purpose of this AD, "As-Cast" refers to blades that were machined from new castings and "Modified" refers to blades that were derived from the pre-SB No. 6090 configuration.

Alternative Methods of Compliance

(t) The Manager, Engine Certification Office, has the authority to approve alternative methods of compliance for this AD if requested using the procedures found in 14 CFR 39.19.

Material Incorporated by Reference

(u) None.

Related Information

(v) None.

Issued in Burlington, Massachusetts, on August 9, 2004.

Ann Mollica,

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

[FR Doc. 04–18644 Filed 8–13–04; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Parts 121, 129, and 135

[Docket No. FAA–2002–13458; Notice No. 04–04]

RIN 2120–AE92

Corrosion Prevention and Control Program

AGENCY: Federal Aviation Administration, DOT.

ACTION: Proposed rule, withdrawal.

SUMMARY: The Federal Aviation Administration (FAA) withdraws the proposal to require operators to include FAA-approved corrosion prevention and control programs (CPCPs) in their maintenance or inspection programs. The FAA has determined that existing CPCPs, either mandated by airworthiness directive (AD) or incorporated through new maintenance philosophies, sufficiently address the issues covered in the proposed rule. The intent of this action is to explain to the public the FAA's decision to withdraw the proposal.

FOR FURTHER INFORMATION CONTACT: Russell Jones, Flight Standards Service, Aircraft Maintenance Division (AFS–300), Federal Aviation Administration, 800 Independence Avenue, SW., Washington, DC 20591, telephone (202) 267–7228.

SUPPLEMENTARY INFORMATION:

Background

On October 3, 2002, the FAA published a notice of proposed rulemaking (67 FR 62142). The document proposed a requirement to include FAA-approved CPCPs in operators maintenance or inspection programs. The applicable airplanes were those operated under 14 CFR part 121, all U.S.-registered multiengine airplanes operated in common carriage by foreign air carriers or foreign persons under part 129, and all multiengine airplanes used in scheduled operations under part 135. The proposal's comment period closed on April 1, 2003.

Withdrawal of Proposal

The FAA withdraws Notice No. 02–16 (67 FR 62142, October 3, 2002) because the FAA's safety objectives are being met without this rulemaking.

Before issuing the CPCP proposal, the FAA issued ADs that mandated corrosion prevention and control programs for certain older airplane models where an unsafe condition existed. The AD-mandated CPCPs are equal to the kinds of CPCPs the proposal would have required. The FAA issued the CPCP proposed rule to expand the requirement for CPCPs to airplane models not previously covered by ADs. Also, the FAA intended to address the need for CPCPs globally, with the CPCP regulation, rather than by issuing ADs on airplanes model-by-model. The proposal was based on the CPCP-related ADs. Therefore, operators already in compliance as a result of having the AD-mandated programs in place would not have needed to make further changes to their maintenance programs.

The FAA issued the earlier ADs against older transport category airplanes first. During the period the CPCP rulemaking was pending, the FAA had to issue more ADs to address corrosion concerns on many other airplane models the proposal was intended to cover. Also, during this interim period, airplane manufacturers came to better understand the effects of corrosion and developed CPCPs (*e.g.,* using Maintenance SteeringGroup-3 (MSG–3) programs) for their new airplane models. The MSG–3 process uses airline and manufacturer experience to develop scheduled maintenance for new airplanes. Therefore, current production airplane models, such as the Boeing 757, 767, 777, and 717, are being delivered with an acceptable CPCP included as part of their maintenance program. For new airplane designs that have maintenance programs developed under the MSG–3 process, the corrosion inspections are included in the original manufacturers' developed maintenance program.

The ADs the FAA issued and the aviation industry's actions have resulted in about 92 percent of part 121 airplanes being covered by an FAA-approved CPCP. Like part 121 operators, part 135 operators saw the benefits of CPCPs and have begun to adopt these programs. In addition, the FAA's cost-benefit analysis for the proposal was based on 1997 data. Since then, the number of affected airplanes have decreased. As of 2002, only about 50 percent of part 135 airplanes in use in 1997 remained in operation within the U.S. By 2010, it is expected that only about 11 percent will be in operation.

Discussion of Comments

The FAA sought and received comments on the proposed rule.

Comment

The commenters, while generally supportive of the need for a systematic approach to corrosion prevention and control, questioned the need for the rulemaking because of the progress they have made in adopting CPCPs. The commenters said current maintenance programs already include CPCP inspections required by AD or as part of an MSG–3 program. The commenters believe the proposal duplicates, conflicts with, and further complicates how current CPCPs, which have proven effective, are administered.

FAA Response

The FAA issued ADs before and after issuing the proposed CPCP rule. These ADs covered airplane models where the potential for an unsafe condition existed and where an approved CPCP was not in the maintenance program. In addition, operators, using FAA-approved MSG–3 processes, have continually incorporated CPCPs into their maintenance programs. In developing these maintenance schedules, the MSG follows a service-history-based approach to address items like corrosion prevention and control. The FAA believes both the AD-mandated and MSG–3 programs are effective in preventing and controlling corrosion. Currently about 92 percent of part 121 airplanes are covered by AD or by MSG–3 programs. Therefore, the FAA believes the primary safety objectives of the proposal are currently being met. The FAA intends to address any corrosion-related unsafe conditions in the remaining airplanes in the fleet by AD.

Comments

Multiple comments addressed the FAA's methodologies applied to the cost-benefit analysis. Some commenters said the benefits given in the proposal do not justify the costs. Other commenters questioned the relevance of the data used in the analysis given that most of the part 121 and part 135 data are outdated and the numbers of applicable part 135 airplanes have decreased substantially.

FAA Response

Based on the benefits of mitigating corrosion on aircraft, industry has helped to accomplish the objectives of this proposal by incorporating FAA-approved MSG–3 processes into their maintenance programs. The FAA determined that about 47 percent of the current part 121 fleet has maintenance programs that include MSG–3 processes. The FAA also has mandated Airworthiness Directives (AD) for CPCP inspections on another 45 percent of the part 121 transport category fleet. This leaves only 8 percent of this fleet not covered by ADs or MSG–3 maintenance processes.

For the CPCP proposed rule, the FAA based its analysis on 1997 data. The FAA found that as of 2002, only about 50 percent of the part 135 airplane fleet in use in 1997 were still operating in the U. S. By 2010, the FAA expects this percentage to decrease to only 11 percent.

Given that such a small percentage of the part 121 and part 135 fleets would be affected by the proposed rule, the FAA intends to address the discovery of any remaining unsafe condition by issuing ADs. The FAA expects these entire airplane fleets will soon be protected either through industry practice, AD, or airplane retirement.

The FAA received comments disputing its assessment that the benefits of the proposal justified the costs. Without arguing the specifics of the methodology the FAA used in completing the analysis, the FAA believes the joint action of industry and the FAA demonstrate the benefits of the proposal justify the costs.

The many ADs issued across airplane models operated under part 121 are evidence of the accident risk resulting from corrosion. Each AD, by itself, is proof that a significant accident risk exists. This risk has been addressed in about 92 percent of the part 121 fleet by industry and FAA actions. The response by industry to the corrosion problem strongly supports the FAA's cost-benefit conclusion.

The FAA believes the essential safety objectives of the proposed rule are being met through industry action, AD-mandated action, and the substantial decline of the affected fleet. In the future, a discovery of an unsafe condition will result in the issuance of an AD.

Comment

The commenters raised several other issues, including questions about the proposed definition of Level 1 and Level 2 Corrosion.

FAA Response

The FAA is not responding to these other concerns in this document since we are withdrawing the proposal.

For the reasons discussed in this document, the FAA believes it is neither reasonable nor in the public interest to proceed with the CPCP proposal. Therefore, the FAA withdraws Notice No. 02–16, published at (67 FR 62142) on October 3, 2002. However, withdrawal of this proposed rule does not preclude the FAA from issuing another proposal on the same subject matter in the future or taking any future course of action.

Issued in Washington, DC, on August 10, 2004.

James J. Ballough,

Director, Flight Standards Service.

[FR Doc. 04–18633 Filed 8–13–04; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 67

[Docket No. FEMA–D–7598]

Proposed Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency (FEMA), Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Proposed rule.

SUMMARY: Technical information or comments are requested on the proposed Base (1% annual chance) Flood Elevations (BFEs) and proposed BFE modifications for the communities listed below. The BFEs are the basis for the floodplain management measures that the community is required either to adopt or to show evidence of being already in effect in order to qualify or remain qualified for participation in the National Flood Insurance Program (NFIP).

DATES: The comment period is ninety (90) days following the second publication of this proposed rule in a newspaper of local circulation in each community.

ADDRESSES: The proposed BFEs for each community are available for inspection at the office of the Chief Executive Officer of each community. The respective addresses are listed in the table below.

FOR FURTHER INFORMATION CONTACT: Doug Bellomo, P.E., Hazard Identification Section, Emergency Preparedness and Response Directorate, FEMA, 500 C Street SW., Washington, DC 20472, (202) 646–2903.

SUPPLEMENTARY INFORMATION: FEMA proposes to make determinations of BFEs and modified BFEs for each community listed below, in accordance with Section 110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and 44 CFR 67.4(a).

These proposed base flood and modified BFEs, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own, or pursuant to policies established by other Federal, state or regional entities. These proposed elevations are used to meet the floodplain management requirements of the NFIP and are also used to calculate the appropriate flood insurance premium rates for new buildings built after these elevations are made final, and for the contents in these buildings.

National Environmental Policy Act

This proposed rule is categorically excluded from the requirements of 44 CFR Part 10, Environmental Consideration. No environmental impact assessment has been prepared.

Regulatory Flexibility Act

The Mitigation Division Director of the Emergency Preparedness and Response Directorate certifies that this proposed rule is exempt from the requirements of the Regulatory Flexibility Act because proposed or modified BFEs are required by the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are required to establish and maintain community eligibility in the NFIP. As a result, a regulatory flexibility analysis has not been prepared.

Regulatory Classification

This proposed rule is not a significant regulatory action under the criteria of Section 3(f) of Executive Order 12866 of September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

Executive Order 12612, Federalism

This proposed rule involves no policies that have federalism implications under Executive Order 12612, Federalism, dated October 26, 1987.

Executive Order 12778, Civil Justice Reform

This proposed rule meets the applicable standards of Section 2(b)(2) of Executive Order 12778.

List of Subjects in 44 CFR Part 67

Administrative practice and procedure, flood insurance, reporting and recordkeeping requirements.

Accordingly, 44 CFR Part 67 is proposed to be amended as follows:

PART 67—[AMENDED]

1. The authority citation for Part 67 continues to read as follows:

Authority: 42 U.S.C. 4001 *et seq.*; Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 67.4 [Amended]

2. The tables published under the authority of § 67.4 are proposed to be amended as follows:

Source of flooding	Location	#Depth in feet above ground. *Elevation in feet (NGVD) •Elevation in feet (NAVD)		Communities affected
		Existing	Modified	
FLORIDA Pinellas County				
Stevenson Creek	Just upstream of Douglas Avenue	•11	•10	Pinellas County (Unincorporated Areas), City of Clearwater, City of Largo.
	Approximately 350 feet upstream of Southridge Drive.	None	•42	
Spring Branch	Just upstream of Overbrook Road	•11	•10	Pinellas County (Unincorporated Areas), City of Clearwater.
	Approximately 1,500 feet upstream of Highland Avenue.	None	•28	
Flagler Drive Tributary	At the confluence with Stevenson Creek	•15	•14	Pinellas County (Unincorporated Areas), City of Clearwater.
	Approximately 1,250 feet upstream of Keene Road.	None	•62	
Jeffords Street Tributary.	At Jeffords Street	•26	•27	Pinellas County (Unincorporated Areas), City of Clearwater.
	Approximately 650 feet upstream of Woodcrest Avenue.	None	•34	
Ponding Area No. 1 ...	Approximately 250 feet northeast of the intersection of Douglas Avenue and Iva Street in the area of Woodlawn Terrace and Idlewood Drive.	None	•21	City of Clearwater.
Crest Lake	Approximately 500 feet northeast of the intersection of Gulf-to-Bay Boulevard and Glenwood Avenue.	None	•69	City of Clearwater.
Ponding Area No. 15	Approximately 350 feet southwest of the intersection of South Missouri Avenue and Belleair Road and 350 feet northeast of the intersection of Ponce De Leon Boulevard and Greenwood Avenue.	None	•62	Pinellas County (Unincorporated Areas), City of Clearwater.
Ponding Area No. 2 ...	At the intersection of Druid Road and Duncan Avenue.	None	•61	City of Clearwater.
Hammond Creek	At the confluence with Stevenson Creek	•11	•10	Pinellas County (Unincorporated Areas), City of Clearwater.
	Approximately 325 feet upstream of Highland Avenue.	None	•28	
Ponding Area No. 3 ...	Approximately 150 feet northeast of the intersection of Keene Road and Magnolia Drive.	None	•46	Pinellas County (Unincorporated Areas), City of Clearwater.
Ponding Area No. 4 ...	Approximately 150 feet southwest of the intersection of Keene Road and Magnolia Drive.	None	•43	Pinellas County (Unincorporated Areas).
Ponding Area No. 5 ...	Approximately 50 feet southeast of the intersection of Keene Road and Magnolia Drive.	None	•42	Pinellas County (Unincorporated Areas).
Lake Rhonda	Approximately 100 feet southeast of the intersection of Magnolia Drive and Keene Road.	None	•35	Pinellas County (Unincorporated Areas).
Ponding Area No. 6 ...	Approximately 100 feet southwest of the intersection of Highland Avenue and Belleair Road.	None	•47	Pinellas County (Unincorporated Areas), City of Clearwater.
Ponding Area No. 7 ...	Approximately 500 feet northeast of the intersection of Missouri Avenue and Bellevue Boulevard.	None	•61	City of Clearwater.
Ponding Area No. 8 ...	Approximately 1,000 feet southeast of the intersection of Lakeview Road and Evergreen Drive in the vicinity of Byron Court.	None	•36	City of Clearwater.
Clearview Lake	Approximately 1,000 feet northwest of Sunset Point Road and Keene Road.	None	•57	City of Clearwater.
Ponding Area No. 9 ...	At the intersection of North Greenwood Avenue and Palmetto Street.	None	•20	City of Clearwater.

Source of flooding	Location	#Depth in feet above ground. *Elevation in feet (NGVD) •Elevation in feet (NAVD)		Communities affected
		Existing	Modified	
Lake Bellevue Area No. 1.	Approximately 1,000 feet northeast of the intersection of Lakeview Road and Greenwood Avenue.	None	•39	City of Clearwater.
Lake Bellevue Area No. 2.	Approximately 500 feet north of the intersection of Lakeview Road and Greenwood Avenue.	None	•40	City of Clearwater.
Lake Bellevue Area No. 3.	Approximately 250 feet northwest of the intersection of Lakeview Road and Greenwood Avenue.	None	•41	City of Clearwater.
Lake Bellevue Area No. 4.	Approximately 250 feet southwest of the intersection of Lakeview Road and Greenwood Avenue.	None	•42	City of Clearwater.
Lake Bellevue Area No. 5.	Approximately 1,500 feet southwest of the intersection of Lakeview Road and Greenwood Avenue.	None	•43	City of Clearwater.
Lake Bellevue Area No. 6.	Approximately 600 feet north of the intersection of Woodlawn Avenue and South Myrtle Avenue.	None	•44	City of Clearwater.
Lake Bellevue Area No. 7.	Approximately 400 feet north of the intersection of Woodlawn Avenue and South Myrtle Avenue.	None	•45	City of Clearwater.
Lake Bellevue Area No. 8.	Approximately 250 feet north of the intersection of Woodlawn Avenue and South Myrtle Avenue.	None	•46	City of Clearwater.
Lake Bellevue Area No. 9.	Approximately 100 feet north of the intersection of Woodlawn Avenue and South Myrtle Avenue.	None	•47	City of Clearwater.
Lake Bellevue Area No. 10.	Approximately 100 feet south of the intersection of Woodlawn Avenue and South Myrtle Avenue 2.	None	•50	City of Clearwater.
Lake Bellevue Area No. 11.	Approximately 500 feet south of the intersection of Woodlawn Avenue and South Myrtle Avenue 2.	None	•51	City of Clearwater.
Lake Bellevue Area No. 12.	Approximately 100 feet south of the intersection of Howard Street and South Myrtle Avenue 2.	None	•53	City of Clearwater.
Lake Bellevue Area No. 13.	Approximately 250 feet south of the intersection of Howard Street and South Myrtle Avenue 2.	None	•54	City of Clearwater.
Lake Bellevue Area No. 14.	Approximately 350 feet south of the intersection of Howard Street and South Myrtle Avenue 2.	None	•55	City of Clearwater.
Lake Bellevue Area No. 15.	Approximately 250 feet northeast of the intersection of Belleair Road and South Myrtle Avenue 2.	None	•56	City of Clearwater.
Lake Bellevue Area No. 16.	Approximately 500 feet southeast of the intersection of Belleair Road and South Myrtle Avenue 2.	None	•57	Pinellas County (Unincorporated Areas), City of Clearwater.
Hobart Lake	Approximately 200 feet southwest of the intersection of Casler Avenue and Palmetto Street.	None	•67	City of Clearwater.
Ponding Area No. 10	Approximately 1,000 feet west of Keene Road and 150 feet north of Hobart Lake.	None	•66	City of Clearwater.
Lake Lucille	Approximately 100 feet southeast of the intersection of Sherwood Street and Nelson Avenue.	None	•60	City of Clearwater.
Ponding Area No. 11	Approximately 700 feet west of the intersection of Sherwood Street and Keene Road.	None	•64	City of Clearwater.
St. Andrews Lake	Approximately 1,000 feet northeast of the intersection of Airport Drive and Keene Road.	None	•68	City of Clearwater.
Ponding Area No. 13	At the intersection of North Madison Avenue and Carlton Street.	None	•16	City of Clearwater.
Ponding Area No. 14	Generally following the southern side of CSX Transportation Railroad tracks in the area where North Greenwood Avenue intersects with Plaza Street.	None	•24	City of Clearwater.

Source of flooding	Location	#Depth in feet above ground. *Elevation in feet (NGVD) •Elevation in feet (NAVD)		Communities affected
		Existing	Modified	
Highland Lake	Approximately 200 feet southwest of the intersection of Valencia Street and Lake Avenue.	None	•47	Pinellas County (Unincorporated Areas).
Ponding Area No. 16	Approximately 3,000 feet northwest of intersection of Marilyn Street and Hercules Avenue.	None	•68	City of Clearwater.
Ponding Area No. 17	Approximately 1,500 feet northwest of the intersection of Marilyn Street and Hercules Avenue.	None	•69	City of Clearwater.
Ponding Area No. 12	At the intersection of Palmetto Street and Pennsylvania Avenue.	None	•21	City of Clearwater.

City of Clearwater

Maps available for inspection at the City of Clearwater Engineering Department, 100 South Myrtle Avenue, Suite 220, Clearwater, Florida.

Send comments to The Honorable Brian Aungst, Mayor of the City of Clearwater, offices of the City Commission, P.O. Box 4748, Clearwater, Florida 33758–4748.

City of Largo

Maps available for inspection at the Largo City Hall, 201 Highland Avenue, Largo, Florida.

Send comments to The Honorable Robert Jackson, Mayor of the City of Largo, Largo City Hall, 201 Highland Avenue, Largo, Florida 33770.

Pinellas County (Unincorporated Areas)

Maps available for inspection at the Pinellas County Building, 315 Court Street, Clearwater, Florida.

Send comments to Mr. Stephen Spratt, Pinellas County Administrator, 315 Court Street, Clearwater, Florida 33756.

NEW JERSEY
Union County

Rahway River	At a point immediately upstream of Lawrence Street.	*10	*9	City of Rahway, Townships of Clark, Cranford, Springfield, Union, Winfield, Borough of Kenilworth.
	Approximately 400 feet downstream of Springfield Avenue.	*90	*91	
Black Brook	At the confluence with Rahway River	*74	*75	Borough of Kenilworth, Township of Union.
	Approximately 180 feet downstream of Springfield Road.	*74	*75	
Branch 10–30–1	At the confluence with Drainage Ditch	*71	*75	Borough of Kenilworth.
	Approximately 350 feet upstream of Lafayette Place.	*74	*75	
College Branch	At the confluence with Rahway River	*70	*72	Township of Cranford.
	At a point immediately upstream of Springfield Avenue.	*70	*72	
Drainage Ditch	At the confluence with Rahway River	*71	*73	Borough of Kenilworth, Township of Springfield.
	At the confluence of Branch 10–30–1	*71	*75	
Gallows Hill Road Branch.	At the confluence with Rahway River	*69	*71	Township of Cranford.
	Approximately 350 feet upstream of Pittsfield Street.	*70	*71	
Garwood Brook	At the confluence with Rahway River	*68	*70	Township of Cranford.
	Approximately 250 feet upstream of West Holly Street.	*69	*70	
Nomahegan Brook	At the confluence with Rahway River	*73	*74	Townships of Cranford and Springfield, Town of Westfield.
	Approximately 580 feet downstream of Springfield Avenue.	*73	*74	
Robinsons Branch	At the confluence with Rahway River	*15	*14	City of Rahway, Town of Westfield, Township of Clark.
	At the confluence of Robinsons Branch	*51	*50	
South Branch	At the confluence with Rahway River	*11	*9	City of Rahway.
	Approximately 100 feet upstream of East Inman Avenue.	*11	*10	
Stream 10–30	At the confluence with Drainage Ditch	*71	*74	Borough of Kenilworth.
	Approximately 100 feet downstream of Willshire Drive.	*73	*74	
Vauxhall Branch	At the confluence with Rahway River	*90	*91	Township of Union.
	At Liberty Avenue	*90	*91	
Cedar Brook	At Terrill Road	None	*131	Borough of Fanwood.
	A point immediately upstream of Willow Avenue.	None	*141	
Vauxhall Sub Branch	At the confluence with Vauxhall Branch	*90	*91	Township of Union.
	At Interstate 78	*90	*91	

Source of flooding	Location	#Depth in feet above ground. *Elevation in feet (NGVD) •Elevation in feet (NAVD)		Communities affected
		Existing	Modified	
West Branch	At the confluence with Elizabeth River	*43	*42	Township of Union.
	Approximately 1,400 feet upstream of Garden State Parkway entrance ramp.	None	*60	
Lightning Brook	At the confluence with Elizabeth River	*56	*55	Township of Union.
	Approximately 950 feet downstream of Union Avenue.	*56	*55	
Elizabeth River	At Trotters Lane	*27	*18	Townships of Union and Hillside.
	Approximately 1,050 feet upstream of Union Avenue.	*67	*68	
Trotters Lane Branch	At Morris Avenue	None	*27	City of Elizabeth.
	Approximately 300 feet downstream of North Avenue.	None	*28	
Kings Creek	A point immediately upstream of Barnett Street.	None	*10	City of Rahway.
	Approximately 1,000 feet upstream of Lower Road to Rahway.	None	*13	
East Branch Rahway River.	Approximately 450 feet upstream of the confluence with Rahway River.	*90	*91	Townships of Union and Springfield.
	Approximately 2,800 feet downstream of Vauxhall Road.	*90	*91	
Kings Creek	Approximately 715 feet downstream of U.S. Route 9.	*14	#1	City of Linden.
	Just downstream of U.S. Route 9	*16	#1	

Township of Clark

Maps available for inspection at the Clark Township Engineer's Office, Municipal Building, 430 Westfield Avenue, Clark, New Jersey.

Send comments to The Honorable Salvatore Bonaccorso, Mayor of the Township of Clark, Municipal Building, 430 Westfield Avenue, Clark, New Jersey 07066–1590.

Township of Cranford

Maps available for inspection at the Cranford Township Engineer's Office, Municipal Building, 8 Springfield Avenue, Cranford, New Jersey.

Send comments to The Honorable Barbara A. Bilger, Mayor of the Township of Cranford, Municipal Building, 8 Springfield Avenue, Cranford, New Jersey 07016–2199.

City of Elizabeth

Maps available for inspection at the Elizabeth City Engineer's Office, 50 Winfield Scott Plaza, Elizabeth, New Jersey.

Send comments to The Honorable J. Christian Bollwage, Mayor of the City of Elizabeth, City Hall, 50 Winfield Scott Plaza, Elizabeth, New Jersey 07201.

Borough of Fanwood

Maps available for inspection at the Fanwood Borough Engineer's Office, 75 North Martine Avenue, Fanwood, New Jersey.

Send comments to The Honorable Colleen Mahr, Mayor of the Borough of Fanwood, 75 North Martine Avenue, Fanwood, New Jersey 07023–1397.

Township of Hillside

Maps available for inspection at the Hillside Township Engineer's Office, JFK Plaza, Hillside and Liberty Avenue, Hillside, New Jersey.

Send comments to The Honorable Karen McCoy Oliver, Mayor of the Township of Hillside, JFK Plaza, Hillside and Liberty Avenue, Hillside, New Jersey 07205.

Borough of Kenilworth

Maps available for inspection at the Kenilworth Borough Engineer's Office, Municipal Building, 567 Boulevard, Kenilworth, New Jersey.

Send comments to The Honorable Gregg David, Mayor of the Borough of Kenilworth, Municipal Building, 567 Boulevard, Kenilworth, New Jersey 07033–1699.

City of Linden

Maps available for inspection at the Linden City Engineer's Office, Municipal Building, 301 North Wood Avenue, Linden, New Jersey.

Send comments to The Honorable John T. Gregorio, Mayor of the City of Linden, Municipal Building, 301 North Wood Avenue, Linden, New Jersey 07036.

City of Rahway

Maps available for inspection at the Rahway City Engineer's Office, 1 City Hall Plaza, Rahway, New Jersey 07065.

Send comments to The Honorable James J. Kennedy, Mayor of the City of Rahway, 1 City Hall Plaza, Rahway, New Jersey 07065.

Township of Springfield

Maps available for inspection at the Springfield Township Engineer's Office, Municipal Building, 100 Mountain Avenue, Springfield, New Jersey.

Send comments to The Honorable Clara T. Harelik, Mayor of the Township of Springfield, Municipal Building, 100 Mountain Avenue, New Jersey 07081.

Township of Union

Maps available for inspection at the Union Township Engineer's office, Municipal Building, 1976 Morris Avenue, Union, New Jersey.

Send comments to The Honorable Anthony Terrezza, Mayor of the Township of Union, Municipal Building, 1976 Morris Avenue, Union, New Jersey 07083–3579.

Town of Westfield

Maps available for inspection at the Westfield Town Engineer's Office, Municipal Building, 425 East Broad Street, Westfield, New Jersey.

Source of flooding	Location	#Depth in feet above ground. *Elevation in feet (NGVD) •Elevation in feet (NAVD)		Communities affected
		Existing	Modified	

Send comments to The Honorable Gregory McDermott, Mayor of the Town of Westfield, Municipal Building, 425 East Broad Street, Westfield, New Jersey 07090.

Township of Winfield

Maps available for inspection at the Winfield Township Municipal Building, 12 Gulfstream Avenue, New Jersey.

Send comments to The Honorable Norman Whitehouse, Jr., Mayor of the Township of Winfield, 12 Gulfstream Avenue, Winfield, New Jersey 07036.

SOUTH CAROLINA
Florence County

Lynches River	Approximately 0.8 mile upstream of North Jones Road and U.S. Highway 301.	None	*99	Florence County (Unincorporated Areas).
	Approximately 800 feet downstream of Interstate Highway 95.	None	*120	
Sparrow Swamp	Just upstream of W.J. Albert Sims Street	None	*126	Town of Timmonsville.
	Approximately 1,100 feet upstream of W.J. Albert Sims Street.	None	*126	
Middle Swamp	State Highway 51/Pamplico Highway	None	*79	Florence County (Unincorporated Areas), City of Florence.
	Approximately 0.70 mile upstream of State Highway 51/Pamplico Highway.	None	*80	
Jeffries Creek	Approximately 2,890 feet downstream of the confluence of Pye Branch.	None	*80	Florence County (Unincorporated Areas), City of Florence.
	Approximately 1,200 feet downstream of South Cashua Drive.	None	*95	

Florence County (Unincorporated Areas)

Maps available for inspection at the Florence County Planning Department, 218 West Evans Street, Florence, South Carolina.

Send comments to Mr. Joe W. King, Florence County Administrator, 180 North Irby Street MSC–G, Florence, South Carolina 29501.

City of Florence

Maps available for inspection at the Florence City Hall, Planning Department, Drawer AA City-County Complex, 180 North Irby Street, Florence, South Carolina.

Send comments to The Honorable Frank Willis, Mayor of the City of Florence, Drawer AA City-County Complex, 180 North Irby Street, Florence, South Carolina 29501.

Town of Timmonsville

Maps available for inspection at the Timmonsville Town Hall, 115 East Main Street, Timmonsville, South Carolina.

Send comments to The Honorable Henry Peoples, Mayor of the Town of Timmonsville, P.O. Box 447, Timmonsville, South Carolina 29161–0447.

WEST VIRGINIA
Cabell County and City of Huntington

Ohio River	At the downstream county boundary	*551	•550	Cabell County (Unincorporated Areas), City of Huntington.
	Approximately 8 miles upstream of confluence of Goose Run.	*560	•561	
Fourpole Creek	Approximately 200 feet upstream of the Ohio River.	*539	•538	Cabell County (Unincorporated Areas), City of Huntington.
	Approximately 2,400 feet upstream of Prices Creek Road.	None	•703	
Indian Fork	Approximately 1,160 feet upstream of confluence with Mud Creek.	None	•587	Cabell County (Unincorporated Areas).
	Approximately 250 feet upstream of Ridge Run Road.	None	•640	
Kilgore Creek	At the confluence with Indian Fork	None	•587	Cabell County (Unincorporated Areas).
	Approximately 500 feet upstream of the confluence of Little Creek.	None	•611	
Lee Creek	At the confluence with Kilgore Creek	None	•590	Cabell County (Unincorporated Areas).
	Approximately 6,500 feet upstream of Interstate Route 64.	None	•660	
Charley Creek	Approximately 1,820 feet upstream of confluence with Mud Creek.	None	•602	Cabell County (Unincorporated Areas).
	Approximately 2,250 feet downstream of Wolfpen Hollow Road.	None	•615	
Little Creek	At the confluence with Kilgore Creek	None	•610	Cabell County (Unincorporated Areas).
	Approximately 750 feet upstream of the confluence with Kilgore Creek.	None	•611	
Arlington Boulevard Tributary.	Backwater area along Norwood Road	None	•613	Cabell County (Unincorporated Areas).

Source of flooding	Location	#Depth in feet above ground. *Elevation in feet (NGVD) •Elevation in feet (NAVD)		Communities affected
		Existing	Modified	
	At the confluence with Guyandotte River	None	•554	
	Approximately 150 feet downstream of Arlington Boulevard.	None	•554	
Grapevine Branch	At the confluence with Fourpole Creek	None	•590	Cabell County (Unincorporated Areas), City of Huntington.
	Approximately 1,050 feet upstream of the confluence with Fourpole Creek.	None	•590	

Cabell County (Unincorporated Areas)

Maps available for inspection at the Cabell County office of Grants, Planning and Permits, Cabell County Courthouse, Room 314, Huntington, West Virginia.

Send comments to Ms. Nancy Cartmill, President of the Cabell County Commission, 750 Fifth Avenue, Suite 300, Huntington, West Virginia 25701.

City of Huntington

Maps available for inspection at the City of Huntington Department of Development and Planning, 800 Fifth Street, Room 14, Huntington, West Virginia.

Send comments to The Honorable David Felinton, Mayor of the City of Huntington, P.O. Box 1659, Huntington, West Virginia 25717.

(Catalog of Federal Domestic Assistance No. 83.100, ''Flood Insurance.'')

Dated: August 10, 2004.

David I. Maurstad,

Acting Director, Mitigation Division, Emergency Preparedness and Response Directorate.

[FR Doc. 04–18693 Filed 8–13–04; 8:45 am]

BILLING CODE 9110–12–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 67

[Docket No. FEMA–D–7600]

Proposed Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency (FEMA), Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Proposed rule.

SUMMARY: Technical information or comments are requested on the proposed Base (1% annual chance) Flood Elevations (BFEs) and proposed BFE modifications for the communities listed below. The BFEs are the basis for the floodplain management measures that the community is required either to adopt or to show evidence of being already in effect in order to qualify or remain qualified for participation in the National Flood Insurance Program (NFIP).

DATES: The comment period is ninety (90) days following the second publication of this proposed rule in a newspaper of local circulation in each community.

ADDRESSES: The proposed BFEs for each community are available for inspection at the office of the Chief Executive Officer of each community. The respective addresses are listed in the table below.

FOR FURTHER INFORMATION CONTACT: Doug Bellomo, P.E., Hazard Identification Section, Emergency Preparedness and Response Directorate, FEMA, 500 C Street SW., Washington, DC 20472, (202) 646–2903.

SUPPLEMENTARY INFORMATION: FEMA proposes to make determinations of BFEs and modified BFEs for each community listed below, in accordance with Section 110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and 44 CFR 67.4(a).

These proposed base flood and modified BFEs, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own, or pursuant to policies established by other Federal, state or regional entities. These proposed elevations are used to meet the floodplain management requirements of the NFIP and are also used to calculate the appropriate flood insurance premium rates for new buildings built after these elevations are made final, and for the contents in these buildings.

National Environmental Policy Act

This proposed rule is categorically excluded from the requirements of 44 CFR Part 10, Environmental Consideration. No environmental impact assessment has been prepared.

Regulatory Flexibility Act

The Mitigation Division Director of the Emergency Preparedness and Response Directorate certifies that this proposed rule is exempt from the requirements of the Regulatory Flexibility Act because proposed or modified BFEs are required by the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and are required to establish and maintain community eligibility in the NFIP. As a result, a regulatory flexibility analysis has not been prepared.

Regulatory Classification

This proposed rule is not a significant regulatory action under the criteria of Section 3(f) of Executive Order 12866 of September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

Executive Order 12612, Federalism

This proposed rule involves no policies that have federalism implications under Executive Order 12612, Federalism, dated October 26, 1987.

Executive Order 12778, Civil Justice Reform

This proposed rule meets the applicable standards of Section 2(b)(2) of Executive Order 12778.

List of Subjects in 44 CFR Part 67

Administrative practice and procedure, flood insurance, reporting and recordkeeping requirements.

Accordingly, 44 CFR Part 67 is proposed to be amended as follows:

PART 67—[AMENDED]

1. The authority citation for Part 67 continues to read as follows:

Authority: 42 U.S.C. 4001 *et seq.*; Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 67.4 [Amended]

2. The tables published under the authority of § 67.4 are proposed to be amended as follows:

State	City/town/county	Source of flooding	Location	#Depth in feet above ground. *Elevation in feet (NGVD) •Elevation in feet (NAVD)	
				Existing	Modified
West Virginia	McDowell County (Unincorporated Areas).	Clear Fork	Approximately 4,800 feet downstream of County Route 2.	None	*1,409
			At the confluence with Wolfpen Branch ...	None	*1,479
		Wolfpen Branch	At the confluence with Clear Fork	None	*1,479
			Approximately 4,440 feet upstream of the confluence with Clear Fork.	None	*1,551

Maps available for inspection at the McDowell County Redevelopment Authority, 90 Wyoming Street, Suite 205, Welch, West Virginia.

Send comments to Mr. Gordon Lambert, President of the McDowell County Commission, 90 Wyoming Street, Suite 111, Welch, West Virginia 24801.

(Catalog of Federal Domestic Assistance No. 83.100, ''Flood Insurance.'')

Dated: August 10, 2004.

David I. Maurstad,

Acting Director, Mitigation Division, Emergency Preparedness and Response Directorate.

[FR Doc. 04–18692 Filed 8–13–04; 8:45 am]

BILLING CODE 9110–12–P

Notices

Federal Register
Vol. 69, No. 157
Monday, August 16, 2004

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

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 the Federally owned invention disclosed in U.S. Patent No. 6,615,454, ''Enhanced Separation of Contaminants from Fibers such as Cotton, Kenaf and Flax'', issued on September 9, 2003, is available for licensing and that the U.S. Department of Agriculture, Agricultural Research Service, intends to grant to Lummus Corporation, Georgia, an exclusive license to this invention.

DATES: Comments must be received within ninety (90) calendar days of the date of publication of this Notice in the **Federal Register**.

ADDRESSES: Send comments to: USDA, ARS, Office of Technology Transfer, 5601 Sunnyside Avenue, Room 4–1174, Beltsville, MD 20705–5131.

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 Lummus Corporation, Georgia, 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.

Michael D. Ruff,
Assistant Administrator.

[FR Doc. 04–18660 Filed 8–13–04; 8:45 am]

BILLING CODE 3410–03–P

DEPARTMENT OF AGRICULTURE

Forest Service

Opal Creek Scenic Recreation Area (SRA) Advisory Council

AGENCY: Forest Service, USDA Forest Service

ACTION: Notice of meeting.

SUMMARY: An Opal Creek Scenic Recreation Area Advisory Council meeting will convene in Stayton, Oregon on Wednesday, September 22, 2004. The meeting is scheduled to begin at 6:30 p.m. and will conclude at approximately 8:30 p.m. The meeting will be held in the South Room of the Stayton Community Center located on 400 West Virginia Street in Stayton, OR.

The Opal Creek Wilderness and Opal Creek Scenic Recreation Area Act of 1996 (Opal Creek Act) (Pub. L. 104–208) directed the Secretary of Agriculture to establish the Opal Creek Scenic Recreation Area Advisory Council. The Advisory Council is comprised of thirteen members representing state, county, and city governments and representatives of various organizations, which include mining industry, environmental organizations, inholders in Opal Creek Scenic Recreation Area, economic development, Indian tribes, adjacent landowners, and recreation interests. The council provides advice to the Secretary of Agriculture on preparation of a comprehensive Opal Creek Management Plan for the SRA and consults on a periodic and regular basis on the management of the area. Tentative agenda items include: Introductions; Current Project Updates; Continue with Project Priority Criteria Development.

A direct public comment period is tentatively scheduled to begin at 8 p.m. Time allotted for individual presentations will be limited to 3 minutes. Written comments are encouraged, particularly if the material cannot be presented within the time limits of the comment period. Written comments may be submitted prior to the September 22nd meetings by sending them to Designated Federal Official Paul Matter at the address given below.

FOR FURTHER INFORMATION CONTACT: For more information regarding this meeting, contact Designated Federal Official Paul Matter, Willamette National Forest, Detroit Ranger District, HC 73 Box 320, Mill City, OR 97360; (503) 854–3366.

Dated: August 9, 2004.

Dallas J. Emch,
Forest Supervisor.

[FR Doc. 04–18646 Filed 8–13–04; 8:45 am]

BILLING CODE 3410–11–M

DEPARTMENT OF AGRICULTURE

Forest Service

Ravalli County Resource Advisory Committee

AGENCY: Forest Service, USDA.

ACTION: Notice of meeting.

SUMMARY: The Ravalli County Resource Advisory Committee will be meeting to discuss and vote on 2004 projects and hold short public forum (question and answer session). The meeting is being held pursuant to the authorities in the Federal Advisory Committee Act (Public Law 92–463) and under the Secure Rural Schools and Community Self-Determination Act of 2000 (Public Law 106–393). The meeting is open to the public.

DATES: The meeting will be held on August 24, 2004, 6:30 p.m.

ADDRESSES: The meeting will be held at the Ravalli County Administration Building, 215 S. 4th Street, Hamilton, MT. Send written comments to Jeanne Higgins, District Ranger, Stevensville Ranger District, 88 Main Street, Stevensville, MT 59870, by facsimile (406) 777–7423, or electronically to *jmhiggins@fs.fed.us.*

FOR FURTHER INFORMATION CONTACT: Jeanne Higgins, Stevensville District Ranger and Designated Federal Officer, Phone: (406) 777–5461.

Dated: August 9, 2004.

David T. Bull,

Forest Supervisor.

[FR Doc. 04–18665 Filed 8–13–04; 8:45 am]

BILLING CODE 3416–11–M

DEPARTMENT OF COMMERCE

Submission for OMB Review; Comment Request

DOC has submitted to the Office of Management and Budget (OMB) for clearance the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. chapter 35).

Agency: U.S. Census Bureau.

Title: Generic Clearance for Data User Evaluation Surveys.

Form Number(s): Various.

Agency Approval Number: 0607–0760.

Type of Request: Extension of a currently approved collection.

Burden: 4,000 hours.

Number of Respondents: 8,000.

Average Hours Per Response: 30 minutes.

Needs and Uses: The Census Bureau requests to extend for an additional three years its generic clearance to conduct customer/product-based research. This extension will allow us to continue to use customer satisfaction surveys, personal interviews, or focus group research to effectively improve and make more customer-oriented programs, products, and services.

Extended clearance for data collections would continue to cover customer/program based research for any Census Bureau program area that needs to measure customer needs, uses, and preferences for statistical information and services. The customer base includes, but is not limited to previous, existing, and potential businesses and organizations, alternate Census Bureau data disseminators like State Data Centers, Business and Industry Data Centers, Census Information Centers, Federal or Census Depository Libraries, educational institutions, and not-for-profit or other organizations.

Prior to any data collection activity, the Census Bureau transmits individual plans, including any supporting documentation and draft research documents to OMB. The Census Bureau also prepares an annual report for OMB to fully describe work done under the generic clearance, including:

- Descriptions of individual research conducted
- Numbers of respondents and respondent burden hours used
- Dates of each survey
- Individual and aggregated costs of surveys
- Individual summaries of results and program/product decisions that were made based upon customer responses and feedback

Information collected from customer research helps the Census Bureau to measure its customer base-their use, satisfaction, and preferences for existing and future programs, products, and services.

Affected Public: Individuals or households; Business or other for-profit; Not-for-profit institutions; Federal Government; State, Local, or Tribal government.

Frequency: On occasion.

Respondent's Obligation: Voluntary.

Legal Authority: Executive Order 12862.

OMB Desk Officer: Susan Schechter, (202) 395–5103.

Copies of the above information collection proposal can be obtained by calling or writing Diana Hynek, Departmental Paperwork Clearance Officer, (202) 482–0266, Department of Commerce, Room 6625, 14th and Constitution Avenue, NW., Washington, DC 20230 or via the Internet at *dhynek@doc.gov.*

Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to Susan Schechter, OMB Desk Officer either by fax (202) 395–7245) or e-mail (*susan_schechter@omb.eop.gov*).

Dated: August 10, 2004.

Madeleine Clayton,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. 04–18591 Filed 8–13–04; 8:45 am]

BILLING CODE 3510–07–P

DEPARTMENT OF COMMERCE

[I.D. 081004C]

Submission for OMB Review; Comment Request

The Department of Commerce has submitted to the Office of Management and Budget (OMB) for clearance the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

Agency: National Oceanic and Atmospheric Administration (NOAA).

Title: Southeast Region Dealer and Interview Family of Forms.

Form Number(s): None.

OMB Approval Number: 0648–0013.

Type of Request: Regular submission.

Burden Hours: 2,087.

Number of Respondents: 13,795.

Average Hours Per Response: 10 minutes each for shrimp interview, trip interview, mackerel dealers (quotas), mackerel gillnet dealers, mackerel gillnet vessels, snowy grouper/tilefish, wreckfish dealer, red snapper; 20 minutes for gulf grouper quota; 3 minutes for no-purchase report; 15 minutes for rock shrimp, golden crab dealers, coral dealers; and 5 minutes for vessel operation units.

Needs and Uses: This family of forms includes data collection activities for monitoring fishery quotas, routine collections of monthly statistic from seafood dealers, and interviews with fishermen to collect catch/effort and biological data.

Affected Public: Business or other for-profit organizations; and individuals or households.

Frequency: Bi-monthly.

Respondent's Obligation: Mandatory.

OMB Desk Officer: David Rostker, (202) 395–3897.

Copies of the above information collection proposal can be obtained by calling or writing Diana Hynek, Departmental Paperwork Clearance Officer, (202) 482–0266, Department of Commerce, Room 6625, 14th and Constitution Avenue, NW., Washington, DC 20230 (or via the Internet at *dHynek@doc.gov*).

Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to David Rostker, OMB Desk Officer, FAX number (202) 395–7285, or *David_Rostker@omb.eop.gov*.

Dated: August 9, 2004.

Gwellnar Banks,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. 04–18701 Filed 8–13–04; 8:45 am]

BILLING CODE 3510–22–S

DEPARTMENT OF COMMERCE

[I.D. 081004D]

Submission for OMB Review; Comment Request

The Department of Commerce has submitted to the Office of Management and Budget (OMB) for clearance the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

Agency: National Oceanic and Atmospheric Administration (NOAA).

Title: Northeast Region Logbook Family of Forms.

Form Number(s): None.
OMB Approval Number: 0648–0212.
Type of Request: Regular submission.
Burden Hours: 10,907.
Number of Respondents: 4,975.
Average Hours Per Response: 4 minutes.
Needs and Uses: The National Marine Fisheries Service (NMFS) has a Red Crab Fishery Management Plan. A mandatory requirement of this plan is that vessels issued a Red Crab limited access permit must report via the Interactive Voice Response (IVR) system at the end of every trip. The vessels issued an Exempted (Experimental) Fishing Permit (EFP) may be required to report their catches via the IVR as a condition of their permit. The information submitted is needed for the management of fisheries.
Affected Public: Business or other for-profit organizations; individuals or households; not-for-profit institutions; State, Local or Tribal government.
Frequency: On occasion.
Respondent's Obligation: Mandatory.
OMB Desk Officer: David Rostker, (202) 395–3897.
Copies of the above information collection proposal can be obtained by calling or writing Diana Hynek, Departmental Paperwork Clearance Officer, (202) 482–0266, Department of Commerce, Room 6625, 14th and Constitution Avenue, NW., Washington, DC 20230 (or via the Internet at *dHynek@doc.gov*).
Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to David Rostker, OMB Desk Officer, FAX number (202) 395–7285, or *David__Rostker@omb.eop.gov*.

Dated: August 9, 2004.

Gwellnar Banks,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. 04–18702 Filed 8–13–04; 8:45 am]

BILLING CODE 3510–22–S

DEPARTMENT OF COMMERCE

[I.D. 081104B]

Submission for OMB Review; Comment Request

The Department of Commerce has submitted to the Office of Management and Budget (OMB) for clearance the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).
Agency: National Oceanic and Atmospheric Administration (NOAA).
Title: An Observer Program for At-sea Processing Vessels in the Pacific Coast Groundfish Fishery.
Form Number(s): None.
OMB Approval Number: None.
Type of Request: Regular submission.
Burden Hours: 51.
Number of Respondents: 22.
Average Hours Per Response: 15 minutes for college transcript and disclosure statement; 4 hours for appeal; 7 minutes for training/briefing registration; 2 minutes for notification of physical examination; 7 minutes for projected observer assignment information; 7minutes for weekly deployment/logistics report; 7 minutes for debriefing registration; 2 hours for report on observer harassment, safety or performance concerns.
Needs and Uses: This data collection is necessary for the administration of a new observer program for processing vessels in the mothership and catcher-processor sectors of the whiting fishery. The collection relates to the response time for observers that have been issued notices of suspension or decertification to provide documentary evidence or to the action.
Affected Public: Business or other for-profit organizations, and individuals or households.
Frequency: On occasion, weekly, annually.
Respondent's Obligation: Required to obtain of retain benefits.
OMB Desk Officer: David Rostker, (202) 395–3897.
Copies of the above information collection proposal can be obtained by calling or writing Diana Hynek, Departmental Paperwork Clearance Officer, (202) 482–0266, Department of Commerce, Room 6625, 14th and Constitution Avenue, NW., Washington, DC 20230 (or via the Internet at *dHynek@doc.gov*).
Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to David Rostker, OMB Desk Officer, FAX number 202–395–7285, or *David__Rostker@omb.eop.gov*.

Dated: August 9, 2004.

Gwellnar Banks,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. 04–18703 Filed 8–13–04; 8:45 am]

BILLING CODE 3510–22–S

DEPARTMENT OF COMMERCE

Submission for OMB Review; Comment Request

DOC has submitted to the Office of Management and Budget (OMB) for clearance the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. chapter 35).
Agency: U.S. Census Bureau.
Title: School Enrollment Report.
Form Number(s): P–4.
Agency Approval Number: 0607–0459.
Type of Request: Extension of a currently approved collection.
Burden: 15 hours.
Number of Respondents: 30.
Average Hours Per Response: 30 minutes.
Needs and Uses: The Census Bureau requests an extension of the current Office of Management and Budget clearance of the School Enrollment Report, P–4. Collection of school enrollment data is necessary to produce annual estimates of the population of states for application to current Federal programs. Each year, in the spring, the Census Bureau sends the School Enrollment Report, P–4 form, to 30 state departments of education. The remaining states publish reports early in the year and we obtain those in our Census Bureau library. We request fall public and nonpublic school enrollment by grade for the state and selected counties in 24 of the states. In six states we request year end enrollment. Many of the 30 departments of education will eventually publish reports containing enrollment figures, but not in time to use in our estimates.
School enrollment data are used by the Census Bureau to estimate state population by age and sex. The Census Bureau's population estimates are regularly used by dozens of Federal agencies for allocating Federal program funds, as bases for rates of occurrence, and as input for Federal surveys. The estimates are also used by state and local governments, businesses, and the public for planning and other informational uses. Failure to collect the enrollment information would seriously damage the Census Bureau's ability to produce accurate current population estimates for states as well as for counties and smaller areas whose current population levels are tied into the state estimates totals.
Affected Public: State, local, or tribal government.
Frequency: Annually.
Respondent's Obligation: Voluntary.
Legal Authority: Title 13 U.S.C., Sections 181 and 182.
OMB Desk Officer: Susan Schechter, (202) 395–5103.
Copies of the above information collection proposal can be obtained by calling or writing Diana Hynek, Departmental Paperwork Clearance

Officer, (202) 482–0266, Department of Commerce, Room 6625, 14th and Constitution Avenue, NW., Washington, DC 20230 or via the Internet at *dhynek@doc.gov.*

Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to Susan Schechter, OMB Desk Officer either by fax (202–395–7245) or e-mail (*susan_schechter@omb.eop.gov*).

Dated: August 10, 2004.

Madeleine Clayton,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. 04–18593 Filed 8–13–04; 8:45 am]

BILLING CODE 3510–07–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 081104C]

Proposed Information Collection; Comment Request; NOAA Satellite Ground Station Customer Questionnaire

AGENCY: National Oceanic and Atmospheric Administration (NOAA).

ACTION: Notice.

SUMMARY: The Department of Commerce, 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)).

DATES: Written comments must be submitted on or before October 15, 2004.

ADDRESSES: Direct all written comments to Diana Hynek, Departmental Paperwork Clearance Officer, Department of Commerce, Room 6625, 14th and Constitution Avenue, NW, Washington, DC 20230 (or via the Internet at *dHynek@doc.gov*).

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument and instructions should be directed to Darrell Robertson, E/SP3, Room 3320, 5200 Auth Road, Suitland, MD 20746-4304 (phone 301-457-5681).

SUPPLEMENTARY INFORMATION:

I. Abstract

NOAA operates meteorological satellite imagery transmission systems whose data are available worldwide. Any user can establish a ground station for receiving the data without prior consent from NOAA. The surveying of customers allows NOAA to learn about who uses the data, how it is used, what equipment is used, the location of the equipment, and similar subjects. This information is used to help determine the possible impact of signal or data changes, to identify users for future contacts, and to annually report to the World Meteorological Organization on the geographic location and capabilities of known receiving stations.

II. Method of Collection

People accessing the NOAA Satellite and Information System (NOAASIS) Web site for operational information are presented with an opportunity to voluntarily fill out an electronic user survey. Additionally, people contacting NOAA in a way that indicates that they may operate a satellite receiving station for acquiring NOAA data are informed that an electronic survey is available on the NOAA Web site that they can voluntarily complete.

III. Data

OMB Number: 0648-0227.

Form Number: None.

Type of Review: Regular submission.

Affected Public: Not-for-profit institutions, individuals or households, business or other for-profit organizations, farms, and state, local, or tribal government.

Estimated Number of Respondents: 300.

Estimated Time Per Response: 5 minutes.

Estimated Total Annual Burden Hours: 25.

Estimated Total Annual Cost to Public: $0.

IV. Request for Comments

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 (including hours and cost) 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 or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: August 9, 2004.

Gwellnar Banks,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. 04–18704 Filed 8–13–04; 8:45 am]

BILLING CODE 3510–HR–S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

ACTION: Notice of public meeting.

SUMMARY: The Advisory Committee on Commercial Remote Sensing (ACCRES) will meet August 27, 2004.

DATE AND TIME: The meeting is scheduled as follows: August 27, 2004, 9 a.m.–4 p.m. The first part of this meeting will be closed to the public. The public portion of the meeting will begin at 1 p.m.

ADDRESSES: The meeting will be held in Room 1N100 A/B of the MITRE Corporation in McLean, Virginia. The MITRE Corporation is located at 7515 Colshire Drive, McLean, Virginia 22102. While open to the public, seating capacity may be limited.

SUPPLEMENTARY INFORMATION: As required by section 10(a)(2) of the Federal Advisory Committee Act, 5 U.S.C. App. (1982), notice is hereby given of the meeting of ACCRES. ACCRES was established by the Secretary of Commerce (Secretary) on May 21, 2002, to advise the Secretary through the Under Secretary of Commerce for Oceans and Atmosphere on long- and short-range strategies for the licensing of commercial remote sensing satellite systems.

Matters To Be Considered

The first part of the meeting will be closed to the public pursuant to section 10(d) of the Federal Advisory Committee Act, 5 U.S.C. App. 2, as amended by section 5(c) of the Government in Sunshine Act, Pub. L. 94–409 and in accordance with section 552b(c)(1) of Title 5, United States Code. Accordingly, portions of this meeting which involve the ongoing review and implementation of the April 2003 U.S. Commercial Remote Sensing Space Policy and related national security and foreign policy considerations for NOAA's licensing decisions may be closed to the public. These briefings are likely to disclose matters that are specifically authorized under criteria established by Executive Order 12958 to

be kept secret in the interest of national defense or foreign policy and are in fact properly classified pursuant to such Executive Order.

All other portions of the meeting will be open to the public. During the open portion of the meeting, the Committee will discuss NOAA's Planning, Programming, Budgeting, and Execution System, external licensing program coordination activities, and commercialization and privatization issues. The committee will also receive public comments on its activities.

Special Accommodations

These meetings are physically accessible to people with disabilities. Requests for special accommodations may be directed to ACCRES, NOAA/NESDIS International and Interagency Affairs Office, 1335 East-West Highway, Room 7311, Silver Spring, Maryland 20910.

Additional Information and Public Comments

Any member of the public wishing further information concerning the meeting or who wishes to submit oral or written comments should contact Timothy Stryker, Designated Federal Officer for ACCRES, NOAA/NESDIS International and Interagency Affairs Office, 1335 East-West Highway, Room 7311, Silver Spring, Maryland 20910. Copies of the draft meeting agenda can be obtained from Tahara Moreno at (301) 713–2024 ext. 202, fax (301) 713–2032, or e-mail *Tahara.Moreno@noaa.gov.*

The ACCRES expects that public statements presented at its meetings will not be repetitive of previously-submitted oral or written statements. In general, each individual or group making an oral presentation may be limited to a total time of five minutes. Written comments (please provide at least 13 copies) received in the NOAA/NESDIS International and Interagency Affairs Office on or before December 5, 2003, will be provided to Committee members in advance of the meeting. Comments received too close to the meeting date will normally be provided to Committee members at the meeting.

FOR FURTHER INFORMATION CONTACT: Timothy Stryker, NOAA/NESDIS International and Interagency Affairs, 1335 East West Highway, Room 7311, Silver Spring, Maryland 20910; telephone (301) 713–2024 x205, fax (301) 713–2032, e-mail *Timothy.Stryker@noaa.gov* or Douglas Brauer at telephone (301) 713–2024 x213, e-mail *Douglas.Brauer@noaa.gov.*

Gregory W. Withee,

Assistant Administrator for Satellite and Information Services.

[FR Doc. 04–18672 Filed 8–13–04; 8:45 am]

BILLING CODE 3510–HR–P

CONSUMER PRODUCT SAFETY COMMISSION

Public Meeting Concerning Petition Requesting that ASTM F400–00, Safety Standard for Lighters, Be Adopted as a Consumer Product Safety Standard

AGENCY: Consumer Product Safety Commission.

ACTION: Notice of public meeting.

SUMMARY: The Consumer Product Safety Commission (''CPSC'' or ''Commission'') will conduct a public meeting on September 14, 2004 to receive comments concerning Petition CP 02–1, which requested that the Commission adopt a voluntary standard for cigarette lighters, ASTM F–400, as a mandatory standard under the Consumer Product Safety Act (''CPSA''). The CPSC staff's briefing package recommends that the Commission deny the petition. The Commission invites oral presentations from members of the public with information or comments related to the petition or the staff's briefing package. The Commission will consider these presentations as it decides what action to take on the petition.

DATES: The meeting will begin at 10 a.m. on September 14, 2004. Requests to make oral presentations, and 10 copies of the text of the presentation, must be received by the CPSC Office of the Secretary no later than September 7, 2004. Persons making presentations at the meeting should provide an additional 25 copies for dissemination on the date of the meeting.

The Commission reserves the right to limit the number of persons who make presentations and the duration of their presentations. To prevent duplicative presentations, groups will be directed to designate a spokesperson.

Written submissions, in addition to, or instead of, an oral presentation may be sent to the address listed below and will be accepted until October 14, 2004.

ADDRESSES: The meeting will be in room 420 of the Bethesda Towers Building, 4330 East-West Highway, Bethesda, MD. Requests to make oral presentations, and texts of oral presentations should be captioned ''Lighter Petition Briefing'' and be mailed to the Office of the Secretary, Consumer Product Safety Commission, Washington, DC 20207, or delivered to that office, Room 502, 4330 East-West Highway, Bethesda, MD 20814. Requests and texts of oral presentations may also be submitted by facsimile to (301) 504–0127 or by E-mail to *cpsc-os@cpsc.gov.*

FOR FURTHER INFORMATION CONTACT: For information about the purpose or subject matter of this meeting contact Rohit Khanna, Directorate for Engineering Sciences, U.S. Consumer Product Safety Commission, Washington, DC 20207; telephone (301) 504–7546; E-mail: *rkhanna@cpsc.gov.* For information about the schedule for submission of requests to make oral presentations and submission of texts of oral presentations, contact Rockelle Hammond, Office of the Secretary, Consumer Product Safety Commission, Washington, DC 20207; telephone (301) 504–6833; fax (301) 504–0127; E-mail *rhammond@cpsc.gov.*

SUPPLEMENTARY INFORMATION:

A. Background

The Commission received a petition, Petition CP 02–1, from the Lighter Association, Inc., a trade association representing the major U.S. manufacturers and distributors of cigarette lighters. The petition requested that the Commission issue a rule to make the voluntary standard ''Standard Consumer Product Safety Specification for Lighters'' (ASTM F–400) a mandatory consumer product safety standard. The petitioner asserted that unreasonable risks of injury are being created by failure to enforce the existing voluntary standard in the U.S. The petitioner stated that although most disposable lighters imported to the U.S. are child-resistant, they do not meet minimum safety standards followed by the U.S. lighter industry in accordance with the ASTM F–400 standard.

The Commission published a notice in the **Federal Register** on January 17, 2002, requesting comments on the petition. 67 FR 2420. The Commission received a total of 16 comments on the petition.

The staff reviewed the petition, comments and other relevant available information. The staff then forwarded a briefing package to the Commission, which is available on the Commission's website *www.cpsc.gov* or from the Commission's Office of the Secretary. The staff recommends that the Commission deny the petition. The staff concludes that injuries resulting from malfunctioning lighters are relatively infrequent. For the approximately 900 million lighters purchased by consumers in a year, the estimated risk

of death from lighter malfunction is about 2.2 deaths per billion lighters. The estimated risk of injury is about 1.1 injuries per million lighters. Moreover, the incident data do not provide sufficient information to determine whether the lighters involved in these incidents conform to ASTM F–400. Thus, it is unclear whether mandating the voluntary standard would actually reduce incidents.

B. The Public Meeting

The purpose of the public meeting is to provide a forum for oral presentations on the cigarette lighter petition and the CPSC staff's briefing package.

Participation in the meeting is open. See the **DATES** section of this notice for information on making requests to give oral presentations at the meeting and on making written submissions.

Dated: August 11, 2004.

Todd A. Stevenson,

Secretary, Consumer Product Safety Commission.

[FR Doc. 04–18671 Filed 8–13–04; 8:45 am]

BILLING CODE 6355–01–P

DEPARTMENT OF ENERGY

Environmental Management Site-Specific Advisory Board, Paducah

AGENCY: Department of Energy.

ACTION: Notice of open meeting.

SUMMARY: This notice announces a meeting of the Environmental Management Site-Specific Advisory Board (EM SSAB), Paducah. The Federal Advisory Committee Act (Pub. L. 92–463, 86 Stat. 770) requires that public notice of these meetings be announced in the **Federal Register**.

DATES: Thursday, September 16, 2004, 5:30 p.m.–9:30 p.m.

ADDRESSES: 111 Memorial Drive, Barkley Centre, Paducah, Kentucky 42001.

FOR FURTHER INFORMATION CONTACT: William E. Murphie, Deputy Designated Federal Officer (DDFO), Department of Energy Portsmouth/Paducah Project Office, 1017 Majestic Drive, Suite 200, Lexington, Kentucky 40513, (859) 219–4001.

SUPPLEMENTARY INFORMATION: *Purpose of the Board:* The purpose of the Board is to make recommendations to DOE in the areas of environmental restoration, waste management and related activities.

Tentative Agenda

5:30 p.m.—Informal Discussion
6 p.m.—Call to Order; Introductions; Review Agenda; Approval of August Minutes; Election of Chair and Chair Elect
6:30 p.m.—DDFO's Comments
6:35 p.m.—Federal Coordinator Comments
6:40 p.m.—Ex-Officio Comments
6:45 p.m.—Public Comments and Questions
7 p.m.—Task Forces/Presentations
- Waste Disposition
- Water Quality
- Long Range Strategy/Stewardship—Chairs Meeting
- Community Outreach

8 p.m.—Public Comments and Questions
8:15 p.m.—Break
8:30 p.m.—Administrative Issues
- Review of Work Plan
- Review of Next Agenda

8:40 p.m.—Review of Action Items
8:45 p.m.—Subcommittee Reports
- Executive Committee—Proposed Membership

9 p.m.—Final Comments
9:30 p.m.—Adjourn

Copies of the final agenda will be available at the meeting.

Public Participation: The meeting is open to the public. Written statements may be filed with the Committee either before or after the meeting. Individuals who wish to make oral statements pertaining to agenda items should contact David Dollins at the address listed below or by telephone at (270) 441–6819. Requests must be received five days prior to the meeting and reasonable provision will be made to include the presentation in the agenda. The Deputy Designated Federal Officer is empowered to conduct the meeting in a fashion that will facilitate the orderly conduct of business. Each individual wishing to make public comments will be provided a maximum of five minutes to present their comments as the first item of the meeting agenda.

Minutes: The minutes of this meeting will be available for public review and copying at the Freedom of Information Public Reading Room, 1E–190, Forrestal Building, 1000 Independence Avenue, SW., Washington, DC 20585, between 9 a.m. and 4 p.m., Monday–Friday, except Federal holidays. Minutes will also be available at the Department of Energy's Environmental Information Center and Reading Room at 115 Memorial Drive, Barkley Centre, Paducah, Kentucky, between 8 a.m. and 5 p.m. on Monday thru Friday or by writing to David Dollins, Department of Energy Paducah Site Office, Post Office Box 1410, MS–103, Paducah, Kentucky 42001, or by calling him at (270) 441–6819.

Issued at Washington, DC, on August 11, 2004.

Rachel Samuel,

Deputy Advisory Committee Management Officer.

[FR Doc. 04–18667 Filed 8–13–04; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF ENERGY

Environmental Management Site-Specific Advisory Board, Savannah River

AGENCY: Department of Energy.

ACTION: Notice of open meeting.

SUMMARY: This notice announces a meeting of the Environmental Management Site-Specific Advisory Board (EM SSAB), Savannah River. The Federal Advisory Committee Act (Pub. L. 92–463, 86 Stat.770) requires that public notice of these meetings be announced in the **Federal Register**.

DATES: Friday, September 10, 2004; 8:30 a.m.–5 p.m. Saturday, September 11, 2004; 8:30 a.m.–12 noon

ADDRESSES: Holiday Inn, One Center Street, Folly Beach, SC 29439.

FOR FURTHER INFORMATION CONTACT: Gerri Flemming, Closure Project Office, Department of Energy Savannah River Operations Office, P.O. Box A, Aiken, SC, 29802; Phone: (803) 952–7886.

SUPPLEMENTARY INFORMATION: *Purpose of the Board:* The purpose of the Board is to make recommendations to DOE in the areas of environmental restoration, waste management, and related activities.

Tentative Agendas

Friday, September 10, 2004

8:30 a.m.—Basics of Radiation
11 a.m.—Nuclear Materials 101
Noon—Lunch
1 p.m.—Nuclear Materials 101 (continued)
2:15 p.m.—Waste 101
3:45 p.m.—Hazard, Risk and Safety at SRS
5 p.m.—Adjourn

Saturday, September 11, 2004

8:30 a.m.—Overview of DOE Organization
9 a.m.—Overview of Cleanup Decision Making
12:15 p.m.—Adjourn

A final agenda will be available at the meeting Friday, September 10, 2004.

Public Participation: The meeting is open to the public. Written statements may be filed with the Board either before or after the meeting. Individuals who wish to make the oral statements

pertaining to agenda items should contact Gerri Flemming's office at the address or telephone listed above. Requests must be received five days prior to the meeting and reasonable provision will be made to include the presentation in the agenda. The Designated Federal Officer is empowered to conduct the meeting in a fashion that will facilitate the orderly conduct business. Each individual wishing to make public comment will be provided equal time to present their comments.

Minutes: The minutes of this meeting will be available for public review and copying at the Freedom of Information Public Reading Room, 1E–190, Forrestal Building, 1000 Independence Avenue, SW., Washington, DC, 20585 between 9 a.m. and 4 p.m., Monday through Friday, except Federal holidays. Minutes will also be available by writing to Gerri Flemming, Department of Energy Savannah River Operations Office, P.O. Box A, Aiken, SC, 29802, or by calling her at (803) 952–7886.

Issued at Washington, DC on August 11, 2004.

Rachel Samuel,

Deputy Advisory Committee Management Officer.

[FR Doc. 04–18668 Filed 8–13–04; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF ENERGY

Environmental Management Site-Specific Advisory Board, Rocky Flats

AGENCY: Department of Energy.

ACTION: Notice of open meeting.

SUMMARY: This notice announces a meeting of the Environmental Management Site-Specific Advisory Board (EM SSAB), Rocky Flats. The Federal Advisory Committee Act (Pub. L. 92–463, 86 Stat. 770) requires that public notices of these meetings be announced in the **Federal Register**.

DATES: Thursday, September 9, 2004; 6 p.m. to 9 p.m.

ADDRESSES: College Hill Library, Room L268, Front Range Community College, 3705 West 112th Avenue, Westminster, CO.

FOR FURTHER INFORMATION CONTACT: Ken Korkia, Board/Staff Coordinator, Rocky Flats Citizens Advisory Board, 10808 Highway 93, Unit B, Building 60, Room 107B, Golden, CO, 80403; telephone (303) 966–7855; fax (303) 966–7856.

SUPPLEMENTARY INFORMATION: *Purpose of the Board:* The purpose of the Board is to make recommendations to DOE in the areas of environmental restoration, waste management, and related activities.

Tentative Agenda:

1. Presentation on Original Landfill Remediation Proposal
2. Educational Presentation on Comprehensive Risk Assessment Methodology
3. Other Board business may be conducted as necessary

Public Participation: The meeting is open to the public. Written statements may be filed with the Board either before or after the meeting. Individuals who wish to make oral statements pertaining to agenda items should contact Ken Korkia at the address or telephone number listed above. Requests must be received at least five days prior to the meeting and reasonable provisions will be made to include the presentation in the agenda. The Deputy Designated Federal Officer is empowered to conduct the meeting in a fashion that will facilitate the orderly conduct of business. Each individual wishing to make public comment will be provided a maximum of five minutes to present their comments.

Minutes: The minutes of this meeting will be available for public review and copying at the office of the Rocky Flats Citizens Advisory Board, 10808 Highway 93, Unit B, Building 60, Room 107B, Golden, CO 80403; telephone (303) 966–7855. Hours of operations are 7:30 a.m. to 4 p.m., Monday through Friday. Minutes will also be made available by writing or calling Ken Korkia at the address or telephone number listed above. Board meeting minutes are posted on RFCAB's Web site within one month following each meeting at: *http://www.rfcab.org/Minutes.HTML.*

Issued at Washington, DC on August 11, 2004.

Rachel M. Samuel,

Deputy Advisory Committee Management Officer.

[FR Doc. 04–18669 Filed 8–13–04; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF ENERGY

Office of Fossil Energy; Methane Hydrate Advisory Committee

AGENCY: Department of Energy.

ACTION: Notice of open meeting.

SUMMARY: This notice announces a meeting of the Methane Hydrate Advisory Committee. Federal Advisory Committee Act (Public Law 92–463, 86 Stat. 770) requires notice of these meetings be announced in the **Federal Register**.

DATES: Tuesday, September 21, 2004, 8 a.m. to 5 p.m. and Wednesday, September 22, 2004, 8 a.m. to 2:45 p.m.

ADDRESSES: Sea Lodge, 8110 Camino del Oro, La Jolla, California 92037.

FOR FURTHER INFORMATION CONTACT: Edith Allison, U.S. Department of Energy, Office of Oil and Natural Gas, Washington, DC 20585. Phone: (202) 586–1023.

SUPPLEMENTARY INFORMATION:

Purpose of the Committee: The purpose of the Methane Hydrate Advisory Committee is to provide advice on potential applications of methane hydrate to the Secretary of Energy; assist in developing recommendations and priorities for the Department of Energy methane hydrate research and development program; and submit to Congress a report on the anticipated impact on global climate change from methane hydrate formation, methane hydrate degassing, and consumption of natural gas produced from methane hydrates.

Tentative Agenda:

Tuesday, September 21

Morning

- Welcome and Introductions—James Slutz, Deputy Assistant Secretary for the Office of Oil and Natural Gas
- Appointment of Committee Chairman
- Briefings on Methane Hydrate Research Accomplishments—Alaska, Gulf of Mexico, and International, and Laboratory and Global Climate Change Studies.

Afternoon

- Presentation and Discussion—National Research Council Report: ''Review of Activities Authorized Under the Methane Hydrate Research and Development''
- Report of Hedberg Conference Session on R&D Issues and Needs
- Discussion of Future Research Directions.

Ten minutes will be allowed for questions and public comment at the end of each presentation.

Wednesday, September 22

Morning

- Discussion of Draft Strategic Plan.

Afternoon

- Discussion of additional recommendations to Department of Energy and to Congress regarding the reauthorization of Methane Hydrate R&D Act of 2000

• Adjourn at 3 p.m. followed by optional tour of Scripps Institution of Oceanography.

Public Participation: The meeting is open to the public. The Chairman of the Committee will conduct the meeting to facilitate the orderly conduct of business. If you would like to file a written statement with the Committee, you may do so either before or after the meeting. If you would like to make oral statements regarding any of the items on the agenda, you should contact Edith Allison at the address or telephone number listed above. You must make your request for an oral statement at least five business days prior to the meeting, and reasonable provisions will be made to include the presentation on the agenda. Public comment will follow the 10 minute rule.

Minutes: The minutes of this meeting will be available for public review and copying within 60 days at the Freedom of Information Public Reading Room, 1E–190, Forrestal Building, 1000 Independence Avenue, SW., Washington, DC, between 9 a.m. and 4 p.m., Monday through Friday, except Federal holidays. Transcripts will be available by request.

Issued in Washington, DC on August 11, 2004.

Rachel M. Samuel,

Deputy Advisory Committee Management Officer.

[FR Doc. 04–18666 Filed 8–13–04; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF ENERGY

Nondiscrimination in Federally Assisted Programs Enforcement of Title VI of the Civil Rights Act of 1964—Prohibition Against National Origin Discrimination Affecting Persons With Limited English Proficiency (LEP); Policy Guidance

AGENCY: Department of Energy.

ACTION: Notice of Interim Policy Guidance and request for comment.

SUMMARY: The Department of Energy (DOE) publishes this Interim Policy Guidance on Nondiscrimination in Federally Assisted Programs, Enforcement of Title VI of the Civil Rights Act of 1964—Prohibition Against National Discrimination Affecting Persons with Limited English Proficiency (LEP). This Policy Guidance applies to all Departmental offices, including the National Nuclear Security Administration.

DATES: The Policy Guidance is effective immediately. Comments must be submitted on or before September 15, 2004. DOE's Office of Civil Rights and Diversity will review all comments and make modifications it deems necessary.

ADDRESSES: Written comments should be submitted to Sharon P. Wyatt, Office of Civil Rights and Diversity, Rm 5B–168, 1000 Independence Avenue, SW., Washington, DC 20585.

FOR FURTHER INFORMATION CONTACT: Sharon P. Wyatt, Room 5B–168, 1000 Independence Avenue, SW., Washington, DC 20585, or telephone (202) 586–2256; TDD (202) 586–5329, or e-mail at *sharon.wyatt@hq.doe.gov*.

SUPPLEMENTARY INFORMATION: To ensure compliance with Title VI of the Civil Rights Act of 1964, 42U.S.C. 2000d *et seq.*, and its prohibition of discrimination on the basis of national origin, and with Executive Order 13166, the Department of Energy issues the following Policy Guidance regarding the Title VI prohibition against national origin discrimination affecting persons with limited English proficiency (LEP). This Guidance is intended to clarify standards consistent with case law and well established legal principles. It was prepared by the Department of Energy's Office of Civil Rights and Diversity and is based on policy guidance from the Department of Justice.

Issued in Washington, DC, on August 2, 2004.

Kyle McSlarrow,

Deputy Secretary, Department of Energy.

Policy Guidance: Nondiscrimination in Federally Assisted Programs, Enforcement of Title VI of the Civil Rights Act of 1964—Prohibition Against National Origin Discrimination Affecting Persons With Limited English Proficiency (LEP).

I. Introduction

This Policy Guidance clarifies how recipients of financial assistance from the Department of Energy (including the National Nuclear Security Administration) can meet their obligation to ensure that persons with limited English proficiency have meaningful and timely access to their programs and activities.

Most individuals living in the United States read, write, speak and understand English. There are many individuals, however, for whom English is not their primary language. If these individuals have limited ability to read, write, speak or understand English, they are limited English proficient, or ''LEP.'' Language for LEP individuals can be a barrier to accessing important benefits or services, understanding and exercising important rights, complying with applicable responsibilities, or understanding other information provided by federally funded programs and activities. The Federal Government funds an array of services that can be made accessible to otherwise eligible LEP persons. The Federal Government is committed to improving the accessibility of these programs and activities to eligible LEP persons, a goal that reinforces its equally important commitment to promoting programs and activities designed to help individuals learn English. Recipients of Federal financial assistance should not overlook the long-term positive impacts of incorporating or offering English as a Second Language (ESL) programs in parallel with language assistance services. ESL courses can serve as an important adjunct to a proper LEP plan. However, the fact that ESL classes are made available does not obviate the statutory and regulatory requirement of meaningful access for LEP individuals. Recipients of Federal financial assistance have an obligation to reduce language barriers that can preclude meaningful access by LEP persons to important government assisted programs and activities.

Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d *et seq.*, as amended, provides that ''no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.'' Department of Energy (DOE) regulations implementing Title VI are codified at 10 CFR part 1040. The regulations specifically prohibit a recipient under any program, directly or through contractual or other arrangements from, among other things, utilizing criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, or national origin. 10 CFR 1040.13(c). In certain circumstances, failure to ensure that LEP persons can effectively participate in or benefit from Federally assisted programs and activities may violate the prohibition in Title VI and Title VI regulations against national origin discrimination.

This guidance is issued pursuant to Title VI of the Civil Rights Act of 1964, Title VI regulations, and Executive Order 13166, titled, ''Improving Access to Services by Persons with Limited English Proficiency.'' 65 FR 50121 (August 16, 2000). Executive Order 13166 requires that agencies that provide Federal financial assistance develop, if they have not already done so, guidance for their recipients on the

Title VI and regulatory requirement to provide meaningful access to persons who are limited English proficient.

This Policy Guidance clarifies existing legal requirements by providing a description of factors recipients should consider in fulfilling their responsibilities to LEP persons. This Policy Guidance is not a regulation, and does not create any legally binding or enforceable requirements or obligations. Rather, it is a guide which provides an analytical framework which may be used to determine how best to comply with statutory and regulatory obligations to provide meaningful access for LEP persons to the benefits, services, information, and other important portions of programs and activities. This framework also sets out the criteria DOE intends to apply when determining whether recipients are in compliance with Title VI and DOE regulations.

In providing this Guidance, consistency among Departments of the federal government is particularly important. Inconsistency or contradictory guidance could confuse recipients of Federal funds and needlessly increase costs without rendering the meaningful access for LEP persons that this Guidance is designed to address. As with most government initiatives, this requires balancing several principles. While this Guidance discusses that balance in some detail, it is important to note the basic principles behind that balance. First, we must ensure that federally-assisted programs aimed at the American public do not leave some persons behind simply because they face challenges communicating in English. This is of particular importance because, in many cases, LEP individuals form a substantial portion of those encountered in federally-assisted programs. Second, we must achieve this goal while finding constructive methods to reduce the costs of LEP requirements on small businesses, small local governments, or small non-profits that receive federal financial assistance.

There are many productive steps that the Federal Government, either collectively or as individual grant agencies, can take to help recipients reduce the costs of language services without sacrificing meaningful access for LEP persons. Without these steps, certain smaller grantees may well choose not to participate in federally assisted programs, threatening the critical functions that the programs strive to provide. To that end, the Department plans to continue to provide assistance and guidance in this important area. Moreover, DOE intends to work with the Department of Justice (DOJ) to explore how language assistance measures, resources and cost-containment approaches developed with respect to federally conducted programs and activities can be effectively shared or otherwise made available to recipients, particularly small businesses, small local governments, and small non-profits. An interagency working group on LEP has developed a Web site, *http://www.lep.gov*, to assist in disseminating this information to recipients, federal agencies, and the communities being served.

Many commentators have noted that some have interpreted the case of *Alexander* v. *Sandoval*, 532 U.S. 275 (2001), as impliedly striking down the regulations promulgated under Title VI that form the basis for the part of Executive Order 13166 that applies to federally assisted programs and activities. DOJ and DOE have taken the position that this is not the case, and will continue to do so. Accordingly, we will strive to ensure that federally assisted programs and activities work in a way that is effective for all eligible beneficiaries, including LEP persons.

II. Legal Authority

The obligation of recipients of Federal financial assistance is set forth in Section 601 of Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d. Section 601 provides that no person shall ''on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.'' Section 602 authorizes and directs Federal Agencies to issue rules, regulations, or orders of general applicability. As noted above, DOE regulations specifically prohibit a recipient under any program, directly or through contractual or other arrangement from, among other things, utilizing criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, or national origin. 10 CFR § 1040.13(c).

The Supreme Court, in *Lau* v. *Nichols,* 414 U.S. 563 (1974), interpreted regulations promulgated by the former Department of Health, Education, and Welfare, including Title VI regulations similar to those of DOE, to hold that Title VI prohibits conduct that has a disproportionate effect on LEP persons because such conduct constitutes national-origin discrimination. In *Lau,* a San Francisco school district that had a significant number of students of Chinese origin was required to take reasonable steps to provide them with a meaningful opportunity to participate in federally funded educational programs.

On August 11, 2000, Executive Order 13166 was issued. ''Improving Access to Services for Persons with Limited English Proficiency,'' 65 FR 50121 (August 16, 2000). Under that order, every federal agency that provides financial assistance to non-federal entities must publish guidance on how their recipients can provide meaningful access to LEP persons and thus comply with Title VI regulations forbidding funding recipients from ''restrict[ing] an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service, financial aid, or other benefit under the program'' or from ''utiliz[ing] criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, or national origin, or have the effect of defeating or substantially impairing accomplishment of the objectives of the program as respects individuals of a particular race, color, or national origin.''

On the same day that Executive Order 13166 was signed, DOJ issued a Policy Guidance Document to Agencies, entitled ''Enforcement of Title VI of the Civil Rights Act of 1964— National Origin Discrimination Against Persons with Limited English Proficiency'' (hereinafter referred to as ''General DOJ LEP Guidance''), 65 FR 50123 (August 16, 2000), setting forth general principles for agencies to apply in developing guidance documents for recipients pursuant to the Executive Order.

Subsequently, federal agencies raised questions regarding the requirements of the Executive Order, especially in light of the Supreme Court's decision in *Alexander* v. *Sandoval,* 532 U.S. 275 (2001). On October 26, 2001, the Assistant Attorney General for Civil Rights issued a clarifying memorandum to all federal agencies on this issue. The memorandum reaffirmed the General DOJ LEP Guidance in light of *Sandoval.*[1] The Assistant Attorney

[1] The memorandum noted that some commentators have interpreted *Sandoval* as impliedly striking down the disparate-impact regulations promulgated under Title VI that form the basis for the part of the Executive Order 13166 that applies to Federally assisted programs and activities. The memorandum, however, made clear that DOJ disagreed with the commentators' interpretation. *Sandoval* holds principally that there is no private right of action to enforce Title VI disparate-impact regulations. It did not address the validity of those regulations or Executive Order 13166 or otherwise limit the authority and responsibility of Federal grant agencies to enforce their own implementing regulations.

General stated that because *Sandoval* did not invalidate any Title VI regulations that proscribe conduct that has a disparate impact on covered groups—the types of regulations that form the legal basis for the part of Executive Order 13166 that applies to federally assisted programs and activities—the Executive Order remains in force.

Subsequently, on June 18, 2002, DOJ issued additional Final Guidance specific to DOJ recipients, entitled ''Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons. 67 FR 41455 (June 18, 2002) (DOJ Recipient Guidance). As required by the Executive Order, this DOE guidance is consistent with Title VI, Title VI regulations, the General DOJ LEP Guidance and the DOJ Recipient Guidance.

III. Applicability

All recipients of financial assistance from the Department of Energy, either directly or indirectly, are covered by this Policy Guidance and must provide meaningful access to LEP persons. Federal financial assistance may be money paid, property transferred, or other Federal financial assistance, including training, use of equipment, donations of surplus property, provision of real or personal property at below-market rates, the detail of, or provision of services by, Federal personnel, and any Federal agreement, arrangement or other contract which has as one of its purposes the provision of assistance.[2]

The broad categories of DOE recipients include:

(1) Departments or offices of State or local governmental entities, such as State energy commissions and social services agencies;

(2) Colleges, universities, and other post-secondary educational institutions, public systems of higher education, local educational agencies, systems of vocational education, and other school systems;

(3) Private entities, such as corporations, partnerships, and sole proprietorships, such as utilities and power plants; and

(4) Entities that are a combination of any of those groups.

Coverage extends to a recipient's entire program or activity, *i.e.* to all parts of a recipient's operations. This is true even if only one part of the recipient's program or activity receives the Federal assistance.

Example: DOE provides funding to States to assist low-income residents in defraying the costs of heating fuel (Weatherization Assistance for Low-Income Persons). States, in turn, administer these funds through their social services agencies. Coverage under Title VI then extends to not only the Weatherization Program, but the entire social service agency. However, should DOE decide to terminate Federal funds based upon non-compliance with Title VI or DOE regulations, only funds directed to the particular program or activity (Weatherization Program, in this case) that is out of compliance will be effected. See 42 U.S.C. 2000d.1.

Example: When educational institutions or agencies receive DOE financial assistance, the entire educational institution or agency is covered, including all of the operations of a public system of higher education if any portion of that system receives assistance.

Example: All operations of an entire corporation, partnership, or other private organization or a sole proprietorship are covered if the assistance is extended to the entity as a whole or if the entity is principally engaged in the business of providing education, health care, housing, social services, or parks and recreation. When neither of these is true, only the entire plant or other comparable, geographically separate facility to which Federal financial assistance is extended is covered.

Some specific DOE programs providing Federal financial assistance for recipients to whom this Guidance applies include, but are not limited to, the following:

—Weatherization Assistance for Low-income Persons;
—Energy-Related Inventions;
—Management and Technical Assistance for Minority Business Enterprise;
—Granting of the exclusive or non exclusive use of DOE-owned patent licenses;
—National Energy Information Center;
—State Energy Program;
—University Coal Research and the Clean Coal Initiative;
—Science and Energy Training to Support Diversity-Related Programs;
—Energy Efficiency and Renewable Energy Information Dissemination;
—Outreach, Training and Technical Analysis/Assistance; and
—Solar Energy Partnership Support and Barrier Elimination.

IV. State or Local Official English Laws

Some recipients operate in jurisdictions where English has been declared the official language. Nonetheless, these recipients continue to be subject to Federal non-discrimination requirements, including those applicable to the provision of assistance to persons with limited English proficiency.

V. Limited English Proficient Individual Defined

Persons who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English can be limited English proficient, or ''LEP'', and may be entitled to language assistance with respect to a particular type of service, benefit, or encounter.

Examples of populations likely to include LEP persons who may be encountered and/or served by DOE recipients, and that should be considered when planning language services include, but are not limited to, for example:

—Low income persons eligible to participate in DOE recipient State social services agency programs and activities or weatherization assistance;
—Populations in and around DOE recipient power plant facilities, utilities, or environmental clean-up activities;
—Persons seeking assistance, services, benefits, or information, or having other contact with DOE assisted programs or activities, including Minority Business Enterprises, energy information programs and activities, educational programs and activities, social services, utilities, or other recipients of DOE funds;
—Persons who are the subject of or affected by research, surveys, environmental plans, or other analyses performed by recipients of DOE funds; and/or
—Parents and family members of the above.

VI. How Does a Recipient Determine the Extent of Its Obligation To Provide Language Services?

Recipients are required to take reasonable steps to ensure meaningful access to their programs and activities by LEP persons. While designed to be a flexible and fact-dependent standard, the starting point is an individualized assessment that balances the following four factors:

(1) The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee;

[2] Pursuant to Executive Order 13166, the meaningful access requirement of the Title VI regulations and the four-factor analysis set forth in this guidance are to additionally apply to the programs and activities of the Federal agencies, including DOE's federally conducted programs and activities.

(2) The frequency with which LEP individuals come in contact with the program;

(3) The nature and importance of the program, activity, or service provided by the program to people's lives; and

(4) The resources available to the grantee/recipient and costs. As indicated above, the intent of this guidance is to suggest a balance that ensures meaningful access by LEP persons to recipient programs and activities while not imposing undue burdens on small business, small local governments, or small nonprofits.

After applying the above four-factor analysis, a recipient may conclude that different language assistance measures are sufficient for the different types of programs or activities in which it engages. For instance, some of a recipient's activities will be more important than others and/or have greater impact on or contact with LEP persons, and thus may require more in the way of language assistance. The flexibility that recipients have in addressing the needs of the LEP populations they serve does not diminish, and should not be used to minimize, the obligation that those needs be addressed. DOE recipients should apply the following four factors to the various kinds of contacts that they have with the public to assess language needs and decide what reasonable steps they should take to ensure meaningful access for LEP persons.

(1) The Number or Proportion of LEP Persons Served or Encountered in the Eligible Service Population

One factor in determining what language services recipients should provide is the number or proportion of LEP persons from a particular language group served or encountered in the eligible service population or population encountered. The greater the number or proportion of LEP persons, the more likely language services are needed. Ordinarily, persons ''eligible to be served, or likely to be directly affected, by'' a recipient's program or activity are those who are served or encountered in the eligible service population. This population will be program-specific, and includes persons who are in the geographic area that has been approved by a Federal grant agency as the recipient's service area. Where, for instance, a particular county that is a subrecipient of a State recipient of DOE weatherization assistance serves a large LEP population, the appropriate service area is most likely the county, and not the entire population served by the State recipient. If, for instance, there are particular offices or partners within the county that serve localized areas with high proportions of LEP individuals, those localized areas would likely be the appropriate service area. Where no service area has previously been approved, the relevant service area may be that which is approved by state or local authorities or designated by the recipient itself, provided that these designations do not themselves discriminatorily exclude certain populations. When considering the number or proportion of LEP individuals in a service area, recipients should consider LEP parent(s) when their English-proficient or LEP minor children and dependents encounter the recipient.

Recipients should examine their prior experiences with LEP encounters and determine the breadth and scope of language services that were needed. In conducting this analysis, it is important to include language minority populations that are eligible for their programs or activities but may be underserved because of existing language barriers. Other data should be consulted to refine or validate a recipient's prior experience, including the latest census data for the area served, data from school systems and from community organizations, and data from state and local governments. Community agencies, school systems, religious organizations, legal aid entities, and others can often assist in identifying populations for whom outreach is needed and who would benefit from the recipient's programs and activities where language services are provided. When using demographic data, the focus should be on languages spoken by those persons who are not proficient in English and not on languages spoken by persons who have the ability to speak English proficiently and also another language.

(2) The Frequency With Which LEP Individuals Come in Contact With the Program or Activity

Recipients should assess, as accurately as possible, the frequency with which they have or should have contact with LEP language groups. The more frequent the contact with a particular language group, the more likely that enhanced language services in that language are needed. The steps that are reasonable for a recipient that serves an LEP person on a one-time basis will be very different from those expected for a recipient that serves LEP persons daily. It is also advisable to consider the frequency of different types of language contacts. For example, frequent contacts with Spanish-speaking persons who are limited English proficient may require certain assistance in Spanish. Less frequent or unpredictable contact with different language groups may require less intensive solutions. Daily contact with LEP persons will impose greater duties than if the same individual's program or activity contact is unpredictable or infrequent. But even recipients that serve LEP persons on an unpredictable or infrequent basis should use this balancing analysis to determine what to do if an LEP individual seeks services under the program in question. This plan need not be intricate. It may be as simple as being prepared to use one of the commercially-available telephonic interpretation services to obtain immediate interpretation. In applying this standard, recipients should take care to consider whether sufficient outreach to LEP persons could increase the frequency of contact with LEP language groups.

(3) The Nature and Importance of the Program, Activity, or Service Provided by the Program

The more important the activity, information, service, or program, or the greater the possible consequences of the contact to the LEP individuals, the more likely language services are needed. For example, the obligations to communicate critical safety information or how to apply for important benefits or services would be far greater than that to provide language services in a recreational setting. A recipient needs to determine whether denial or delay of access to services or information could have serious or even life-threatening implications for the LEP individual. Decisions by a Federal, state, or local entity, or by the recipient, to make an activity compulsory, such as submission of a completed form, the right to an appeals process, or compulsory education, can serve as strong evidence of the program's importance.

(4) The Resources Available to the Recipient and Costs

A recipient's level of resources and the costs that would be imposed on it may have an impact on the nature of the steps it should take. Smaller recipients with more limited budgets are not expected to provide the same level of language services as larger recipients with larger budgets. In addition, ''reasonable steps'' cease to be reasonable when the costs imposed substantially exceed the benefits.

Example: Many DOE recipients of financial assistance are small commercial research and commercial firms that employ a few scientists to conduct their research activities. While

research on, for instance, health or environmental effects should be conducted in such a way as to include effects on relevant populations regardless of language spoken and thus may call for language services in order to communicate effectively with the studied populations, it would likely not be reasonable, in light of the costs imposed and the limited benefits to LEP persons, for such small specialized recipients to undertake full translations of lengthy and technical research reports. Under many circumstances involving scientific studies affecting a significant number or proportion of LEP persons, translations of report summaries may be more appropriate in addressing the interests and informational needs of LEP persons.

However, resource and cost issues can often be reduced by technological advances; the sharing of language assistance materials and services among and between recipients, advocacy groups, and Federal grant agencies; and reasonable business practices. For example, translating only those documents that are targeted at the general public or that would be read or used by LEP persons, hiring and training bilingual staff to serve as interpreters and translators, information sharing through industry groups, telephonic and video conferencing interpretation services, pooling resources, standardizing documents to reduce translation needs, using qualified translators and interpreters to ensure that documents need not be ''fixed'' later and that inaccurate interpretations do not cause delay or other costs, centralizing interpreter and translator services to achieve economies of scale, or the formalized use of qualified community volunteers may all help to reduce costs. Small recipients with limited resources and few LEP encounters may find that entering into a bulk telephonic interpretation service contract will prove cost effective. Recipients should carefully explore the most cost-effective means of delivering competent and accurate language services before limiting services because of cost or resource concerns. Large entities and those that serve a significant number or proportion of LEP individuals should ensure that their resource limitations are well-substantiated before using this factor as a reason to limit language assistance. It may be useful to document the basis for limiting language services.

The four-factor analysis necessarily implicates the ''mix'' of LEP services required. Recipients have two main ways to provide language services: Oral interpretation either in person or via telephone interpretation service (hereinafter ''interpretation'') and written translation (hereinafter ''translation''). Oral interpretation can range from on-site interpreters for critical services provided to a high volume of LEP persons to access through commercially-available telephonic interpretation services. Written translation, likewise, can range from translation of an entire document to translation of a short description of the document. In some cases, language services should be made available on an expedited basis while in others the LEP individual may be referred to another office of the recipient for language assistance.

The correct mix should be based on what is both necessary and reasonable in light of the four-factor analysis. For instance, a weatherization program in a largely Hispanic neighborhood may need immediate oral interpreters available and should give serious consideration to hiring some bilingual staff. In contrast, there may be circumstances where the importance and nature of the activity and number or proportion and frequency of contact with LEP persons may be low and the costs and resources needed to provide language services may be high—such as in the case of a voluntary public tour of a power plant—in which pre-arranged language services for the particular service may not be necessary.

A program providing assistance to those who cannot afford utility service in an area where there is a significant population of LEP persons eligible for that service will rank high under the four factor analysis and will need to implement more significant language service measures. However, certain university operations, such as the provision of a degree program in nuclear physics, that serve or encounter few or no eligible LEP persons will rank low on the four factors and have few or no language assistance responsibilities.

The language assistance needs of LEP persons may be addressed through an assessment, based on the four factors, of the programs or activities where language assistance is more likely to be needed. Policies and procedures should then be developed to address these program areas and activities. Emphasis should be placed on the non-English languages that are mostly likely to be spoken by the population utilizing the program or activity. In addition, consideration must be given to what resources will be needed to accommodate the non-English speaking population and the location and availability of such resources. In circumstances in which language services are warranted, the provision of resources should not place an undue burden on the LEP beneficiary, nor should the LEP beneficiary bear any financial cost for such services.

Regardless of the type of language service provided, quality and accuracy of those services can be critical in order to avoid serious consequences to the LEP person and to the recipient. Recipients have substantial flexibility in determining the appropriate mix.

VII. Selecting Language Assistance Services

Recipients have two main ways to provide language services: oral and written language services. Quality and accuracy of the language service is critical in order to avoid serious consequences to the LEP person and to the recipient.

A. Oral Language Services (Interpretation)

Interpretation is the act of listening to something in one language (source language) and orally translating it into another language (target language). Where interpretation is needed and is reasonable, recipients should consider some or all of the following options for providing competent interpreters in a timely manner:

Competence of Interpreters. When providing oral assistance, recipients should ensure competency of the language service provider, no matter which of the strategies outlined below are used. Competency requires more than self-identification as bilingual. Some bilingual staff and community volunteers, for instance, may be able to communicate effectively in a different language when communicating information directly in that language, but not be competent to interpret in and out of English. Likewise, they may not be able to do written translations.

Competency to interpret, however, does not necessarily mean formal certification as an interpreter, although certification is helpful. When using interpreters, recipients should ensure that they:

Demonstrate proficiency in, and ability to communicate information accurately in both English and in the other language, and identify and employ the appropriate mode of interpreting (*e.g.*, consecutive, simultaneous, summarization, or sight translation);

Have knowledge in both languages of any specialized terms or concepts peculiar to the entity's program or activity and of any particularized vocabulary and phraseology used by the

LEP person;[3] and understand and follow confidentiality and impartiality rules to the extent their position requires.

Understand and adhere to their role as interpreters without deviating into a role as counselor, legal advisor, or other roles (particularly in administrative hearings or other more formal contexts).

Example: In order to meet the eligibility requirements for the Weatherization Program, States, using various criteria, require applicants to provide sensitive information regarding the amount and source of their income and assets. LEP persons needing interpreters or translations will need to be assured that the interpreter or translator does not divulge this information to anyone other than the appropriate officials.[4]

Example: Where proceedings being interpreted are lengthy, the interpreter will likely need breaks, and team interpreting may be appropriate to ensure accuracy and to prevent errors caused by mental fatigue of interpreters.

Example: Local agencies receive DOE financial assistance to independently monitor DOE environmental restoration programs at or near DOE facilities for environmental impacts. Monitoring activities have included assessments of air quality, ground-water and radioactivity surveillance. Such activities have been conducted in the State of New Mexico at the Sandia National Laboratory, the Inhalation and Toxicology Research Institute in Albuquerque, and the Los Alamos National Laboratory in Los Alamos. In and around these communities there are significant LEP populations potentially affected by the activities of DOE. In order to inform the public of their findings, the monitoring agencies conduct public outreach, such as public meetings and speaking forums, and publish newsletters and technical reports. Much of the information presented is highly technical in nature, and it will require language services that are of highest quality. The interpreter or translator should be able to skillfully translate the specialized terminology, and convey technical concepts with accuracy, and just as the outreach needs to be understandable to an English-speaking layperson, so too should the interpretation be understandable to an LEP layperson.

Finally, when interpretation is needed and is reasonable, it should be provided in a timely manner in order to be meaningful and effective. While there is no single definition for ''timely'' applicable to all types of interactions at all times by all types of recipients, one clear guide is that the language assistance should be provided at a time and place that avoids the effective denial of the service, benefit, or right at issue or the imposition of an undue burden on or delay in important rights, benefits, or services to the LEP person. For example, meaningful access is not provided when notices of public hearings concerning recipient activities in areas having significant LEP populations are publicized only in English or an insufficient number of days before the event takes place. When the timeliness of services is important, such as with certain activities of DOE recipients providing health and safety services, important benefits or warnings, and when important legal rights are at issue, a recipient might not be providing meaningful access if it had one bilingual staffer available one day a week to provide the service. Such conduct might result in delays for LEP persons that would be significantly greater than those for English proficient persons. Conversely, where access to or exercise of a service, benefit, or right is not effectively precluded by a reasonable delay, language assistance can likely be delayed for a reasonable period.

Hiring Bilingual Staff. When particular languages are encountered often, hiring bilingual staff offers one of the best, and often most economical, options. Recipients can, for example, fill public contact positions, such as public helpline or information line operators, social service workers, direct providers of services, etc., with staff who are bilingual and competent to communicate directly with LEP persons in their language. If bilingual staff are also used to interpret between English speakers and LEP persons, or to orally interpret written documents from English into another language, they should be competent in the skill of interpreting. Being bilingual does not necessarily mean that a person has the ability to interpret. In addition, there may be times when the role of the bilingual employee may conflict with the role of an interpreter (for instance, a bilingual law clerk would probably not be able to perform effectively the role of a courtroom or administrative hearing interpreter and law clerk at the same time, even if the law clerk were a qualified interpreter). Effective management strategies, including any appropriate adjustments in assignments and protocols for using bilingual staff, can ensure that bilingual staff are fully and appropriately utilized. When bilingual staff cannot meet all of the language service obligations of the recipient, the recipient should turn to other options.

Hiring Staff Interpreters. Hiring interpreters may be most helpful where there is a frequent need for interpreting services in one or more languages. Depending on the facts, sometimes it may be necessary and reasonable to provide on-site interpreters to provide accurate and meaningful communication with an LEP person.

Contracting for Interpreters. Contract interpreters may be a cost-effective option when there is no regular need for a particular language skill. In addition to commercial and other private providers, many community-based organizations and mutual assistance associations provide interpretation services for particular languages. Contracting with and providing training regarding the recipient's programs and processes to these organizations can be a cost-effective option for providing language services to LEP persons from those language groups.

Example: Block grants of $300,000 each have been awarded by DOE to three community organizations to help minimize future economic impacts of workforce restructuring on communities near DOE facilities. The grant money provided to these organizations will be used, in part, to provide technical assistance and funding opportunities to small businesses, and job training assistance to affected employees. Given their limited resources, these community organizations may elect to contract for language services, as appropriated and necessary, instead of hiring bilingual staff.

Using Telephone Interpreter Lines. Telephone interpreter service lines often offer speedy interpreting assistance in many different languages. They may be particularly appropriate where the mode of communicating with an English proficient person would also be over the phone. Telephone interpreter services may be used to supplement any system of interpreter services. This service is also helpful in a case of a language rarely encountered, and not easily accommodated in person. Although

[3] Many languages have ''regionalisms,'' or differences in usage. For instance, a word that may be understood to mean something in Spanish for someone from Cuba may not be so understood by someone from Mexico. In addition, because there may be languages which do not have an appropriate direct interpretation of some energy or social service-related terms and the interpreter should be so aware and be able to provide the most appropriate interpretation. The interpreter should likely make the recipient aware of the issue and the interpreter and recipient can then work to develop a consistent and appropriate set of descriptions of these terms in that language that can be used again, when appropriate.

[4] For those languages in which no formal accreditation or certification currently exists, recipients should consider a formal process for establishing the credentials of the interpreter.

telephonic interpretation services are useful in many situations, it is important to ensure that, when using such services, the interpreters used are competent to interpret any technical or legal terms specific to a particular program that may be important parts of the conversation. Nuances in language and non-verbal communication can often assist an interpreter and cannot be recognized over the phone. Video teleconferencing may sometimes help to resolve this issue where necessary. In addition, where documents are being discussed, it is important to give telephonic interpreters adequate opportunity to review the document prior to the discussion and any logistical problems should be addressed.

Using Community Volunteers. In addition to consideration of bilingual staff, staff interpreters, or contract interpreters (either in-person or by telephone) as options to ensure meaningful access by LEP persons, use of recipient-coordinated community volunteers, working with, for instance, community-based organizations may provide a cost-effective supplemental language assistance strategy under appropriate circumstances. They may be particularly useful in providing language access for a recipient's less critical programs and activities. To the extent the recipient relies on community volunteers, it is often best to use volunteers who are trained in the information or services of the program and can communicate directly with LEP persons in their language. Just as with all interpreters, community volunteers used to interpret between English speakers and LEP persons, or to orally translate documents, should be competent in the skill of interpreting and knowledgeable about applicable confidentiality and impartiality rules. Recipients should consider formal arrangements with community-based organizations that provide volunteers to address these concerns and to help ensure that services are available more regularly.

Use of Family Members, Friends, or Other Informal ''Interpreters.'' Although recipients should not plan to rely on an LEP person's family members, friends, or other informal interpreters to provide meaningful access to important programs and activities, where LEP persons so desire, they should be permitted to use, at their own expense, an interpreter of their own choosing in place of or as a supplement to the free language services offered by the recipient. LEP persons may feel more comfortable with a trusted family member, friend, or other person of their choosing. In addition, in exigent circumstances that are not reasonably foreseeable, temporary use of interpreters not provided by the recipient may be necessary. However, with proper planning and implementation, recipients should be able to avoid most such situations.

Recipients, however, should take special care to ensure that family, friends, legal guardians, caretakers, and other informal interpreters are appropriate in light of the circumstances and subject matter of the program, service or activity, including protection of the recipient's own administrative, business, or enforcement interest in accurate interpretation. In many circumstances, family members (especially children), friends, or other informal interpreters are not competent to provide quality and accurate interpretations. Issues of confidentiality, privacy, or conflict of interest may also arise. LEP individuals may feel uncomfortable revealing or describing sensitive, confidential, or potentially embarrassing medical, family, or financial information to a family member, friend, or member of the local community. In addition, such informal interpreters may have a personal connection to the LEP person or an undisclosed conflict of interest. For these reasons, when oral language services are necessary, recipients should generally offer competent interpreter services free of cost to the LEP person.

While issues of competency, confidentiality, and conflict of interest in the use of family members (especially children), friends, or other applicants or other informal interpreters often make their use inappropriate, the use of these individuals as interpreters may be an appropriate option where proper application of the four factors would lead to a conclusion that recipient-provided services are not necessary. An example of this is a voluntary educational tour offered to the public. There, the importance and nature of the activity may be relatively low and unlikely to implicate issues of confidentiality, conflict of interest, or the need for accuracy. In addition, the resources needed and costs of providing language services may be high. In such a setting, an LEP person's use of family, friends, or others may be appropriate.

If the LEP person voluntarily chooses to provide his or her own interpreter, a recipient should consider whether a record of that choice and of the recipient's offer of assistance is appropriate. Where precise, complete, and accurate interpretations or translations of information and/or testimony are critical for applications, public or administrative hearings, research, etc., or where the competency of the LEP person's interpreter is not established, a recipient might decide to provide its own, independent interpreter, even if an LEP person wants to use his or her own interpreter as well. Extra caution should be exercised when the LEP person chooses to use a minor as the interpreter. While the LEP person's decision should be respected, there may be additional issues of competency, confidentiality, or conflict of interest when the choice involves using children as interpreters. The recipient should take care to ensure that the LEP person's choice is voluntary, that the LEP person is aware of the possible problems if the preferred interpreter is a minor child, and that the LEP person knows that a competent interpreter could be provided by the recipient at no cost.

B. Written Language Services (Translation)

Translation is the replacement of a written text from one language (source language) into an equivalent written text in another language (target language).

What Documents Should be Translated? After applying the four-factor analysis, a recipient may determine that an effective LEP plan for its particular program or activity includes the translation of vital written materials into the language of each frequently-encountered LEP group eligible to be served and/or likely to be affected by the recipient's program.

Such vital written materials could include, for example: Applications, such as applications for weatherization programs; public notices; consent forms; letters containing important information regarding participation in a program; eligibility rules; notices pertaining to the availability, reduction, denial or termination of services or benefits or the right to appeal; notices advising the public of the availability of free language assistance; and critical outreach and community education materials.

Whether or not a document (or the information it solicits) is ''vital'' may depend upon the importance of the program, information, encounter, or service involved, and the consequence to the LEP person if the information in question is not provided accurately or in a timely manner. For instance, applications for energy assistance generally should be considered vital, whereas signs regarding tour times for public tours of a facility generally should not. Where appropriate, recipients are encouraged to create a plan for consistently determining, over time and across its various activities,

what documents are ''vital'' to the meaningful access of the LEP populations they serve.

Classifying a document as vital or non-vital is sometimes difficult, especially in the case of outreach materials like brochures or other information on rights and services. Awareness of rights or services is an important part of ''meaningful access.'' Thus, where a recipient is engaged in community outreach activities in furtherance of its activities, it should regularly assess the needs of the populations frequently encountered or affected by the program or activity to determine whether certain critical outreach materials should be translated. Community organizations may be helpful in determining what outreach materials may be most helpful to translate. In addition, the recipient should consider whether translations of outreach material may be made more effective when done in tandem with other outreach methods, including utilizing the ethnic media, schools, religious, and community organizations to spread a message.

Example: Non-English speaking immigrants, particularly recent arrivals to the United States, often are poorer than the majority population and may be eligible for social services programs, such as weatherization programs. Notices of program availability and eligibility and application forms likely would constitute ''vital'' documents that should be translated into frequently encountered languages.

However, translations are generally not required for more technical documents not written for consumption by the general public, such as some scientific and research papers, budget justifications, or annual performance plans, or for vacancy announcements (where proficiency in English is an essential element of employment).

Each program or activity should make a careful assessment of the written materials that it produces, and make a determination of what documents are deemed critical or vital to accessing or understanding its own operations, information, benefits, or services, and therefore potentially subject to translation.

Sometimes a document includes both vital and non-vital information. This may be the case when the document is very large. It may also be the case when an executive summary or the title and a phone number for obtaining more information on the contents of the document in frequently-encountered languages other than English is critical, but the document is sent out to the general public and cannot reasonably be translated into many languages. Thus, vital information may include, for instance, the provision of information in appropriate languages other than English regarding where an LEP person might obtain an interpretation or translation of the document.

Into What Languages Should Documents be Translated? The languages spoken by the LEP individuals with whom the recipient has contact determine the languages into which vital documents should be translated. A distinction should be made, however, between languages that are frequently encountered by a recipient and less commonly-encountered languages. Some recipients serve communities in large cities or across the country. They regularly serve LEP persons who speak dozens and sometimes over 100 different languages. To translate all written materials into all of those languages is unrealistic. Although recent technological advances have made it easier for recipients to store and share translated documents, such an undertaking would result in substantial costs and require substantial resources. Nevertheless, well-substantiated claims of lack of resources to translate all vital documents into dozens of languages do not necessarily relieve the recipient of the obligation to translate those documents into at least some of the more frequently-encountered languages and to set benchmarks for continued translations into the remaining languages over time. As a result, the extent of the recipient's obligation to provide written translations of documents should be determined by the recipient on a case-by-case basis, looking at the totality of the circumstances in light of the four factors discussed above. Because translation is a one-time expense, consideration should be given to whether the upfront cost of translating a document (as opposed to oral interpretation) should be amortized over the likely lifespan of the document when applying this four-factor analysis.

Safe Harbor. Many recipients would like to ensure with greater certainty that they comply with their obligations to provide written translations in languages other than English. Paragraphs (a) and (b) outline the circumstances that can provide a ''safe harbor'' for recipients regarding the requirements for translation of written materials. A ''safe harbor'' means that if a recipient provides written translations under these circumstances, such action will be considered strong evidence of compliance with the recipient's written-translation obligations.

The failure to provide written translations under the circumstances outlined in paragraphs (a) and (b) it does not mean there is non-compliance with applicable law or this Policy Guidance. Rather, they provide a common starting point for recipients to consider whether and at what point the importance of the service, benefit, or activity involved, the nature of the information sought, and the number or proportion of LEP persons served call for written translations of commonly-used forms into frequently-encountered languages other than English. Thus, these paragraphs merely provide a guide for recipients.

Example: Even if the safe harbors are not used, if written translation of a certain document(s) would be so burdensome as to defeat the legitimate objectives of its program, the translation of the written materials is not necessary. Other ways of providing meaningful access, such as effective oral interpretation of certain vital documents, might be acceptable under such circumstances.

Safe Harbor. The following actions will be considered strong evidence of compliance with the recipient's written-translation obligations:

(a) The DOE recipient provides written translations of vital documents for each eligible LEP language group that constitutes five percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. Translation of other documents, if needed, can be provided orally; or

(b) If there are fewer than 50 persons in a language group that reaches the five percent trigger in (a), the recipient does not translate vital written materials but provides written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

These safe harbor provisions apply to the translation of written documents only. They do not affect the requirement to provide meaningful access to LEP individuals through competent oral interpreters where oral language services are needed and are reasonable.

Competence of Translators. As with oral interpreters, translators of written documents should be competent. Many of the same considerations apply. However, the skill of translating is very different from the skill of interpreting, and a person who is a competent interpreter may or may not be competent to translate. Particularly where vital documents are being translated, competence can often be achieved by use of certified translators.

Certification or accreditation may not always be possible or necessary.[5] Competence can often be ensured by having a second, independent translator ''check'' the work of the primary translator. Alternatively, one translator can translate the document, and a second, independent translator could translate it back into English to check that the appropriate meaning has been conveyed. This is called ''back translation.''

Translators should understand the expected reading level of the audience and, where appropriate, have fundamental knowledge about the target language group's vocabulary and phraseology. Sometimes direct translation of materials results in a translation that is written at a much more difficult level than the English language version or has no relevant equivalent meaning.[6] Community organizations may be able to help consider whether a document is written at a good level for the audience. Likewise, consistency in the words and phrases used to translate terms of art, legal, or other technical concepts helps avoid confusion by LEP individuals and may reduce costs. Creating or using already-created glossaries of commonly-used terms may be useful for LEP persons and translators and cost effective for the recipient. Providing translators with examples of previous accurate translations of similar material by the recipient, other recipients, or Federal agencies may be helpful.

While quality and accuracy of translation services is critical, the quality and accuracy of translation services is nonetheless part of the appropriate mix of LEP services required. For instance, documents that are simple and have no legal, health, economic, or other important consequence for LEP persons who rely on them may use translators that are less skilled than important documents with legal or other information upon which reliance has important consequences (including, *e.g.*, information or documents of recipients regarding certain health, safety, evacuation, benefits, social service, or other important benefits, services, rights, or impact). The permanent nature of written translations, however, imposes additional responsibility on the recipient to ensure that the quality and accuracy permit meaningful access by LEP persons.

VIII. Elements of Effective Plan on Language Assistance for LEP Persons

After completing the four-factor analysis and deciding what language assistance services are appropriate, a recipient should develop an implementation plan to address the identified needs of the LEP populations they serve. Recipients have considerable flexibility in developing this plan. The development and maintenance of a periodically-updated written plan on language assistance for LEP persons (''LEP plan'') for use by recipient employees serving the public will likely be the most appropriate and cost-effective means of documenting compliance and providing a framework for the provision of timely and reasonable language assistance. Moreover, such written plans would likely provide additional benefits to a recipient's managers in the areas of training, administration, planning, and budgeting. These benefits should lead most recipients to document in a written LEP plan their language assistance services, and how staff and LEP persons can access those services. Despite these benefits, certain DOE recipients, such as recipients serving very few LEP persons and recipients with very limited resources, may choose not to develop a written LEP plan. However, the absence of a written LEP plan does not obviate the underlying obligation to ensure meaningful access by LEP persons to a recipient's program or activities. Accordingly, in the event that a recipient elects not to develop a written plan, it should consider alternative ways to articulate in some other reasonable manner a plan for providing meaningful access. Entities having significant contact with LEP persons, such as schools, religious organizations, community groups, and groups working with new immigrants can be very helpful in providing important input into this planning process from the beginning.

The following five steps may be helpful in designing an LEP plan and are typically part of effective implementation plans.

(1) Identifying LEP Individuals Who Need Language Assistance

The first two factors in the four-factor analysis require an assessment of the number or proportion of LEP individuals eligible to be served or encountered and the frequency of encounters. This requires recipients to identify LEP persons with whom it has contact.

One way to determine the language of communication is to use language identification cards (or ''I speak cards''), which invite LEP persons to identify their language needs to staff. Such cards, for instance, might say ''I speak Spanish'' in both Spanish and English, ''I speak Vietnamese'' in both English and Vietnamese, etc. To reduce costs of compliance, the Federal government has made a set of these cards available on the Internet. The Census Bureau ''I speak cards'' can be found and downloaded at *http://www.usdoj.gov/crt/cor/13166.htm.* When records are normally kept of past interactions with members of the public, the language of the LEP person can be included as part of the record. In addition to helping employees identify the language of LEP persons they encounter, this process will help in future applications of the first two factors of the four-factor analysis. In addition, posting notices in commonly encountered languages notifying LEP persons of language assistance will encourage them to self-identify.

(2) Language Assistance Measures

An effective LEP plan would likely include information about the ways in which language assistance will be provided. For instance, recipients may want to include information on at least the following:

—Types of language services available.
—How staff can obtain those services.
—How to respond to LEP callers.
—How to respond to written communications from LEP persons.
—How to respond to LEP individuals who have in-person contact with recipient staff.
—How to ensure competency of interpreters and translation services.

(3) Training Staff

Staff should know their obligations to provide meaningful access to information and services for LEP persons. An effective LEP plan would likely include training to ensure that:

—Staff know about LEP policies and procedures.

[5] For those languages in which no formal accreditation currently exists, a particular level of membership in a professional translation association can provide some indicator of professionalism.

[6] For instance, there may be languages which do not have an appropriate direct translation of some terms used by the recipient and the translator should be able to provide an appropriate translation. The translator should likely also make the recipient aware of this. Recipients can then work with translators to develop a consistent and appropriate set of descriptions of these terms in that language that can be used again, when appropriate. Recipients will find it more effective and less costly if they try to maintain consistency in the words and phrases used to translate terms of art and legal or other technical concepts. Creating or using already-created glossaries of commonly used terms may be useful for LEP persons and translators and cost effective for the recipient. Providing translators with examples of previous translations of similar material by the recipient, other recipients, or federal agencies may be helpful.

—Staff having contact with the public are trained to work effectively with in-person and telephone interpreters.

Recipients may want to include this training as part of the orientation for new employees. It is important to ensure that all employees in public contact positions are properly trained. Recipients have flexibility in deciding the manner in which the training is provided. The more frequent the contact with LEP persons, the greater the need will be for in-depth training. Staff with little or no contact with LEP persons may only need to be made aware of an LEP plan. However, management staff, even if they do not interact regularly with LEP persons, may need to be fully aware of and understand the plan so they can reinforce its importance and ensure its implementation by staff.

(4) Providing Notice to LEP Persons

Once an agency has decided, based on the four factors, that it will provide language services, it is important for the recipient to let LEP persons know that those services are available and that they are free of charge. Recipients should provide this notice in a language LEP persons will understand. Examples of notification that recipients should consider include:

—Posting signs in intake areas and other entry points. When language assistance is needed to ensure meaningful access to information and services, it is important to provide notice in appropriate languages in intake areas or initial points of contact so that LEP persons can learn how to access those language services. This is particularly true in areas with high volumes of LEP persons seeking access to certain health, safety, heat, electricity, energy or weatherization assistance services or operations run by DOE recipients. For instance, signs in intake offices could state that free language assistance is available. The signs should be translated into the most common languages encountered. They should explain how to get the language help.[7]

—Stating in outreach documents that language services are available from the agency. For instance, announcements could be in brochures, booklets, and in outreach and recruitment information. These statements should be translated into the most common languages and could be ''tagged'' onto the front of common documents.

—Working with community-based organizations and other stakeholders to inform LEP individuals of the recipients' services, including the availability of language assistance services.

—Using a telephone voice mail menu. The menu could be in the most common languages encountered. It should provide information about available language assistance services and how to get them.

—Including notices in local newspapers in languages other than English.

—Providing notices on non-English-language radio and television stations about the available language assistance services and how to get them.

—Presentations and/or notices at schools and religious organizations.

(5) Monitoring and Updating the LEP Plan

Recipients should, where appropriate, have a process for determining, on an ongoing basis, whether new documents, programs, services, and activities need to be made accessible for LEP individuals, and they may want to provide notice of any changes in services to the LEP public and to employees. In addition, recipients should consider whether changes in demographics, types of services, or other needs require annual reevaluation of their LEP plan. Less frequent reevaluation may be more appropriate where demographics, services, and needs are more static. One good way to evaluate the LEP plan is to seek feedback from the community.

In their reviews, recipients may want to consider assessing changes in:

—Current LEP populations in service area or population affected or encountered.

—Frequency of encounters with LEP language groups.

—Nature and importance of activities to LEP persons.

—Availability of resources, including technological advances and sources of additional resources, and the costs imposed.

—Whether existing assistance is meeting the needs of LEP persons.

—Whether staff knows and understands the LEP plan and how to implement it.

—Whether identified sources for assistance are still available and viable.

In addition to these five elements, effective plans set clear goals, management accountability, and opportunities for community input and planning throughout the process.

IX. Voluntary Compliance Effort

A primary goal of the Department is to seek voluntary compliance. The Department will work with recipients to bring about such compliance. Department regulation, 10 CFR 1040.102(a), stresses the importance of cooperation and assistance: ''Each responsible Departmental official shall, to the fullest extent practicable, seek the cooperation of recipients in obtaining compliance with this part and shall provide assistance and guidance to recipients to help them comply voluntarily with this part.'' The Department's Office of Civil Rights and Diversity also is available to provide technical assistance and guidance to recipients to help them comply with the law.

Complaints by LEP persons will be investigated by the Office of Civil Rights and Diversity in the manner prescribed by Section 1040.104. If the investigation results in a finding of compliance, the recipient will be informed in writing by the Office of Civil Rights and Diversity. If the investigation results in a finding of non-compliance, the recipient will be informed of the finding in writing, the areas of non-compliance that form the basis for the finding, and of any corrective measures that need to be taken by the recipient. If the recipient does not take the corrective measures necessary to achieve voluntary compliance, the Department is required to pursue compliance through administrative processes, litigation, or other enforcement proceedings.

The enforcement mechanism associated with 10 CFR Part 1040 is fully set forth in Subpart H of Part 1040 which provides, in pertinent part, that ''if there appears to be a failure or threatened failure to comply with any of the provisions of this part, and if the noncompliance or threatened noncompliance cannot be corrected by voluntary means, compliance with this part may be effected by suspension, termination of, or refusal to grant or to continue Federal financial assistance.'' Other means may include, but are not limited to, a referral to the Department of Justice with a recommendation that appropriate proceedings be brought to enforce any rights of the United States under any applicable law. See 10 CFR 1040.111 *et seq.*

EEO/Diversity Managers for field operations and laboratories have primary enforcement responsibility for ensuring compliance, and conducting reviews and investigations of recipients within their jurisdictions.

While all recipients must work toward building systems that will

[7] The Social Security Administration has made such signs available at *http://www.ssa.gov/multilanguage/langlist1.htm.* These signs could, for example, be modified for recipient use.

ensure access for LEP individuals, DOE acknowledges that the implementation of a comprehensive system to serve LEP individuals is a process and that a system will evolve over time as it is implemented and periodically reevaluated. As recipients take reasonable steps to provide meaningful access to federally assisted programs and activities for LEP persons, DOE will look favorably on intermediate steps recipients take that are consistent with this Guidance, and that, as part of a broader implementation plan or schedule, move their service delivery system toward providing full access to LEP persons. This does not excuse noncompliance but instead recognizes that full compliance in all areas of a recipient's activities and for all potential language minority groups may reasonably require a series of implementing actions over a period of time. In developing any phased implementation schedule, DOE recipients should ensure that the provision of appropriate assistance for significant LEP populations or with respect to activities having a significant impact on the health, safety, legal rights, or livelihood of beneficiaries is addressed first. Recipients are encouraged to document their efforts to provide LEP persons with meaningful access to federally assisted programs and activities.

[FR Doc. 04–18636 Filed 8–13–04; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. ER04–824–001, et al.]

PECO Energy Company, et al.; Electric Rate and Corporate Filings

August 6, 2004.

The following filings have been made with the Commission. The filings are listed in ascending order within each docket classification.

1. PECO Energy Company

[Docket Nos. ER04–824–001 and ER04–825–001]

Take notice that on August 2, 2004, PECO Energy Company (PECO Energy) tendered for filing a response to the deficiency letter issued on July 2, 2004, in Docket Nos. ER04–824–000 and ER04–825–000. PECO Energy states that the filing deals with revisions to two interconnection agreements between PECO Energy and Exelon Generation Company, LLC, which PECO Energy filed with the Commission on May 7, 2004.

Comment Date: 5 p.m. eastern time on August 23, 2004.

2. Calpine Energy Management, L.P.

[Docket No. ER04–1080–000]

Take notice that on August 2, 2004, Calpine Energy Management, L.P. (CEM) filed a Notice of Succession to adopt CES Marketing IV, L.P.'s market-based rate authorizations and an amendment to its FERC Rate Schedule No. 1 to include a tariff provision prohibiting power sales to affiliated public utilities with a franchised electric service territory. CEM requests an effective date of August 3, 2004.

Comment Date: 5 p.m. eastern time on August 23, 2004.

3. PCF2, LLC

[Docket No. ER04–1081–000]

Take notice that on August 2, 2004, PCF2, LLC (PCF2), filed a Notice of Succession to adopt CES Marketing III, LLC's market-based rate authorizations and an amendment to its FERC Rate Schedule No. 1 to include a tariff provision prohibiting power sales to affiliated public utilities with a franchised electric service territory. PCF2 requests an effective date of August 3, 2004.

Comment Date: 5 p.m. eastern time on August 23, 2004.

4. BS Energy LP

[Docket No. ER04–1082–000]

Take notice that on August 2, 2004, BS Energy LP (BSELP) filed BS Energy LP Rate Schedule FERC No. 1, and requested the granting of certain blanket approvals, including the authority to sell electricity at market-based rates, and requested the waiver of certain Commission regulations. BSELP states that it intends to engage in wholesale electric power and energy purchases and sales as a marketer. BSELP also states that it is not engaged in the business of generating or transmitting electric power.

Comment Date: 5 p.m. eastern time on August 23, 2004.

5. Foothills Generating, L.L.C.

[Docket No. ER04–1085–000]

Take notice that on August 2, 2004, Foothills Generating, L.L.C. (Foothills) filed a Notice of Cancellation of its Market-Based FERC Electric Rate Tariff and all rate schedules and/or service agreements, effective October 1, 2004.

Comment Date: 5 p.m. eastern time on August 23, 2004.

6. Illinois Power Company and Midwest Independent Transmission System Operator, Inc.

[Docket No. ER04–1091–000]

Take notice that on August 2, 2004, Illinois Power Company (Illinois Power) and the Midwest Independent Transmission System Operator, Inc. (Midwest ISO), (collectively Applicants) filed an application requesting that the Commission authorize the Midwest ISO to: (1) Return to Illinois Power the ''exit fee'' payment that Illinois Power made when it withdrew from the Midwest ISO in 2001; (2) reimburse Illinois Power for the costs that it incurred in connection with the development of the Alliance RTO; and (3) recover through Schedule 10 of the Midwest ISO's tariff, the amounts that the Midwest ISO pays to Illinois Power.

Comment Date: 5 p.m. eastern time on August 23, 2004.

7. Southwest Power Pool, Inc.

[Docket No. ER04–1096–000]

Take notice that on August 2, 2004, Southwest Power Pool, Inc. (SPP) pursuant to the Commission's order issued on July 2, 2004,[1] submitted a further compliance filing concerning the Commission's requirement of a seams agreement in connection with SPP's efforts to gain final approval as a Regional Transmission Organization (RTO) under Order Nos. 2000 and 2000-A.

SPP states that copies of the filing were served upon the SPP's members and affected state regulatory commissions.

Comment Date: 5 p.m. eastern time on August 23, 2004.

8. Southwest Power Pool, Inc.

[Docket Nos. RT04–01–004 and ER04–48–004]

Take notice that on August 2, 2004, Southwest Power Pool, Inc. (SPP) pursuant to the Commission's order issued July 2, 2004,[2] submitted a further compliance filing in connection with its efforts to gain final approval as a Regional Transmission Organization (RTO) under Order Nos. 2000 and 2000–A. SPP states that, with the materials included with its August 2, 2004 filing, it has fully satisfied all outstanding compliance conditions for RTO recognition.

SPP states that copies of the filing were served upon SPP's members and affected state regulatory commissions.

[1] Southwest Power Pool, Inc., 108 FERC ¶ 61,003 (2004) (July 2 Order).

[2] Southwest Power Pool, Inc., 108 FERC ¶ 61,003 (2004).

Comment Date: 5 p.m. eastern time on August 23, 2004.

Standard Paragraph

Any person desiring to intervene or to protest this filing must file in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 385.214). Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a notice of intervention or motion to intervene, as appropriate. Such notices, motions, or protests must be filed on or before the comment date. Anyone filing a motion to intervene or protest must serve a copy of that document on the Applicant. On or before the comment date, it is not necessary to serve motions to intervene or protests on persons other than the Applicant.

The Commission encourages electronic submission of protests and interventions in lieu of paper using the ''eFiling'' link at *http://www.ferc.gov*. Persons unable to file electronically should submit an original and 14 copies of the protest or intervention to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible online at *http://www.ferc.gov*, using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov*, or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

Magalie R. Salas,

Secretary.

[FR Doc. E4–1825 Filed 8–13–04; 8:45 am]

BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. EC04–144–000, et al.]

MxEnergy Electric Inc., et al.; Electric Rate and Corporate Filings

August 5, 2004.

The following filings have been made with the Commission. The filings are listed in ascending order within each docket classification.

1. MxEnergy Electric Inc.

[Docket Nos. EC04–144–000 and ER04–170–004]

Take notice that on August 2, 2004, MxEnergy Electric Inc. (MxEnergy Electric or Applicant) filed an application under section 203 of the Federal Power Act requesting Commission authorization for the following transactions: (1) The transfer of indirect upstream membership interests in Applicant in any amount among existing shareholders (Investors) and option holders (Option Holders) of Applicant's upstream owner MxEnergy Inc. (MxEnergy) and the transfer of additional indirect upstream membership interests in Applicant in any amount to Investors through the exercise of warrants; (2) the transfer of 5 percent or less of the indirect upstream membership interests in Applicant to employees and directors of and consultants to MxEnergy (collectively, MxEnergy Associates) through the exercise of options, conversion of warrants, or pursuant to incentive compensation plans; and (3) the transfer of indirect upstream membership interests in Applicant in any amount from Investors to: (a) Investors' family members and entities which only Investors' family members may benefit from (collectively, Family Entities), (b) Investors' legal representatives (Legal Representatives), and (c) Investors' affiliates (Affiliates), as defined in the Application. Applicant has requested privileged treatment of the contents of *Exhibit I* to the Application. In addition, Applicant filed a notice of change in status in the above-referenced rate docket.

Comment Date: 5 p.m. eastern time on August 23, 2004.

2. Virginia Electric and Power Company and Dominion Energy Marketing, Inc.

[Docket No. EC04–145–000]

Take notice that on August 3, 2004, Virginia Electric and Power Company (Dominion Virginia Power) and its affiliate Dominion Energy Marketing, Inc. (DEMI) submitted an application pursuant to section 203 of the Federal Power Act for authorization of a disposition of jurisdictional facilities whereby Dominion Virginia Power will transfer to DEMI a power purchase agreement between Dominion Virginia Power and Associated Electric Cooperative, Inc. Dominion Virginia Power states that the transfer will be made pursuant to a Assignment and Assumption Agreement.

Comment Date: 5 p.m. eastern time on August 24, 2004.

3. Pinelawn Power LLC

[Docket No. EG04–88–000]

Take notice that on August 2, 2004, Pinelawn Power LLC filed with the Federal Energy Regulatory Commission an application for determination of exempt wholesale generator status pursuant to part 365 of the Commission's regulations.

Pinelawn Power LLC, which is headquartered at One Riverchase Parkway, Birmingham Alabama 35244, will own and/or operate a 79.9 MW natural-gas fired combined-cycle generating facility located in the Town of Babylon, New York. Pinelawn Power LLC states it will be engaged directly and exclusively in the business of owning or operating all or part of one or more eligible facilities (as defined in section 32(a)(1) of the Public Utility Holding Company Act of 1935) and selling electricity at wholesale.

Comment Date: 5 p.m. eastern time on August 23, 2004.

4. El Paso Electric Company

[Docket No. EL02–113–006]

Take notice that on August 2, 2004, El Paso Electric Company (EPE) submitted a compliance filing pursuant to the Commission's Letter Order issued October 23, 2003 in Docket No. EL02–113–002, 105 FERC ¶ 61,107.

Comment Date: 5 p.m. eastern time on August 23, 2004.

5. Southern California Edison Company

[Docket Nos. ER04–383–001; ER04–384–002; ER04–385–001; and ER04–386–001]

Take notice that on July 30, 2004, Southern California Edison (SCE) submitted a compliance filing pursuant to the Commission's Order issued July 9, 2004, in Docket No. ER04–383–001, *et al.*, 108 FERC ¶ 61,034.

SCE states that copies of the filing were served on parties listed on the official service list in this proceeding.

Comment Date: 5 p.m. eastern time on August 20, 2004.

6. New England Power Pool

[Docket Nos. ER04–697–001 and ER04–875–001]

Take notice that on July 30, 2004, the New England Power Pool (NEPOOL) Participants Committee submitted a compliance filing pursuant to the Commission's order issued May 27, 2004, in Docket No. ER04–697–000 and the letter order issued June 29, 2004, in Docket No. ER04–875–000.

The NEPOOL Participants Committee states that copies of these materials were

sent to the NEPOOL Participants, Non-Participant Transmission Customers and the New England state governors and regulatory commissions.

Comment Date: 5 p.m. eastern time on August 20, 2004.

7. New England Power Pool

[Docket No. ER04–1064–000]

Take notice that on July 30, 2004, the New England Power Pool (NEPOOL) Participants Committee filed the One Hundred Sixth Agreement Amending New England Power Pool Agreement (the 106th Agreement) which amends and restates provisions of the Restated NEPOOL Agreement and the NEPOOL Open Access Transmission Tariff (the Tariff), to specify the mechanism by which an entity that becomes a Transmission Provider in NEPOOL after March 1, 1997, shall recover under the NEPOOL arrangements its costs related to ownership and financial support of Pool Transmission Facilities (PTF). NEPOOL seeks a June 1, 2004, effective date for these amendments to coincide with the beginning of the 2004/2005 NEPOOL rate year, and has requested waiver of the Commission's notice requirements to the extent necessary to permit that effective date.

NEPOOL further states that should the Commission determine that the 106th Agreement should become effective at some point after June 1, 2004, NEPOOL requests that the Commission provide guidance as to how NEPOOL should implement certain resolutions of the Participants Committee authorizing recovery in NEPOOL charges for Transmission Service effective June 1, 2004, of the PTF-related costs of a Participant whose request for recovery of those costs prompted the filing of the 106th Agreement.

The NEPOOL Participants Committee states that copies of these materials were sent to the NEPOOL Participants and the New England state governors and regulatory commissions.

Comment Date: 5 p.m. eastern time on August 20, 2004.

8. Mid-Continent Area Power Pool

[Docket No. ER04–1065–000]

Take notice that on July 30, 2004, Mid-Continent Area Power Pool (MAPP) tendered for filing amendments to the MAPP Restated Agreement, Mid-Continent Area Power Pool FERC Electric Tariff, Original Volume No. 2.

Comment Date: 5 p.m. eastern time on August 20, 2004.

9. Reliant Energy Wholesale Generation, LLC

[Docket No. ER04–1066–000]

Take notice that on July 30, 2004, Reliant Energy Wholesale Generation, LLC (REWG) submitted Reliant Energy Wholesale Generation, LLC Rate Schedule No. 2 for a proposed Reactive Support and Voltage Control from Generation Sources Service for its Aurora generation facility located in Aurora, DuPage County, Illinois.

Comment Date: 5 p.m. eastern time on August 20, 2004.

10. East Texas Electric Cooperative, Inc.

[Docket No. ER04–1067–000]

Take notice that on July 30, 2004, East Texas Electric Cooperative, Inc. (ETEC), submitted an Application for Market-Based Rate Authority. ETEC requests that the Commission accept and approve ETEC's Market-Based Rate Schedule No. 3, grant ETEC blanket authority to make market-based sales of capacity and energy under that rate schedule, and grant certain waivers.

Comment Date: 5 p.m. eastern time on August 20, 2004.

11. PJM Interconnection, L.L.C.

[Docket No. ER04–1068–000]

Take notice that on July 30, 2004, PJM Interconnection, L.L.C. (PJM), the American Electric Power Service Corporation, on behalf of Appalachian Power Company, Columbus Southern Power Company, Indiana Michigan Power Company, Kentucky Power Company, Kingsport Power Company, Ohio Power Company, and Wheeling Power Company (AEP), and the Dayton Power & Light Company (Dayton) submitted miscellaneous conforming tariff revisions to PJM's FERC Electric Tariff, Sixth Revised Volume No. 1, associated with the integration of AEP and Dayton into the PJM markets and tariff on October 1, 2004.

PJM states that copies of the filing were served upon all members of PJM, all transmission customers of AEP and Dayton, and the affected state utility commissions.

Comment Date: 5 p.m. eastern time on August 20, 2004.

12. American Transmission Systems, Incorporated

[Docket No. ER04–1069–000]

Take notice that on July 30, 2004, American Transmission Systems, Incorporated (ATSI) tendered for filing a proposed Schedule 2.1—Revenue Requirement for Reactive Power to ATSI's FERC Electric Tariff, Third Revised Volume No. 1. ATSI states that Schedule 2.1 is being modified to accommodate a new revenue requirement for the supply of Reactive Supply Service by Orion Power Midwest, LP. ATSI has proposed to make the revisions effective on August 1, 2004.

Comment Date: 5 p.m. eastern time on August 20, 2004.

13. American Electric Power Service Corporation on Behalf of AEP Texas Central Company

[Docket No. ER04–1070–000]

Take notice that on July 30, 2004, American Electric Power Service Corporation (AEPSC), on behalf of AEP Texas Central Company (TCC) submitted for filing Service Agreement Nos. 555 through 564 AEPSC's Open Access Transmission Service Tariff, FERC Electric Tariff, Third Revised Volume No. 6. These agreements provide for the continued interconnection of the ten generating facilities TCC recently sold to Willie Acquisition Company II, LLC, or its nominees.

AEPSC states that copies of the filing were served upon each of the new owners of the generating units that are parties to the Interconnection Agreements and on the Public Utilities Commission of Texas.

Comment Date: 5 p.m. eastern time on August 20, 2004.

14. New England Power Pool

[Docket No. ER04–1071–000]

Take notice that on July 30, 2004, the New England Power Pool (NEPOOL) Participants Committee filed for acceptance materials to permit NEPOOL to expand its membership to include Boston Generating, LLC (Boston Generating) and Styrka Energy Fund LLC (Styrka). The Participants Committee requests the effective date of August 1, 2004, for the commencement of participation in NEPOOL by Boston Generating and an effective date of September 1, 2004, for the commencement of participation in NEPOOL by Styrka.

The Participants Committee states that copies of these materials were sent to the New England state governors and regulatory commissions and the Participants in NEPOOL.

Comment Date: 5 p.m. eastern time on August 20, 2004.

15. Commonwealth Edison Company, PJM Interconnection, L.L.C.

[Docket No. ER04–1072–000]

Take notice that on July 30, 2004, Commonwealth Edison Company, (ComEd) and PJM Interconnection, L.L.C. (PJM), tendered for filing

unexecuted Service Agreement No. 1055 under PJM's OATT FERC Electric Tariff, Sixth Revised Volume No. 1 to meet the condition in the Commission's orders to hold harmless utilities in Michigan and Wisconsin from the financial impacts of loop flows and congestion resulting from the choice of ComEd to participate as a transmission-owning member of PJM. ComEd and PJM request an effective date of October 1, 2004.

ComEd and PJM state that a copy of the filing was served upon ComEd's transmission service customers, PJM's customers, the Midwest ISO, and the state regulatory commissions exercising jurisdiction over ComEd Companies.

Comment Date: 5 p.m. eastern time on August 20, 2004.

16. PJM Interconnection, L.L.C.

[Docket No. ER04–1073–000]

Take notice that on July 30, 2004, PJM Interconnection, L.L.C. (PJM), submitted for filing an executed interconnection service agreement (ISA) among PJM, Pleasants Energy, LLC, and Monongahela Power Company, the Potomac Edison Company, and West Penn Power Company, all doing business as Allegheny Power designated as Service Agreement No. 1052 under PJM's FERC Electric Tariff Sixth Revised Volume No. 1 and a notice of cancellation of an interim interconnection service agreement, Service Agreement No. 945, that has been suspended. PJM requests a July 1, 2004, effective date for the ISA.

PJM states that copies of this filing were served upon the parties to the agreement and the state regulatory commissions within the PJM region.

Comment Date: 5 p.m. eastern time on August 20, 2004.

17. PJM Interconnection, L.L.C.

[Docket No. ER04–1074–000]

Take notice that on July 30, 2004, West Penn Power Company, Monongahela Power Company and The Potomac Edison Company (Allegheny Power), Commonwealth Edison Company and Commonwealth Edison Company of Indiana, Inc. (ComEd), American Electric Power Service Corporation on behalf of its operating companies Appalachian Power Company, Columbus Southern Power Company, Indiana Michigan Power Company, Kentucky Power Company, Kingsport Power Company, Ohio Power Company and Wheeling Power Company (AEP), and the Dayton Power and Light Company (Dayton) submitted for filing pursuant to section 205 of the Federal Power Act (FPA) an original and six copies of revised and redlined tariff sheets to the West Transmission Owners Agreement (West TOA) and revised and redlined tariff sheets to the PJM Open Access Transmission Tariff (Tariff), indicating revisions to section 9 of the Tariff.

Comment Date: 5 p.m. eastern time on August 20, 2004.

18. PacifiCorp

[Docket No. ER04–1076–000]

Take notice that on July 30, 2004, PacifiCorp submitted revised tariff sheets to PacifiCorp Rate Schedule FERC No. 442, submitting the Annual Methods and Procedures for Operating Year 2004–05 amending the 1997 Pacific Northwest Coordination Agreement, as amended by Amendatory Agreement No. 1.

PacifiCorp states that copies of the filing were served upon PacifiCorp's customers, the Public Utility Commission of Oregon, the Washington Utilities & Transportation Commission and the Utah Public Service Commission.

Comment Date: 5 p.m. eastern time on August 20, 2004.

19. PJM Interconnection, L.L.C.

[Docket No. ER04–1077–000]

Take notice that on July 30, 2004, PJM Interconnection, L.L.C. (PJM) submitted the interim allocation of financial transmission rights (FTRs) for the zones of American Electric Power (AEP) and The Dayton Power and Light Company (DPL), covering the period from their integration into PJM on October 1, 2004, until the end of PJM's current planning period on May 31, 2005. PJM proposes an effective date of October 1, 2004, for the allocated FTRs in the AEP and DPL zones, corresponding to the AEP/DPL integration date.

PJM states that copies of the filing were served on all PJM members and the utility regulatory commissions in the PJM region.

Comment Date: 5 p.m. eastern time on August 20, 2004.

20. San Diego Gas & Electric Company

[Docket No. ER04–1078–000]

Take notice that on July 30, 2004, San Diego Gas & Electric Company (SDG&E) tendered for filing a change in rate for the Transmission Revenue Balancing Account Adjustment set forth in its Transmission Owner Tariff. SDG&E states that the effect of the rate change is to reduce rates for jurisdictional transmission service utilizing that portion of the California Independent System Operator Corporation-controlled grid owned by SDG&E. SDG&E requests an effective date of October 1, 2004.

SDG&E states that copies of this filing were served upon the Public Utilities Commission of the State of California and on the California Independent System Operator Corporation.

Comment Date: 5 p.m. eastern time on August 20, 2004.

21. The Dayton Power and Light Company

[Docket No. ER04–1079–000]

Take notice that on July 30, 2004, The Dayton Power and Light Company submitted a Notice of Cancellation of its Open Access Transmission Tariff, The Dayton Power and Light Company FERC Electric Tariff, Seventh Revised Volume No. 5.

Comment Date: 5 p.m. eastern time on August 20, 2004.

Standard Paragraph

Any person desiring to intervene or to protest this filing must file in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 385.214). Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a notice of intervention or motion to intervene, as appropriate. Such notices, motions, or protests must be filed on or before the comment date. Anyone filing a motion to intervene or protest must serve a copy of that document on the Applicant. On or before the comment date, it is not necessary to serve motions to intervene or protests on persons other than the Applicant.

The Commission encourages electronic submission of protests and interventions in lieu of paper using the ''eFiling'' link at *http://www.ferc.gov*. Persons unable to file electronically should submit an original and 14 copies of the protest or intervention to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible online at *http://www.ferc.gov*, using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov*, or call

(866) 208–3676 (toll free). For TTY, call (202) 502–8659.

Magalie R. Salas,

Secretary.

[FR Doc. E4–1826 Filed 8–13–04; 8:45 am]

BILLING CODE 6717–01–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–7801–3, Docket ID No. OAR–2004–0075]

Notice Announcing Public Meeting of the Clean Air Act Advisory Committee's Task Force on the Performance of the Title V Operating Permits Program

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: Today EPA announces a public meeting of the Clean Air Act Advisory Committee's (CAAAC) Task Force on the Performance of the Title V Operating Permits Program. The meeting will be held on September 14, 2004, in Chicago, Illinois, at the Holiday Inn Chicago City Centre, 300 East Ohio Street, Chicago, Illinois 60611, telephone 312–787–6100 from 9 a.m. until 9 p.m. Breaks will be held from noon to 1 p.m. and 5 to 7 p.m. for lunch and dinner, respectively. The EPA solicits interested parties with experience in the title V program to provide testimony to the Task Force on what is working well and/or poorly in this program. Those desiring to testify are asked to notify EPA by September 9, 2004 (contact information follows). The EPA is also considering whether to extend the meeting to September 15, 2004, and will make that decision based on the level of response to this notice. See this Web site for updated information: *http://www.epa.gov/oar/caaac.*

FOR FURTHER INFORMATION CONTACT: Mr. Ray Vogel, Information Transfer and Implementation Division, Office of Air Quality Planning and Standards, Mail Code C304–04, U.S. Environmental Protection Agency, Research Triangle Park, North Carolina 27711; telephone: 919–541–3153; fax: 919–541–5509; and e-mail address: *vogel.ray@epa.gov.*

SUPPLEMENTARY INFORMATION:

A. Who Is This Task Force and What Is the Purpose of This Public Meeting?

The Task Force was created this June in response to a recommendation from the Permitting/Toxics Subcommittee of the CAAAC. The Task Force is made up of 18 representatives from State and local permitting agencies, industry, and environmental and public interest groups. The Task Force will gather information from interested persons on the performance of the title V operating permits program and prepare a report documenting how the title V program is performing and what elements are working well and/or poorly. The report may include suggestions on how to improve the program. The Task Force is gathering information by, among other things, holding a series of three public meetings.

The purpose of these public meetings is to gather information on the performance of the title V program, specifically on aspects of the program that are working well and those that are working poorly. The Task Force welcomes any information from stakeholders that will help it prepare its report on the performance of the title V program.

For further information on the task force, see the May 17, 2004 notice in the **Federal Register** (69 FR 27922) and the CAAAC Web site: *http://www.epa.gov/oar/caaac.*

B. How Do I Participate in This Public Meeting?

The meeting will be held on September 14, 2004, in Chicago, Illinois, at the Holiday Inn Chicago City Centre, 300 East Ohio Street, Chicago, Illinois 60611, telephone 312–787–6100 from 9 a.m. until 9 p.m. Breaks from noon to 1 p.m. and 5 to 7 p.m. will be held for lunch and dinner, respectively. Those interested in speaking are asked to contact Ray Vogel by September 9, 2004. If there is sufficient interest, EPA will extend the public meeting to September 15, 2004, from 8 a.m. to 12 p.m. For this reason, we strongly encourage participants to notify EPA as soon as possible if they plan to speak. Those signing up early will increase the likelihood that the Task Force can accommodate their choice of date and time. If EPA extends the meeting, we will announce the extension on the CAAAC Web site: *http://www.epa.gov/oar/caaac.* You may also contact Ray Vogel at (919) 541–3153.

The Task Force requests that presenters at the public meeting limit their presentation to no more than 15 minutes and be prepared to answer follow-up questions from members of the Task Force. If you wish to present more information than can be accommodated in the allotted time, you should put the information in written remarks that supplement your presentation. Speakers should bring a copy (disk or hard copy) to submit for the public record at the meeting. The meeting will be recorded, and a transcript will be made and placed in the public docket.

As noted above, the Task Force is most interested in testimony based on your experience, of what is working well, what is not working well, and any recommendations you have for improvements to the title V program. We strongly encourage speakers to support their testimony with actual examples designed to help the task force understand your concern(s) and how your recommended improvements would address these concerns.

C. How Do I Get Copies of the Draft Report of the Task Force and Other Public Information Related to the Task Force's Work?

Audio and written transcripts of the testimony from the public meetings are available at the CAAAC Web site: *http://www.epa.gov/oar/caaac.* The draft report (when it is created sometime next year) will also be available on the Web site. These same materials will also be available electronically through the EPA e-docket at: *http://www.epa.gov/edocket/.* To submit or view public comments, access the index listing of the contents of the official public docket, and to access those documents in the public docket that are available electronically, select ''search,'' then key in the appropriate docket ID number. The docket number for this action is OAR–2004–0075.

Dated: August 10, 2004.

Anna B. Duncan,

Acting Director, Office of Air Quality Planning and Standards.

[FR Doc. 04–18656 Filed 8–13–04; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–7801–4]

Meeting of the Local Government Advisory Committee

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: The Local Government Advisory Committee (LGAC) will meet on September 8–9, 2004, in Washington, DC. The Committee will be discussing issues concerning the relationship between Local Government and the U.S. Environmental Protection Agency (EPA). The meeting will include briefings from various EPA offices on current environmental issues.

Subcommittees will have breakout sessions and report to the full committee with recommendations and provide the status of follow-up items.

The Committee will hear comments from the public between 10 a.m.–10:15 a.m. on September 9, 2004. Each individual or organization wishing to address the LGAC meeting will be allowed a maximum of five minutes to present their points of view. Please contact the Designated Federal Officer (DFO) at the numbers listed below to schedule agenda time. Time will be allotted on a first come, first served basis, and the total period for comments may be extended, if the number of requests for appearances required it.

These are open meetings and all interested persons are invited to attend. LGAC meeting minutes and Subcommittee summary notes will be available after the meetings and can be obtained by written request from the DFO. Members of the public are requested to call the DFO at the number listed below if planning to attend so that arrangements can be made to comfortably accommodate attendees as much as possible. Seating will be on a first come, first served basis.

DATES: The Local Government Advisory Committee plenary session will begin at 8:30 a.m. Wednesday, September 8th and conclude at 5 p.m. Thursday, September 9th.

ADDRESSES: The meetings will be held in Washington, DC at the Hotel Washington, located at 515 15th Street NW., in the Federal Conference Room.

Additional information can be obtained by writing the DFO at 1200 Pennsylvania Avenue, NW., (1301A), Washington, DC 20460.

FOR FURTHER INFORMATION CONTACT: The DFO for the Local Government Advisory Committee (LGAC) is Pamela Luttner (202) 564–3107.

Information on Services for the Handicapped: For information on facilities or services for the handicapped or to request special assistance at the meetings, contact the Designated Federal Officer at (202) 564–3107 as soon as possible.

Dated: July 29, 2004.

Pamela Luttner,

Designated Federal Officer, Local Government Advisory Committee.

[FR Doc. 04–18662 Filed 8–13–04; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL DEPOSIT INSURANCE CORPORATION

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Federal Deposit Insurance Corporation (FDIC).

ACTION: Notice of information collection to be submitted to OMB for review and approval under the Paperwork Reduction Act of 1995.

SUMMARY: In accordance with requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), the FDIC hereby gives notice that it plans to submit to the Office of Management and Budget (OMB) a request for OMB renewal of an information collection titled ''Procedures for Monitoring Bank Secrecy Act Compliance.''

COMMENTS: Comments on this collection of information are welcome and should be submitted on or before September 15, 2004 to both the OMB reviewer and the FDIC contact listed below.

ADDRESSES: Interested parties are invited to submit written comments to Thomas Nixon, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street NW., Washington, DC. 20429. All comments should refer to ''Procedures for Monitoring Bank Secrecy Act Compliance.'' Comments may be hand-delivered to the guard station at the rear of the 17th Street Building (located on F Street), on business days between 7 a.m. and 5 p.m. Comments may also be submitted to the OMB desk officer for the FDIC: Mark Menchik, Office of Information and Regulatory Affairs, Office of Management and Budget, New Executive Office Building, Washington, DC 20503.

SUPPLEMENTARY INFORMATION: *Title:* Procedures for Monitoring Bank Secrecy Act Compliance.

OMB Number: 3064–0087.

Affected Public: State chartered non-member banks.

Frequency of Response: On occasion.

Estimated Annual Number of Respondents: 5300.

Estimated Time per Response: One-half hour.

Estimated Total Annual Burden: 2650 hours.

General Description of Collection: The FDIC's 12 CFR Part 326, Subpart B, requires all insured nonmember banks to establish and maintain procedures designed to assure and monitor their compliance with the requirements of the Bank Secrecy Act (31 U.S.C. 5311 *et seq.*) and the implementing regulations promulgated by the Department of the Treasury at 31 CFR Part 103. Further information about this submission, including copies of the collection of information, may be obtained by calling or writing the FDIC contact listed above.

Dated: August 11, 2004.

Federal Deposit Insurance Corporation.

Robert E. Feldman,

Executive Secretary.

[FR Doc. 04–18659 Filed 8–13–04; 8:45 am]

BILLING CODE 6714–01–P

FEDERAL DEPOSIT INSURANCE CORPORATION

Notice of Agency Meeting

Pursuant to the provisions of the ''Government in the Sunshine Act'' (5 U.S.C. 552b), notice is hereby given that the Federal Deposit Insurance Corporation's Board of Directors will meet in open session at 8 a.m. on Monday, August 16, 2004, to consider the following matters:

Summary Agenda: No substantive discussion of the following items is anticipated. These matters will be resolved with a single vote unless a member of the Board of Directors requests that an item be moved to the discussion agenda.

Summary reports, status reports, and reports of actions taken pursuant to authority delegated by the Board of Directors.

Discussion Agenda: Memorandum and resolution re: Notice of Proposed Rulemaking—Community Reinvestment Act Regulations.

The meeting will be held in the Board Room on the sixth floor of the FDIC Building located at 550—17th Street, NW., Washington DC.

The FDIC will provide attendees with auxiliary aids (*e.g.*, sign language interpretation) required for this meeting. Those attendees needing such assistance should call (202) 416–2089 (Voice); (202) 416–2007 (TTY), to make necessary arrangements.

Requests for further information concerning the meeting may be directed to Ms. Valerie J. Best, Assistant Executive Secretary of the Corporation, at (202) 898–3812.

Dated: August 12, 2004.

Valerie J. Best,

Assistant Executive Secretary, Federal Deposit Insurance Corporation.

[FR Doc. 04–18828 Filed 8–12–04; 2:50 pm]

BILLING CODE 6714–01–P

FEDERAL RESERVE SYSTEM

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Board of Governors of the Federal Reserve System

SUMMARY: Background. On June 15, 1984, the Office of Management and Budget (OMB) delegated to the Board of Governors of the Federal Reserve System (Board) its approval authority under the Paperwork Reduction Act, as per 5 CFR 1320.16, to approve of and assign OMB control numbers to collection of information requests and requirements conducted or sponsored by the Board under conditions set forth in 5 CFR 1320 Appendix A.1. Board–approved collections of information are incorporated into the official OMB inventory of currently approved collections of information. Copies of the OMB 83–Is and supporting statements and approved collection of information instruments are placed into OMB's public docket files. The Federal Reserve may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Request for comment on information collection proposal

The following information collection, which is being handled under this delegated authority, has received initial Board approval and is hereby published for comment. At the end of the comment period, the proposed information collection, along with an analysis of comments and recommendations received, will be submitted to the Board for final approval under OMB delegated authority. Comments are invited on the following:

a. whether the proposed collection of information is necessary for the proper performance of the Federal Reserve's functions; including whether the information has practical utility;

b. the accuracy of the Federal Reserve's estimate of the burden of the proposed information collection, including the validity of the methodology and assumptions used;

c. ways to enhance the quality, utility, and clarity of the information to be collected; and

d. ways to minimize the burden of information collection on respondents, including through the use of automated collection techniques or other forms of information technology.

DATES: Comments must be submitted on or before October 15, 2004.

ADDRESSES: You may submit comments, identified by Reg H–3, by any of the following methods:

• Agency Web Site: http://www.federalreserve.gov. Follow the instructions for submitting comments at http://www.federalreserve.gov/generalinfo/foia/ProposedRegs.cfm.

• Federal eRulemaking Portal: http://www.regulations.gov. Follow the instructions for submitting comments.

• E–mail: regs.comments@federalreserve.gov. Include docket number in the subject line of the message.

• FAX: 202/452–3819 or 202/452–3102.

• Mail: Jennifer J. Johnson, Secretary, Board of Governors of the Federal Reserve System, 20th Street and Constitution Avenue, N.W., Washington, DC 20551.

All public comments are available from the Board's web site at www.federalreserve.gov/generalinfo/foia/ProposedRegs.cfm as submitted, except as necessary for technical reasons. Accordingly, your comments will not be edited to remove any identifying or contact information. Public comments may also be viewed electronically or in paper in Room MP–500 of the Board's Martin Building (20th and C Streets, N.W.) between 9:00 a.m. and 5:00 p.m. on weekdays.

FOR FURTHER INFORMATION CONTACT: A copy of the proposed form and instructions, the Paperwork Reduction Act Submission (OMB 83–I), supporting statement, and other documents that will be placed into OMB's public docket files once approved may be requested from the agency clearance officer, whose name appears below.Cindy Ayouch, Federal Reserve Board Clearance Officer (202–452–3829), Division of Research and Statistics, Board of Governors of the Federal Reserve System, Washington, DC 20551. Telecommunications Device for the Deaf (TDD) users may contact (202–263–4869), Board of Governors of the Federal Reserve System, Washington, DC 20551.

Proposal to approve under OMB delegated authority the extension for three years, without revision of the following report:

Report title: Recordkeeping and Disclosure Requirements Associated with Securities Transactions Pursuant to Regulation H.

Agency form number: Reg H–3.

OMB control number: 7100–0196.

Frequency: Development of policy statement, one–time; Trust company report, quarterly; Transactions recordkeeping, on occasion; and Disclosure, on occasion.

Reporters: State member banks and trust companies.

Annual reporting hours: 158,327

Estimated average hours per response: Development of policy statement, 30 minutes; Trust company report, 15 minutes; Transaction recordkeeping, 3 minutes; and Disclosure, 3 minutes.

Number of respondents: 1,286

General description of report: This information collection is mandatory (12 U.S.C. § 325). If the records maintained by state member banks come into the possession of the Federal Reserve, they are given confidential treatment (5 U.S.C. §§ 552(b)(4), (b)(6), and (b)(8)).

Abstract: State–chartered member banks and trust companies effecting securities transactions for customers must establish and maintain a system of records, furnish confirmations to customers, and establish written policies and procedures relating to securities trading. They are required to maintain records for three years following the transaction. These requirements are necessary to protect the customer, to avoid or settle customer disputes, and to protect the bank against potential liability arising under the anti–fraud and insider trading provisions of the Securities Exchange Act of 1934.

Board of Governors of the Federal Reserve System,
August 10, 2004.

Jennifer J. Johnson,
Secretary of the Board.

[FR Doc. 04–18673 Filed 8–13–04; 8:45 am]
BILLING CODE 6210–01–S

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be

available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at *www.ffiec.gov/nic/*.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than September 9, 2004.

A. Federal Reserve Bank of Philadelphia (Michael E. Collins, Senior Vice President) 100 North 6th Street, Philadelphia, Pennsylvania 19105–1521:

1. Sterling Financial Corporation, Lancaster, Pennsylvania; to merge with The Pennsylvania State Banking Company, and thereby indirectly acquire Pennsylvania State Bank, both in Camp Hill, Pennsylvania.

B. Federal Reserve Bank of Cleveland (Cindy C. West, Banking Supervisor) 1455 East Sixth Street, Cleveland, Ohio 44101–2566:

1. The PNC Financial Services Group, Inc., Pittsburgh, Pennsylvania; to merge with Riggs National Corporation, Washington, D.C., and thereby indirectly acquire Riggs Bank National Association, McLean, Virginia.

Board of Governors of the Federal Reserve System,

August 10, 2004.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 04–18675 Filed 8–13–04; 8:45 am]

BILLING CODE 6210–01–S

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. Additional information on all bank holding companies may be obtained from the National Information Center website at *www.ffiec.gov/nic/*.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than August 30, 2004.

A. Federal Reserve Bank of Atlanta (Sue Costello, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30303:

1. Centerstate Banks of Florida, Inc.,Winter Haven, Florida; to engage *de novo* through its subsidiary, CenterState Home Loans, LLC, Orlando, Florida, in making, acquiring, brokering, or servicing loans or other extensions of credit, pursuant to section 225.28(b)(1) of Regulation Y.

B. Federal Reserve Bank of Chicago (Patrick Wilder, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690–1414:

1. Marshall & Ilsley Corporation, Milwaukee, Wisconsin; to acquire Metavante Corporation, and thereby indirectly acquire Response Data Corp., both of Parsippany, New Jersey, and thereby engage in data processing activities, pursuant to section 225.28(b)(14)(i) of Regulation Y.

Board of Governors of the Federal Reserve System,

August 10, 2004.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc.04–18674 Filed 8–13–04; 8:45 am]

BILLING CODE 6210–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities; Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) allow the proposed information collection project: ''Questionnaire and Data Collection Testing, Evaluation, and Research for the Agency for Healthcare Research and Quality''. In accordance with the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by October 15, 2004.

ADDRESSES: Written comments should be submitted to: Cynthia D. McMichael, Reports Clearance Officer, AHRQ, 540 Gaither Road, Room #5022, Rockville, MD 20850.

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Cynthia D. McMichael, AHRQ, Reports Clearance Officer, (301) 427–1651.

SUPPLEMENTARY INFORMATION:

Proposed Project

''Questionnaire and Data Collection Testing, Evaluation, and Research for the Agency for Healthcare Research and Quality.''

AHRQ plans to employ the latest techniques to improve its current data collections by developing new surveys, and by revising existing surveys in anticipation of, or in response to, changes in the healthcare field, for a 3 year period. The clearance request is limited to research on questionnaires, data collection methods and related reports and does not extend to the collection of data for public release or policy formation.

A generic clearance for this work will allow AHRQ to draft and test survey instruments more quickly and with greater lead time, thereby managing project time more efficiently and

improving the quality of the data it collects.

It is envisioned that in some instances the ability to pretest/pilot-test survey-related instruments, in anticipation of work, or early in a project, may result in the decision not to proceed with particular survey activities, thereby saving both public and private resources and effectively eliminating or reducing respondent burden.

Many of the survey tools AHRQ develops are made available to users in the private sector. The health care environment changes rapidly and requires a quick response from the agency to provide appropriately refined tools. A generic clearance for this methodological work will facilitate the agency's timely development of survey tools suitable for use in changing conditions.

It is particularly important to refine AHRQ's survey tools because they are frequently made available to help the private sector to improve health care quality by enabling the gathering of useful data for analysis and for providing information about health care quality to consumers and purchasers so that they can use their marketplace choices to influence and improve health care quality.

Methods of Collection

Participation in survey testing will be fully voluntary and non-participation will have no effect on eligibility for, or receipt of, future AHRQ health services research support or on future opportunities to participate in research or to obtain informative research results. Specific estimation procedures, when used, will be described when we notify OMB as to actual studies conducted under the clearance.

ESTIMATED ANNUAL RESPONDENT BURDEN

Type of research activity	Number of respondents	Estimated time per respondent	Total burden hours
Face-to-Face Interviews	100	60 minutes	100
Field Tests (short)	2,400	20 minutes	800
Field Tests (long)	7,600	30 minutes	3,800
Lab Experiments	200	90 minutes	300
Focus Groups	100	60 minutes	100
Cognitive Interviews	100	60 minutes	100
Totals	10,500	Not Applicable	5,200

Estimated Costs to the Federal Government

Expenses (equipment, overhead, printing, and support staff) will be incurred by AHRQ components as part of their normal operating budgets. No additional costs to the Federal Government is anticipated. Any deviation from these limits will be noted in reports made to OMB with respect to a particular study or studies conducted under the clearance.

Request for Comments

In accordance with the above-cited legislation, comments on the AHRQ information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of functions of AHRQ, including whether the information will have practical utility; (b) the accuracy of the AHRQ's estimate of burden (including hours and cost) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: August 6, 2004.

Carolyn M. Clancy,

Director.

[FR Doc. 04–18654 Filed 8–13–04; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–04–04FF]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498–1210 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Workplace Stress Among Underground Coal Miners—New—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Work-related stress appears to increase the risk of atherosclerotic heart disease, musculoskeletal disorders such as back pain and carpal tunnel syndrome, and clinical depression. The mechanism by which stress increases the risk of chronic disease states is unknown, but is thought to involve abnormal communication between the brain and the endocrine system. Dysfunction of this communication system, called the Hypothalamic-Pituitary-Adrenal (HPA) axis, is found in a number of chronic diseases, including coronary heart disease, diabetes, and rheumatoid arthritis. In a healthy individual, there is flexible communication between the hypothalamus and pituitary gland, both located in the brain, and the adrenal gland, located above the kidneys. When stresses occur throughout the day, cortisol is released from the adrenal gland in response to signals from the brain. Cortisol prepares the body to respond to stress, after which cortisol levels return to normal. Chronic stress, with protracted or repeated challenge to the HPA axis, may lead to inappropriate levels of cortisol, further decline of HPA

axis function, and increased risk of chronic disease.

This study will investigate the relationship between workplace stress and function of the HPA axis among a sample population of coal miners. Coal miners experience a number of work-related stresses, such as long hours of work, heavy workloads, shift work, and concerns about stability of employment. Miners will be asked to complete a 25-minute survey which asks about traditional job stressors including shift schedule and rotation, workload, and degree of control over work. The survey also addresses stressors not typically examined in work stress surveys, including time spent in second jobs, commuting time to work, and responsibilities for care of children and the elderly.

Function of the HPA axis will be assessed by obtaining a series of cortisol samples from subjects right after they wake up in the morning. Recent studies have shown that the response of cortisol to awakening, measured in saliva, serves as a good marker of HPA axis function. Miners will be asked to obtain saliva samples at home, and send them to the NIOSH Morgantown laboratory for analysis.

Analyses will examine the relationship between the cortisol response to awakening, an indicator of HPA axis function, and measures of workplace stress. Data collected in this study will help NIOSH determine if workplace stress results in HPA axis dysfunction, which has been linked to a number of chronic disease conditions. The estimated annualized burden is 167 hours.

Respondents	No. of respondents	No. responses per respondent	Average burden per respondent (in hrs.)
Coal Miners	400	1	25/60

Dated: August 10, 2004.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04–18676 Filed 8–13–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–04–0260]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (''CDC'') publishes a list of information collection requests under review by the Office of Management and Budget (''OMB'') in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498–1210 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Health Hazard Evaluations/Technical Assistance and Emerging Problems, OMB No. 0920–0260—Extension—National Institute for Occupational Safety and Health (''NIOSH''), Centers for Disease Control and Prevention (''CDC'').

Background

In accordance with the mandates of the Occupational Safety and Health Act of 1970 and the Federal Mine Safety and Health Act of 1977, the National Institute for Occupational Safety and Health (''NIOSH'') responds to requests for health hazard evaluations to identify chemical, biological, or physical hazards in workplaces throughout the United States.

To comprehensively evaluate hazards in response to a request for a health hazard evaluation, NIOSH frequently conducts an on-site evaluation. The main purpose of an on-site evaluation is to help employers and employees identify and eliminate occupational health hazards. The interview and questionnaires are specific to each workplace and its suspected disease(s) and hazards. The questionnaires are composed of items that were developed from standard medical and epidemiologic techniques.

NIOSH distributes interim and final reports of health hazard evaluations (excluding personal identifiers) to requesters, employers, employee representatives, the Department of Labor, and as appropriate to the Occupational Safety and Health Administration or Mine Safety and Health Administration and other state and federal agencies.

NIOSH administers a followback program to assess the effectiveness of its health hazard evaluation program in reducing workplace hazards. This program entails the mailing of followback questionnaires to employer and employee representatives in the workplace and, in some instances, a followback on-site evaluation. Due to the large number of investigations conducted each year, as well as the diverse and unpredictable nature of these investigations and the need to respond quickly to requests for assistance, NIOSH requests consolidated clearance for data collection of its health hazard evaluations. The estimated annualized burden is 3,901 hours.

Respondents	No. of respondents	No. of responses/ respondent	Average burden/ response (in hrs)
A. Employees (interview)	4000	1	15/60
B. Employees (questionnaire)	4240	1	30/60
C. Followback for onsite evaluations:			
Year 1	1000	1	15/60
Year 1	1000	1	15/60
Year 2	1000	1	15/60

Respondents	No. of respondents	No. of responses/ respondent	Average burden/ response (in hrs)
D. Followback for evaluations without onsite evaluations:			
Year 1	75	1	10/60
Year 2	75	1	15/60

Dated: August 10, 2004.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04–18677 Filed 8–13–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Notice of Public Consultation

AGENCY: Administration for Native Americans (ANA).

ACTION: Notice of Public Consultation.

SUMMARY: The Administration for Children and Families (ACF) will be holding a half-day Tribal Consultation Session on September 20, 2004 at the Rayburn House Office Building in Washington, DC.

DATES: September 20, 2004.

FOR FURTHER INFORMATION CONTACT: Kim Vigue, Administration for Native Americans, toll free at 1–877–922–9262 or *www.masterkeyconsulting.com/acfconference.*

SUBMISSION INFORMATION: Tribal leaders and representatives interested in submitting written testimony or topics to be discussed on the Consultation Session agenda should contact Kim Vigue toll free at 1–877–922–9262.

If you are proposing a topic to be addressed in the Consultation Session, please be sure to include a brief description of the topic area along with the name and contact information of a suggested presenter.

The public record will remain open for 60 days following the September 20, 2004 consultation. Written comment and testimony can be submitted until November 19, 2004.

SUPPLEMENTARY INFORMATION:

The Administration for Children and Families would like to invite Tribal leaders to participate in a formal consultation Session with ACF senior officials and program directors. The Consultation Session will take place Monday, September 20, 2004 from 8:30 a.m. to 12:30 p.m. in Rayburn House Office Building Room B–339.

The intent of this Consultation Session is to allow ACF officials to hear first hand from Tribal leaders and representatives of Tribal organizations and Native Americans non-profit organizations about the implementation of ACF programs in Native Americans communities. Of particular interest are the challenges that Tribes and Tribal organizations face in accessing ACF program funding and using program funding to support social and economic development activities in Native American communities. ACF offices such as the Administration for Native Americans, Office of Child Support Enforcement, Office of Community Services, Office of Family Assistance, Child Care Bureau, Children's Bureau, Head Start Bureau, and the Family and Youth Services Bureau will be represented.

Because of the limited time, ACF has collaborated with Master Key Consulting to plan and facilitate the session. Master Key Consulting will be responsible for coordinating the stakeholders who wish to participate in the Consultation Session and will work with a planning committee to develop a structured agenda, identifying key issues to be raised and spokespersons to present testimony on the issues.

Dated: August 6, 2004.

Quanah Crossland Stamps,

Commissioner, Administration for Native Americans.

[FR Doc. 04–18588 Filed 8–13–04; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2004N–0355]

Scientific Considerations Related to Developing Follow-On Protein Products

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public workshop.

SUMMARY: The Food and Drug Administration (FDA) is announcing a public workshop on scientific and technical considerations related to the development of follow-on protein pharmaceutical products. The agency is planning to develop draft guidance on this topic during the coming year. The purpose of this workshop is to obtain input from interested persons on the topics outlined in this document related to developing and approving follow-on protein pharmaceutical products. The agency will consider presentations made at the workshop and comments submitted to the docket before and after the workshop when developing the draft guidance.

DATES: The public workshop will be held on Tuesday, September 14, 2004, from 8:30 a.m. to 5 p.m. and Wednesday, September 15, 2004 from 8 a.m. to 12 noon. Submit requests to make a presentation by September 7, 2004.

ADDRESSES: The public workshop will be held at the University of Maryland—Shady Grove Conference Center, 9630 Gudelsky Dr., Rockville, MD 20850.

Submit written comments on scientific topics related to follow-on protein products to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. 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.

FOR FURTHER INFORMATION CONTACT:

To register to present: Marilyn Welschenbach, Center for Drug Evaluation and Research (HFD–121), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20852, 301–443–5089, FAX: 301–443–5245, e-mail: *Marilyn.Welschenbach@fda.gov.*

With regard to the scientific topics outlined in this notice: Keith Webber, Center for Drug Evaluation and Research, Food and Drug Administration (HFD–121), 5600 Fishers Lane, Rockville, MD 20852, 301–443–5089, FAX: 301–443–5234, e-mail: *Keith.Webber@fda.gov*, or Chris Joneckis, Center for Biologics Evaluation and Research (HFM–1),

Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20892, 301–827–2000, e-mail: *Christopher.Joneckis@fda.gov*.

SUPPLEMENTARY INFORMATION:

I. General Information

During the past several years, FDA has received numerous inquiries concerning how a sponsor may scientifically demonstrate that its protein pharmaceutical product is similar enough to a product that FDA has licensed under the Public Health Service (PHS) Act or approved under the Federal Food, Drug, and Cosmetic Act to obtain licensure or approval without conducting certain studies that would otherwise be necessary. This public workshop is not intended to address legal or regulatory issues. Because of the scientific complexity of protein pharmaceutical products, FDA intends to conduct an extensive public dialogue on the scientific issues relating to the development and approval of such products. For the purposes of this workshop, we use the term ''follow-on protein product'' to refer to a protein that is intended to be a similar version or copy of an already approved or licensed protein pharmaceutical product. Such proteins might be produced through biotechnology or derived from natural sources. (This public workshop is not intended to address ''second-generation protein products'' which we have tentatively defined as products that are similar to an already approved or licensed product but which have been deliberately modified to change one or more of the product's characteristics (e.g., to provide more favorable pharmacokinetic parameters or to decrease immunogenicity)). This public workshop is concerned only with scientific issues relating to follow-on protein products.

On March 16, 2004, in its Critical Path report, available at *http://www.fda.gov/oc/initiatives/criticalpath*, FDA announced an initiative to identify the problems and some potential solutions to ensure that breakthroughs in medical science can be translated to safe, effective, and available medical products. In the report, FDA underscored the importance of FDA collaboration with academic researchers, product developers, patient groups, and other stakeholders to make the critical path more predictable and less costly. Consistent with the Critical Path Initiative, FDA is seeking input from its broad stakeholder community as it begins the process of exploring the scientific framework for developing and approving follow-on protein products.

II. Information on the Public Workshop

A. Why Are We Holding This Public Workshop?

It is critical that the agency solicit the scientific and technological perspectives of manufacturers, academia, and other interested persons to determine the state of the science as it relates to protein characterization, production, and assessment of similarity. Such information will be critical to any guidance on follow-on protein products.

B. Where Will This Public Workshop Be Held?

University of Maryland—Shady Grove Conference Center, 9630 Gudelsky Dr., Bldg. II, rm. 1422, Rockville, MD 20850.

C. When Will This Public Workshop Be Held?

The public workshop will be held on September 14, 2004, from 8:30 a.m. to 5 p.m. and September 15, 2004, from 8 a.m. to 12 noon.

D. How Will the Public Workshop Be Organized?

The agency is seeking input on a series of scientific topics (see section III of this document) and is asking interested persons to make presentations on these and other pertinent scientific topics. A panel of agency experts will listen to the presentations organized by the categories listed in section III of this document, after which they may ask followup questions of the presenters.

E. How Can I Participate?

1. In Person

Persons who wish to make a presentation during the public workshop must file an electronic, written, or facsimile notice of participation with Marilyn Welschenbach by September 7, 2004 (see **FOR FURTHER INFORMATION CONTACT**). The notice of participation shall contain the speaker's following information:

- Name
- Title
- Business affiliation, if any
- Address
- Telephone number
- Fax number
- A brief summary of the presentation
- Designate topic categories A through F (see section III of this document) for the presentation
- Approximate amount of time requested for the presentation (presentations should be limited to 10 minutes in duration).

We recommend that individuals and organizations with common interests consolidate or coordinate their presentations and request time for a joint presentation. After registration has closed, FDA will inform participants of the amount of time available for their presentations based on the final agenda and on which day they will be scheduled to present. Persons requiring a sign language interpreter or other special accommodations should notify Marilyn Welschenbach by September 1, 2004.

2. In Writing

FDA has established a public docket for comments. Comments can be submitted until November 12, 2004. It is important that comments submitted to the docket be identified with the docket number found in brackets in the heading of this document. Submit written comments to the Division of Dockets Management (see **ADDRESSES**).

F. Is There a Registration Fee for This Public Workshop?

There is no registration fee for this public workshop.

G. What if I Have Scientific or Logistical Questions?

If you have any logistical questions about the public workshop, please contact Marilyn Welschenbach; scientific questions may be addressed to Keith Webber or Chris Joneckis. Contact information is listed under the **FOR FURTHER INFORMATION CONTACT** section of this document.

H. Can I Get a Transcript of This Public Workshop?

A transcript of the public workshop will be available from the Division of Dockets Management, approximately 15 business days after the workshop at a cost of 10 cents per page. The transcript of the workshop will also be available for public examination at the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

III. Background Information

FDA seeks comment on the following topics and other scientific issues related to follow-on protein products:

A. Manufacturing Issues

1. What aspects of the manufacturing process determine the characteristics of a protein product whether produced through biotechnology or derived from natural sources?

2. What parts of the manufacturing process should the agency focus on when assessing similarity between products?

B. Characterization

1. What is the capability of current analytical technology to adequately characterize protein products?

2. Are there new technologies that hold promise for helping to characterize proteins?

3. What factors, including quality attributes, impurity profiles, and changes in the manufacturing process, should be considered when assessing similarity of different protein products?

4. Is it possible to accurately predict safety and efficacy from analytical studies?

C. Immunogenicity

1. How, and to what extent, should immunogenicity be evaluated for a follow-on protein product?

2. Under what circumstances should comparative immunogenicity studies be conducted?

D. Preclinical and Clinical

1. When and how would it be appropriate to streamline or eliminate certain animal or human studies during development of a follow-on protein product?

E. Potency and Surrogates for Efficacy and Safety

1. What factors should be considered regarding bioactivity and potency assays used for comparing two products?

2. What is the role of in vitro and in vivo assays for use as surrogates in establishing safety and efficacy?

F. Terminology

1. Please comment on the appropriateness of this notice's working definition of ''follow-on protein'' as a protein that is intended to be a similar version or copy of an already approved or licensed protein pharmaceutical product.

2. Please comment on this notice's working definition of a ''second-generation protein product'' as a product similar to an already approved or licensed product but which has been deliberately modified to change one or more of the product's characteristics (e.g., to provide more favorable pharmacokinetic parameters or to decrease immunogenicity).

Dated: August 10, 2004.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. 04–18627 Filed 8–11–04; 11:15 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2004D–0361]

Guidance for Industry: Prior Notice of Imported Food Contingency Plan for System Outages; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a contingency plan that provides guidance on submitting prior notice of imported food during system outages affecting the applicable FDA and Customs and Border Protection (CBP) program systems. Section 307 of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (the Bioterrorism Act) and its implementing regulations require prior notice to FDA of all food imported or offered for import into the United States.

DATES: This guidance is final upon the date of publication. However, you may submit written or electronic comments at any time.

ADDRESSES: Submit written requests for single copies of the guidance to the Division of Compliance Policy (HFC–230), Office of Enforcement, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857. Send one self-addressed adhesive label to assist that office in processing your request or include a fax number to which the guidance may be sent.

Submit written comments on the guidance to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to *http://www.fda.gov/dockets/ecomments*. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the guidance document.

FOR FURTHER INFORMATION CONTACT: Domenic Veneziano, Office of Regulatory Affairs (HFC–100), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 703–621–7809.

SUPPLEMENTARY INFORMATION:

I. Background

In the **Federal Register** of October 10, 2003 (68 FR 58974), FDA issued an interim final rule (IFR) to implement section 307 of the Bioterrorism Act. The prior notice IFR requires the submission to FDA of prior notice of food, including animal feed, that is imported or offered for import into the United States. The prior notice IFR provides that if a customs broker's or self-filer's system is not working or if the Automated Broker Interface of the Automated Commercial System is not working, prior notice must be submitted through the Prior Notice System Interface (PNSI); and that if PNSI or the Operational and Administrative System for Import Support is not operating, prior notice information must be submitted by e-mail or by fax to FDA.

We stated in the prior notice IFR that FDA does not plan to exempt any specific categories of food articles from prior notice if system(s) are not working, and that FDA and CBP are working together to develop contingency plans for when the applicable FDA and CBP program systems are not working (68 FR 58974 at 58997). FDA with concurrence from CBP is announcing the availability of a contingency plan that provides guidance on submitting prior notice of imported food during system outages affecting the applicable FDA and CBP program systems. The contingency plan identifies seven potential system downtime scenarios that could impact transmission, confirmation, and processing of prior notice submissions and explains recommended submission options for each of the identified scenarios. In any of the scenarios described in the contingency plan, where the alternate submission options include both e-mail and fax (telephonic facsimile) transmissions, e-mail transmission is strongly encouraged as the more efficient means.

FDA is issuing this document as a level 1 guidance consistent with FDA's good guidance practices regulation (§10.115 (21 CFR 10.115)). The contingency plan is being implemented immediately without prior public comment, under §10.115(g)(2), because the agency has determined that prior public participation is not feasible or appropriate. Under section 307 of the Bioterrorism Act, the prior notice requirements were effective December 12, 2003, and FDA and CBP's systems for processing prior notice submissions are up and running, making it urgent that the agencies explain how submitters can fulfill the prior notice requirements in the event of system outages.

II. Comments

Interested persons may submit to the Division of Dockets Management (see **ADDRESSES**) written or electronic comments on the guidance document. Submit two copies of written comments, 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. The guidance and received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

III. Electronic Access

Persons with access to the Internet may obtain the document at *http://www.fda.gov/oc/bioterrorism/bioact.html.*

Dated: August 11, 2004.

John Marzilli,

Acting Associate Commissioner for Regulatory Affairs.

[FR Doc. 04–18741 Filed 8–12–04; 10:56 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2003D–0554]

Revised Compliance Policy Guide Regarding Prior Notice of Imported Food Under the Public Health Security and Bioterrorism Preparedness and Response Act of 2002; Revised Joint Food and Drug Administration-Customs and Border Protection Plan for Increasing Integration and Assessing the Coordination of Prior Notice Timeframes; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a revised compliance policy guide (CPG) Sec. 110.310 entitled ''Prior Notice of Imported Food Under the Public Health Security and Bioterrorism Preparedness and Response Act of 2002.'' The CPG provides written guidance to FDA's and Customs and Border Protection's (CBP's) staff on enforcement of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (the Bioterrorism Act) and the agency's implementing regulations, which require prior notice for all food imported or offered for import into the United States. This document also describes certain date changes to the Joint Food and Drug Administration-Customs and Border Protection Plan for Increasing Integration and Assessing the Coordination of Prior Notice Timeframes (revised joint plan) that was announced in the **Federal Register** of April 14, 2004 (69 FR 19765).

DATES: The revised CPG and the revised joint plan are final upon the date of publication. However, you may submit written or electronic comments on the revised CPG at any time.

ADDRESSES: Submit written requests for single copies of the revised CPG to the Division of Compliance Policy (HFC–230), Office of Enforcement, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857. Send one self-addressed adhesive label to assist that office in processing your request or include a fax number to which the revised CPG may be sent. Submit written comments on the revised CPG to the Division of Dockets Management, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to *http://www.fda.gov/dockets/ecomments*.

Submit written requests for single copies of the revised joint plan to the Office of Regional Operations (HFC–100), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857. Send one self-addressed adhesive label to assist that office in processing your request or include a fax number to which it may be sent.

See the **SUPPLEMENTARY INFORMATION** section for electronic access to the revised CPG and the revised joint plan.

FOR FURTHER INFORMATION CONTACT: Domenic Veneziano, Office of Regulatory Affairs (HFC–100), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 703–621–7809.

SUPPLEMENTARY INFORMATION:

I. Background

A. Revisions to the CPG

FDA is announcing the availability of revised CPG Sec. 110.310 entitled ''Prior Notice of Imported Food Under the Public Health Security and Bioterrorism Preparedness and Response Act of 2002.'' This revised CPG is issued with CBP concurrence and explains to FDA and CBP staff the new FDA and CBP policies on enforcement of section 307 of the Bioterrorism Act and its implementing regulations, which require prior notice to FDA of all food imported or offered for import into the United States (68 FR 58974, October 10, 2003), (codified at 21 CFR 1.276 through 1.285)). The original CPG was issued in December 2003 and was revised in June 2004 to include additional guidance regarding food imported or offered for import for noncommercial purposes with a noncommercial shipper. Since the prior notice interim final rule (IFR) became effective in December 2003, FDA and CBP have been reviewing the data quality of prior notice submissions. This review has revealed practical implementation problems with certain data elements, such as registration number, bill of lading number, and ultimate consignee. In part, these problems result from a lack of standardization. The problems also arose due to the practical difficulties faced by submitters in obtaining required information in complex commercial settings. Therefore, the CPG is being revised concerning the following violations:

- The registration number submitted for the manufacturing facility is inaccurate or is invalid;
- The registration number for the shipper is not provided;
- The airway bill number or bill of lading number is not provided or is invalid; and
- The name and address of the ultimate consignee is inaccurate because it contains the name and address of the express consignment operator or consolidator instead of the ultimate consignee.

For the violations listed previously in this document, FDA and CBP should typically consider not taking any regulatory action until November 1, 2004.[1] If, however, the violation reflects a history of repeated conduct of a similar nature by a person who had been notified of such violations, then the action FDA and CBP staff typically should consider taking is assessment of CBP Civil Monetary Penalties.

Another change relates to food imported or offered for import for quality assurance, research or analysis purposes only, not for human or animal consumption and not for resale. If prior notice does not include a required manufacturing facility registration number, FDA and CBP should typically not take any regulatory action.

FDA is issuing this revised CPG as level 1 guidance consistent with FDA's good guidance practices regulation (§ 10.115 (21 CFR 10.115)). The revised CPG Sec. 110.310 is being implemented immediately without prior public comment, under § 10.115(g)(2), because the agency has determined that prior public participation is not feasible or appropriate. This document revises policies that were due to take effect on August 13, 2004, so it is urgent that the

[1] In the original CPG issued in December 2003, the transition period was to end August 12, 2004; CBP and FDA informally referred to this time period as ''Phase IV.'' The two agencies now will refer to the time period of August 13, 2004, until November 1, 2004, as ''Phase IV (revised)'' and the time period on or after November 1, 2004, as ''Phase V.''

agencies explain their new enforcement policies before that date.

B. Revisions to the Joint FDA–CBP Plan for Increasing Integration and Assessing the Coordination of Prior Notice Timeframes

On April 14, 2004, FDA and CBP (we) announced the availability of a joint plan entitled ''Joint FDA–CBP Plan for Increasing Integration and Assessing the Coordination of Prior Notice Timeframes.'' The joint plan describes the process by which FDA and CBP intend to increase integration and examine whether we could amend the timeframe requirements in FDA's prior notice IFR to have the same advanced notice timeframes for arrivals by land via road or rail or arrival via air that are currently in CBP's advance electronic information rule (69 FR 19765). Due to the revisions in the CPG described previously that extend the transition period of the prior notice IFR to November 1, 2004, certain dates outlined in the joint FDA–CBP are revised as follows:

- We intend to implement the plan in November 2004.
- From November 1, 2004, to January 3, 2005, we plan to assess existing procedures and staffing needed to receive, review, and respond to the prior notices submitted in accordance with the prior notice IFR (i.e., 2 hours before arrival by land by road; 4 hours before arrival by air or by land by rail; and 8 hours before arrival by water).
- From January 4, 2005, to February 3, 2005, we intend to identify what changes to work practices and staffing would be necessary to determine if FDA could continue to receive, review, and respond to all prior notice submissions with reduced timeframes (e.g., 1 hour or 30 minutes before arrival by land by road; 2 hours before arrival by land by rail; and by ''wheels up'' for flights originating in North and Central America, South America (north of the Equator only), the Caribbean, and Bermuda; otherwise 4 hours before arrival by air).
- From February 4, 2005, to May 3, 2005, we plan to implement necessary changes and make appropriate adjustments to ensure we could receive, review, and respond to all prior notice submissions with reduced timeframes.
- In June 2005, we intend to issue a prior notice final rule that responds to the comments we received on the prior notice IFR, including this revised joint plan, during the two open comment periods.

II. Comments

Interested persons may submit to the Division of Dockets Management (see **ADDRESSES**) written or electronic comments on the revised CPG. Submit a single copy of electronic comments or two paper copies of any mailed comments, except that individuals may submit one paper copy. Comments are to be identified with the docket number found in brackets in the heading of this document. The revised CPG and received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

III. Electronic Access

An electronic version of the revised CPG is available on the Internet at *http://www.fda.gov/ora* under ''Compliance Reference.'' An electronic version of the revised joint plan is available on the Internet at *http://www.fda.gov/oc/bioterrorism/bioact.html*.

Dated: August 11, 2004.

John Marzilli,

Acting Associate Commissioner for Regulatory Affairs.

[FR Doc. 04–18742 Filed 8–12–04; 10:56 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: (301) 496–7057; fax: (301) 402–0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Multivariate Profiling of Complex Biological Regulatory Pathways

Kevin Gardner *et al.* (NCI)

U.S. Patent Application No. 10/822,140 filed 12 Apr 2004 (DHHS Reference No. E–127–2003/0–US–02)

Licensing Contact: Cristina Thalhammer-Reyero; (301) 435–4507; *thalhamc@mail.nih.gov.*

This invention is in the general area of methods for high-throughput profiling of transcriptional targets. More particularly, it can be described as systems and methods for generating and analyzing multi-factorial biological response profiles, using a transcriptional approach that profiles the activation of multiple transcriptional targets against combinatorial arrays of signal transducing agents and therapeutic drugs. Cellular behavior in response to changes in its environment is controlled through extracellular events that are biochemically ''transduced'' at the cell membrane, and through a series of molecular signaling pathways converge in the nucleus to influence the combination of transcription factor binding sites that control the activation of targeted genes. Most of those promoter or regulatory regions of gene loci have a modular structure that is bound by two or more different transcriptional factors in a highly cooperative fashion. Accordingly, it is the nature of the surrounding regulatory elements or ''promoter context'' that combine to determine how genes are transcriptionally regulated. Currently there are very few techniques that provide a clear picture of the level of signal integration that must occur at these transcriptional targets.

The technology is further described in *Targeting Combinatorial Transcriptional Complex Assembly at Specific Modules within the Interleukin-2 Promoter* by the *Immunosuppressant SB203580* by James L. Smith, Irene Collins, G. V. R. Chandramouli, Wayne G. Butscher, Elena Zaitseva, Wendy J. Freebern, Cynthia M. Haggerty, Victoria Doseeva, and Kevin Gardner. J. Biol. Chem., Oct 2003; 278: 41034—41046).

Resonant Structure for Spatial and Spectral-Spatial Imaging of Free Radical Spin Probes Using Radiofrequency Time Domain Electron Paramagnetic Resonance Spectroscopy

Nallathamb Devasahayam *et al.* (NCI)

U.S. Patent 6,573,720 issued 03 Jun 2003 (DHHS Reference No. E–166–1997/0–US–07); European, Japanese, Canadian and Australian rights are also pending

Licensing Contact: Michael Shmilovich; (301) 435–5019; shmilovm@mail.nih.gov.

Available for licensing and commercial development is a radio-frequency coil design suitable for detecting time domain electron paramagnetic resonance responses from spin probes after pulsed excitation using radio-frequency irradiation (60–400 MHz). The coil is configured in an array of numerous surface coils of appropriate diameters connected in a parallel configuration with appropriate spacing between individual surface coils to form a volume type resonator. The design can accommodate and irradiate objects of varying dimensions, such as living objects, containing free radical spin probes and induce an EPR signal which can also be recovered by the resonator. Such a resonator has the capability of facilitating the enhanced dissipation of noise to thermal noise levels associated with the input power from the radio-frequency pulse, and recovering weak and rapidly decaying free induction decays. In addition, the lowering of the Q values by over-coupling, instead of resistively damping provides enhanced B1 fields thereby increasing the sensitivity of detection of the resonance signals after pulsed excitation.

Dated: August 2, 2004.

Steven M. Ferguson,

Director, Division of Technology Development and Transfer, Office of Technology Transfer, National Institutes of Health.

[FR Doc. 04–18621 Filed 8–13–04; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7057; fax: 301/402–0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Diagnostic Tool for Diagnosing Benign Versus Malignant Thyroid Lesions

Steven Libutti *et al.* (NCI)

U.S. Provisional Application No. 60/560,900 filed 09 Apr 2004 (DHHS Reference No. E–124–2004/0–US–01)

Licensing Contact: Mojdeh Bahar; 301/435–2950; *baharm@mail.nih.gov.*

The present invention is directed to the use of genes differentially expressed in benign and malignant thyroid lesions for the diagnosis and staging of thyroid cancer. The invention allows for the analysis of RNA isolated from tissues using gene expression profiling. The invention has identified a group of genes which can be used as a diagnostic predictor model for differentiating benign versus malignant thyroid tissue using microarray or quantitative RT–PCR.

Pharmacodynamic Assay

Eun Joo Chung and Jane Trepel (NCI)

U.S. Provisional Application No. 60/548,894 filed 27 Feb 2004 (DHHS Reference No. E–094–2004/0–US–01)

Licensing Contact: Mojdeh Bahar; 301/435–2950; *baharm@mail.nih.gov.*

This invention is a rapid, simple, sensitive flow cytometric assay for the pharmacodynamic analysis of histone deacetylase inhibitors in clinical development as novel anti-cancer agents. The assay can be performed on 50 microliters of whole blood, the equivalent of a finger stick. The assay can quantify simultaneously the effects of multiple classes of drug and thus be used for pharmacodynamic analysis of HDAC inhibitors in combination therapy.

Adduct Compounds of Pyrrolobenzodiazepinones, Compositions Comprising the Same and Methods Related Thereto

Paul S. Liu (NCI), Gregory Turner, Babu R. Vishnuvajjala (NCI), David Thurston (EM), and Philip W. Howard (EM)

U.S. Provisional Application No. 60/513,751 filed 22 Oct 2003 (DHHS Reference No. E–007–2004/0–US–01)

Licensing Contact: Brenda Hefti; 301/435–4632; *heftib@mail.nih.gov.*

This invention is a small molecule that has potential as a cancer therapeutic, termed SJG–136. It is a dimeric synthetic analog of the pyrrolobenzodiazepine family of anti-tumor antibiotics derived from various *Streptomyces* species. SJG–136 has shown significant cytotoxicity and antitumor activity *in vitro* and *in vivo.* The particular compositions disclosed in the present application represent new structures that were not claimed previously.

Dated: August 6, 2004.

Steven M. Ferguson,

Director, Division of Technology Development and Transfer, Office of Technology Transfer, National Institutes of Health.

[FR Doc. 04–18622 Filed 8–13–04; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of meetings of the National Diabetes and Digestive and Kidney Diseases Advisory Council.

The meetings will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Diabetes and Digestive and Kidney Diseases Advisory Council.

Date: September 22–23, 2004.

Open: September 22, 2004, 8:30 a.m. to 12 p.m.

Agenda: To present the Director's Report and other scientific presentations.

Place: National Institutes of Health, Building 31, 31 Center Drive, Conference Room 10, Bethesda, MD 20892.

Closed: September 23, 2004, 9:45 a.m. to 10:15 a.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Building 31, 31 Center Drive, Conference Room 10, Bethesda, MD 20892.

Open: September 23, 2004, 10:15 a.m. to adjournment.

Agenda: Continuation of the Director's Report and other scientific presentations.

Place: National Institutes of Health, Building 31, 31 Center Drive, Conference Room 10, Bethesda, MD 20892.

Contact Person: Robert D. Hammond, PhD., Director for Extramural Activities, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, 6707 Democracy Blvd., Room 715, MSC 5452, Bethesda, MD 20892–5452, (301) 594–8834, *hammondr@extra.niddk.nih.gov.*

Name of Committee: National Diabetes and Digestive and Kidney Diseases Advisory Council Diabetes, Endocrinology, and Metabolic Diseases Subcommittee.

Date: September 22–23, 2004.

Open: September 22, 2004, 1 p.m. to 3:15 p.m.

Agenda: To review the Division's scientific and planning activities.

Place: National Institutes of Health, Building 31, 31 Center Drive, Conference Room 10, Bethesda, MD 20892.

Closed: September 22, 2004, 3:30 p.m. to 5:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Building 31, 31 Center Drive Conference Room 10, Bethesda, MD 20892.

Open: September 23, 2004, 8 a.m. to 9:30 a.m.

Agenda: Continuation of the review of the Division's scientific and planning activities.

Place: National Institutes of Health, Building 31, 31 Center Drive, Conference Room 10, Bethesda, MD 20892.

Contact Person: Robert D. Hammond, PhD., Director for Extramural Activities, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, 6707 Democracy Blvd., Room 715, MSC 5452, Bethesda, MD 20892–5452, (301) 594–8834, *hammondr@extra.niddk.nih.gov.*

Name of Committee: National Diabetes and Digestive and Kidney Diseases Advisory Council Digestive Diseases and Nutrition Subcommittee.

Date: September 22–23, 2004.

Open: September 22, 2004, 1 p.m. to 3 p.m.

Agenda: To review the Division's scientific and planning activities.

Place: National Institutes of Health, Building 31, 31 Center Drive, Conference Room 9A22, Bethesda, MD 20892.

Closed: September 22, 2004, 3:15 p.m. to 5:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Building 31, 31 Center Drive, Conference Room 9A22, Bethesda, MD 20892.

Open: September 22, 2004, 8 a.m. to 9:30 a.m.

Agenda: Continuation of the review of the Division's scientific and planning activities.

Place: National Institutes of Health, Building 31, 31 Center Drive, Conference Room 9A22, Bethesda, MD 20892.

Contact Person: Robert D. Hammond, PhD., Director for Extramural Activities, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, 6707 Democracy Blvd., Room 715, MSC 5452, Bethesda, MD 20892–5452, 301–594–8834, *hammondr@extra.niddk.nih.gov.*

Name of Committee: National Diabetes and Digestive and Kidney Diseases Advisory Council, Kidney, Urologic, and Hematologic Diseases Subcommittee.

Date: September 22–23, 2004.

Open: September 22, 2004, 1 p.m. to 4:30 p.m.

Agenda: To review the Division's scientific and planning activities.

Place: National Institutes of Health, Building 31, 31 Center Drive, Conference Room 7, Bethesda, MD 20892.

Closed: September 22, 2004, 4:30 p.m. to 5:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Building 31, 31 Center Drive, Conference Room 7, Bethesda, MD 20892.

Closed: September 22, 2004, 8 a.m. to 9:30 a.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Building 31, 31 Center Drive, Conference Room 7, Bethesda, MD 20892.

Contact Person: Robert D. Hammond, PhD., Director for Extramural Activities, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, 6707 Democracy Blvd., Room 715, MSC 5452, Bethesda, MD 20892–5452, (301) 594–8834, *hammondr@extra.niddk.nih.gov.*

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number, and, when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance into the building by non-government employees. Persons without a government I.D. will need to show a photo I.D. and sign-in at the security desk upon entering the building.

Information is also available on the Institute's/Center's home page: *www.niddk.nih.gov/fund/divisions/DEA/Council/coundesc.htm.,* where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.847, Diabetes, Endocrinology and Metabolic Research; 93.848, Digestive Diseases and Nutrition Research; 93.849, Kidney Diseases, Urology and Hematology Research, National Institutes of Health, HHS)

Dated: August 6, 2004.

Anna P. Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 04–18623 Filed 8–13–04; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institute of Health

National Institute on Drug Abuse; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the National Advisory Council on Drug Abuse.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Advisory Council on Drug Abuse.

Date: September 21–22, 2004.

Closed: September 21, 2004, 2 p.m. to 4 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852.

Open: September 22, 2004 8:30 a.m. to 11:30 a.m.

Agenda: This portion of the meeting will be open to the public for announcements and reports of administrative, legislative and program developments in the drug abuse field.

Place: National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852.

Contact Person: Teresa Levitin, PhD, Director, Office of Extramural Affairs, National Institute on Drug Abuse, NIH, DHHS, Room 220, MSC 8401, 6101 Executive Boulevard, Bethesda, MD 20892–8401. (301) 443–2755.

Any member of the public interested in presenting oral comments to the committee may notify the Contact Person listed on this notice at least 10 days in advance of the meeting. Interested individuals and representatives of organizations may submit a letter of intent, a brief description of the organization represented, and a short description of the oral presentation. Only one representative of an organization may be allowed to present oral comments and if

accepted by the committee, presentations may be limited to five minutes. Both printed and electronic copies are requested for the record. In addition, any interested person may file written comments with the committee by forwarding their statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance into the building by non-government employees. Persons without a government I.D. will need to show a photo I.D. and sign-in at the security desk upon entering the building.

Information is also available on the Institute's/Center's home page: *http://www.drugabuse.gov/NACDA/NACDAHome.html,* where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.277, Drug Abuse Scientist Development Award for Clinicians, Scientist Development Awards, and Research Scientist Awards; 93.278, Drug Abuse National Research Service Awards for Research Training; 93.279, Drug Abuse Research Programs, National Institutes of Health, HHS)

Dated: August 6, 2004.

Anna P. Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 04–18624 Filed 8–13–04; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Dental & Craniofacial Research; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The other and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the other, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Dental and Craniofacial Research Special Emphasis Panel 04–65, Review of U24 Reports.

Date: August 26, 2004.

Time: 1:30 p.m. to 3 p.m.

Agenda: To review and evaluate review of U24 Reports.

Place:: National Institutes of Health, Natcher Building, 45 Center Drive, Bethesda, MD 20892. (Telephone conference call).

Contact Person: Sooyoun (Sonia) Kim, MS, Associate SRA, Scientific Review Branch, Division of Extramural Research, National Inst. of Dental & Craniofacial Research, National Institute of Health, Bethesda, MD 20892. (301) 594–4872.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.121, Oral Diseases and Disorders Research, National Institutes of Health, HHS)

Dated: August 6, 2004.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 04–18625 Filed 8–13–04; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Allergy and Infectious Diseases Special Emphasis Panel Biodefense and Emerging Infectious Diseases Research Opportunities.

Date: September 3, 2004.

Time: 12 p.m. to 4 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6130 Executive Blvd., Room 3143, Bethesda, MD 20892. (Telephone conference call.)

Contact Person: Eleazar Cohen PhD, Scientific Review Administrator, Scientific Review Program, Division of Extramural Activities, NIAID/NIH/DHHS, Room 3129, 6700 B Rockledge Drive, Bethesda, MD 20892. (301) 435–3564, *ec17w@nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: August 4, 2004.

Anna P. Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 04–18626 Filed 8–13–04; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HOMELAND SECURITY

Departmental Advisory Committee on Commercial Operations of Customs and Border Protection and Related Functions (COAC)

ACTION: Notice of committee renewal and request for applications for membership.

SUMMARY: The Department of Homeland Security (DHS) and Department of the Treasury are providing this notice of the renewal of the charter for the Departmental Advisory Committee on Commercial Operations of Customs and Border Protection and Related Functions (COAC). This notice also requests qualified individuals interested in serving on this committee to apply for membership.

DATES: Applications for membership should reach the office on or before September 15, 2004. Applications should be submitted in sufficient time to be received by the close of business on the closing date.

ADDRESSES: You may request a copy of the COAC's charter or file an application for COAC membership by writing to Ms. Monica Frazier, Office of the Assistant Secretary for Border and Transportation Security, Department of Homeland Security, Washington, DC 20528 Attn: COAC 2004. Facsimile applications are acceptable, sent to 571–227–1937—Attn: COAC 2004. Contact Ms. Frazier with any questions at 571–227–3977.

FOR FURTHER INFORMATION CONTACT: Ms. Monica Frazier, Office of the Assistant Secretary for Border and Transportation Security, Department of Homeland Security, Washington, DC 20528, telephone 571–227–3977; facsimile 571–227–1937.

SUPPLEMENTARY INFORMATION: The Secretary of the Department of Homeland Security and the Secretary of the Treasury have determined that the renewal of the Departmental Advisory Committee on Commercial Operations of Customs and Border Protection and

Related Functions (COAC) is necessary and in the public interest in connection with the duties of the respective Departments. This determination follows consultation with the Committee Management Secretariat, General Services Administration.

Name of Committee: Departmental Advisory Committee on Commercial Operations of Customs and Border Protection and Related Functions (COAC).

Purpose and Objective: The purpose of the Committee is to provide advice to the Secretary of the Treasury and the Secretary of Homeland Security on all matters involving the commercial operations of bureau of Customs and Border Protection (CBP) and related functions within DHS or Treasury and to submit an annual report to Congress describing its operations and setting forth any recommendations. The Committee provides a critical and unique forum for distinguished representatives of diverse industry sectors to present their views and advice directly to senior Treasury, DHS, and customs officials. This is done on a regular basis in an open and candid atmosphere.

Duration: Continuing.

Balanced Membership Plans: The members will be selected by the Secretary of the Treasury and the Secretary of Homeland Security jointly from representatives of the trade and transportation community that do business with CBP, or others who are directly affected by customs commercial operations and related functions. In addition, members shall represent major regions of the country, and, by statute, not more than ten members may be affiliated with the same political party.

Background

In the Omnibus Budget Reconciliation Act of 1987 (Pub. L. 100–203), Congress directed the Secretary of the Treasury to create an Advisory Committee on Commercial Operations of the Customs Service. The Committee is to consist of 20 members drawn from industry sectors affected by Customs commercial operations with balanced political party affiliations. The Committee's first two-year charter was filed on October 17, 1988, and the committee has been renewed seven times since then.

With the creation of the Department of Homeland Security, the Secretary of the Treasury delegated a joint chair and Committee management role to the Secretary of Homeland Security (*see* 19 CFR Part 0 Appx.). Under this delegation, and pursuant to sections 412(a)(1) and 1512(d) of the Homeland Security Act of 2002 (Pub. L. 107–296), the Committee's name is being changed to the Departmental Advisory Committee on Commercial Operations of Customs and Border Protection.

Due to the importance and usefulness of this Committee to both Departments, DHS and Treasury are revising the Committee's charter to provide the Committee discretion to advise not only on the commercial operations of CBP, but also on the related functions of DHS and Treasury.

It is expected that, during its ninth two-year term, the Committee will consider issues relating to enhanced border and cargo supply chain security. COAC will continue to provide advice and report such matters as on customs modernization and automation, informed compliance and compliance assessment, account-based processing, commercial enforcement and uniformity, international efforts to harmonize customs practices and procedures, strategic planning, northern border and southern border issues, and relationships with foreign customs authorities.

Both DHS and Treasury have functions related to CBP commercial operations, such as Coast Guard operations involving vessels in international commerce, the Transportation Security Administration's operations affecting international commerce and transportation security, and Treasury regulatory and policy functions related to the customs revenue functions. Accordingly, DHS and Treasury have determined to empower COAC to provide advice and report on not only CBP commercial operations as such, but also those other DHS or Treasury functions that are related to those operations to ensure both Departments and Congress have the perspective of the COAC on the range of critical issues relating to CBP's commercial operations functions.

Committee Membership

Membership on the Committee is personal to the appointee and is concurrent with the two-year duration of the charter for the ninth term. Under the Charter, a member may not send an alternate to represent him or her at a Committee meeting. However, since Committee meetings are open to the public, another person from a member's organization may attend and observe the proceedings in a nonparticipating capacity. Regular attendance is essential; the Charter provides that a member who is absent for two consecutive meetings or two meetings in a calendar year shall be recommended for replacement on the Committee.

No person who is required to register under the Foreign Agents Registration Act as an agent or representative of a foreign principal may serve on this advisory committee.

Members who are currently serving on the Committee are eligible to reapply for membership provided that they are not in their second consecutive term and that they have met attendance requirements. A new application letter (*see* addresses) is required, but it can incorporate by reference materials previously filed (please attach courtesy copies).

Members will not be paid compensation by the Federal Government for their services with respect to the COAC, nor shall they be considered Federal Government employees for any purpose. No per diem, transportation, or other expenses are reimbursed by the Federal Government for the expenses they incur in attending Committee meetings at any location.

Application for Advisory Committee Appointment

There is no prescribed format for the application. Applicants may send a letter describing their interest and qualifications and enclose a resumé.

Any interested person wishing to serve on the (COAC) must provide the following:

- Statement of interest and reasons for application;
- Complete professional biography or resumé;
- Political affiliation, in order to ensure balanced representation. (Mandatory. If no party registration or allegiance exists, indicate ''independent'' or ''unaffiliated'').

DHS and Treasury are particularly interested in receiving applications from individuals with extensive experience in maritime cargo shipping. DHS and Treasury are also interesting in receiving applications from individuals with extensive small business or small business association experience in the commercial operations of customs and related functions.

In addition, all applicants must state in their applications that they agree to submit to pre-appointment background and tax checks. (Mandatory). However, a national security clearance is not required for the position.

Dated: August 11, 2004.

C. Stewart Verdery, Jr.,

Assistant Secretary (Border and Transportation Security Policy and Planning), Department of Homeland Security.

Timothy E. Skud,

Deputy Assistant Secretary (Tax, Trade, and Tariff Policy), Department of the Treasury.

[FR Doc. 04–18715 Filed 8–11–04; 4:19 pm]

BILLING CODE 4810–25–P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

DEPARTMENT OF TRANSPORTATION

Maritime Administration

[USCG–2004–18474]

Pearl Crossing LNG Terminal LLC Liquefied Natural Gas Deepwater Port License Application; Preparation of Environmental Impact Statement

AGENCY: Coast Guard, DHS; and Maritime Administration, DOT.

ACTION: Notice of intent; notice of public meeting; and request for public comments.

SUMMARY: The U.S. Coast Guard and the Maritime Administration (''MARAD'') announce that the Coast Guard intends to prepare an environmental impact statement (''EIS'') as part of the environmental review of the license application for the proposed Pearl Crossing LNG Terminal deepwater port, to be located approximately 41 miles (66 kilometers) southeast of Cameron, Louisiana, with its associated onshore and offshore components. Onshore components include pipelines, pipeline shore crossings, and a graving dock. Proposed locations for the graving dock are near Corpus Christi, Texas, and Freeport, Texas. Publication of this notice begins a public scoping process that will help determine the scope of issues to be addressed in the EIS and identify the significant environmental issues related to this license application. Finally, this notice solicits public involvement in the scoping process, and announces public meetings and a public comment period to facilitate that involvement.

DATES: The public meetings will be held August 30 and 31, and September 1 and 2, 2004, from 3 p.m. to 7 p.m. in Lake Charles, Louisiana; Orange, Texas; Lake Jackson, Texas; and Port Aransas, Texas, respectively. Each meeting will consist of an informational open house, from 3 p.m. to 4:30 p.m., and a public scoping meeting, from 5 p.m. to 7 p.m. All meeting spaces will be wheelchair-accessible. Comments and related material must reach the docket on or before September 15, 2004.

ADDRESSES: *The Lake Charles informational open house and public meeting will be held at:* Lake Charles Civic Center, Contraband Room, 900 Lakeshore Drive, Lake Charles, Louisiana 70602; (337) 491–1256.

The Orange, Texas informational open house and public meeting will be held at: Thomen Community Center, 1413 North 20th Street, Orange, Texas 77630; (409) 883–1017.

The Lake Jackson, Texas informational open house and public meeting will be held at: Brazosport College, Room K–101, 500 College Drive, Lake Jackson, Texas 77566; (979) 230–3000.

The Port Aransas, Texas informational open house and public meeting will be held at: City of Port Aransas Civic Center, 710 W. Avenue A, Port Aransas, Texas 78373; (361) 749–4111.

You need not attend the meetings in order to comment. You may also submit comments identified by docket number USCG–2004–18474 to the Docket Management Facility at the U.S. Department of Transportation. *To avoid duplication, please use only one of the following methods:*

(1) Electronically through the Web site for the Docket Management System, at *http://dms.dot.gov.*

(2) By mail to the Docket Management Facility, U.S. Department of Transportation, Room PL–401, 400 Seventh Street, SW., Washington, DC 20590–0001.

(3) By fax to the Docket Management Facility at (202) 493–2251.

(4) By delivery to Room PL–401 on the Plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, from 9 a.m. to 5 p.m., Monday through Friday, except Federal holidays. The telephone number is (202) 366–9329.

(5) By the Federal eRulemaking Portal at *http://www.regulations.gov/.*

The Docket Management Facility maintains the public docket for this notice. Comments and material received from the public will become part of this docket and will be available for inspection or copying in Room PL–401 on the Plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, from 9 a.m. to 5 p.m. Monday through Friday, except Federal holidays. This docket may also be found on the Internet at *http://dms.dot.gov.*

FOR FURTHER INFORMATION CONTACT: If you have questions on the application, this notice, or the meetings, or if you want to be notified when the draft and final environmental impact statements become available, contact Lieutenant Ken Kusano, U.S. Coast Guard, at (202) 267–1184 or e-mail at *Kkusano@comdt.uscg.mil.* If you have questions regarding the National Environmental Policy Act (''NEPA'') process, contact Joan Lang, at (202) 267–2498 or e-mail at *Jlang@comdt.uscg.mil.* If you have questions on viewing or submitting material to the docket, call Andrea M. Jenkins, Program Manager, Docket Operations, telephone (202) 366–0271.

SUPPLEMENTARY INFORMATION:

Scoping Meetings and Request for Comments

We seek public review of and comment on this license application, particularly with respect to the environmental review discussed in this notice. Public input on environmental concerns related to the application, suggested sources of relevant data, and suggested methods for environmental analysis are especially welcome.

The Coast Guard will hold informational open houses and scoping meetings for interested members of the public, as described under **DATES** and **ADDRESSES**. Meeting facilities are wheelchair accessible. If you need other special assistance in order to participate in these sessions (for example, sign language interpretation), please contact the person named in **FOR FURTHER INFORMATION CONTACT,** and we will try to make reasonable accommodation for your needs. We ask that you make such requests at least three (3) business days before the scheduled meeting. Include a contact person's name and telephone number, your specific need, and (for persons with hearing impairments) a TDD number.

If you submit comments or related material to the docket (*see* **DATES** and **ADDRESSES**), please make your comment as specific as possible and give us the reasons for each comment. If you mail or hand-deliver printed documents, please submit them unbound and in a format suitable for copying and electronic filing, no larger than 8½ by 11 inches. If you submit comments or material by mail and want confirmation that it has reached the facility, please enclose a stamped, self-addressed postcard or envelope. We will consider all comments and material received during the comment period. All comments received will be posted, without change, to *http://dms.dot.gov/* and will include any personal information you have provided.

Anyone can search the electronic form of all comments received into any of the Department of Transportation (''DOT'') dockets by the name of the individual submitting the comment (or signing the comment, if submitted on behalf of an association, business, labor union, *etc.*). You may review the Department of Transportation's Privacy Act Statement in the **Federal Register** published on April 11, 2000 (65 FR 19477), or you may visit *http://dms.dot.gov/.*

Environmental Review

Deepwater ports for the transportation, storage, or further handling of oil, liquefied natural gas (''LNG'') or natural gas must be licensed in accordance with the Deepwater Port Act of 1974, as amended, 33 United States Code (U.S.C.) 1501 *et seq.* (''the Act''). The Coast Guard and MARAD jointly process applications for deepwater port licenses. A notice of application for the Pearl Crossing LNG Terminal liquefied natural gas deepwater port was published in the **Federal Register** on July 21, 2004 (69 FR 43618). That notice contains a fuller description of the proposed deepwater port. The application, including environmental documentation provided by the applicant, is available in the public docket. The approximately 64-mile (103 kilometers) onshore portion of this pipeline beyond the mean high water line falls under the jurisdiction of the Federal Energy Regulatory Commission (''FERC'') and must receive a separate authorization from FERC. As required by their regulations, FERC will also maintain a docket. Comments sent to the FERC docket will be incorporated into the DOT docket and EIS to ensure consistency with the NEPA process. Additional information about the onshore segment of the project is available on the FERC Internet Web site (*http://www.ferc.gov*) using the eLibrary link. Click on the eLibrary link, click on ''General Search'' and enter the docket number excluding the last three digits in the Docket Number field (*e.g.*, CP04–374–000, CP04–375–000 and CP04–376–000). Be sure you have selected an appropriate date range. For assistance with eLibrary, the eLibrary helpline can be reached at 1–866–208–3676, TTY (202) 502–8659, or email FERC Online Support at *FERCOnlineSupport@ferc.gov.*

As required by their regulations the U.S. Army Corps of Engineers (''ACOE'') will maintain a permit file. Comments sent to the ACOE will be incorporated into the DOT docket and the EIS to ensure consistency with the NEPA process.

In addition to analyzing the locations for the siting of the Port, this EIS will also analyze six potential locations for the construction of the coastal graving dock site to build the gravity-based, deepwater port structure. The site locations are: Freeport Site, Freeport, Texas; Kiewit Site, Ingleside, Texas; Welder Site, Ingleside, Texas; McDermott Site, Harbor Island, Texas; Zachary Site, Harbor Island, Texas; and Campamento Fabrication Facility Site, Algeciras, Spain. The graving dock site will be at least 75 acres (30 hectares) in size. The Campamento Fabrication Facility Site is a previously developed site. For construction of any of the other proposed graving docks, the applicant proposes to excavate a basin large enough to accommodate the 590 feet (180 meters) long by 295 feet (90 meters) wide deepwater port structure and construct offices, utilities, roads, a concrete batch plant, and other fabrication infrastructure.

The Act establishes a licensing process for proposed deepwater ports, and that process includes review of the proposed port's natural and human environmental impacts. Consistent with the Act, this environmental review must comply with the National Environmental Policy Act of 1969, 42 U.S.C. 4332, and with the following authorities: Coast Guard regulations in 33 Code of Federation Regulations (''CFR'') part 148, Council on Environmental Quality regulations in 40 CFR parts 1500–1508, DOT Order 5610.1C (Procedures for Considering Environmental Impacts), and Coast Guard Commandant's Instruction (''COMDTINST'') M16475.1D. Environmental review includes public involvement, and consultation with States deemed adjacent to the proposed port (in this case, Louisiana). The Coast Guard is the lead agency for determining the required scope of environmental review, and in this case the Coast Guard has determined that an EIS must be prepared. The EIS is a Coast Guard document with several agencies, including the ACOE and FERC, acting as cooperating agencies in the NEPA process as described by 40 CFR 1501.6. The Coast Guard is the lead Federal agency in the preparation of the EIS for the LNG terminal, graving dock facility, and the offshore pipeline. The joint document will satisfy the requirements of the Act. The ACOE will assist in the preparation of the EIS for permits pursuant to Section 10 of the River and Harbor Act of 1899 (33 U.S.C. 403) and Section 404 of the Clean Water Act (33 U.S.C. 1344). FERC will assist in the preparation of the EIS for approximately 0.5 mile of offshore pipelines and the approximately 64-mile-long (103 kilometers) onshore pipeline. Even though an affiliate of Pearl Crossing LNG Terminal LLC must separately apply for and receive an authorization from FERC for the onshore pipeline, and from the ACOE for appropriate Section 10 and 404 permits, this EIS will assess the environmental impacts of both the onshore and offshore portions of the project. We have consulted with FERC and understand that the affiliate applied to FERC for onshore pipeline authorization under Docket Number CP04–374–000, CP04–375–000 and CP04–376–000. Therefore, we are publishing the notice of intent described in 40 CFR 1508.22, to announce our intention to prepare and consider an EIS, and to describe our proposed action and possible alternatives, describe the scoping process required by 40 CFR 1501.7, and provide contact information. All comments related to this project, including the onshore pipeline and ACOE permits, may be submitted in accordance with the guidance under **ADDRESSES.** Contact information is provided above, under **FOR FURTHER INFORMATION CONTACT**.

The proposed action requiring environmental review is the Federal licensing of the Pearl Crossing LNG Terminal LLC deepwater port application. The alternatives to licensing approval are licensing with conditions (including conditions designed to mitigate environmental impact), and denying the application, which for purposes of environmental review is the ''no-action'' alternative.

Public scoping is an early and open process for determining the scope of issues to be addressed in an EIS and for identifying the significant issues related to a proposed action. The scoping process begins with publication of this notice, extends through the public comment period (*see* **DATES**), and ends when the Coast Guard completes the following actions:

- Invites the participation of Federal, State, and Local agencies, any affected Indian tribe, the applicant and other interested persons;
- Determines the actions, alternatives and impacts described in 40 CFR 1508.25;
- Identifies and eliminates from detailed study those issues that are not significant or that have been covered elsewhere;
- Allocates responsibility for preparing EIS components;
- Indicates any related environmental assessments or environmental impact statements that are not part of the EIS;

• Identifies other relevant environmental review and consultation requirements;

• Indicates the relationship between timing of the environmental review and other aspects of the application process; and,

•* At its discretion, exercises options provided in 40 CFR 1501.7 (b).

Once the scoping process is complete, the Coast Guard will prepare a draft EIS, and we will publish a **Federal Register** notice announcing its public availability. If you want to be mailed or emailed the draft EIS notice of availability, please contact the person named in **FOR FURTHER INFORMATION CONTACT**. We will provide the public with an opportunity to review and comment on the draft EIS. After the Coast Guard considers those comments, we will prepare the final EIS and similarly announce its availability and solicit public review and comment.

Dated: August 9, 2004.

Howard L. Hime,

Acting Director of Standards, Marine Safety, Security, and Environmental Protection, U.S. Coast Guard.

H. Keith Lesnick,

Senior Transportation Specialist, Deepwater Ports Program Manager, U.S. Maritime Administration.

[FR Doc. 04–18590 Filed 8–13–04; 8:45 am]

BILLING CODE 4910–15–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[FEMA–1535–DR]

Kansas; Amendment No. 1 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the State of Kansas (FEMA–1535–DR), dated August 3, 2004, and related determinations.

EFFECTIVE DATE: August 9, 2004.

FOR FURTHER INFORMATION CONTACT: Magda Ruiz, Recovery Division, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–2705.

SUPPLEMENTARY INFORMATION: The notice of a major disaster declaration for the State of Kansas is hereby amended to include the following areas among those areas determined to have been adversely affected by the catastrophe declared a major disaster by the President in his declaration of August 3, 2004:

Butler, Cherokee, Ellis, Graham, Jewell, Labette, Lyon, Mitchell, Osborne, Phillips, Rush, Russell, Smith, and Trego Counties for Public Assistance.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund Program; 97.032, Crisis Counseling; 97.033, Disaster Legal Services Program; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance; 97.048, Individual and Household Housing; 97.049, Individual and Household Disaster Housing Operations; 97.050 Individual and Household Program-Other Needs, 97.036, Public Assistance Grants; 97.039, Hazard Mitigation Grant Program.)

Michael D. Brown,

Under Secretary, Emergency Preparedness and Response, Department of Homeland Security.

[FR Doc. 04–18682 Filed 8–13–04; 8:45 am]

BILLING CODE 9110–10–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[FEMA–1537–DR]

Kentucky; Major Disaster and Related Determinations

AGENCY: Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Notice.

SUMMARY: This is a notice of the Presidential declaration of a major disaster for the Commonwealth of Kentucky (FEMA–1537–DR), dated August 6, 2004, and related determinations.

EFFECTIVE DATE: August 6, 2004.

FOR FURTHER INFORMATION CONTACT: Magda Ruiz, Recovery Division, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–2705.

SUPPLEMENTARY INFORMATION: Notice is hereby given that, in a letter dated August 6, 2004, the President declared a major disaster under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5206 (the Stafford Act), as follows:

I have determined that the damage in certain areas of the Commonwealth of Kentucky, resulting from severe storms and flooding on July 13–15, 2004, is of sufficient severity and magnitude to warrant a major disaster declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5206 (the Stafford Act). I, therefore, declare that such a major disaster exists in the Commonwealth of Kentucky.

In order to provide Federal assistance, you are hereby authorized to allocate from funds available for these purposes, such amounts as you find necessary for Federal disaster assistance and administrative expenses.

You are authorized to provide Public Assistance in the designated areas, Hazard Mitigation throughout the Commonwealth, and any other forms of assistance under the Stafford Act you may deem appropriate. Consistent with the requirement that Federal assistance be supplemental, any Federal funds provided under the Stafford Act for Public Assistance and Hazard Mitigation will be limited to 75 percent of the total eligible costs. If Other Needs Assistance under section 408 of the Stafford Act is later requested and warranted, Federal funding under that program will also be limited to 75 percent of the total eligible costs.

Further, you are authorized to make changes to this declaration to the extent allowable under the Stafford Act.

The Federal Emergency Management Agency (FEMA) hereby gives notice that pursuant to the authority vested in the Under Secretary for Emergency Preparedness and Response, Department of Homeland Security, under Executive Order 12148, as amended, Jesse F. Munoz, of FEMA is appointed to act as the Federal Coordinating Officer for this declared disaster.

I do hereby determine the following areas of the Commonwealth of Kentucky to have been affected adversely by this declared major disaster:

Adair, Allen, Barren, Breckinridge, Butler, Clinton, Cumberland, Daviess, Edmonson, Grayson, Green, Hancock, Hardin, Hart, Larue, Meade, Metcalfe, Monroe, Nelson, Ohio, Russell, Spencer, Taylor, Warren, Washington, and Wayne Counties for Public Assistance.

All counties within the Commonwealth of Kentucky are eligible to apply for assistance under the Hazard Mitigation Grant Program.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund Program; 97.032, Crisis Counseling; 97.033, Disaster Legal Services Program; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance; 97.048, Individual and Household Housing; 97.049, Individual and Household Disaster Housing Operations; 97.050 Individual and Household Program-Other Needs, 97.036, Public Assistance

Grants; 97.039, Hazard Mitigation Grant Program)

Michael D. Brown,

Under Secretary, Emergency Preparedness and Response, Department of Homeland Security.

[FR Doc. 04–18684 Filed 8–13–04; 8:45 am]

BILLING CODE 9110–10–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[FEMA–1538–DR]

Pennsylvania; Major Disaster and Related Determinations

AGENCY: Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Notice.

SUMMARY: This is a notice of the Presidential declaration of a major disaster for the Commonwealth of Pennsylvania (FEMA–1538–DR), dated August 6, 2004, and related determinations.

EFFECTIVE DATE: August 6, 2004.

FOR FURTHER INFORMATION CONTACT: Magda Ruiz, Recovery Division, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–2705.

SUPPLEMENTARY INFORMATION: Notice is hereby given that, in a letter dated August 6, 2004, the President declared a major disaster under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5206 (the Stafford Act), as follows:

I have determined that the damage in certain areas of the Commonwealth of Pennsylvania, resulting from severe storms and flooding beginning on August 1, 2004, and continuing, is of sufficient severity and magnitude to warrant a major disaster declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121–5206 (the Stafford Act). I, therefore, declare that such a major disaster exists in the Commonwealth of Pennsylvania.

In order to provide Federal assistance, you are hereby authorized to allocate from funds available for these purposes, such amounts as you find necessary for Federal disaster assistance and administrative expenses.

You are authorized to provide Individual Assistance and Hazard Mitigation in the designated areas, and any other forms of assistance under the Stafford Act you may deem appropriate. Consistent with the requirement that Federal assistance be supplemental, any Federal funds provided under the Stafford Act for Hazard Mitigation and the Other Needs Assistance under section 408 of the Stafford Act will be limited to 75 percent of the total eligible costs. If Public Assistance is later requested and warranted, Federal funds provided under that program will also be limited to 75 percent of the total eligible costs.

Further, you are authorized to make changes to this declaration to the extent allowable under the Stafford Act.

The time period prescribed for the implementation of section 310(a), Priority to Certain Applications for Public Facility and Public Housing Assistance, 42 U.S.C. 5153, shall be for a period not to exceed six months after the date of this declaration.

The Federal Emergency Management Agency (FEMA) hereby gives notice that pursuant to the authority vested in the Under Secretary for Emergency Preparedness and Response, Department of Homeland Security, under Executive Order 12148, as amended, Thomas Davies, of FEMA is appointed to act as the Federal Coordinating Officer for this declared disaster.

I do hereby determine the following areas of the Commonwealth of Pennsylvania to have been affected adversely by this declared major disaster:

Delaware, Montgomery, and Philadelphia Counties for Individual Assistance.

Delaware, Montgomery, and Philadelphia Counties in the Commonwealth of Pennsylvania are eligible to apply for assistance under the Hazard Mitigation Grant Program.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund Program; 97.032, Crisis Counseling; 97.033, Disaster Legal Services Program; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance; 97.048, Individual and Household Housing; 97.049, Individual and Household Disaster Housing Operations; 97.050 Individual and Household Program-Other Needs, 97.036, Public Assistance Grants; 97.039, Hazard Mitigation Grant Program)

Michael D. Brown,

Under Secretary, Emergency Preparedness and Response, Department of Homeland Security.

[FR Doc. 04–18685 Filed 8–13–04; 8:45 am]

BILLING CODE 9110–10–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[FEMA–1536–DR]

West Virginia; Major Disaster and Related Determinations

AGENCY: Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Notice.

SUMMARY: This is a notice of the Presidential declaration of a major disaster for the State of West Virginia (FEMA–1536-DR), dated August 6, 2004, and related determinations.

EFFECTIVE DATE: August 6, 2004.

FOR FURTHER INFORMATION CONTACT: Magda Ruiz, Recovery Division, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–2705.

SUPPLEMENTARY INFORMATION: Notice is hereby given that, in a letter dated August 6, 2004, the President declared a major disaster under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5206 (the Stafford Act), as follows:

I have determined that the damage in certain areas of the State of West Virginia, resulting from severe storms, flooding, and landslides beginning on July 22, 2004, and continuing, is of sufficient severity and magnitude to warrant a major disaster declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5206 (the Stafford Act). I, therefore, declare that such a major disaster exists in the State of West Virginia.

In order to provide Federal assistance, you are hereby authorized to allocate from funds available for these purposes, such amounts as you find necessary for Federal disaster assistance and administrative expenses.

You are authorized to provide Individual Assistance in the designated areas, Hazard Mitigation throughout the State, and any other forms of assistance under the Stafford Act you may deem appropriate. Consistent with the requirement that Federal assistance be supplemental, any Federal funds provided under the Stafford Act for Hazard Mitigation and the Other Needs Assistance under section 408 of the Stafford Act will be limited to 75 percent of the total eligible costs. If Public Assistance is later requested and warranted, Federal funds provided under that program will also be limited to 75 percent of the total eligible costs.

Further, you are authorized to make changes to this declaration to the extent allowable under the Stafford Act.

The time period prescribed for the implementation of section 310(a), Priority to Certain Applications for

Public Facility and Public Housing Assistance, 42 U.S.C. 5153, shall be for a period not to exceed six months after the date of this declaration.

The Federal Emergency Management Agency (FEMA) hereby gives notice that pursuant to the authority vested in the Under Secretary for Emergency Preparedness and Response, Department of Homeland Security, under Executive Order 12148, as amended, Louis Botta, of FEMA is appointed to act as the Federal Coordinating Officer for this declared disaster.

I do hereby determine the following areas of the State of West Virginia to have been affected adversely by this declared major disaster:

Fayette, Lincoln, and Logan Counties for Individual Assistance.

All counties within the State of West Virginia are eligible to apply for assistance under the Hazard Mitigation Grant Program.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund Program; 97.032, Crisis Counseling; 97.033, Disaster Legal Services Program; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance; 97.048, Individual and Household Housing; 97.049, Individual and Household Disaster Housing Operations; 97.050 Individual and Household Program-Other Needs, 97.036, Public Assistance Grants; 97.039, Hazard Mitigation Grant Program.)

Michael D. Brown,

Under Secretary, Emergency Preparedness and Response, Department of Homeland Security.

[FR Doc. 04–18683 Filed 8–13–04; 8:45 am]

BILLING CODE 9110–10–P

DEPARTMENT OF THE INTERIOR

Geological Survey

Request for Public Comments on Extension of Existing Information Collection Submitted to OMB for Review Under the Paperwork Reduction Act

A proposal extending information collection described below has been submitted to the Office of Management and Budget for approval under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35). Copies of the proposed collection of information may be obtained by contacting the Bureau's clearance officer at the phone number listed below. OMB has up to 60 days to approve or disapprove the information collection but may respond after 30 days; therefore, public comments should be submitted to OMB within 30 days in order to assure their maximum consideration. Address your comments and suggestions on the proposal by fax (202) 395–6566 or E-mail *(oira_docket@omb.eop.gov)* to the Office of Information and Regulatory Affairs, Office of Management and Budget, Attention: Desk Officer for the Interior Department. Send copies of your comments to the USGS Clearance Officer, U.S. Geological Survey, 807 National Center, 12201 Sunrise Valley Drive, Reston, Virginia, 20192, or E-mail *jcordyac@usgs.gov*.

As required by OMB regulations at 5 CFR 1320.8(d)(1), the USGS solicits specific public comments as to:

1. Whether the collection of information is necessary for the proper performance of the functions on the bureaus, including whether the information will have practical utility;
2. The accuracy of the bureau's estimate of the burden of the collection of information, including the validity of the methodology and assumptions used;
3. The quality, utility, and clarity of the information to be collected; and
4. How to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other forms of information technology.

Title: North American Reporting Center for Amphibian Malformations.

OMB Approval No.: 1028–0056.

Summary: The collection of information referred herein applies to a World Wide Web site that permits individuals who observed malformed amphibians or who inspect substantial numbers of normal or malformed amphibians to report those observations and related information. The Web site is termed the North American Reporting Center for Amphibian Malformations. Information is used by scientists and federal, state, and local agencies to identify areas where malformed amphibians occur and the rates of occurrence.

Estimated Completion Time: 20 minutes.

Estimated Annual Number of Respondents; 450.

Frequency: Once.

Estimated Annual Burden Hours: 150 hours.

Affected Public: Primarily U.S. and Canadian residents.

FOR FURTHER INFORMATION CONTACT: To obtain copies of the survey, contact the Bureau clearance officer, U.S. Geological Survey, 807 National Center, 12201 Sunrise Valley Drive, Reston, Virginia, 20192, telephone (703) 648–7313, or go to the Web site *http://frogweb.nbii.gov/narcam/*.

Dated: July 7, 2004.

Susan D. Haseltine,

Associate Director for Biology.

[FR Doc. 04–18589 Filed 8–13–04; 8:45 am]

BILLING CODE 4310–Y7–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[MT–060–01–1020–PG]

Notice of Public Meeting; Central Montana Resource Advisory Council

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of Public Meeting.

SUMMARY: In accordance with the Federal Land Policy and Management Act and the Federal Advisory Committee Act of 1972, the U.S. Department of the Interior, Bureau of Land Management (BLM) Central Montana Resource Advisory Council (RAC) will meet as indicated below.

DATES: The meeting will be held September 8 & 9, 2004, at the BLM's Lewistown Field Office on Airport Road in Lewistown, Montana. The September 8 meeting will begin at 1 p.m. with a 60-minute public comment period. The meeting is scheduled to adjourn at approximately 6 p.m. The September 9 meeting will begin at 8 a.m. with a 30-minute public comment period. This meeting will adjourn at approximately 3 p.m.

SUPPLEMENTARY INFORMATION: This 15-member council advises the Secretary of the Interior on a variety of management issues associated with public land management in Montana. At this meeting the council will discuss: Field Manager updates; Visual Resource Management Classes; Recreation Statistics for the Upper Missouri National Wild and Scenic River; Upper Missouri River Breaks National Monument Planning; Special Recreation Permits Within the Monument; The Lewis & Clark Bicentennial; The Blackleaf Environmental Impact Statement; and Criteria/Philosophy for Road Management.

All meetings are open to the public. The public may present written comments to the RAC. Each formal RAC meeting will also have time allocated for hearing public comments. Depending on the number of persons wishing to comment and time available, the timer for individual oral comments may be limited.

FOR FURTHER INFORMATION CONTACT: Chuck Otto, Acting Lewistown Field Manager, Lewistown Field Office,

Airport Road, Lewistown, MT 59457, 406/538–7461.

Dated: August 10, 2004.

Chuck Otto,

Acting Lewistown Field Manager.

[FR Doc. 04–18628 Filed 8–13–04; 8:45 am]

BILLING CODE 4310–$$–P

DEPARTMENT OF THE INTERIOR

Bureau of Reclamation

California Bay-Delta Public Advisory Committee Public Meeting

AGENCY: Bureau of Reclamation, Interior.

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the California Bay-Delta Public Advisory Committee will meet on September 8 and 9, 2004. The agenda for the meeting will include administrative actions carried over from the July meeting, a report from the Independent Science Board and the Lead Scientist, a discussion of the Delta Improvements Package, a possible recommendation on the Finance Options Report, consideration of Proposal Solicitation Packages for State agency grants, and a discussion of the overall balance and integration of the CALFED Bay-Delta Program with State and Federal agency representatives.

DATES: The meeting will be held on Wednesday, September 8, 2004, from 12 p.m. to 4 p.m., and on Thursday, September 9, 2004, from 9 a.m. to 4 p.m. If reasonable accommodation is needed due to a disability, please contact Pauline Nevins at (916) 445–5511 or TDD (800) 735–2929 at least 1 week prior to the meeting.

ADDRESSES: The meeting will be held at the California Bay-Delta Authority offices at 650 Capitol Mall, 5th Floor, Bay-Delta Room, Sacramento, California.

FOR FURTHER INFORMATION CONTACT: Heidi Rooks, California Bay-Delta Authority, at (916) 445–5511, or Diane Buzzard, U.S. Bureau of Reclamation, at (916) 978–5022.

SUPPLEMENTARY INFORMATION: The Committee was established to provide recommendations to the Secretary of the Interior, other participating Federal agencies, the Governor of the State of California, and the California Bay-Delta Authority on implementation of the CALFED Bay-Delta Program. The Committee makes recommendations on annual priorities, integration of the eleven Program elements, and overall balancing of the four Program objectives of ecosystem restoration, water quality, levee system integrity, and water supply reliability. The Program is a consortium of State and Federal agencies with the mission to develop and implement a long-term comprehensive plan that will restore ecological health and improve water management for beneficial uses of the San Francisco/Sacramento and San Joaquin Bay Delta.

Committee and meeting materials will be available on the California Bay-Delta Authority Web site at *http://calwater.ca.gov* and at the meeting. This meeting is open to the public. Oral comments will be accepted from members of the public at the meeting and will be limited to 3–5 minutes.

(Authority: The Committee was established pursuant to the Department of the Interior's authority to implement the Fish and Wildlife Coordination Act, 16 USC. § 661 et. seq., the Endangered Species Act, 16 USC § 1531 et. seq., and the Reclamation Act of 1902, 43 USC 371 et. seq., and the acts amendatory thereof or supplementary thereto, all collectively referred to as the Federal Reclamation laws, and in particular, the Central Valley Project Improvement Act, P.L. 102–575)

Dated: August 3, 2004.

Allan Oto,

Special Projects Officer, Mid-Pacific Region.

[FR Doc. 04–18664 Filed 8–13–04; 8:45 am]

BILLING CODE 4310–MN–M

INTERNATIONAL TRADE COMMISSION

[Inv. No. 337–TA–520]

In the Matter of Certain Digital Image Storage and Retrieval Devices; Notice of Investigation

AGENCY: U.S. International Trade Commission.

ACTION: Institution of investigation pursuant to 19 U.S.C. 1337.

SUMMARY: Notice is hereby given that a complaint was filed with the U.S. International Trade Commission on July 12, 2004, under section 337 of the Tariff Act of 1930, as amended, 19 U.S.C. 1337, on behalf of Ampex Corporation of Redwood City, California. The complaint alleges violations of section 337 in the importation into the United States, the sale for importation, and the sale within the United States after importation of certain digital image storage and retrieval devices by reason of infringement of claims 7–8 and 10–15 of U.S. Patent No. 4,821,121. The complaint further alleges that an industry in the United States exists as required by subsection (a)(2) of section 337.

The complainant requests that the Commission institute an investigation and, after the investigation, issue a general exclusion order and a permanent cease and desist order.

ADDRESSES: The complaint, except for any confidential information contained therein, is available for inspection during official business hours (8:45 a.m. to 5:15 p.m.) in the Office of the Secretary, U.S. International Trade Commission, 500 E Street, SW., Room 112, Washington, DC 20436, telephone (202) 205–2000. Hearing impaired individuals are advised that information on this matter can be obtained by contacting the Commission's TDD terminal on (202) 205–1810. Persons with mobility impairments who will need special assistance in gaining access to the Commission should contact the Office of the Secretary at (202) 205–2000. General information concerning the Commission may also be obtained by accessing its internet server at *http://www.usitc.gov.* The public record for this investigation may be viewed on the Commission's electronic docket (''EDIS'') at *http://edis.usitc.gov.*

FOR FURTHER INFORMATION CONTACT: Rett Snotherly, Esq., Office of Unfair Import Investigations, U.S. International Trade Commission, telephone (202) 205–2599.

Authority: The authority for institution of this investigation is contained in section 337 of the Tariff Act of 1930, as amended, and in section 210.10 of the Commission's Rules of Practice and Procedure, 19 CFR 210.10 (2003).

Scope of Investigation: Having considered the complaint, the U.S. International Trade Commission, on August 10, 2004, *ordered that*—

(1) Pursuant to subsection (b) of section 337 of the Tariff Act of 1930, as amended, an investigation be instituted to determine whether there is a violation of subsection (a)(1)(B) of section 337 in the importation into the United States, the sale for importation, or the sale within the United States after importation of certain digital image storage and retrieval devices by reason of infringement of one or more of claims 7–8 and 10–15 of U.S. Patent No. 4,821,121, and whether an industry in the United States exists as required by subsection (a)(2) of section 337.

(2) For the purpose of the investigation so instituted, the following are hereby named as parties upon which this notice of investigation shall be served:

(a) The complainant is—Ampex Corporation, 1228 Douglas Avenue, Redwood City, California 94063–3117.

(b) The respondent is the following company alleged to be in violation of section 337, and is the party upon which the complaint is to be served: Sony Corporation, 7–35 Kitashinagawa, 6 Chome, Shinagawa-Ku, Tokyo, 141–0001, Japan.

(c) Rett Snotherly, Esq., Office of Unfair Import Investigations, U.S. International Trade Commission, 500 E Street, SW., Suite 401, Washington, DC 20436, who shall be the Commission investigative attorney, party to this investigation; and

(3) For the investigation so instituted, the Honorable Charles E. Bullock is designated as the presiding administrative law judge.

A response to the complaint and the notice of investigation must be submitted by the named respondent in accordance with section 210.13 of the Commission's Rules of Practice and Procedure, 19 CFR 210.13. Pursuant to 19 CFR 201.16(d) and 210.13(a), such response will be considered by the Commission if received not later than 20 days after the date of service by the Commission of the complaint and the notice of investigation. Extensions of time for submitting the response to the complaint and the notice of investigation will not be granted unless good cause therefor is shown.

Failure of the respondent to file a timely response to each allegation in the complaint and in this notice may be deemed to constitute a waiver of the right to appear and contest the allegations of the complaint and this notice, and to authorize the administrative law judge and the Commission, without further notice to the respondent, to find the facts to be as alleged in the complaint and this notice and to enter a final determination containing such findings, and may result in the issuance of a limited exclusion order or cease and desist order or both directed against the respondent.

By order of the Commission.

Issued: August 10, 2004.

Marilyn R. Abbott,

Secretary to the Commission.

[FR Doc. 04–18658 Filed 8–13–04; 8:45 am]

BILLING CODE 7020–02–P

DEPARTMENT OF JUSTICE

Bureau of Alcohol, Tobacco, Firearms, and Explosives

Agency Information Collection Activities: Proposed Collection; Comments Requested

ACTION: 30-Day notice of information collection under review: Inventories, licensed explosives importers, manufacturers, dealers, and permittees.

The Department of Justice (''DOJ''), Bureau of Alcohol, Tobacco, Firearms, and Explosives (''ATF'') has submitted the following information collection request to the Office of Management and Budget (''OMB'') for review and approval in accordance with the Paperwork Reduction Act of 1995. The proposed information collection is published to obtain comments from the public and affected agencies. This proposed information collection was previously published in the **Federal Register** Volume 69, Number 117, on page 34190, on June 18, 2004, allowing for a 60-day comment period.

The purpose of this notice is to allow for an additional 30 days for public comment until September 15, 2004. This process is conducted in accordance with 5 CFR 1320.10.

Written comments and/or suggestions regarding the items contained in this notice, especially the estimated public burden and associated response time, should be directed to The Office of Management and Budget, Office of Information and Regulatory Affairs, Attention Department of Justice Desk Officer, Washington, DC 20503. Additionally, comments may be submitted to OMB via facsimile to (202) 395–5806.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address one or more of the following four points:

- 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 agencies 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.

Overview of This Information Collection

(1) *Type of Information Collection:* Extension of a currently approved collection.

(2) *Title of the Form/Collection:* Inventories, Licensed Explosives Importers, Manufacturers, Dealers, and Permittees.

(3) *Agency form number, if any, and the applicable component of the Department of Justice sponsoring the collection:* Form Number: ATF REC 5400/1. Bureau of Alcohol, Tobacco, Firearms, and Explosives.

(4) *Affected public who will be asked or required to respond, as well as a brief abstract:* Primary: Business or other for-profit. Other: none. Abstract: The records show the explosive material inventories of those persons engaged in various activities within the explosive industry and are used by the government as initial figures from which an audit trail can be developed during the course of a compliance inspection or criminal investigation. Licensees and permittees shall keep records on the business premises for five years from the date a transaction occurs or until discontinuance of business or operations by licensees or permittees.

(5) *An estimate of the total number of respondents and the amount of time estimated for an average respondent to respond:* There will be an estimated 13,106 respondents, who will complete the records within approximately 2 hours.

(6) *An estimate of the total burden (in hours) associated with the collection:* There are an estimated 26,212 total burden hours associated with this collection.

If additional information is required contact: Brenda E. Dyer, Deputy Clearance Officer, United States Department of Justice, Policy and Planning Staff, Justice Management Division, Suite 1600, Patrick Henry Building, 601 D Street NW., Washington, DC 20530.

Dated: August 10, 2004.

Brenda E. Dyer,

Deputy Clearance Officer, United States Department of Justice.

[FR Doc. 04–18678 Filed 8–13–04; 8:45 am]

BILLING CODE 4410–FY–M

NATIONAL AERONAUTICS AND SPACE ADMINSTRATION

[Notice 04–101]

Return to Flight Task Group; Meeting

AGENCY: National Aeronautics and Space Administration (NASA).

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, Public Law 92–463, as amended, the National Aeronautics and Space Administration announces a meeting by teleconference of the Return to Flight Task Group (RTF TG).

DATES: Thursday, August 26, 2004, from 11 a.m. until 12:30 p.m. Central Daylight Time.

ADDRESSES: The teleconference will be originated from the Apollo Annex, Suite 101, 1740 NASA Parkway, Houston, TX 77598.

FOR FURTHER INFORMATION CONTACT: Mr. Vincent D. Watkins at (281) 792–7523.

SUPPLEMENTARY INFORMATION: The public may monitor the teleconference audio from the Apollo Annex Room 175 up to the seating capacity of the facility. Attendees will be requested to sign a register. The public may also listen to the meeting on the internet at *http://returntoflight.org.*

The agenda for the meeting is as follows:

- Welcome remarks from Co-Chair
- Discussion of status of NASA's implementation of selected Columbia Accident Investigation Board return to flight recommendations
- Action item summary from Executive Secretary
- Closing remarks from Co-Chair.

It is imperative that the meeting be held on this date to accommodate the scheduling priorities of the key participants.

R. Andrew Falcon,

Advisory Committee Management Officer, National Aeronautics and Space Administration.

[FR Doc. 04–18599 Filed 8–13–04; 8:45 am]

BILLING CODE 7510–01–P

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice 04–099]

Notice of Prospective Patent License

AGENCY: National Aeronautics and Space Administration.

ACTION: Notice of Prospective Patent License.

SUMMARY: NASA hereby gives notice that Bigelow Development Aerospace Division, LLC, having offices in Las Vegas, NV, has applied for an exclusive license to practice the invention described and claimed in Patent No. 6,354,540 entitled ''Androgynous, Reconfigurable Closed Loop Feedback Controlled Low Impact Docking System With Load Sensing Electromagnetic Capture Ring,'' Case No. MSC–22931–1.

The patent is assigned to the United States of America as represented by the Administrator of the National Aeronautics and Space Administration. Written objections to the prospective grant of a license should be sent to the Johnson Space Center. NASA has not yet made a determination to grant the requested license and may deny the requested license even if no objections are submitted within the comment period.

DATES: Responses to this notice must be received by August 31, 2004.

FOR FURTHER INFORMATION CONTACT: James Cate, Patent Attorney, NASA Johnson Space Center, Mail Stop HA, Houston, TX 77058–8452; telephone (281) 483–1001.

Dated: August 5, 2004.

Keith T. Sefton,

Deputy General Counsel, Administration and Management.

[FR Doc. 04–18597 Filed 8–13–04; 8:45 am]

BILLING CODE 7510–01–P

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice 04–097]

Notice of Prospective Patent License

AGENCY: National Aeronautics and Space Administration.

ACTION: Notice of Prospective Patent License.

SUMMARY: NASA hereby gives notice that Luna Innovations, Incorporated, of 2851 Commerce Street, Blacksburg, VA 24060, has applied for an exclusive license to practice the inventions disclosed in NASA Case Numbers LAR 16406–1 entitled ''Ultrasonic Apparatus and Method to Assess Compartment Syndrome'' and NASA Case No. LAR 16854–1 entitled ''Method and apparatus to Assess Compartment Syndrome,'' both of which U.S. Patent Applications were filed and are assigned to the United States of America as represented by the Administrator of the National Aeronautics and Space Administration. Written objections to the prospective grant of a license should be sent to NASA Langley Research Center. NASA has not yet made a determination to grant the requested license and may deny the requested license even if no objections are submitted within the comment period.

DATES: Responses to this notice must be received by August 31, 2004.

FOR FURTHER INFORMATION CONTACT: Helen Galus, Patent Attorney, Mail Stop 212, NASA Langley Research Center, Hampton, VA 23681–2199, (757) 864–3227; Fax (757) 864–9190.

Dated: August 9, 2004.

Keith T. Sefton,

Deputy General Counsel, Administration and Management.

[FR Doc. 04–18595 Filed 8–13–04; 8:45 am]

BILLING CODE 7510–01–P

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice 04–100]

Notice of Prospective Patent Application License

AGENCY: National Aeronautics and Space Administration.

ACTION: Notice of Prospective Patent Application License.

SUMMARY: NASA hereby gives notice that NanoConduction Inc., of Los Gatos, CA has applied for an exclusive license to practice the inventions disclosed in a filed U.S. Patent Application No. 10/825,795, NASA Case No. ARC–15173–1, entitled ''Nanoengineered Thermal Materials Using Carbon Nanotube Array Composites,'' which is assigned to the United States of America as represented by the Administrator of the National Aeronautics and Space Administration. Written objections to the prospective grant of a license should be sent to Ames Research Center.

DATES: Responses to this notice must be received by August 31, 2004.

FOR FURTHER INFORMATION CONTACT: Robert Padilla, Chief Patent Counsel, NASA Ames Research Center, M/S 202A–4, Moffett Field, CA 94035–1000, (650) 604–5104.

Dated: July 27, 2004.

Keith T. Sefton,

Deputy General Counsel, Administration and Management.

[FR Doc. 04–18598 Filed 8–13–04; 8:45 am]

BILLING CODE 7510–01–P

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice 04–098]

Notice of Prospective Patent License

AGENCY: National Aeronautics and Space Administration.

ACTION: Notice of Prospective Patent License.

SUMMARY: NASA hereby gives notice that Face International Corporation, 427 West 35th Street, Norfolk, VA 23502, has applied for an exclusive license to practice the invention described in NASA Case Numbers LAR 15348–1–CA, LAR 15348–1–DE, LAR 15348–1–FR, LAR 15348–1–GB, LAR 15348–1–JP, LAR 15348–2–GB, LAR 15348–2–IT, LAR 15348–2–FR, and LAR 15348–2–DE all of which are entitled ''Thin Layer Composite Unimorph Ferroelectric Driver and Sensor,'' which are assigned to the United States of America as represented by the Administrator of the National Aeronautics and Space Administration. Written objections to the prospective grant of a license should be sent to NASA Langley Research Center. NASA has not yet made a determination to grant the requested license and may deny the requested license even if no objections are submitted within the comment period.

DATES: Responses to this notice must be received by August 31, 2004.

FOR FURTHER INFORMATION CONTACT: Barry V. Gibbens, Patent Attorney, Mail Stop 212, NASA Langley Research Center, Hampton, VA 23681–2199, (757) 864–7141; Fax (757) 864–9190.

Dated: August 6, 2004.

Keith T. Sefton,

Deputy General Counsel, Administration and Management.

[FR Doc. 04–18596 Filed 8–13–04; 8:45 am]

BILLING CODE 7510–01–P

NATIONAL FOUNDATION ON THE ARTS AND THE HUMANITIES

National Endowment for the Arts; Fellowships Advisory Panel

Pursuant to Section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92–463), as amended, notice is hereby given that a meeting of the Fellowships Advisory Panel, Literature section (Poetry Fellowships category) to the National Council on the Arts will be held on from September 21–23, 2004 in Room 716 at the Nancy Hanks Center, 1100 Pennsylvania Avenue, NW., Washington, DC 20506.

A portion of this meeting, from 11:30 a.m. to 1 p.m. on September 23rd, will be open to the public for policy discussion. The remaining portions of this meeting, from 9 a.m. to 7 p.m. on September 21st, from 9 a.m. to 6:30 p.m. on September 22nd, and from 9 a.m. to 11:30 a.m. and 1 p.m. to 3 p.m. on September 23rd, will be closed.

The closed portions of this meeting are for the purpose of Panel review, discussion, evaluation, and recommendations on financial assistance under the National Foundation on the Arts and the Humanities Act of 1965, as amended, including information given in confidence to the agency. In accordance with the determination of the Chairman of April 14, 2004, these sessions will be closed to the public pursuant to subsection (c)(6) of section 552b of Title 5, United States Code.

Further information with reference to this meeting can be obtained from Ms. Kathy Plowitz-Worden, Office of Guidelines & Panel Operations, National Endowment for the Arts, Washington, DC 20506, or call (202) 682–5691.

Dated: August 9, 2004.

Kathy Plowitz-Worden,

Panel Coordinator, Panel Operations, National Endowment for the Arts.

[FR Doc. 04–18587 Filed 8–13–04; 8:45 am]

BILLING CODE 7537–01–P

NATIONAL SCIENCE FOUNDATION

Notice of Permits Issued Under the Antarctic Conservation Act of 1978

AGENCY: National Science Foundation.

ACTION: Notice of permits issued under the Antarctic Conservation Act of 1978, Public Law 95–541.

SUMMARY: The National Science Foundation (NSF) is required to publish notice of permits issued under the Antarctic Conservation Act of 1978. This is the required notice.

FOR FURTHER INFORMATION CONTACT: Nadene G. Kennedy, Permit Office, Office of Polar Programs, Room 755, National Foundation, 4201 Wilson Boulevard, Arlington, VA 22230.

SUPPLEMENTARY INFORMATION: On July 7, 2004, the National Science Foundation published a notice in the **Federal Register** of permit applications received. Permits were issued on August 10, 2004 to: Mahlon C. Kennicutt, II, Permit No. 2005–008; John C. Priscu, Permit No. 2005–009; and W. Berry Lyons, Permit No. 2005–010.

Nadene G. Kennedy,

Permit Officer.

[FR Doc. 04–18661 Filed 8–13–04; 8:45 am]

BILLING CODE 7555–01–M

RAILROAD RETIREMENT BOARD

Proposed Collection; Comment Request

Summary: In accordance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 which provides opportunity for public comment on new or revised data collections, the Railroad Retirement Board (''RRB'') will publish periodic summaries of proposed data collections.

Comments are invited on: (a) Whether the proposed information collection is necessary for the proper performance of the functions of the agency, including whether the information has practical utility; (b) The accuracy of the RRB's estimate of the burden of the collection of the information; (c) Ways to enhance the quality, utility, and clarity of the information to be collected; and (d) Ways to minimize the burden related to the collection of information on respondents, including the use of automated collection techniques or other forms of information technology.

Title and purpose of information collection:

Self-Employment and Substantial Service Questionnaire; OMB 3220–0138.

Section 2 of the Railroad Retirement Act (''RRA'') provides for payment of annuities to qualified employees and their spouses. In order to receive an age and service annuity, Section 2(e)(3) states that an applicant must stop all railroad work and give up any rights to return to such work. A disability applicant must give up all railroad work, but does not have to relinquish rights to return to railroad work until he or she attains full retirement age, or, if earlier, a spouse annuity or supplemental annuity becomes payable. Under the 1988 amendments to the RRA, an applicant is no longer required to stop work for a ''Last Pre-Retirement Nonrailroad Employer''(''LPE''). LPE is defined as any non-railroad individual, company, or institution for whom an annuitant is working on the annuity beginning date, or for whom they stopped working in order to receive an annuity. Section 2(f)(6) of the RRA requires that a portion of the employee's Tier II benefit and supplemental annuity be deducted for earnings from an ''LPE'' employer.

The RRB currently utilizes Form AA–4, *Self-Employment and Substantial Service Questionnaire,* when an applicant claims to be self-employed to obtain information needed to determine if the applicant's work is LPE, railroad service, or self-employment. If the work is self-employment, the questionnaire identifies any months in which the

applicant did not perform substantial service. One response is requested of each respondent. Completion is voluntary. However, failure to complete the form could result in the nonpayment of benefits.

The RRB proposes significant, burden-impacting, editorial, and formatting changes to Form AA–4. The addition of many new items of information regarding an applicant's self-employment, largely intended to provide clarification regarding whether an applicant is a self-employed independent contractor or an employee of his client corporation, is being proposed. Other changes include dividing items that currently contain multiple questions into separate Yes/No responses. Checklists have also been added to many items to obtain more detailed and standardized responses. The completion time for the AA–4 is estimated at between 45 and 75 minutes. The RRB estimates that approximately 600 AA–4's are completed annually.

Additional Information or Comments: To request more information or to obtain a copy of the information collection justification, forms, and/or supporting material, please call the RRB Clearance Officer at (312) 751–3363 or send an E-mail request to *Charles.Mierzwa@RRB.GOV.* Comments regarding the information collection should be addressed to Ronald J. Hodapp, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611–2092 or send an E-mail to *Ronald.Hodapp@RRB.GOV.* Written comments should be received within 60 days of this notice.

Charles Mierzwa,

Clearance Officer.

[FR Doc. 04–18618 Filed 8–13–04; 8:45 am]

BILLING CODE 7905–01–P

SECURITIES AND EXCHANGE COMMISSION

Submission for OMB Review; Comment Request

Upon written request, copies available from: Securities and Exchange Commission, Office of Filings and Information Services, Washington, DC 20549.

Extension:

Rule 6a–4; SEC File No. 270–496; OMB Control No. 3235–0554.

Notice is hereby given that pursuant to the Paperwork Reduction Act of 1995,[1] the Securities and Exchange Commission ("Commission") has submitted to the Office of Management and Budget a request for extension of the previously approved collection of information discussed below.

Section 6 of the Securities Exchange Act of 1934 ("Act")[2] sets out a framework for the registration and regulation of national securities exchanges. Under the Commodity Futures Modernization Act of 2000, a futures market may trade security futures products by registering as a national securities exchange. Rule 6a–4[3] sets forth these registration procedures and directs futures markets to submit a notice registration on Form 1–N. Form 1–N calls for information regarding how the futures market operates, its rules and procedures, its criteria for membership, its subsidiaries and affiliates, and the security futures products it intends to trade. Rule 6a–4 also would require entities that have submitted an initial Form 1–N to file: (1) Amendments to Form 1–N in the event of material changes to the information provided in the initial Form 1–N; (2) periodic updates of certain information provided in the initial Form 1–N; (3) certain information that is provided to the futures market's members; and (4) a monthly report summarizing the futures market's trading of security futures products. The information required to be filed with the Commission pursuant to Rule 6a–4 is designed to enable the Commission to carry out its statutorily mandated oversight functions and to ensure that registered and exempt exchanges continue to be in compliance with the Act.

The respondents to the collection of information are futures markets.

The Commission estimates that the total annual burden for all respondents to provide the amendments and periodic updates under Rule 6a–4 would be 105 hours (15 hours/respondent per year × seven respondents) and $10,066 ($1438/response × seven responses/year). The Commission estimates that the total annual burden for the filing of the supplemental information and the monthly reports required under Rule 6a–4 would be 87.5 hours (25 filings/respondent × seven respondents × 0.5 hours/response). The SEC estimates that the total annual cost for all supplemental filings would be $3675 (25 filings × 7 respondents per year × $21/response).

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 control number.

Written comments regarding the above information should be directed to the following persons: (a) Desk Officer for the Securities and Exchange Commission by sending an e-mail to: *David_Rostker@omb.eop.gov*, and (b) R. Corey Booth, Director/Chief Information Officer, Office of Information Technology, Securities and Exchange Commission, 450 Fifth Street, NW., Washington, DC 20549. Comments must be submitted to the Office of Management and Budget within 30 days of this notice.

Dated: July 27, 2004.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 04–18605 Filed 8–13–04; 8:45 am]

BILLING CODE 8010–01–P

SECURITIES AND EXCHANGE COMMISSION

[File No. 1–15064]

Issuer Delisting; Notice of Application of GB Holdings, Inc. To Withdraw Its Common Stock, $.01 Par Value, From Listing and Registration on the American Stock Exchange LLC

August 10, 2004.

On June 30, 2004, GB Holdings, Inc., a Delaware corporation ("Issuer"), filed an application with the Securities and Exchange Commission ("Commission"), pursuant to Section 12(d) of the Securities Exchange Act of 1934 ("Act")[1] and Rule 12d2–2(d) thereunder,[2] to withdraw its common stock, $.01 par value ("Security"), from listing and registration on the American Stock Exchange LLC ("Amex" or "Exchange").

On June 23, 2004, the Board of Directors ("Board") of the Issuer determined to withdraw the Issuer's Security from listing on the Amex. The Board concluded that the existing listing has not resulted in an active trading market which, the Board believes, results from several factors, including the fact that: (i) There are only 10 holders of record of the Security; (ii) in the past 30 days on average, approximately 14,500 shares of the Security were traded per day on the Amex; and (iii) approximately 83.1% of the outstanding Security is held by two different groups of stockholders, including approximately 77.5% which is owned by affiliates of the Issuer. The Board states that it believes, for the

[1] 44 U.S.C. 3501 *et seq.*

[2] 15 U.S.C. 78f.

[3] 17 CFR 240.6a–4.

[1] 15 U.S.C. 78*l*(d).

[2] 17 CFR 240.12d2–2(d).

foregoing reasons, that the continued listing of the Security does not serve either the Issuer's interests or the interests of the stockholders. The Issuer states that on June 30, 2004, a special stockholders meeting was held with the stockholders of the Issuer in which the stockholders approved a transaction that included the delisting of the Security from the Amex. Furthermore, the Issuer states that it had been advised by representatives of the holders of approximately 77% of the Security, that they do not object to the Issuer's plan to delist the Security from the Amex. In addition, the Issuer states that it is seeking to develop a trading market in the over-the-counter market on the Pink Sheets.

The Issuer stated in its application that it has met the requirements of Amex Rule l8 by complying with all applicable laws in the State of Delaware, in which it is incorporated, and with the Amex's rules governing an issuer's voluntary withdrawal of a security from listing and registration.

The Issuer's application relates solely to the withdrawal of the Security from listing on the Amex and from registration under Section 12(b) of the Act,[3] and shall not affect its obligation to be registered under Section 12(g) of the Act.[4]

Any interested person may, on or before August 31, 2004, comment on the facts bearing upon whether the application has been made in accordance with the rules of the Amex, and what terms, if any, should be imposed by the Commission for the protection of investors. All comment letters may be submitted by either of the following methods:

Electronic Comments

• Send an e-mail to *rule-comments@sec.gov.* Please include the File Number 1–15064;

Paper Comments

• Send paper comments in triplicate to Jonathan G. Katz, Secretary, Securities and Exchange Commission, 450 Fifth Street, NW., Washington, DC 20549–0609.

All submissions should refer to File Number 1–15064. This file number should be included on the subject line if e-mail is used. To help us process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (*http://www.sec.gov/rules/delist.shtml*). Comments are also available for public inspection and copying in the Commission's Public Reference Room, 450 Fifth Street, NW., Washington, DC 20549. All comments received will be posted without change; we do not edit personal identifying information from submissions. You should submit only information that you wish to make available publicly.

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.[5]

Jonathan G. Katz,

Secretary.

[FR Doc. 04–18602 Filed 8–13–04; 8:45 am]

BILLING CODE 8010–01–P

[3] 15 U.S.C. 78*l*(b).

[4] 15 U.S.C. 78*l*(g).

[5] 17 CFR 200.30–3(a)(1).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–50164; File No. SR–CBOE–2004–56]

Self-Regulatory Organizations; Notice of Filing and Immediate Effectiveness of Proposed Rule Change by the Chicago Board Options Exchange, Incorporated To Extend a Pilot Program Relating to Margin Requirements for Certain Complex Options Spreads

August 6, 2004.

Pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 (''Act''),[1] and Rule 19b–4 thereunder,[2] notice is hereby given that on August 6, 2004, the Chicago Board Options Exchange, Incorporated (''CBOE'' or the ''Exchange'') filed with the Securities and Exchange Commission (''Commission'') the proposed rule change as described in Items I and II below, which Items have been prepared by the CBOE. Pursuant to Section 19(b)(3)(A)(iii) of the Act[3] and Rule 19b–4(f)(6) thereunder,[4] CBOE has designated this proposal as non-controversial, which renders the proposed rule change effective immediately upon filing. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] 15 U.S.C. 78s(b)(3)(A)(iii).

[4] 17 CFR 240.19b–4(f)(6).

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

CBOE proposes to extend, until February 7, 2005, a pilot program permitting an interpretation to CBOE Rule 12.3, *Margin Requirements*, relating to margin requirements for certain complex option spreads. The text of the proposed rule change is available at the Office of the Secretary, CBOE, and at the Commission.

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, CBOE included statements concerning the purpose of and basis for the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in Item IV below. The CBOE has prepared summaries, set forth in Sections A, B, and C below, of the most significant aspects of such statements.

A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

1. Purpose

On August 8, 2003, the Commission approved a CBOE Regulatory Circular—Regulatory Circular RG03–66—which sets forth an interpretation of CBOE's current margin requirements for certain complex option spreads.[5] The interpretation set forth in Regulatory Circular RG03–66 was approved on a one-year pilot basis (''Pilot'') and is due to expire on August 7, 2004. The Exchange proposes to extend the Pilot for six months, until February 7, 2005, or until such time as the Commission has approved permanent implementation of these margin requirements, whichever occurs sooner.[6]

The Exchange is proposing an extension of the Pilot so that it may continue in effect while the Commission considers the Exchange's proposal for permanent implementation. As such, the Exchange proposes to reissue the Regulatory Circular with the new Pilot expiration date. The Exchange has received no negative comments

[5] *See* Securities Exchange Act Release No. 48306 (August 8, 2003), 68 FR 48974 (approving SR–CBOE–2003–24).

[6] The Exchange in a separate filing is proposing permanent implementation of these margin requirements by incorporating the provisions of Regulatory Circular RG03–66 into its margin rules. *See* SR–CBOE–2004–53.

concerning Regulatory Circular RG03–66 since it has been issued, nor is the Exchange aware of any negative consequences resulting from the application of the margin requirements permitted by Regulatory Circular RG03–66.

2. Statutory Basis

The CBOE represented that the proposed Regulatory Circular clarifies that the Exchange's current margin rules extend to complex option spreads, thereby allowing investors to more efficiently implement these strategies. As such, the CBOE believes that the proposed Regulatory Circular interpretation of Exchange Rule 12.3 is consistent with and furthers the objectives of Section 6(b)(5) of the Act, in that it is designed to perfect the mechanisms of a free and open market and to protect investors and the public interest.

B. Self-Regulatory Organization's Statement on Burden on Competition

CBOE does not believe that the proposed rule change will impose any burden on competition that is not necessary or appropriate in furtherance of the purposes of the Act.

C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received From Members, Participants, or Others

CBOE neither solicited nor received written comments with respect to the proposed rule change.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

The foregoing proposed rule change has become effective upon filing on August 6, 2004, pursuant to Section 19(b)(3)(A)[7] of the Act and Rule 19b–4(f)(6)[8] thereunder because the proposal: (1) Does not significantly affect the protection of investors or the public interest; (2) Does not impose any significant burden on competition; and (3) Does not become operative for 30 days from the date of filing, or such shorter time as the Commission may designate if consistent with the protection of investors and the public interest; provided that the self-regulatory organization has given the Commission written notice of its intent to file the proposed rule change at least five business days prior to the filing date of the proposed rule change.[9]

A proposed rule change filed under Rule 19b–4(f)(6) normally does not become operative prior to 30 days after the date of filing. However, pursuant to Rule 19b–4(f)(6)(iii),[10] the Commission may designate a shorter time if such action is consistent with the protection of investors and the public interest. CBOE has requested that the Commission waive the 30-day operative waiting period to permit CBOE to continue the Pilot without interruption while the Commission determines whether to approve permanent implementation of the subject margin requirements.

The Commission, consistent with the protection of investors and the public interest, has waived the 30-day requirement that the proposed rule change not become operative for 30 days after the date it was filed.[11] The Commission believes that granting immediate effectiveness to the proposed rule change is appropriate because it will allow the Pilot to continue without interruption after it would otherwise have expired on August 7, 2004. At any time within 60 days of the filing of the proposed rule change, the Commission may summarily abrogate such rule change if it appears to the Commission that such action is necessary or appropriate in the public interest, for the protection of investors, or otherwise in the furtherance of the purposes of the Act.[12]

IV. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether the proposed rule change is consistent with the Act. Comments may be submitted by any of the following methods:

Electronic Comments

- Use the Commission's Internet comment form (*http://www.sec.gov/rules/sro.shtml*); or
- Send an E-mail to rule-comments@sec.gov. Please include File Number SR–CBOE–2004–56 on the subject line.

Paper Comments

- Send paper comments in triplicate to Jonathan G. Katz, Secretary, Securities and Exchange Commission, 450 Fifth Street, NW., Washington, DC 20549–0609.

All submissions should refer to File Number SR–CBOE–2004–56. This file number should be included on the subject line if E-mail is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (*http://www.sec.gov/rules/sro.shtml*). Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Section, 450 Fifth Street, NW., Washington, DC 20549. Copies of such filing also will be available for inspection and copying at the principal office of the CBOE. All comments received will be posted without change; the Commission does not edit personal identifying information from submissions. You should submit only information that you wish to make available publicly. All submissions should refer to File Number SR–CBOE–2004–56 and should be submitted on or before September 7, 2004.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[13]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 04–18603 Filed 8–13–04; 8:45 am]

BILLING CODE 8010–01–P

[7] 15 U.S.C. 78s(b)(3)(A).

[8] 17 CFR 240.19b–4(f)(6).

[9] As required under Rule 19b–4(f)(6)(iii), the CBOE provided the Commission with written notice of its intent to file the proposed rule change at least five business days prior to the filing date.

[10] 17 CFR 240.19b–4(f)(6)(iii).

[11] For the purposes only of accelerating the operative date of this proposal, the Commission has considered the proposed rules impact on efficiency, competition, and capital formation. 15 U.S.C. 78c(f).

[12] 15 U.S.C. 78s(b)(3)(C).

[13] 17 CFR 200.30–3(a)(12).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–50162; File No. SR–NASD–2004–078]

Self-Regulatory Organizations; Order Approving Proposed Rule Change by the National Association of Securities Dealers, Inc. To Establish Certain Qualification Requirements for Supervisors of Research Analysts

August 6, 2004.

On May 10, 2004, the National Association of Securities Dealers, Inc. (''NASD''), filed with the Securities and Exchange Commission (''SEC'' or ''Commission''), a proposed rule change

to establish certain qualification requirements for supervisors of research analysts pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 (''Act'' or ''Exchange Act'')[1] and Rule 19b–4 thereunder.[2] The proposed rule change was published for comment in the **Federal Register** on June 23, 2004.[3] The Commission received no comments on the proposal.

The proposed rule change amends NASD Rule 1022 to require supervisors of research analysts to pass the regulatory part (Series 87) of the Research Analyst Qualification Examination or the Series 16 Supervisory Analyst Examination administered by the New York Stock Exchange (''NYSE'').

NASD Rule 1050, which became effective on March 30, 2004, requires all persons associated with a member who are to function as research analysts to be registered as such with NASD and pass a qualification examination.[4] Those individuals required to be registered as research analysts must pass the Research Analyst Qualification Examination (Series 86/87) or qualify for an exemption. The Series 86/87 consists of two parts: an analysis part (Series 86) that tests fundamental analysis and valuation of equity securities, and a regulatory part (Series 87) that tests knowledge of applicable rules.

In light of these new research analyst registration requirements and the scope and importance of the comprehensive analyst conflict rules that have been implemented recently, the proposal requires supervisors of research analysts to pass the regulatory part (Series 87) of the Research Analyst Qualification Examination or, for dual NASD–NYSE members, the NYSE Supervisory Analyst Examination (Series 16).

Under the proposed rule change, dual members would be required to have a principal who has passed either the Series 24 and the Series 87 or the Series 16 to supervise the content of research. If the member elects to have a Series 16 be responsible for supervising the content of research, then a Series 24 principal who has also passed either the Series 87 or the Series 16 would be responsible for supervising the conduct of both the Series 16 supervisory analyst and the research analyst.

The Commission believes that the proposed rule change should provide NASD members that are also members of the NYSE some flexibility in their supervisory structure for research analysts by allowing dual members to permit a principal who has passed either the Series 24 and the Series 87 or the Series 16 to supervise the content of research.

The Commission also believes that the proposal should promote investor protection by ensuring that persons responsible for reviewing and approving research reports and for providing general supervision of the conduct of research analysts have demonstrable knowledge of NASD Rule 2711 and other analyst conflict of interest laws, rules, and regulations.

For the above reasons, the Commission finds that the proposed rule change is consistent with the requirements of the Act and the rules and regulations thereunder applicable to a national securities association[5] and, in particular, the requirements of Section 15A of the Act[6] and the rules and regulations thereunder. The Commission finds specifically that the proposed rule change is consistent with Sections 15A(b)(6) and 15A(b)(9) of the Exchange Act.[7]

It is therefore ordered, pursuant to Section 19(b)(2) of the Act,[8] that the proposed rule change (File No. SR–NASD–2004–078) be, and hereby is, approved.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[9]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 04–18604 Filed 8–13–04; 8:45 am]

BILLING CODE 8010–01–P

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] Securities Exchange Act Release No. 49857 (June 15, 2004), 69 FR 35106 (June 23, 2004).

[4] See Securities Exchange Act Release No. 48252 (July 29, 2003), 68 FR 4575 (August 4, 2003).

[5] In approving this proposed rule change, the Commission notes that it has considered the proposed rule's impact on efficiency, competition, and capital formation. 15 U.S.C. 78c(f).

[6] 15 U.S.C. 78o–3.

[7] 15 U.S.C. 78o-3(b)(6) and (9).

[8] 15 U.S.C. 78s(b)(2).

[9] 17 CFR 200.30–3(a)(12).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–50173; SR–NYSE–2004–05]

Self-Regulatory Organizations; Notice of Filing of Proposed Rule Change and Amendment No. 1 Thereto by the New York Stock Exchange, Inc. Relating to Enhancements to the Exchange's Existing Automatic Execution Facility (NYSE Direct+)

August 10, 2004.

Pursuant to section 19(b)(1) of the Securities Exchange Act of 1934 (''Act'')[1] and Rule 19b–4 thereunder,[2] notice is hereby given that on February 9, 2004, the New York Stock Exchange, Inc. (''NYSE'' or ''Exchange'') filed with the Securities and Exchange Commission (''Commission'') the proposed rule change as described in Items I, II and III below, which Items have been prepared by the NYSE. On August 2, 2004, the NYSE filed Amendment No. 1 to the proposed rule change.[3] The Commission is publishing this notice to solicit comments on the proposed rule change, as amended, from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

The Exchange proposes to create a hybrid market, where investors would be able to choose how their orders are executed. Investors seeking the speed and certainty of an automatic execution, as well as investors who prefer the opportunity for price improvement provided by an auction market, would both be able to obtain executions in accordance with their preferences on the NYSE. This would be accomplished by, among other things, enhancements to the Exchange's existing automatic execution facility, NYSE Direct+® (''Direct+''), making its speed 1 and execution certainty available to a wider variety of orders. The Exchange also proposes to create a new order type—an Auction Limit (''AL'') order—and to modify the way market orders would be handled in the auction market, providing an opportunity for price improvement for those who desire it. The proposed amendments also address ''sweeps,'' ''locked'' and ''crossed'' markets, and ''trade-throughs'' and seek to make Direct+, currently a pilot program, permanent.[4]

Below is the text of the proposed rule change, as amended. Proposed new

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] *See* letter from Darla C. Stuckey, Corporate Secretary, NYSE, to Nancy J. Sanow, Assistant Director, Division of Market Regulation (''Division''), Commission, dated July 30, 2004, and accompanying Form 19b–4, which replaces the original filing in its entirety (''Amendment No. 1'').

[4] The Exchange states that the proposed amendments reflect significant changes to the structure of the Exchange's market. As such, there have been numerous valuable discussions between the Exchange with Exchange customers, members, and member organizations concerning the concepts underlying these proposals. As the Exchange continues to evaluate and refine these proposals, the Exchange represents that it will continue to reach out to its constituents for their input and analysis and will make appropriate amendments as necessary.

language is *italicized*; proposed deletions are in brackets.

* * * * *

Definitions of Orders

Rule 13

* * * * *

Auction Limit Order

An auction limit order is an order that provides an opportunity for price improvement.

The limit price of an auction limit order to buy should be at or above the Exchange best offer at the time the order is entered on the Exchange. The limit price of an auction limit order to sell should be at or below the Exchange best bid at the time the offer is entered on the Exchange.

An auction limit order shall be quoted and executed in accordance with Exchange Rules 60(h) and 79A.15.

Auto Ex Order

An auto ex order is *an order in a stock, Investment Company Unit (as defined by paragraph 703.16 of the Listed Company Manual), Trust Issued Receipt (as defined in Rule 1200), or a commitment to trade received on the Floor through ITS subject to* [limit order of 1099 shares or less priced at or above the Exchange's published offer (in the case of an order to buy) or at or below the Exchange's published bid (in the case of an order to sell), which a member or member organization has entered for] automatic execution in accordance with, and to the extent provided by, Exchange Rules 1000–1004[5].

[Pursuant to a pilot program to run until December 23, 2004, orders in Investment Company Units (as defined in paragraph 703.16 of the Listed Company Manual), or Trust Issued Receipts (as defined in Rule 1200) may be entered as limit orders in an amount greater than 1099 shares. The pilot program shall provide for a gradual, phased-in raising of order size eligibility, up to a maximum of 10,000 shares. Each raising of order size eligibility shall be preceded by a minimum of a one-week advance notice to the Exchange's membership.]

* * * * *

Immediate or Cancel Order

A market or limited price order [which] *designated immediate or cancel* is to be executed [in whole or in part] to the extent possible as soon as such order is represented in the Trading Crowd *or to be automatically executed in accordance with, and to the extent provided by, Exchange Rules 1000–1004* and the portion not so executed is to be treated as cancelled. For the purposes of this definition, a ''stop'' is considered an execution.

A ''commitment to trade'' received on the Floor through ITS *is an auto ex order and* shall be treated in the same manner, and entitled to the same privileges, as [would] an immediate or cancel order that [reaches the Floor] *is routed to the book* at the same time except as otherwise provided in the Plan and except further that such a commitment may not be ''stopped.'' [and the commitment shall remain irrevocable for the time period chosen by the sender of the commitment.] *After trading with the Exchange published bid (offer), the unfilled balance of a commitment to trade shall be automatically cancelled.*

Limit, Limited Order or Limited Price Order

An order to buy or sell a stated amount of a security at a specified price, or at a better price, if obtainable after the order is represented in the Trading Crowd.

A marketable limit order is an order that can be immediately executed; that is an order to buy priced at or above the Exchange best offer or an order to sell priced at or below the Exchange best bid.

A marketable limit order routed to the book is an auto ex order subject to automatic execution in accordance with, and to the extent provided by, Exchange Rules 1000–1004.

Market Order

An order to buy or sell a stated amount of a security at the most advantageous price obtainable after the order is represented in the Trading Crowd *or routed to the book as an auto ex order for execution in accordance with, and to the extent provided by, Exchange Rules 1000–1004.*

A market order not designated auto ex shall be quoted and executed in accordance with Exchange Rules 60(i) and 79A.15.

* * * * *

(Reminder of rule unchanged)

ITS ''Trade-Throughs'' and ''Locked Markets''

Rule 15A

* * * * *

Supplementary Material

.10 Nothing in paragraph (d)(2)(B) above is intended to discourage a locking member from electing to ship if the complaint requests him to do so.

.20 The fact that a transaction may be cancelled or the price thereof may be adjusted pursuant to the provisions of paragraph (b)(2) of this Rule 15A, shall not have any effect, under the rules, on other transactions or the execution of orders not involved in the original transaction.

.30 The provisions of this Rule 15A shall supersede the provisions of any other Exchange Rule which might be construed as being inconsistent with Rule 15A.

.40 For the purposes of this Rule:

i. The terms ''Exchange trade-through'' and ''Third participating market center trade-through'' do not include the situation where a member who initiates the purchase (sale) of an ITS security at a price which is higher (lower) than the price at which the security is being offered (bid) in another ITS participating market, sends contemporaneously through ITS to such ITS participating market a commitment to trade at such offer (bid) or better and for at least the number of shares displayed with that market center's better-priced offer (bid); and

ii. A trade-through complaint sent in these circumstances is not valid, even if the commitment sent in satisfaction cancels or expires, and even if there is more stock behind the quote in the other market.

.50 Where the national best bid or offered is published by another market center in which an automated execution is immediately available or such bid or offer is otherwise protected from a trade-through by Securities and Exchange Commission rule or ITS Plan, and the specialist has not systemically matched the price associated with such better bid or offer, the Exchange will automatically rout as a commitment to trade the portion of any market, auto ex market, auction limit or marketable limit order routed to the book that satisfies such better bid or offer, unless the entity entering the order indicated that it was contemporaneously satisfying the better bid or offer.

* * * * *

Dissemination of Quotations

Rule 60

* * * * *

(e) Autoquoting of highest bid/lowest offer and automated adjustment of size of liquidity bid and offer. The Exchange will autoquote the NYSE's highest bid or lowest offer whenever a limit order is transmitted to the specialist's book at a price higher (lower) than the previously disseminated highest (lowest) bid (offer). When the NYSE's highest bid or lowest offer has been traded with in its entirety, the Exchange will autoquote a new bid or offer

reflecting the total size of orders on the specialist's book at the next highest (in the case of a bid) or lowest (in the case of an offer) price. The size of any liquidity bid or offer shall be systemically increased to reflect any additional limit orders transmitted to the specialist's book at prices ranging from the liquidity bid or offer price to the highest bid (lowest offer). The size of any liquidity bid or offer shall be systematically decreased to reflect the execution of any limit orders on the specialist's book at prices ranging from the liquidity bid or offer price to the highest bid (lowest offer). However, *de minimis* increases or decreases in the size of limit orders on the book, as determined by the specialist, will not result in automated augmenting or decrementing of the size of the liquidity bid or offer where such bid or offer continues to reflect the actual size of limit orders on the book.

[In any instance where the specialist disseminates a proprietary bid (offer) of 100 shares on one side of the market, the bid or offer on that side of the market shall not be autoquoted. In such an instance, any better-priced limit orders received by the specialist shall be manually displayed, unless they are executed at a better price in a transaction being put together in the auction market at the time that the order is received.]

Autoquote will not be available when the specialist has gapped the quotation in accordance with Exchange policies and procedures, when a liquidity replenishment point (''LRP'') has been reached, or during the time a report of a transaction is being made through the book.

After the specialist has gapped the quotation, autoquote will resume with a manual transaction or the publication of a non-gapped quotation.

Autoquote will resume as soon as possible after a LRP has been reached, but in no more than five seconds where the auto ex order that reached the LRP is executed in full, or any unfilled balance of such order is not capable of trading at a price above (in the case of a buy order) or below (in the case of a sell order) the LRP. Where the unfilled balance can trade at a price above (below) the LRP, but does not create a locked or crossed market, autoquote will resume upon a manual transaction or the publication of a new quote by the specialist, but in any event in no more than 28 seconds. Where the unfilled balance can trade at a price above (below) the LRP and creates a locked or crossed market, autoquote will resume upon a manual transaction or the publication of a new quote by the specialist.

(f) In addition to meeting its obligations as set forth in paragraph (b) of SEC Rule 11Ac1–1 as applicable to the Exchange under this Rule 60, the Exchange shall make available to quotation vendors and shall communicate to other specified persons the appropriate mode identifier in effect as to each reported security which shall, in the case of the initiation and termination of non-firm modes, effect the requisite notification and re-notification of specified persons under subparagraph (b)(3) of SEC Rule 11Ac1–1.

(g)(1) Each specialist shall promptly report in each reported security in which he is registered the highest bid and lowest offer made in the trading crowd in such security and the associated quotation size that he wishes to make available to quotation vendors.

(2) Each specialist who is a responsible broker or dealer on the Floor shall:

(i) promptly report as to the reported security whenever a bid, offer or quotation size he previously reported is to be revised; and

(ii) promptly report as to the reported security whenever a bid and/or offer he previously reported is to be cancelled or withdrawn.

(h) Auction Limit Orders

(1) If not executed upon entry, an auction limit order to buy that is marketable when it reaches the book shall be quoted the minimum variation better than the Exchange best bid and an auction limit order to sell that is marketable when it reaches the book shall be quoted the minimum variation better than the Exchange best offer.

(2) Auction limit orders shall be executed pursuant to Exchange auction market procedures, except that a subsequent order on the same side of the market capable of trading at a price better than the auction limit order is bidding (offering) an order on the same side, that exhausts some or all of the contra-side volume available in the Exchange quotation, a change in the price of the contra-side of the quotation that would enable an execution of the auction limit order with price improvement, or a quote at the minimum variation shall cause the auction limit order to be automatically executed in accordance with, and to the extent provided by, Exchange Rules 1000–1004.

(3) An auction limit order that has not been executed within 15 seconds after it reaches the book shall be automatically executed in accordance with, and to the extent provided by, Exchange Rules 1000–1004.

(4) An auction limit order may be executed at a price inferior to the market prevailing at the time it was entered.

(5) An auction limit order that becomes non-marketable before executed in whole or in part shall be quoted at its limit price.

(i) Market Orders

(1) If not executed upon entry, a market order to buy shall be quoted the minimum variation better than the Exchange best bid and a market order to sell shall be quoted the minimum variation better than the Exchange best offer.

(2) Market orders shall be executed pursuant to Exchange auction market procedures, except that a subsequent order on the same side of the market capable of trading at a better price than the market order is bidding (offering), a change in the price of the contra-side of the quotation that would enable an execution of the market order with price improvement, or a quote at the minimum variation shall cause the market order to be automatically executed in accordance with, and to the extent provided by, Exchange Rules 1000–1004.

(3) A market order that has not been executed within 15 seconds shall be automatically executed in accordance with, and to the extent provided by, Exchange Rules 1000–1004.

(4) A market order may be executed at a price inferior to the market prevailing at the time it was entered.

* * * * *

[Below Best] Bid*s* **[–]** *and* **[Above Best] Offer***s*

Rule 70

[When a bid is clearly established, no bid or offer at a lower price shall be made. When an offer is clearly established, no offer or bid at a higher price shall be made.]

All bids made and accepted, and all offers made and accepted, in accordance with *Exchange* Rules [45 to 86] shall be binding.

Supplementary Material

.10 Any bid *(offer) routed to the book* which is made at the same or higher *(lower)* price of the prevailing offer *(bid)* shall result in a*n automatic execution* [transaction at the offer price in an amount equal to the lesser of the bid or offer. The same principle shall apply when an offer is made at the same or lower price as the bid.] *in accordance with, and to the extent provided by, Exchange Rules 1000–1004.*

.20 (a) A Floor broker may place within the Display Book system a broker agency interest file at varying prices at or outside the Exchange best bid and offer with respect to orders he or she is representing on the Floor, except that the agency interest file shall not include any ''G'' order interest.

(b) A Floor broker's agency interest shall become part of the quotation when it is at the Exchange best bid or offer and shall be executed in accordance with Exchange Rule 72.

(c) A Floor broker's agency interest not at the Exchange best bid or offer shall be on parity with displayed orders if executed as part of a sweep in accordance with, and to the extent provided by, Exchange Rules 1000–1004.

(d) A Floor broker may place agency interest in only one Crowd, as determined by the Exchange, at any given time. If the Floor broker wants to trade on behalf of his or her orders as part of the Crowd at the same price and on the same side of the market as his or her agency interest file, the Floor broker must add to the size of the agency interest file at that price or cancel that portion of the agency interest file before trading verbally in the Crowd.

(e) A Floor broker's agency interest file must be cancelled when he or she leaves the Crowd. Failure to do so is a violation of Exchange rules. If the Floor broker leaves the Crowd without cancelling his or her agency interest file and one or more executions occur with the agency interest, the Floor broker shall be held to such executions.

(f) Nothing in this rule shall be interpreted as modifying or relieving the Floor broker from his or her agency obligations and required compliance with all Exchange rules, policies and procedures.

* * * * *

Miscellaneous Requirements on Stock and Bond Market Procedures

Rule 79A

Supplementary Material

.10 Request to make better bid or offer.—When any Floor broker does not bid or offer at the limit of an order which is better than the currently quoted price in the security and is requested by his principal to bid or offer at such limit, he shall do so.

.15 With respect to limit orders received by specialists, each specialist shall publish immediately (*i.e.*, as soon as practicable, which under normal market conditions means no later than 30 seconds from time of receipt) a bid or offer that reflects;

(i) the price and full size of each customer limit order that is at a price that would improve the specialist's bid or offer in such security; and

(ii) the full size of each limit order that

(A) is priced equal to the specialist's bid or offer for such security;

(B) is priced equal to the national best bid or offer; and

(C) represents more than a de minimis change (i.e., more than 10 percent) in relation to the size associated with the Exchange's bid or offer.

[Each specialist shall keep active at all times the quotation processing facilities (known as ''Quote Assist'') provided by the Exchange. A specialist may deactivate the quotation processing facilities as to a stock or a group of stocks provided that Floor Official approval is obtained. Such approval to deactivate Quote Assist must be obtained no later than three minutes from the time of deactivation.]

Limit orders received by the specialist that improve the Exchange then-current bid or offer or change the size of the Exchange bid or offer, other than de minimis increases or decreases, shall be autoquoted in accordance with Exchange Rule 60(e). Each specialist shall activate the autoquote facility provided by the Exchange in each specialty stock he or she is responsible for by initiating a liquidity quote or by such other means as the Exchange may from time to time disseminate. Each specialist shall keep active at all times the autoquote facility provided by the Exchange, except that a specialist may deactivate the autoquote facility in order to accommodate gap quoting in accordance with the policies and procedures of the Exchange.

The requirements with respect to specialists' display of limit orders shall not apply to any customer limit order that is[;]*:*

(1) executed upon receipt of the order;

(2) placed by a customer who expressly requests, either at the time the order is placed or prior thereto pursuant to an individually negotiated agreement with respect to such customer's orders, that the order not be displayed;

(3) an odd-lot order;

(4) delivered immediately upon receipt to an exchange or association-sponsored system or an electronic communications network that complies with the requirements of Securities and Exchange Commission Rule 11Ac1–1(c)(5)(ii) under the Securities Exchange Act with respect to that order;

(5) delivered immediately upon receipt to another exchange member or over-the-counter market maker that complies with the requirements of Securities and Exchange Commission Rule 11Ac1–4 under the Securities Exchange Act with respect to that order;

(6) an ''all or none'' order;

(7) a limit order to buy at a price significantly above the current offer or a limit order to sell at a price significantly below the current bid that is handled in compliance with Exchange procedures regarding such orders, (''too marketable limit orders''; [or]

(8) an order that is handled in compliance with Exchange procedures regarding block crosses at significant premiums or discounts from the last sale[.]*;*

(9) an auction limit order;

(10) part of a broker agency interest file not at the Exchange best bid or offer; or

(11) the residual of an automatically executed order remaining after a liquidity replenishment point (''LRP'') has been reached, where such order is capable of trading at a price above (in the case of a buy order) or below (in the case of a sell order) the LRP price and such price creates a locked or crossed market on the Exchange.

* * * * *

(Reminder of rule unchanged)

Dealings by Specialists

Rule 104

* * * * *

(c) *Specialists shall have the ability to implement proprietary algorithms that allow them, on behalf of the dealer account, to systematically supplement the Exchange published bid or offer, match bids and offers published by other market centers, and place within the Display Book system a specialist interest file at varying prices outside the published Exchange quotation. The specialist interest file may not participate in a transaction at a price at or between the Exchange published quotation, except that the specialist interest file may provide stock to facilitate a single-price execution at the bid (offer) price, provided that the specialist purchase (sell) all of the remaining volume on the order being facilitated.*

(b) *Nothing in this rule shall be interpreted as modifying or relieving the specialist from his or her obligations and required compliance with all Exchange rules, policies and procedures.*

* * * * *

(Reminder of rule unchanged)

Orders of Members To Be in Writing

Rule 117

No member on the Floor shall make any bid, offer or transaction for or on behalf of another member except pursuant to a written *or electronically recorded* order. If a member to whom an order has been entrusted leaves the Crowd without actually transferring the order to another member, the order shall not be represented in the market during his *or her* absence, *except with respect to any portion of his or her agency interest file that was not cancelled before the member left the Crowd, notwithstanding that such failure to cancel an agency interest file is a violation of Exchange rules.*

Supplementary Material

.10 Absence from Crowd.—When a member keeps an order in his *or her* possession and leaves the Crowd in which dealings in the security are conducted, *t*he *member* is not entitled during his *or her* absence to have any bid, offer or transaction made in such security on his *or her* behalf or to have dealings in the security held up until he *or she* is summoned to the Crowd*, except that the member shall be held to any executions involving his or her agency interest file.* To insure representation of an order in the market during his *or her* absence, a member must therefore actually turn the order over to another member who will undertake to remain in the Crowd. If a member keeps the order in his *or her* possession and during his *or her* absence from the Crowd the security sells at or through the limit of his *or her* order, the *member* will be deemed to have missed the market.

* * * * *

(Reminder of rule unchanged)

Record of Orders

Rule 123

* * * * *

(e) System Entry Required

Except as provided in paragraph .21 and .22 below, no Floor member may represent or execute an order on the Floor of the Exchange *or place an interest file within the Display Book system* unless the details of the order have been first recorded in an electronic system on the Floor. Any member organization proprietary system used to record the details of the order must be capable of transmitting these details to a designated Exchange database within such time frame as the Exchange may prescribe. The details of each order required to be recorded shall include the following data elements, any changes in the terms of the order and cancellations, in such form as the Exchange may from time to time prescribe:

1. Symbol;
2. Clearing member organization;
3. Order identifier that uniquely identifies the order;
4. Identification of member or member organization recording order details;
5. Number of shares or quantity of security;
6. Side of market;
7. Designation as market, limit, stop, stop limit; *auction limit*;
8. Any limit price and/or stop price;
9. Time in force;
10. Designation as held or not held;
11. Any special conditions;
12. System-generated time of recording order details, modification of terms of order or cancellation of order;
13. Such other information as the Exchange may from time to time require.

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Miscellaneous Requirements

Rule 123A

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.30 A specialist may accept one or more percentage orders.—

* * * * *

(a) The elected or converted portion of a percentage order that is convertible on a destabilizing tick and designated ''immediate execution or cancel election'' (''CAP-DI order'') may be automatically executed and may participate in a sweep.

(i) An elected or converted CAP-DI order on the same side of the market as an automatically executed electing order may participate in a transaction at the bid (offer) price if there is volume associated with the bid (offer) remaining after the electing order is filled in its entirety. An elected or converted CAP–DI order on the same side of the market as an automatically executed electing order that sweeps the book will participate in a transaction at the sweep clean up price if there is volume remaining on the book or from contra-side elected CAP DI orders at that price.

(ii) An elected and converted CAP–DI order on the contra-side of the market as an automatically executed electing order may participate in a transaction at the bid (offer) price and the sweep clean up price, if any.

* * * * *

(Reminder of rule unchanged)

NYSE Direct+®

Rule 1000

(a) [Only straight limit orders without tick restrictions are eligible for entry as auto ex orders. Auto ex orders to buy shall be priced at or above the price of the published NYSE offer. Auto ex orders to sell shall be priced at or below the price of the NYSE bid.] An auto ex order shall receive an immediate, automatic execution against orders reflected in the Exchange[’s] published quotation, *orders on the book, Floor broker agency interest file and specialist interest file, in accordance with, and to the extent provided by, Exchange Rules 1000–1004* and shall be immediately reported as [NYSE] *Exchange* transactions, unless:

(i) The [NYSE] *Exchange* published quotation is in the non-firm quote mode;

(ii) the execution price would be more than [five cents] a *specified price* away from the last reported transaction price in the subject security on the Exchange; *as the Exchange shall from time to time determine and disseminate.*

(iii) with respect to a single-sided auto ex order, a better price exists in another ITS participating market center *where an automatic execution is immediately available or where such better price is otherwise protected from a trade-through by Securities and Exchange Commission rule or ITS Plan;*

[(iv)with respect to a single-sided auto ex order, the NYSE published bid or offer is 100 shares;]

[(v)] *(iv)* a transaction outside the [NYSE] *Exchange* published bid or offer pursuant to Rule 127 is in the process of being completed, in which case the specialist should publish a bid and/or offer that is more than [five cents] *a specified price* away from the last reported transaction price in the subject security [on the Exchange];

[(v)] *(v) trading in the subject security has been halted;*

(vi) *the specialist has gapped the quotation in accordance with the policies and procedures of the Exchange;*

(vii) a liquidity replenishment point has been reached. A liquidity replenishment point is reached when:

(A) the execution price of an auto ex order would be above (below) a specified price on the Exchange as the Exchange shall from time to time determine and disseminate, or

(B) a specified price movement on the Exchange has occurred over a specified period of time, as the Exchange shall from time to time determine and disseminate.

(b)(i) Auto ex orders to buy shall trade with the Exchange published best offer. Auto ex orders to sell shall trade with the Exchange published best bid. After trading with the bid (offer), the unfilled balance of any commitment to trade

received on the Floor through ITS shall be automatically cancelled.

(ii) Where the volume associated with the Exchange published best bid (offer) is insufficient to fill an auto ex order in its entirety, other than a commitment to trade received on the Floor through ITS, the unfilled balance of such order (the ''residual'') shall ''sweep'' the book—trade with orders on the book and any broker agency interest file and specialist interest file until it is executed in full, its limit price if any is reached, or a liquidity replenishment point is reached, whichever occurs first.

(iii) The residual shall trade with the orders on the book and any broker agency interest file and specialist interest file at a single price, such price being the best price at which such orders and files can trade with the residual to the extent possible, or a liquidity replenishment point, whichever comes first (''clean up price''). All orders on the book and Floor broker agency interest trading with the residual shall be on parity and receive the clean up price. If no orders capable of trading at the clean up price remain on the book, specialist interest may trade on parity with broker agency interest at that price.

(iv) The sweep described in (ii) above is not available during the period a report of a transaction is being made in the book and the volume of the bid (offer) has decremented to 100 shares.

(v) Any residual remaining after the sweep described in (ii) above shall be executed pursuant to Exchange auction market procedures unless the order is designated immediate or cancel, in which case the residual shall be automatically cancelled.

[An auto ex limit order that cannot be immediately executed shall be displayed as a limit order in the auction market. An a auto ex orders equal to or greater than the size of the NYSE published bid or offer shall trade against the entire published bid or offer, and a new bid or offer shall be published pursuant to Rule 60(e). The unfilled balance of the auto ex order shall be displayed as a limit order in the auction market.]

[During a pilot program in 2003, NYSE Direct+ shall not be available in the following five stocks: American Express (AXP), Pfizer (PFE), International Business Machines (IBM), Goldman Sachs (GS), and Citigroup (C). The Exchange will announce in advance to its membership the time the pilot will run.]

* * * * *

Rule 1001

(a) Subject to Rule 1000, auto ex orders shall be executed automatically and immediately reported. The contra side of the execution shall be [orders reflected in the Exchange's published quotation], as follows:

(i) the first contra side bid or offer at a particular price shall be entitled to time priority, but after a trade clears the Floor, all bids and offers at such price shall be on parity with each other;

(ii) all bids or offers on parity shall receive a split of executions in accordance with Exchange Rule 72;

(iii) the [specialist shall be responsible for assigning] assignment of the number of shares to each contra side bidder and offeror, as appropriate, in accordance with Exchange Rule 72, with respect to each automatic execution of an auto ex order shall be done systemically;

(iv) the specialist shall be the contra party to any automatic execution of an auto ex order where interest reflected in the Exchange published quotation against which the auto ex order was executed is no longer available;

(v) a universal contra shall be reported as the contra to each automatic execution of an auto ex order.

(vi) the unfilled balance, if any, of an auto ex order shall be executed in accordance with, and to the extent provided by Exchange Rule 1000.

[(b) If the depth of the published bid or offer is not sufficient to fill an auto ex order in its entirety, the unfilled balance of the order shall be routed to the Floor and shall be displayed in the auction market.]

[(c)] *(b)* No published bid or offer shall be entitled to claim precedence based on size with respect to executions against auto ex orders.

* * * * *

Rule 1002

[Orders designated as ''a] *A*uto ex[''] *orders* in a particular stock, Investment Company Unit (as defined in paragraph 703.16 of the Listed Company Manual), or Trust Issued Receipt (as defined in Rule 1200) shall be eligible to receive an automatic execution if entered after the Exchange has disseminated a published bid or offer until 3:59 p.m. for stocks and Trust Issued Receipts, or 4:14 p.m. for Investment Company Units, or within one minute of any other closing time of the Exchange's floor market. [Orders designated as ''a] *A*uto ex[''] *orders* in a particular stock, Trust Issued Receipt, or Investment Company Unit that are entered prior to the dissemination of a bid or offer *or* after 3:59 p.m. for stocks and Trust Issued Receipts, after 4:14 p.m. for Investment Company Units, or within one minute of any other closing time, shall be [displayed as limit orders] *executed* in the auction market *unless it is a commitment to trade received on the Floor through ITS or is an auto ex order designated as immediate or cancel.*

* * * * *

Rule 1003

If a transaction has been agreed upon in the auction market, and an automatic execution involving auto ex orders is reported at a different price before the auction market transaction is reported, any tick test applicable to such auction market transaction shall be based on the last reported trade *on the Exchange* prior to such execution of auto ex orders.

* * * * *

Rule 1004

Automatic executions of auto ex orders shall elect stop orders, stop limit orders and percentage orders electable at the price of such executions. Any stop orders so elected shall be executed pursuant to the Exchange's auction market procedures, and shall not be guaranteed an execution at the same price as subsequent automatic executions of auto ex orders.

* * * * *

[Rule 1005

An auto ex order for any account in which the same person is directly or indirectly interested may only be entered at intervals of no less than 30 seconds between entry of each such order in a stock, Investment Company Unit (as defined in paragraph 703.16 of the Listed Company Manual), or Trust Issued Receipt (as defined in Rule 1200), unless the orders are entered by means of separate order entry terminals, and the member or member organization responsible for entry of the orders to the Floor has procedures in place to monitor compliance with the separate terminal requirement.]

* * * * *

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, the Exchange included statements concerning the purpose of and basis for the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in Item IV below and is set forth in Sections A, B, and C below.

A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

1. Purpose

The Exchange believes that the proposed amendments to its rules [5] create a hybrid market, where investors would be able to choose the way their orders are executed. According to the Exchange, investors seeking the speed and certainty of an automatic execution at the published bid or offer to the extent of the volume associated with such published bid or offer, with any residual sweeping the book until executed, its limit price, if any, is reached, or a ''liquidity replenishment point'' (''LRP''), as described below, is reached, as well as those who prefer the opportunity for price improvement provided by the auction market, would be able to obtain executions in accordance with their preferences on the NYSE. The Exchange represents that the proposed amendments would be accomplished by, among other things, enhancements to Direct+, making its speed and execution certainty available to a wider variety of orders. In addition, the Exchange proposes to provide for a new order type, an AL order, and to modify the way market orders would be handled in the auction market to provide an opportunity for price improvement for those who desire it. The proposed amendments also address ''sweeps,'' ''locked'' and ''crossed'' markets, and ''trade-throughs'' and seek to make Direct+ permanent. The Exchange represents that the changes described below may be implemented in stages given their significance to the marketplace, programming requirements, and the need for members and order routing vendors to make related changes to their systems.

Approval to Make Direct+ Permanent

Direct+ was originally approved as a one-year pilot program ending on December 21, 2001.[6] The pilot was subsequently extended for three additional one-year periods, and is currently scheduled to end on December 23, 2004.[7] The Exchange represents that the pilot has given the Exchange considerable experience with automated executions, as approximately 8% of the Exchange's adjusted average daily volume [8] is currently executed through Direct+. As a result of this experience and the extensive changes to the Exchange's market envisioned by the proposed amendments discussed below, the Exchange hereby seeks approval to make Direct+ permanent.[9]

Proposed Amendments to Exchange Rules

In order to create the hybrid market, the Exchange proposes the following amendments to its rules:

i. Eliminate order size restrictions for automatically executed (''auto ex'') orders.

ii. Eliminate the 30-second limitation for consecutive auto ex orders for accounts in which the same person is directly or indirectly interested.

iii. Permit immediate or cancel (''IOC'') orders to be automatically executed.

iv. Permit market orders to be automatically executed. Market orders not designated for automatic execution would be executed in the auction market where they would have an opportunity for price improvement. Market orders not immediately executed would be bid (offered) at the minimum variation better than the Exchange's best bid (offer) at the time the order is routed to the Display Book for execution. If the order is not executed in the auction market within 15 seconds, it would be automatically executed. In addition, if an order enters the market on the same side at a better price, the contra-side offer (bid) changes so that an execution would give price improvement to the market order, or there is a quote at the minimum variation, the market order would be automatically executed, even if 15 seconds has not elapsed. For these reasons, a market order could be executed at an inferior price than the prevailing price at the time the order was routed to the Display Book.

v. Limit orders to buy priced at or above the Exchange's published offer and limit orders to sell priced at or below the Exchange's published bid (''marketable limit orders'') [10] would be automatically executed, whether or not such orders are designated for automatic execution. Non-marketable limit orders are routed to the Display Book, even if designated auto ex, and would be represented in the auction market. When such orders become marketable, they would be included in the quote and could participate in automatic executions.

vi. Create a new order type—AL orders. AL orders would provide the opportunity for price improvement inherent in the auction market. AL orders would be required to be designated as such when entered. An AL order to buy should have a limit price at or above the published offer, and an AL order to sell should have a limit price at or below the published bid.[11]

As a marketable limit order, an AL order would be expected to be represented quickly in the auction market for potential price improvement and, if not executed immediately, would be reflected as the NYSE best bid or offer, as follows: an AL order to buy would be quoted the minimum variation better than the Exchange's published best bid, and an AL order to sell would be quoted the minimum variation better than the Exchange's published best offer, regardless of the AL order's limit price. If a subsequent order on the same side as the AL order enters the market at a better price than the AL order is bidding (offering) at the time, takes some or all of the displayed contra-side volume, the contra-side offer (bid) changes so that an execution at that price would give the AL order price improvement, or there is a quote at the minimum variation, the AL order would be automatically executed. In addition, if the AL order has not been executed after 15 seconds, it would be automatically executed.

An AL order could be executed at a price that is inferior to the price that was prevailing at the time the order was

[5] To the extent any inconsistencies exist between this filing and existing Exchange rules, the amendments and concepts proposed herein take precedence and override such rules.

[6] *See* Securities Exchange Act Release No. 43767 (December 22, 2000), 66 FR 834 (January 4, 2001) (SR–NYSE–00–18).

[7] *See* Securities Exchange Act Release Nos. 45331 (January 24, 2002), 67 FR 5024 (February 1, 2002) (SR–NYSE–2001–50); 46906 (November 25, 2002), 67 FR 72260 (December 4, 2002) (SR–NYSE–2002–47); and 48772 (November 12, 2003), 68 FR 65756 (November 21, 2003) (SR–NYSE–2003–30).

[8] Based on data through June 2004.

[9] This would also have the effect of superceding four filings that have been approved by the Commission during the Direct+ pilot, which were made part of the pilot. *See* Securities Exchange Act Release No. 47463 (March 7, 2003), 68 FR 12122 (March 13, 2003) (SR–NYSE–2002–44). However a portion of SR–NYSE–2002–37 that amends NYSE Rule 1002 to provide that Direct+ executions in ETFs are available until 4:14 p.m. would be made permanent by this filing. *See* Securities Exchange Act Release No. 47024 (December 18, 2002), 67 FR 79217 (December 27, 2002) (SR–NYSE–2002–37). *See also* Securities Exchange Act Release Nos. 47353 (February 12, 2003), 68 FR 8318 (February 20, 2003) (SR–NYSE–2002–58) and 47614 (April 2, 2003), 68 FR 17140 (April 8, 2003) (SR–NYSE–2002–55).

[10] Orders priced this way ''lock'' or ''cross'' the market. A ''locking'' bid (offer) is one that is the same price as the published offer (bid). For example, where a published offer (bid) is .50, a bid (offer) of .50 would ''lock'' the market, and there would be no spread. A ''crossing'' bid (offer) is one that is higher (lower) than the offer (bid), for example, a bid of .50 when the published offer is .45, or an offer of .45 when the published bid is .50.

[11] An AL order that is not marketable at the time it is routed to the Display Book would be represented in the auction market in the same way as any non-marketable limit order, until it is executed or cancelled.

entered. This could occur due to the cancellation or execution of the displayed contra-side liquidity before the AL order is executed.

vii. Market orders designated for automatic execution (''auto ex market orders'') and marketable limit orders routed to the Display Book would be automatically executed via Direct+ at the price and extent of the Exchange's published bid or offer.[12] Auto ex market and marketable limit orders to buy would be executed at the offer price, to the extent of the volume associated with the published offer. Auto ex market and marketable limit orders to sell would be executed at the bid price, to the extent of the volume associated with the published bid. The unfilled balance of an auto ex market or a marketable limit order would sweep the book until: (1) It is executed; (2) its limit price, if any, is reached; or (3) a LRP is reached. The execution of unfilled balances and LRPs are described in more detail below. The unfilled balance of an auto ex market order or a marketable limit order designated IOC would be automatically cancelled after the sweep.

viii. All quotes would be subject to automatic execution, unless designated otherwise. Non-auto-executable quotes could be generated electronically when LRPs are reached or by the specialist gapping the quote due to an order imbalance.[13] A transaction, update of the quote by the specialist, or a timer-generated quote update, as discussed below, would resume automatic executions and autoquote.

ix. The Exchange believes that LRPs would be volatility moderators and would assist in the maintenance of fair and orderly markets during sweeps. When a LRP is reached, the quotation would not be available for automatic execution and would be designated as such. Autoquote would be suspended, although cancellations of orders would be permitted. When a LRP is reached, the specialist, crowd, and off-floor market participants could enter orders to replenish liquidity on either side of the market.

The Exchange proposes two new LRPs—a price-based LRP and a momentum-based LRP. The price-based LRP would be a minimum of five cents from the Exchange bid or offer, rounded to the next nearest nickel.[14] A specified price movement over a specified period during a trading session would trigger the momentum-based LRP. The Exchange represents that the precise parameters for the momentum-based LRP are currently under review and would be identified at a later time and submitted as an amendment to this filing.[15]

In addition, Exchange rules currently provide that automatic execution is not available if the execution price would be more than five cents away from the last reported transaction price in the relevant security on the Exchange. The Exchange proposes to amend this rule to provide for execution price parameters based on the price of the security, rather than a uniform five-cent standard. Adoption of additional LRPs or changes to a LRP would be made as appropriate. Information about LRPs would be disseminated by the Exchange.

x. The unfilled balance (referred to as the residual) of any auto ex market order or a marketable limit order would ''sweep'' the book, automatically executing until it is filled, its limit price if any is reached, or a LRP is reached.[16] Bids and offers on the Display Book between the displayed bid or offer and the sweep ''clean-up'' price would receive price improvement at the ''clean-up'' price.[17] Any balance remaining after the order reaches its limit price, if any, or a LRP is reached, would remain on the book for handling in the auction market where it would become a bid or offer at its limit price or the LRP price, whichever is reached first. If executed at the price at which it is bidding (offering), the balance would have priority; if executed at a different price—within the parameters of its limit, if any—the balance would trade on parity with the crowd. However, if an auto ex market order or a marketable limit order is marked IOC, any unfilled balance remaining after the sweep or when a LRP is reached would be automatically cancelled.

xi. When a LRP is reached and no residual remains, or a residual remains and it is not capable of trading at a price above (in the case of a buy order) or below (in the case of a sell order) the LRP, autoquote would resume as soon as possible, but in no more than five seconds, unless in that time, orders came in that locked or crossed the market. If a LRP is triggered and a residual capable of trading at a price above or below the LRP remains, but does not lock or cross the market, autoquote would remain disengaged, and automatic executions could not occur until the specialist trades or requotes the market. However, autoquote and auto executions would resume in any event in no later than 28 seconds. Where a residual remains and it is capable of trading above (below) a LRP and it locks or crosses the market, autoquote and auto executions would not be available until a trade occurs or the specialist requotes the market.

xii. Intermarket Trading System (''ITS'') commitments to trade sent to the Exchange from another market center because the Exchange's published bid or offer is the national best bid or offer (''incoming'' ITS commitments) would be automatically executed. These commitments to trade would be executed to the extent of the volume of the Exchange's published bid or offer, and any unfilled balance would be automatically cancelled.

xiii. Where the national best bid or offer is published by another market center in which an automated execution is immediately available, or such bid or offer is otherwise protected from a trade-through and the specialist has not systemically matched the price associated with such bid or offer, the Exchange would automatically route to such market center the portion of a market or marketable limit order that would satisfy the better-priced bid or offer (''outgoing'' ITS commitments), unless the entity entering the order indicated that it was contemporaneously satisfying such better bid or offer. If the routed commitment is not executed or not executed in its entirety, such commitment, or balance thereof, would

[12] Reference to the Exchange's published bid and offer refers to the Exchange's best or inside bid and offer, not a Liquidity Quotesm bid or offer.

[13] Automatic executions also would not be available when the Exchange's published quotation is in non-firm mode or trading in the security has been halted. These are unusual situations and happen infrequently. In addition, during the time that a report of execution is being made through the Display Book, automatic executions would continue until the volume associated with the bid and/or offer decrements to 100 shares and then would be suspended until the market is requoted. Automatic executions would then suspend until the reporting is concluded.

[14] For example, where the quote is .10-.12, sweep transactions could occur at .12, .13, .14, .15, .16, .17, .18, .19, and .20, the LRP, and at .10, .09, .08, .07, .06, and .05, the LRP. Transactions could not occur at .21 or higher and .04 or lower, until the specialist executes a transaction or requotes the market. Similarly, where the quote is .04-.09, LRPs would be .95 and .15. Telephone conversation between Nancy R. Jenkins, Managing Director, NYSE, and Kelly Riley, Assistant Director, Division, Commission, on August 4, 2004.

[15] Telephone conversation between Nancy R. Jenkins, Managing Director, NYSE, and Kelly Riley, Assistant Director, Division, Commission, on August 10, 2004.

[16] If during a sweep, a better priced bid or offer is published by another market in which an automatic execution is immediately available or such bid is otherwise protected from a trade-through (the execution of an order in one market at a price that is inferior to a price for more than one round lot displayed in another market), the portion of the sweeping order that satisfies the better-priced bid or offer would be automatically routed to such market, if not matched by the specialist, as described *infra*. The sweep would continue without that portion of the order.

[17] The sweep price could be improved by the broker agency interest file and specialist interest file, discussed *infra*.

return to the Exchange. Upon its return, the portion that had been sent away would be handled in accordance with its terms, as described herein. The effective time for proper sequencing purposes of the returned portion would be the time it returns to the Exchange.

xiv. A specialist could cause a non-auto-executable quote by gapping the quotation [18] due to an order imbalance in accordance with the policies and procedures of the Exchange. The quote would be designated as non-auto-executable, and autoquote would be suspended, except for cancellations.[19] Once a trade occurs or a non-gapped quote is published, autoquote and automatic execution would resume.

xv. Specialists would have the ability to systemically supplement the quote, determine price points outside the Exchange best bid and offer to which he or she wants to provide liquidity by bidding or offering on behalf of the dealer account, which could serve to improve a sweep price, facilitate a single-price execution at the bid or offer price, and systemically match outgoing ITS commitments. When facilitating a single-price execution, the specialist would be required to buy (sell) all of the volume remaining on the order being facilitated. The specialist interest file would not be disseminated unless at the Exchange best bid or offer price. Specialist interest that establishes the best bid or offer would be entitled to priority with the crowd at that price for one trade, as current Exchange rules permit. Specialist interest at other prices would yield to agency orders and the broker agency interest file, discussed below, except that, once orders on the book are filled, specialists could trade on parity with the crowd, including broker agency interest.[20]

xvi. Brokers would have the ability to place within the Display Book system an agency interest file at varying prices at or outside the quote with respect to orders the broker is representing, except for ''G'' orders.[21] This interest would not be disseminated unless at the Exchange's best bid or offer. The specialist would be able to view only aggregated broker agency interest at each price. Broker agency interest would have priority if it establishes the best bid or offer and would be on parity with other orders at its price, except specialist interest, as described above. The broker's agency interest could serve to improve the price of a sweep order. The broker would be able to place agency interest in only one crowd at any given time, as determined by the Exchange. The broker would be required to cancel his or her agency interest file when leaving the crowd. When the broker wants to trade as part of the crowd on the same side and at the same price as his or her agency interest, the broker would be required to add to the existing agency interest or cancel any agency interest at that price before verbally trading in the crowd. If the broker leaves the crowd without canceling his or her agency interest file and a trade occurs involving such interest, the broker would be held to that trade.

xvii. Eligible tick-restricted orders would be capable of automatic execution when they are marketable. A tick-restricted order not immediately eligible to trade would remain on the book as a tick-restricted order for handling in the auction market.[22]

xviii. The specialist would no longer be responsible for assigning the number of shares to each contra-party with respect to an automatic execution that includes specialist or crowd orders. Instead, such assignment would be done systemically.

xix. Elected and converted portions of CAP–DI orders (convert and parity percentage orders) would be automatically executed and could participate in a sweep.

xx. Elected and converted CAP–DI orders on the same side of the market as an automatically executed order would participate in a transaction at the bid (offer) price if there is volume remaining after the order is filled by such bid (offer). Elected and converted CAP–DI orders on the same side of the market as an automatically executed order that sweeps the book would participate in a transaction at the sweep clean up price if there is volume remaining on the book or from contra-side elected CAP–DI orders at that price.

Elected and converted CAP–DI orders on the contra-side of the market as an automatically executed order would participate in a transaction at the bid (offer) price and the sweep clean up price, if any, providing liquidity to the market.

Operation of Direct+ Under Existing Rules

Direct+ currently provides for the automatic execution of straight limit orders (*i.e.* orders without tick restrictions) of 1,099 shares or less (5,000 shares or less for Investment Company Units, as defined in paragraph 703.16 of the Listed Company Manual, and for Trust Issued Receipts, such as HOLDRs, as defined in NYSE Rule 1200) [23] against trading interest reflected in the Exchange's published quotation. Orders capable of execution via Direct+ are defined in NYSE Rule 13 as ''auto ex'' orders. It is not mandatory that all eligible limit orders be entered as auto ex orders. Rather, the member organization entering the order (or its customer if enabled by the member organization) can choose to enter an auto ex order when such member organization (or customer) believes that the speed and certainty of an execution at the Exchange's published bid or offer price is in the customer's best interest. Where the customer's interests are best served by being afforded the opportunity for price improvement, the member organization (or customer) may enter a limit or market order by means of the SuperDot ® (''DOT'') system for representation in the auction market.

Direct+ orders are entered through DOT with the indicator NX added to identify the order as an auto ex order. In accordance with limit price requirements, the auto ex order is priced at or above the Exchange's published

[18] The purpose of a gapped quote would be to disseminate the existence of an order imbalance and minimize short-term price dislocation associated with such imbalance by allowing appropriate time for the entry of offsetting orders or the cancellation of orders on the side of the imbalance. An imbalance could occur because of a sudden influx of orders on the same side of the market, the entry of one or more large-sized order(s) with little or no offsetting interest, or when a member proposes to effect a one-sided block transaction at a significant premium or discount to the prevailing market. The size of an imbalance suitable for gapped quoting would be at least 10,000 shares or a quantity of stock having a value of $200,000 or more. The specialist would gap the quote by widening the spread, with the imbalance side priced at the last sale and the contra-side priced where the specialist thinks stock could trade if the imbalance continues to exist. The size identified with the gapped quote would be 100 × size or size × 100, the size side being the amount of the imbalance. The specialist would identify a quote as gapped to differentiate from non-gap quote related 100-share bids or offers.

[19] This is different from the Exchange's current gapped quotation procedures, which are described in Information Memo 04–27 (June 9, 2004).

[20] In a filing pending with the Commission, the Exchange has proposed amendments to its rules that permit a customer to preclude the specialist from trading on parity with the customer. *See* Securities Exchange Act Release No. 50090 (July 27, 2004), 69 FR 46197 (August 2, 2004) (SR–NYSE–2004–06). These amendments, if approved, would apply to transactions with the specialist interest file.

[21] ''G'' orders refers to proprietary orders represented pursuant to Section 11(a)(1)(G) of the Act. 15 U.S.C. 78k(a)(1)(G).

[22] Tick-restricted stop orders would not be eligible for automatic execution.

[23] *See* Information Memorandum 03–28 (June 20, 2003) (Amendments to Direct+). The Commission approved a proposal to increase the size of Direct+ orders in Investment Company Units and Trust Issued Receipts to a maximum level of 10,000 shares. *See* Securities Exchange Act Release No. 47024 (December 18, 2002), 67 FR 79217 (December 27, 2002) (SR–NYSE–2002–37).

offer (in the case of an auto ex order to buy), or at or below the Exchange's published bid (in the case of an auto ex order to sell). The auto ex order receives an automatic execution when the limit price is equal to or better than the published bid or offer, without being exposed to the price improvement mechanism of the auction market, provided the bid or offer is still available.[24] The transaction report is returned through DOT to the member organization (or customer) that entered it.

An auto ex order equal to or greater than the size of the Exchange's published bid or offer trades against the entire published bid or offer, and a new bid or offer is published pursuant to NYSE Rule 60(e). Auto ex orders that cannot be immediately executed are displayed as limit orders in the auction market,[25] as is the unfilled balance of any partially executed auto ex order.[26]

Where the best bid or offer is in another market, the auto ex order is delivered to the specialist, who must either match the better price displayed by the other market or send a ''commitment to trade'' to the market displaying the best price via ITS.[27]

In any instance where the automatic execution feature is not available, the auto ex order is entered for execution in the Exchange's auction market. Pursuant to current NYSE Rule 1000, automatic execution is not available when:

(i) The NYSE's published quotation is in the non-firm quote mode;

(ii) the execution price would be more than five cents away from the last reported transaction price in the subject security on the Exchange;

(iii) with respect to a single-sided auto ex order, a better price exists in another ITS participating market center;

(iv) with respect to a single-sided auto ex order, the NYSE's published bid or offer is 100 shares (on the side such order would be executed against);

(v) a transaction outside the NYSE's published bid or offer pursuant to NYSE Rule 127 is in the process of being completed, in which case the specialist should publish a bid and/or offer that is more than five cents away from the last reported transaction price in the subject security on the Exchange; and

(vi) trading in the subject security has been halted.

The contra side of an auto ex order execution is the trading interest reflected in the Exchange's published bid or offer. A universal contra is reported as the contra to each auto ex execution, with such contra interest participating in accordance with the Exchange's auction market principles of priority and parity as codified in NYSE Rule 72 (NYSE Rule 1001(a)), except that no published bid or offer is entitled to claim precedence based on size with respect to executions against auto ex orders (NYSE Rule 1001(c)).

The specialist is responsible for assigning the appropriate number of shares to each contra participant after an auto ex order has been executed that includes specialist or crowd orders.[28] If the depth of the published bid or offer is not sufficient to fill an auto ex order in its entirety, the unfilled balance is routed to the floor and displayed in the auction market.[29] Once the order is entered in the auction market, it is treated the same as any other limit order entered into DOT.

The specialist is the contra party to any automatic execution of an auto ex order where interest reflected in the published quotation against which the auto ex order was executed is no longer available.[30] This may occur even though the specialist's interest was not part of such quotation. For example, the published quotation may reflect the interest of a broker in the crowd that was executed in an auction market transaction. If an auto ex order is executed against the published bid or offer before it can be updated, the specialist must take the contra side of the auto ex execution. In other instances, the crowd broker might cancel his or her interest as reflected in the published quotation, but an auto ex order might be executed against such quotation before it can be updated. Again, in such instance, the specialist would be required to take the contra side of the auto ex execution.

The specialist's obligation under NYSE Rule 1001(a)(iv) exists regardless of the tick associated with the automatic execution. However, in the auction market context, NYSE Rule 104, which sets forth the specialist's affirmative and negative obligations, restricts the specialist's ability to purchase stock on direct plus ticks or sell stock on direct minus ticks. Accordingly, the Exchange sought and received Commission approval of an interpretation of NYSE Rule 104[31] that provides that any instance in which the specialist is effecting such a direct tick transaction only because he or she has been required to assume the contra side of an auto ex execution shall be deemed to be a ''neutral'' transaction for purposes of NYSE Rule 104, and shall not be deemed a violation of the Exchange rule. The Exchange believes that this interpretation is appropriate because the specialist is not setting the price, but is simply being required to trade at a price set by other market participants.[32]

Similarly, the Exchange sought and received Commission approval[33] of its interpretation that NYSE Rule 91[34] does not apply where the specialist is the contra party to an auto ex execution, as the specialist does not accept an auto ex order for execution or act as agent in the execution of such order.[35]

Similarly, the Exchange received an interpretive position from the Commission[36] that under the short sale rule, Rule 10a–1 of the Act,[37] the specialist is not deemed to be in violation when he or she is required under NYSE Rule 1001(a)(iv) to take the contra side of an auto ex execution on a minus or zero minus tick and has an existing short position or would be creating a short position by virtue of such execution. In such instance, the specialist is not deemed to be engaging in manipulative behavior to influence the price of the subject security because the specialist is simply being required to trade at a price set by other market participants.[38]

Auto ex orders are eligible to receive an automatic execution if entered after the Exchange has disseminated a published bid or offer until 3:59 p.m. for stocks and Trust Issued Receipts, 4:14 p.m. for Investment Company Units, or within one minute of any other closing time of the Exchange's floor market. Orders designated as auto ex that are

[24] *See* NYSE Rule 1000.

[25] *See* NYSE Rule 1000.

[26] *See* NYSE Rule 1001(b).

[27] *See* NYSE Rule 15A.

[28] *See* NYSE Rule 1001(a).

[29] *See* NYSE Rule 1001(b).

[30] *See* NYSE Rule 1001(a)(iv).

[31] *See* note 6, *supra.*

[32] The Exchange continues to believe this interpretation is appropriate and hereby requests that the Commission continue its approval of this interpretation.

[33] *See* note 6, *supra.*

[34] NYSE Rule 91 includes transaction confirmation requirements in instances in which the specialist participates in a transaction as both principal and agent. For recent amendments to this rule, see the filing SR–NYSE–2002–32. *See* Securities Exchange Act Release No. 49183 (February 4, 2004), 69 FR 6354 (February 10, 2004).

[35] The Exchange continues to believe this interpretation is appropriate and hereby requests the Commission continue its approval of this interpretation.

[36] *See* letter from James E. Buck, Secretary and Senior Vice President, Exchange, to Larry E. Bergmann, Senior Associate Director, Division, Commission, dated December 21, 2000 (''Exemption Letter'') and response from Larry E. Bergmann to James E. Buck, dated December 22, 2000.

[37] 17 CFR 240.10a–1.

[38] The Exchange continues to believe this interpretation is appropriate, particularly in light of the recent adoption of Regulation SHO by the Commission. *See* Securities Exchange Act Release No. 50103 (July 28, 2004), and hereby requests its continued approval.

entered prior to the dissemination of a bid or offer or after 3:59 p.m./4:14 p.m. or within one minute of any other closing time, are displayed as limit orders in the auction market.[39]

Automatic executions of Direct+ orders elect stop orders, stop limit orders and percentage orders electable at the price of such executions. Any stop orders so elected are executed pursuant to Exchange auction market procedures and are not guaranteed an execution at the same price as subsequent automatic executions of auto ex orders.[40] The Exchange sought and the Commission approved an interpretation [41] that, for the purposes of NYSE Rule 123A, the specialist is not required to fill any stop orders elected by an auto ex execution at the price of the electing sale in any instance where the specialist was required by NYSE Rule 1001(a)(iv) to take the contra side of an auto ex execution.

If a transaction is being completed in the auction market and an execution involving auto ex orders is reported at a different price before the auction market transaction is reported, any tick test applicable to the auction market transaction is based on the last reported trade prior to the execution of the auto ex order.[42] For example, assume the following: the Exchange's published quotation is 20 bid for 5,000 shares, and 5,000 shares offered at 20.04. The last reported sale was 20.02, which means the published bid is a plus tick. A broker in the crowd bids 20.03 for 5,000 shares, and another broker, representing a short sale order, agrees to trade at the 20.03 bid price. Before the trade at 20.03 is reported, an auto ex order to buy is automatically executed at the 20.04 published offer price, making the trade to be reported at 20.03 a minus tick, which would preclude execution of the order to sell short.

NYSE Rule 1003 provides that in this instance, for the purposes of NYSE Rule 440B and Rule 10a–1 of the Act, the short sale tick test would be based on the sale of 20.03, a plus tick compared with the last reported sale of 20.02 at the time the crowd brokers were completing the trade. The short sale would be reported to the Consolidated Tape as ''sold'' indicating other transactions in the stock have printed on the tape between the time of the sold transaction and its print time. Nevertheless, a floor broker will not be permitted to sell short at a price lower than the best bid displayed in the auction market at the time the transaction is reported.

Finally, current Direct+ rules restrict the frequency and size of auto ex orders. An auto ex order for any account in which the same person is directly or indirectly interested may only be entered at intervals of no less than 30 seconds between entry of each such order in a stock, Investment Company Unit, or Trust Issued Receipt, unless the orders are entered by means of separate order entry terminals, and the member or member organization responsible for entry of the orders to the floor has procedures in place to monitor compliance with the separate terminal requirement.[43] In addition, the size of auto ex orders in stocks is limited to 1,099 shares. Auto ex orders in investment company units and Trust Issued Receipts are currently limited to 5,000 shares, although the Exchange is authorized to increase the size limit for these orders to 10,000 shares.[44]

Operation of Hybrid Market Under the Proposed Amendments

Pursuant to the proposed amendments, auto ex market orders, marketable limit orders, and incoming ITS commitments to trade routed to the Display Book, regardless of size, would be eligible for automatic execution [45] against the trading interest reflected in the Exchange's published quotation, with any unfilled balance ''sweeping'' the book, broker agency interest file, and specialist interest file until executed, its limit price, if any, is reached, or a LRP is reached. AL orders, market orders, and non-marketable limit orders would remain on the Display Book for handling in the auction market.

Unless the published bid and/or offer has been designated non-auto executable, auto ex market orders, marketable limit orders and incoming ITS commitments to buy would be automatically executed at the offer price to the extent of the volume associated with the published offer. Auto ex market orders, marketable limit orders, and incoming ITS commitments to sell would be executed at the bid price, to the extent of the volume associated with the published bid. The unfilled balance of auto ex market and marketable limit orders would sweep the book, automatically executing until filled; their limit price, if any is reached; or a LRP is reached.

The unfilled balance of any incoming ITS commitment to trade would be cancelled. Furthermore, the unfilled balance of any auto ex market order or marketable limit order designated IOC would be cancelled after the sweep.

Any residual remaining after an auto ex market order or marketable limit order sweeps to its limit price, if any, or reaches a LRP, would remain on the book for handling in the auction market where it would become a bid or offer at its limit price, or the LRP price, whichever is reached first. If the residual executes at the price at which it is bidding (offering), it would have priority. If it executes at a different price—within the parameters of its limit, if any—it would trade on parity.

AL orders and market orders would be executed in the auction market, with an opportunity for price improvement. Both are marketable orders and, if not executed immediately in the auction market, would be reflected as the Exchange's best bid or offer quoted at the minimum variation better than the prevailing bid or offer. If not executed within 15 seconds, AL orders and market orders would be automatically executed. In addition, if a subsequent order enters the market on the same side at a better price, the contra-side offer (bid) changes so that an execution at that price would give the AL order or market order price improvement, or there is a quote at the minimum variation, the market or AL order would automatically trade, even if 15 seconds has not elapsed. AL orders, but not market orders, would also be automatically executed if a subsequent order enters the market on the same side and takes some or all of the displayed contra side liquidity.

Multiple AL orders and market orders on the same side of the market would be aggregated at the best price (consistent with the AL order limits), and executions would occur based on time priority.

AL orders and market orders would be executed at a price at or better than the national best bid or offer published by another market center in which an automated execution is immediately available or such bid or offer is otherwise protected from a trade-through at the time of the order's execution. If that price is not available on the Exchange, the portion of the order that would satisfy such better price would be automatically routed to the relevant market center, unless the entity entering the order indicated it was contemporaneously satisfying the better bid or offer.

[39] *See* NYSE Rule 1002.

[40] *See* NYSE Rule 1004.

[41] *See* note 6, *supra*.

[42] *See* NYSE Rule 1003.

[43] *See* NYSE Rule 1005.

[44] *See* NYSE Rule 13.

[45] A few order types would be ineligible for automatic execution, including, ''all or none'' (AON), CAP, ''opening only'' (OPG), ''fill or kill'' (FOK), ''limit on close'' (LOC), ''market on close'' (MOC), stop, stop limit, and ''basis'' (BAS) orders. Odd lots would also be ineligible for automatic execution via Direct+ at this time.

An AL order or market order could miss the market at the time it was entered, receiving an execution at an inferior price due to the cancellation or execution of the displayed contra-side liquidity before the order is executed.

Non-marketable limit orders would be reflected in the published quotation in accordance with NYSE Rules 60 and 79A.15. Once in the published quotation, such orders could become the contra-side of an automatic execution and participate in a sweep.

In any instance where the quote is non auto-executable, orders would be executed in the Exchange auction market. Autoquote would be suspended except for cancellations when automatic executions are not available.[46]

When a LRP is reached and no residual remains, or a residual remains and it is not capable of trading at a price above (in the case of a buy order) or below (in the case of a sell order) the LRP, autoquote would resume as soon as possible, but in no more than five seconds, unless in that time, orders came in that locked or crossed the market. If a LRP is reached and a residual capable of trading at a price above or below the LRP remains, but does not lock or cross the market, autoquote would remain disengaged, and automatic executions could not occur until the specialist trades or requotes the market.

Autoquote and auto execution, however, would resume in any event in no later than 28 seconds. Where a residual remains capable of trading at a price above (below) a LRP, and it locks or crosses the market, autoquote and auto ex would not be available until a trade occurs or the specialist requotes the market.

A universal contra would continue to be reported as the contra to each auto ex execution, with such contra interest participating in accordance with the Exchange rules of priority and parity as codified in NYSE Rule 72. No published bid or offer would be entitled to claim precedence based on size with respect to executions against auto ex orders. However, the specialist would no longer be responsible for assigning the appropriate number of shares to each contra participant to an automatic execution that includes specialist and/or crowd orders. This would be done systemically.

The specialist would continue to be the contra party to any automatic execution where interest reflected in the published quotation against which the auto ex order was executed is no longer available. Except with respect to transactions occurring with the broker agency interest file, as of today, this could occur even though the specialist's interest was not part of such quotation.[47]

Automatic executions would continue to be available from the time the Exchange disseminates a published bid or offer until 3:59 p.m. for stocks and Trust Issued Receipts, or 4:14 p.m. for Investment Company Units, or within one minute of any other closing time of the Exchange's floor market. Auto ex orders entered prior to the dissemination of a bid or offer or after 3:59 p.m./4:14 p.m. or within one minute of any other closing time, would be handled in the auction market.

The current operation of Direct+ with respect to auction market short sales where an auto ex transaction changes the tick prior to the report of such short sale[48] and the election of stop, stop limit, and percentage orders would remain unchanged.

Specialist Interest File

Specialists would have the ability to systemically supplement the quote, determine price points outside the quote to which he or she wants to provide liquidity by bidding or offering on behalf of its dealer account, which could improve a sweep price, facilitate a single-price execution at the bid or offer price, and systemically match outgoing ITS commitments. When facilitating a single-price execution, the specialist would be required to buy (sell) all of the volume remaining on the order being facilitated. The specialist interest file would not be disseminated unless it is at the Exchange's best bid or offer price. Specialist interest file that establishes the best bid or offer would be entitled to priority with the crowd at that price for one trade, as current Exchange rules permit. Specialist interest file at other prices would yield to agency orders and the broker agency interest file, except that, once orders on the book are filled, specialists could be on parity with the crowd, including broker agency interest file.

Broker Agency Interest File

Brokers would have the ability to place within the Display Book system an agency interest file at varying prices at or outside the quote with respect to orders the broker is representing, except for ''G'' orders. The broker agency interest file would not be disseminated unless it is at the Exchange best bid or offer. The specialist would be able to view only aggregated broker agency interest file at each price. Broker agency interest file would have priority if it establishes the best bid or offer, and would be on parity with other orders at its price, except specialist interest file, as described above. Broker agency interest file could serve to improve the price of a sweep order. The broker would be able to place an agency interest file in only one crowd at any given time, as determined by the Exchange. The broker would be required to cancel his or her agency interest file when leaving the crowd. When the broker wants to trade as part of the crowd at the same price on the same side of the market as his or her agency interest file, he or she would be required to add to his or her existing agency interest file or cancel agency interest file at that price before verbally trading in the crowd. If the broker leaves the crowd without canceling his or her agency interest file, and a trade occurs involving such interest file, the broker would be held to that trade.

''Locked'' and ''Crossed'' Markets

The proposed amendments provide for automatic execution of any order that locks or crosses the Exchange market, unless the quotation is non-auto executable. If an order locking or crossing the market is not automatically executed in its entirety, the remaining portion of such order would sweep the book until executed, reaches its limit price, if any, or reaches a LRP. Once a LRP is reached, any residual that continues to lock or cross the market would be handled in the auction market.

Trade-Throughs

Where the best bid or offer is published by another market center in which an automated execution is immediately available, or such bid or offer is otherwise protected from a trade-through, and the specialist has not systemically matched the price associated with such better bid or offer, the Exchange would automatically route as a commitment to trade the portion of any market order, auto ex market order, AL order, or limit order routed to the Display Book that satisfies such better bid or offer, unless the entity entering the order indicated that it was contemporaneously satisfying the better bid or offer. If such commitment to trade is not filled or not filled in its entirety,

[46] In addition, when a report of a transaction is being made through the Display Book, auto quote would be suspended until the reporting is concluded.

[47] The Exchange has committed to amending NYSE Rule 1001(a)(iv) to reflect this proposed change. Telephone conversation between Nancy R. Jenkins, Managing Director, NYSE, and Kelly Riley, Assistant Director, Division, Commission, on August 10, 2004.

[48] *See* NYSE Rule 1003.

the balance would be returned to the Exchange and handled in the manner described above, consistent with its instructions. The order entry time associated with this returned portion of the order would be the time of its return, not the time the order was first entered with the Exchange.

2. Statutory Basis

The Exchange believes that the proposed rule change, as amended, is consistent with Section 6(b) of the Act,[49] in general, and furthers the objectives of Section 6(b)(5),[50] in particular, because it is designed to promote just and equitable principles of trade, to remove impediments to and perfect the mechanism of a free and open market and a national market system, and, in general, to protect investors and the public interest. The Exchange also believes that the proposed rule change is designed to support the principles of Section 11A(a)(1) of the Act[51] in that it seeks to assure economically efficient execution of securities transactions, makes it practicable for brokers to execute investors' orders in the best market, and provides an opportunity for investors' orders to be executed without the participation of a dealer.

B. Self-Regulatory Organization's Statement of Burden on Competition

The Exchange does not believe that the proposed rule change, as amended, will impose any burden on competition that is not necessary or appropriate in furtherance of the purposes of the Act.

C. Self-Regulatory Organization's Statement of Comments on the Proposed Rule Change Received From Members, Participants or Others

The Exchange has neither solicited nor received written comments on the proposed rule change, as amended.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

Within 35 days of the date of publication of this notice in the **Federal Register** or within such longer period (i) as the Commission may designate up to 90 days of such date if it finds such longer period to be appropriate and publishes its reasons for so finding or (ii) as to which the Exchange consents, the Commission will:

(A) By order approve the proposed rule change, or

(B) institute proceedings to determine whether the proposed rule change should be disapproved.

IV. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether the proposed rule change is consistent with the Act. Comments may be submitted by any of the following methods:

Electronic Comments

- Use the Commission's Internet comment form (*http://www.sec.gov/rules/sro.shtml*); or
- Send an e-mail to *rule-comments@sec.gov*. Please include File Number SR–NYSE–2004–05 on the subject line.

Paper Comments

- Send paper comments in triplicate to Jonathan G. Katz, Secretary, Securities and Exchange Commission, 450 Fifth Street, NW., Washington, DC 20549–0609.

All submissions should refer to File Number SR–NYSE–2004–05. This file number should be included on the subject line if e-mail is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (*http://www.sec.gov/rules/sro.shtml*). Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Section, 450 Fifth Street, NW., Washington, DC 20549. Copies of such filing also will be available for inspection and copying at the principal office of the Exchange. All comments received will be posted without change; the Commission does not edit personal identifying information from submissions. You should submit only information that you wish to make available publicly. All submissions should refer to File Number SR–NYSE–2004–05 and should be submitted on or before September 7, 2004.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[52]

J. Lynn Taylor,

Assistant Secretary.

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[49] 15 U.S.C. 78f(b).

[50] 15 U.S.C. 78f(b)(5).

[51] 15 U.S.C. 78k–1(a)(1).

[52] 17 CFR 200.30–3(a)(12).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–50170; File No. SR–PCX–2004–56]

Self-Regulatory Organizations; Order Granting Approval of Proposed Rule Change and Notice of Filing and Order Granting Accelerated Approval to Amendment No. 1 to the Proposed Rule Change by the Pacific Exchange, Inc. Relating to the Certificate of Incorporation and Bylaws of Archipelago Holdings, Inc.

August 9, 2004.

I. Introduction

On June 28, 2004, the Pacific Exchange, Inc. (''PCX'' or ''Exchange''), through its wholly owned subsidiary PCX Equities, Inc. (''PCXE''), filed with the Securities and Exchange Commission (''Commission''), pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 (''Act'')[1] and Rule 19b–4 thereunder,[2] a proposed rule change relating to the Certificate of Incorporation and Bylaws of Archipelago Holdings, Inc. (''New Arca Holdings''). The proposed rule change was published for comment in the **Federal Register** on July 7, 2004.[3] The Commission received no comments on the proposal. On August 3, 2004, the Exchange filed Amendment No. 1 to the proposed rule change.[4] This order approves the proposed rule change, grants accelerated approval to Amendment No. 1 to the proposed rule change, and solicits comments from interested persons on Amendment No. 1.

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] *See* Securities Exchange Act Release No. 49946 (June 30, 2004), 69 FR 41009 (''Notice'').

[4] *See* letter from Mai S. Shiver, Director/Senior Counsel, Regulatory Policy, PCX, to Nancy J. Sanow, Assistant Director, Division of Market Regulation (''Division''), Commission, dated August 2, 2004 (''Amendment No. 1''). In Amendment No. 1, the Exchange clarified the intent of the drafters regarding the interpretation of ''beneficial ownership'' and any variation thereof, made other technical corrections to the text of the proposed rule change, and requested accelerated approval of Amendment No. 1.

II. Description of the Proposal

A. Corporate Organization of New Arca Holdings

Currently, the equities trading facility of PCX and PCXE, the Archipelago Exchange (''ArcaEx''), is owned and operated by Archipelago Exchange, L.L.C., which, in turn, is owned by Archipelago Holdings, L.L.C. (''Current Arca Holdings''). Current Arca Holdings is proposing to convert into New Arca Holdings, a Delaware corporation, and effect an initial public offering of the common stock of New Arca Holdings.[5] Current Arca Holdings is currently the sole owner of ArcaEx. As a result of the conversion of Current Arca Holdings into New Arca Holdings, New Arca Holdings will become the sole owner of ArcaEx.

The common stock of New Arca Holdings will have the traditional features of common stock, including voting, dividend and liquidation rights. Subject to the limitations described below in Section II.B., holders of New Arca Holdings' common stock will be entitled to vote on all matters submitted to the stockholders for a vote. New Arca Holdings will be permitted to issue preferred stock in the future, the terms of which would be determined by its board of directors (''Board'').

New Arca Holdings will be governed under the direction of the Board. The number of directors will be fixed by resolution of the Board, and is expected to be nine initially. Pursuant to Certificate of Incorporation of New Arca Holdings (''Certificate of Incorporation''), for so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement among PCX, PCXE and Current Arca Holdings (''Amended and Restated Facilities Agreement'') is in effect, one member of New Arca Holdings' Board will be required to be a member of board of directors of PCX or an officer or employee of PCX nominated by the board of directors of PCX. New Arca Holdings will have the following committees of the Board: an audit committee; a corporate governance and nominating committee; and a compensation committee.

According to the Exchange, certain provisions of the proposed Certificate of Incorporation and Bylaws of New Arca Holdings are intended to ensure that the conversion of the parent company of ArcaEx from a privately-owned limited liability company to a publicly-held Delaware corporation will not interfere with or restrict the ability of PCX or PCXE to carry out their self-regulatory obligations and the Commission to carry out its oversight responsibilities under the Act with respect to ArcaEx, and generally to enable ArcaEx to operate in a manner that complies with the federal securities laws, including furthering the objectives of Section 6(b)(5) of the Act.[6]

B. Voting Limitation

Pursuant to the Certificate of Incorporation, no person,[7] either alone or with its related persons (as defined below), would be entitled to (1) vote or cause the voting of shares of stock of New Arca Holdings to the extent such shares represent in the aggregate more than 20% of the then outstanding votes entitled to be cast on any matter (the ''Voting Limitation''), or (2) enter into any agreement, plan or arrangement not to vote shares, the effect of which agreement, plan or arrangement would be to enable any person, either alone or with its related persons, to vote or cause the voting of shares that would represent in the aggregate more than 20% of the then outstanding votes entitled to be cast on any matter (the ''Nonvoting Agreement Prohibition'').

The Voting Limitation and the Nonvoting Agreement Prohibition would apply unless and until (1) a person, either alone or with its related persons, delivers to the Board a notice in writing, at least 45 days (or such shorter period to which the Board expressly consents) prior to the voting of any shares that would cause such person, either alone or with its related persons, to violate the Voting Limitation or the Nonvoting Agreement Prohibition, and (2) such person, either alone or with its related persons, receives prior approval from the Board and the Commission to exceed the Voting Limitation or enter into an agreement, plan or arrangement not otherwise allowed pursuant to the Nonvoting Agreement Prohibition. Specifically, (1) the Board would be required to adopt a resolution approving such person and its related persons to exceed the Voting Limitation or to enter into an agreement, plan or arrangement not otherwise allowed pursuant to the Nonvoting Agreement Prohibition, (2) the resolution would be required to be filed with the Commission as a proposed rule change under Rule 19b–4 of the Act, and (3) such proposed rule change must first become effective thereunder.[8]

In approving any such resolution, the Board would be required to determine that: (1) The exercise of such voting rights or the entering into of such agreement, plan or arrangement, as applicable, by such person, either alone or with its related persons, would not impair New Arca Holdings', PCX's or PCXE's ability to discharge its responsibilities under the Act and the rules and regulations thereunder and is otherwise in the best interests of New Arca Holdings and its stockholders; (2) the exercise of such voting rights or the entering into of such agreement, plan or arrangement would not impair the Commission's ability to enforce the Act; (3) such person and its related persons are not subject to any statutory disqualification (as defined in Section 3(a)(39) of the Act); and (4) such person and its related persons are not ETP Holders.[9] In making such determinations, the Board may impose any conditions and restrictions on such person and its related persons owning any shares of stock of New Arca Holdings entitled to vote on any matter as the Board in its sole discretion deems necessary, appropriate or desirable in furtherance of the objectives of the Act and the governance of New Arca Holdings.[10]

If votes are cast in excess of the Voting Limitation, New Arca Holdings

[5] *See* Securities Act Registration Statement on Form S–1 filed by New Arca Holdings (File No. 333–113226) (''Registration Statement on Form S–1''). In connection with the conversion to a Delaware corporation, each current member of Current Arca Holdings will receive 0.222222 shares of common stock of New Arca Holdings for each share of Current Arca Holdings held by the member, and one of Current Arca Holdings' members, GAP Archa Holdings, Inc., will be merged with and into New Arca Holdings. The stockholders of GAP Archa Holdings, Inc. will receive shares of common stock of New Arca Holdings for their shares of common stock of GAP Archa Holdings, Inc., and the shares of New Arca Holdings common stock owned by GAP Archa Holding, Inc. prior to the merger would be cancelled.

[6] 15 U.S.C. 78f(5).

[7] Section H(2) of Article Fourth of the Certificate of Incorporation defines ''person'' to mean a natural person, company, government, or political subdivision, agency, or instrumentality of a government.

[8] Section C of Article Fourth of the Certificate of Incorporation. The Voting Limitation and the Nonvoting Agreement Prohibition would not apply to (1) any solicitation of any revocable proxy from any stockholder of New Arca Holdings by or on behalf of New Arca Holdings or by an officer or director of New Arca Holdings acting on behalf of New Arca Holdings or (2) any solicitation of any revocable proxy from any stockholder of New Arca Holdings by any other stockholder that is conducted pursuant to, and in accordance with, Regulation 14A promulgated pursuant to the Act. *Id.*

[9] PCXE Rule 1(n) currently defines an ''ETP Holder'' as a sole proprietorship, partnership, corporation, limited liability company or other organization in good standing that has been issued an Equity Trading Permit by PCXE for effecting approved securities transactions on the PCXE's trading facilities. An ETP Holder must be a registered broker or dealer pursuant to Section 15 of the Act.

[10] Section C of Article Fourth of the Certificate of Incorporation.

will be required to disregard such votes cast in excess of the Voting Limitation.[11]

The Certificate of Incorporation would define ''related persons'' to mean with respect to any person: (1) Any other person(s) whose beneficial ownership of shares of stock of New Arca Holdings with the power to vote on any matter would be aggregated with such first person's beneficial ownership of such stock or deemed to be beneficially owned by such first person pursuant to Rules 13d–3 and 13d–5 under the Act;[12] (2) in the case of a person that is a natural person, for so long as ArcaEx remains a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in full force and effect, any broker or dealer that is an ETP Holder with which such natural person is associated; (3) in the case of a person that is an ETP Holder, for so long as ArcaEx remains a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in full force and effect, any broker or dealer with which such ETP Holder is associated; (4) any other person(s) with which such person has any agreement, arrangement or understanding (whether or not in writing) to act together for the purpose of acquiring, voting, holding or disposing of shares of the stock of New Arca Holdings; and (5) in the case of a person that is a natural person, any relative or spouse of such person, or any relative of such spouse, who has the same home as such person or who is a director or officer of New Arca Holdings or any of its parents or subsidiaries.[13]

C. Ownership Limitations

1. Concentration Limitation

Pursuant to the Certificate of Incorporation, no person, either alone or with its related persons, could own beneficially shares of stock of New Arca Holdings representing in the aggregate more than 40% of the then outstanding votes entitled to be cast on any matter.[14] The 40% ownership limitation would apply unless and until (1) a person, either alone or with its related persons, delivers to the Board a notice in writing, at least 45 days (or such shorter period to which the Board expressly consents) prior to the acquisition of any shares that would cause such person, either alone or with its related persons, to own beneficially shares of stock of New Arca Holdings in excess of the 40% ownership limitation, and (2) such person, either alone or with its related persons, receives prior approval from the Board and the Commission to exceed the 40% ownership limitation. Specifically, (1) the Board would be required to adopt a resolution approving such person and its related persons to exceed the ownership limitation, (2) the resolution would be required to be filed with the Commission as a proposed rule change under Rule 19b–4 of the Act and (3) such proposed rule change must first become effective thereunder.[15]

In approving any such resolution, the Board would be required to determine that: (1) Such acquisition of beneficial ownership by such person, either alone or with its related persons, would not impair any of New Arca Holdings', PCX's or PCXE's ability to discharge its responsibilities under the Act and the rules and regulations thereunder and is otherwise in the best interests of New Arca Holdings and its stockholders; (2) such acquisition of beneficial ownership by such person, either alone or with its related persons, would not impair the Commission's ability to enforce the Act; and (3) such person and its related persons are not subject to any statutory disqualification (as defined in Section 3(a)(39) of the Act). In making such determinations, the Board may impose any conditions and restrictions on such person and its related persons owning any shares of stock of New Arca Holdings entitled to vote on any matter as the board of directors of New Arca Holdings in its sole discretion deems necessary, appropriate or desirable in furtherance of the objectives of the Act and the governance of New Arca Holdings.[16]

If a person, either alone or with its related persons, owns beneficially shares of stock of New Arca Holdings in excess of the 40% limitation without obtaining the prior approval of the Board and the Commission, New Arca Holdings shall call from such person and its related persons that number of shares of stock entitled to vote that exceeds the 40% limitation at a price equal to the par value of the shares of stock.[17]

2. Limitation on Ownership by ETP Holders

For so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in effect, no ETP Holder, either alone or with its related persons, could own beneficially shares of stock of New Arca Holdings representing in the aggregate more than 20% of the then outstanding votes entitled to be cast on any matter.[18] If an ETP Holder, either alone or with its related persons, owns beneficially shares of stock of New Arca Holdings in excess of this 20% limitation, New Arca Holdings shall call from such ETP Holder and its related persons that number of shares of stock entitled to vote that exceeds the 20% limitation at a price equal to the par value of the shares of stock.[19]

Members of Current Arca Holdings who were ETP Holders as of the date of the Certificate of Incorporation, either alone or with their related persons, would have a temporary exemption, not to extend past July 31, 2014, from this ownership limitation to the extent of their beneficial ownership, either alone or with their related persons, of shares of stock of New Arca Holdings after giving effect to the initial public offering of shares of common stock of New Arca Holdings.[20] Members of Current Arca

[11] *Id.*

[12] *See* 17 CFR 240.13d–3 and 240.13d–5.

[13] Section H(3) of Article Fourth of the Certificate of Incorporation. The Certificate of Incorporation further provides that ''related persons'' includes, with respect to any person: (1) Any other person beneficially owning pursuant to Rules 13d–3 and 13d–5 under the Act shares of stock of New Arca Holdings with the power to vote on any matter that also are deemed to be beneficially owned by such first person pursuant to Rules 13d–3 and 13d–5 under the Act; (2) any other person that would be deemed to own beneficially pursuant to Rules 13d–3 and 13d–5 under the Act shares of stock of New Arca Holdings with the power to vote on any matter that are beneficially owned directly or indirectly by such first person pursuant to Rules 13d–3 and 13d–5 under the Act; and (3) any additional person through which such other person would be deemed to directly or indirectly own beneficially pursuant to Rules 13d–3 and 13d–5 under the Act shares of stock of New Arca Holdings with the power to vote on any matter.

[14] Section D(1) of Article Fourth of the Certificate of Incorporation. In considering whether a person owns shares of stock of New Arca Holdings or has voted shares of stock of New Arca Holdings in violation of the applicable ownership and voting limitations, New Arca Holdings will consider any filings made with the Commission under Section 13(d) and Section 13(g) of the Act by such person and its related persons and will aggregate all shares owned or voted by such person and its related persons to determine such person's beneficial ownership.

[15] *Id.*

[16] *Id.*

[17] *Id.* New Arca Holdings would be required to call the number of shares of stock of New Arca Holdings from such person and its related persons necessary to decrease the beneficial ownership of such person and its related persons to 40% of the outstanding shares of stock entitled to vote on any matter after giving effect to the redemption of the shares.

[18] Section D(2) of Article Fourth of the Certificate of Incorporation.

[19] *Id.* New Arca Holdings would be required to call the number of shares of stock of New Arca Holdings from such person and its related persons necessary to decrease the beneficial ownership of such person and its related persons to 20% of the outstanding shares of stock entitled to vote on any matter after giving effect to the redemption of the shares.

[20] According to Current Arca Holdings, only one of its members that is an ETP Holder owns more than 20% of the shares of Current Arca Holdings.

Holdings qualifying for this exemption would not be allowed to increase their beneficial ownership of New Arca Holdings above their beneficial ownership at the time of the initial public offering.[21]

New Arca Holdings shall not register the purported transfer of any shares of stock of New Arca Holdings that would result in a violation of the 40% ownership limitation and the 20% ownership limitation applicable to ETP Holders.[22] In practical terms, this limitation would apply only in situations where a stockholder is the record owner of shares.[23]

D. New Arca Holdings' Right To Require Information From Stockholders

Pursuant to the Certificate of Incorporation, the Board would have the right to require any person and its related persons reasonably believed (1) to be subject to the Voting Limitation or the Nonvoting Agreement Prohibitions, (2) to own beneficially shares of stock of New Arca Holdings entitled to vote on any matter in excess of the 40% ownership limitation, (3) to own beneficially an aggregate of 5% or more of the then outstanding shares of stock of New Arca Holdings entitled to vote on any matter, which ownership such person, either alone or with its related persons, has not reported to New Arca Holdings, (4) to be subject to the ownership limitation applicable to ETP Holders described above, or (5) to own shares of stock of New Arca Holdings entitled to vote on any matter in excess of 20% that is subject to any statutory disqualification (as defined in Section 3(a)(39) of the Act) to provide New Arca Holdings complete information as to all shares of stock of New Arca Holdings beneficially owned by such person and its related persons and any other factual matter relating to the applicability or effect of the ownership and voting limitations described above as may reasonably be requested of such person and its related persons.[24]

E. Responsibilities of the Directors

Pursuant to the Certificate of Incorporation, in discharging his or her responsibilities as a member of the Board, each director will be required to take into consideration the effect that New Arca Holdings' actions would have on the ability of PCX and PCXE to carry out their responsibilities under the Act and on the ability of PCX, PCXE and New Arca Holdings to engage in conduct that fosters and does not interfere with PCX's, PCXE's and New Arca Holdings' ability to prevent fraudulent and manipulative acts and practices, to promote just and equitable principles of trade, to foster cooperation and coordination with persons engaged in regulating, clearing, settling, processing information with respect to, and facilitating transactions in securities, to remove impediments to and perfect the mechanisms of a free and open market and a national market system, and, in general, to protect investors and the public interest.[25] In addition, in discharging his or her responsibilities as a member of the Board, each director shall comply with the federal securities laws and rules and regulations thereunder and cooperate with the Commission, and, for so long as ArcaEx is a facility of PCX and PCXE the Amended and Restated Facility Services Agreement is in effect, with PCX and PCXE pursuant to their regulatory authority.[26]

F. Qualifications of Directors, Officers and Significant Stockholders

Pursuant to the Certificate of Incorporation, no person subject to any statutory disqualification (as defined in Section 3(a)(39) of the Act) may be a director or officer of New Arca Holdings or may own shares of stock of New Arca Holdings representing in the aggregate more than 20% of the then outstanding votes entitled to be cast on any matter.[27] If such person, either alone or with its related persons, owns beneficially shares of stock of New Arca Holdings in violation of this 20% limitation, New Arca Holdings shall call from such person and its related persons that number of shares of stock entitled to vote that exceeds the 20% limitation at a price equal to the par value of the shares of stock.[28]

G. PCX Director

Pursuant to the Certificate of Incorporation, for so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in effect, one member of New Arca Holdings' Board shall be a member of PCX's board of directors or an officer or employee of PCX nominated by the PCX board of directors. If at any time there is not a director who is a member of PCX's board of directors or an officer or employee of PCX nominated by the PCX board of directors on the Board of New Arca Holdings, the Board of New Arca Holdings shall appoint a director nominated by the PCX board of directors.[29]

H. Compliance With Laws and Regulations by Officers and Employees

Pursuant to the Certificate of Incorporation, in discharging his or her responsibilities as an officer or employee of New Arca Holdings, each officer or employee shall comply with the federal securities laws and rules and regulations thereunder and shall cooperate with the Commission, and, for so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in effect, with PCX and PCXE pursuant to their regulatory authority.[30]

I. Confidential Information and Books and Records

Pursuant to the Certificate of Incorporation, all confidential information pertaining to the self-regulatory function of PCX and PCXE (including but not limited to disciplinary matters, trading data, trading practices and audit information) contained in books and records of PCX or PCXE that shall come into the possession of New Arca Holdings shall: (1) Not be made available to any persons (other than as provided in the next two sentences) other than to those officers, directors, employees and agents of New Arca Holdings that have a reasonable need to know the contents thereof; (2)

[21] Section D(2) of Article Fourth of the Certificate of Incorporation.

[22] Section D(3) of Article Fourth of the Certificate of Incorporation.

[23] For the purposes of the 40% ownership limitation and the 20% ownership limitation applicable to ETP Holders, no person would be deemed to have any agreement, arrangement or understanding to act together with respect to voting shares of stock of New Arca Holdings solely because such person or any of such person's related persons has or shares the power to vote or direct the voting of such shares of stock pursuant to a revocable proxy given in response to a public proxy or consent solicitation conducted pursuant to, and in accordance with, Regulation 14A promulgated pursuant to the Act, except if such power (or the arrangements relating thereto) is then reportable under Item 6 of Schedule 13D under the Act (or any similar provision of a comparable or successor report). Section D(4) of Article Fourth of the Certificate of Incorporation.

[24] Section G of Article Fourth of the Certificate of Incorporation.

[25] Article Tenth of the Certificate of Incorporation.

[26] *Id.*

[27] Section E of Article Fourth and Article Ninth of the Certificate of Incorporation.

[28] Section E of Article Fourth of the Certificate of Incorporation. New Arca Holdings would be required to call the number of shares of stock of New Arca Holdings from such person and its related persons necessary to decrease the beneficial ownership of such person and its related persons to 20% of the outstanding shares of stock entitled to vote on any matter after giving effect to the redemption of the shares.

[29] Article Eighth of the Certificate of Incorporation.

[30] Article Tenth of the Certificate of Incorporation.

be retained in confidence by New Arca Holdings and the officers, directors, employees and agents of New Arca Holdings; and (3) not be used for any commercial purposes. Nothing in the Certificate of Incorporation, including this provision of confidential information, shall be interpreted to limit or impede the rights of the Commission, and, for so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in effect, PCX and PCXE, to access and examine such confidential information pursuant to the federal securities laws and rules and regulations thereunder, or to limit or impede the ability of any officers, directors, employees or agents of New Arca Holdings to disclose such confidential information to the Commission and, for so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in effect, to PCX and PCXE.[31]

New Arca Holdings' books and records shall be subject at all times to inspection and copying by the Commission, and, for so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in effect, by PCX and PCXE, provided that, in the case of PCX and PCXE, such books and records are related to the operation or administration of ArcaEx as a facility of PCX and PCXE.[32] In addition, New Arca Holdings' books and records relating to ArcaEx shall be maintained within the United States.[33]

J. Commission and PCX Jurisdiction

New Arca Holdings, its directors and officers, and those of its employees whose principal place of business and residence is outside of the United States, shall be deemed to irrevocably submit to the exclusive jurisdiction of the United States federal courts, the Commission, and, for so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in effect, PCX, for the purposes of any suit, action or proceeding pursuant to the United States federal securities laws, and the rules and regulations thereunder, arising out of, or relating to, the activities of ArcaEx, and New Arca Holdings and each such director, officer or employee, in the case of any such director, officer or employee by virtue of his acceptance of any such position, shall be deemed to waive, and agree not to assert by way of motion, as a defense or otherwise in any such suit, action or proceeding, any claims that it or they are not personally subject to the jurisdiction of the Commission, that the suit, action or proceeding is an inconvenient forum or that the venue of the suit, action or proceeding is improper, or that the subject matter thereof may not be enforced in or by such courts or agency.[34]

For so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in effect, the books, records, premises, officers, directors and employees of New Arca Holdings shall be deemed to be the books, records, premises, officers, directors and employees of PCX and PCXE for purposes of and subject to oversight pursuant to the Act.[35]

From and after the consummation of the initial public offering of shares of common stock of New Arca Holdings, New Arca Holdings shall take reasonable steps necessary to cause its officers, directors and employees prior to accepting a position as an officer, director or employee, as applicable, to consent in writing to the applicability to them of Article Tenth, Article Thirteenth and Article Fifteenth of the Certificate of Incorporation, as applicable, with respect to their activities related to ArcaEx, it being understood that prior to the consummation of the initial public offering, New Arca Holdings shall have taken reasonable steps necessary to cause persons holding such positions prior to the consummation of the initial public offering to consent in writing to the applicability to them of such provisions, as applicable, prior to the consummation of the initial public offering.[36] Thus, pursuant to this provision, New Arca Holdings will require its directors and officers, and those of its employees whose principal place of business and residence is outside of the United States, to consent explicitly to the jurisdiction of the United States courts, the Commission and PCX. In addition, New Arca Holdings will require its officers, directors and employees to agree to cooperate with the Commission, PCX and PCXE and agree to be deemed to be officers, directors and employees of PCX and PCXE.

K. Responsibilities of New Arca Holdings

Pursuant to the Certificate of Incorporation, New Arca Holdings shall comply with the federal securities laws and rules and regulations thereunder and shall cooperate with the Commission, and, for so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in effect, with PCX and PCXE pursuant to their regulatory authority.[37] In addition, New Arca Holdings shall take reasonable steps necessary to cause its agents to cooperate with the Commission, and, for so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in effect, with PCX and PCXE pursuant to their regulatory authority with respect to such agents' activities related to ArcaEx.[38]

L. Amendments to the Certificate of Incorporation and Bylaws

Pursuant to the Certificate of Incorporation and the Bylaws of New Arca Holdings, for so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in effect, any amendment to the Certificate of Incorporation or Bylaws of New Arca Holdings must be submitted by the Board to the board of directors of PCX and, if the board of directors of PCX determines that an amendment to the Certificate of Incorporation or the Bylaws of New Arca Holdings must be filed with, or filed with and approved by, the Commission as a rule change pursuant to Section 19 of the Act and Rule 19b–4 thereunder, such amendment will not become effective until it becomes

[31] Article Fourteenth of the Certificate of Incorporation.

[32] Article Fifteenth of the Certificate of Incorporation.

[33] Article Fourteenth of the Certificate of Incorporation.

[34] Article Thirteenth of the Certificate of Incorporation.

[35] Article Fifteenth of the Certificate of Incorporation.

[36] Article Eighteenth of the Certificate of Incorporation.

Article Tenth of the Certificate of Incorporation requires that, subject to certain conditions, each director of New Arca Holdings take into consideration the effect that New Arca Holdings' actions would have on the ability of PCX and PCXE to carry out their regulatory responsibilities and requires directors, officers and employees of New Arca Holdings to comply with federal securities laws and to cooperate with the Commission, PCX and PCXE.

Article Thirteenth of the Certificate of Incorporation requires that, subject to certain conditions, New Arca Holdings, its directors and officers, and those of its employees whose principal place of business and residence is outside of the United States submit to the jurisdiction of the Commission and PCX and to waive all claims that it or they are not personally subject to such jurisdiction.

Article Fifteenth of the Certificate of Incorporation states that, subject to certain conditions, the books, records, premises, officers, directors and employees of New Arca Holdings shall be deemed to be the books, records, premises, officers, directors and employees of PCX and PCXE.

[37] Article Sixteenth of the Certificate of Incorporation.

[38] Article Seventeenth of the Certificate of Incorporation.

effective pursuant to this rule filing process.[39]

III. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning Amendment No. 1, including whether Amendment No. 1 is consistent with the Act. Comments may be submitted by any of the following methods:

Electronic Comments

- Use the Commission's Internet comment form (*http://www.sec.gov/rules/sro.shtml*); or
- Send an e-mail to *rule-comments@sec.gov.* Please include File Number SR–PCX–2004–56 on the subject line.

Paper Comments

- Send paper comments in triplicate to Jonathan G. Katz, Secretary, Securities and Exchange Commission, 450 Fifth Street, NW., Washington, DC 20549–0609.

All submissions should refer to File Number SR–PCX–2004–56. This file number should be included on the subject line if e-mail is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (*http://www.sec.gov/rules/sro.shtml*). Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Section, 450 Fifth Street, NW., Washington, DC 20549. Copies of such filing also will be available for inspection and copying at the principal office of the PCX. All comments received will be posted without change; the Commission does not edit personal identifying information from submissions. You should submit only information that you wish to make available publicly. All submissions should refer to Amendment No. 1 of File Number SR–PCX–2004–56 and should be submitted on or before September 7, 2004.

[39] Article Nineteenth of the Certificate of Incorporation and Section 6.8(b) of the Bylaws of New Arca Holdings.

IV. Discussion and Commission Findings

After careful review, the Commission finds that the proposed rule change, as amended, is consistent with the requirements of the Act and the rules and regulations thereunder applicable to a national securities exchange.[40] In particular, the Commission finds that the proposal is consistent with Section 6(b)(1) of the Act,[41] which requires a national securities exchange to be so organized and have the capacity to be able to carry out the purposes of the Act and to enforce compliance by its members and persons associated with its members with the provisions of the Act, the rules or regulations thereunder, and the rules of the Exchange. The Commission also finds that the proposal is consistent with Section 6(b)(5) of the Act,[42] which requires, among other things, that the rules of an exchange be designed to promote just and equitable principles of trade; to facilitate transactions in securities; to remove impediments to and perfect the mechanisms of a free and open market and a national market system; and, in general, to protect investors and the public interest.[43]

A. Self-Regulatory Function of the Exchange

After the conversion of Current Arca Holdings into New Arca Holdings, New Arca Holdings will continue to operate ArcaEx as the equities trading facility of PCX and PCXE, and PCX and PCXE will continue to have regulatory and oversight obligations with respect to ArcaEx.[44] Although ArcaEx and New Arca Holdings do not themselves carry out regulatory functions, as the Commission noted at the time it approved ArcaEx as an equities trading facility of PCX, the operation of ArcaEx would be consistent with the regulatory oversight functions of PCX and PCXE and would not interfere with PCX's self-regulatory responsibilities.[45] Thus, New Arca Holdings' activities with respect to its operation of ArcaEx should be consistent with, and not interfere with, such obligations.

Certain provisions in the Certificate of Incorporation are designed to facilitate the ability of PCX, PCXE and the Commission to fulfill their regulatory obligations with respect to ArcaEx. Specifically, under the Certificate of Incorporation, each director on the Board will be required to take into consideration the effect that New Arca Holdings' actions would have on the ability of PCX and PCXE to carry out their responsibilities under the Act and on the ability of PCX, PCXE and New Arca Holdings to engage in conduct that fosters and does not interfere with PCX's, PCXE's and New Arca Holdings' ability to prevent fraudulent and manipulative acts and practices, to promote just and equitable principles of trade, to foster cooperation and coordination with persons engaged in regulating, clearing, settling, processing information with respect to, and facilitating transactions in securities, to remove impediments to and perfect the mechanisms of a free and open market and a national market system, and, in general, to protect investors and the public interest.[46] Similarly, each member of the Board, and each officer or employee of New Arca Holdings, and New Arca Holdings itself, shall comply with the federal securities laws and rules and regulations thereunder and cooperate with the Commission, and, for so long as ArcaEx is a facility of PCX and PCXE the Amended and Restated Facility Services Agreement is in effect, with PCX and PCXE pursuant to their regulatory authority.[47]

Moreover, all confidential information pertaining to the self-regulatory function of PCX and PCXE contained in books and records of PCX or PCXE that shall come into the possession of New Arca Holdings shall: (1) Not be made available to any persons (other than as provided in the next two sentences) other than to those officers, directors, employees and agents of New Arca Holdings that have a reasonable need to know the contents thereof; (2) be retained in confidence by New Arca Holdings and the officers, directors, employees and agents of New Arca Holdings; and (3) not be used for any commercial purposes, subject to the Commission's right to access and examine such confidential information pursuant to the federal securities laws and rules and regulations thereunder.[48]

[40] In approving the proposed rule change, the Commission has considered its impact on efficiency, competition, and capital formation. *See* 15 U.S.C. 78c(f).

[41] 15 U.S.C. 78f(b)(1).

[42] 15 U.S.C. 78f(b)(5).

[43] The Commission has not formally established standards for control persons of shareholder-owned national securities exchanges or facilities thereof. It expects, however, to consider providing guidance on this issue in the future.

[44] In addition, all persons trading through facilities of ArcaEx will continue to be subject to the PCXE rules.

[45] *See* Securities Exchange Act Release No. 44983 (October 25, 2001); 66 FR 55225 (November 1, 2001), at Section II.A.

[46] Article Tenth of the Certificate of Incorporation.

[47] Articles Tenth and Sixteenth of the Certificate of Incorporation.

[48] Article Fourteenth of the Certificate of Incorporation.

The Commission believes that these provisions, which are designed to help maintain the independence of PCX's self-regulatory function and protect from improper use confidential information pertaining to the self-regulatory function of PCX, are appropriate.

In addition, the Certificate of Incorporation requires that, for so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in effect, one member of the Board of New Arca Holdings be a member of PCX's board of directors or an officer or employee of PCX nominated by the PCX board of directors. If at any time there is not a director who is a member of PCX's board of directors or an officer or employee of PCX nominated by the PCX board of directors on the Board of New Arca Holdings, the Board shall appoint a director nominated by the PCX board of directors.[49] By providing an opportunity for a representative of PCX to participate in Board meetings of the operator of PCX's trading facility, New Arca Holdings, these provisions are designed to facilitate PCX's, PCXE's and the Commission's ability to effectively perform their regulatory oversight responsibilities with regard to ArcaEx.

B. Changes in Control of New Arca Holdings

The Certificate of Incorporation includes certain provisions, which would impose limitations on direct and indirect changes in control of New Arca Holdings through voting and ownership limitations placed on New Arca Holdings' stock (as outlined below), that are designed to help prevent any stockholder, or any stockholders acting together, from exercising undue control over the operation of New Arca Holdings and, therefore, ArcaEx. The Commission believes that these restrictions, which are designed to help ensure that PCX, PCXE and the Commission are able to carry out their regulatory obligations with respect to ArcaEx, are consistent with the Act.

Specifically, no person, either alone or with its related persons, will be permitted to own beneficially shares of stock of New Arca Holdings representing in the aggregate more than 40% of the then outstanding votes entitled to be cast on any matter without prior approval from the Board of New Arca Holdings and the Commission to exceed the 40% limitation.[50] In addition, no person, either alone or with its related persons, would be entitled to (1) vote or cause the voting of shares of stock of New Arca Holdings to the extent such shares represent in the aggregate more than 20% of the then outstanding votes entitled to be cast on any matter (referred to as the Voting Limitation) or (2) enter into any agreement, plan or arrangement not to vote shares, the effect of which agreement, plan or arrangement would be to enable any person, either alone or with its related persons, to vote or cause the voting of shares that would represent in the aggregate more than 20% of the then outstanding votes entitled to be cast on any matter (referred to as the Nonvoting Agreement Prohibition), without prior approval from the Board of New Arca Holdings and the Commission to exceed the 20% limitation.[51] The Certificate of Incorporation also would allow the Board of New Arca Holdings to obtain information about the ownership of its shares of stock in order to determine whether a person, either alone or with its related persons, would exceed these voting and ownership limitations.[52]

The Board will only be able to waive these voting and ownership limitations if it adopts a resolution after making certain findings that doing so would not impair the ability of PCX, PCXE and the Commission to carry out their respective regulatory obligations and is otherwise in the best interests of New Arca Holdings. The Board, however, will not be permitted to approve an ETP Holder or person subject to a statutory disqualification to exceed the limits.[53] The resolution would then be filed with the Commission as a proposed rule change under Rule 19b–4 of the Act, and the resolution would not become effective until the proposed rule change becomes effective thereunder.[54] Among other things, these provisions are designed to provide the Commission with the opportunity to determine what, if any, additional measures might be necessary to provide appropriate oversight of the proposed controlling person.

The Certificate of Incorporation also contains provisions designed to provide a disincentive for persons to exceed these limitations without the requisite prior approval.[55] Specifically, if a person, either alone or with its related persons, exceeds the applicable ownership limitations, New Arca Holdings would be required to call from such person and its related persons that number of shares of stock entitled to vote that exceeds the applicable limitation at a price equal to the par value of the shares of stock.[56] In addition, if votes were cast in excess of this 20% voting limitation, New Arca Holdings would be required to disregard such votes cast in excess of the 20% voting limitation.[57]

[49] Article Eighth of the Certificate of Incorporation.

[50] Section D(1) of Article Fourth of the Certificate of Incorporation. The terms ''person'' and ''related persons'' are defined in Section H of Article Fourth of the Certificate of Incorporation, and are described in Section II.B *supra.*

[51] Section C of Article Fourth of the Certificate of Incorporation.

[52] Section G of Article Fourth of the Certificate of Incorporation. In addition, the information required to be filed by shareholders pursuant to Regulations 13D and 13G will be available to New Arca Holdings for purposes of determining whether any person, along or together with its related persons, has exceeded the voting and ownership limitations.

[53] Specifically, in approving any such resolution, the Board would be required to determine that: (1) The exercise of such voting rights, the entering into of such agreement, plan or arrangement, or the acquisition of such shares, as applicable, by such person, either alone or with its related persons, would not impair New Arca Holdings', PCX's or PCXE's ability to discharge its responsibilities under the Act and the rules and regulations thereunder and is otherwise in the best interests of New Arca Holdings and its stockholders; (2) the exercise of such voting rights, the entering into of such agreement, plan or arrangement, or the acquisition of such shares would not impair the Commission's ability to enforce the Act; (3) such person and its related persons are not subject to any statutory disqualification (as defined in Section 3(a)(39) of the Act); and (4) such person and its related persons are not ETP Holders. In making such determinations, the Board may impose any conditions and restrictions on such person and its related persons owning any shares of stock of New Arca Holdings entitled to vote on any matter as the board of directors of New Arca Holdings in its sole discretion deems necessary, appropriate or desirable in furtherance of the objectives of the Act and the governance of New Arca Holdings. Sections C and D(1) of Article Fourth of the Certificate of Incorporation.

[54] Sections C and D(1) of Article Fourth of the Certificate of Incorporation.

[55] *See* Sections C, (D)(1) and (D)(2) of Article Fourth of the Certificate of Incorporation.

[56] Sections D(1) and D(2) of Article Fourth of the Certificate of Incorporation. New Arca Holdings would be required to call the number of shares of stock of New Arca Holdings from such person and its related persons necessary to decrease the beneficial ownership of such person and its related persons to 40%, or to 20% in the case of an ETP Holder, of the outstanding shares of stock entitled to vote on any matter after giving effect to the redemption of the shares.

In addition, Section D(3) of Article Fourth of the Certificate of Incorporation provides that the purported transfer of any shares of stock of New Arca Holdings that would result in a violation of the 40% ownership limitation would not be registered. The Commission understands that, in practical terms, this limitation would apply only in situations where a stockholder is the record owner of shares.

[57] Section C of Article Fourth of the Certificate of Incorporation provides that the 20% voting limitation provisions would not apply to (1) any solicitation of any revocable proxy from any stockholder of New Arca Holdings by or on behalf of New Arca Holdings or by an officer or director of New Arca Holdings acting on behalf of New Arca Holdings or (2) any solicitation of any revocable proxy from any stockholder of New Arca Holdings by any other stockholder that is conducted pursuant

Continued

C. Ownership and Voting Restrictions on ETP Holders

The Commission believes that the 20% ownership (and thus voting) restriction on ETP Holders is reasonable and consistent with the Act.[58] It is common for members who trade on an exchange to have ownership interests in the exchange. However, a member's interest could become so large as to cast doubt on whether the exchange can fairly and objectively exercise its self-regulatory responsibilities with respect to that member. A member that is a controlling shareholder of an exchange might be tempted to exercise that controlling influence by directing the exchange to refrain from diligently surveilling the member's conduct or from punishing any conduct that violates the rules of the exchange or the federal securities laws.

Members of Current Arca Holdings who were ETP Holders as of the date of the Certificate of Incorporation will be granted a temporary exemption, not to extend past July 31, 2014, from this 20% ownership limitation to the extent of their beneficial ownership (either alone or with their related persons) of shares of stock of New Arca Holdings after giving effect to the initial public offering of shares of common stock of New Arca Holdings.[59] The Commission believes that a temporary exemption for these ETP Holders is consistent with the Act. The exemption is designed to afford these holders some ability to protect their investment but also to limit the possibility that PCX and PCXE's ability to carry out their self-regulatory responsibilities would be impaired. The Commission understands that only one member of Current Arca Holdings that is an ETP Holder currently owns more than 20% of the shares of Current Arca Holdings, and that the amount of such ETP Holder's ownership interest in New Arca Holdings will fall below the 20% ownership limitation.[60] In addition, this exemption is substantially similar to exemptions granted to founding members of the Boston Options Exchange and the International Securities Exchange.[61]

D. Regulatory Jurisdiction Over New Arca Holdings

Certain of the terms of the Certificate of Incorporation are designed to help enable the Commission to carry out its oversight responsibilities under the Act. Specifically, the Certificate of Incorporation provides that, for so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in effect, the books, records, premises, officers, directors and employees of New Arca Holdings shall be deemed to be the books, records, premises, officers, directors and employees of PCX and PCXE for purposes of and subject to oversight pursuant to the Act.[62] Furthermore, New Arca Holdings' books and records will be subject at all times to inspection and copying by the Commission and, for so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in effect, by PCX and PCXE, provided that, in the case of PCX and PCXE, such books and records are related to the operation or administration of ArcaEx as a facility of PCX and PCXE. In addition, the Certificate of Incorporation provides that New Arca Holdings (and its officers, directors and employees) would be required to comply with the federal securities laws and rules and regulations thereunder and shall cooperate with the Commission, and, for so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in effect, with PCX and PCXE pursuant to their regulatory authority.[63]

The Certificate of Incorporation also provides that New Arca Holdings, its directors and officers, and those of its employees whose principal place of business and residence is outside of the United States, shall be deemed to irrevocably submit to the exclusive jurisdiction of the United States federal courts, the Commission, and, for so long as ArcaEx is a facility of PCX and PCXE and the Amended and Restated Facility Services Agreement is in effect, PCX, for the purposes of any suit, action or proceeding pursuant to the United States federal securities laws, and the rules and regulations thereunder, arising out of, or relating to, the activities of ArcaEx, and New Arca Holdings.[64] In addition, New Arca Holdings and each director, officer or and employee waives, and agrees not to assert by way of motion, as a defense or otherwise in any such suit, action or proceeding, any claims that it or they are not personally subject to the jurisdiction of the Commission, that the suit, action or proceeding is an inconvenient forum or that the venue of the suit, action or proceeding is improper, or that the subject matter thereof may not be enforced in or by such courts or agency.[65]

Moreover, the Certificate of Incorporation provides that, from and after the consummation of the initial public offering of shares of common stock of New Arca Holdings, New Arca Holdings would be required take reasonable steps necessary to cause its officers, directors and employees, prior to accepting a position as an officer, director or employee, as applicable, to consent in writing to the applicability to them of the provisions of the Certificate of Incorporation, with respect to their activities related to ArcaEx and the Commission's jurisdiction over them and the compliance with the federal securities laws.[66]

to, and in accordance with, Regulation 14A promulgated pursuant to the Act. This provision is designed to ensure that the voting limitations will not restrict the exercise of proxy rights under Regulation 14A of the Act.

[58] Section D(2) of Article Fourth of the Certificate of Incorporation. *See* Sections II.B and II.C *supra* for a detailed description of this limitation.

In addition, if an ETP Holder, either alone or with its related persons, owns beneficially shares of stock of New Arca Holdings representing in the aggregate more than 20% of the then outstanding votes entitled to be cast on any matter, New Arca Holdings would be required to call from such ETP Holder and its related persons that number of shares of stock entitled to vote that exceeds this 20% limitation, and would be required not to register the purported transfer of any such shares in violation of this 20% limitation. Sections D(2) and D(3) of Article Fourth of the Certificate of Incorporation.

[59] Section D(2) of Article Fourth of the Certificate of Incorporation.

[60] *See* Amendment No. 7 to Registration Statement on Form S–1 at 117–119, and telephone conversation between David Strandberg, Director, Corporate Client Group, Current Arca Holdings; and David Hsu, Attorney, Division, Commission, on August 9, 2004.

[61] *See* Securities Exchange Act Release Nos. 49067 (January 13, 2004), 69 FR 2761 (January 20, 2004) (approval of SR–BSE–2003–19) (approval of the operating agreement of the Boston Options Exchange); 45803 (April 23, 2002), 67 FR 21306 (April 30, 2002) (approval of SR–ISE–2002–01) (conversion of ISE from an LLC to a corporation); and 42455 (February 24, 2000), 65 FR 11388 (March 2, 2000) (File No. 10–127) (approval of registration of ISE as a national securities exchange).

[62] Article Fifteenth of the Certificate of Incorporation. Section 19(h)(4) of the Act, 15 U.S.C. 78s(h)(4), authorizes the Commission, by order, to remove from office or censure any officer or director of a national securities exchange if it finds, after notice and an opportunity for hearing, that such officer or director: (1) Has willfully violated any provision of the Act or the rules and regulations thereunder, or the rules of a national securities exchange; (2) willfully abused his or her authority; or (3) without reasonable justification or excuse, has failed to enforce compliance with any such provision by a member or person associated with a member of the national securities exchange. Section 17(b)(1) of the Act, 15 U.S.C. 78q(b)(1), subjects the books and records of an SRO to such reasonable periodic, special, or other examination by representatives of the Commission as the Commission deems necessary or appropriate in the public interest, for the protection of investors, or otherwise in furtherance of the purposes of the Act.

[63] Articles Sixteenth and Eighteenth of the Certificate of Incorporation.

[64] Article Thirteenth of the Certificate of Incorporation.

[65] *Id.*

[66] The Certificate of Incorporation also provides that New Arca Holdings shall take reasonable steps necessary to cause persons holding such positions

The Commission also notes that, even in the absence of these provisions of the Certificate of Incorporation, Section 20(a) of the Act[67] provides that any person with a controlling interest in New Arca Holdings would be jointly and severally liable with and to the same extent that New Arca Holdings is liable under any provision of the Act, unless the controlling person acted in good faith and did not directly or indirectly induce the act or acts constituting the violation or cause of action. In addition, Section 20(e) of the Act[68] creates aiding and abetting liability for any person who knowingly provides substantial assistance to another person in violation of any provision of the Act or rule thereunder, and Section 21C of the Act[69] authorizes the Commission to enter a cease-and-desist order against any person who has been ''a cause of'' a violation of any provision of the Act through an act or omission that the person knew or should have known would contribute to the violation.

The Commission believes that, taken together, these provisions are designed to facilitate the ability of the Commission to exercise appropriate oversight of the controlling persons of New Arca Holdings, and are consistent with the Act.

E. Amendments to the Certificate of Incorporation and Bylaws of New Arca Holdings

Section 19(b) of the Act[70] and Rule 19b–4 thereunder[71] require a self-regulatory organization (''SRO'') to file proposed rule changes with the Commission. Although New Arca Holdings is not an SRO, certain provisions of its Certificate of Incorporation and Bylaws may be rules of an exchange[72] if they are the stated policies, practices, and interpretations, as defined in Rule 19b–4 of the Act, of the PCX. Any proposed rule or any proposed change in, addition to, or deletion from the rules of an exchange must be filed pursuant to Section 19(b) of the Act and Rule 19b–4 thereunder.[73] Accordingly, PCX has filed the Certificate of Incorporation and the Bylaws of New Arca Holdings with the Commission.

V. Accelerated Approval of Amendment No. 1

Pursuant to Section 19(b)(2) of the Act,[74] the Commission may not approve any proposed rule change, or amendment thereto, prior to the thirtieth day after the date of publication of the notice of filing thereof, unless the Commission finds good cause for so finding. The Commission hereby finds good cause for approving Amendment No. 1 to the proposed rule change prior to the thirtieth day after publishing notice of Amendment No. 1 in the **Federal Register** pursuant to Section 19(b)(2) of the Act.[75] Amendment No. 1 merely clarifies that, whenever the term ''beneficial ownership'' and any variation thereof is used in Article Four of the Certificate of Incorporation, the term has the same meaning as it has in Sections G and H of Article Four, and makes other technical corrections to the Certificate of Incorporation. Therefore, the Commission finds that good cause exists to accelerate approval of Amendment No. 1 to the proposed rule change, pursuant to Section 19(b)(2) of the Act.[76]

VI. Conclusion

For the foregoing reasons, the Commission finds that the proposed rule change is consistent with the requirements of the Act and rules and regulations thereunder.

It is therefore ordered, pursuant to Section 19(b)(2) of the Act,[77] that the proposed rule change (SR–PCX–2004–56) is approved, and that Amendment No. 1 thereto is approved on an accelerated basis.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[78]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 04–18637 Filed 8–13–04; 8:45 am]

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prior to the consummation of the initial public offering to consent in writing to the applicability to them of such provisions, as applicable, prior to the consummation of the initial public offering. Article Eighteenth of the Certificate of Incorporation.

[67] 15 U.S.C. 78t(a).

[68] 15 U.S.C. 78t(e).

[69] 15 U.S.C. 78u–3.

[70] 15 U.S.C. 78s(b).

[71] 17 CFR 240.19b–4.

[72] Section 3(a)(27) of the Act, 15 U.S.C. 78c(a)(27), defines the rules of an exchange to be the constitution, articles of incorporation, bylaws, and rules, or instruments corresponding to the foregoing, of an exchange, and such stated policies, practices, or interpretations of such exchange as the Commission, by rule, may determine to be necessary or appropriate in the public interest or for the protection of investors to be deemed to be rules of such exchange.

[73] Amendments to the Certificate of Incorporation and Bylaws of New Arca Holdings will be required to be submitted to the board of directors of PCX and, if the board of directors of PCX determines that such amendment is required, under Section 19 of the Act and the rules promulgated thereunder, to be filed with, or filed with and approved by, the Commission before such amendment may be effective under Section 19 of the Act and the Rule 19b–4 thereunder. Article Nineteen of the Certificate of Incorporation and Section 6.8(b) of the Bylaws of New Arca Holdings.

[74] 15 U.S.C. 78s(b)(2).

[75] *Id.*

[76] *Id.*

[77] *Id.*

[78] 17 CFR 200.30–3(a)(12).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–50171; File No. SR–PCX–2004–76]

Self-Regulatory Organizations; Notice of Filing and Order Granting Accelerated Approval of Proposed Rule Change and Amendment No. 1 Thereto by the Pacific Exchange, Inc. To Impose Additional Obligations on the Exchange Should an Affiliate or Entity that Operates and/or Owns a Trading System or Facility of the Exchange List a Security on the Exchange

August 9, 2004.

Pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 (''Act'')[1] and Rule 19b-4 thereunder,[2] notice is hereby given that on July 28, 2004, the Pacific Exchange, Inc. (''PCX'' or ''Exchange''), through its wholly owned subsidiary PCX Equities, Inc. (''PCXE''), filed with the Securities and Exchange Commission (''Commission'') the proposed rule change as described in Items I and II below, which Items have been prepared by the Exchange. On July 30, 2004, the Exchange filed Amendment No. 1 to the proposed rule change.[3] The Commission is publishing this notice to solicit comments on the proposed rule change, as amended, from interested persons, and to grant accelerated approval to the proposed rule change, as amended.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

The Exchange, through PCXE, is proposing to adopt a rule that would place additional reporting requirements on the Exchange should any affiliate of the Exchange or entity that operates and/or owns a trading system or facility of the Exchange list any security on the Exchange. The text of the proposed rule

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] *See* letter from Steven B. Matlin, Senior Counsel, Regulatory Policy, PCX, to Nancy J. Sanow, Assistant Director, Division of Market Regulation, Commission, dated July 29, 2004 (''Amendment No. 1''). In Amendment No. 1, the Exchange made technical corrections to the text of the proposed rule change and corresponding changes to the Form 19b–4.

change, as amended, appears below. Proposed new language is in *italics*.

* * * * *

Rule 5

Listings

General Provisions and Definitions

Rule 5.1(a)–(b)—No Change.

Listing of an Affiliate or Entity That Operates and/or Owns a Trading System or Facility of the Corporation

Rule 5.1(c)—If a security of an affiliate of the Corporation or any entity that operates and/or owns a trading system or facility of the Corporation is listed pursuant to the Rules of the Corporation, then the Corporation shall file a report each month with the Securities and Exchange Commission describing: (1) The Corporation's monitoring of such issuer's compliance with the Corporation's listing standards, including (i) the issuer's compliance with the Corporation's bid price requirement and (ii) the issuer's compliance with each of the quantitative and qualitative maintenance requirements; and (2) the Corporation's monitoring of the trading of the security, which shall include summaries of all related surveillance alerts, complaints, regulatory referrals, busted or adjusted trades, investigations, examinations, formal and informal disciplinary actions, exceptions reports, and the trading data. In addition, once a year, an independent accounting firm shall review the listing standards for the subject security to ensure that the issuer is in compliance with the Corporation's listing requirements, and a copy of the report shall be forwarded promptly to the Securities and Exchange Commission.

In the event the Corporation determines that the subject issuer is non-compliant with any listing standard, the Corporation shall file a report with the Securities and Exchange Commission at the same time the Corporation notifies the issuer of its non-compliance. The report shall identify the date of non-compliance, type of non-compliance, and any other material information conveyed to the issuer in the notice of non-compliance. Within five (5) business days of receipt of a plan of remediation from the issuer, the Corporation shall notify the Securities and Exchange Commission of such receipt, whether the plan of remediation was accepted by the Corporation and the time period provided to regain compliance with the Corporation's listing standards.

* * * * *

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, the Exchange included statements concerning the purpose of and basis for the proposed rule change. The text of these statements may be examined at the places specified in Item III below. The Exchange has prepared summaries, set forth in Sections A, B, and C below, of the most significant aspects of such statements.

A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

1. Purpose

The Exchange is proposing to add PCXE Rule 5.1(c) in order to place additional reporting requirements on the Exchange should any affiliate of the Exchange or entity that operates and/or owns a trading system or facility of the Exchange list its security on the Exchange. Specifically, if an affiliate or any entity that operates and/or owns a trading system or facility of the Exchange lists its security on the Exchange, then the Exchange would be required to file a monthly report with the Commission describing: (1) The Exchange's monitoring of the issuer's compliance with the Exchange's listing standards; and (2) the Exchange's monitoring of the trading of the security, including summaries of surveillance alerts, complaints, regulatory referrals, busted or adjusted trades, investigations, examinations, disciplinary actions, exception reports and trading data. In addition, once each year the Exchange would be required to have an independent accounting firm review the listing standards for the security of the affiliate or entity that operates and/or owns a trading system or facility of the Exchange to ensure that the issuer is in compliance with the listing requirements. A copy of the report shall be forwarded promptly to the Commission.

If the Exchange determines that the subject issuer is not in compliance with any of the Exchange's listing standards, then the Exchange would be required to notify the Commission of such non-compliance at the same time it notifies the issuer of the non-compliance. Furthermore, within five business days of receipt of a plan of remediation from the issuer, the Exchange would be required to notify the Commission that: (1) It has received such plan; (2) whether the plan has been accepted by the Exchange; and (3) the time period by which the issuer believes it will regain compliance with the listing standards.

The Exchange believes that the addition of these requirements will help provide additional assurance that all securities listed on the Exchange are, and continue to be, in compliance with the Exchange's listing standards. In addition, the Exchange believes that the proposed rule, as amended, will help serve to minimize or eliminate any potential conflict of interest that may exist as a result of the listing on the Exchange of the security of an affiliate of the Exchange or entity that operates and/or owns a trading system or facility of the Exchange.

2. Statutory Basis

The Exchange believes that the proposed rule change is consistent with Section 6(b)[4] of the Act, in general, and furthers the objectives of Section 6(b)(5),[5] in particular, because it is designed to promote just and equitable principles of trade, to foster cooperation and coordination with persons engaged in facilitating transactions in securities, and to remove impediments and perfect the mechanisms of a free and open market and to protect investors and the public interest.

B. Self-Regulatory Organization's Statement on Burden on Competition

The Exchange does not believe that the proposed rule change will impose any burden on competition that is not necessary or appropriate in furtherance of the purposes of the Act.

C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received From Members, Participants, or Others

No written comments were either solicited or received.

III. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether the proposed rule change, as amended, is consistent with the Act. Comments may be submitted by any of the following methods:

Electronic Comments

- Use the Commission's Internet comment form (*http://www.sec.gov/rules/sro.shtml*); or
- Send an e-mail to *rule-comments@sec.gov*. Please include File

[4] 15 U.S.C. 78f(b).

[5] 15 U.S.C. 78f(b)(5).

Number SR–PCX–2004–76 on the subject line.

Paper Comments

• Send paper comments in triplicate to Jonathan G. Katz, Secretary, Securities and Exchange Commission, 450 Fifth Street, NW., Washington, DC 20549–0609.

All submissions should refer to File Number SR–PCX–2004–76. This file number should be included on the subject line if e-mail is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (*http://www.sec.gov/rules/sro.shtml*). Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Section, 450 Fifth Street, NW., Washington, DC 20549. Copies of such filing also will be available for inspection and copying at the principal office of the PCX. All comments received will be posted without change; the Commission does not edit personal identifying information from submissions. You should submit only information that you wish to make available publicly. All submissions should refer to File Number SR-PCX–2004–76 and should be submitted on or before September 7, 2004.

IV. Commission's Findings and Order Granting Accelerated Approval of Proposed Rule Change

After careful review, the Commission finds that the proposed rule change, as amended, is consistent with the requirements of the Act and the rules and regulations thereunder applicable to a national securities exchange.[6] In particular, the Commission finds that the proposed rule change, as amended, is consistent with Section 6(b)(5) of the Act,[7] which requires that the rules of an exchange be designed to promote just and equitable principles of trade, to foster cooperation and coordination with persons engaged in facilitating transactions in securities, and to remove impediments and perfect the mechanisms of a free and open market and to protect investors and the public interest, and are not designed to permit unfair discrimination between customers, issuers, brokers, or dealers. The Commission also finds that the proposed rule change, as amended, is consistent with Section 6(b)(1) of the Act,[8] which requires a national securities exchange to be so organized and have the capacity to be able to carry out the purposes of the Act and to enforce compliance by its members and persons associated with its members with the provisions of the Act, the rules or regulations thereunder, and the rules of the Exchange.

The listing of securities of an affiliate of the Exchange or any entity that operates and/or owns a trading system or facility of the Exchange could potentially create a conflict of interest between the Exchange's self regulatory responsibility to vigorously oversee the listing and trading of the stock on its market, and its own commercial or economic interests. Such ''self-listing'' may raise questions as to the Exchange's ability to independently and effectively enforce its rules against an affiliate or the operator/owner of its facility. In addition, such listing has the potential to exacerbate possible conflicts that may arise when the Exchange oversees competitors that may also be listed on the Exchange. The Commission believes that the proposed rule change, as amended, by requiring heightened reporting by the Exchange to the Commission with respect to the Exchange's oversight of the listing and trading on the Exchange of the securities of an affiliate or entity that operates and/or owns a trading system or facility of the Exchange, will help protect against any concern that the Exchange will not effectively enforce its rules with respect to the listing and trading of these securities. In addition, the requirement that an independent accounting firm review such issuer's compliance with the Exchange's listing standards adds a degree of independent oversight to the Exchange's regulation of the listing of these securities, which should help mitigate against any potential or actual conflicts of interest.

In addition, the Commission finds good cause, pursuant to Section 19(b)(2) of the Act,[9] for approving the proposed rule change and Amendment No. 1 prior to the thirtieth day after the date of publication of notice thereof in the **Federal Register**. The Exchange notes in its filing that Archipelago Holdings, L.L.C. (''Archipelago Holdings''), the operator of ArcaEx, the Exchange's equity trading facility, has filed a registration statement with the Commission to conduct a public offering of its common stock, and an application to list its common stock on the Exchange in the near future pursuant to the Exchange's current listing standards. The Exchange's current listing standards do not contain any provision relating specifically to the listing of the stock of an affiliate or the operator and/or owner of the facility of the Exchange. Accordingly, the Commission believes that granting accelerated approval of the proposed rule change and Amendment No. 1 to implement the additional listing requirements prior to the listing of the common stock of Archipelago Holdings is appropriate and consistent with Sections 6 and 19(b) of the Act.[10]

V. Conclusion

It is therefore ordered, pursuant to Section 19(b)(2) of the Act,[11] that the proposed rule change and Amendment No. 1 (SR–PCX–2004–76), are hereby approved on an accelerated basis.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[12]

J. Lynn Taylor,

Assistant Secretary.

[FR Doc. 04–18639 Filed 8–13–04; 8:45 am]

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[6] In approving this proposal, the Commission has considered its impact on efficiency, competition, and capital formation. 15 U.S.C. 78c(f).

[7] 15 U.S.C. 78f(b)(5).

[8] 15 U.S.C. 78f(b)(1).

[9] 15 U.S.C. 78s(b)(2).

[10] 15 U.S.C. 78f and 78s(b).

[11] 15 U.S.C. 78s(b)(2).

[12] 17 CFR 200.30–3(a)(12).

SMALL BUSINESS ADMINISTRATION

[Declaration of Disaster #3605]

State of California

Los Angeles County and the contiguous counties of Kern, Orange, San Bernardino, and Ventura in the State of California constitute a disaster area as a result of a fire at the Mountain View Venture Apartments on July 18, 2004. Applications for loans for physical damage as a result of this disaster may be filed until the close of business on October 5, 2004, and for economic injury until the close of business on May 5, 2005, at the address listed below or other locally announced locations: U.S. Small Business Administration, Disaster Area 4 Office, P.O. Box 419004, Sacramento, CA 95841–9004.

The interest rates are:

	Percent
For Physical Damage:	
Homeowners with credit available elsewhere	5.750
Homeowners without credit available elsewhere	2.875
Businesses with credit available elsewhere	5.500
Businesses and non-profit organizations without credit available elsewhere	2.750
Others (including non-profit organizations) with credit available elsewhere	4.875
For Economic Injury:	
Businesses and small agricultural cooperatives without credit available elsewhere	2.750

The number assigned to this disaster for physical damage is 360505 and for economic damage is 9ZN600.

(Catalog of Federal Domestic Assistance Program Nos. 59002 and 59008.)

Dated: August 5, 2004.

Hector V. Barreto,

Administrator.

[FR Doc. 04–18699 Filed 8–13–04; 8:45 am]

BILLING CODE 8025–01–P

SMALL BUSINESS ADMINISTRATION

[Declaration of Disaster #3607]

Commonwealth of Pennsylvania

As a result of the President's major disaster declaration on August 6, 2004, I find that Delaware, Montgomery, and Philadelphia Counties in the Commonwealth of Pennsylvania constitute a disaster area due to damages caused by severe storms and flooding occurring on August 1, 2004, and continuing. Applications for loans for physical damage as a result of this disaster may be filed until the close of business on October 5, 2004 and for economic injury until the close of business on May 6, 2005 at the address listed below or other locally announced locations: U.S. Small Business Administration, Disaster Area 1 Office, 360 Rainbow Blvd., South 3rd Floor, Niagara Falls, NY 14303–1192.

In addition, applications for economic injury loans from small businesses located in the following contiguous counties may be filed until the specified date at the above location: Berks, Bucks, Chester, and Lehigh in the Commonwealth of Pennsylvania; New Castle County in the State of Delaware; and Burlington, Camden, and Gloucester Counties in the State of New Jersey.

The interest rates are:

For Physical Damage:

Homeowners with Credit Available Elsewhere—6.375%

Homeowners without Credit Available Elsewhere—3.187%

Businesses with Credit Available Elsewhere—5.800%

Businesses and Non-Profit Organizations without Credit Available Elsewhere—2.900%

Others (Including Non-Profit Organizations) with Credit Available Elsewhere—4.875%

For Economic Injury:

Businesses and Small Agricultural Cooperatives without Credit Available Elsewhere—2.900%

The number assigned to this disaster for physical damage is 360706. For economic injury the number is 9ZN800 for Pennsylvania; and 9ZN900 for Delaware; and 9ZO1 for New Jersey.

(Catalog of Federal Domestic Assistance Program Nos. 59002 and 59008)

Dated: August 6, 2004.

Jane M. Pease,

Acting Associate Administrator for Disaster Assistance.

[FR Doc. 04–18696 Filed 8–13–04; 8:45 am]

BILLING CODE 8025–01–P

SMALL BUSINESS ADMINISTRATION

[Declaration of Disaster #3606]

State of Texas

Dallas County and the contiguous counties of Collin, Denton, Ellis, Kaufman, Tarrant, and Rockwall in the State of Texas constitute a disaster area due to excessive rain and flooding that occurred on July 28 through July 29, 2004. Applications for loans for physical damage as a result of this disaster may be filed until the close of business on October 5, 2004, and for economic injury until the close of business on May 5, 2005, at the address listed below or other locally announced locations: U.S. Small Business Administration, Disaster Area 3 Office, 14925 Kingsport Road, Fort Worth, TX 76155–2243.

The interest rates are:

	Percent
For Physical Damage:	
Homeowners with credit available elsewhere	6.375
Homeowners without credit available elsewhere	3.187
Businesses with credit available elsewhere	5.800
Businesses and non-profit organizations without credit available elsewhere	2.900
Others (including non-profit organizations) with credit available elsewhere	4.875
For Economic Injury:	
Businesses and small agricultural cooperatives without credit available elsewhere	2.900

The number assigned to this disaster for physical damage is 360606 and for economic injury the number is 9ZN700.

(Catalog of Federal Domestic Assistance Program Nos. 59002 and 59008)

Dated: August 5, 2004.

Hector V. Barreto,

Administrator.

[FR Doc. 04–18698 Filed 8–13–04; 8:45 am]

BILLING CODE 8025–01–P

SMALL BUSINESS ADMINISTRATION

[Declaration of Disaster #3608]

State of West Virginia

As a result of the President's major disaster declaration on August 6, 2004, I find that Fayette, Lincoln, and Logan Counties in the State of West Virginia constitute a disaster area due to damages caused by severe storms, flooding, and landslides occurring on July 22, 2004, and continuing. Applications for loans for physical damage as a result of this disaster may be filed until the close of business on October 5, 2004, and for economic injury until the close of business on May 6, 2005, at the address listed below or other locally announced locations: U.S. Small Business Administration, Disaster Area 1 Office, 360 Rainbow Blvd., South 3rd Fl., Niagara Falls, NY 14303–1192.

In addition, applications for economic injury loans from small businesses located in the following contiguous counties may be filed until the specified date at the above location: Boone, Cabell, Clay, Greenbrier, Kanawha, Mingo, Nicholas, Putnam, Raleigh, Summers, Wayne, and Wyoming in the State of West Virginia.

The interest rates are:

	Percent
For Physical Damage:	
Homeowners with Credit Available Elsewhere	6.375
Homeowners Without Credit Available Elsewhere	3.187
Businesses With Credit Available Elsewhere	5.800
Businesses and Non-Profit Organizations Without Credit Available Elsewhere	2.900
Others (Including Non-Profit Organizations) With Credit Available Elsewhere	4.875
For Economic Injury:	

	Percent
Businesses and Small Agricultural Cooperatives Without Credit Available Elsewhere ...	2.900

The number assigned to this disaster for physical damage is 360806. For economic injury the number is 9ZO200.

(Catalog of Federal Domestic Assistance Program Nos. 59002 and 59008.)

Dated: August 6, 2004.

Jane M. Pease,

Acting Associate Administrator for Disaster Assistance.

[FR Doc. 04–18697 Filed 8–13–04; 8:45 am]

BILLING CODE 8025–01–P

SOCIAL SECURITY ADMINISTRATION

Notice of Solicitation of Public Comments on Prerequisites for Participation in a Demonstration Project Extending Fee Withholding Procedures to Non-Attorney Representatives

AGENCY: Social Security Administration (SSA).

ACTION: Notice.

SUMMARY: Section 303 of the Social Security Protection Act of 2004 (SSPA) requires the Commissioner of Social Security (the Commissioner) to develop and implement a 5-year nationwide demonstration project that will extend to certain non-attorney representatives of claimants under titles II and XVI of the Social Security Act (the Act) the option to have approved representatives' fees withheld and paid directly from a beneficiary's past-due benefits. Currently, this option is available only to representatives who are attorneys. Non-attorney representatives who wish to participate in the demonstration project must meet the prerequisites specified in section 303 of the SSPA, and any additional prerequisites that the Commissioner may prescribe. One of the statutory prerequisites is that the individual must pass an examination, written and administered by the Commissioner, which tests knowledge of the relevant provisions of the Act and the most recent developments in agency and court decisions affecting titles II and XVI of the Act. We are seeking public comments regarding the general topics that should be included in the examination. In addition, we invite your comments on the particular issues described below related to the other statutory prerequisites. Finally, we invite comments on whether individuals who wish to participate in the demonstration project should be required to meet additional prerequisites not specified in section 303 and, if so, what those additional prerequisites might be.

DATES: To be sure that we consider your comments, we must receive them by September 15, 2004.

ADDRESSES: Comments should be sent to William Storey, Acting Director, Office of Policy, Planning and Evaluation, by: e-mail to *William.Storey@ssa.gov*; telefax to (703) 605–8261; or mail to the Office of Hearings and Appeals, Suite 1608, 5107 Leesburg Pike, Falls Church, VA 22041–3255.

FOR FURTHER INFORMATION CONTACT: William Storey, Suite 1608, 5107 Leesburg Pike, Falls Church, VA 22041–3255, (703) 605–8260.

SUPPLEMENTARY INFORMATION: We are developing an examination that will be administered to non-attorney representatives who wish to participate in the direct fee payment demonstration project authorized by section 303 of the SSPA, Public Law 108–203, enacted March 2, 2004. Section 303 specifies that the examination is to test knowledge of the relevant provisions of the Act and the most recent developments in agency and court decisions affecting titles II and XVI of the Act.

We have compiled a list of general topics upon which the examination questions might focus. That list is included as an Appendix. We request comments on whether the specific topics listed should be tested in the examination, and on whether there are additional topics that we should include.

To help us determine if a topic should be tested in the examination, we have established a rating system for assigning a rank to each topic. We ask that commenters use the rating system when commenting on both the potential topics listed in the Appendix and any additional topics that may be suggested. The rating system is based on a scale from 1 to 5, where 5 indicates that the topic is critical and must be considered in developing the qualifying examination. The criteria for the rankings are as follows:

5 = Critical (cannot do the job without knowing this)
4 = Very Important (difficulty doing the job well without knowing this)
3 = Moderately Important (helpful in doing the job well)
2 = Slightly Important (occasionally helpful in doing the job well)
1 = Not Important (not needed to do the job)
X = Cannot Rank (unable to determine the relative importance)

In addition to passing the examination, non-attorneys who wish to participate in the demonstration project are required by section 303 to meet the following prerequisites:

- The representative has been awarded a bachelor's degree from an accredited institution of higher education, or has been determined by the Commissioner to have equivalent qualifications derived from training and work experience;
- The representative has secured professional liability insurance, or equivalent insurance, which the Commissioner has determined to be adequate to protect claimants in the event of malpractice by the representative;
- The representative has undergone a criminal background check to ensure the representative's fitness to practice before the Commissioner; and
- The representative demonstrates ongoing completion of qualified courses of continuing education, including education regarding ethics and professional conduct, which are designed to enhance professional knowledge in matters related to entitlement to, or eligibility for, benefits based on disability under titles II and XVI of the Act.

We invite comments on any issues related to:

- The quality and extent of training or work experience that should be considered equivalent to a bachelor's degree;
- The amount of liability insurance that should be considered adequate to protect claimants; and
- The extent and types of continuing education courses that should be required.

We will consider the comments we receive as we develop the demonstration project under section 303 of the SSPA.

(Catalog of Federal Domestic Assistance Program Nos. 96.001, Social Security-Disability Insurance; 96.002, Social Security-Retirement Insurance; 96.004, Social Security-Survivors Insurance; and 96.006, Supplemental Security Income)

Dated: August 11, 2004.

Fritz Streckewald,

Assistant Deputy Commissioner for Program Policy for Disability and Income Security Programs.

Appendix

Ethics and Professionalism

Conflict of interest
Good character and reputation
Grounds for disqualification/suspension
Privacy Act and disclosure policy
Ethical conduct

Hearings and Appeals Process

Appeal deadlines
Good cause for late filing
Reconsideration
Request for hearing by an Administrative Law Judge
Request for Appeals Council Review
Representation of claimants
Fee agreement process
Fee petition process
Fee authorization
Witness cross-examination
Interrogatories
Vocational Expert testimony
Medical Expert testimony
Reopening and revision policy
Substantial evidence standard
Role in obtaining evidence
Effect of multiple applications on appeals process

Medical and Vocational Issues

Definition of disability
Sequential evaluation process (adults and children)
Impairment severity
Medical listings
Listing equivalency
Functional equivalence
Assessment of residual functional capacity
Past relevant work
Medical evidence
Medical source opinions
Failure to cooperate
Medical improvement review standard
Symptoms and credibility
Evaluation of pain
Mental impairments
Consultative examination
Vocational factors
Appendix 2 ''grid'' rules
Exertional and nonexertional impairments
Transferable skills

Disability Benefit Issues

Title II insured status
Title II entitlement factors
Waiting period
Substantial gainful activity
Trial work period
Extended period of eligibility
Unsuccessful work attempt
Special employment considerations
Impairment related work expenses
Date of onset
Disabled widow(er)'s benefits—entitlement factors
Childhood disability benefits—entitlement factors
End stage renal disease—entitlement factors
Title XVI disabled individual eligibility
Title XVI disabled child eligibility
Title XVI blind individual eligibility
Continuing disability reviews
Ticket to work
Work incentives
Expedited reinstatement of benefits
Plan for achieving self-support
Terminal illness
Amyotrophic lateral sclerosis (Lou Gehrig's disease)
Drug addiction and alcoholism condition
Presumptive disability
Workers'' compensation
Public disability benefits

Non-Disability Benefit Issues

Title II insured status
Title II retirement benefits—entitlement factors
Title II auxiliary benefits (*e.g.*, child, spouse)—entitlement factors
Title II survivor benefits (*e.g.*, child, widow, widower)—entitlement factors
Title II dual entitlement
Non-payment (suspension) events
Termination events
Primary insurance amount computations
Primary insurance amount reduction factors
Month of entitlement
Overpayment waiver
Totalization of benefits
Earnings record discrepancies
Administrative finality
Res judicata
Collateral estoppel
Title XVI eligibility factors
Title XVI living arrangements
Title XVI in-kind support and maintenance
Title XVI resources
Title XVI earned and unearned income
Title XVI redeterminations
Title XVI deeming
Title XVI offset provisions
Goldberg-Kelly provisions
State supplementation
Interim assistance reimbursement
Citizenship issues
Cross program recovery
Medicaid eligibility factors
Medicare entitlement factors
Special veterans benefits
Railroad benefits
Military service
Windfall elimination provision
Government pension offset
Delayed retirement credits
Protective filing

[FR Doc. 04–18743 Filed 8–13–04; 8:45 am]

BILLING CODE 4191–02–P

DEPARTMENT OF STATE

[Public Notice: 4801]

60-Day Notice of Proposed Information Collection: DS–1504, Request for Customs Clearance of Merchandise, OMB Control Number 1405–0104

ACTION: Notice of request for public comments.

SUMMARY: The Department of State is seeking Office of Management and Budget (OMB) approval for the information collection described below. The purpose of this notice is to allow 60 days for public comment in the **Federal Register** preceding submission to OMB. We are conducting this process in accordance with the Paperwork Reduction Act of 1995.

- *Title of Information Collection:* Request for Customs Clearance of Merchandise.
- *OMB Control Number:* 1405–0104.
- *Type of Request:* Extension of a currently approved collection.
- *Originating Office:* Bureau of Diplomatic Security, Office of Foreign Missions, Diplomatic Tax and Customs Program, DS/OFM/VTC/TC.
- *Form Number:* DS–1504.
- *Respondents:* Eligible foreign diplomatic or consular missions, certain foreign government organizations, and designated international organizations.
- *Estimated Number of Respondents:* Approximately 350.
- *Estimated Number of Responses:* Approximately 13,200.
- *Average Hours Per Response:* Fifteen minutes.
- *Total Estimated Burden:* 3,300 hours.
- *Frequency:* On occasion.
- *Obligation to Respond:* Required to obtain or retain a benefit.

DATES: The Department will accept comments from the public up to October 15, 2004.

You may submit comments by any of the following methods:

- E-mail: *ofminfo@state.gov*. You must include the DS form number, information collection title, and OMB control number in the subject line of your message.
- Mail (paper, disk, or CD–ROM submissions): Office of Foreign Missions, U.S. Department of State, 2201 C Street, NW., Washington, DC 20520.

FOR FURTHER INFORMATION CONTACT: Direct requests for additional information regarding the collection listed in this notice, including requests for copies of the proposed information collection and supporting documents, to Mr. Robert Kelley, DS/OFM/VTC/TC, 3507 International Place, NW., U.S. Department of State, Washington, DC 20008, who may be reached on (202) 895–3683, or by E-mail at *kelleyjr@state.gov*.

SUPPLEMENTARY INFORMATION: We are soliciting public comments to permit the Department to:

- Evaluate whether the proposed information collection is necessary for the proper performance of our functions.
- Evaluate the accuracy of our estimate of the burden of the proposed collection, including the validity of the methodology and assumptions used.
- Enhance the quality, utility, and clarity of the information to be collected.
- Minimize the reporting burden on those who are to respond, including the use of automated collection techniques or other forms of technology.

Abstract of proposed collection: Exemption from customs duties is a privilege enjoyed by foreign diplomatic

and consular personnel on assignment in the United States under the provisions of the Vienna Conventions on Diplomatic and Consular Relations and the terms of various bilateral agreements. Under the Foreign Missions Act of 1982 (as amended), 22 U.S.C. 4301 *et seq.*, the Department of State's Office of Foreign Missions (''OFM'') is given the authority to grant privileges and benefits, based on reciprocity. The application form DS–1504, ''Request for Customs Clearance of Merchandise'' provides OFM with the necessary information to provide and administer the benefit effectively and efficiently.

Methodology: The collected information is used by the Office of Foreign Missions (OFM) in determining the eligibility of foreign diplomatic and consular missions and personnel for exemption from duties otherwise imposed by U.S. Customs and Border Protection (''CBP'') on imported goods. In some cases, the reciprocal relationship between the United States and other nations requires that some type of duty or restriction on importation be imposed. The information on this form provides the basis upon which to determine, in cooperation with CBP, the proper handling of diplomatic shipments.

Dated: August 2, 2004.

Lynwood M. Dent, Jr.,

Deputy Assistant Secretary and Deputy Director, Office of Foreign Missions, Bureau of Diplomatic Security, Department of State.

[FR Doc. 04–18663 Filed 8–13–04; 8:45 am]

BILLING CODE 4710–43–P

TENNESSEE VALLEY AUTHORITY

Paperwork Reduction Act of 1995, as Amended by Pub. L. 104–13; Submission for Office of Management and Budget (OMB) Review; Comment Request

AGENCY: Tennessee Valley Authority.

ACTION: Submission for Office of Management and Budget (OMB) Review; comment request.

SUMMARY: The proposed information collection described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended). The Tennessee Valley Authority is soliciting public comments on this proposed collection as provided by 5 CFR Section 1320.8(d)(1). Requests for information, including copies of the information collection proposed and supporting documentation, should be directed to the Agency Clearance Officer: Alice D. Witt, Tennessee Valley Authority, 1101 Market Street (EB 5B), Chattanooga, Tennessee 37402–2801; (423) 751–6832. (SC: 0013XYV)

Comments should be sent to OMB Office of Information and Regulatory Affairs, Attention: Desk Officer for Tennessee Valley Authority no later than September 15, 2004.

SUPPLEMENTARY INFORMATION:

Type of Request: Regular submission.

Title of Information Collection: Power Distributors Monthly and Annual Reports to TVA.

Type of Affected Public: Business or local government.

Small Businesses or Organizations Affected: Yes.

Federal Budget Functional Category Code: 271.

Estimated Number of Annual Responses: 2,054.

Estimated Total Annual Burden Hours: 3,792.

Estimated Average Burden Hours Per Response: 1.8.

Need For and Use of Information: This information collection supplies TVA with financial and accounting information to help ensure that electric power produced by TVA is sold to consumers at rates which are as low as feasible.

Jacklyn J. Stephenson,

Senior Manager, Enterprise Operations, Information Services.

[FR Doc. 04–18657 Filed 8–13–04; 8:45 am]

BILLING CODE 8120–08–P

TENNESSEE VALLEY AUTHORITY

Sunshine Act; Meeting No. 1553

TIME AND DATE: 9:30 a.m. (c.d.t.), August 18, 2004, The Lannom Center for Business Development, 2000 Commerce Avenue, Dyersburg, Tennessee.

STATUS: Open.

AGENDA: Approval of minutes of meeting held on July 21, 2004.

New Business

A—Budget and Financing

A1. Approval of short-term borrowing from the United States Treasury.

B—Purchase Awards

B1. Supplements to temporary staffing services contracts with the following suppliers at any TVA location: Acro Service Corporation; Adecco Technical; CDI Professional Services; G. D. Barri and Associates; Johnson Service Group; Numanco, LLC; Retiree Resources Corporation; TFE, Inc; Volt Services Group; Westaff Technical; and Zycron Computer Services.

B2. Delegation of authority to the Senior Vice President, Procurement, or a designee, upon the recommendation of the Executive Vice President, Fossil Power Group, or a designee, to enter into a contract for the sale of a Manitowoc 2100 crawler lift crane and associated equipment.

E—Real Property Transactions

E1. Sale of a permanent easement, Tract No. XMTPSC–1B, affecting approximately 1.03 acres of land, and grant of a nonexclusive access road easement, Tract No. XMTPSC–2AR, affecting approximately 0.31 acre of land to JHL Properties, Inc., in Hamblen County, Tennessee.

E2. Abandonment of a portion of the inactive Jackson-Milan-Trenton transmission line right-of-way easement affecting approximately 0.86 acre of land in Madison County, Tennessee, Tract No. JMT–35, to resolve an encroachment of a residence.

E3. Sale of a permanent easement to the heirs of the E. G Miller estate for an access road, affecting approximately 0.1 acre of land on Cherokee Reservoir in Grainger County, Tennessee, Tract No. XCK–586AR.

E4. Modification of certain deed restrictions affecting approximately 0.13 acre of former TVA land on Chickamauga Reservoir in Hamilton County, Tennessee, Tract No. XCR–426:42, S.2X.

E5. Sale of two permanent easements and deed modification to David Vaccaro and Mark Morgan for the construction of an access road, affecting approximately 0.23 acre of land on Watts Bar Reservoir in Rhea County, Tennessee, Tract Nos. XWBR–716E, XWBR–717E, and XWBR–125, S.2X.

F—Other

F1. Approval to file a condemnation case to acquire an easement and right-of-way affecting 1.87 acre of land in Fannin County, Georgia, for the Basin-Toccoa Transmission Line.

Information Items

1. Approval of certain actions addressing variable price interruptible power pricing changes and related matters.

2. Approval of increased energy charges for limited interruptible power and limited firm power.

FOR FURTHER INFORMATION CONTACT: Please call TVA Media Relations at (865) 632–6000, Knoxville, Tennessee. Information is also available at TVA's Washington Office (202) 898–2999. People who plan to attend the meeting and have special needs should call (865) 632–6000. Anyone who wishes to

comment on any of the agenda in writing may send their comments to: TVA Board of Directors, Board Agenda Comments, 400 West Summit Hill Drive, Knoxville, Tennessee 37902.

Dated: August 11, 2004.

Maureen H. Dunn,

General Counsel and Secretary.

[FR Doc. 04–18746 Filed 8–12–04; 10:30 am]

BILLING CODE 8120–08–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

Advisory Circular (AC) 23.1419–2C, Certification of Part 23 Airplanes for Flight in Icing Conditions

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice of issuance of advisory circular.

SUMMARY: This notice announces the issuance of Advisory Circular (AC) 23.1419–2C. This AC sets forth an acceptable means, but not the only means, of demonstrating compliance with the ice protection requirements in Title 14 of the Code of Federal Regulations (14 CFR) Part 23. The Federal Aviation Administration (FAA) will consider other methods of demonstrating compliance that an applicant may elect to present. This material is neither mandatory nor regulatory in nature and does not constitute a regulation. The guidance provided here applies to the approval of airplane ice protection systems for operating in the icing environment defined by Part 25, Appendix C. The guidance should be applied to new Type Certificates (TCs), Supplemental Type Certificates (STCs), and amendments to existing TCs for airplanes under part 3 of the Civil Aviation Regulations (CAR) and Part 23, for which approval under the provisions of § 23.1419 is desired. The proposed guidance is added for fluid ice protection systems, primary ice detection systems, ice protection of air data systems, failure analyses of ice protection systems, and modifications to airplanes certificated for flight in icing. The format is also changed to improve readability of the document.

The draft policy statement was issued for Public Comment on April 19, 2004 (69 FR 7846). When possible, comments received were used to modify the draft policy.

DATES: Advisory Circular 23.1419–2C was issued by the Manager, Small Airplane Directorate on July 21, 2004.

How to Obtain Copies: A paper copy of AC 23.1419–2C may be obtained by writing to the U.S. Department of Transportation, Subsequent Distribution Office, DOT Warehouse, SVC–121.23, Ardmore East Business Center, 3341Q 75th Avenue, Landover, MD 20785, telephone 301–322–5377, or by faxing your request to the warehouse at 301–386–5394. The policy will also be available on the Internet at *http://www.airweb.faa.gov/AC.*

Issued in Kansas City, Missouri, on July 22, 2004.

Dorenda D. Baker,

Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 04–18711 Filed 8–13–04; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

[Summary Notice No. PE–2004–64]

Petitions for Exemption; Summary of Petitions Received

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of petitions for exemption received and of dispositions of prior petitions.

SUMMARY: Pursuant to FAA's rulemaking provisions governing the application, processing, and disposition of petitions for exemption part 11 of title 14, Code of Federal Regulations (14 CFR), this notice contains a summary of certain petitions seeking relief from specified requirements of 14 CFR, dispositions of certain petitions previously received, and corrections. The purpose of this notice is to improve the public's awareness of, and participation in, this aspect of FAA's regulatory activities. Neither publication of this notice nor the inclusion or omission of information in the summary is intended to affect the legal status of any petition or its final disposition.

DATES: Comments on petitions received must identify the petition docket number involved and must be received on or before August 26, 2004.

ADDRESSES: You may submit comments [identified by DOT DMS Docket Number FAA–200X–XXXXX] by any of the following methods:

- Web site: *http://dms.dot.gov.* Follow the instructions for submitting comments on the DOT electronic docket site.
- Fax: 1–202–493–2251.
- Mail: Docket Management Facility; U.S. Department of Transportation, 400 Seventh Street, SW., Nassif Building, Room PL–401, Washington, DC 20590–001.
- Hand Delivery: Room PL–401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal Holidays.
- Federal eRulemaking Portal: Go to *http://www.regulations.gov.* Follow the online instructions for submitting comments.

Docket: For access to the docket to read background documents or comments received, go to *http://dms.dot.gov* at any time or to Room PL–401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal Holidays.

FOR FURTHER INFORMATION CONTACT: Tim Adams (202) 267–8033, Sandy Buchanan-Sumter (202) 267–7271, Office of Rulemaking (ARM–1), Federal Aviation Administration, 800 Independence Avenue, SW., Washington, DC 20591.

This notice is published pursuant to 14 CFR 11.85 and 11.91.

Issued in Washington, DC, on August 10, 2004.

Anthony F. Fazio,

Director, Office of Rulemaking.

Petitions for Exemption

Docket No.: FAA–2004–17223.

Petitioner: United States Department of the Air Force.

Section of 14 CFR Affected: 14 CFR 91.209(a)(2).

Description of Relief Sought: To permit the United States Department of the Air Force to conduct ground operations on military airfields and installations using night-vision goggle technology while operating fixed-wing and rotary-wing aircraft with the lighted position lights turned off.

[FR Doc. 04–18647 Filed 8–13–04; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

[Summary Notice No. PE–2004–65]

Petitions for Exemption; Summary of Petitions Received

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of petition for exemption received.

SUMMARY: Pursuant to FAA's rulemaking provisions governing the application,

processing, and disposition of petitions for exemption, part 11 of Title 14, Code of Federal Regulations (14 CFR), this notice contains a summary of certain petitions seeking relief from specified requirements of 14 CFR. The purpose of this notice is to improve the public's awareness of, and participation in, this aspect of FAA's regulatory activities. Neither publication of this notice nor the inclusion or omission of information in the summary is intended to affect the legal status of any petition or its final disposition.

DATES: Comments on petitions received must identify the petition docket number involved and must be received on or before September 7, 2004.

ADDRESSES: You may submit comments identified by DOT DMS Docket Number FAA–200X–XXXXX by any of the following methods:

- *Web Site: http://dms.dot.gov.* Follow the instructions for submitting comments on the DOT electronic docket site.
- *Fax:* 1–202–493–2251.
- *Mail:* Docket Management Facility; U.S. Department of Transportation, 400 Seventh Street, SW., Nassif Building, Room PL–401, Washington, DC 20590–0001.
- *Hand Delivery:* Room PL–401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.
- *Federal eRulemaking Portal:* Go to *http://www.regulations.gov.* Follow the online instructions for submitting comments.

Docket: For access to the docket to read background documents or comments received, go to *http://dms.dot.gov* at any time or to Room PL–401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: John Linsenmeyer (202) 267–5174 or Susan Lender (202) 267–8029, Office of Rulemaking (ARM–1), Federal Aviation Administration, 800 Independence Avenue, SW., Washington, DC 20591.

This notice is published pursuant to 14 CFR 11.85 and 11.91.

Issued in Washington, DC, on August 10, 2004.

Anthony F. Fazio,

Director, Office of Rulemaking.

Petitions for Exemption

Docket No.: FAA–2004–18023.

Petitioner: The Boeing Company.

Sections of 14 CFR Affected: 14 CFR 45.29(b)(1).

Description of Relief Sought: To allow The Boeing Company to use a temporary registration number (''N-number'') that is less than 12 inches tall on certain aircraft during production acceptance flights.

Docket No.: FAA–2004–18045.

Petitioner: Glenn Holmes.

Sections of 14 CFR Affected: 14 CFR 36.9 and 36.501.

Description of Relief Sought: To permit airworthiness certification of a DeHavilland DHC–3 aircraft with a gross weight increase modification without accomplishing the required acoustical study requirement.

[FR Doc. 04–18649 Filed 8–13–04; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

RTCA Special Committee 135/EUROCAE Working Group 14: Environmental Conditions and Test Procedures for Airborne Equipment

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of RTCA Special Committee 135/EUROCAE Working Group 14 meeting.

SUMMARY: The FAA is issuing this notice to advise the public of a meeting of RTCA Special Committee 135/EUROCAE Working Group 14: Environmental Conditions and Test Procedures for Airborne Equipment.

DATES: The meeting will be held August 25–26, 2004 starting at 9 a.m.

ADDRESSES: The meeting will be held RTCA, 1828 L Street, NW., Suite 805, Washington, DC 20036–5133.

FOR FURTHER INFORMATION CONTACT: (1) RTCA Secretariat, 1828 L Street NW., Suite 805, Washington, DC 20036; telephone (202) 833–9339; fax (202) 833–9434; Web site *http://www.rtca.org.*

SUPPLEMENTARY INFORMATION: Pursuant to section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463, 5 U.S.C., Appendix 2), notice is hereby given for a Special Committee 135 meeting. The agenda will include:

- August 25–26:
  - Opening Plenary Session (Welcome and Introductory Remarks, Approve Minutes of Previous Meeting).
  - Review Results of EUROCAE–14 Meeting.
  - Review/Approve Proposed Final Draft DO–160E.
  - RTCA Paper No. 111–04/SC135–645.
  - Review Schedule to Release DO–160E, Environmental Conditions and Test Procedures for Airborne Equipment.
  - Identify Areas for Continuing Work on DO–160E.
  - Closing Plenary Session (New/Unfinished Business, Date and Place of Next Meeting).

Attendance is open to the interested public but limited to space availability. With the approval of the chairmen, members of the public may present oral statements at the meeting. Persons wishing to present statements or obtain information should contact the person listed in the **FOR FURTHER INFORMATION CONTACT** section. Members of the public may present a written statement to the committee at any time.

Issued in Washington, DC, on July 27, 2004.

Robert Zoldos,

FAA System Engineer, RTCA Advisory Committee.

[FR Doc. 04–18707 Filed 8–13–04; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

Notice of Intent To Rule on Application (04–05-C-00-GCC) To Impose and Use the Revenue From a Passenger Facility Charge (PFC) at the Gillette-Campbell County Airport, Submitted by the County of Campbell and the City of Gillette, WY

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of intent to rule on application.

SUMMARY: The FAA proposes to rule and invites public comment on the application to impose and use PFC revenue at the Gillette-Campbell County Airport under the provisions of 49 U.S.C. 40117 and Part 158 of the Federal Aviation Regulations (14 CFR 158).

DATES: Comments must be received on or before September 15, 2004.

ADDRESSES: Comments on this application may be mailed or delivered in triplicate to the FAA at the following address: Mr. Craig A. Sparks, Manager; Denver Airports District Office, DEN-ADO, Federal Aviation Administration; 26805 East 68th Avenue, Suite 224, Denver, Colorado 80249.

In addition, one copy of any comments submitted to the FAA must be mailed or delivered to Mr. Jay Lundell, Airport Manager, at the following address: 2000 Airport Road, Suite 108, Gillette, Wyoming 8271.

Air Carriers and foreign air carriers may submit copies of written comments previously provided to the Gillette-Campbell County Airport, under section 158.23 of Part 158.

FOR FURTHER INFORMATION CONTACT: Mr. Christopher J. Schaffer, (303) 342–1258, 26805 East 68th Avenue, Suite 224, Denver, Colorado 80249. The application may be reviewed in person at this same location.

SUPPLEMENTARY INFORMATION: The FAA proposes to rule and invites public comment on the application 04–05-C-00-GCC to impose and use PFC revenue at the Gillette-Cambell County Airport, under the provisions of 49 U.S.C. 40117 and Part 158 of the Federal Aviation Regulations (14 CFR Part 158).

On August 9, 2004, the FAA determined that the application to impose and use the revenue from a PFC submitted by the County of Campbell and the City of Gillette, Wyoming, was substantially complete within the requirements of section 158.25 of Part 158. The FAA will approve or disapprove the application, in whole or in part, no later than November 12, 2004.

The following is a brief overview of the application.

Level of the proposed PFC: $4.50.

Proposed charge effective date: December 1, 2004.

Proposed charge expiration date: September 1, 2007.

Total requested for impose and use approval: $170,000.

Brief description of proposed project: Acquire two snow removal equipment vehicles.

Class or classes of air carriers which the public agency has requested not be required to collect PFC's: None.

Any person may inspect the application in person at the FAA office listed above under **FOR FURTHER INFORMATION CONTACT** and at the FAA Regional Airports Office located at: Federal Aviation Administration, Northwest Mountain Region, Airports Division, ANM-600, 1601 Lind Avenue SW., Suite 315, Renton, WA 98055–4056.

In addition, any person may, upon request, inspect the application, notice and other documents germane to the application in person at the Gillette-Campbell County Airport.

Issued in Renton, Washington, on August 9, 2004.

David A. Field,

Manager, Planning, Programming and Capacity Branch, Northwest Mountain Region.

[FR Doc. 04–18708 Filed 8–13–04; 8:45 am]

BILLING CODE 4910–13-M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

Notice of Intent To Rule on Application (04–04–U–00–GCC) To Use the Revenue From a Passenger Facility Charge (PFC) at the Gillette-Campbell County Airport, Submitted by the County of Campbell and the City of Gillette, WY

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of intent to rule on application.

SUMMARY: The FAA proposes to rule and invites public comment on the application to use PFC revenue at the Gillette-Campbell County Airport under the provisions of 49 U.S.C. 40117 and Part 158 of the Federal Aviation Regulations (14 CFR 158).

DATES: Comments must be received on or before Septebmer 15, 2004.

ADDRESSES: Comments on this application may be mailed or delivered in triplicate to the FAA at the following address: Mr. Craig A. Sparks, Manager; Denver Airports District Office, DEN-ADO, Federal Aviation Administration; 26805 East 68th Avenue, Suite 224, Denver, Colorado 80249.

In addition, one copy of any comments submitted to the FAA must be mailed or delivered to Mr. Jay Lundell, Airport Manager, at the following address: 2000 Airport Road, Suite 108, Gillette, Wyoming 82716.

Air Carriers and foreign air carriers may submit copies of written comments previously provided to the Gillette-Campbell County Airport, under section 158.23 of Part 158.

FOR FURTHER INFORMATION CONTACT: Mr. Christopher J. Schaffer, (303) 342–1258, 26805 East 68th Avenue, Suite 224, Denver, Colorado 80249. The application may be reviewed in person at this same location.

SUPPLEMENTARY INFORMATION: The FAA proposes to rule and invites public comment on the application (04–04–U–00–GCC) to use PFC revenue at the Gillette-Campbell County Airport, under the provisions of 49 U.S.C. 40117 and Part 158 of the Federal Aviation Regulations (14 CFR Part 158).

On August 9, 2004, the FAA determined that the application to use the revenue from a PFC submitted by the County of Campbell and the City of Gillette, Wyoming, was substantially complete within the requirements of section 158.25 of Part 158. The FAA will approve or disapprove the application, in whole or in part, no later than November 12, 2004.

The following is a brief overview of the application.

Level of the proposed PFC: $4.50.

Proposed charge effective date: December 1, 2001.

Proposed charge expiration date: December 1, 2004.

Total requested for use approval: $64,393.

Brief description of proposed project: Construct combined aircraft rescue and fire fighting/snow removal equipment building.

Class or classes of air carriers which the public agency has requested not be required to collect PFC's: None.

Any person may inspect the application in person at the FAA office listed above under **FOR FURTHER INFORMATION CONTACT** and at the FAA Regional Airports Office located at: Federal Aviation Administration, Northwest Mountain Region, Airports Division, ANM–600, 1601 Lind Avenue SW., Suite 315, Renton, WA 98055–4056

In addition, any person may, upon request, inspect the application, notice and other documents germane to the application in person at the Gillette-Campbell County Airport.

Issued in Renton, Washington, on August 9, 2004.

David A. Field,

Manager, Planning, Programming and Capacity Branch, Northwest Mountain Region.

[FR Doc. 04–18709 Filed 8–13–04; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

Notice of Intent To Rule on Application To Impose and Use the Revenue From a Passenger Facility Charge (PFC) at Tupelo Regional Airport, Tupelo, MS

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of intent to rule on application.

SUMMARY: The FAA proposes to rule and invites public comment on the application to impose and use the revenue from a PFC at Tupelo Regional Airport under the provisions of the Aviation Safety and Capacity Expansion Act of 1990 (Title IX of the Omnibus Budget Reconciliation Act of 1990) (Public Law 101–508) and Part 158 of the Federal Aviation Regulations (14 CFR Part 158).

DATES: Comments must be received on or before September 15, 2004.

ADDRESSES: Comments on this application may be mailed or delivered

in triplicate to the FAA at the following address: Jackson Airports District Office, 100 West Cross Street, Jackson, MS, 39208.

In addition, one copy of any comments submitted to the FAA must be mailed or delivered to Terry Anderson, Executive Director of the Tupelo Regional Airport Authority at the following address: 2704 West Jackson Street, Tupelo, MS 38801.

Air carriers and foreign air carriers may submit copies of written comments previously provided to the Tupelo Regional Airport Authority under section 158.23 of Part 158.

FOR FURTHER INFORMATION CONTACT: David Shumate, Program Manager, Jackson Airports District Office, 100 West Cross Street, Suite B, Jackson, Mississippi, 39208 (601) 664–9882. The application may be reviewed in person at this same location.

SUPPLEMENTARY INFORMATION: The FAA proposes to rule and invites public comment on the application to impose and use the revenue from a PFC at Tupelo Regional Airport under the provisions of the Aviation Safety and Capacity Expansion Act of 1990 (Title IX of the Omnibus Budget Reconciliation Act of 1990) (Public Law 101–508) and Part 158 of the Federal Aviation Regulations (14 CFR Part 158).

On August 9, 2004, the FAA determined that the application to impose and use the revenue from a PFC submitted by Tupelo Regional Airport authority was substantially complete within the requirements of section 158.25 of Part 158. The FAA will approve or disapprove the application, in whole or in part, no later than November 12, 2004.

The following is a brief overview of the application.

PFC Application No.: 04–04–C–00–TUP.

Level of the proposed PFC: $3.00.

Proposed charge effective date: October 1, 2004.

Proposed charge expiration date: September 30, 2007.

Total estimated net PFC revenue: $232,600.

Brief description of proposed projects(s): Airport Terminal and Entrance Security Equipment Acquisition; Airport Passenger Equipment Acquisition; Past AIP Project Audit Costs; Airport Equipment Acquisition.

Class or classes of air carriers which the public agency has requested not be required to collect PFCs: None.

Any person may inspect the application in person at the FAA office listed above under **FOR FURTHER INFORMATION CONTACT.**

In addition, any person may, upon request, inspect the application, notice and other documents germane to the application in person at the Tupelo Regional Airport Authority.

Issued in Jackson, MS, on August 9, 2004.

Rans Black,

Manager, Jackson Airports District Office, Southern Region.

[FR Doc. 04–18712 Filed 8–13–04; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration (FAA)

[Docket No. FAA–2004–16944]

Operating Limitations at Chicago O'Hare International Airport; Extension of Request for Written Information

ACTION: Extension of request for information.

SUMMARY: This action extends the period during which interested persons may submit written information, including data and views, in response to a notice that the FAA published on August 2, 2004. In that document, the FAA announced that it would hold a meeting beginning on August 4 to discuss flight reductions at Chicago's O'Hare International Airport (O'Hare) to reduce overscheduling and flight delays during peak hours of operation at that airport. In addition, the notice invited interested persons to submit written information on such schedule reductions. Since the meeting commenced on August 4, the FAA has continued discussions with air carriers that attended the meeting. The FAA is extending the period for filing written information to afford interested parties additional time to submit information while the discussions continue.

DATES: Written information must be received on or before 12 p.m. on August 13, 2004.

ADDRESSES: You may send written information, identified by docket number FAA–2004–16944, by any of the following methods:

- DOT Docket Web site: Go to *http://dms.dot.gov* and follow the instructions for submitting information electronically.
- Fax: 1–202–493–2251.
- Mail: Docket Management System; U.S. Department of Transportation, 400 Seventh Street, SW., Nassif Building, Room PL–401, Washington, DC 20590–001. If sent by mail, information is to be submitted in two copies. Persons wishing to receive confirmation of receipt of their written submission should include a self-addressed stamped postcard.
- Hand Delivery: Docket Management System, Room PL–401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

For more information on this proceeding, *see* the **SUPPLEMENTARY INFORMATION** section of this document.

Instructions: You must include the agency name and docket number FAA–2004–16944 for this notice at the beginning of the information that you submit. Note that the information received will be posted without change to *http://dms.dot.gov,* including any personal information provided.

Docket: To read background documents or review information received, go to *http://dms.dot.gov* at any time or to Room PL–401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: Gerry Shakley, System Operations, Air Traffic Organization, Federal Aviation Administration, 800 Independence Ave., SW., Washington, DC 20591; telephone (202) 267–9424, facsimile: (202) 267–7277; e-mail: *gerry.shakley@faa.gov.*

SUPPLEMENTARY INFORMATION:

Background

On July 28, 2004, the Federal Aviation Administration (FAA) issued a notice announcing that it would conduct a meeting to discuss flight reductions at O'Hare to reduce over scheduling and flight delays during peak hours at the airport (69 FR 46201; August 2, 2004). The FAA also invited the submission of written information from interested person on such schedule reductions. The FAA plans to issue a decision on delay reductions in a final order. The meeting began on August 4 and is continuing. It was open to all scheduled carriers, regardless of whether they currently serve O'Hare. The FAA originally solicited written information filed on or before August 11, 2004.

Extension of Request for Information

Discussions with the air carriers regarding their scheduled operations at O'Hare are continuing. The FAA designated a short period for submitting information, as the FAA has previously indicated its intentions to address this issue as soon as possible to accommodate the implementation of the air carriers' November 2004 schedules. Given that the discussions are

continuing, the FAA finds that it would benefit the public and the agency to keep the public docket open for as long as possible to afford interested persons more time to submit written information.

The FAA will provide actual notice to all parties that attended the meeting. The FAA has determined that extension of the period for submitting written information is consistent with the public interest, and that good cause exists for taking this action. Accordingly, the period is extended until 12 p.m. on August 13, 2004.

We will consider all information we receive on or before the extended closing date. We will consider information filed late if it is possible to do so without incurring expense or delay.

Public Availability and Confidentiality of Information

Except as provided below, we will file in the docket without change all information we receive. The docket is available for public inspection before and after its closing date. If you wish to review the docket in person, go to the address in the **ADDRESSES** section of this preamble between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. You may also review the docket via the Internet at the Web address in the **ADDRESSES** section.

Proprietary or Confidential Business Information: As a result of the written information's availability to the public, do not file with the docket information that you consider to be proprietary or confidential business information. Send or deliver this information directly to the person identified in the **FOR FURTHER INFORMATION CONTACT** section of this document. In addition, please mark the information that you consider proprietary or confidential. If you send the information on a disk or CD–ROM, mark the outside of the disk or CD ROM and also identify electronically within the disk or CD–ROM the specific information that is proprietary or confidential.

Under 14 CFR 11.35(b), when we are aware of proprietary information filed with a submission, we do not place it in the docket. We hold it in a separate file to which the public does not have access, and place a note in the docket that we have received it. If we receive a request to examine or copy this information, we treat it as any other request under the Freedom of Information Act (5 U.S.C. 552). We process such a request under the DOT procedures found in 49 CFR part 7.

Privacy Act: Using the search function of our docket Web site, anyone can find and read the information received in any docket, including the name of the individual submitting the information or signing on behalf of a submitting organization. You may review DOT's complete Privacy Act Statement in the **Federal Register** published on April 11, 2000, (65 FR 19477–78) or you may visit *http://dms.dot.gov.*

Issued in Washington, DC, on August 11, 2004.

Andrew B. Steinberg,

Chief Counsel.

[FR Doc. 04–18722 Filed 8–11–04; 4:48 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

[Policy Statement Number PS–ACE100–2004–10030]

Proposed Policy on Substantiation of Secondary Composite Structures

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice of availability; request for comments.

SUMMARY: This notice announces a Federal Aviation Administration (FAA) proposed policy to provide some guidelines for certifying secondary structures made from composite materials. This notice advises the public, especially manufacturers of normal, utility, and acrobatic category airplanes, and commuter category airplanes and their suppliers, that the FAA intends to adopt a policy on composite applications that range from secondary structures to non-structural parts such as interiors. This notice is necessary to advise the public of this FAA policy and give all interested persons an opportunity to present their views on it.

DATES: Send your comments by September 15, 2004.

Discussion: We are making this proposed policy statement available to the public and all manufacturers for their comments.

ADDRESSES: Copies of the proposed policy statement, PS–ACE100–2004–10030, may be requested from the following: Small Airplane Directorate, Standards Office (ACE–110), Aircraft Certification Service, Federal Aviation Administration, 901 Locust Street, Room 301, Kansas City, MO 64106. The proposed policy statement is also available on the Internet at the following address *http://www.airweb.faa.gov/policy*. Send all comments on this proposed policy statement to the individual identified under **FOR FURTHER INFORMATION CONTACT**.

FOR FURTHER INFORMATION CONTACT: Lester Cheng, Federal Aviation Administration, Small Airplane Directorate, Regulations & Policy, ACE–111, 901 Locust Street, Room 301, Kansas City, Missouri 64106; telephone: (316) 946–4111; fax: 816–329–4090; e-mail: *lester.cheng@faa.gov.*

SUPPLEMENTARY INFORMATION:

Comments Invited

We invite your comments on this proposed policy statement. Send any data or views as you may desire. Identify the proposed Policy Statement Number PS–ACE100–2004–10030 on your comments, and if you submit your comments in writing, send two copies of your comments to the above address. The Small Airplane Directorate will consider all communications received on or before the closing date for comments. We may change the proposal contained in this notice because of the comments received.

Comments sent by fax or the Internet must contain ''Comments to proposed policy statement PS–ACE100–2004–10030'' in the subject line. You do not need to send two copies if you fax your comments or send them through the Internet. If you send comments over the Internet as an attached electronic file, format it in either Microsoft Word 97 for Windows or ASCII text. State what specific change you are seeking to the proposed policy memorandum and include justification (for example, reasons or data) for each request.

Issued in Kansas City, Missouri on August 10, 2004.

John Colomy,

Acting Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 04–18710 Filed 8–13–04; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Research and Special Programs Administration

[Docket No. RSPA–04–18858; Notice 1]

Pipeline Safety: Intent To Consider Waiver for Duke Energy Gas Transmission Company

AGENCY: Research and Special Programs Administration (RSPA), Department of Transportation (DOT).

ACTION: Notice of intent to consider waiver request.

SUMMARY: Duke Energy Gas Transmission Company (DEGT)

petitioned the Research and Special Programs Administration's Office of Pipeline Safety (RSPA/OPS) for waiver of compliance with 192.611 for locations changing from Class 1 to Class 2 along certain natural gas pipeline segments in Tennessee and Kentucky pursuant to its participation in the Risk Management Demonstration Program. In the absence of a waiver, 192.611 requires gas pipeline operators to confirm or revise the maximum allowable operating pressure of a pipeline after an increase in the population of an area along a pipeline's route results in a change to a higher class location. In lieu of compliance with 192.611, DEGT proposed to conduct a set of alternative risk control activities based on the principles and requirements of the Integrity Management Program on the entire length of the affected pipeline segments. RSPA/OPS is considering whether to grant a waiver and seeks public comment on the proposed waiver.

ADDRESSES: Any comments to this Notice must be submitted on or before September 15, 2004 so they can be considered before a final determination is made on whether to grant the waiver. You may submit written comments (identified by DOT DMS Docket Number RSPA–00–8452) directly to the docket by any of the following methods:

- Web site: Go to *http://dms.dot.gov.* Follow instructions for submitting comments on the DOT electronic docket site.
- Fax: 1–202–493–2251.
- Mail: Docket Management Facility, U.S. Department of Transportation, 400 Seventh Street, SW., Nassif Building, Room PL–401, Washington, DC 20590–0001. Anyone wanting confirmation of mailed comments must include a self-addressed stamped postcard.
- Hand delivery or courier: Room PL–401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC between 10 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

All submissions must include the agency name, docket number and notice number stated in the heading of this notice. Note that all comments received will be posted without change, including any personal information provided. Please see the Privacy Act heading below.

Docket access: For copies of this notice or other material in the dockets, you may contact the Dockets Facility by phone (202–366–9329) or visit the facility at the above street address. For Web access to the dockets to read and download filed material, go to *http://dms.dot.gov/search.* Then type in the last four digits of the docket number shown in the heading of this notice, and click on ''Search.''

Privacy Act Information: Anyone can search the electronic form of all comments filed in any of our dockets by the name of the individual submitting the comment (or signing the comment, if submitted for an association, business, labor union, etc.). You may review DOT's complete Privacy Act Statement in the April 11, 2000, issue of the **Federal Register** (65 FR 19477) or go to *http://dms.dot.gov.*

FOR FURTHER INFORMATION CONTACT: Elizabeth Callsen, RSPA/OPS, (202) 366–4572, regarding the subject matter of this Notice. Contact the Dockets Unit, (202) 366–5046, for docket material. Comments may also be reviewed online at the DOT Dockets Management System website at *http://dms.dot.gov/.*

SUPPLEMENTARY INFORMATION:

Background

Under 192.5, the geographic areas along natural gas pipelines are categorized according to the population densities near the pipelines. Areas with the lowest population density (10 or fewer buildings intended for human occupancy within an area that extends 220 yards on either side of the centerline of any continuous one mile length of pipeline) are designated as Class 1 and areas with the highest population density are designated as Class 4. The pipeline safety regulations generally impose more stringent requirements for pipeline design and operation for line sections in the higher class areas. Under 192.611, when the class designation of a particular location changes to a higher class due to new construction in the vicinity of the pipeline, the pipeline operator must reduce the operating pressure, pressure test the pipe, or replace the pipe.

In accordance with Section 5 of *The Accountable Pipeline Safety and Partnership Act of 1996* (Pub. L. 104–304, 110 Stat. 3793; October 12, 1996), RSPA/OPS established the Risk Management Demonstration Program (RMDP) in partnership with operators of natural gas and liquid pipeline facilities to determine how risk management principles could be used to complement and improve the existing Federal pipeline safety regulatory process. Under the RMDP, pipeline operators proposed risk management projects to demonstrate how a structured and formalized risk management process could enable a company to customize its safety program to allocate resources to its pipeline's particular risks, leading to a superior level of safety and environmental protection. DEGT and eleven other pipeline companies were selected as potential candidates for RMDP projects (*see Candidates for the Pipeline Risk Management Demonstration Program* [62 FR 143; July 25, 1997]; *Pipeline Safety: Remaining Candidates for the Pipeline Risk Management Demonstration Program* (62 FR 197; October 10, 1997).

In evaluating DEGT as a RMDP candidate, RSPA/OPS and DEGT engaged in a consultation process to scrutinize DEGT's safety practices and pipeline risk management program. DEGT identified twenty-one (21) sites where the class location had changed from Class 1 to Class 2 along the route of two compressor station discharges (*i.e.,* the pipeline beginning at the discharge of those compressor stations and continuing downstream until the next compressor station), one of which is located in Tennessee and the other in Kentucky.

By letter dated October 5, 2000, DEGT petitioned RSPA/OPS for waiver of compliance with 192.611 for class location changes affecting the pipe segments in the two compressor station discharges pursuant to its participation in the RMDP. DEGT proposed to conduct certain alternative risk control activities, including internal inspections, on all of the pipeline segments in the two compressor station discharges in lieu of compliance with the requirements of 192.611 and demonstrated that the alternative risk control activities would provide a level of safety comparable to that provided by compliance with 192.611. The requested waiver was intended to extend through the remainder of the consultation period and to expire upon final action under the RMDP.

On December 11, 2000, RSPA/OPS published a notice in the **Federal Register** seeking comment on the waiver (65 FR 77419; December 11, 2000). No comments were received in response to the notice. On March 9, 2001, RSPA/OPS granted the waiver with respect to the compressor station discharge in Tennessee containing 15 of the 21 sites where the class location had changed from Class 1 to Class 2 while approval of DEGT's RMDP project was pending (66 FR 14256; March 9, 2001). Based in part on the knowledge and experience with risk management gained in connection with DEGT's RMDP project, on December 15, 2003, RSPA/OPS issued its Integrity Management Program regulations requiring gas pipeline operators to conduct comprehensive assessments of their systems and perform any remedial

actions necessary in high consequence areas such as populated areas and environmentally sensitive areas (49 CFR Part 192, Subpart O).

By letter dated June 1, 2004, DEGT submitted a petition for waiver of 192.611 that would apply to all 21 of the sites where the class location had changed from Class 1 to Class 2, including those in Kentucky. DEGT further requested that the waiver be applicable to any Class 1 pipe that should change to Class 2 in the future anywhere in the two compressor station discharges. DEGT's petition for waiver amounts to a request that the waiver granted on March 9, 2001, be extended to all of the pipeline segments in both compressor station discharges and be made permanent, constituting final action under the RMDP.

DEGT's Waiver Request

DEGT's waiver request involves three parallel pipelines in its Texas Eastern Pipeline system designated as Line 10, Line 15, and Line 25. More specifically, the request involves: (1) All three line segments running downstream of the Mt. Pleasant, TN, compressor station discharge, each for a distance of approximately 63.6 miles; and (2) all three line segments running downstream of the Owingsville, KY, compressor station discharge, each for a distance of approximately 60.5 miles (collectively, the ''waiver segments''). Within the waiver segments are the 21 sites already identified as having changed from Class 1 to Class 2 (the ''Class Change Sites''). The following table shows the waiver segments and the class change sites within each segment:

PIPELINE SEGMENTS CHANGING FROM CLASS 1 TO CLASS 2 THAT WOULD BE IMMEDIATELY AFFECTED BY THE PROPOSED WAIVER

Site No.	County & state	Line number	Begin milepost	End milepost
	Mt. Pleasant Station Discharge			
1	Maury Co., Tennessee	10	226.88	227.35
		15	226.90	227.50
		25	227.05	227.50
2	Maury Co., Tennessee	10	228.49	229.07
		15	228.65	229.21
		25	228.63	229.22
3	Maury Co., Tennessee	10	238.01	239.19
		15	238.17	239.34
		25	238.17	239.36
3A	Maury Co., Tennessee	25	241.69	241.72
4	Maury Co., Tennessee	10	247.79	247.88
		15	247.94	248.04
		25	247.94	248.03
5	Williamson Co., Tennessee	10	264.03	265.31
		15	264.19	265.49
		25	264.24	265.48
	Owingsville Station Discharge			
6	Fleming Co., Kentucky	10	514.78	514.98
		25	515.25	515.28
7	Lewis Co., Kentucky	10	531.10	533.33
		15	531.54	533.75
		25	531.54	533.76

DEGT recently re-evaluated the class designations on the waiver segments using a referencing system (*i.e.*, milepost designations) unique to each of the three pipelines rather than the more generic milestones applicable to the right-of-way and used in the RMDP discussions. DEGT determined that no class location change had actually occurred at one of the 21 class change sites, reducing the number of class change sites to 20. However, DEGT also identified one additional site along one of the waiver segments that had changed from Class 1 to Class 2, bringing the total number of class change sites back to 21. The 21 sites described in the above table are the results of DEGT's re-evaluation.

RSPA/OPS is considering granting the waiver for the following reasons:

- As a candidate for a RMDP project, DEGT participated in a consultation process with RSPA/OPS which included an enhanced sharing of information related to the integrity of DEGT's pipelines. DEGT's risk management practices and alternative risk control activities continue to focus on the risks identified by DEGT as the most important threats to the integrity of its system.
- DEGT has internally inspected the entire length of all waiver segments, a total of nearly 375 miles of pipeline including all pipe located in the 21 class change sites.
- The resources saved by not replacing the pipe in the class change sites will allow DEGT to assess the integrity of additional portions of its system, reducing the overall risks along the DEGT pipeline system. The alternative risk control activities add protection against pipeline failures from corrosion, manufacturing and construction defects, and outside third-party damage along the full 373 miles of the waiver segments. By way of contrast, compliance with 192.611 would require replacement of pipe or re-qualification tests in only the 17 miles of pipe located at the class change sites, with no added protection for the remaining 356 miles of pipe.

The Alternative Risk Control Activities

Consistent with the agreements reached under the RMDP, DEGT implemented the following alternative risk control activities in lieu of compliance with 192.611:

• Conduct internal inspections on the entire length of the waiver segments using geometry and magnetic flux leakage in-line inspection tools. These tools must be capable of identifying indications of wall loss (*e.g.* corrosion), as well as dents and gouges from initial construction damage or damage from third party excavators working along the pipeline right-of-way. Internal inspections of Lines 10, 15, and 25 in the Mt. Pleasant, TN compressor station discharge covering approximately 190 miles of pipe and internal inspections of Lines 10, 15, and 25 in the Owingsville, KY compressor station discharge covering approximately 185 miles of pipe have been performed and the OPS Southern Region has reviewed the inspection results.

• Repair indications of corrosion, existing construction damage, and existing outside force damage identified by the internal inspection using conservative investigation and repair criteria. The criteria used by DEGT calls for investigation and repairs of small dents and anomalies that are well below the size at which a challenge to pipeline integrity might be expected.

• Hydrostatic tests on portions of Line 10 that had previously not been tested to 100 percent of SMYS. This includes two sites in Tennessee (2.5 miles northwest of Rally Hill in Maury County and 3.5 miles east-northeast of Arrington in Williamson County) and one site in Kentucky (4.4 miles southeast of Kinniconick in Lewis County). This hydrostatic testing has been completed and the OPS Southern Region has reviewed the results.

• Perform enhanced third-party damage prevention activities. Damage caused by excavators near the pipeline represents one of the highest risks to the pipe in the class location change sites. This damage prevention program included installation, for a one-year trial period, of the TransWave monitoring system on the full length of pipeline within the Mt. Pleasant discharge (63.6 miles on each line). The TransWave system monitors the waveform of a small current impressed onto the pipeline for changes, such as might be caused by disturbances created by excavation or other third-party activities. It was tested to determine its reliability and usefulness at detecting third-party encroachments (construction, excavation, *etc.*) in the pipeline right-of-way. The trial period for testing the TransWave system has been completed and a final report of this trial has been submitted to RSPA/OPS.

• Conduct future inspections on the waiver segments and remediation of any defects identified in accordance with Subpart O of Part 192.

Representatives from OPS Headquarters, OPS Southern and Eastern Regions, and the Tennessee Regulatory Authority, meeting as a RMDP Project Review Team, evaluated DEGT's alternative risk control activities. The Project Review Team met with DEGT to discuss the risk assessment and risk control processes DEGT uses, how these processes were used to identify and define the activities, and DEGT's analysis of the protection achieved by the activities compared to the protection 192.611 provides. The analysis also included an environmental assessment. It is the preliminary opinion of OPS that the implementation of the alternative risk control activities on the waiver segments has resulted in a margin of safety and environmental protection comparable to that provided through compliance with 192.611.

RSPA/OPS' Proposed Action

RSPA/OPS is considering granting the proposed waiver. If granted, the waiver would be conditioned on the following:

1. DEGT must ensure full implementation of the alternative risk control activities.

2. DEGT must verify that the technical criteria presented to the PRT, or other criteria for class location waivers which RSPA/OPS may approve in the future, are met for any future class change sites within the waiver segments that might change from Class 1 to Class 2.

3. DEGT must provide prior notice to RSPA/OPS of its intention to rely upon this waiver, rather than replacing pipe, in any application to future class change sites so that RSPA/OPS can independently verify that the criteria have been met.

4. DEGT must monitor the effectiveness of the alternative risk control activities and submit ongoing reports to RSPA/OPS.

5. DEGT must conduct an inspection of Line 15 in the Owingsville discharge using an in-line inspection tool designed to detect the condition(s) that caused or contributed to the November 2, 2003, release on Line 15 upstream of Owingsville including hard spots. (**Note:** This accident location is not within the waiver segments, but the waiver segments include pipe of similar materials and construction. DEGT's investigation of the accident has concluded that it resulted from hydrogen cracking where a lamination (an area within the pipe wall where the material was not fully fused together) and a hard spot (an area where the metallurgical properties of the pipe are altered due to localized rapid cooling in a manner that would make cracking more likely) coincided. Line 15 within the Owingsville discharge contains pipe from the same manufacturer and vintage as the pipe that failed in the 2003 accident. DEGT has agreed to conduct an inspection from the same manufacturer and vintage as the pipe that failed in the 2003 accident. DEGT has agreed to conduct an inspection of Line 15 in the Owingsville discharge using an in-line inspection tool designed to detect hard spots.)

6. DEGT must investigate and remediate all hard spots detected pursuant to Item 5 as necessary. Make the results of the investigation and any remediation activities available to RSPA/OPS.

7. DEGT must conduct additional public information activities in the populated areas along the waiver segments, providing information to local emergency response personnel/agencies about the operation of the pipeline, the possibility of accidents, and actions that must be taken in the event of an accident on the pipeline.

8. Within three months following approval of this waiver and annually thereafter, DEGT will be required to report the following:

• The economic benefit to the company. This will be required to address both the cost avoided from not replacing the pipe as well as the added costs of the inspection program (required for the initial report only).

• The results of any ILI or direct assessments performed within the inspection area containing the waiver location(s) during the previous year.

• Any new integrity threats identified within the inspection area containing the waiver location(s) during the previous year.

• Any encroachment in the inspection area including the waiver location(s) including the number of new residences or gathering areas.

• Any incidents associated with the inspection area containing the waiver location(s) that occurred during the previous year (both reportable and non reportable).

• Any leaks on the pipeline in the inspection area containing the waiver location(s) that occurred during the previous year (both reportable and non reportable).

• List of all repairs on the pipeline in the waiver location(s) made during the previous year.

• On-going damage prevention initiatives on the pipeline in the inspection area containing the waiver location(s) and a discussion on their success.

• Any mergers, acquisitions, transfers of assets, or other events affecting the regulatory responsibility of the company operating the pipeline to which the waiver applies.

• To the extent possible, DEGT's first annual report will be required to describe the benefit of this waiver to the public in terms of energy availability. Availability should address the benefit of avoided disruptions required for pipe replacement and the benefit of maintaining system capacity.

After RSPA/OPS has considered any comments received in response to this notice, we will make a final determination on whether to grant a waiver to DEGT. If a waiver is granted and RSPA/OPS subsequently determines that the terms of the waiver are no longer appropriate or that the overall effect of the waiver is inconsistent with pipeline safety, RSPA/OPS retains its authority to revoke the waiver and require DEGT to immediately comply with 192.611 and all other applicable regulations. This Notice is RSPA/OPS' final request for public comment before we make a final decision on whether to grant the waiver.

Authority: 49 U.S.C. 60118(c); 49 CFR 1.53.

Issued in Washington, DC, on August 10, 2004.

Christopher J. Hoidal,

Acting Deputy Associate Administrator for Pipeline Safety.

[FR Doc. 04–18706 Filed 8–13–04; 8:45 am]

BILLING CODE 4910–60–P

DEPARTMENT OF THE TREASURY

Office of the Comptroller of the Currency

BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM

FEDERAL DEPOSIT INSURANCE CORPORATION

DEPARTMENT OF THE TREASURY

Office of Thrift Supervision

Proposed Agency Information Collection Activities: Comment Request

AGENCIES: Office of the Comptroller of the Currency (OCC), Treasury; Board of Governors of the Federal Reserve System (Board); Federal Deposit Insurance Corporation (FDIC); and Office of Thrift Supervision (OTS), Treasury.

ACTION: Joint notice and request for comment.

SUMMARY: The OCC, Board, FDIC, and OTS (collectively, the Agencies), as part of their continuing effort to reduce paperwork and respondent burden, invite financial institutions, the general public, and other Federal agencies to comment on a proposed new information collection, as required by the Paperwork Reduction Act of 1995. The Agencies may not conduct or sponsor, and a respondent need not respond to, an information collection unless it displays a currently valid Office of Management and Budget (OMB) control number. Currently, the Agencies are soliciting comment concerning a voluntary, one-time quantitative impact study and an operational risk loss data collection stemming from the Basel Capital Accord.

DATES: You should submit your comments by October 15, 2004.

ADDRESSES: You should direct your comments to the Agencies and the OMB Desk Officer for the Agencies as follows:

OCC: Office of the Comptroller of the Currency, Public Information Room, 250 E Street, SW., Mail Stop 1–5, Attention: 1557–QIS4, Washington, DC 20219. Due to delays in delivery of paper mail in the Washington, DC area, you are encouraged to submit your comments by fax or electronic mail. Comments may be sent by fax to (202) 874–4448, or by electronic mail to *regs.comments@occ.treas.gov.* You can inspect and photocopy comments at the OCC's Public Information Room. You can make an appointment to inspect the comments by calling (202) 874–5043.

Board: You may submit comments, identified by Docket No. R–_____, by any of the following methods: (1) Agency Web Site: *http://www.federalreserve.gov.* Follow the instructions for submitting comments on the *http://www.federalreserve.gov/generalinfo/foia/ProposedRegs.cfm,* (2) Federal eRulemaking Portal: *http://www.regulations.gov.* Follow the instructions for submitting comments, (3) E-mail: *regs.comments@federalreserve.gov.* Include docket number in the subject line of the message, (4) FAX: (202) 452–3819 or (202) 452–3102, and (5) Mail: Jennifer J. Johnson, Secretary, Board of Governors of the Federal Reserve System, 20th Street and Constitution Avenue, NW., Washington, DC 20551. All public comments are available from the Board's Web site at *www.federalreserve.gov/generalinfo/foia/ProposedRegs.cfm* as submitted, except as necessary for technical reasons. Accordingly, your comments will not be edited to remove any identifying or contact information. Public comments may also be viewed electronically or in paper in Room MP–500 of the Board's Martin Building (20th and C Streets, NW.,) between 9 a.m. and 5 p.m. on weekdays.

FDIC: Comments/Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, NW., Washington, DC 20429. All comments should refer to ''Quantitative Impact Study 4, 3064–QIS4.'' Comments may be hand-delivered to the guard station at the rear of the 550 17th Street Building (located on F Street), on business days between 7 a.m. and 5 p.m. Comments may also be submitted electronically through the FDIC's Web site, *http://fdic.gov/regulations/laws/federal/propose.html,* or by E-mail, *comments@fdic.gov.* Comments may be inspected and photocopied in the FDIC Public Information Center, Room 100, 801 17th Street, NW., Washington, DC between 9 a.m. and 4:30 p.m. on business days.

OTS: Information Collection Comments, Chief Counsel's Office, Office of Thrift Supervision, 1700 G Street, NW., Washington, DC 20552, Attention: 1550–QIS4, Fax number (202) 906–6518, or E-mail to *infocollection.comments@ots.treas.gov.* OTS will post comments and the related index on the OTS Internet Site at *http://www.ots.treas.gov.* In addition, interested persons may inspect comments at the Public Reading Room, 1700 G Street, NW., by appointment. To make an appointment, call (202) 906–5922, send an E-mail to *publicinfo@ots.treas.gov,* or send a facsimile transmission to (202) 906–7755.

OMB Desk Officer for the Agencies: Mark Menchik, Office of Information and Regulatory Affairs, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503, or E-mail to *mmenchik@omb.eop.gov.*

FOR FURTHER INFORMATION CONTACT: You may request additional information from:

OCC: John Ference, OCC Clearance Officer, or Camille Dixon, (202) 874–5090, Legislative and Regulatory Activities Division, Office of the Comptroller of the Currency, 250 E Street, SW., Washington, DC 20219.

Board: Cindy Ayouch, Federal Reserve Board Clearance Officer, (202) 452–3829, Division of Research and Statistics, Board of Governors of the Federal Reserve System, 20th and C Streets, NW., M/S 41, Washington, DC 20551.

FDIC: Leneta Gregorie, Paperwork Clearance Officer, (202) 898–3907, Legal Division, Federal Deposit Insurance

Corporation, 550 17th Street, NW., Washington, DC 20429.

OTS: Marilyn K. Burton, OTS Clearance Officer, (202) 906–6467, Office of Thrift Supervision, 1700 G Street, NW., Washington, DC 20552.

SUPPLEMENTARY INFORMATION:

Title: Quantitative Impact Study and Loss Data Collection Exercise.

OMB Control Numbers: Board: 7100–0303, OCC: 1557–NEW, FDIC: 3064–NEW, OTS: 1550–NEW.

Type of Review: Board: Reinstatement, with change. OCC, FDIC, OTS: New collection.

Form Number: Board: FR 3045, OCC, FDIC, OTS: QIS–4.

General Description of Report: This information collection is voluntary (Board: 12 U.S.C. 1844, OCC: 12 U.S.C. 161, FDIC: 12 U.S.C. 1819, OTS: 12 U.S.C. 1463) and is considered confidential (5 U.S.C. 552(b)(4)).

Abstract: The Basel Committee on Banking Supervision (BCBS) has developed new regulatory capital standards for internationally active banking institutions, (the ''International Convergence of Capital Measurement and Capital Standards: A Revised Framework'') (the Framework), to replace the current Capital Accord (the ''International Convergence of Capital Measurement and Capital Standards'') (1988 Capital Accord) that has been in place since 1988. The new Framework is more complex than the original 1988 Capital Accord and is more risk-sensitive. It addresses the advances and innovations in financial instruments and risk measurement practices that have occurred during the past decade.

As members of the BCBS, the Agencies share the common goal of promoting a capital standard that provides adequate safety and soundness to world financial markets in a way that is more sensitive to different levels of economic risk than the 1988 Capital Accord. To do this, the Agencies believe they must rely heavily on an institution's internal risk measurement systems and its own quantitative assessment of risk, particularly for the largest, most complex, and highly sophisticated financial institutions. For other institutions, less complex capital standards could suffice.

The Framework contains several alternative measures for calculating minimum regulatory capital requirements, but the U.S. Agencies are planning to adopt only the most advanced approaches for credit and operational risk for U.S. financial institutions. They further intend to make the new Framework mandatory for only a small number of large, complex financial institutions in the United States and would allow other financial institutions that have adequate risk measurement systems and controls to ''opt-in'' to the new standard if they sought to do so. Those that did not opt-in would continue to operate under the current capital standard or future variations of that standard. The Agencies plan to conduct two distinct surveys that are part of this information collection to improve their understanding of the likely effects of the new Framework and to help in implementing new regulatory capital standards in the United States. This information collection consists of: (1) A quantitative impact study (''QIS'') and (2) An operational risk loss data collection exercise (''LDCE'').

Quantitative Impact Study

The QIS would be the fourth such study and would build on earlier versions that gathered information about each participant's risk profile and risk measurement process. On a best-efforts basis, participating financial institutions would provide information about the amount of credit exposures (*e.g.*, loans and loan commitments) for each major loan portfolio (corporate, interbank, sovereign, and retail) and the risk characteristics of each portfolio, as indicated by internal measures of a loan's probability of default (''PD''), loss given default (''LGD''), remaining maturity, and likelihood that currently undrawn lines of credit will be drawn. Exposures in each portfolio could be slotted into as many as twenty PD ''bands'' and a variety of maturity and LGD categories. Retail portfolios would be further divided among first residential mortgages, home equity loans and lines of credit, credit card, and other retail exposures. To the extent possible, corporate exposures would differentiate between those arising from credit extended to small and medium sized firms versus credit extended to larger businesses, because the proposal assumes that smaller companies are generally less exposed to business cycles. These and other distinctions among exposures would parallel differences embodied in the new Framework and attempt, to the extent practicable, to reflect distinctions important to banks in pricing and measuring risk.

Participants would also be asked to provide estimated capital requirements under the Framework for market risk and operational risk.

Finally, participants would also be asked to complete a questionnaire to provide information about the internal procedures that were used in deriving the various indicators of portfolio risk (*i.e.*, PDs, LGDs, etc.). They would also be asked to describe the robustness of internal or external data used, critical assumptions made, and substantive deviations from proposed U.S. supervisory standards for deriving such parameters.

Loss Data Collection Exercise

Participants would also be asked to provide information about their internal loss data relating to operational risk in a loss data collection exercise. Internal loss data would include the amount of each individual operational loss exceeding a threshold, the internal business line, the event type, and the amount of any recoveries.

Affected Public: Businesses or other for-profit.

Burden Estimates:

Estimated Average Hours per Response:

QIS: 280 hours.
LDCE: 40 hours.

Estimated Number of Respondents:

OCC: 25 national banks.
Board: 25 bank holding companies.
FDIC: 5 state nonmember bank.
OTS: 2 thrift.

Estimated Number of Responses:

OCC: 25.
Board: 25.
FDIC: 5.
OTS: 2.

Estimated Annual Burden Hours:

OCC: QIS–4, 7,000 hours; LDCE, 1,000 hours.
Board: QIS–4, 7,000 hours; LDCE 1,000 hours.
FDIC: QIS–4, 1,400 hours; LDCE, 200 hours.
OTS: QIS–4, 560 hours; LDCE, 80 hours.

Frequency of Response: One time.

Comments: Comments submitted in response to this notice will be summarized in the Agencies' request for OMB approval. All comments will become a matter of public record.

Comments are invited on: (a) Whether the collection is necessary for the proper performance of the functions of the Agencies, including whether the information has practical utility; (b) The accuracy of each 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 on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) Estimates of capital or startup costs and costs of operation, maintenance, and purchase of services to provide information.

Dated: August 4, 2004.

Stuart Feldstein,

Assistant Director, Legislative and Regulatory Activities Division, Office of the Comptroller of the Currency.

By order of the Board of Governors of the Federal Reserve System, August 10, 2004.

Jennifer J. Johnson,

Secretary of the Board.

Dated at Washington, DC, this 6th day of August, 2004.

Federal Deposit Insurance Corporation.

Valerie J. Best,

Assistant Executive Secretary.

Dated: August 9, 2004.

By the Office of Thrift Supervision,

James E. Gilleran,

Director.

[FR Doc. 04–18670 Filed 8–13–04; 8:45 am]

BILLING CODE 4810–33–P; 6210–01–P; 6714–01–P; 6720–01–P

Corrections

Federal Register

Vol. 69, No. 157

Monday, August 16, 2004

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 TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 2003–NE–38–AD; Amendment 39–13736; AD 2004–15–02]

RIN 2120–AA64

Airworthiness Directives; Rolls-Royce plc RB211 Trent 800 Series Turbofan Engines

Correction

In correction document C4–16548 appearing on page 49957 in the issue of Thursday, August 12, 2004, make the following correction:

§39.13 [Corrected]

On page 49957, in the second column, after § 39.13, after the third line, insert the following equation:

$$X_r = L_c\left[1-\left(\frac{X_1}{L_1}+\frac{X_2}{L_2}+\frac{X_3}{L_3}+.....\right)\right]$$

[FR Doc. C4–16548 Filed 8–13–04; 8:45 am]

BILLING CODE 1505–01–D

Federal Register

Monday,
August 16, 2004

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Part II

Department of Health and Human Services

Centers for Medicare and Medicaid Services

42 CFR Parts 410, 411, and 419
Medicare Program; Proposed Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2005 Payment Rates; Proposed Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 410, 411, and 419

[CMS–1427–P]

RIN 0938–AM75

Medicare Program; Proposed Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2005 Payment Rates

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

ACTION: Proposed rule.

SUMMARY: This proposed rule would revise the Medicare hospital outpatient prospective payment system to implement applicable statutory requirements and changes arising from our continuing experience with this system and to implement certain related provisions of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. In addition, the proposed rule describes proposed changes to the amounts and factors used to determine the payment rates for Medicare hospital outpatient services paid under the prospective payment system. These changes would be applicable to services furnished on or after January 1, 2005.

DATES: To be ensured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on October 8, 2004.

ADDRESSES: In commenting, please refer to file code CMS–1427–P. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of three ways (no duplicates, please):

1. *Electronically:*

You may submit electronic comments to *http://www.cms.hhs.gov/regulations/ecomments* (attachments should be in Microsoft Word, WordPerfect, or Excel; however, we prefer Microsoft Word). You can assist us by referencing the "specific identifier'' that precedes the section on which you choose to comment.

2. *By Mail:*

You may mail written comments (one original and two copies) to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1427–P, P.O. Box 8010, Baltimore, MD 21244–8018.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By hand or courier:*

If you prefer, you may deliver (by hand or courier) your written comments (one original and two copies) before the close of the comment period to one of the following addresses. If you intend to deliver your comments to the Baltimore address, please call telephone number (410) 786–7195 in advance to schedule your arrival with one of our staff members.

Room 445–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or 7500 Security Boulevard, Baltimore, MD 21244–1850.

(Because access to the interior of the Hubert H. Humphrey Building is not readily available to persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain proof of filing by stamping in and retaining an extra copy of the comments being filed.)

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period.

Submitting Comments: We welcome comments from the public on all issues set forth in this rule to assist us in fully considering issues and developing policies. You can assist us by referencing the file code CMS–1427–P and the specific "issue identifier'' that precedes the section on which you choose to comment.

Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. After the close of the comment period, CMS posts all electronic comments received before the close of the comment period on its public web site. Written comments received timely will be available for public inspection as they are received, generally beginning approximately 4 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone (410) 786–7195.

Submission of comments on paperwork requirements. For comments that relate to information collection requirements, mail a copy of comments to the following addresses:

Centers for Medicare & Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Security and Standards Group, Office of Regulations Development and Issuances, Room C4–24–02, 7500 Security Boulevard, Baltimore, MD 21244–1850, Attn: John Burke, CMS–1427–P; and

Office of Information and Regulatory Affairs, Office of Management and Budget, Room 3001, New Executive Office Building, Washington, DC 20503, Christopher Martin, CMS Desk Officer.

Comments submitted to OMB may also be emailed to the following address: *Christopher_Martin@omb.eop.gov,* or faxed to OMB at (202) 395–6974.

FOR FURTHER INFORMATION CONTACT: Dana Burley, (410) 786–0378, Outpatient prospective payment issues and Suzanne Asplen, (410) 786–4558, Partial hospitalization and community mental health center issues.

SUPPLEMENTARY INFORMATION: *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 toll-free at 1–888–293–6498) or by faxing to (202) 512–2250. The cost for each copy is $10. 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**.

This **Federal Register** document is also available from the **Federal Register** online database through *GPO Access,* a service of the U.S. Government Printing Office. The web site address is: *http://www.gpoaccess.gov/fr/index.html.*

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Alphabetical List of Acronyms Appearing in the Proposed Rule

ACEP American College of Emergency Physicians
AHA American Hospital Association
AHIMA American Health Information Management Association
AMA American Medical Association
APC Ambulatory payment classification
ASP Average sales price
ASC Ambulatory surgical center
AWP Average wholesale price
BBA Balanced Budget Act of 1997, Pub. L. 105–33
BIPA Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, Pub. L. 106–554
BBRA Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999, Pub. L. 106–113
CAH Critical access hospital
CCR (Cost center specific) cost-to-charge ratio
CMHC Community mental health center
CMS Centers for Medicare & Medicaid Services (formerly known as the Health Care Financing Administration)
CORF Comprehensive Outpatient Rehabilitation Facility
CPT [Physicians'] Current Procedural Terminology, Fourth Edition, 2004, copyrighted by the American Medical Association
CRNA Certified Registered Nurse Anesthetist
CY Calendar year
DMEPOS Durable medical equipment, prosthetics, orthotics, and supplies
DMERC Durable Medical Equipment Regional Carrier
DRG Diagnosis-related group
DSH Disproportionate share hospital
EACH Essential Access Community Hospital
E/M Evaluation and management
EPO Erythropoietin
ESRD End-stage renal disease
FACA Federal Advisory Committee Act, Pub. L. 92–463
FDA Food and Drug Administration
FI Fiscal intermediary
FSS Federal Supply Schedule
FY Federal fiscal year
HCPCS Healthcare Common Procedure Coding System
HCRIS Hospital Cost Report Information System
HHA Home health agency
HIPAA Health Insurance Portability and Accountability Act of 1996, Pub. L. 104–191
ICD–9–CM International Classification of Diseases, Ninth Edition, Clinical Modification
IME Indirect medical education
IPPS (Hospital) inpatient prospective payment system
IVIG Intravenous immune globulin
LTC Long-term care
MedPAC Medicare Payment Advisory Commission
MDH Medicare dependent hospital
MMA Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Pub. L. 108–173
MSA Metropolitan Statistical Area
NCD National Coverage Determination
OCE Outpatient code editor
OMB Office of Management and Budget
OPD (Hospital) outpatient department
OPPS (Hospital) outpatient prospective payment system
PET Positron Emission Tomography
PHP Partial hospitalization program
PM Program memorandum
PPI Producer Price Index
PPS Prospective payment system
PPV Pneumococcal pneumonia (virus)
PRA Paperwork Reduction Act
QIO Quality Improvement Organization
RFA Regulatory Flexibility Act
RRC Rural referral center
SBA Small Business Administration
SCH Sole community hospital
SDP Single drug pricer
SI Status indicator
TEFRA Tax Equity and Fiscal Responsibility Act of 1982, Pub. L. 97–248
TOPS Transitional outpatient payments
USPDI United States Pharmacopoeia Drug Information

I. Background

A. Legislative and Regulatory Authority for the Outpatient Prospective Payment System

When the Medicare statute was originally enacted, Medicare payment for hospital outpatient services was based on hospital-specific costs. In an effort to ensure that Medicare and its beneficiaries pay appropriately for services and to encourage more efficient delivery of care, the Congress mandated replacement of the cost-based payment methodology with a prospective payment system (PPS). The Balanced Budget Act of 1997 (BBA) (Pub. L. 105–33), enacted on August 5, 1997, added section 1833(t) to the Social Security Act (the Act) authorizing implementation of a PPS for hospital outpatient services. The Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106–113), enacted on November 29, 1999, made major changes that affected the hospital outpatient PPS (OPPS). The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (Pub. L. 106–554), enacted on December 21, 2000, made further changes in the OPPS. Section 1833(t) of the Act was also recently amended by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Pub. L. 108–173, enacted on December 8, 2003 (these amendments are discussed later under section I.E. of this proposed rule). The OPPS was first implemented for services furnished on or after August 1, 2000. Implementing regulations for the OPPS are located at 42 CFR part 419.

Under the OPPS, we pay for hospital outpatient services on a rate-per-service basis that varies according to the ambulatory payment classification (APC) group to which the service is assigned. We use Healthcare Common Procedure Coding System (HCPCS) codes (which include certain Current Procedural Terminology (CPT) codes) and descriptors to identify and group the services within each APC. The OPPS includes payment for most hospital outpatient services, except those identified in section I.B. of this proposed rule and certain inpatient services covered under Medicare Part B for beneficiaries who are entitled to Part B benefits but who have exhausted them or otherwise are not entitled to them. In addition, the OPPS applies to partial hospitalization services furnished by community mental health centers (CMHCs).

The OPPS rate is an unadjusted national payment amount that includes the Medicare payment and the beneficiary copayment. This rate is divided into a labor-related amount and a nonlabor-related amount. The labor-related amount is adjusted for area wage differences using the inpatient hospital wage index value for the locality in which the hospital or CMHC is located.

All services and items within an APC are comparable clinically and with respect to resource use (section 1833(t)(2)(B) of the Act). In accordance with section 1833(t)(2) of the Act, subject to certain exceptions, services and items within an APC group cannot be considered comparable with respect to the use of resources if the highest median (or mean cost, if elected by the Secretary) for an item or service in the APC is more than 2 times greater than the lowest median cost for an item or service with the same APC (referred to as the "2 times rule''). In implementing this provision, we use the median cost of the item or service assigned to an APC.

Special payments under the OPPS may be made for new technology items and services in one of two ways. Section 1833(t)(6) of the Act provides for temporary additional payments or "transitional pass-through payments'' for certain drugs, biological agents, brachytherapy devices used for the treatment of cancer, and categories of medical devices for at least 2 but not more than 3 years. For new technology services that are not eligible for pass-through payments and for which we lack sufficient data to appropriately assign them to a clinical APC, we have established special APC groups based on costs, which we refer to as APC cost bands. These cost bands allow us to price these new procedures more appropriately and consistently. Like the pass-through payments, these special payments for new technology services are also temporary; that is, we retain a service within a new technology APC group until we acquire adequate data to assign it to a clinically appropriate APC.

B. Excluded OPPS Services and Hospitals

Section 1833(t)(1)(B)(i) of the Act authorizes the Secretary to designate the hospital outpatient services that are paid under the OPPS. While most hospital outpatient services are payable under the OPPS, section 1833(t)(1)(B)(iv) of the Act excluded payment for ambulance, physical and occupational therapy, and speech-language pathology services, for which payment is made under a fee schedule. The Secretary exercised the broad authority granted under the statute to exclude from the OPPS those services that are already paid under fee schedules or other payment systems. Such excluded services include, for example, the professional services of physicians and nonphysician practitioners paid under the Medicare physician fee schedule; laboratory services paid under the clinical diagnostic laboratory fee schedule; services for beneficiaries with end-stage renal disease (ESRD) that are paid under the ESRD composite rate; and services and procedures that require an inpatient stay that are paid under the hospital inpatient prospective payment system (IPPS). We set forth the services that are excluded from payment under the OPPS in § 419.22 of the regulations.

Under § 419.20 of the regulations, we specify the types of hospitals and entities that are excluded from payment under the OPPS. These excluded entities include Maryland hospitals, but only for services that are paid under a cost containment waiver in accordance with section 1814(b)(3) of the Act; critical access hospitals (CAHs); hospitals located outside of the 50 States, the District of Columbia, and Puerto Rico; and Indian Health Service hospitals.

C. Prior Rulemaking

On April 7, 2000, we published in the **Federal Register** a final rule with comment period (65 FR 18434) to implement a prospective payment system for hospital outpatient services. The hospital OPPS was first implemented for services furnished on or after August 1, 2000. Section 1833(t)(9) of the Act requires the Secretary to review certain components of the OPPS not less often than annually and to revise the groups, relative payment weights, and other adjustments to take into account changes in medical practice, changes in technology, and the addition of new services, new cost data, and other relevant information and factors. Since implementing the OPPS, we have published final rules in the **Federal Register** annually to implement statutory requirements and changes arising from our experience with this system. For a full discussion of the changes to the OPPS, we refer readers to these **Federal Register** final rules.[1]

On November 7, 2003, we published a final rule with comment period in the **Federal Register** (68 FR 63398) that revised the OPPS to update the payment weights and conversion factor for services payable under the calendar year (CY) 2004 OPPS on the basis of claims data from April 1, 2002 through December 31, 2002. Subsequent to publishing the November 7, 2003 final rule with comment period, we published a correction of the final rule with comment period on December 31, 2003 (68 FR 75442). That document corrected technical errors in the November 7, 2003 rule and included responses to a number of public comments that were inadvertently omitted from that rule.

On January 6, 2004, we published in the **Federal Register** an interim final rule with comment period (69 FR 820) that implemented provisions of Pub. L. 108–173 that affected payments made under the OPPS, effective January 1, 2004. We will finalize this interim final rule and address public comments associated with that rule when we finalize this proposed rule.

D. APC Advisory Panel

1. Authority of the APC Panel

Section 1833(t)(9)(A) of the Act, as amended by section 201(h) of the BBRA of 1999, requires that we consult with an outside panel of experts to review the clinical integrity of the payment groups and weights under the OPPS. The Advisory Panel on APC Groups (the APC Panel), discussed under section I.D.2. of this preamble, fulfills this requirement. The Act further specifies that the Panel will act in an advisory capacity. This expert panel, which is to be composed of 15 representatives of providers subject to the OPPS (currently employed full-time, not consultants, in their respective areas of expertise), reviews and advises us about the clinical integrity of the APC groups and their weights. The APC Panel is not restricted to using our data and may use data collected or developed by organizations outside the Department in conducting its review.

2. Establishment of the APC Panel

On November 21, 2000, the Secretary signed the charter establishing the Advisory Panel on APC Groups. The APC Panel is technical in nature and is governed by the provisions of the Federal Advisory Committee Act (FACA), as amended (Pub. L. 92–463). On November 1, 2002, the Secretary

[1] Interim final rule with comment period, August 3, 2000 (65 FR 47670); interim final rule with comment period, November 13, 2000 (65 FR 67798); final rule and interim final rule with comment period, November 2, 2001 (66 FR 55850 and 55857); final rule, November 30, 2001 (66 FR 59856); final rule, December 31, 2001 (66 FR 67494); final rule, March 1, 2002 (67 FR 9556); final rule, November 1, 2002 (67 FR 66718); interim final rule with comment period, November 7, 2003 (68 FR 63398); and interim final rule with comment period, January 6, 2004 (69 FR 820).

renewed the charter. The renewed charter indicates that the APC Panel continues to be technical in nature, is governed by the provisions of the FACA, may convene up to three meetings per year, and is chaired by a Federal official.

Originally, in establishing the APC Panel, we solicited members in a notice published in the **Federal Register** on December 5, 2000 (65 FR 75943). We received applications from more than 115 individuals nominating either colleagues or themselves. After carefully reviewing the applications, we chose 15 highly qualified individuals to serve on the APC Panel. Because of the loss of four APC Panel members due to the expiration of terms of office on March 31, 2004, we published a **Federal Register** notice on January 23, 2004 (69 FR 3370) that solicited nominations for APC Panel membership. From the 24 nominations that we received, we chose four new members. The entire APC Panel membership is identified on the CMS website at *www.cms.hhs.gov/faca/apc/apcmem.asp*.

3. APC Panel Meetings and Organizational Structure

The APC Panel first met on February 27, February 28, and March 1, 2001. Since that initial meeting, the APC Panel has held four subsequent meetings, with the last meeting taking place on February 18, 19, and 20, 2004. Prior to each of these biennial meetings, we published a notice in the **Federal Register** to announce each meeting and, when necessary, to solicit nominations for APC Panel membership. For a more detailed discussion about these announcements, refer to the following **Federal Register** notices: December 5, 2000 (65 FR 75943), December 14, 2001 (66 FR 64838), December 27, 2002 (67 FR 79107), July 25, 2003 (68 FR 44089), and December 24, 2003 (68 FR 74621).

During these meetings, the APC Panel established its operational structure which, in part, includes the use of three subcommittees to facilitate its required APC review process. Currently, the three subcommittees are the Data Subcommittee, the Observation Subcommittee, and the Packaging Subcommittee. The Data Subcommittee is responsible for studying the data issues confronting the APC Panel and for recommending viable options for resolving them. This subcommittee was initially established on April 23, 2001, as the Research Subcommittee and reestablished as the Data Subcommittee on April 13, 2004. The Observation Subcommittee (established on June 24, 2003, and reestablished with new members on March 8, 2004) reviews and makes recommendations to the APC Panel on all issues pertaining to observation services paid under the OPPS, such as coding and operational issues. The Packaging Subcommittee, which was established on March 8, 2004, studies and makes recommendations on issues pertaining to services that are not separately payable under the OPPS but are bundled or packaged into the APC payment. Each of these subcommittees was established by a majority vote of the APC Panel during a scheduled annual or biennial APC Panel meeting. All subcommittee recommendations are discussed and voted upon by the full APC Panel.

For a detailed discussion of the APC Panel meetings, refer to the hospital OPPS final rules cited in section I.C. of this preamble. A full discussion of the APC Panel's February 2004 meeting and the resulting recommendations is included in sections II., III., IV., V., and VI. of this preamble.

E. Provisions of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003

On December 8, 2003, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), Pub. L. 108–173, was enacted. Pub. L. 108–173 made changes to the Act relating to the Medicare OPPS. In a January 6, 2004 interim final rule with comment period, we implemented provisions of Pub. L. 108–173 relating to the OPPS that were effective for CY 2004. In this proposed rule, we are proposing to implement the following sections of Pub. L. 108–173 that are effective for CY 2005:

- Section 611, which provides for Medicare coverage of an initial preventive physical examination under Part B, subject to the applicable deductible and coinsurance, as an outpatient department (OPD) service payable under the OPPS. The provisions of section 611 apply to services furnished on or after January 1, 2005, but only for individuals whose coverage period under Medicare Part B begins on or after that date.
- Section 614, which provides that screening mammography and diagnostic mammography services are excluded from payment under the OPPS. This amendment applies to screening mammography services furnished on or after the date of enactment of Pub. L. 108–173 (that is, December 8, 2003), and in the case of diagnostic mammography, to services furnished on or after January 1, 2005.
- Section 621(a)(1), which requires special classification of certain separately paid radiopharmaceutical agents and drugs or biologicals, and specifies the pass-through payment percentages, effective for services furnished on or after January 1, 2005, for the three categories of "specified covered OPD drugs'' defined in the statute: sole source drug; innovator multiple source drug; and noninnovator multiple source drug. In addition, payment for these drugs for CYs 2004 and 2005 does not have to be made in a budget neutral manner.
- Section 621(a)(2), which specifies the reduced threshold for the establishment of separate APCs with respect to drugs or biologicals from $150 to $50 per administration for drugs and biologicals furnished in CYs 2005 and 2006.
- Section 621(a)(3), which excludes separate drug APCs from outlier payments. Specifically, no additional payment will be made in the case of APC groups established separately for drugs and biologicals.
- Section 621(b), which requires that all devices of brachytherapy consisting of a seed or seeds (or radioactive source) furnished on or after January 1, 2004, and before January 1, 2007, be paid based on the hospital's charges for each device, adjusted to cost. This provision also requires that these brachytherapy services be excluded from outlier payments.

F. Summary of Major Content of This Proposed Rule

In this proposed rule, we are setting forth proposed changes to the Medicare hospital OPPS. These changes would be effective for services furnished on or after January 1, 2005. The following is a summary of the major changes that we are proposing to make:

1. Proposed Changes to the APCs Groups

As required by section 1833(t)(9)(A) of the Act, we are proposing the annual update of the APC groups and the relative payment weights. This section also requires that we consult with an outside panel of experts, the Advisory Panel on APC Groups, to review the clinical integrity of the groups and weights under the OPPS. Based on analyses of Medicare claims data and recommendations of the APC Panel, we are proposing to establish a number of new APCs and to make changes to the assignment of HCPCS codes under a number of existing APCs. Our proposed APC changes for CY 2005 are set forth in section II. of this preamble.

We also discuss the application of the 2 times rule and proposed exceptions to it; coding for stereotactic radiosurgery services; the proposed movement of

procedures from the new technology APCs; the proposed changes to the list of procedures that will be paid as inpatient services; and the proposed additions of new procedure codes to the APCs.

2. Recalibrations of APC Relative Payment Weights

In section III. of this preamble, we discuss the methodology used to recalibrate the proposed APC relative payment weights and set forth the proposed recalibration of the relative weights for CY 2005.

3. Proposed Payment Changes for Devices

In section IV. of this preamble, we discuss proposed changes to the pass-through payment for devices and the methodology used to reduce transitional pass-through payments to offset costs packaged into APC groups.

4. Proposed Payment Changes for Drugs, Biologicals, Radiopharmaceutical Agents, and Blood and Blood Products

In section V. of this preamble, we discuss our proposed payment changes for drugs, biologicals, radiopharmaceutical agents, and blood and blood products.

5. Pro Rata Reduction for Transitional Pass-Through Drugs, Biologicals, and Devices

In section VI. of this preamble, we discuss the proposed methodology for measuring whether there should be an estimated pro rata reduction for transitional pass-through drugs, biologicals, and devices for CY 2005.

6. Other Policy Decisions and Proposed Policy Changes

In section VII. of this preamble, we present our proposals for CY 2005 regarding the following:

- Update of statewide default cost-to-charge ratios.
- A conforming change to the regulation relating to the use of the first available cost reporting period ending after 1996 and before 2001 for determining a provider's payment-to-cost ratio to calculate transitional corridor payments for hospitals paid under the OPPS that did not have a 1996 cost report.
- Proposed changes in the status indicators and comment indicators assigned to APCs for CY 2005.
- Proposed elimination of the diagnostic tests criteria as a requirement for hospitals to qualify for separate payment of observation services under APC 0339 (Observation) and changes to the guidelines to hospitals for counting patients time spent in observation care.
- Proposed payment under the OPPS for certain procedures currently assigned to the inpatient list.
- Proposed strategy for giving the public notice of new implementation guidelines for new evaluation and management codes.
- Proposed addition of three new HCPCS codes and descriptors for brachytherapy sources that would be paid separately, pursuant to Pub. L. 108–173.
- Proposed modification of the HCPCS code descriptors for brachytherapy source descriptors for which units of payment are not already delineated.
- Proposed payment for services furnished emergently to an outpatient who dies before admission to a hospital as an inpatient.

7. Proposed Conversion Factor Update for CY 2005

As required by section 1833(5)(3)(C)(ii) of the Act, under section VIII. of this preamble, we are proposing to update the conversion factor used to determine payment rates under the OPPS for CY 2005.

8. Proposed Wage Index Changes for CY 2005

In section IX. of this preamble, we discuss the proposed retention of our current policy to apply the IPPS wage indices to wage adjust the APC median costs in determining the OPPS payment rate and the copayment standardized amount. These indices reflect proposed major changes for CY 2005 relating to hospital labor market areas as a result of OMB revised definitions of geographical statistical areas; hospital reclassifications and redesignations, including the one-time reclassifications under section 508 of Pub. L. 108–173; and the wage index adjustment based on commuting patterns of hospital employees under section 505 of Pub. L. 108–173.

9. Determination of Payment Rates and Outlier Payments for CY 2005

In section X. of this preamble, we discuss how APC payment rates are calculated and how the payment rates are adjusted to reflect geographic differences in labor-related costs. This section also discusses proposed changes in the way we calculate outlier payments for CY 2005.

10. MedPAC Recommendations

Under section 1805(b) of the Act, the Medicare Payment Advisory Committee (MedPAC) is required to submit a report to Congress, no later than March 1 of each year, that reviews and makes recommendations on Medicare payment policies. This annual report makes recommendations concerning the hospital outpatient prospective payment system. In section XII. of this preamble, we discuss the MedPAC recommendations. For further information relating specifically to the MedPAC March 1, 2004 report or to obtain a copy of the report, visit MedPAC's Web site at: *http://www.medpac.gov*.

11. Regulatory Impact Analysis

In section XV. of this preamble, we set forth our analysis of the impact that the proposed changes contained in this proposed rule would have on affected hospitals and CMHCs.

II. Proposed Changes Related to Ambulatory Payment Classifications (APCs)

[If you choose to comment on issues in this section, please indicate the caption "APC Groups'' at the beginning of your comment.]

Section 1833(t)(2)(A) of the Act requires the Secretary to develop a classification system for covered hospital outpatient services. Section 1833(t)(2)(B) provides that this classification system may be composed of groups of services, so that services within each group are comparable clinically and with respect to the use of resources. In accordance with these provisions, we developed a grouping classification system, referred to as the Ambulatory Payment Classifications Groups or APCs, as set forth in § 419.31 of the regulations. We use Healthcare Common Procedure Coding System (HCPCS) codes and descriptors to identify and group the services within each APC. The APCs are organized such that each group is homogeneous both clinically and in terms of resource use. (However, new technology APCs that are temporary groups for certain approved services are structured based on cost rather clinically homogeneity.) Using this classification system, we have established distinct groups of surgical, diagnostic, and partial hospitalization services, and medical visits. Because of the transitional pass-through provisions, we also have developed separate APC groups for certain medical devices, drugs, biologicals, radiopharmaceuticals, and devices of brachytherapy.

We have packaged into each procedure or service within an APC the cost associated with those items or services that are directly related and integral to performing a procedure or furnishing a service. Therefore, we would not make separate payment for

packaged items or services. For example, packaged items and services include: use of an operating, treatment, or procedure room; use of a recovery room; use of an observation bed; anesthesia; medical/surgical supplies; pharmaceuticals (other than those for which additional payment may be allowed under the transitional pass-through provisions discussed in section V. of this preamble); and incidental services such as venipuncture. Our packaging methodology is discussed in section IV.B.3. of this proposed rule.

A. Proposed APC Changes: General

Under the OPPS, we pay for hospital outpatient services on a rate-per-service basis that varies according to the APC group to which the service is assigned. Each APC weight represents the median hospital cost of the services included in that APC relative to the median hospital cost of the services included in APC 601, Mid-Level Clinic visits. The APC weights are scaled to APC 601 because a mid-level clinic visit is one of the most frequently performed services in the outpatient setting.

Section 1833(t)(9)(A) of the Act requires the Secretary to review the components of the OPPS not less than annually and to revise the groups and relative payment weights and make other adjustments to take into account changes in medical practice, changes in technology, and the addition of new services, new cost data, and other relevant information and factors. Section 1833(t)(9)(A) of the Act, as amended by section 201(h) of the BBRA of 1999, also requires the Secretary, beginning in CY 2001, to consult with an outside panel of experts to review the APC groups and the relative payment weights.

Finally, section 1833(t)(2) of the Act provides that, subject to certain exceptions, the items and services within an APC group cannot be considered comparable with respect to the use of resources if the highest median (or mean cost, if elected by the Secretary) for an item or service in the group is more than 2 times greater than the lowest median cost for an item or service within the same group (referred to as the "2 times rule''). We use the median cost of the item or service in implementing this provision. The statute authorizes the Secretary to make exceptions to the 2 times rule in unusual cases, such as low volume items and services.

Section 419.31 of the regulations sets forth the requirements for the APC system and determination of the payment weights. In this section, we discuss the changes that we are proposing to the APC groups; the APC Panel's review and recommendations and our proposals in response to those recommendations; the application of the 2 times rule and proposed exceptions to it; coding for stereotactic radiosurgery services; the proposed movement of procedures from the new technology APCs; the proposed changes to the inpatient list; and the proposed additions of new procedures codes to the APCs.

B. APC Panel Review and Recommendations

As stated above, the APC Panel met on February 18, 19, and 20, 2004, to discuss the revised APCs for the CY 2005 OPPS. In preparation for that meeting, we published a notice in the **Federal Register** on December 24, 2004 (68 FR 74621), to announce the location, date, and time of the meeting; the agenda items; and the fact that the meeting was open to the public. In that notice, we solicited public comment specifically on the items included on the agenda for that meeting. We also provided information about the APC Panel meeting on the CMS website: *www.cms.hhs.gov/faca/apc/panel.*

Oral presentations and written comments submitted for the February 2004 APC Panel meeting met, at a minimum, the adopted guidelines for presentations set forth in the **Federal Register** document (68 FR 74621). Below is a summary of the APC issues discussed by the APC Panel, its recommendations, and our proposals with respect to those recommendations. The discussion in this section is limited to proposed APC changes regarding APCs other than those that violate the 2 times rule and those that represent drugs, biologicals, and transitional pass-through devices, or those that are new technology APCs. The specific APC Panel review and recommendations applicable to those APCs are discussed in sections II.C., IV., III., and II.F., respectively, of the preamble to this proposed rule. In conducting its APC review, the APC Panel heard testimony and received evidence in support of the testimonies from a number of interested parties. The APC Panel also used hospital outpatient claims data for the period January 1, 2003, through September 30, 2003, that provided, at a minimum, median costs for the APC structure in place in CY 2004 and that was based on cost-to-charge ratios used for setting the CY 2004 payment rates. The data set presented to the APC Panel represented 9 months of the CY 2003 data that we are proposing to use to recalibrate the APC relative weights and to calculate the proposed APC payment rates for CY 2005. For this discussion, we are using the APC titles as published in our November 7, 2003 final rule with comment period, which were the APC titles that existed when the APC Panel met in February 2004. Because we are proposing to retitle some of the APCs, the titles used in this discussion may not be the same as those listed in Addendum A to this proposed rule.

1. APC 0018: Biopsy of Skin/Puncture of Lesion

One presenter requested that the APC Panel recommend moving CPT tracking codes 0046T (Catheter lavage, mammary duct(s)) and 0047T (Each additional duct) from APC 0018 and placing them in an APC that more accurately reflects each of the procedures. The APC Panel recommended that we reassign CPT codes 0046T and 0047T to APC 0021, Level III Excision/Biopsy.

We are proposing to accept the APC Panel's recommendation.

2. Level I and II Arthroscopy

APC 0041: Level I Arthroscopy
APC 0042: Level II Arthroscopy

We testified before the APC Panel regarding a comment that we received in 2003 requesting that we reassign CPT code 29827 (Arthroscopy, shoulder with rotator cuff repair) from APC 0041 to APC 0042, based on its similarity to CPT 29826 (Arthroscopy, shoulder decompression of subacromial space with partial acromioplasty without coracoacromial release). Our clinical staff considered the request and determined that APCs 0041 and 0042 should be reconfigured to improve clinical homogeneity. An APC Panel presenter provided evidence to support moving CPT code 29827 to an APC that would more accurately recognize the complexity of that procedure. We requested the APC Panel's recommendation regarding a total revision of these two APCs.

The APC Panel recommended that we reevaluate the codes in APCs 0041 and 0042 and propose restructuring that would improve the clinical homogeneity in the two APCs.

We are proposing to accept the APC Panel's recommendation and to revise APCs 0041 and 0042 as shown in Tables 1 and 2 below.

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Table 1.--Proposed Reconstructed APC 0041: Level I Arthroscopy

CPT/HCPCS Code	Description
29850	Knee arthroscopy/surgery
29870	Knee arthroscopy/diagnostic
29871	Knee arthroscopy/drainage
29873	Knee arthroscopy/surgery
29874	Knee arthroscopy/surgery
29875	Knee arthroscopy/surgery
29876	Knee arthroscopy/surgery
29877	Knee arthroscopy/surgery
29879	Knee arthroscopy/surgery
29880	Knee arthroscopy/surgery
29881	Knee arthroscopy/surgery
29882	Knee arthroscopy/surgery
29883	Knee arthroscopy/surgery
29884	Knee arthroscopy/surgery
29886	Knee arthroscopy/surgery
29805	Shoulder arthroscopy/diagnostic
29819	Shoulder arthroscopy/surgery
29820	Shoulder arthroscopy/surgery
29821	Shoulder arthroscopy/surgery
29822	Shoulder arthroscopy/surgery
29823	Shoulder arthroscopy/surgery
29825	Shoulder arthroscopy/surgery
29834	Elbow arthroscopy/surgery
29835	Elbow arthroscopy/surgery
29836	Elbow arthroscopy/surgery
29837	Elbow arthroscopy/surgery
29838	Elbow arthroscopy/surgery
29840	Wrist arthroscopy
29843	Wrist arthroscopy/surgery
29844	Wrist arthroscopy/surgery
29845	Wrist arthroscopy/surgery
29846	Wrist arthroscopy/surgery
29848	Wrist arthroscopy/surgery
29891	Wrist endoscopy/surgery
29892	Ankle arthroscopy/surgery
29894	Ankle arthroscopy/surgery
29895	Ankle arthroscopy/surgery
29897	Ankle arthroscopy/surgery
29898	Ankle arthroscopy/surgery
29804	Jaw arthroscopy/surgery
29999	Arthroscopy of joint
0012T	Osteochondral knee autograft
0014T	Meniscal transplant, knee
29830	Elbow arthroscopy
29860	Hip arthroscopy, dx
29887	Knee Arthroscopy/surgery

Table 2.--Proposed Reconstructed APC 0042: Level II Arthroscopy

CPT/HCPCS Code	Description
29851	Knee arthroscopy/surgery
29885	Knee arthroscopy/surgery
29888	Knee arthroscopy/surgery
29889	Knee arthroscopy/surgery
29806	Shoulder arthroscopy/surgery
29807	Shoulder arthroscopy/surgery
29824	Shoulder arthroscopy/surgery
29826	Shoulder arthroscopy/surgery
29827	Arthroscopic rotator cuff repair
29847	Wrist arthroscopy/surgery
29855	Tibial arthroscopy/surgery
29856	Tibial arthroscopy/surgery
29899	Ankle arthroscopy/surgery
29800	Jaw arthroscopy/surgery
0013T	Osteochondral knee allograft
29861	Hip arthroscopy/surgery
29862	Hip arthroscopy/surgery
29863	Hip arthroscopy/surgery

3. Angiography and Venography Except Extremity

APC 0279: Level II Angiography and Venography Except Extremity
APC 0280: Level III Angiography and Venography Except Extremity
APC 0668: Level I Angiography and Venography Except Extremity

As requested by the APC Panel, we presented our proposal for reconfiguring APCs 0279, 0280, and 0668 that reflected changes based on prior input with outside clinical experts. The APC Panel had previously reviewed these APCs during its January 2003 meeting and had recommended that we not restructure these three APCs until we received input from clinical experts in the field. When we updated the APC groups in CY 2003, we accepted the APC Panel's recommendation and made no changes to APCs 0279, 0280, and 0668.

A review of these APCs was prompted by a commenter who requested that we move CPT code 75978 (Repair venous blockage) from APC 0668 to APC 0280 and that we move CPT code 75774 (Artery x-ray, each vessel) from APC 0668 to APC 0279. The commenter submitted evidence in support of these requests and testified before the APC Panel regarding the common use of CPT code 75978 for treating dialysis patients and the often required multiple intraoperative attempts to succeed with this procedure for such patients.

After receiving input from the clinical experts, we determined that these three APCs should be revised to improve their clinical homogeneity. We presented our proposed restructuring of APCs 0279, 0280, and 0668 to the APC Panel. The APC Panel concurred with our proposal.

In addition, subsequent to the APC Panel meeting, we discovered several procedures in these APCs that were more appropriately placed in another APC in order to remedy any 2 times rule violations. Tables 3, 4, and 5 reflect those additional APC reassignments as well as those we presented to the APC Panel in February 2004.

Table 3.—Proposed Restructured APC 0668: Level I Angiography and Venography Except Extremity

CPT/HCPCS Code	Description	CY 2004 APC
75660	Artery x-rays, head and neck	0279
75705	Artery x-rays, spine	0279
75733	Artery x-rays, adrenals	0280
75960	Transcatheter introduction, stent	0280
75961	Retrieval, broken catheter	0280
75962	Repair arterial blockage, peripheral artery	0280
75964	Repair artery blockage, each	0280
75966	Repair arterial blockage, renal or other visceral	0280
75968	Repair arterial blockage, each additional visceral	0280
75970	Vascular biopsy	0280
75978	Repair venous blockage	0668

Table 4.—Proposed Restructured APC 0279: Level II Angiography and Venography Except Extremity

CPT/HCPCS Code	Description	CY 2004 APC
75658	Artery x-rays, arm	0280
75741	Artery x-rays, lung	0279
75746	Artery x-rays, lung	0279
75756	Artery x-rays, chest	0279
75774	Artery x-rays, each vessel	0668
75810	Vein x-ray, spleen/liver	0279
75825	Vein x-ray, trunk	0279
75827	Vein x-ray, chest	0279
75833	Vein x-rays, kidneys	0279
75887	Vein x-ray, liver	0280
75891	Vein x-ray, liver	0279
75992	Atherectomy, x-ray exam	0280
75993	Atherectomy, x-ray exam	0280
75994	Atherectomy, x-ray exam	0280
75995	Atherectomy, x-ray exam	0280
75996	Atherectomy, x-ray exam	0280

Table 5. –Proposed Restructured APC 280: Level III Angiography and Venography Except Extremity

CPT/HCPCS Code	Description	CY 2004 APC
75600	Contrast x-ray exam of aorta	0280
75605	Contrast x-ray exam of aorta	0280
75625	Contrast x-ray exam of aorta	0280
75630	X-ray aorta, leg arteries	0280
75650	Artery x-rays, head and neck	0280
75662	Artery x-rays, head and neck	0279
75665	Artery x-rays, head and neck	0280
75671	Artery x-rays, head and neck	0280
75676	Artery x-rays, neck	0280
75680	Artery x-rays, neck	0280
75685	Artery x-rays, spine	0279
75710	Artery x-rays, arm/leg	0280
75716	Artery x-rays, arms/legs	0280
75722	Artery x-rays, kidney	0280
75724	Artery x-rays, kidneys	0280
75726	Artery x-rays, abdomen	0280
75731	Artery x-rays, adrenal gland	0280
75736	Artery x-rays, pelvis	0280
75743	Artery x-rays, lungs	0280
75885	Vein x-ray, liver	0279
75889	Vein x-ray, liver	0279

C. Limits on Variations Within APCs: Proposed Application of the 2 Times Rule

Section 1833(t)(2) of the Act provides that the items and services within an APC group cannot be considered comparable with respect to the use of resources if the median of the highest cost item or service within an APC group is more than 2 times greater than the median of the lowest cost item or service within that same group. However, the statute authorizes the Secretary to make exceptions to this limit on the variation of costs within each APC group in unusual cases such as low volume items and services. No exception may be made in the case of a drug or biological that has been designated as an orphan drug under section 526 of the Federal Food, Drug, and Cosmetic Act. We implemented this statutory provision in § 419.31 of the regulations. Under this regulation, we elected to use the highest median cost and lowest median cost to determine comparability.

During the APC Panel's February 2004 meeting, we presented data and information concerning a number of APCs that violate the 2 times rule and asked the APC Panel for its recommendation. We discuss below the APC Panel's recommendations specific to each of these APCs and our proposals in response to the APC Panel's recommendations.

1. Cardiac and Ambulatory Blood Pressure Monitoring

APC 0097: Cardiac and Ambulatory Blood Pressure Monitoring

We expressed concern to the APC Panel that APC 0097 appears to violate the 2 times rule. We sought the APC Panel's recommendation on revising the APC to address the violation. Based on clinical homogeneity considerations, the APC Panel recommended that we not restructure APC 0097 for CY 2005.

We are proposing to accept the APC Panel's recommendation that we make no changes to APC 0097 for CY 2005.

2. Electrocardiograms

APC 0099: Electrocardiograms

We expressed concern to the APC Panel that APC 0099 appears to violate the 2 times rule. We asked the APC Panel to recommend options for resolving this violation. Based on clinical homogeneity considerations, the APC Panel recommended that we not alter the structure of APC 0099 for CY 2005.

We are proposing to accept the APC Panel's recommendation that we make no changes to APC 0099 for CY 2005.

3. Excision/Biopsy

APC 0019: Level I Excision/Biopsy
APC 0020: Level II Excision/Biopsy
APC 0021: Level III Excision/Biopsy

We expressed concern to the APC Panel that APC 0019 appears to violate the 2 times rule. We advised the APC Panel that this violation was not evident in CY 2004 because the CY 2002 median cost data used in calculating the CY 2004 APC updates supported moving CPT codes 11404 (Removal of skin lesion) and 11623 (Removal of skin lesion) from APC 0020 and APC 0021. However, based on the CY 2003 data reviewed by the APC Panel, APC 0019 would violate the 2 times rule. Therefore, we asked the APC Panel to recommend an approach to resolve the violation. We asked the APC Panel if we should leave this APC as is; divide APC 0019 into two separate APCs; or move some codes in APC 0019 to higher level

excision/biopsy APCs. In making its recommendation, the APC Panel noted that the 2 times violation in APC 0019 was minor, and recommended that we not modify APC 0019.

We are proposing to accept the APC Panel's recommendation to not make any modifications to APC 0019 for CY 2005.

4. Posterior Segment Eye Procedures

APC 0235: Level I Posterior Segment Eye Procedures

We expressed concern to the APC Panel that APC 0235 appears to violate the 2 times rule. At the August 2003 APC Panel meeting, the APC Panel recommended that we monitor the data for APC 0235 for review at its February 2004 meeting. In order to address the apparent violation, we asked the APC Panel to consider moving a few CPT codes from APC 0235 into a higher level posterior segment eye procedure APC. The APC Panel noted that the 2 times violation in APC 0235 was minor, and recommended that we not change APC 0235.

We are proposing to accept the APC Panel's recommendation that we make no changes to the structure of APC 0235 for CY 2005.

5. Laparoscopy

APC 0130: Level I Laparoscopy
APC 0131: Level II Laparoscopy

We expressed concern to the APC Panel that APC 0130 appears to violate the 2 times rule. We suggested moving CPT code 44970 (Laparoscopy, appendectomy) from APC 0130 to APC 0131. The APC Panel recommended that we make this change.

We are proposing to accept the APC Panel's recommendation to move CPT code 44970 from APC 0130 to APC 0131.

6. Anal/Rectal Procedures

APC 0148: Level I Anal/Rectal Procedure
APC 0155: Level II Anal/Rectal Procedure
APC 0149: Level III Anal/Rectal Procedure
APC 0150: Level IV Anal/Rectal Procedure

We expressed concern to the APC Panel that APC 0148 appears to violate the 2 times rule. We suggested moving CPT code 46020 (Placement of seton) from APC 0148 to a higher level anal/rectal procedure APC. The APC Panel reviewed the four anal/rectal APCs (APC 0148, 0149, 0150, and 0155) and recommended moving CPT codes 46020 and 46706 (Repair of anal fistula with glue) from APC 0148 to APC 0150. The APC Panel also recommended moving CPT codes 45005 (Drainage of rectal abscess) and 45020 (Drainage of rectal abscess) from APC 0148 to APC 0155.

We are proposing to accept the APC Panel's recommendations specific to APC 0148. Our proposed movement of CPT codes from APC 0148 to APCs 0150 and 0155 is shown in the Table 6 below.

Table 6.—Proposed Movement of Anal/Rectal Procedures from APC 0148 to APC 0150 and APC 0155

CPT/HCPCS	Description	CY 2004 APC	Proposed CY 2005 APC
46020	Placement of seton	0148	0150
46706	Repair anal fistula with glue	0148	0150
45005	Drainage of rectal abscess	0148	0155
45020	Drainage of rectal abscess	0148	0155

7. Nerve Injections

APC 0204: Level I Nerve Injections
APC 0206: Level II Nerve Injections
APC 0207: Level III Nerve Injections
APC 0203: Level IV Nerve Injections

We again expressed concern to the APC Panel that APC 0203 and APC 0207 appear to violate the 2 times rule. We previously discussed this issue at the APC Panel's CY 2003 meeting. During the CY 2003 meeting, the APC Panel recommended that we gather additional data on procedures assigned to APC 0203 and APC 0207 before proposing to reconfigure them to attempt to eliminate the 2 times rule violation. The APC Panel believed then that the structure of these two APCs as proposed in the August 2003 OPPS proposed rule were more clinically cohesive than those set forth in the November 2002 OPPS final rule. During the February 2004 meeting, we presented other information for the APC Panel to review in making its recommendation.

After careful consideration of the new data, the APC Panel recommended moving CPTs 64420 (Nerve block injection, intercostal nerve), 64630 (Injection treatment of nerve), 64640 (Injection treatment of nerve), and 62280 (Treatment of a spinal cord lesion) from APC 0207 to APC 0206. The APC Panel also recommended moving CPT code 62282 (Treatment of a spinal canal lesion) from APC 0207 to APC 0203.

After reviewing more recent, complete calendar year data, we are proposing to accept some of the APC Panel's recommendation (specifically, move CPTs 64630 and 64640 from APC 0207 to APC 0206), and to make some other changes that we believe are appropriate to improve the nerve injection APC's clinical and resource homogeneity. Our proposed nerve injection APC assignments are shown in Tables 7, 8, and 9 below.

Table 7.—Proposed Movement of Level III: Nerve Injections CPT Codes from APC 0207 to APC 0204 and APC 0206

CPT/HCPCS	Description	CY 2004 APC	Proposed CY 2005 APC
64420	Nerve block injection, intercostal nerve	0207	0204
64630	Injection treatment of nerve	0207	0206
64640	Injection treatment of nerve	0207	0206
64421	Nerve block injection, intercostals, multiple	0207	0206
64472	Injection paravertebral cervical/thoracic, add-on	0207	0206
64476	Injection paravertebral lumbosacral, add-on	0207	0206
64630	Injection treatment of nerve	0207	0206
64640	Injection treatment of nerve	0207	0206

Table 8.—Proposed Movement of Level I: Nerve Injections CPT Codes from APC 0204 to APC 0206

CPT/HCPCS	Description	CY 2004 APC	Proposed CY 2005 APC
G0260	Injection for sacroiliac joint anesthesia	0204	0206
64410	Nerve block injection, phrenic	0204	0206
64412	Nerve block injection, spinal accessory	0204	0206
64446	Nerve block injection, sciatic, continuous infusion	0204	0206
61791	Treatment of a trigeminal tract	0204	0206

Table 9.—Proposed Movement of Level II: Nerve Injections CPT Codes from APC 0206 to APC 0204 and APC 0207

CPT/HCPCS	Description	CY 2004 APC	Proposed CY 2005 APC
62270	Spinal fluid tap, diagnostic	0206	0204
62272	Drainage of cerebrospinal fluid	0206	0204
62310	Injection of spine cervical/thoracic	0206	0207
62311	Injection of spine lumbar/sacral (cd)	0206	0207
62318	Injection of spine with catheter, cervical/thoracic	0206	0207
62319	Injection of spine with catheter Lumbar/sacral (cd)	0206	0207

8. Anterior Segment Eye Procedures

APC 0232: Level I Anterior Segment Eye Procedures

APC 0233: Level II Anterior Segment Eye Procedures

We expressed concern to the APC Panel that APC 0233 appears to violate the 2 times rule. We suggested moving CPT codes 65286 (Repair of eye wound), 66030 (Injection treatment of eye), and 66625 (Removal of iris) from APC 0233 to APC 0232. The APC Panel agreed and recommended that we move CPT codes 65286, 66030, and 66625 from APC 0233 to APC 0232.

We are proposing to accept the APC Panel's recommendation and to reassign these three codes as shown in Table 10.

Table 10.—Proposed Reassignment of Anterior Segment Eye Procedures Codes From APC 0233 to APC 0232

CPT/HCPCS	Description	CY 2004 APC	Proposed CY 2005 APC
65286	Repair of eye wound	0233	0232
66030	Injection treatment of eye	0233	0232
66625	Removal of iris	0233	0232

9. Pathology

APC 0343: Level II Pathology

APC 0344: Level III Pathology

We expressed concern to the APC Panel that APC 0343 appears to violate the 2 times rule. We suggested moving CPT code 88346 (Immunoflourescent study) from APC 0343 to APC 0344. The APC Panel concurred with our proposal.

We are proposing to accept the APC Panel's recommendation and to move CPT code 88346 from APC 0343 to APC 0344.

10. Immunizations

APC 0355: Level III Immunizations (proposed for CY 2005: Level I Immunizations)

APC 0356: Level IV Immunizations (proposed for CY 2005: Level II Immunizations)

We expressed concern to the APC Panel that APCs 0355 and 0356 appear to violate the 2 times rule. In order to eliminate this violation, we suggested moving CPT 90636 (Hepatitis A/ Hepatitis B vaccine, adult dose, intramuscular use) from APC 0355 to APC 0356. We also suggested moving CPT codes 90375 (Rabies immune globulin, intramuscular or subcutaneous), 90740 (Hepatitis B vaccine, dialysis or immunosuppressed patient, intramuscular), 90723 (Diphtheria-pertussis-tetanus, Hepatitis B, Polio vaccine, intramuscular), and 90693 (Typhoid vaccine, AKD, subcutaneous) from APC 0356 to APC 0355.

The APC Panel recommended moving CPT 90636 from APC 0355 to APC 0356 and CPT codes 90740, 90723, and 90693 from APC 0356 to APC 0355. The APC Panel delayed making a recommendation on CPT 90375 and requested that we collect additional cost data on this procedure for discussion at the next scheduled APC Panel meeting.

We are proposing to accept the APC Panel's recommended changes to move CPT code 90740 from APC 0356 to 0355, and to move CPT code 90636 from 0355 to 0356. However, based on our review of more recent claims data than were available to the APC Panel, we determined that the medians for CPT

codes 90693 and 90375 are below the $50 drug packaging threshold. Therefore, we are also proposing to package both CPT codes 90693 and 90375. We are proposing to change CPT code 90723 to status indicator "e'' because it is not payable by Medicare.

Table 11.—Proposed Movement of Immunization CPT Codes Between APC 0355 and APC 0356

CPT/HCPCS	Description	CY 2004 APC	Proposed CY 2005 APC
90636	Hepatitis A/Hepatitis B vaccine, adult dose, intramuscular use	0355	0356
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient	0356	0355

11. Pulmonary Tests

APC 0367: Level I Pulmonary Tests
APC 0368: Level II Pulmonary Tests
APC 0369: Level III Pulmonary Tests

We expressed concern to the APC Panel that APC 0369 appears to violate the 2 times rule. We suggested moving CPT code 94015 (Patient recorded spirometry) from APC 0369 to APC 0367. The APC Panel concurred with our proposal.

We are proposing to accept the APC Panel's recommendation and to move CPT code 94015 from APC 0369 to APC 0367.

In addition, during our analysis of more recent claims data following the APC Panel meeting, we noted that APC 0367 violated the 2 times rules. Therefore, we are proposing to reassign CPT codes 94375, 94750, 94450, 94014, 94690, and 93740 to APC 0368.

Table 12.—Proposed Reassignment of Certain CPT Codes Among APCs 0367, 0368 and 0369

HCPCS	Description	CY 2004 APC	Proposed CY 2005 APC
94015	Patient recorded spirometry	0369	0367
94375	Respiratory flow volume loop	0367	0368
94750	Pulmonary compliance study	0367	0368
94450	Hypoxia response curve	0367	0368
94014	Patient recorded spirometry	0367	0368
94690	Exhaled air analysis	0367	0368
93740	Temperature gradient studies	0367	0368

12. Clinic Visits

APC 0600: Low Level Clinic Visits

We expressed concern to the APC Panel that APC 0600 appears to violate the 2 times rule. We suggested moving HCPS code G0264 (Assessment other than CHF, chest pain, asthma) to a higher level clinic visit. The APC Panel recommended that we not make any changes to APC 0600.

We are proposing to accept this recommendation and not make any changes to APC 0600 for CY 2005.

D. Proposed Exceptions to the 2 Times Rule

[If you choose to comment on issues in this section please indicate the caption "2 Times Rule'' at the beginning of your comment.]

As discussed earlier, the Secretary is authorized to make exceptions to the 2 times limit on the variation of costs within each APC group in unusual cases such as low volume items and services.

Taking into account the APC changes that we are proposing for CY 2005 based on the APC Panel recommendations discussed in section II.C. of this preamble and the use of CY 2003 claims data to calculate the median cost of procedures classified in the APCs, we reviewed all the APCs to determine which of them would not meet the 2

times limit. We used the following criteria when deciding whether to propose exceptions to the 2 times rule for affected APCs:

- Resource homogeneity
- Clinical homogeneity
- Hospital concentration
- Frequency of service (volume)
- Opportunity for upcoding and code fragments.

For a detailed discussion of these criteria, refer to the April 7, 2000 OPPS final rule with comment period (65 FR 18457).

Table 13 contains the APCs that we are proposing to exempt from the 2 times rule based on the criteria cited above. In cases in which a recommendation of the APC Panel appeared to result in or allow a violation of the 2 times rule, we generally accepted the APC Panel's recommendation because these recommendations were based on explicit consideration of resource use, clinical homogeneity, hospital specialization, and the quality of the data used to determine the APC payment rates that we are proposing for CY 2005. The median cost for hospital outpatient services for these and all other APCs can be found at web site: *http//www.cms.hhs.gov.*

Table 13.-- Proposed APCs Exceptions to the 2 Times Rule

Proposed Rule APC	Description
0019	Level I Excision/Biopsy
0024	Level I Skin Repair
0032	Insertion of Central Venous/Arterial Catheter
0043	Closed Treatment Fracture Finger/Toe/Trunk
0046	Open/Percutaneous Treatment Fracture or Dislocation
0060	Manipulation Therapy
0080	Diagnostic Cardiac Catheterization
0087	Cardiac Electrophysiologic Recording/Mapping
0093	Vascular Reconstruction/Fistula Repair without Device
0099	Electrocardiograms
0105	Revision/Removal of Pacemakers, AICD, or Vascular
0121	Level I Tube changes and Repositioning
0122	Level II Tube changes and Repositioning
0140	Esophageal Dilation without Endoscopy

Proposed Rule APC	Description
0146	Level I Sigmoidoscopy
0147	Level II Sigmoidoscopy
0148	Level I Anal/Rectal Procedure
0164	Level I Urinary and Anal Procedures
0183	Testes/Epididymis Procedures
0187	Miscellaneous Placement/Repositioning
0204	Level I Nerve Injections
0212	Nervous System Injections
0213	Extended EEG Studies and Sleep Studies, Level I
0214	Electroencephalogram
0230	Level I Eye Tests and Treatments
0235	Level I Posterior Segment Eye Procedures
0236	Level II Posterior Segment
0251	Level I ENT Procedures
0252	Level II ENT Procedures
0262	Plain Film of Teeth
0268	Ultrasound Guidance Procedures
0274	Myelography
0281	Venography of Extremity
0285	Myocardial Positron Emission Tomography
0297	Level II Therapeutic Radiologic Procedures
0303	Treatment Device Construction
0322	Brief Individual Psychotherapy
0335	Magnetic Resonance Imaging, Miscellaneous
0340	Minor Ancillary Procedures
0341	Skin Tests
0344	Level III Pathology
0355	Level I Immunizations
0356	Level II Immunizations
0364	Level I Audiometry
0370	Allergy Tests
0373	Neuropsychological Testing
0397	Vascular Imaging
0407	Radionuclide Therapy
0409	Red Blood Cell Tests
0422	Level II Upper GI Procedures
0600	Low Level Clinic Visits
0688	Revision/Removal Neurostimulator Pulse Generator Receiver
0692	Electronic Analysis of Neurostimulator Pulse Generators
0699	Level IV Eye Tests & Treatments

E. Coding for Stereotactic Radiosurgery Services

[If you choose to comment on issues in this section please indicate the caption "Stereotactic Radiosurgery" at the beginning of your comment.]

1. Background

In the November 7, 2003 final rule with comment period (68 FR 63403), we discussed the APC Panel's consideration

of HCPCS codes G0242 (Cobalt 60-based stereotactic radiosurgery plan) and G0243 (Cobalt 60-based stereotactic radiosurgery delivery). At its August 22, 2003 meeting, the APC Panel discussed combining the coding for these procedures under one code, with the payment for the new code derived by adding the payment for HCPCS codes G0242 and G0243 together. The APC Panel recommended that we solicit additional input from professional societies representing neurosurgeons, radiation oncologists, and other experts in the field before recommending changes to the coding configuration for Cobalt 60-based stereotactic radiosurgery planning and delivery.

In a correction to the November 7, 2003 final rule with comment period, issued on December 31, 2003 (68 FR 75442), we considered a commenter's request to combine HCPCS codes G0242 and G0243 into a single procedure code in order to accurately capture the costs of this treatment in a single procedure claim because the majority of patients receive the planning and delivery of this treatment on the same day. We responded to the commenter's request by explaining that several other commenters stated that HCPCS code G0242 was being misused to code for the planning phase of linear accelerator-based stereotactic radiosurgery planning. Because the claims data for HCPCS code G0242 represent costs for linear accelerator-based stereotactic radiosurgery planning (due to misuse of the code), in addition to Cobalt 60-based stereotactic radiosurgery planning, we were uncertain as to how to combine these data with HCPCS code G0243 to determine an accurate payment rate for a combined code for planning and delivery of Cobalt 60-based stereotactic radiosurgery.

In consideration of the misuse of HCPCS code G0242 and the potential for causing greater confusion by combining codes G0242 and G0243, we created a planning code for linear accelerator-based stereotactic radiosurgery (G0338) to distinguish this procedure from Cobalt 60-based stereotactic radiosurgery planning. We maintained both HCPCS codes G0242 and G0243 for the planning and delivery of Cobalt 60-based stereotactic radiosurgery treatment, consistent with the use of two G codes for planning (G0338) and delivery (G0173, G0251, G0339, G0340, as applicable) of each type of linear accelerator-based treatment. We indicated that we intend to maintain these new codes in their current new technology APCs until the payment rates could be set using medians from this expanded set of codes. We also stated that we would solicit input from the APC Panel at its February 2004 meeting.

During the February 2004 APC Panel meeting, several presenters discussed with the APC Panel their rationale for requesting that HCPCS codes G0242 and G0243 be combined into a single procedure code. One presenter explained that the request to combine the codes was made because certain fiscal intermediaries were rejecting claims in which HCPCS codes G0242 and G0243 were reported with a surgery revenue code. Although we have not issued any national instructions to fiscal intermediaries to deny claims for these services if they are billed with a surgery revenue code, the presenter stated that we may have indirectly led some fiscal intermediaries to believe that Cobalt 60-based stereotactic radiosurgery should be reported with a radiation therapy revenue center because the procedure is separated into a planning code and a delivery code, which reflect the coding pattern of a radiation therapy procedure rather than a single code for a surgical procedure. The presenter stated that because of the way that CMS has coded this procedure, some fiscal intermediaries have established local edits to deny claims in which HCPCS codes G0242 and G0243 are reported on a claim with a surgery revenue code.

The APC Panel recommended that CMS work with the presenters to determine if any fiscal intermediaries have established local edits to reject claims in which HCPCS codes G0242 and G0243 are reported on a claim, and to determine specific reasons for any such local edits. The APC Panel also recommended that CMS take necessary action to ensure that any such claims are not being denied payment due to local edits. The APC Panel did not agree that the solution to ensuring payment was to combine HCPCS codes G0242 and G0243 into a single code, but rather recommended that CMS educate fiscal intermediaries as to the appropriate procedures for submittal of these claims for Medicare payment.

In response to the concern expressed by several presenters that certain fiscal intermediaries were rejecting claims in which HCPCS codes G0242 and G0243 were reported with a surgery revenue code, we have worked together with these presenters to identify specific fiscal intermediaries who may be rejecting these claims. However, to date, we have been unable to identify any fiscal intermediaries who have established local edits that would reject claims in which HCPCS codes G0242 and G0243 are reported with a surgery revenue code. If a provider should experience a rejection of such claims in which HCPCS codes G0242 and G0243 are reported on a claim with a surgery revenue code, they should contact their fiscal intermediary to determine the specific reason for the claim rejection.

2. Proposal for CY 2005

For CY 2005, we are proposing to accept the APC Panel's recommendation to work with the presenters to ensure that claims in which HCPCS codes G0242 and G0243 are reported are not being unjustly denied payment due to local edits established by fiscal intermediaries. In the meantime, for CY 2005, we are proposing to maintain HCPCS code G0242 in new technology APC 1516 at a payment rate of $1,450, and HCPCS code G0243 in new technology APC 1528 at a payment rate of $5,250. These payment rates are the same as those established for CY 2004.

F. Proposed Movement of Procedures From New Technology APCs to Clinically Appropriate APCs

[If you choose to comment on issues in this section, please indicate the caption "New Technology APCs'' at the beginning of your comment.]

1. Background

In the November 30, 2001 final rule (66 FR 59903), we made final our proposal to change the period of time during which a service may be paid under a new technology APC. The April 7, 2000 final rule initially established the timeframe that new technology APCs would be in effect (65 FR 18457). Beginning in CY 2002, we have retained services within new technology APC groups until we have acquired adequate data that allow us to assign the service to a clinically appropriate APC. This policy allows us to move a service from a new technology APC in less than 2 years if sufficient data are available, and it also allows us to retain a service in a new technology APC for more than 3 years if sufficient data upon which to base a decision for reassignment have not been collected.

In the November 7, 2003 final rule with comment period we implemented a comprehensive restructuring of the new technology APCs to make the payment levels more consistent (68 FR 63416). We established payment levels in $50, $100, and $500 intervals and expanded the number of new technology payment levels.

2. APC Panel Review and Recommendation

During the APC Panel's February 2004 meeting, the APC Panel heard testimony from several interested parties who

requested specific modifications to the APCs for radiation oncology APC. They asked the APC Panel to make several recommendations: (1) That we move CPT code 77418 (Intensity-modulated radiation therapy) from APC 0412 back into a new technology APC; (2) that we dampen, or limit, any possible payment reductions to APC 0301 (Level II Radiation Therapy); (3) that we accept more external data to evaluate costs; and (4) that we identify more claims that are useful for ratesetting.

In response to the testimony presented, the APC Panel recommended that we reassign CPT code 77418 to the new technology APC 1510 for CY 2005 and that we explain to providers any steps we take to limit payment reductions to APC 0301 so that they can better plan for future years during which we may decide not to apply a dampening, or payment reduction limitation, to the rates for APC 0301.

We are not proposing to accept the APC Panel's recommendations because we believe that we have ample claims data for use in determining an appropriate APC payment rate for CPT code 77418. Moreover, we believe that the development of median cost for CPT code 77418 based on those data would be representative of hospital bills.

We have over 255,000 claims for this service, and over 95 percent were single claims that we could use for ratesetting. Moreover, the APC medians have been stable for the last 2 years of data. As indicated by our claims data, returning code 77418 to new technology APC 1510 would result in a payment for the service that is significantly higher than the resources utilized to provide it.

3. Proposal for CY 2005

There are 24 procedures currently assigned to new technology APCs for which we have data adequate to support assignment into clinical APCs. We are proposing to reassign these procedures to clinically appropriate APCs. We are proposing to assign 24 of the procedures to clinically appropriate APCs using CY 2003 claims data to set medians on which payments would be based. These APCs and the proposed assignments are displayed below in Table 14.

Based upon our review of the latest claims data available, we are proposing to move the procedures listed in Table 14 from their current new technology APCs to the APCs listed, as we have adequate data on these procedures to enable us to make the necessary APC assignment.

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Table 14.--Proposed APC Reassignment of New Technology Procedures Into Clinical APCs

HCPCS	Descriptor	CY 2004 APC	Proposed CY 2005 APC	CY 2004 Payment Amount	Proposed CY 2005 Payment Amount
15860	Test for blood flow in graft	1501	0359	$25.00	$49.93
96003	Dynamic fine wire EMG	1503	0215	$150.00	$38.00
96000	Motion analyses, video/3D	1503	0216	$150.00	$150.51
96001	Motion test w/ft pressure measure	1503	0216	$150.00	$150.51
96002	Dynamic surface EMG	1503	0218	$150.00	$65.90
91110	GI tract capsule endoscopy	1508	0141	$650.00	$464.52
G0288	Reconstruction, CTA surgical plan	1506	0417	$450.00	$246.99
G0262	Small intestinal image capsule	1508	0141	$650.00	$464.52
77301	Radiotherapy dose plan, IMRT	1510	0310	$850.00	$811.91
77523	Proton treatment, intermediate	1511	0419	$950.00	$678.31
77525	Proton treatment, complex	1511	0419	$950.00	$678.31
95250	Glucose monitoring, continuous	1540	0421	$150.00	$103.89
96567	Photodynamic treatment, skin	1540	0013	$150.00	$66.15
96570	Photodynamic treatment, 30 min.	1541	0015	$250.00	$99.24
96571	Photodynamic treatment, 15 min.	1541	0012	$250.00	$43.16
92973	Perc. Coronary thrombectomy	1541	0676	$250.00	$245.74
36595	Mech remov tunneled CV Cath	1541	0187	$250.00	$219.45
36596	Mech remov tunneled CV Cath	1541	0187	$250.00	$219.45
33224	Insert pacing lead and	1547	0418	$850.00	$4,456.64

HCPCS	Descriptor	CY 2004 APC	Proposed CY 2005 APC	CY 2004 Payment Amount	Proposed CY 2005 Payment Amount
	connect				
33225	L ventricular pacing lead add-on	1550	1525	$1,150.00	$3,750.00
53853	Prostatic water thermometer	1550	0162	$1,150.00	$1,323.06
47382	Perc. ablation liver tumor, rf	1557	0423	$1,850.00	$1,659.71
0009T	Endometrial cryoablation	1557	0202	$1,850.00	$2,281.74
C9703	Bard Endoscopic Suturing Sys	1518	0422	$1650.00	$1274.51
C9701	Stretta System	1520	0422	$1650.00	$1274.51

We believe the payment rates in Table 14 for several of the procedures that we are proposing to move out of new technology APCs and into clinical APCs require further explanation for a fuller understanding.

For CPT code 96567, (Photodynamic therapy of the skin), the impact of the estimated payment decrease between CY 2004 and CY 2005 is actually low as the CY 2004 payment included the topically applied drug required to perform this procedure and the CY 2005 estimated payment does not. We now are proposing to pay separately for the drug billed under code J7308 in CY 2005. We have adequate claims data on which to base payment for that procedure in a clinically appropriate APC. Payment based on those data in addition to removal of the drug for separate payment resulted in a lower median for the APC.

In the case of CPT code 33224, (Insertion of a left ventricular pacing lead and connection), based on a comparison of payment rates for CY 2004 and the estimated rate for CY 2005, it appears that there is a large increase in payment that results from reassigning the code from its new technology APC to a clinical APC. The difference is due to the fact that the estimated CY 2005 APC payment includes the cost of the left ventricular lead that was not included in the CY 2004 new technology APC payment. That left ventricular lead was paid as a pass-through device under code C1900 in CY 2004, but is no longer eligible for pass-through payments in CY 2005, and, as such, is now included in the APC for the procedure.

Similarly, the CY 2005 estimated payment for CPT code 33225, (Left ventricular pacing lead add-on), includes the cost of the ventricular lead. However, for 33225, the data are still somewhat unstable. Therefore, we are proposing to maintain that procedure in a new technology APC, but at a higher payment level, reflecting the additional cost of the lead.

We note that a number of positron emission tomography (PET) scans currently are classified into New Technology APC 1516. We recognize that PET is an important technology in many instances and want to ensure that the technology remains available to Medicare beneficiaries when medically necessary. We believe that we have sufficient data to assign PET scans to a clinically appropriate APC. We have been told, however, that if the effect of doing so is to reduce payment for the procedure, it may hinder access to this technology. Therefore, we are considering three options as the proposed payment for these procedures in CY 2005, based on our review of the 2003 claims data for the PET procedures, and we specifically invite comments on each of these options.

Option 1: Continue in CY 2005 the current assignment of the scans to New Technology APC 1516 prior to assigning to a clinical APC.

Option 2: Assign the PET scans to a clinically appropriate APC priced according to the median cost of the scans based on CY 2003 claims data. Under this option, we would assign PET scans to APC 0420, PET imaging.

Option 3: Transition assignment to a clinical APC in CY 2006 by setting payment in CY 2005 based on a 50–50 blend of the median cost and the CY 2004 New Technology. We would assign the scans to New Technology APC 1513 for a blended transition payment. The rates for these options are in addendum B.

G. Proposed Changes to the Inpatient List

[If you choose to comment on issues in this section, please indicate the caption "Inpatient List" at the beginning of your comment.]

We advised the APC Panel of a request that we had received to move four codes for percutaneous abscess drainage 44901(Drain append. abscess, percutaneous), 49021 (Drain abdominal abscess), 49041 (Drain percutaneous abdominal abscess), 49061(Drain, percutaneous, retroper. abscess)) from the inpatient list and to assign them to appropriate APCs. The APC Panel also recommended that we evaluate other codes on the inpatient list for possible APC assignment and that we consider eliminating the inpatient list.

We are proposing to remove the four above-cited codes and assign them to clinically appropriate APCs, as recommended by the APC Panel. We are proposing to assign code 44901 to APC 0037, code 49021 to APC 0037; code 49041 to APC 0037; and code 49061 to APC 0037. We discuss in section VII.E. of this preamble our response to the APC Panel's recommendation that we either abolish the inpatient list or evaluate it for any appropriate changes.

H. Proposed Assignment of "Unlisted" HCPCS Codes

[If you choose to comment on issues in this section, please indicate the caption

"Unlisted HCPCS Codes'' at the beginning of your comment.]

1. Background

Some HCPCS codes are used to report services that do not have descriptors that define the exact service furnished. They are commonly called "unlisted'' codes. The code descriptors often contain phrases such as: "unlisted procedure'', "not otherwise classified,'' or "not otherwise specified.'' The unlisted codes typically fall within a clinical or procedural category, but they lack the specificity needed to describe the resources used in the service. For example, CPT code 17999 is defined as, "Unlisted procedure, skin, mucous membrane and subcutaneous tissue.'' The unlisted codes provide a way for providers to report services for which there is no HCPCS code that specifically describes the service furnished. However, the lack of specificity in describing the service prevents us from assigning the code to an APC based on clinical homogeneity and median cost.

In most cases, the unlisted codes are assigned to the lowest level, clinically appropriate APC under the Medicare OPPS. This creates an incentive for providers to select the appropriate, specific HCPCS code to describe the service where one is available. In addition, if there is no HCPCS code that accurately describes the service, placing the unlisted code in the lowest level APC provides an incentive for interested parties to secure a code through the AMA's CPT process that will describe the service. Once a code that accurately describes the service is created, we can collect data on the service and place it in the correct APC based on the clinical nature of the service and its median cost.

We do not use the median cost for the unlisted codes in the establishment of the weight for the APC to which the code is assigned because, by definition of the code, we do not know what service or combination of services is reflected in the claims billed using the unlisted code.

Our review of HCPCS code assignments to APCs has revealed that there are a number of unlisted codes that are not assigned to the lowest level APC.

2. Proposal for CY 2005

We are proposing to reassign these unlisted codes for CY 2005 OPPS to the lowest level APC in the clinical grouping in which the unlisted code is located. The list of those codes, the current APC assignment, and the assignment we propose for CY 2005 OPPS are displayed in Table 15.

We continue to believe that assigning unlisted codes to the lowest level of the APC for the clinical or procedural grouping into which the code falls creates an appropriate incentive for providers to pursue assignment of new codes where they are needed. Moreover, payment at the lowest level of APC for the clinical or procedural grouping allows for some payment for the services furnished and also ensures that we do not pay inappropriately for services that are unspecified.

Table 15.--Proposed Reassignments of Unlisted HCPCS Codes

HCPCS Short Description	CY 2004 APC Assignment	Proposed CY 2005 APC
15999	0022	0019
21089	0253	0251
21299	0253	0251
21499	0253	0251
21899	0252	0251
22999	0022	0019
31299	0252	0251
31599	0254	0251
40799	0253	0251
40899	0252	0251
41899	0253	0251
42699	0253	0251
42999	0252	0251
47399	0037	0002
48999	0005	0004
49659	0131	0130
67599	0239	0238
67999	0240	0238
68399	0239	0238
68899	0699	0230
69799	0253	0251
69949	0253	0251

I. Proposed Addition of New Procedure Codes

During the first two quarters of CY 2004, we created 85 HCPCS codes that were not addressed in the November 7, 2003 final rule that updated the CY 2004 OPPS. We have designated the payment status of those codes, which are shown in Table 16 below, and added them to the April and July updates of the 2004 OPPS (Transmittals 3144, 3154, 3322, and 3324). Thirty of the new codes were created to enable providers to bill for brand name drugs and to receive payments at a rate that differs from that for generic equivalents, as mandated in new section 1833(t)(14)(A)(i) of the Act as added by Pub. L. 108–173. In this proposed rule, we are soliciting comment on the APC assignment of these services. Further, consistent with our annual APC updating policy, we are proposing to assign the new HCPCS codes for CY 2005 to the appropriate APCs and would incorporate them into our final rule for CY 2005.

Table 16.--New HCPCS Codes Implemented in April and July 2004

CPT/ HCPCS	Description
C9213	Injection, Pemetrexed
C9214	Injection, Bevacizumab
C9215	Injection, Cetuximab
C9216	Abarelix, Inject Suspension
C9217	Injection, Omalizumab
C9399	Unclassified drugs or biologicals
C9400	Thallous chloride, brand
C9401	Strontium-89 chloride, brand
C9402	Th I131 so iodide cap, brand
C9403	Dx I131 so iodide cap, brand
C9404	Dx I131 so iodide sol, brand
C9405	Th I131 so iodide sol, brand
C9410	Dexrazoxane HCl inj, brand
C9411	Pamidronate disodium, brand
C9412	Ganciclovir implant, brand
C9413	Sodium hyaluronate inj, brand
C9414	Etoposide oral, brand
C9415	Doxorubic hcl chemo, brand
C9417	Bleomycin sulfate inj, brand
C9418	Cisplatin inj, brand
C9419	Inj cladribine, brand
C9420	Cyclophosphamide inj, brand
C9421	Cyclophosphamide lyo, brand
C9422	Cytarabine hcl inj, brand
C9423	Dacarbazine inj, brand
C9424	Daunorubicin, brand
C9425	Etoposide inj, brand
C9426	Floxuridine inj, brand
C9427	Ifosfomide inj, brand
C9428	Mesna injection, brand
C9429	Idarubicin hcl inj, brand
C9430	Leuprolide acetate inj, bran
C9431	Paclitaxel inj, brand
C9432	Mitomycin inj, brand
C9433	Thiotepa inj, brand

CPT/ HCPCS	Description
C9438	Cyclosporine oral, brand
C9712	Insert pH capsule, GERD
C9713	Non-contact laser vap prosta
C9714	Breast inters rad tx, immed
C9715	Breast inters rad tx, delay
C9716	RF Energy to Anus
G0329	Electromagntic tx for ulcers
K0627	Cervical pneum trac equip
K0628	Mult dens insert direct form
K0629	Mult dens insert custom mold
K0630	SIO flex pelvisacral prefab
K0631	SIO flex pelvisacral custom
K0632	SIO panel prefab
K0633	SIO panel custom
K0634	LO flexibl L1 - below L5 pre
K0635	LO sag stays/panels pre-fab
K0636	LO sagitt rigid panel prefab
K0637	LO flex w/o rigid stays pre
K0638	LSO flex w/rigid stays cust
K0639	LSO post rigid panel pre
K0640	LSO sag-coro rigid frame pre
K0641	LSO sag-cor rigid frame cust
K0642	LSO flexion control prefab
K0643	LSO flexion control custom
K0644	LSO sagit rigid panel prefab
K0645	LSO sagittal rigid panel cus
K0646	LSO sag-coronal panel prefab
K0647	LSO sag-coronal panel custom
K0648	LSO s/c shell/panel prefab
K0649	LSO s/c shell/panel custom
K0650	Gen w/c cushion width <22"
K0651	Gen w/c cushion width >=22"
K0652	Skin protect w/c cus wd <22"
K0653	Skin protect w/c cus wd >=22"
K0654	Position w/c cush width <22"
K0655	Position w/c cush width >=22"
K0656	Skin pro/pos w/c cus wd<22"
K0657	Skin pro/pos w/c cus wd >=22"
K0658	Custom fabricate w/c cushion
K0659	Powered w/c cushion
K0660	Gen use back cush width <22"
K0661	Gen use back cush width >=22"
K0662	Position back cush wdth <22"
K0663	Position back cush wdth >=22"
K0664	Pos back post/lat width <22"
K0665	Pos back post/lat width >=22"
K0666	Custom fab w/c back cushion
K0667	Mt hardwre man/light pwr w/c
K0668	Rep ace cover w/c seat cush
K0669	W/c seat/back no CVR SADMERC

J. Proposed OPPS Changes: Provisions of MMA (Pub. L. 108–173)

1. Payment for Initial Preventive Physical Examinations (Section 611 of Pub. L. 108–173)

[If you choose to comment on issues in this section, please indicate the caption "Physical Examinations'' at the beginning of your comment.]

a. Background

Section 611 of Pub. 108–173 provides for coverage under Medicare Part B of an initial preventive physical examination for new beneficiaries, effective for services furnished on or after January 1, 2005. This provision applies to beneficiaries whose coverage period under Medicare Part B begins on or after January 1, 2005, and only for an initial preventive physical examination performed within 6 months of the beneficiary's initial coverage date.

Current Medicare coverage policy does not allow for payment for routine physical examinations (or checkups) that are furnished to beneficiaries. Before the enactment of Pub. L. 108–173, all preventive physical examinations had been excluded from coverage based on section 1862(a)(7) of the Act, which states that routine physical checkups are excluded services. This exclusion is specified in regulations under § 411.15(a). In addition, preventive physical examinations had been excluded from coverage based on section 1862(a)(1)(A) of the Act. This section of the Act provides that items and services must be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member (as implemented in regulations under § 411.15(k)).

Coverage of initial preventive physical examinations is provided only under Medicare Part B. As provided in the statute, this new coverage allows payment for one initial preventive physical examination within the first 6 months after the beneficiary's first Part B coverage begins, although that coverage period may not begin before January 1, 2005. We also note that Pub. L. 108–173 did not make any provision for the waiver of the Medicare coinsurance and Part B deductible for the initial preventive physical examination. Payment for this service would be applied to the required Medicare Part B deductible, which is $110 for CY 2005, if the deductible has not been met, and the usual coinsurance provisions would apply.

b. Proposed Amendments to Regulations

We are proposing to amend our regulations to add a new § 410.16 that would provide for coverage of initial preventive physical examinations in various settings, including the hospital outpatient department, as specified in the statute, and specify the condition for coverage and limitation on coverage. In addition, we are proposing to conform our regulations on exclusions from coverage under § 411.15(a)(1) and § 411.15(k) to the provisions of section 611 of Pub. L. 108–173. Specifically, we are proposing to specify an exception to the list of examples of routine physical checkups that are excluded from coverage under § 411.15(a) and to add a new exclusion under § 411.15(k)(11).

We are proposing to amend § 419.21 of the OPPS regulations to add a new paragraph (e) to specify payment for an initial preventive physical examination as a Medicare Part B covered service under the OPPS if the examination is furnished within the first 6 months of the beneficiary's first Medicare Part B coverage.

We note that the initial preventive physical examination is also addressed in detail in our proposed rule to update the Medicare Physician's Fee Schedule for CY 2005. However, because we believe the same elements of the initial physical examination furnished in a physician's office would also apply when the examination is performed in a hospital outpatient clinic, we are proposing to revise the applicable regulations to reflect this requirement.

Section of 611(b) of Pub. L. 1089–173 define an "initial preventive physical examination'' to mean physicians'' services consisting of—

(1) A physical examination (including measurement of height, weight, blood pressure, and an electrocardiogram, but excluding clinical laboratory tests) with the goal of health promotion and disease detection; and

(2) Education, counseling, and referral with respect to screening and other preventive coverage benefits separately authorized under Medicare Part B, excluding clinical lab tests.

Specifically, section 611(b) of Pub. L. 108–173 provides that the education, counseling, and referral services with respect to the screening and other preventive services authorized under Medicare Part B include the following:

(1) Pneumococcal, influenza, and hepatitis B vaccine and their administration;

(2) Screening mammography;

(3) Screening pap smear and screening pap smear and screening pelvic examination;

(4) Prostate cancer screening tests;

(5) Colorectal cancer screening tests;

(6) Diabetes outpatient self-management training services;

(7) Bone mass measurements;

(8) Screening for glaucoma;

(9) Medical nutrition therapy services for individuals with diabetes and renal disease;

(10) Cardiovascular screening blood tests; and

(11) Diabetes screening tests.

Section 611(d)(2) of Pub. L 108–173 amended section 1861(s)(2)(K)(i) and (ii) of the Act to specify the services identified as physicians' services and referred to in the definition of initial preventive physical examination include services furnished by a physician assistant, a nurse practitioner, or a clinical nurse specialist. We refer to these professionals as "qualified nonphysician practitioners.''

Based on the language of the statute, our review of the medical literature, current clinical practice guidelines, and United States Preventive Services Task Force recommendations, we are proposing (under proposed new § 410.16(a), Definitions) to interpret the term "initial preventive physical examination'' for purposes of this new benefit to include all of the following services furnished by a doctor of medicine or osteopathy or a qualified nonphysician practitioner:

(1) Review of the individual's comprehensive medical and social history. We are proposing to define "medical history'' to include, as a minimum, past medical and surgical history, including experience with illnesses, hospital stays, operations, allergies, injuries, and treatments; current medications and supplements, including calcium and vitamins; and family history, including a review of medical events in the patient's family, including diseases that may be hereditary or place the individual at risk. We are proposing to define "social history'' to include, at a minimum, history of alcohol, tobacco, and illicit drug use; work and travel history; diet; social activities; and physical activities.

(2) Review of the individual's potential (risk factors) for depression (including past experiences with depression or other mood disorders) based on the use of an appropriate screening instrument that the physician or other qualified nonphysician practitioner may select from various available standardized screening tests for this purpose, unless the appropriate screening instrument is defined through the national coverage determination (NCD) process.

(3) Review of the individual's functional ability and level of safety (that is, at a minimum, a review of the following areas: hearing impairment, activities of daily living, falls risk, and home safety), based on the use of an appropriate screening instrument, which the physician or other qualified nonphysician practitioner may select from various available standardized screening tests for this purpose, unless the appropriate screening instrument is further defined through the NCD process.

(4) An examination to include measurement of the individual's height, weight, blood pressure, a visual acuity screen, and other factors as deemed appropriate, based on the individual's comprehensive medical and social history and current clinical standards.

(5) Performance of an electrocardiogram and interpretation.

(6) Education, counseling, and referral, as deemed appropriate, based on the results of elements (1) through (5) of the proposed definition of the initial preventive physical examination.

(7) Education, counseling, and referral, including a written plan for obtaining the appropriate screening and other preventive services, which are also covered as separate Medicare Part B benefits; that is, pnuemococcal, influenza, and hepatitis B vaccines and their administration, screening mammography, screening pap smear and screening pelvic exams, prostate cancer screening tests, diabetes outpatient self-management training services, bone mass measurements, screening for glaucoma, medical nutrition therapy services, cardiovascular screening blood tests, and diabetes screening tests.

In view of the possibility that it may be appropriate to include other (or revised) elements in the definition of the term "initial preventive physical examination,'' we are requesting public comments on this issue. For example, we have chosen not to define the term "appropriate screening instrument'' for screening individuals for depression, alcohol, tobacco and illicit drug use, functional ability, and level of safety because we anticipate that the examining physician or qualified nonphysician practitioner would want to use the test of his or her choice, based on current clinical practice guidelines. We believe that any standardized screening test for depression, substance abuse, functional ability, and level of safety recognized by the American Academy of Family Physicians, the American College of Physicians-American Society of Internal Medical, the American College of Preventive Medicine, the American Geriatrics Society, the American Psychiatric Association, and the United States Preventive Services Task Force would be acceptable for purposes of meeting the "appropriate screening instrument'' provision.

To facilitate our future consideration of defining more specifically the type or types of appropriate screening instruments for depression, substance abuse, functional ability, or level of safety, we are proposing to include provisions in paragraphs (2) and (3) under the proposed definition of initial preventive physical examination that would allow us to do this through the NCD process. This proposed approach would allow us to conduct a more timely assessment of new types of screening tests than would be possible under the standard rulemaking process. We intend to use the NCD process, if necessary, for evaluating appropriate new screening tests for depression; alcohol, tobacco and illicit drug use; functional ability; or level of safety. This NCD process includes an opportunity for public comment in order to evaluate the medical and scientific issues related to the coverage of the new tests that may be brought to our attention in the future.

c. Proposed Assignment of New HCPCS Code for Payment of Initial Preventive Physical Examinations

There is no current CPT code that contains the specific elements included in the initial preventive physical examination. Therefore, we are proposing to establish the following new HCPCS code, GXXXX, Initial preventive physical examination, to be used to bill for the new service under both the Medicare physician fee schedule and the OPPS. As required by the statute, this code includes an electrocardiogram, but does not include the other previously mentioned preventive services that are currently separately covered and paid under the Medicare Part B screening benefits. When these other preventive services are performed, they should be identified using the existing appropriate codes.

For payment under the physician fee schedule, relative value units are being proposed for new HCPCS code GXXXX based on equivalent resources and work intensity to those contained in CPT E/M code 99203 (new patient, office or other outpatient visit) and CPT 93000 (electrocardiogram, complete). The "technical component'' is the portion of the physician fee schedule that is most comparable to what Medicare pays under the OPPS, the costs other than the physician professional services that are billed and paid for separately under the fee schedule, not OPPS. The estimated technical component of the physician fee schedule is between $50 and $100.

Given our lack of cost data to guide assignment of the new benefit into a clinically appropriate APC, we are proposing to assign GXXXX to the new technology APC 1539 that has a payment level of $50 to $100. Temporary assignment to a new technology APC allows us to pay for the new benefit provided in the OPD while we accrue claims data and experience on which to base a clinically relevant APC assignment.

d. Handling of Comments Received in Response to This Proposal

We will respond to all comments regarding the proposed elements required for the initial preventive physical examination, whether the examination is performed in a physician's office or clinic or in a hospital clinic, in the final rule implementing the Medicare Physician Fee Schedule for CY 2005. We will respond to comments regarding payment for the examination under the OPPS in the subsequent final rule implementing the OPPS payment rates for CY 2005.

2. Payment for Certain Mammography Services (Section 614 of Pub. L. 108–173)

[If you choose to comment on issues in this section, please indicate the caption "Mammography'' at the beginning of your comment.]

Section 614 of Pub. L. 108–173 amended section 1833(t)(1)(B)(iv) of the Act to provide that screening mammography and diagnostic mammography services are excluded from payment under the OPPS. This amendment applies to screening mammography services furnished on or after December 8, 2003 (the date of the enactment of Pub. L. 108–173), and in the case of diagnostic mammography, to services furnished on or after January 1, 2005. As a result of this amendment, both screening mammography and diagnostic mammography will be paid under the physician fee schedule.

We are proposing to amend § 419.22 of the regulations by adding a new paragraph(s) to specify that both screening mammography and diagnostic mammography will be excluded from payment under the OPPS, in accordance with section 614 of Pub. L. 108–173.

III. Proposed Recalibration of APC Relative Weights for CY 2005

[If you choose to comment on issues in this section, please include the caption

"APC Relative Weights'' at the beginning of your comment.]

A. Database Construction

Section 1833(t)(9)(A) of the Act requires that the Secretary review and revise the relative payment weights for APCs at least annually, beginning in CY 2001 for application in CY 2002. In the April 7, 2000 final rule (65 FR 18482), we explained in detail how we calculated the relative payment weights that were implemented on August 1, 2000 for each APC group. Except for some reweighting due to APC changes, these relative weights continued to be in effect for CY 2001. (See the November 13, 2000 interim final rule (65 FR 67824 through 67827).)

To recalibrate the relative APC weights for services furnished on or after January 1, 2005, and before January 1, 2006, we are proposing to use the same basic methodology that we described in the April 7, 2000 final rule. That is, we would recalibrate the weights based on claims and cost report data for outpatient services. We are proposing to use the most recent available data to construct the database for calculating APC group weights. For the purpose of recalibrating APC relative weights for CY 2005, the most recent available claims data are the approximately 119 million final action claims for hospital OPD services furnished on or after January 1, 2003, and before January 1, 2004.

Of the 119 million final action claims for OPPS services, 96.7 million claims were of the type of bill potentially appropriate for use in setting rates for OPPS services (but did not necessarily contain services payable under OPPS). Of the 96.7 million claims, we were able to use 48.5 million whole claims (from which we created 75 million single procedure claim records) to set OPPS proposed for CY 2005 weights.

The proposed weights and payments in Addenda A and B to this proposed rule were calculated using claims from this period that had been processed before January 1, 2004. We selected claims for services paid under the OPPS and matched these claims to the most recent cost report filed by the individual hospitals represented in our claims data. We are proposing that the APC relative weights for CY 2005 under the OPPS would continue to be based on the median hospital costs for services in the APC groups. For the final rule, we are proposing to base median costs on claims for services furnished in CY 2003 and processed before June 30, 2004.

1. Proposed Treatment of Multiple Procedure Claims

For CY 2005, we are proposing to continue to use single procedure claims to set the medians on which the weights would be based. We have received many requests that we ensure that the data from claims that contain charges for multiple procedures are included in the data from which we calculate the CY 2005 relative payment weights. Requesters believe that relying solely on single procedure claims to recalibrate APC weights fails to take into account data for many frequently performed procedures, particularly those commonly performed in combination with other procedures. They believe that, by depending upon single procedure claims, we base payment weights on the least costly services, thereby introducing downward bias to the medians on which the weights are based.

We agree that, optimally, it is desirable to use the data from as many claims as possible to recalibrate the relative payment weights, including those with multiple procedures. As discussed in the explanation of single procedure claims below, we have used the date of service on the claims and a list of codes to be bypassed to create "pseudo'' single claims from multiple procedure claims. We refer to these newly created single procedure claims as "pseudo'' singles because they were submitted by providers as multiple procedure claims.

2. Proposed Use of Single Procedure Claims

We use single procedure claims to set the median costs for APCs because we are, so far, unable to ensure that packaged costs can be correctly allocated across multiple procedures performed on the same date of service. However, bypassing specified codes that we believe do not have significant packaged costs enables use of more data from multiple procedure claims. For CY 2003, we created "pseudo'' single claims by bypassing HCPCS codes 93005 (Electrocardiogram, tracing), 71010 (Chest x-ray), and 71020 (Chest x-ray) on a submitted claim. However, we did not use claims data for the bypassed codes in the creation of the median costs for the APCs to which these three codes were assigned because the level of packaging that would have remained on the claim after we selected the bypass code was not apparent and therefore, it was difficult to determine if the medians for these codes would be correct.

For CY 2004, we created "pseudo'' single claims by bypassing these three codes and also by bypassing an additional 269 HCPCS codes in APCs. These codes were selected by CMS based on a clinical review of the services and because it was presumed that these codes had only very limited packaging and could appropriately be bypassed for the purpose of creating "pseudo'' single claims. The APCs to which these codes were assigned were varied and included mammography, cardiac rehabilitation, and level I plain film x-rays. To derive more "pseudo'' single claims, we also broke claims apart where there were dates of service for revenue code charges on that claim that could be matched to a single procedure code on the claim on the same date.

As in CY 2003, we did not include the claims data for the bypassed codes in the creation of the APCs to which the 269 codes were assigned because, again, we had not established that such an approach was appropriate and would aid in accurately estimating the median cost for that APC. For CY 2004, from about 16.3 million otherwise unusable claims, we were able to use about 9.5 million multiple procedure claims to create about 27 million "pseudo'' single claims. For CY 2005, from about 21 million otherwise unusable claims, we were able to use about 18 million multiple procedure claims to create about 45.5 million "pseudo'' single claims.

For CY 2005, we are proposing to continue using date of service matching as a tool for creation of "pseudo'' single claims and also to take a more empirical approach to creating the list of codes that we would bypass to create "pseudo'' single claims. The process we are proposing for CY 2005 OPPS results in our being able to use some part of 93 percent of the total claims eligible for use in OPPS ratesetting and modeling. In CY 2004, we were able to use some part of the data from 82 percent of eligible claims. This process enabled us to use 75 million single bills for ratesetting: 45.5 million "pseudo'' singles and 30.5 million "natural'' single bills.

We are proposing to bypass the 383 codes identified in Table 17 to create new single claims and to use the line-item costs associated with the bypass codes on these claims in the creation of the median costs for the APCs into which they are assigned. Of the codes on this list, only 123 (32 percent) were used for bypass in CY 2004.

We developed the proposed bypass list using four criteria:

a. We developed the following empirical standards by reviewing the frequency and magnitude of packaging in the single claims for payable codes other than drugs and biologicals. We assumed that the representation of packaging on the single claims for any given code is comparable to packaging for that code in the multiple claims.

- There were 100 or more single claims for the code. This ensured that observed outcomes were sufficiently representative of packaging that might occur in the multiple claims.
- Five percent or fewer of the single claims for the code had packaged costs on that single claim for the code. This criterion results in limiting the amount of packaging being redistributed to the payable procedure remaining on the claim after the bypass code is removed and ensures that the costs associated with the bypass code represent the cost of the bypassed service. For the remaining payable codes, the average percentage of single claims with any packaged costs was 70 percent, and the chosen threshold of 5 percent fell at roughly the 15th percentile.
- The median cost of packaging observed in the single claim was equal to or less than $50. This limits the amount of error in redistributed costs.
- The code is not a code for an unlisted service.

b. We examined APCs relying on a low volume of single claims, and it became apparent that several radiological supervision and interpretation codes were commonly billed with the procedural codes in the APCs. We then reviewed all radiological supervision and interpretation codes to assess their viability as bypass codes. For the codes included on the list in Table 17, we determined that, generally, the packaging on claims, including these radiological supervision and interpretation codes, should be associated with the procedure performed.

c. We examined radiation planning and related codes provided by a professional organization. In the organization's opinion, the codes could safely be bypassed and used without packaging to set medians for the APCs into which these codes are assigned. Many of the codes the organization recommended met our criterion under item a., and the remaining codes were close. Therefore, after reviewing such codes, we are proposing to adopt as bypass codes all radiation planning and related codes as provided by the organization.

d. We included HCPCS codes 93005 and 71010. These codes have been bypassed for the past 3 years and generate a significant amount of new single claims because they are very commonly done on the same date of surgery. They have low median packaged costs and a low percentage of single claims with any packaged costs, 6 percent and 18 percent, respectively.

We invite public comment on the "pseudo'' single process, including the bypass list and the criteria.

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Table 17.—Proposed HCPCS Bypass Codes for Creating "Pseudo" Single Claims for Calculating Median Costs

HCPCS Code	Short Description
11719	Trim nail(s)
11720	Debride nail, 1-5
11721	Debride nail, 6 or more
31579	Diagnostic laryngoscopy
54240	Penis study
70100	X-ray exam of jaw
70110	X-ray exam of jaw
70130	X-ray exam of mastoids
70140	X-ray exam of facial bones
70150	X-ray exam of facial bones
70160	X-ray exam of nasal bones
70200	X-ray exam of eye sockets
70210	X-ray exam of sinuses
70220	X-ray exam of sinuses
70250	X-ray exam of skull
70260	X-ray exam of skull
70328	X-ray exam of jaw joint
70330	X-ray exam of jaw joints
70355	Panoramic x-ray of jaws
70360	X-ray exam of neck
70371	Speech evaluation, complex
70450	Ct head/brain w/o dye
70480	Ct orbit/ear/fossa w/o dye
70486	Ct maxillofacial w/o dye
70544	Mr angiography head w/o dye
71015	Chest x-ray
71020	Chest x-ray
71021	Chest x-ray
71022	Chest x-ray
71030	Chest x-ray
71034	Chest x-ray and fluoroscopy
71100	X-ray exam of ribs
71101	X-ray exam of ribs/chest
71110	X-ray exam of ribs
71111	X-ray exam of ribs/ chest

HCPCS Code	Short Description
71120	X-ray exam of breastbone
71130	X-ray exam of breastbone
71250	Ct thorax w/o dye
72040	X-ray exam of neck spine
72050	X-ray exam of neck spine
72052	X-ray exam of neck spine
72070	X-ray exam of thoracic spine
72072	X-ray exam of thoracic spine
72074	X-ray exam of thoracic spine
72080	X-ray exam of trunk spine
72090	X-ray exam of trunk spine
72100	X-ray exam of lower spine
72110	X-ray exam of lower spine
72114	X-ray exam of lower spine
72120	X-ray exam of lower spine
72125	Ct neck spine w/o dye
72141	Mri neck spine w/o dye
72146	Mri chest spine w/o dye
72148	Mri lumbar spine w/o dye
72170	X-ray exam of pelvis
72190	X-ray exam of pelvis
72192	Ct pelvis w/o dye
72220	X-ray exam of tailbone
73000	X-ray exam of collar bone
73010	X-ray exam of shoulder blade
73020	X-ray exam of shoulder
73030	X-ray exam of shoulder
73050	X-ray exam of shoulders
73060	X-ray exam of humerus
73070	X-ray exam of elbow
73080	X-ray exam of elbow
73090	X-ray exam of forearm
73100	X-ray exam of wrist
73110	X-ray exam of wrist
73120	X-ray exam of hand
73130	X-ray exam of hand
73140	X-ray exam of finger(s)
73218	Mri upper extremity w/o dye

HCPCS Code	Short Description
73221	Mri joint upr extrem w/o dye
73510	X-ray exam of hip
73520	X-ray exam of hips
73540	X-ray exam of pelvis & hips
73550	X-ray exam of thigh
73560	X-ray exam of knee, 1 or 2
73562	X-ray exam of knee, 3
73564	X-ray exam, knee, 4 or more
73565	X-ray exam of knees
73590	X-ray exam of lower leg
73600	X-ray exam of ankle
73610	X-ray exam of ankle
73620	X-ray exam of foot
73630	X-ray exam of foot
73650	X-ray exam of heel
73660	X-ray exam of toe(s)
73700	Ct lower extremity w/o dye
73721	Mri jnt of lwr extre w/o dye
74000	X-ray exam of abdomen
74210	Contrst x-ray exam of throat
74220	Contrast x-ray, esophagus
74230	Cine/vid x-ray, throat/esoph
74240	X-ray exam, upper gi tract
74245	X-ray exam, upper gi tract
74246	Contrst x-ray uppr gi tract
74247	Contrst x-ray uppr gi tract
74249	Contrst x-ray uppr gi tract
74250	X-ray exam of small bowel
76040	X-rays, bone evaluation
76061	X-rays, bone survey
76062	X-rays, bone survey
76066	Joint survey, single view
76075	Dexa, axial skeleton study
76076	Dexa, peripheral study
76078	Radiographic absorptiometry
76090	Mammogram, one breast
76091	Mammogram, both breasts
76100	X-ray exam of body section

HCPCS Code	Short Description
76101	Complex body section x-ray
76380	CAT scan follow-up study
76511	Echo exam of eye
76512	Echo exam of eye
76516	Echo exam of eye
76519	Echo exam of eye
76536	Us exam of head and neck
76645	Us exam, breast(s)
76700	Us exam, abdom, complete
76705	Echo exam of abdomen
76770	Us exam abdo back wall, comp
76775	Us exam abdo back wall, lim
76830	Transvaginal us, non-ob
76856	Us exam, pelvic, complete
76857	Us exam, pelvic, limited
76870	Us exam, scrotum
76880	Us exam, extremity
76977	Us bone density measure
77280	Set radiation therapy field
77285	Set radiation therapy field
77300	Radiation therapy dose plan
77301	Radiotherapy dose plan, imrt
77315	Teletx isodose plan complex
77326	Brachytx isodose calc simp
77328	Brachytx isodose plan compl
77332	Radiation treatment aid(s)
77334	Radiation treatment aid(s)
77336	Radiation physics consult
77403	Radiation treatment delivery
77409	Radiation treatment delivery
77411	Radiation treatment delivery
77412	Radiation treatment delivery
77413	Radiation treatment delivery
77414	Radiation treatment delivery
77416	Radiation treatment delivery
77417	Radiology port film(s)
77418	Radiation tx delivery, imrt
78350	Bone mineral, single photon

HCPCS Code	Short Description
78351	Bone mineral, dual photon
80502	Lab pathology consultation
85060	Blood smear interpretation
86585	TB tine test
86850	RBC antibody screen
86870	RBC antibody identification
86880	Coombs test, direct
86885	Coombs test, indirect, qual
86886	Coombs test, indirect, titer
86890	Autologous blood process
86900	Blood typing, ABO
86901	Blood typing, Rh (D)
86905	Blood typing, RBC antigens
86906	Blood typing, Rh phenotype
86930	Frozen blood prep
86970	RBC pretreatment
88104	Cytopathology, fluids
88106	Cytopathology, fluids
88107	Cytopathology, fluids
88108	Cytopath, concentrate tech
88160	Cytopath smear, other source
88161	Cytopath smear, other source
88172	Cytopathology eval of fna
88180	Cell marker study
88182	Cell marker study
88300	Surgical path, gross
88304	Tissue exam by pathologist
88305	Tissue exam by pathologist
88311	Decalcify tissue
88312	Special stains
88313	Special stains
88321	Microslide consultation
88323	Microslide consultation
88325	Comprehensive review of data
88331	Path consult intraop, 1 bloc
88342	Immunohistochemistry
88346	Immunofluorescent study
88347	Immunofluorescent study

HCPCS Code	Short Description
90801	Psy dx interview
90805	Psytx, off, 20-30 min w/e&m
90806	Psytx, off, 45-50 min
90807	Psytx, off, 45-50 min w/e&m
90808	Psytx, office, 75-80 min
90809	Psytx, off, 75-80, w/e&m
90810	Intac psytx, off, 20-30 min
90818	Psytx, hosp, 45-50 min
90826	Intac psytx, hosp, 45-50 min
90845	Psychoanalysis
90846	Family psytx w/o patient
90847	Family psytx w/patient
90853	Group psychotherapy
90857	Intac group psytx
90862	Medication management
92002	Eye exam, new patient
92004	Eye exam, new patient
92012	Eye exam established pat
92014	Eye exam & treatment
92082	Visual field examination(s)
92083	Visual field examination(s)
92135	Opthalmic dx imaging
92136	Ophthalmic biometry
92225	Special eye exam, initial
92226	Special eye exam, subsequent
92230	Eye exam with photos
92250	Eye exam with photos
92275	Electroretinography
92285	Eye photography
92286	Internal eye photography
92520	Laryngeal function studies
92546	Sinusoidal rotational test
92548	Posturography
92552	Pure tone audiometry, air
92553	Audiometry, air & bone
92555	Speech threshold audiometry
92556	Speech audiometry, complete
92567	Tympanometry

HCPCS Code	Short Description
92582	Conditioning play audiometry
92585	Auditor evoke potent, compre
93225	ECG monitor/record, 24 hrs
93226	ECG monitor/report, 24 hrs
93231	Ecg monitor/record, 24 hrs
93232	ECG monitor/report, 24 hrs
93236	ECG monitor/report, 24 hrs
93270	ECG recording
93278	ECG/signal-averaged
93303	Echo transthoracic
93307	Echo exam of heart
93320	Doppler echo exam, heart
93731	Analyze pacemaker system
93733	Telephone analy, pacemaker
93734	Analyze pacemaker system
93736	Telephonic analy, pacemaker
93743	Analyze ht pace device dual
93797	Cardiac rehab
93798	Cardiac rehab/monitor
93875	Extracranial study
93880	Extracranial study
93882	Extracranial study
93886	Intracranial study
93888	Intracranial study
93922	Extremity study
93923	Extremity study
93924	Extremity study
93925	Lower extremity study
93926	Lower extremity study
93931	Upper extremity study
93965	Extremity study
93970	Extremity study
93971	Extremity study
93975	Vascular study
93976	Vascular study
93978	Vascular study
93979	Vascular study
93990	Doppler flow testing

HCPCS Code	Short Description
94015	Patient recorded spirometry
95115	Immunotherapy, one injection
95165	Antigen therapy services
95805	Multiple sleep latency test
95807	Sleep study, attended
95812	Eeg, 41-60 minutes
95813	Eeg, over 1 hour
95816	Eeg, awake and drowsy
95819	Eeg, awake and asleep
95822	Eeg, coma or sleep only
95864	Muscle test, 4 limbs
95872	Muscle test, one fiber
95900	Motor nerve conduction test
95921	Autonomic nerv function test
95926	Somatosensory testing
95930	Visual evoked potential test
95937	Neuromuscular junction test
95950	Ambulatory eeg monitoring
95953	EEG monitoring/computer
96000	Motion analysis, video/3d
96100	Psychological testing
96105	Assessment of aphasia
96115	Neurobehavior status exam
96900	Ultraviolet light therapy
96910	Photochemotherapy with UV-B
96912	Photochemotherapy with UV-A
96913	Photochemotherapy, UV-A or B
98940	Chiropractic manipulation
99213	Office/outpatient visit, est
99214	Office/outpatient visit, est
99241	Office consultation
99243	Office consultation
99244	Office consultation
99245	Office consultation
99273	Confirmatory consultation
99274	Confirmatory consultation
99275	Confirmatory consultation
C9708	Preview Tx Planning Software

HCPCS Code	Short Description
D0473	Micro exam, prep & report
G0005	ECG 24 hour recording
G0006	ECG transmission & analysis
G0015	Post symptom ECG tracing
G0101	CA screen;pelvic/breast exam
G0127	Trim nail(s)
G0131	CT scan, bone density study
G0132	CT scan, bone density study
G0166	Extrnl counterpulse, per tx
G0175	OPPS Service,sched team conf
G0195	Clinicalevalswallowingfunct
G0196	Evalofswallowingwithradioopa
G0198	Patientadapation&trainforspe
G0202	Screeningmammographydigital
G0204	Diagnosticmammographydigital
G0206	Diagnosticmammographydigital
G0236	Digital film convert diag ma
Q0091	Obtaining screen pap smear
71090	X-ray & pacemaker insertion
74235	Remove esophagus obstruction
74300	X-ray bile ducts/pancreas
74301	X-rays at surgery add-on
74305	X-ray bile ducts/pancreas
74327	X-ray bile stone removal
74328	X-ray bile duct endoscopy
74329	X-ray for pancreas endoscopy
74330	X-ray bile/panc endoscopy
74340	X-ray guide for GI tube
74350	X-ray guide, stomach tube
74355	X-ray guide, intestinal tube
74360	X-ray guide, GI dilation
74363	X-ray, bile duct dilation
74475	X-ray control, cath insert
74480	X-ray control, cath insert
74485	X-ray guide, GU dilation
74742	X-ray, fallopian tube
75894	X-rays, transcath therapy
75898	Follow-up angiography

HCPCS Code	Short Description
75900	Arterial catheter exchange
75901	Remove cva device obstruct
75902	Remove cva lumen obstruct
75945	Intravascular us
75946	Intravascular us add-on
75952	Endovasc repair abdom aorta
75953	Abdom aneurysm endovas rpr
75954	Iliac aneurysm endovas rpr
75960	Transcatheter intro, stent
75961	Retrieval, broken catheter
75962	Repair arterial blockage
75964	Repair artery blockage, each
75966	Repair arterial blockage
75968	Repair artery blockage, each
75970	Vascular biopsy
75978	Repair venous blockage
75980	Contrast x-ray exam bile duct
75982	Contrast x-ray exam bile duct
75984	X-ray control catheter change
75992	Atherectomy, x-ray exam
75993	Atherectomy, x-ray exam
75994	Atherectomy, x-ray exam
75995	Atherectomy, x-ray exam
75996	Atherectomy, x-ray exam
75998	Fluoroguide for vein device
76012	Percut vertebroplasty fluor
76013	Percut vertebroplasty, ct
76095	Stereotactic breast biopsy
76096	X-ray of needle wire, breast
76360	Ct scan for needle biopsy
76393	Mr guidance for needle place
76941	Echo guide for transfusion
76945	Echo guide, villus sampling
76946	Echo guide for amniocentesis
76948	Echo guide, ova aspiration
93005	Electrocardiogram, tracing
71010	Chest x-ray
77326	Radiation therapy dose plan

HCPCS Code	Short Description
77327	Brachytx isodose calc interm
77331	Special radiation dosimetry
77333	Radiation treatment aid(s)
77370	Radiation physics consult
77399	External radiation dosimetry
77470	Special radiation treatment

However, we note several inherent features of multiple bill claims that prevented us from the further creation of "pseudo'' singles. We discussed these obstacles in detail in the August 9, 2002 proposed rule (67 FR 52092, 52108 through 52111) and the November 1, 2001 final rule (66 FR 66718 and 66743 through 66746).

Notwithstanding the obstacles in creating additional "pseudo'' single claims, we have received a number of suggestions from outside sources providing options to this approach. Some of the suggestions involved complex methodologies driven by lengthy tables of codes and complex logic that focused on creating "pseudo'' singles by packaging specific packaged HCPCS codes with specific payable HCPCS codes. While we appreciate the time and attention spent by various parties interested in this issue, our review of the suggestions and our empirical analysis of the most specific and detailed recommendation using the data used to develop the APC relative weights for the APC Panel's February 2004 meeting indicated that code-specific packaging would add a significant amount of time and complexity to the ratesetting process and would require involved annual maintenance to accurately update the code sets used in the suggested methodology each year. Moreover, we would experience only a modest increase in "pseudo'' single claims.

Further, code-specific packaging does not appear to appreciably increase the volume of single bills available for calculating medians for those APCs that are currently derived from a small volume of total claims. We believe that the observed modest improvements in the "pseudo'' single claims volume from code-specific packaging can be attributed to the number and variety of services billed on multiple procedure claims, which often have complex HCPCS code combinations. These complex claims cannot be reduced to single bills by packaging the costs for a few procedures. In light of these findings, we are not proposing to adopt any code-specific packaging proposals. However, we would review and consider any other specific proposals that we received as comments.

Other suggestions included recommendations that the costs in packaged revenue codes and packaged HCPCS codes be allocated separately to paid HCPCS codes based on the prior year's payment weights or payment rates for the single procedures. Still other suggestions recommended that we allocate the packaged costs in proportion to the charges or to the costs for the major procedures based on the current year's claims. We are concerned that using a prior year's median costs, relative weights or payment rates as the basis to allocate current year's packaged costs to current year costs for payable HCPCS codes may not be appropriate. For example, if two procedures are performed and one uses an expensive device, this methodology would split the costs of the device between the service that uses the device and a service that does not use the device, thus resulting in incorrect allocation of the packaged costs. Therefore, we are not proposing to incorporate these suggestions in our ratesetting methodology but we intend to examine them more thoroughly.

We continue to seek strategies that would enable us to use more multiple procedure claims and continue to explore whether there are techniques that could result in medians that are more representative of the relative cost of the services being furnished. However, at this time, we are not proposing a methodology beyond use of dates of service and the expanded bypass list. We solicit specific proposals provided in comments on how multiple procedure claims can be better used in calculating the relative payment weights.

B. Proposed Calculation of Median Costs for CY 2005

In this section of the preamble, we discuss the use of claims to calculate the proposed OPPS payment rates for CY 2005. (See the hospital outpatient prospective payment page on the CMS website on which this proposed rule is posted for an accounting of claims used in the development of the proposed rates: *www.cms.hhs.gov/hopps.*) The accounting of claims used in the development of the proposed rule is included under supplemental materials for this proposed rule. That accounting provides additional detail regarding the number of claims derived at each stage of the process. In addition, we note that below we discuss the files of claims that comprise the data sets that are available for purchase under a CMS data user contract. See *www.cms.hhs.gov/providers/hopps* for information about purchasing the following two OPPS data files: "OPPS limited data set'' and "OPPS identifiable data set''.

We are proposing to use the following methodology to establish the weights to be used to set payment rates for CY 2005:

We are proposing to use outpatient claims for full CY 2003 to set the weights for CY 2005. To begin the calculation of the weights for this proposed rule for CY 2005, we pulled all claims for outpatient services furnished in CY 2003 from the national claims history file. This is not the population of claims paid under the OPPS, but all outpatient claims (for example, ambulatory surgical center (ASC) claims reported on bill type 83, critical access hospital (CAH) claims, and hospital claims for clinical laboratory services for persons who are neither inpatients nor outpatients of the hospital).

We then excluded claims with condition code 04, 20, 21, 77. These are claims that providers submitted to Medicare knowing that no payment will be made. For example, providers submit claims with a condition code 21 to elicit

an official denial notice from Medicare and document that a service is not covered. We then excluded claims for services furnished in Maryland, Guam, and the U.S. Virgin Islands because hospitals in those geographic areas are not paid under the OPPS.

We divided the remaining claims into three groups shown below. Groups 2 and 3 comprise the 96.7 million claims that contain hospital bill types paid under the OPPS.

1. Claims that were not bill types 12X, 13X, 14X (hospital bill types) or 76X (CMHC bill types). Other bill types, such as ASCs, bill type 83, are not paid under the OPPS and, therefore, these claims were not used to set OPPS payment.

2. Bill types 12X, 13X, or 14X (hospital bill types). These claims are hospital outpatient claims.

3. Bill type 76X (CMHC). (These claims are later combined with any claims in item 2 above with a condition code 41 to set the per diem partial hospitalization rate determined through a separate process.)

In previous years, we have begun the CCR calculation process using the most recent available cost reports for all hospitals irrespective of whether any or all of the hospitals included actually filed hospital outpatient claims for the data period. However, for this proposed rule, we first limited the population of cost reports to only those for hospitals that filed outpatient claims in CY 2003 before determining whether the CCRs for such hospitals were valid. This initial limitation changed the distribution of CCRs used during the trimming process discussed below.

We then calculated the cost-to-charge ratios (CCRs) at a departmental level and overall for each hospital for which we had claims data. We did this using hospital specific data from the Hospital Cost Report Information System (HCRIS). We used the most recent available cost report data, in most cases, cost reports for CY 2001 or CY 2002. We used the most recent available cost report, whether submitted or settled. If the most recent available cost report was submitted but not settled, we looked at the last settled cost report to determine the ratio of submitted to settled cost and we then adjusted the most recent available submitted but not settled cost report using that ratio. We are proposing to use these same CCRs ratios for the final rule.

We then flagged CAHs, which are not paid under the OPPS, and hospitals with invalid CCRs. These included claims from hospitals without a CCR, for hospitals paid an all-inclusive rate, for hospitals with obviously erroneous CCRs (greater than 90 or less than .0001), and for hospitals with CCRs that were identified as outliers (3 standard deviations from the geometric mean after removing error CCRs). In addition, we trimmed the CCRs at the departmental level by removing the CCRs for each cost center as outliers if they exceeded ±3 standard deviations of the geometric mean. We are proposing to use these trimmed CCRs for the final rule. In prior years, we did not trim CCRs at the departmental level. However, for CY 2005, we are proposing to trim at the departmental CCR level to eliminate aberrant CCRs that, if found in high volume hospitals, could skew the medians. We used a four-tiered hierarchy of cost center CCRs to match a cost center to a revenue code with the top tier being the most common cost center and the last tier being the default CCR. If a hospital's departmental CCR was deleted by trimming, we set the departmental CCR for that cost center to "missing," so that another departmental CCR in the revenue center hierarchy could apply. If no other departmental CCR could apply to the revenue code on the claim, we used the hospital's overall CCR for the revenue code in question.

We then converted the charges on the claim by applying the CCR that we believed was best suited to the revenue code indicated on the line with the charge. See Table 18 for the allowed revenue codes. Revenue codes not on this list are those not allowed under the OPPS because their services cannot be paid under the OPPS (for example, inpatient room and board charges) and, thus, charges with those revenue codes were not packaged for creation of the OPPS median costs. If a hospital did not have a CCR that was appropriate to the revenue code reported for a line item charge (for example, a visit reported under the clinic revenue code but the hospital did not have a clinic cost center), we applied the hospital-specific overall CCR, except as discussed in section V.H. of this proposed rule for calculation of costs for blood.

Thus, we applied CCRs as described above to claims with bill types 12X, 13X, or 14X, excluding all claims from CAHs and hospitals in Maryland, Guam, or the U.S. Virgin Islands, and flagged hospitals with invalid CCRs. We excluded claims from all hospitals for which CCRs were flagged as invalid.

We identified claims with condition code 41 as partial hospitalization services of CMHCs and removed them to another file. These claims were combined with the 76X claims identified previously to calculate the partial hospitalization per diem rate.

We then excluded claims without a HCPCS code. We also removed claims for observation services to another file. We removed to another file claims that contain nothing but flu and pneumococcal pneumonia (virus) ("PPV") vaccine. Influenza and PPV vaccines are paid at reasonable cost and, therefore, these claims are not used to set OPPS rates. We note that the two above mentioned separate files containing partial hospitalization claims and the observation services claims are included in the files that are available for purchase as discussed above.

We next copied line item costs for drugs, blood, and devices (the lines stay on the claim but are copied off onto another file) to a separate file. No claims were deleted when we copied these lines onto another file. These line-items are used to calculate the per unit median for drugs, radiopharmaceuticals, and blood and blood products. The line-item costs were also used to calculate the per administration cost of drugs, radiopharmaceuticals, and biologicals (other than blood and blood products) for purposes of determining whether the cost of the item would be packaged or be paid separately. Section 1833(t)(16)(B) of the Act, as added by section 621(a)(2) of Pub. L. 108–173, requires the Secretary to lower to $50 the threshold for separate payment of drugs and biologicals and the per administration cost derived using these line-item cost data would be used to make that decision for CY 2005. As discussed in our November 7, 2003 final rule with comment period (68 FR 63398), we had also applied a $50 threshold for the CY 2004 update to the OPPS.

We then divided the remaining claims into five groups.

1. *Single Major Claims:* Claims with a single separately payable procedure, all of which would be used in median setting.

2. *Multiple Major Claims:* Claims with more than one separately payable procedure or multiple units for one payable procedure. As discussed below, some of these can be used in median setting.

3. *Single Minor Claims:* Claims with a single HCPCS code that is not separately payable. These claims may have a single packaged procedure or a drug code.

4. *Multiple Minor Claims:* Claims with multiple HCPCS codes that are not separately payable without examining dates of service. (For example, pathology codes are packaged unless they appear on a single bill by themselves. The multiple minor file has claims with multiple occurrences of pathology codes, with packaged costs

that cannot be appropriately allocated across the multiple pathology codes. However, by matching dates of service for the code and the reported costs through the "pseudo'' single creation process discussed earlier, a claim with multiple pathology codes may become several "pseudo'' single claims with a unique pathology code and its associated costs on each day. These "pseudo'' singles for the pathology codes would then be considered a separately payable code and would be used like claims in the single major claim file.

5. *Non-OPPS Claims:* Claims that contain no services payable under the OPPS are excluded from the files used for the OPPS. Non-OPPS claims have codes paid under other fee schedules, for example, DME or clinical laboratory.

We note that the claims listed in numbers 1 through 4 above are included in the data files that can be purchased as described above.

We set aside the single minor claims and the non-OPPS claims (numbers 3 and 5 above) because we did not use either in calculating median cost.

We then examined the multiple major and multiple minor claims (numbers 2 and 4 above) to determine if we could convert any of them to single major claims using the process described previously. We first grouped items on the claims by date of service. If each major procedure on the claim had a different date of service and if the line items for packaged HCPCS and packaged revenue codes had dates of service, we broke the claim into multiple "pseudo'' single claims based on the date of service.

After those single claims were created, we used a list of "bypass codes'' to remove separately payable procedures that are thought to contain limited costs or no packaged costs from a multiple procedure bill. A discussion of the creation of the list of bypass codes used for the creation of "pseudo'' single claims is contained in section III.A.2. of this preamble and the list of codes is provided in Table 17.

We excluded those claims that we were not able to convert to singles even after applying both of the techniques for creation of "pseudo'' singles. We then packaged the costs of packaged HCPCS (codes with status indicator "N'' on Addendum B to this proposed rule) and packaged revenue codes (listed in Table 18) into the cost of the single major procedure remaining on the claim.

After removing claims for hospitals with error CCRs, claims without HCPCS codes, claims for immunizations not covered under the OPPS, and claims for services not paid under the OPPS, 52.2 millions claims were left. This subset of claims is roughly one-half of the 96.7 million claims for bill types paid under the OPPS. Of these 52.2 million claims, we were able to use some portion of 48.5 million (93 percent) whole claims to create the 75 million single and "pseudo'' single claims for use in our CY 2005 median payment ratesetting.

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Table 18.--Proposed Packaged Services by Revenue Code

Revenue Code	Description
250	PHARMACY
251	GENERIC
252	NONGENERIC
254	PHARMACY INCIDENT TO OTHER DIAGNOSTIC
255	PHARMACY INCIDENT TO RADIOLOGY
257	NONPRESCRIPTION DRUGS
258	IV SOLUTIONS
259	OTHER PHARMACY
260	IV THERAPY, GENERAL CLASS
262	IV THERAPY/PHARMACY SERVICES
263	SUPPLY/DELIVERY
264	IV THERAPY/SUPPLIES
269	OTHER IV THERAPY
270	M&S SUPPLIES
271	NONSTERILE SUPPLIES
272	STERILE SUPPLIES

Revenue Code	Description
274	PROSTHETIC/ORTHOTIC DEVICES
275	PACEMAKER DRUG
276	INTRAOCULAR LENS SOURCE DRUG
278	OTHER IMPLANTS
279	OTHER M&S SUPPLIES
280	ONCOLOGY
289	OTHER ONCOLOGY
290	DURABLE MEDICAL EQUIPMENT
370	ANESTHESIA
371	ANESTHESIA INCIDENT TO RADIOLOGY
372	ANESTHESIA INCIDENT TO OTHER DIAGNOSTIC
379	OTHER ANESTHESIA
390	BLOOD STORAGE AND PROCESSING
399	OTHER BLOOD STORAGE AND PROCESSING
560	MEDICAL SOCIAL SERVICES
569	OTHER MEDICAL SOCIAL SERVICES
621	SUPPLIES INCIDENT TO RADIOLOGY
622	SUPPLIES INCIDENT TO OTHER DIAGNOSTIC
624	INVESTIGATIONAL DEVICE (IDE)
630	DRUGS REQUIRING SPECIFIC IDENTIFICATION, GENERAL CLASS
631	SINGLE SOURCE
632	MULTIPLE
633	RESTRICTIVE PRESCRIPTION
637	SELF-ADMINISTERED DRUG (INSULIN ADMIN. IN EMERGENCY DIABETIC COMA)
681	TRAUMA RESPONSE, LEVEL I
682	TRAUMA RESPONSE, LEVEL II
683	TRAUMA RESPONSE, LEVEL III
684	TRAUMA RESPONSE, LEVEL IV
689	TRAUMA RESPONSE , OTHER
700	CAST ROOM
709	OTHER CAST ROOM
710	RECOVERY ROOM
719	OTHER RECOVERY ROOM
720	LABOR ROOM
721	LABOR
762	OBSERVATION ROOM
810	ORGAN ACQUISITION
819	OTHER ORGAN ACQUISITION
942	EDUCATION/TRAINING

We also excluded claims that either had zero costs after summing all costs on the claim or for which CMS lacked an appropriate provider wage index. For the remaining claims, we then wage adjusted 60 percent of the cost of the claim (which we determined to be the labor-related portion), as has been our policy since initial implementation of

the OPPS, to adjust for geographic variation in labor-related costs. We made this adjustment by determining the wage index that applied to the hospital that furnished the service and dividing the cost for the separately paid HCPCS code furnished by the hospital by that wage index. We used the pre-reclassified wage index proposed for IPPS published in the hospital IPPS proposed rule on May 18, 2004 (69 FR 28196), and corrected in the IPPS correction notice published on June 25, 2004 (69 FR 35919). These wage indices are reprinted in Addenda L and M to this proposed rule. We are proposing to use the pre-reclassified wage index for standardization because we believe that it better reflects the true costs of items and services in the area in which the hospital is located than the post-reclassification wage index, and would result in the most accurate adjusted median costs.

We then excluded claims that were outside 3 standard deviations from the geometric mean cost for each HCPCS code. We used the remaining claims to calculate median costs for each separately payable HCPCS code; first, to determine the applicability of the "2 times'' rule, and second, to determine APC medians as based on the claims containing the HCPCS codes assigned to each APC. As stated previously, section 1833(t)(2) of the Act provides that, subject to certain exceptions, the items and services within an APC group cannot be considered comparable with respect to the use of resources if the highest median (or mean cost, if elected by the Secretary) for an item or service in the group is more than 2 times greater than the lowest median cost for an item or service within the same group ("the 2 times rule''). Finally, we reviewed the medians and reassigned HCPCS codes to different APCs as deemed appropriate. See section III.B. of this preamble for a discussion of the proposed HCPCS code assignment changes that resulted from examination of the medians and for other reasons. The APC medians were recalculated after we reassigned the affected HCPCS codes.

For discussion of the medians for blood and blood products see V.I of this preamble. For a discussion of the medians for APC 0315 (Level II Implantation of Neurostimulator), APC 0422 (Implantation of the BARD Endoscopic Suturing System), and APC 0651 (Complex Interstitial Radiation Application), see sections III.C.2.a., III.C.2.b., and III.C.2.c., respectively, of this preamble.

For discussion of the medians for APCs that require one or more devices when the service is performed, see section III.C. of this preamble. For a discussion of the median for observation services, see section VII.D. of this preamble and for a discussion of the median for partial hospitalization, see section X.C.

C. Proposed Adjustment of Median Costs for CY 2005

1. Device-Dependent APCs

Table 19 contains a list of APCs consisting of HCPCS codes that cannot be provided without one or more devices. For CY 2002, we used external data in part to establish the median used for weight setting. At that time, many devices were eligible for pass-through payment. For that year, we estimated that the total amount of pass-through payments would far exceed the limit imposed by statute. To reduce the amount of a pro rata adjustment to all pass-through items, we packaged 75 percent of the cost of the devices (using external data furnished by commenters on the August 24, 2001 proposed rule) into the median cost for the APCs associated with these pass-through devices. The remaining 25 percent of the cost was considered to be pass-through payment. (See section VI. of this preamble for discussion of pro rata adjustment.)

For CY 2003 OPPS, which was based on CY 2001 claims data, we found that the median costs for certain device-dependent APCs when all claims were used were substantially less than the median costs used for 2002. We were concerned that using the medians calculated from all claims would result in payments for some APCs that would not compensate the hospital even for the cost of the device. Therefore, we calculated a median cost using only claims from hospitals that had separately billed the pass-through device in CY 2001 (that is, hospitals whose claims contained the "C'' code for the pass-through device). Furthermore, for any APC (whether device dependent or not) where the median cost would have decreased by 15 percent or more from CY 2002 to CY 2003, we limited decreases in median costs by 15 percent plus half of the amount of any reduction beyond 15 percent (see 68 FR 47984). For a few particular device-dependent APCs for which we believed that access to the service was in jeopardy, we blended external data furnished by commenters on the August 9, 2002 proposed rule (see 67 FR 57092) with claims data to establish the median cost used to set the payment rate. For CY 2003, we also eliminated the HCPCS "C'' codes for the devices and returned to providers those claims on which the deleted device codes were used. (See 67 FR 66750, November 1, 2002, and section IV.B. of this preamble for a discussion regarding the required use of C codes for specific categories of devices.)

For CY 2004 OPPS, which was based on CY 2002 claims data, we used only claims on which hospitals had reported devices to establish the median cost for certain APCs. We did this because we found that the median costs calculated when we used all claims for these services were inadequate to cover the cost of the device if the device was not separately coded on the claim. Using only claims containing the code for the device (a "C'' code) provided costs that were closer to those used for CY 2002 and CY 2003 for these services. For a few particular APCs in which we believed that access to the service was in jeopardy, we used external data provided by commenters on the August 12, 2003 proposed rule in a 50-percent blend with claims data to establish the device portion of the median cost used to set the payment rate (68 FR 63423). We also reinstated, but on a voluntary basis, the reporting of "C'' codes for devices.

Thus, in developing the median costs for device-dependent APCs for CYs 2002, 2003, and 2004, we applied certain adjustments to our claims data as provided under the authority of section 1833(t)(9)(A) of the Act to ensure equitable payments to the hospitals for the provision of such services. We have continued to receive comments from interested parties as part of the APC Panel process urging us to determine whether the claims data that would be used in calculating the median costs for device-dependent APCs for payment in CY 2005 would represent valid relative costs for these services. Careful analysis of the CY 2003 data that we are proposing to use in calculating the median costs for the CY 2005 OPPS revealed problems similar to those discussed above in calculating device-dependent APC median costs based solely on claims data. Calculation of the CY 2005 median costs for the device-dependent APCs indicated that some of the medians appeared to appropriately reflect the costs of the services, including the cost of the device, and others did not. Of the 43 device-dependent APCs analyzed , 31 have median costs that are lower than the medians on which the OPPS payments were based in CY 2004. In contrast, 11 device-dependent APCs have median costs that are higher than the medians on which OPPS payments were based in CY 2004.

The differences between the CY 2004 payment medians and the proposed CY 2005 median costs using CY 2003 claims data are attributable to several factors. As discussed above, the CY 2004 payment medians were based on a subset of claims that contained the codes for the devices without which the procedures could not be performed, and several APCs were adjusted using external data. The proposed CY 2005 OPPS median costs were calculated based on all single bills, including "pseudo'' single bills, for the services in the APCs and (not a subset of claims containing device codes) and were not adjusted using external data. In fact, as stated previously, we eliminated device coding requirements for hospitals in CY 2003. Consequently, there were no device codes reported for almost all devices in the CY 2003 claims data. Thus, it was not possible to use only the CY 2003 claims data containing device codes to calculate APC device-dependent medians as was done in CY 2004. Similarly, it was not possible to calculate a percentage of the APC cost attributed to device codes as would be needed to use external data to adjust CY 2003 claims data.

In light of these data issues for CY 2005, we examined several alternatives to using CY 2003 claims data to calculate the proposed median costs for device-dependent APCs. We considered using CY 2004 OPPS medians with an inflation factor, as recommended by the Panel and by several outside organizations. We rejected this option because it would not recognize any changes in relative costs for these APCs and would not direct us towards our goal of using all single claims data as the basis for payment weights for all OPPS services.

We also considered using the medians we calculated from all single bills with no adjustments. However, the results of using this approach without increasing the payments for some important high cost services for CY 2005 could result in the closing of hospital programs that provide these services thus, jeopardizing access to needed care. Therefore, we did not adopt this approach.

In addition, we considered subsetting claims based on the presence of charges in certain revenue codes. Specifically, we reviewed those codes where we require that hospitals report charges for the devices required for these procedures. These revenue codes include: 272, sterile supplies; 275, pacemakers; 278, other implants; 279, other supplies/devices; 280, oncology; 289, other oncology; and 624, investigational devices. We determined that the medians increased for some device-dependent APCs when we used only claims with a charge in at least one of these revenue codes, but our analysis provided no reliable evidence that the charges that would be found in these revenue codes were necessarily for the cost of the device.

Further, we considered using CY 2002 claims to calculate a ratio between the median calculated using all single bills and the median calculated using only claims with HCPCS codes for devices on them, and applying that ratio to the median calculated using all single bills from CY 2003 claims data. We rejected this option because it assumes that the relationship between the costs of the claims with and without codes for devices is a valid relationship not only for CY 2002 but CY 2003 as well. It also assumes no changes in billing behavior. We have no reason to believe either of these assumptions is true and, therefore, we did not choose this option.

In summary, we considered and rejected all of the above options. We have given special treatment to the device-dependent APCs for the past 3 years, recognizing that, in a new payment system, hospitals need time to establish correct coding processes and, considering the need to ensure continued access to these important services. After 3 years of such consideration, we believe that it is time to begin a transition to the use of pure claims data for these services (reflected in these APCs) to ensure the appropriate relativity of the median costs for all payable OPPS services. Our goal is to establish payment rates that provide appropriate relative payment for all services paid under the OPPS without creating payment disincentives that may reduce access to care.

We do not believe that any of the above options considered would help us realize our goal. We believe that the better payment approach for determining median costs for device-dependent APCs in CY 2005 would be to base such medians on the greater of (1) median costs calculated using CY 2003 claims data, or (2) 90 percent of the APC payment median for CY 2004 for such services. We believe that some variation in median costs is to be expected from year to year, and we believe that recognizing up to a 10-percent variation in our proposed payment approach would be a reasonable limit.

We believe that this proposed adjustment methodology provides an appropriate transition to eventual use of all single bill claims data without adjustment and that the methodology moves us towards the goal of using all single bill data without adjustment by CY 2007. It is a simple and easily understood methodology for adjusting median costs. Where reductions occur compared to CY 2004 OPPS, we believe that, under this methodology, the reductions will be sufficiently modest that providers will be able to accommodate them without ceasing to furnish services that Medicare beneficiaries need.

We considered applying the adjustment methodology we used for all APCs, including device-dependent APCs, for CY 2003 OPPS, but we saw no advantage to doing so. We applied that methodology to the identified device-dependent APCs only for 1 year, and we applied it where we had already made an adjustment by calculating the median costs based only on claims containing "C'' codes for the devices. Therefore, for device-dependent APCs, there was a double adjustment intended to soften the effects of the first year of cessation of pass-through payment for devices (that is, we adjusted the higher "C'' code medians, not all single bill medians). Devices have been off pass-through for several years now and for CY 2005 OPPS, we are unable to calculate medians based only on claims containing "C'' codes. Therefore, we do not view the circumstances across the 2 years as comparable.

In addition, beginning in CY 2005, we are proposing to require hospitals to bill device-dependent procedures using the appropriate "C'' codes for the devices. This requirement is limited to only those APCs to which the proposed use of CY 2004 medians would apply. We believe that this proposal would mitigate against the reduction of access to care while encouraging hospitals to bill correctly for the services they furnish. We intend this requirement to be the first step towards use of all available single bill claims data to establish medians for device-dependent APCs. Our goal is to use all single bills for device APCs by the CY 2007 OPPS, which we expect to base on data from claims for services in CY 2005. We further discuss our coding proposal in section III.C.3. of this preamble.

We welcome comments on all aspects of theses issues and particularly on steps that can be taken in the future to transition from the historic payment medians to claims based median costs for OPPS ratesetting for these important services.

Table 19 is sorted by percentage difference between changes in the CY 2004 and CY 2005 APC payment rate CY 2004 to CY 2005. It also contains the CY 2004 OPPS payment medians, the CY 2005 OPPS proposed medians (using

single bill claims from January 1, 2003, through December 31, 2003), and the medians derived from the proposed adjustment processes discussed further below.

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Table 19.--Proposed Median Costs for Device-Dependent APCs

APC	Description	SI	Final 2004 OPPS APC Median*	Proposed Unadjusted 2005 OPPS NPRM APC Median	Percentage change from 2004 to 2005	2005 OPPS total bill frequency	Proposed Adjusted 2005 OPPS Median
0119	Implantation of Infusion Pump	T	$7,765.02	$703.79	-90.94%	440	$6,988.52
0087	Cardiac Electrophysiologic Recording/Mapping	T	$2,294.94	$547.44	-76.15%	10,393	$2,065.45
0106	Insertion/Replacement/Repair of Pacemaker and/or Electrodes	T	$3,399.05	$1,627.90	-52.11%	3,770	$3,059.15
0107	Insertion of Cardioverter-Defibrillator	T	$19,431.68	$12,100.48	-37.73%	6,101	$17,488.51
0108	Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads	T	$26,092.91	$17,313.63	-33.65%	4,310	$23,483.62
0032	Insertion of Central Venous/Arterial Catheter	T	$662.31	$456.51	-31.07%	68,110	$596.08
0222	Implantation of Neurological Device (APC0039 was part of APC 0222 in 2003)	T	$13,383.79	$9,477.10	-29.19%	4,865	$12,045.41
0384	GI Procedures with Stents (new for 2004; no prior APC)	T	$1,669.39	$1,223.75	-26.69%	18,096	$1,502.45
0082	Coronary Atherectomy	T	$6,352.89	$4,791.05	-24.58%	541	$5,717.60
0039	Implantation of Neurostimulator (new for 2004 OPPS; codes formerly in APC 0222)	S	$13,555.80	$10,335.53	-23.76%	1,592	$12,200.22
0048	Arthroplasty with Prosthesis (some codes now in APC 415 were in APC 48 in 2003 and 2004)	T	$2,966.13	$2,389.31	-19.45%	2,887	$2,669.52
0081	Non-Coronary Angioplasty or Atherectomy	T	$2,018.99	$1,730.80	-14.27%	112,613	$1,817.09
0083	Coronary Angioplasty and Percutaneous Valvuloplasty	T	$3,412.47	$2,967.94	-13.03%	7,177	$3,071.22
0090	Insertion/Replacement of Pacemaker Pulse Generator	T	$5,581.04	$4,943.36	-11.43%	7,463	$5,022.94
0122	Level II Tube changes and Repositioning	T	$510.80	$468.41	-8.30%	16,589	$468.41
0648	Breast Reconstruction with Prosthesis	T	$3,113.43	$2,872.85	-7.73%	1,103	$2,872.85
0227	Implantation of Drug Infusion Device	T	$9,270.36	$8,558.82	-7.68%	3,013	$8,558.82
0654	Insertion/Replacement of a permanent dual chamber pacemaker	T	$6,495.61	$6,045.29	-6.93%	19,265	$6,045.29
0674	Prostate Cryoablation (device was on pass through in 2003; 2004 median includes device with external data; 2005 median is "C" code median)**	T	$6,915.08	$6,477.78	-6.32%	1,265	$6,477.78
0089	Insertion/Replacement of Permanent Pacemaker and Electrodes	T	$6,754.63	$6,338.69	-6.16%	4,475	$6,338.69

APC	Description	SI	Final 2004 OPPS APC Median*	Proposed Unadjusted 2005 OPPS NPRM APC Median	Percentage change from 2004 to 2005	2005 OPPS total bill frequency	Proposed Adjusted 2005 OPPS Median
0386	Level II Prosthetic Urological Procedures (APCs 385 and 386 were combined in a single, different APC in 2003)	S	$6,699.79	$6,304.06	-5.91%	4,776	$6,304.06
0681	Knee Arthroplasty	T	$5,657.87	$5,348.34	-5.47%	730	$5,348.34
0653	Vascular Reconstruction/Fistula Repair with Device	T	$1,731.08	$1,636.73	-5.45%	26,194	$1,636.73
0040	Level II Implantation of Neurostimulator Electrodes (new for 2004; codes were in APC 225 for 2003)	S	$3,002.98	$2,857.90	-4.83%	9,513	$2,857.90
0655	Insertion/Replacement/Conversion of a permanent dual chamber pacemaker	T	$8,225.23	$7,882.97	-4.16%	13,579	$7,882.97
0167	Level III Urethral Procedures	T	$1,730.23	$1,662.49	-3.92%	9,440	$1,662.49
0229	Transcatherter Placement of Intravascular Shunts	T	$3,572.98	$3,444.24	-3.60%	36,558	$3,444.24
0086	Ablate Heart Dysrhythm Focus	T	$2,590.21	$2,553.76	-1.41%	7,757	$2,553.76
0385	Level I Prosthetic Urological Procedures (APCs 385 and 386 were combined in a single different APC in 2003)	S	$3,870.60	$3,830.79	-1.03%	1,191	$3,830.79
0085	Level II Electrophysiologic Evaluation	T	$2,041.13	$2,034.42	-0.33%	16,844	$2,034.42
0104	Transcatheter Placement of Intracoronary Stents	T	$4,765.05	$4,759.66	-0.11%	18,865	$4,759.66
0115	Cannula/Access Device Procedures	T	$1,478.06	$1,496.14	1.22%	95,354	$1,495.84
0656	Transcatheter Placement of Intracoronary Drug Eluting Stents (medians for 2003 and 2004 were created by adding $1200 to the median for APC 104)	T	$5,965.05	$6,067.71	1.72%	4,008	$6,067.71
0080	Diagnostic Cardiac Catheterization	T	$2,075.91	$2,119.83	2.12%	356,596	$2,119.83
0313	Brachytherapy	S	$795.83	$816.80	2.63%	13,354	$816.80
0680	Insertion of Patient Activated Event Recorders	S	$3,621.15	$3,721.58	2.77%	1,862	$3,721.58
0202	Level X Female Reproductive Proc	T	$2,246.87	$2,320.21	3.26%	12,464	$2,320.21
0652	Insertion of Intraperitoneal Catheters	T	$1,558.34	$1,620.25	3.97%	4,882	$1,620.25
0225	Level I Implementation of Neurostimulator Electrodes (contained codes in APC 040 in 2003 OPPS)	S	$11,873.72	$12,387.73	4.33%	1,315	$12,387.73
0259	Level VI ENT Procedures	T	$22,643.98	$24,086.02	6.37%	795	$24,086.02

APC	Description	SI	Final 2004 OPPS APC Median*	Proposed Unadjusted 2005 OPPS NPRM APC Median	Percentage change from 2004 to 2005	2005 OPPS total bill frequency	Proposed Adjusted 2005 OPPS Median
0670	Intravenous and Intracardiac Ultrasound	S	$1,582.08	$1,727.28	9.18%	5,646	$1,727.28
0425	Level II Arthroplasty with prosthesis (new for 2005; codes were in APC 48; data for 2003 and 2004 is from APC 0048)	T	$2,966.13	$5,792.39	95.28%	688	$5,792.39
0418	Left ventricular lead (code was in new tech APC 1547 at $850 for 2004)	T		$4,531.79		432	$4,531.79

As a result of our data analysis for device-dependent APCs, we are proposing to make the following changes in our methodology for setting the CY 2005 payment rates for device-dependent APC for the reasons specified:

We propose to remove APC 0226, Implantation of drug infusion reservoir, from the list of device-dependent APCs and to use its unadjusted single bill median of $2,793.30 as the basis for the payment weight. CPT code 62360, Implantation or replacement of device for intrathecal or epidural drug infusion, subcutaneous reservoir, is assigned to APC 0226. In 2002, when we packaged 75 percent of the cost of the device into the payment for the procedure with which the device was billed to reduce the pro rata adjustment, we inadvertently packaged the cost of an implantable infusion pump (C1336 and C1337) rather than that of a drug reservoir. Our data indicate that the reservoir used in performing CPT code 62360 cost considerably less than an implantable infusion pump, and we believe that the median cost for APC 0226 appropriately reflects the relative cost of the service and the required device.

In addition, we are proposing to delete APC 0048, Arthroplasty with Prosthesis, from the list of device-dependent APCs and adjust the median costs for this APC because we believe that the proposed CY 2005 median cost for this APC as restructured is reasonable and appropriate. Based on our careful analysis of the CY 2003 claims data for this APC, we believe the difference between the CY 2004 and CY 2005 median cost is attributable to the migration of certain high cost CPT codes (23470, 24361, 24363, 24366, 25441, 25442, 25446) from APC 0048 to new APC 0425, Level II Arthroplasty with Prosthesis and, as such, this change would not adversely limit beneficiary access to this important service. Therefore, we are not proposing to apply a device-dependent adjustment to the median cost for APC 0048.

Further, we are proposing to move HCPCS code 52282 (Cystoscopy, implant stent), from APC 0385, Level I Prosthetic Urological Procedure, and assign it to APC 0163, Level IV Cystourethoscopy and other Genitourinary Procedures, for clinical homogeneity. As titled, APC 0385 was intended for the assignment of certain urological procedures that require the use of prosthetics. However, HCPCS code 52282 requires the use of a stent rather than a urological prosthetic. Therefore, we are proposing to reassign HCPCS code 52282 to APC 0163. Recalculation of the median cost for APC 385 after reassigning HCPCS code 52282 yields a median cost for that APC that is consistent with its CY 2004 median payment. Thus, we are not proposing to apply a device-dependent adjustment to the median cost for APC 0385.

Lastly, we are proposing to remove HCPCS code 49419 (Insert abdom cath for chemo tx), from APC 0119, Implantation of Infusion Pump, and assign it to APC 0115, Cannula/Access Device Procedures, to achieve clinical homogeneity within APC 0115. Unlike all the other codes assigned to APC 0115, HCPCS code 49419 does not require the use of an infusion pump. Rather, this code is used when inserting an intraperitoneal cannula or catheter with a subcutaneous reservoir. Thus, we believe it would be more appropriate clinically to reassign HCPCS code 49419 to APC 0115 that includes procedures which require the use of devices similar to that required for code 49419.

2. Proposed Treatment of Specified APCs

a. APC 0315 Level II Implantation of Neurostimulator

The code, CPT code 61866, (Implant neurostim arrays) was brought to our attention by means of an application for a new device category for transitional pass-through payment for the Kinetra® neurostimulator, a dual channel neurostimulator currently approved and used for Parkinson's disease. We denied approval for a new device category for the Kinetra® neurostimulator because the device is described by a previously existing category, C1767, "Generator, neurostimulator (implantable)''.

The manufacturer of Kinetra® stated that the AMA created CPT 61886 to accommodate implantation of the Kinetra® neurostimulator and that no services other than implantation of the Kinetra® are currently described by that CPT code. Even though, the Kinetra® did not receive full FDA pre-market approval until December 2003, hospital outpatient claims were reported in CYs 2002 and 2003 (289 total claims in 2003) for this device. The manufacturer asserted that these claims must have been miscoded because the Kinetra® could not have been used in performing CPT code 61886 before obtaining FDA approval in December 2003. Therefore, the manufacturer did not believe that the device cost could be included in the median for CPT code 61886, which has been assigned to APC 222.

In examining the CY 2003 claims for CPT code 61866, we noted that many of the claims also contained codes for procedures related to treatment with cranial nerve stimulators, including the placement of electrodes for cranial nerve stimulation. The placement of the cranial neurostimulator electrodes used with the Kinetra® are currently an inpatient rather than outpatient procedure. Therefore, we would not expect patients being prepared for cranial nerve stimulation to also have a Kinetra® neurostimulator for deep brain stimulation for Parkinson's disease placed at the same time. Thus, it seems possible that the CY 2003 claims for CPT code 61886, generally, are incorrectly coded and do not include

the dual chamber neurostimulator in the reported charges.

Prior to the availability of the dual channel neurostimulator Kinetra® for bilateral deep brain stimulation, it is our understanding that patients diagnosed with Parkinson's disease had two single channel neurostimulator generators implanted in the same operative session. According to the Kinetra® manufacturer, this device will now replace the insertion of two single channel neurostimulators and the cost of the Kinetra® is equivalent to the cost of two single channel neurostimulators. Given this information, we examined our CY 2003 claims data and found that 69 single claims were reported for patients with a diagnosis of Parkinson's disease and that 2 single channel neurostimulator pulse generators (CPT code 61885) were implanted on the same day. The median cost for these claims was $20,631. Other than the device costs, we believe the procedural costs for the insertion of two single channel devices or with one dual channel device should be roughly comparable. Therefore, we are proposing to establish a new APC 0315, Level II Implantation of Neurostimulator, for CPT code 61886, and assign it a median cost of $20,631. Because of our concern that hospitals correctly code OPPS claims for CPT code 61886, we are also proposing to require device coding ("C'' code) for APC 0315 to improve the coding on all claims for placement of a dual channel cranial neurostimulator pulse generator or receiver, as we are proposing for APC 0039, Implantation of Neurostimulator, for placement of a single channel cranial neurostimulator, discussed in Section III. C3 of this preamble.

b. APC 0651, Complex Interstitial Radiation Application

For CY 2003 APC 0651, HCPCS code 77778 (Complex interstitial radiation source application) was not to be used for prostate brachytherapy because we created HCPCS codes G0256 (Prostate brachytherapy with palladium sources) and G0261 (Prostate brachytherapy with iodine sources) in which we packaged the cost of placement of needles or catheters and sources into a single APC payment for each G code (*see* 67 FR 66779). When we calculated the median from all single bills for HCPCS code 77778 from CY 2003 data for CY 2005 OPPS, we found that 73 percent of the single bills for this APC were for prostate brachytherapy and, therefore, were miscoded. The median for APC 0651, using all single bills, including those miscoded for prostate brachytherapy, was $2,641.67. When we removed the incorrectly coded claims for prostate brachytherapy, the median is $1,491.39, which is the amount we are proposing for payment for CY 2005 OPPS for APC 0651. This median is considerably higher than the median cost of $589.72 for CY 2004 OPPS (from CY 2002 claims data).

We believe that this adjusted median is appropriate for APC 0651 when used for prostate brachytherapy because the service described by HCPCS code 77778 is only one of several components of the payment for the service in its entirety. When it is used for prostate brachytherapy, hospitals should also bill for the placement of the needles and catheters using HCPCS code 55859 and should also bill the brachytherapy sources separately. Hospitals will be paid for both APCs and for the cost of sources. Under the amounts proposed, the total unadjusted payment would be $3,544.59, plus the hospital's cost for the brachytherapy sources.

Section 621(b)(1) of Pub. L. 108–173 specifically provides separate payment in CY 2005 "* * * for a device of brachytherapy, consisting of a seed or seeds (or radioactive source)'' * * * at the hospital's charge adjusted to cost. We are proposing to package the cost of other services such as the needles or catheters into the payment for the brachytherapy APCs and not to pay on the same basis as the brachytherapy sources because the law does not include needles and catheters in its definition of brachytherapy sources to be paid on charges adjusted to cost.

We also recognize that APC 0651 is used for brachytherapy services other than prostate brachytherapy and that, in some of those cases, there are no other codes for placement of the needles or catheters. In those cases, which are represented in the claims we used to calculate the median (once the miscoded claims for prostate brachytherapy were excluded), we believe that the charges for HCPCS code 77778 may include the placement of the needles or catheters and therefore the median may be somewhat overstated when used as the basis of payment for prostate brachytherapy and the other forms of brachytherapy that have codes for placement of needles and catheters. Similarly, the median may be understated when used to pay for brachytherapy services for which there are no separate HCPCS codes for needle or catheter placement. We considered whether to create new G codes for the placement of catheters and needles for the brachytherapy services for which such codes do not exist, but we were concerned that doing so might create unneeded complexity and that the existing data may not support establishing medians for the new codes. We are requesting comments on how to address those services for which there are currently no HCPCS codes for placement of needles and catheters for brachytherapy applications.

c. APC 0659, Hyperbaric Oxygen Therapy

Over the past year, we have received a number of questions about billing and payment for HCPCS code C1300, Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval. In light of these issues, we have carefully examined the CY 2003 single procedure claims data that we are proposing to use to calculate the CY 2005 proposed median for APC services. Based on our examination of single procedure claims filed for HCPCS code C1300 in CY 2003, we believe that the claims for these services were either miscoded or the therapy was aborted before its completion. The claims that we examined reflected a pattern that is inconsistent with the clinical delivery of this service. Hyperbaric oxygen therapy (HBOT) is prescribed for clinical conditions such as promoting the healing of chronic wounds. It is typically prescribed on average for 90 minutes and therefore, you would expect hospitals to bill multiple units of HBOT to achieve full body hyperbaric oxygen therapy. In addition to the therapeutic time spent at full hyperbaric oxygen pressure, treatment involves additional time for achieving full pressure (descent), providing air breaks to prevent neurological and other complications from occurring during the course of treatment, and returning the patient to atmospheric pressure (ascent). Our examination of the claims data revealed that providers who billed multiple units of C1300 reported a consistent charge for each "30 Minute'' unit. Conversely, providers who billed only a single unit of C1300, suggesting either a miscoded or aborted service, reported a charge that was 3 to 4 times greater than the per "30 minute'' unit reported by providers billing multiple units of HCPCS code C1300. While, it appears that many of the single procedure HBOT claims that we examined, represented billing for a full 90 to 120 minutes of HBOT (including ascent, descent, and air break time), they were improperly billed as 1 unit rather than as 3 or 4 units of HBOT. Consequently, this type of incorrect coding would result in an inappropriately high per 30 minute median cost for HBOT or a median cost for HBOT of $177.96 derived using single service claims and "pseudo''

single service claims. This is a significant issue because HBOT is the only procedure assigned to APC 0659.

Our analysis of the HBOT claims data further revealed that about 40 percent of all HBOT claims included packaged costs. To confirm our belief that these packaged costs were not associated with HBOT, we examined the other major payable procedures billed in conjunction with HBOT. As a result, we identified billed services such as drug administration and wound debridement that we would typically expect to have associated with packaged services. We also looked at the magnitude of packaged costs in our single bills and found the majority of these costs were small, less than $30, and concentrated in revenue codes 25X, Pharmacy, and 27X, Medical/Surgical Supplies.

As a result of these coding anomalies, we are proposing to calculate our proposed "30 minute'' median cost for APC 0659, using a total of 30,736 claims containing multiple units or multiple occurrences of HBOT, about 97 percent of all HBOT claims. Based on our finding, we are proposing to exclude claims with only one unit of HBOT. Using this proposed methodology, the proposed median cost per unit of C1300 is $82.91. Based on hospitals' charges on correctly coded claims, we believe this estimate is much more accurate for 30 minutes of HBOT. Thus, we are proposing a median cost for APC 0659 of $82.91 for CY 2005.

d. APC 0422, Implantation of the BARD Endoscopic Suturing System

For CY 2005, we are proposing to establish APC 0422 for Level II Upper GI Procedures. Code C9703 (the Bard Endoscopic Suturing System) was placed in that APC based on clinical and resource homogeneity as compared with the other services in the APC. Currently, code C9703 is assigned to new technology APC 1555, with a payment of $1,650. Median cost for code C9703 was based on CY 2002 claims and was somewhat lower than the established payment level. However, our examination of CY 2003 claims data for APC 422 revealed that 137 of the 171 single claims for code C9703 were from a single institution with an extremely low and consistent cost per claim. We do not believe that these 137 claims represent the service described by code C9703, which includes an upper gastrointestinal endoscopy along with suturing of the esophagogastric junction. Therefore, in establishing the median for APC 0422, we did not use these 137 claims, which we believe were incorrectly coded.

3. Proposed Required Use of "C'' Codes for Devices

An important ancillary issue in regard to using hospital outpatient claims data to calculate median costs for device-dependent APC is whether to require that hospitals bill the HCPCS codes for the devices that are required to be used to provide the services in these APCs. We deleted these HCPCS codes for devices in CY 2003 because hospitals objected to the complexity of this coding, and we believed that hospitals would charge for the devices in appropriate revenue codes. Our review of the claims data does not support this belief. Hospitals do not appear to routinely include the charges for the devices they use when they bill for the related services in the device-dependent APCs. Therefore, we are also considering requiring hospitals to code devices for APCs to improve the quality of the claims data in support of our transition to the use of all single claims to establish payment rates for these APCs. We make this proposal cautiously, as we realize that it imposes a burden on hospitals to code the devices.

Specifically, for CY 2005 OPPS, we are proposing to require coding of devices required for APCs for which we propose to adjust the median costs for CY 2005 OPPS. The APCs and the devices that are proposed for device coding are displayed in Table 20 below. Specifically, if one device is shown for one APC, that device would have to be billed on the claim for a service in that APC or the claim would be returned to the provider for correction. If more than one device is shown for one APC, the provider would be required to bill one of the device codes shown on the same claim with the service in that APC for the claim to be accepted.

We are also proposing to require coding of C1900 (Left Ventricular lead) required to perform the service described in APC 0418, Left Ventricular Lead, because the service cannot be done without the lead and, because the device has been billed separately for pass-through payment in CYs 2003 and 2004. We believe that continued coding of the device would not impose a burden on hospitals. Similarly, because of our concerns regarding the correct coding of claims for CPT code 61886 (Implant neurostim arrays), assigned to APC 0315 (discussed in greater detail in section III.C.2.a. of the preamble), we are proposing to require device coding for APC 0315, Level II Implantation of Neurostimulator, to improve the coding on claims for placement of a dual channel cranial neurostimulator pulse generator or receiver, just as we are proposing to require device coding for APC 0039, Implantation of Neurostimulator, for placement of a single channel cranial Neurostimulator as noted below.

Table 20 below displays the APCs for which we are proposing to require "C'' codes and the "C'' code edits we are proposing to require for each APC. We welcome comments on the proposed "C'' code requirements.

BILLING CODE 4120–01–P

APC	Description	APC Status Indicator	Proposed Device Code	Device Long Descriptor
0032	Insertion of Central Venous/Arterial Catheter	T	C1751	CATHETER, INFUSION, INSERTED PERIPHERALLY, CENTRALLY OR MIDLINE (OTHER THAN HEMODIALYSIS)
0039	Implantation of Neurostimulator (new for 2004 OPPS; codes formerly in APC 222)	S	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)
0081	Non-Coronary Angioplasty or Atherectomy	T	C1885	CATHETER, TRANSLUMINAL ANGIOPLASTY, LASER
		T	C1714	CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL
		T	C1724	CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL
		T	C1725	CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE, INFUSION/PERFUSION CAPABILITY)
		T	C2628	CATHETER, OCCLUSION

APC	Description	APC Status Indicator	Proposed Device Code	Device Long Descriptor
0082	Coronary Atherectomy	T	C1714	CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL
		T	C1724	CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL
0083	Coronary Angioplasty and Percutaneous Valvuloplasty	T	C1725	CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE, INFUSION/PERFUSION CAPABILITY)
		T	C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR
0087	Cardiac Electrophysiologic Recording/Mapping	T	C1730	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (19 OR FEWER ELECTRODES)
		T	C1731	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (20 OR MORE ELECTRODES)
		T	C1732	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, 3D OR VECTOR MAPPING
		T	C1733	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR MAPPING, OTHER THAN COOL-TIP
		T	C1766	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, STEERABLE, OTHER THAN PEEL-AWAY
		T	C1892	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE, PEEL-AWAY
		T	C1893	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE, OTHER THAN PEEL-AWAY
0090	Insertion/Replacement of Pacemaker Pulse Generator	T	C1786	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)
		T	C2620	PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABE)
0106	Insertion/Replacement/Repair of Pacemaker and/or Electrodes	T	C1777	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL SINGLE COIL (IMPLANTABLE)
		T	C1779	LEAD, PACEMAKER, TRANSVENOUS VDD SINGLE PASS
		T	C1895	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL DUAL COIL (IMPLANTABLE)
		T	C1896	LEAD, CARDIOVERTER-DEFIBRILLATOR, OTHER THAN ENDOCARDIAL SINGLE OR DUAL COIL (IMPLANTABLE)
		T	C1899	LEAD, PACEMAKER/CARDIOVERTER-DEFIBRILLATOR COMBINATION (IMPLANTABLE)
0107	Insertion of Cardioverter-Defibrillator	T	C1721	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE)
		T	C1722	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)
		T	C1882	CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)

APC	Description	APC Status Indicator	Proposed Device Code	Device Long Descriptor
0108	Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads	T	C1721	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE)
		T	C1722	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)
		T	C1882	CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)
0119	Implantation of Infusion Pump	T	C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)
		T	C1891	INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)
0222	Implantation of Neurological Device (APC 0039 was part of APC 0222 in 2003)	T	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)
0315	Implantation of neurostimularo array	T	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)
0384	GI Procedures with Stents (new for 2004; no prior APC)	T	C1874	STENT, COATED/COVERED, WITH DELIVERY SYSTEM
		T	C1875	STENT, COATED/COVERED, WITHOUT DELIVERY SYSTEM
		T	C1876	STENT, NON-COATED/NON-COVERED, WITH DELIVERY SYSTEM
		T	C1877	STENT, NON-COATED/NON-COVERED, WITHOUT DELIVERY SYSTEM
		T	C2617	STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM
		T	C2625	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM
0418	Left ventricular lead (code was in new tech APC 1547 at $850 for 2004)	T	C1900	LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM
0674	Prostate Cryoablation (device was on pass through in 2003; 2003 median does not include device; 2004 median includes device with external data)**	T	C2618	PROBE, CRYOABLATION

In addition, we are considering expanding the device coding requirements in the future. We believe that, by requiring device coding for a small subset of device-dependent APCs each year, we would minimize the marginal annual coding burden on hospitals and begin to improve data for these APCs, which have consistently proven to be problematic. We believe coding of devices is essential if we are to improve the accuracy of claims data sufficiently to better calculate the correct relative costs of device-dependent APCs in relation to the other services paid under the OPPS.

We request that the public inform us of the device codes that are essential to the procedures contained in the device-dependent APCs contained in Table 20. The alphanumeric HCPCS codes for devices that were reactivated for CY 2004 OPPS can be found on the CMS website at *www.cms.hhs.gov/providers* under coding. They are in the section of alphanumeric codes that begin with the initial letter "C." Comments regarding the device codes that should be required with the APCs listed in Table 20 should contain the APC and identify all device codes that may be essential to the performance of the procedures identified in the APC. Ideally, the comments will include a narrative that explains how the device is inserted.

4. Submission of External Data

We would consider external data submitted with respect to any APC to the extent that such data enable us to verify or adjust claims data where we are convinced that such an adjustment to the median cost is appropriate. All comments and any data we use would be available for public inspection and commenters should not expect that any data furnished as part of the comment would be withheld from public inspection. Parties who submit external data for devices should also submit a strategy that can be used to determine what part of the median cost represents the device to which the external data applies. External data that are likely to be of optimal use should meet the following criteria:

- Represent a diverse group of hospitals both by location (for example, rural and urban) and by type (for example, community and teaching). We would prefer that commenters identify each hospital, including location with city and State, nonprofit vs. for profit status, teaching vs. nonteaching status, and the percent of Medicare vs. non-Medicare patients receiving the service. A pseudo identifier could be used for the hospital identification. Data should be submitted both "per hospital" and in the aggregate.
- Identify the number of devices billed to Medicare by each hospital as well as any rebates or reductions for bulk purchase or similar discounts and identify the characteristics of providers to which any such price rebates or reductions apply.
- Identify all HCPCS codes with which each item would be used.
- Identify the source of the data.
- Include both the charges and costs for each hospital for CY 2003.

Meeting the criteria would enable us to compare our CY 2003 claims data to the submitted external data and help us determine whether the submitted data

are representative of hospitals that submit claims under the OPPS.

We note that information containing beneficiary-specific information (for example, medical records, and invoices with beneficiary identification on it) must be altered, if necessary, to remove any individually identifiable information, such as information that identifies an individual, diagnoses, addresses, telephone numbers, attending physician, medical record number, and Medicare or other insurance number. Moreover, individually identifiable beneficiary medical records, including progress notes, medical orders, test results, and consultation reports must not be submitted to us. Similarly, photocopies of checks from hospitals or other documents that contain bank routing numbers must not be submitted to us.

D. Proposed Calculation of Scaled OPPS Payment Weights

Using the median APC costs discussed previously, we calculated the proposed relative payment weights for each APC for CY 2005. As in prior years, we scaled all the relative payment weights to APC 0601, Mid-Level Clinic Visit, because it is one of the most frequently performed services in the hospital outpatient setting. We assigned APC 0601 a relative payment weight of 1.00 and divided the median cost for each APC by the median cost for APC 0601 to derive the relative payment weight for each APC. Using CY 2003 data, the proposed median cost for APC 0601 is $57.32 for CY 2005.

Section 1833(t)(9)(B) of the Act requires that APC reclassification and recalibration changes and wage index changes be made in a manner that assures that aggregate payments under the OPPS for CY 2005 are neither greater than nor less than the aggregate payments that would have been made without the changes. To comply with this requirement concerning the APC changes, we compared aggregate payments using the CY 2004 relative weights to aggregate payments using the CY 2005 proposed weights. Based on this comparison, we are proposing to make an adjustment of the weights for purposes of budget neutrality. The weights that we are proposing for CY 2005, which incorporate the recalibration adjustments explained in this section, are listed in Addendum A and Addendum B to this proposed rule.

Section 1833(t)(14)(H) of the Act, as added by section 621(a)(1) of Pub. L. 108–173, states that "Additional expenditures resulting from this paragraph shall not be taken into account in establishing the conversion factor, weighting and other adjustment factors for 2004 and 2005 under paragraph (9) but shall be taken into account for subsequent years.'' Section 1833(t)(14) provides the payment rates for certain specified covered outpatient drugs. Therefore, the incremental cost of those specified covered outpatient drugs (as discussed in section II.J. of this proposed rule) is excluded from the budget neutrality calculations but the base median cost of the drugs continues to be a factor in the calculation of budget neutrality. Accordingly, we calculated median costs for the specified covered outpatient drugs to which this section applies and used those medians and the frequencies in the calculation of the scaler for budget neutrality.

Under section 1833(t)(16)(C) of the Act, as added by section 621(b)(1) of Pub. L. 108–173, payment for devices of brachytherapy consisting of a seed or seeds (or radioactive source) is to be made at charges adjusted to cost for services furnished on or after January 1, 2004 and before January 1, 2006. As we stated in our January 6, 2004 interim final rule, charges for the brachytherapy sources will not be used in determining outlier payments and payments for these items will be excluded from budget neutrality calculations, consistent with our practice under the OPPS for items paid at cost. (*See* section VII.G. of this proposed rule.)

IV. Proposed Payment Changes for Devices

[If you choose to comment on this section, please indicate the caption "Devices'' at the beginning of your comment.]

A. Pass-Through Payments for Devices

1. Expiration of Transitional Pass-Through Payments for Certain Devices

Section 1833(t)(6)(B)(iii) of the Act requires that, under the OPPS, a category of devices be eligible for transitional pass-through payments for at least 2, but not more than 3, years. This period begins with the first date on which a transitional pass-through payment is made for any medical device that is described by the category. In our November 7, 2003 final rule with comment period (68 FR 63437), we specified six device categories currently in effect that would cease to be eligible for pass-through payment effective January 1, 2005.

The device category codes became effective April 1, 2001, under the provisions of the BIPA. Prior to pass-through device categories, we paid for pass-through devices under the OPPS on a brand-specific basis. All of the initial category codes that were established as of April 1, 2001, have expired; 95 categories expired after CY 2002 and 2 categories expired after CY 2003. All of the categories listed in Table 21, along with their expected expiration dates, were created since we published the criteria and process for creating additional device categories for pass-through payment on November 2, 2001 (66 FR 55850 through 55857). We based the expiration dates for the category codes listed in Table 21 on the date on which a category was first eligible for pass-through payment.

There are six categories for devices that would have been eligible for pass-through payments for at least 2 years as of December 31, 2004. In our November 7, 2003 final rule with comment period, we finalized the December 31, 2004 expiration dates for these six categories. (Three other categories listed in Table 21, C1814, C1818, and C1819, would expire on December 31, 2005.) The six categories that would expire as of December 31, 2004, are C1783, C1884, C1888, C1900, C2614, and C2632, as indicated in Table 23. Each category includes devices for which pass-through payment was first made under the OPPS in CY 2002 or CY 2003.

In the November 1, 2002 final rule, we established a policy for payment of devices included in pass-through categories that are due to expire (67 FR 66763). For CY 2003, we packaged the costs of the devices no longer eligible for pass-through payments into the costs of the procedures with which the devices were billed in CY 2001. There were few exceptions to this established policy (brachytherapy sources for other than prostate brachytherapy, which is now also separately paid in accordance with section 621(b)(2) of Pub. L. 108–173). For CY 2004, we continued to apply this policy for categories that expired on January 1, 2004.

2. Proposal for CY 2005

We are proposing to continue to base the expiration date for a device category on the earliest effective date of pass-through payment status of the devices that populate the category. This basis for determining the expiration date of a device category is the same as that used in CY 2003 and CY 2004.

We are also proposing that payment for the devices that populate the six categories that would cease to be eligible for pass-through payment after December 31, 2004, would be made as part of the payment for the APCs with which they are billed. This methodology for packaging device cost is consistent with the packaging methodology that we

describe in section III. of this proposed rule. To accomplish this, we are proposing to package the costs of devices that would no longer be eligible for pass-through payment in CY 2005 into the HCPCS codes with which the devices are billed.

We note that category C1819 (Tissue localization excision device) was added subsequent to our proposed rule for CY 2004. We first announced the start date and the proposed expiration date for this device category in our November 7, 2003 final rule with comment period. Therefore, we are proposing to maintain the category's December 31, 2005 expiration date. We invite comments on the proposed expiration date for category C1819.

Table 21.--List Of Current Pass-Through Device Categories By Expiration Date

HCPCS Codes	Category Long Descriptor	Date(s) Populated	Expiration Date
C1888	Catheter, ablation, non-cardiac, endovascular (implantable)	7/1/02	12/31/04
C1900	Lead, left ventricular coronary venous system	7/1/02	12/31/04
C1783	Ocular implant, aqueous drainage assist device	7/1/02	12/31/04
C1884	Embolization protective system	1/1/03	12/31/04
C2614	Probe, percutaneous lumbar discectomy	1/1/03	12/31/04
C2632	Brachytherapy solution, iodine-125, per mCi	1/1/03	12/31/04
C1814	Retinal tamponade device, silicone oil	4/1/03	12/31/05
C1818	Integrated keratoprosthesis	7/1/03	12/31/05
C1819	Tissue localization excision device	1/1/04	12/31/05

B. Provisions for Reducing Transitional Pass-Through Payments To Offset Costs Packaged Into APC Groups

1. Background

In the November 30, 2001 final rule, we explained the methodology we used to estimate the portion of each APC rate that could reasonably be attributed to the cost of the associated devices that are eligible for pass-through payments (66 FR 59904). Beginning with the implementation of the CY 2002 OPPS update (April 1, 2002), we deducted from the pass-through payments for the identified devices an amount that reflected the portion of the APC payment amount that we determined was associated with the cost of the device, as required by section 1833(t)(6)(D)(ii) of the Act. In the November 1, 2002 final rule, we published the applicable offset amounts for CY 2003 (67 FR 66801).

For the CY 2002 and CY 2003 OPPS updates, to estimate the portion of each APC rate that could reasonably be attributed to the cost of an associated pass-through device eligible for pass-through payment, we used claims data from the period used for recalibration of the APC rates. Using those claims, we calculated a median cost for every APC without packaging the costs of associated "C'' codes for device categories that were billed with the APC. We then calculated a median cost for every APC with the costs of the associated device category "C'' codes that were billed with the APC packaged into the median. Comparing the median APC cost without device packaging to the median APC cost including device packaging enabled us to determine the percentage of the median APC cost that is attributable to the associated pass-through devices. By applying those percentages to the APC payment rates, we determined the applicable amount to be deducted from the pass-through payment, the "offset'' amount. We created an offset list comprised of any APC for which the device cost was at least 1 percent of the APC's cost.

As first discussed in our November 1, 2002 final rule (67 FR 66801) the offset list that we publish each year is a list of offset amounts associated with those APCs with identified offset amounts developed using the methodology described above. As a rule, we do not know in advance which procedures and APCs may be billed with new categories. An offset amount is therefore applied only when a new device category is billed with an APC appearing on the offset list. The list of potential offsets for CY 2004 is currently published on our website *www.cms.hhs.gov,* as "Device Related Portions of Ambulatory Payment Classification Costs for 2004.''

For CY 2004, we modified our policy for applying offsets to device pass-through payments. Specifically, we indicated that we would apply an offset to a new device category only when we could determine that an APC contains costs associated with the device. We continued our existing methodology for determining the offset amount, described above. We were able to use this methodology to establish the device offset amounts for CY 2004 because providers reported device codes (C codes) on the CY 2002 claims used for CY 2004 OPPS. However, for the CY 2005 update to the OPPS, we are proposing to use CY 2003 claims that do not include device coding. (Section III. of this proposed rule contains a fuller discussion of our proposed requirement for use of "C'' codes for CY 2005.)

In the CY 2004 OPPS update, we reviewed the device categories eligible for continuing pass-through payment in CY 2004 to determine whether the costs associated with the device categories are packaged into the existing APCs. Based on our review of the data for the categories existing in CY 2004, we determined that there were no close or identifiable costs associated with the devices relating to the respective APCs that are normally billed with them. Therefore, for those device categories, we set the offset to $0 for CY 2004.

2. Proposal for CY 2005

For CY 2005, we are proposing to continue to review each new device category on a case-by-case basis as we did in CY 2004 to determine whether device costs associated with the new category are packaged into the existing APC structure. We are also proposing to set the offsets to $0 for the currently

established categories that would continue for pass-through payment into CY 2005. If, during CY 2005, we create a new device category and determine that our data contain identifiable costs associated with the devices in any APC, we would adjust the APC payment if the offset is greater than $0. If we determine that device offsets greater than $0 are appropriate for any new category that we create during CY 2005, we are proposing to announce the offset amounts in the program transmittal that announces the new category.

Further, for CY 2005, we are proposing to use the device percentages (portion of the APC median cost attributable to the packaged device) that we developed for potential offsets in CY 2004 and to apply these percentages to the CY 2005 payment amounts to obtain CY 2005 offset amounts, in cases where we determine that an offset is appropriate. We propose to use the device percentage developed for CY 2004 because, as noted above, for the CY 2005 update to the OPPS, we are using CY 2003 claims that do not include device codes. Therefore, we are not easily able to determine the device portions of APCs for CY 2003 claims data. We have posted the list of device-dependent APCs and their respective device portions on the CMS website: *www.cms.hhs.gov*.

V. Proposed Payment Changes for Drugs, Biologicals, Radiopharmaceutical Agents, and Blood and Blood Products

A. Transitional Pass-Through Payment for Additional Costs of Drugs and Biologicals

[If you choose to comment on issues in this section, include the caption "Pass-Through'' at the beginning of your comment.]

1. Background

Section 1833(t)(6) of the Act provides for temporary additional payments or "transitional pass-through payments'' for certain drugs and biological agents. As originally enacted by the BBRA, this provision required the Secretary to make additional payments to hospitals for current orphan drugs, as designated under section 526 of the Federal Food, Drug, and Cosmetic Act (Pub. L. 107–186); current drugs and biological agents and brachytherapy used for the treatment of cancer; and current radiopharmaceutical drugs and biological products. For those drugs and biological agents referred to as "current,'' the transitional pass-through payment began on the first date the hospital OPPS was implemented (before enactment of BIPA (Pub. L. 106–554), on December 21, 2000).

Transitional pass-through payments are also required for certain "new'' drugs, devices and biological agents that were not being paid for as a hospital OPD service as of December 31, 1996, and whose cost is "not insignificant'' in relation to the OPPS payment for the procedures or services associated with the new drug, device, or biological. Under the statute, transitional pass-through payments can be made for at least 2 years but not more than 3 years. Pass-through drugs and biological agents are identified by status indicator "G.''

The process to apply for transitional pass-through payment for eligible drugs and biological agents can be found on pages of our CMS website: *www.cms.hhs.gov.* If we revise the application instructions in any way, we will post the revisions on our website and submit the changes to the Office of Management and Budget (OMB) for approval, as required under the Paperwork Reduction Act (PRA). Notification of new drugs and biological application processes is generally posted on the OPPS website at: *www.cms.hhs.gov/hopps.*

2. Expiration in CY 2004 of Pass-Through Status for Drugs and Biologicals

Section 1833(t)(6)(C)(i) of the Act specifies that the duration of transitional pass-through payments for drugs and biologicals must be no less than 2 years and any longer than 3 years. The drugs whose pass-through status will expire on December 31, 2004, meet that criterion. Table 22 lists the drugs and biologicals for which we are proposing that pass-through status would expire on December 31, 2004.

Table 22.--Proposed List of Drugs and Biologicals for Which Pass-Through Status Expires CY 2004

HCPCS	APC	Long Descriptor	Trade Name
J0583	9111	Injection, Bivalirudin, per 1 mg	Angiomax Inj (single source)
C9112	9112	Injection, Perflutren lipid microsphere, per 2 ml	Definity (single source)
C9113	9113	Injection, Pantoprazole sodium, per vial	Protonix (single source)
J1335	9116	Injection, Ertapenem sodium, per 500 mg	Invanz (single source)
J2505	9119	Injection, Pegfilgrastim, per 6 mg single dose vial	Neulasta (single source)
J9395	9120	Injection, Fulvestrant, per 25 mg	Faslodex (single source)
C9121	9121	Injection, Argotroban, per 5 mg	Acova (single source)
C9200	9200	Orcel, per 36 square centimeters	Orcel (single source)
C9201	9201	Dermagraft, per 37.5 square centimeters	Dermagraft (single source)
J2324	9114	Injection, Nesiritide, per 0.5 mg	Natrecor (single source)
J3315	9122	Injection, Triptorelin pamoate, per 3.75 mg	Trelstar depot Trelstar LA (single source)
J3487	9115	Injection, Zoledronic acid, per 1 mg	Zometa (single source)
Q0137	0734	Injection, Darbepoetin Alfa, 1 mcg (non-ESRD use)	Aranesp (single source)

3. Drugs and Biologicals With Proposed Pass-Through Status in CY 2005

We are proposing to continue pass-through status for CY 2005 for the drugs and biologicals listed in Table 23. The APCs and HCPCS codes for drugs and biologicals that we are proposing to continue with pass-through status in CY 2005 are assigned status indicator "G" in Addendum A and Addendum B, respectively, to this proposed rule.

Section 1833(t)(6)(D)(i) of the Act sets the payment rate for pass-through eligible drugs (assuming that no pro rata reduction in pass-through payment is necessary) as the amount determined under section 1842(o) of the Act. Section 303(c) of Pub. L. 108–173 amends Title XVIII of the Act by adding new section 1847A. This new section establishes the use of the average sales price (ASP) methodology for payment for drugs and biologicals described in section 1842(o)(1)(C) of the Act furnished on or after January 1, 2005. Therefore, in CY 2005, we are proposing to pay under the OPPS for drugs and biologicals with pass-through status consistent with the provisions of section 1842(o) of the Act as amended by Pub. L. 108–173 at a rate that is equivalent to the payment these drugs and biologicals would receive in the physician office setting, and established in accordance with the methodology described in the CY 2005 Physician Fee Schedule proposed rule (69 FR 47488).

We are further proposing to amend § 419.64 of the regulations to conform with these changes. Specifically, we propose to replace paragraphs (d)(1) and (d)(2) with paragraph (d) to provide that, subject to any reduction determined under § 419.62(b), the pass-through payment for a drug or biological equals the amount determined under section 1842(o) of the Act, minus the portion of the APC that we determine is associated with the drug or biological.

Section 1833(t)(6)(D)(i) of the Act also sets the amount of additional payment for pass-through eligible drugs and biologicals (the pass-through payment amount). The pass-through payment amount is the difference between the amount authorized under section 1842(o) of the Act, and the portion of the otherwise applicable fee schedule amount (that is, the APC payment rate) that the Secretary determines is associated with the drug or biological. As we explain in section V.B. of this proposed rule, we are proposing to make separate payment, beginning in CY 2005, for new drugs and biologicals with a HCPCS code consistent with the provisions of section 1842(o) of the Act as amended by Pub. L. 108–173 at a rate that is equivalent to the payment they would receive in a physician office setting, whether or not we have received a pass-through application for the item. Accordingly, beginning in CY 2005, the pass-through payment amount for new drugs and biologicals that we determine have pass-through status equals zero. That is, when we subtract the amount to be paid for pass-through drugs and biologicals under section 1842(o) of the Act, as amended by Pub. L. 108–173, from the portion of the otherwise

applicable fee schedule amount, or the APC payment rate associated with the drug or biological which would be the amount paid for drugs and biologicals under section 1842(o) of the Act as amended by Pub. L. 108–173, the resulting difference is equal to zero. Table 23 lists the drugs and biologicals for which we propose pass-through status continuing in CY 2005. Addendum B to this proposed rule lists the proposed CY 2005 rates for these pass-through drugs and biologicals based on data reported to CMS as of April 30, 2004.

Table 23.--Proposed List of Drugs and Biologicals for Which Pass-Through Status Continues In CY 2005

HCPCS	APC	Long Descriptor	Trade Name
C9123	9123	TransCyte, per 247 sq. cm	TransCyte
C9205	9205	Injection, Oxaliplatin, per 5 mg	Eloxatin
C9203	9203	Injection, Perflexane lipid microspheres, per single use vial	Imagent
J3486	9204	Injection, Ziprasidone mesylate, per 10 mg	Geodon
C9211	9211	Injection, IV, Alefacept, per 7.5 mg	Amevive
C9212	9212	Injection, IM, Alefacept, per 7.5 mg	Amevive
C9207	9207	Injection, IV, Bortezomib, per 3.5 mg	Velcade
C9208	9208	Injection, IV, Agalsidase beta, per 1 mg	Fabrazyme
C9209	9209	Injection, IV Laronidase, per 2.9 mg	Aldurazyme
C9217	9300	Injection, Sub Q, Omalizumab, per 150 mg vial	Xolair
C9210	9210	Injection, IV, Palonosetron HCI per 0.25 mg (250 microgram)	Aloxi
C9124	9124	Injection, daptomycin, per 1 mg	Cubicin
C9125	9125	Injection, risperidone, per 12.5 mg	Risperdal Consta
J2783	0738	Injection, rasburicase, 0.5 mg	Elitek
C9213	9213	Injection, Pemetrexed, per 10 mg	Alimta
C9214	9214	Injection, Bevacizumab, per 10 mg	Avastin
C9215	9215	Injection, Cetuximab, per 10 mg	Erbitux
C9216	9216	Abarelix for Injectable Suspension per 10 mg	Plenaxis
C9217	9300	Injection, Omalizumab, per 5 mg	Xolair

B. Drugs, Biologicals, and Radiopharmaceuticals Without Pass-Through Status

[If you choose to comment on issues in this section, include "Drugs, Biologicals, and Radiopharmaceuticals NonPass-Throughs'' at the beginning of your comment.]

1. Background

Under the OPPS, we currently pay for drugs, biologicals including blood and blood products, and radiopharmaceuticals that do not have pass-through status in one of two ways: packaged payment and separate payment (individual APCs). We explained in the April 7, 2000 final rule (65 FR 18450) that we generally package the cost of drugs and radiopharmaceuticals into the APC payment rate for the procedure or treatment with which the products are usually furnished. Hospitals do not receive separate payment from Medicare for packaged items and supplies, and hospitals may not bill beneficiaries separately for any packaged items and

supplies whose costs are recognized and paid for within the national OPPS payment rate for the associated procedure or service. (Program Memorandum Transmittal A–01–133, issued on November 20, 2001, explains in greater detail the rules regarding separate payment for packaged services.)

Packaging costs into a single aggregate payment for a service, procedure, or episode of care is a fundamental principle that distinguishes a prospective payment system from a fee schedule. In general, packaging the costs of items and services into the payment for the primary procedure or service with which they are associated encourages hospital efficiencies and also enables hospitals to manage their resources with maximum flexibility. Notwithstanding our commitment to package as many costs as possible, we are aware that packaging payments for certain drugs, biologicals, and radiopharmaceuticals, especially those that are particularly expensive or rarely used, might result in insufficient payments to hospitals, which could adversely affect beneficiary access to medically necessary services. As discussed in the November 7, 2003 OPPS final rule with comment period (68 FR 63445), we packaged payment for drugs, biologicals, and radiopharmaceuticals into the APCs with which they were billed if the median cost per day for the drug, biological, or radiopharmaceutical was less than $50. We established a separate APC payment for drugs, biologicals, and radiopharmaceuticals for which the median cost per day exceeded $50. Our rationale for establishing a $50 threshold was also discussed.

2. Proposed Criteria for Packaging Payment for Drugs, Biologicals, and Radiopharmaceuticals

Section 621(a)(2) of Pub. L. 108–173 amended section 1833(t)(16) of the Act by adding a new subparagraph (B) to require that the threshold for establishing separate APCs for drugs and biologicals be set at $50 per administration for CYs 2005 and 2006. For CY 2005, we are proposing to continue our policy of paying separately for drugs, biologicals, and radiopharmaceuticals whose median cost per day exceeds $50 and packaging the cost of drugs, biologicals, and radiopharmaceuticals whose median cost per day is less than $50 into the procedures with which they are billed.

We calculated the median cost per day using claims data from January 1, 2003, to December 31, 2003, for all drugs, biologicals, and radiopharmaceuticals that had a HCPCS code during this time period and were paid (via packaged or separate payment) under the OPPS. Items such as single indication orphans drugs, certain vaccines, and blood and blood products were excluded from these calculations and our treatment of these is discussed separately in sections V.F., E., and I., respectively, of this preamble. In order to calculate the median cost per day for drugs, biologicals, and radiopharmaceuticals to determine their packaging status in CY 2005, we are proposing to use the methodology that was described in detail in the CY 2004 OPPS proposed rule (68 FR 47996 through 47997) and finalized in the CY 2004 final rule with comment period (68 FR 63444 through 63447). We are requesting comments on the methodology we are proposing to continue to use to determine the median cost per day of these items.

We are proposing to apply an exception to our packaging rule to one particular class of drugs, the injectible and oral forms of anti-emetic treatments. The HCPCS codes to which our exception would apply are listed below in Table 24. Our calculation of median cost per day for these products showed that, if we were to apply our packaging rule to these items, two of the injectible products would be packaged and one would be separately payable. In addition, two of the oral products would be separately payable and one would be packaged. Chemotherapy is very difficult for many patients to tolerate as the side effects are often debilitating. In order for beneficiaries to achieve the maximum therapeutic benefit from chemotherapy and other therapies with side effects of nausea and vomiting, anti-emetic use is often an integral part of the treatment regimen. We want to ensure that our payment rules do not impede a beneficiary's access to the particular anti-emetic that is most effective for him or her as determined by the beneficiary and his or her physician. Therefore, we are proposing to pay separately for all six injectible and oral forms of anti-emetic products CY 2005.

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Table 24.--OPPS Anti-Emetic Products To Which We Propose To Apply Packaging Exception In CY 2005

HCPCS	Short Description	Median Cost per Day	CY 2005 Proposed Status Indicator without Exception
J1260	I. INJECTION, DOLASETRON MESYLATE, 10 MG	$42.94	N
Q0180	DOLASETRON MESYLATE, 100 MG, ORAL	$55.68	K
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	$55.06	K
Q0166	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL	$43.91	N
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	$35.34	N
Q0179	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL	$50.22	K

3. Proposed Payment for Drugs, Biologicals, and Radiopharmaceuticals Without Pass-Through Status That Are Not Packaged

a. Payment for Specified Covered Outpatient Drugs

Section 621(a)(1) of Pub. L. 108–173 amended section 1833(t) of the Act by adding a new subparagraph (14) that requires special classification of certain separately paid radiopharmaceutical agents and drugs or biologicals and mandates specific payments for these items. Under section 1833(t)(14)(B)(i), a "specified covered outpatient drug'' is a covered outpatient drug, as defined in section 1927(k)(2) of the Act, for which a separate APC exists and that either is a radiopharmaceutical agent or is a drug or biological for which payment was made on a pass-through basis on or before December 31, 2002.

Under section 1833(t)(14)(B)(ii) of the Act, certain drugs and biologicals are designated as exceptions and are not included in the definition of "specified covered outpatient drugs.'' These exceptions are:

- A drug or biological for which payment is first made on or after January 1, 2003, under the transitional pass-through payment provision in section 1833(t)(6) of the Act.
- A drug or biological for which a temporary HCPCS code has not been assigned.
- During CYs 2004 and 2005, an orphan drug (as designated by the Secretary).

Section 1833(t)(14)(A)(i) of the Act, as added by section 621(a)(1) of Pub. L. 108–173, specifies payment limits for three categories of specified covered outpatient drugs in CY 2004. Section 1833(t)(14)(F) of the Act defines the three categories of specified covered outpatient drugs based on section 1861(t)(1) and sections 1927(k)(7)(A)(ii), (k)(7)(A)(iii), and (k)(7)(A)(iv) of the Act. The categories of drugs are "sole source drugs,'' "innovator multiple source drugs,'' and "noninnovator multiple source drugs.'' The definitions of these specified categories for drugs, biologicals, and radiopharmaceutical agents under Pub. L. 108–173 were discussed in the January 6, 2004 OPPS interim final rule with comment period (69 FR 822), along with our use of the Medicaid average manufacturer price database to determine the appropriate classification of these products. Because of the many comments received on the January 6, 2004 interim final rule with comment period, the classification of many of the drugs, biologicals, and radiopharmaceuticals changed from that initially published. These changes were announced to the public on February 27, 2004, Transmittal 112, Change Request 3144. Additional classification changes were implemented in Transmittals 3154 and 3322. We will finalize the interim final rule and address public comments associated with that rule when we finalize this proposed rule.

Section 1833(t)(14)(A) of the Act, as added by section 621(a)(1) of Pub. L. 108–173, also provides that payment for these specified covered outpatient drugs is to be based on its "reference average wholesale price,'' that is, the AWP for the drug, biological, or radiopharmaceutical as determined under section 1842(o) of the Act as of May 1, 2003 (section 1833(t)(14)(G) of the Act). Section 621(a) of Pub. L. 108–173 also amended the Act by adding section 1833(t)(14)(A)(ii), which requires that:

- A sole source drug must, in CY 2005, be paid no less than 83 percent and no more than 95 percent of the reference AWP.
- An innovator multiple source drug must, in CY 2005, be paid no more than 68 percent of the reference AWP.
- A noninnovator multiple source drug must, in CY 2005, be paid no more than 46 percent of the reference AWP.

Section 1833(t)(14)(G) of the Act defines "reference AWP'' as the AWP determined under section 1842(o) as of May 1, 2003. We interpret this to mean the AWP set under the CMS single drug pricer (SDP) based on prices published in the Red Book on May 1, 2003.

For CY 2005, we are proposing to determine the payment rates for specified covered outpatient drugs under the provisions of Pub. L. 108–173 by comparing the payment amount

calculated under the median cost methodology as done for procedural APCs (described previously in the preamble) to the AWP percentages specified in section 1833(t)(14)(A)(ii) of the Act.

Specifically, for sole source drugs, biologicals, and radiopharmaceuticals, we compared the payments established under the median cost methodology to their reference AWP. We are proposing to determine payment for sole source items as follows: If the payment falls below 83 percent of the reference AWP, we would increase the payment to 83 percent of the reference AWP. If the payment exceeds 95 percent of the reference AWP, we would reduce the payment to 95 percent of the reference AWP. If the payment is no lower than 83 percent and no higher than 95 percent of the reference AWP, we would make no change.

There is one sole source item, Co 57 cobaltous chloride (HCPCS code C9013), for which we cannot find a reference AWP amount. However, we have CY 2003 hospital claims data for C9013, and we are proposing to derive its payment rate using its median cost per unit. Therefore, we are proposing a CY 2005 payment rate for C9013 of $143.96. We request comments on our proposed methodology for determining the payment rate for C9013.

We note that there are three radiopharmaceutical products for which we are proposing a different payment policy in CY 2005. These products are represented by HCPCS codes A9526 (Ammonia N–13, per dose), C1775 (FDG, per dose (4–40 mCi/ml), and Q3000 (Rubidium-Rb-82). Radiopharmaceuticals are classified as a "specified covered outpatient drug" according to section 1833(t)(14)(B)(i)(I) of the Act; and their payment is dependent on their classification as a single source, innovator multiple cource, or noninnovator multiple source product as defined by sections 1927(k)(7)(A)(iv), (ii), and (iii) of the Act. Upon further analysis of these items, we determined that these three products do not meet the statutory definition of a sole source item or a multiple source item. Pub. L. 108–173 requires us to pay for "specified covered outpatient drugs" using specific payment methodologies based on their classification and does not address how payment should be made for items that do not meet the definition of a sole source or multiple source item. Therefore, we are proposing to set the CY 2005 payment rates for these three products based on median costs derived from CY 2003 hospital outpatient claims data, which would reflect hospital costs associated with these products. With regard to HCPCS code A9526, we have no hospital outpatient cost data for this HCPCS code. We received correspondence from an outside source stating that Rubidium-Rb-82 (HCPCS code Q3000) is an alternative product used for procedures for which Ammonia N–13 is also used and these two products are similar in cost. Therefore, we are proposing to establish a payment rate for Ammonia N–13 that is equivalent to the payment rate for Rubdium Rb–82.

We request comments on the proposed CY 2005 payment rates for these three items and invite commenters to submit external data if they believe the proposed CY 2005 payment rates for these items do not adequately represent actual hospital costs. Table 25 below lists the CY 2005 OPPS payment rates that we are proposing for these three radiophmaceutical products.

Table 25.—Proposed CY 2005 APC Payment Rates for Three Radiopharmaceuticals That Do Not Meet the Definition of a Single Source or Multiple Source Item

HCPCS Code	Status Indicator	APC	Short Description	CY 2005 Proposed Payment Rate
A9526	K	0737	Ammonia N-13, per dose	$111.91
C1775	K	1775	FDG, per dose (4-40 mCi/ml)	$220.50
Q3000	K	9025	Rubidium-Rb-82	$111.91

Table 25A lists the proposed payment amounts for sole source drugs, biologicals, and radiopharmaceuticals effective January 1, 2005 to December 31, 2005.

Table 25A.--Proposed OPPS Payment Amounts for Sole Source Drugs, Biologicals, and Radiopharmaceuticals for CY 2005

HCPCS	Status Indicator	APC	Short Description	CY 2005 Proposed Payment Rate
A4642	K	0704	Satumomab pendetide per dose	$1,390.25
A9500	K	1600	Technetium TC 99m sestamibi	$106.32
A9502	K	0705	Technetium TC99M tetrofosmin	$104.58
A9504	K	1602	Technetium tc 99m apcitide	$415.00
A9507	K	1604	Indium/111 capromab pendetid	$1,915.23
A9508	K	1045	Iobenguane sulfate I-131, per 0.5 mCi	$996.00
A9511	K	1095	Technetium TC 99m depreotide	$38.00
A9521	K	1096	Technetiumtc-99m exametazine	$778.13
A9605	K	0702	Samarium sm153 lexidronamm	$916.90
C1079	K	1079	CO 57/58 per 0.5 uCi	$221.78
C1080	K	1080	I-131 tositumomab, dx	$2,241.00
C1081	K	1081	I-131 tositumomab, tx	$19,422.00
C1082	K	9118	In-111 ibritumomab tiuxetan	$2,419.78
C1083	K	9117	Yttrium 90 ibritumomab tiuxetan	$20,948.25
C1091	K	1091	IN111 oxyquinoline,per0.5mCi	$373.50
C1092	K	1092	IN 111 pentetate per 0.5 mCi	$224.10
C1122	K	1122	Tc 99M ARCITUMOMAB PER VIAL	$1,079.00
C1178	K	1178	BUSULFAN IV, 6 Mg	$27.87
C1201	K	1201	TC 99M SUCCIMER, PER Vial	$118.52
C1305	K	1305	Apligraf	$1,130.88
C9003	K	9003	Palivizumab, per 50 mg	$576.51
C9008	K	9008	Baclofen Refill Kit-500mcg	$10.21
C9009	K	9009	Baclofen Refill Kit-2000mcg	$37.64
C9013	K	9013	Co 57 cobaltous chloride	$143.96
C9105	K	9105	Hep B imm glob, per 1 ml	$118.32
C9109	K	9109	Tirofiban hcl, 6.25 mg	$205.92
C9112	K	9112	Perflutren lipid micro, 2ml	$129.69
C9200	K	9200	Orcel, per 36 cm2	$991.85
C9201	K	9201	Dermagraft, per 37.5 sq cm	$529.54
C9202	K	9202	Octafluoropropane	$129.48
J0130	K	1605	Abciximab injection	$448.22
J0207	K	7000	Amifostine	$395.75
J0287	K	9024	Amphotericin b lipid complex	$19.09
J0288	K	0735	Ampho b cholesteryl sulfate	$15.20
J0289	K	0736	Amphotericin b liposome inj	$31.27
J0350	K	1606	Injection anistreplase 30 u	$2,353.53
J0583	K	9111	Bivalirudin	$1.52
J0585	K	0902	Botulinum toxin a per unit	$4.32

HCPCS	Status Indicator	APC	Short Description	CY 2005 Proposed Payment Rate
J0587	K	9018	Botulinum toxin type B	$7.68
J0637	K	9019	Caspofungin acetate	$32.65
J0850	K	0903	Cytomegalovirus imm IV /vial	$622.13
J1260	K	0750	Dolasetron mesylate	$14.38
J1327	K	1607	Eptifibatide injection	$11.21
J1438	K	1608	Etanercept injection	$135.56
J1440	K	0728	Filgrastim 300 mcg injection	$162.41
J1441	K	7049	Filgrastim 480 mcg injection	$274.40
J1563	K	0905	IV immune globulin	$68.48
J1564	K	9021	Immune globulin 10 mg	$0.75
J1565	K	0906	RSV-ivig	$16.55
J1626	K	0764	Granisetron HCl injection	$16.20
J1745	K	7043	Infliximab injection	$57.40
J1830	K	0910	Interferon beta-1b / .25 MG	$58.73
J1950	K	0800	Leuprolide acetate /3.75 MG	$451.98
J2020	K	9001	Linezolid injection	$32.15
J2324	K	9114	Nesiritide	$132.47
J2353	K	1207	Octreotide injection, depot	$71.66
J2354	K	7031	Octreotide inj, non-depot	$3.72
J2405	K	0768	Ondansetron hcl injection	$5.54
J2505	K	9119	Injection, pegfilgrastim 6mg	$2,448.50
J2788	K	9023	Rho d immune globulin 50 mcg	$30.38
J2792	K	1609	Rho(D) immune globulin h, sd	$17.95
J2820	K	0731	Sargramostim injection	$25.39
J2941	K	7034	Somatropin injection	$280.87
J2993	K	9005	Reteplase injection	$1,192.09
J3100	K	9002	Tenecteplase injection	$2,350.98
J3245	K	7041	Tirofiban hydrochloride	$411.85
J3305	K	7045	Inj trimetrexate glucoronate	$142.50
J3395	K	1203	Verteporfin injection	$1,274.05
J3487	K	9115	Zoledronic acid	$197.87
J7190	K	0925	Factor viii	$0.76
J7191	K	0926	Factor VIII (porcine)	$1.78
J7192	K	0927	Factor viii recombinant	$1.10
J7193	K	0931	Factor IX non-recombinant	$0.98
J7194	K	0928	Factor ix complex	$0.32
J7195	K	0932	Factor IX recombinant	$0.98
J7198	K	0929	Anti-inhibitor	$1.25
J7320	K	1611	Hylan G-F 20 injection	$203.70
J7504	K	0890	Lymphocyte immune globulin	$243.50
J7507	K	0891	Tacrolimus oral per 1 MG	$3.05
J7511	K	9104	Antithymocyte globuln rabbit	$312.41
J7517	K	9015	Mycophenolate mofetil oral	$2.46
J7520	K	9020	Sirolimus, oral	$6.23
J8510	K	7015	Oral busulfan	$2.08
J8520	K	7042	Capecitabine, oral, 150 mg	$2.96

HCPCS	Status Indicator	APC	Short Description	CY 2005 Proposed Payment Rate
J8700	K	1086	Temozolomide	$6.42
J9001	K	7046	Doxorubicin hcl liposome inj	$343.78
J9010	K	9110	Alemtuzumab injection	$510.70
J9020	K	0814	Asparaginase injection	$54.71
J9031	K	0809	Bcg live intravesical vac	$139.90
J9045	K	0811	Carboplatin injection	$129.96
J9151	K	0821	Daunorubicin citrate liposom	$64.60
J9170	K	0823	Docetaxel	$312.69
J9178	K	1167	Inj, epirubicin hcl, 2 mg	$24.14
J9185	K	0842	Fludarabine phosphate inj	$311.09
J9201	K	0828	Gemcitabine HCl	$105.73
J9202	K	0810	Goserelin acetate implant	$390.09
J9206	K	0830	Irinotecan injection	$127.33
J9213	K	0834	Interferon alfa-2a inj	$30.48
J9214	K	0836	Interferon alfa-2b inj	$13.00
J9215	K	0865	Interferon alfa-n3 inj	$8.17
J9217	K	9217	Leuprolide acetate suspnsion	$543.72
J9219	K	7051	Leuprolide acetate implant	$4,717.72
J9245	K	0840	Inj melphalan hydrochl 50 MG	$367.03
J9268	K	0844	Pentostatin injection	$1,683.24
J9270	K	0860	Plicamycin (mithramycin) inj	$93.80
J9293	K	0864	Mitoxantrone hydrochl / 5 MG	$313.96
J9310	K	0849	Rituximab cancer treatment	$437.83
J9350	K	0852	Topotecan	$697.76
J9355	K	1613	Trastuzumab	$50.79
J9390	K	0855	Vinorelbine tartrate/10 mg	$95.23
J9600	K	0856	Porfimer sodium	$2,274.78
Q0136	K	0733	Non esrd epoetin alpha inj	$11.09
Q0137	K	0734	Darbepoetin alfa, non esrd	$4.14
Q0166	K	0765	Granisetron HCl 1 mg oral	$39.04
Q0179	K	0769	Ondansetron HCl 8mg oral	$26.12
Q0180	K	0763	Dolasetron mesylate oral	$63.28
Q0187	K	1409	Factor viia recombinant	$1,410.34
Q2002	K	7022	Elliotts b solution per ml	$1.50
Q2003	K	7019	Aprotinin, 10,000 kiu	$12.51
Q2005	K	7024	Corticorelin ovine triflutat	$353.70
Q2006	K	7025	Digoxin immune fab (ovine)	$332.00
Q2007	K	7026	Ethanolamine oleate 100 mg	$63.29
Q2008	K	7027	Fomepizole, 15 mg	$10.04
Q2009	K	7028	Fosphenytoin, 50 mg	$5.31
Q2011	K	7030	Hemin, per 1 mg	$6.47
Q2013	K	7040	Pentastarch 10% solution	$131.99
Q2017	K	7035	Teniposide, 50 mg	$224.94
Q2018	K	7037	Urofollitropin, 75 iu	$56.59
Q2021	K	9057	Lepirudin	$130.30

HCPCS	Status Indicator	APC	Short Description	CY 2005 Proposed Payment Rate
Q2022	K	1618	VonWillebrandFactrCmplxperIU	$0.83
Q3002	K	1619	Gallium ga 67	$27.10
Q3003	K	1620	Technetium tc99m bicisate	$370.60
Q3005	K	1622	Technetium tc99m mertiatide	$31.13
Q3007	K	1624	Sodium phosphate p32	$94.98
Q3008	K	1625	Indium 111-in pentetreotide	$1,079.00
Q3011	K	1628	Chromic phosphate p32	$146.64
Q3012	K	1089	Cyanocobalamin cobalt co57	$85.49
Q3025	K	9022	IM inj interferon beta 1-a	$74.44

In order to determine the payment amounts for innovator multiple source and noninnovator multiple source forms of the drug, biological, or radiopharmaceutical, we compared the payments established under the median cost methodology to their reference AWP. For innovator multiple source items, we are proposing to set payment rates at the lower of the payment rate calculated under our standard median cost methodology or 68 percent of the reference AWP. For noninnovator or multiple source items, we are proposing to set payment rates at the lower of the payment rate calculated under our standard median cost methodology or 46 percent of the reference AWP. We followed this same methodology to set payment amounts for innovator multiple source and noninnovator multiple source specified covered to payment drugs that were implemented by the January 6, 2004 interim final rule with comment period.

Table 26 lists the proposed payment amounts for innovator and noninnovator multiple source drugs, biologicals, and radiopharmaceuticals effective January 1, 2005 to December 31, 2005.

Table 26.--Proposed OPPS Payment Amounts for Innovator and Noninnovator Multiple Source Drugs, Biologicals, and Radiopharmaceuticals for CY 2005

HCPCS	Status Indicator	APC	Short Description	2005 Proposed Payment Rate
A9505	K	1603	Thallous chloride TL 201/mci	$18.29
A9517	K	1064	Th I131 so iodide cap millic	$6.60
A9528	K	1064	Dx I131 so iodide cap millic	$6.60
A9529	K	1065	Dx I131 so iodide sol millic	$9.84
A9530	K	1065	Th I131 so iodide sol millic	$9.84
A9600	K	0701	Strontium-89 chloride	$410.45
C9400	K	9400	Thallous chloride, brand	$20.86
C9401	K	9401	Strontium-89 chloride,brand	$410.45
C9402	K	9402	Th I131 so iodide cap, brand	$6.60
C9403	K	9403	Dx I131 so iodide cap, brand	$6.60
C9404	K	9404	Dx I131 so iodide sol, brand	$9.84
C9405	K	9405	Th I131 so iodide sol, brand	$9.84
C9410	K	9410	Dexrazoxane HCl inj, brand	$125.24
C9411	K	9411	Pamidronate disodium, brand	$162.66
C9413	K	9413	Sodium hyaluronate inj, brand	$54.33
C9414	K	9414	Etoposide oral, brand	$27.72
C9415	K	9415	Doxorubic hcl chemo, brand	$6.94
C9417	K	9417	Bleomycin sulfate inj, brand	$130.56
C9418	K	9418	Cisplatin inj, brand	$11.42
C9419	K	9419	Inj cladribine, brand	$36.72
C9420	K	9420	Cyclophosphamide inj, brand	$4.10
C9421	K	9421	Cyclophosphamide lyo, brand	$3.50
C9422	K	9422	Cytarabine hcl inj, brand	$2.28
C9423	K	9423	Dacarbazine inj, brand	$8.24
C9424	K	9424	Daunorubicin, brand	$53.14
C9425	K	9425	Etoposide inj, brand	$1.22
C9426	K	9426	Floxuridine inj, brand	$97.92
C9427	K	9427	Ifosfomide inj, brand	$101.46
C9428	K	9428	Mesna injection, brand	$25.07
C9429	K	9429	Idarubicin hcl inj, brand	$13.45
C9430	K	9430	Leuprolide acetate inj, bran	$21.41
C9431	K	9431	Paclitaxel inj, brand	$95.84
C9432	K	9432	Mitomycin inj, brand	$45.70
C9433	K	9433	Thiotepa inj, brand	$66.98
C9435	K	9435	Gonadorelin hydroch, brand	$16.08
C9436	K	9436	Azathioprine parenteral,brnd	$44.61
C9438	K	9438	Cyclosporine oral, brand	$1.81
J1190	K	0726	Dexrazoxane HCl injection	$113.28
J1620	K	7005	Gonadorelin hydroch/ 100 mcg	$16.09
J2430	K	0730	Pamidronate disodium /30 MG	$128.74
J7317	K	7316	Sodium hyaluronate injection	$54.33
J7501	K	0887	Azathioprine parenteral	$30.18

HCPCS	Status Indicator	APC	Short Description	2005 Proposed Payment Rate
J7502	K	0888	Cyclosporine oral 100 mg	$1.81
J8560	K	0802	Etoposide oral 50 MG	$21.91
J9000	K	0847	Doxorubic hcl 10 MG vl chemo	$4.69
J9040	K	0857	Bleomycin sulfate injection	$88.32
J9060	K	0813	Cisplatin 10 MG injection	$7.73
J9065	K	0858	Inj cladribine per 1 MG	$24.84
J9070	K	0815	Cyclophosphamide 100 MG inj	$2.77
J9093	K	0816	Cyclophosphamide lyophilized	$2.36
J9100	K	0817	Cytarabine hcl 100 MG inj	$1.55
J9130	K	0819	Dacarbazine 100 mg inj	$6.14
J9150	K	0820	Daunorubicin	$35.94
J9181	K	0824	Etoposide 10 MG inj	$0.83
J9200	K	0827	Floxuridine injection	$66.24
J9208	K	0831	Ifosfomide injection	$72.81
J9209	K	0732	Mesna injection	$17.66
J9211	K	0832	Idarubicin hcl injection	$13.46
J9218	K	0861	Leuprolide acetate injeciton	$14.48
J9265	K	0863	Paclitaxel injection	$79.04
J9280	K	0862	Mitomycin 5 MG inj	$30.91
J9340	K	0851	Thiotepa injection	$45.31

b. Proposal To Treat Three Sunsetting Pass-Through Drugs as Specified Covered Outpatient Drugs

As discussed in section V.A.2 of the preamble, there are 13 drugs and biologicals whose pass-through status will expire on December 31, 2004. Table 22 lists these drugs and biologicals.

Pass-through payment was made for 10 of these 13 items as of December 31, 2002. Therefore, these 10 items now qualify as specified covered outpatient drugs under section 1833(t)(14) of the Act, as added by section 621(a) of Pub. L. 108–173, as described above. However, pass-through status for three of the pass-through drugs and biologicals that will expire on December 31, 2004 (C9121, Injection, argatroban; J9395, Fulvestrant; and J3315, Triptorelin pamoate), was first made effective on January 1, 2003. These items are specifically excluded from the definition of "specified covered outpatient drugs'' in section 1833(t)(14)(B)(ii) of the Act, because they are not drugs or biologicals for which pass-through payment was first made on or before December 31, 2002. Pub. L. 108–173 does not address how to set payment for items whose pass-through status expires in CY 2005, but for which pass-through payment was not made as of December 31, 2002.

Therefore, we are proposing to pay for the three expiring pass-through items for which payment was first made on January 1, 2003 rather than on or before December 31, 2002 using the methodology described under section 1833(t)(14) of the Act for specified covered outpatient drugs. We believe that this methodology would allow us to determine appropriate payment amounts for these products in a manner that is consistent with how we pay for drugs and biologicals whose pass-through status was effective as of December 31, 2002, and that does not penalize those products for receiving pass-through status on or after January 1, 2003. Table 27 below lists the CY 2005 OPPS payment rates that we are proposing for these three drugs and biologicals.

Of the 13 products for which we are proposing that pass-through status expire on December 31, 2004, we are proposing to package two of them (C9113, Inj. Pantoprazole sodium and J1335, Ertapenum sodium) because their median cost per day falls below the $50 packaging threshold. The remaining 11 drugs and biologicals were determined to be sole source items and would be paid separately according to the payment methodology for sole source products described above.

We wish to note that darbepoetin alfa (Q0137) will be considered a specified covered outpatient drug in CY 2005. Payment for these drugs is governed under section 1833(t)(14) of the Act. Specifically, darbepoetin alfa will be paid as a sole-source drug at a rate between 83 and 95 percent of its reference AWP. Given the status required under 1833(t)(14) of the Act, as added by section 621(a)(1) of Pub. L. 108–173, we specifically solicit comment on whether we should again apply an equitable adjustment, made pursuant to 1833(t)(2)(E) of the Act, to the price of this drug.

Table 27—Proposed CY 2005 APC Payment Rates for Three Expiring Pass-Through Drugs and Biologicals That Will Be Treated As Specified Covered Outpatient Drugs

HCPCS	Status Indicator	Short Description	APC	2005 Proposed Payment Rate
J9395	K	Injection, Fulvestrant	9120	$79.65
J3315	K	Triptorelin pamoate	9122	$362.78
C9121	K	Injection, argatroban	9121	$12.45

c. Proposed CY 2005 Payment for New Drugs and Biologicals With HCPCS Codes and Without Pass-Through Application and Reference AWP

Pub. L. 108–173 does not address OPPS payment in CY 2005 for new drugs and biologicals that have assigned HCPCS codes, but that do not have a reference AWP or approval for payment as pass-through drugs or biologicals. Because there is no statutory provision that dictates payment for such drugs and biologicals in CY 2005, and because we have no hospital claims data to use in establishing a payment rate for them, we investigated other possible options to pay for these items in CY 2005. Clearly, one option is to continue packaging payment for these new drugs and biologicals that have their own HCPCS codes until we accumulate sufficient claims data to calculate median costs for these items. Another option is to pay for them separately using a data source other than our claims data. The first option is consistent with the approach we have taken in prior years when claims data for new services and items are not available to calculate median costs. However, because these new drugs and biologicals may be expensive, we are concerned that packaging these new drugs and biologicals may jeopardize beneficiary access to them. In addition, we do not want to delay separate payment for a new drug or biological solely because a pass-through application was not submitted.

Therefore, in CY 2005, we are proposing to pay for these new drugs and biologicals which do not have pass-through status at a rate that is equivalent to the payment they would receive in the physician office setting, which will be established in accordance with the methodology described in the CY 2005 Physician Fee Schedule proposed rule (69 FR 47488, 47520 through 47524). We note that this payment methodology is the same as the methodology that would be used to calculate the OPPS payment amount that pass-through drugs and biologicals would be paid in CY 2005 in accordance with section 1842(o) of the Act, as amended by section 303(b) of Pub. L. 108–173, and section 1847A of the Act. Thus, we would be treating new drugs and biologicals with established HCPCS codes the same, irrespective of whether pass-through status has been determined. We are also proposing to assign status indicator "K" to HCPCS codes for new drugs and biologicals for which we have not received a pass-through application.

In light of this proposal, we understand that manufacturers might be hesitant to apply for pass-through status. However, we do not believe there would be many instances in CY 2005 when we would not receive a pass-through application for a new drug or biological that has a HCPCS code. To avoid delays in setting an appropriate payment amount for new drugs and biologicals and to expedite the processing of claims, we strongly encourage manufacturers to continue submitting pass-through applications for new drugs and biologicals when FDA approval for a new drug or biological is imminent to give us advance notice to begin working to create a HCPCS code and APC. The preliminary application would have to be augmented by FDA approval documents and final package inserts once such materials become available. However, initiating the pass-through application process as early as possible would enable us to expedite coding and pricing for the new drugs and biologicals and accelerate the process for including them in the next available OPPS quarterly release.

We discuss in section V.D. of this preamble how we are proposing to pay in CY 2005 for new drugs and biologicals between their FDA approval date and assignment of a HCPCS code and APC. We share the desire of providers and manufacturers to incorporate payment for new drugs and biological into the OPPS as expeditiously as possible to eliminate potential barriers to beneficiary access and to minimize the number of claims that must be processed manually under the OPPS interim process for claims without established HCPCS codes and APCs, and we solicit public comments on our proposal.

d. Proposed Payment for Separately Payable NonPass-Through Drugs and Biologicals

As discussed in section V.B.2. of this preamble, for CY 2005, we used CY 2003 claims data to calculate the proposed median cost per day for drugs, biologicals, and radiopharmaceuticals that have an assigned HCPCS code and are paid either as a packaged or separately payable item under the OPPS. Section 1833(t)(14) of the Act, as added by section 621(a) of Pub. L. 108–173, specified payment methodologies for most of these drugs, biologicals, and radiopharmaceuticals. However, this provision did not specify how payment was to be made for separately payable drugs and biologicals that never received pass-through status and that are not otherwise addressed in section 1833(t)(14) of the Act. Some of the items for which such payment is not specified are (1) those that have been paid separately since implementation of the OPPS on August 1, 2000, but are not eligible for pass-through status, and (2) those that have historically been packaged with the procedure with which they are billed but, based on the CY 2003 claims data, their median cost per day is above the legislated $50 packaging threshold. Because Pub. L. 108–173 does not address how we are to pay for such drugs and biologicals (any drug or biological that falls into one or the other category and that has a per day cost greater than $50), we are proposing to set payment based on median costs derived from the CY 2003 claims data. Because these products are generally older or low-cost items, or

both, we believe that the proposed payments would allow us to provide adequate payment to hospitals for furnishing these items. Table 28. below lists the drugs and biologicals to which this proposed payment policy would apply.

Table 28.—List of Drugs and Biologicals Not Eligible for Pass-Through Status and Proposed for Separate Nonpass-Through Payment

HCPCS	Status Indicator	APC	Short Description	2005 Proposed Payment Rate
A4643	K	9026	High dose contrast MRI	$26.52
A4647	K	9027	Supp- paramagnetic contr mat	$37.02
J0120	K	9028	Tetracyclin injection	$101.05
J0150	K	0379	Injection adenosine 6 MG	$12.42
J0152	K	0917	Adenosine injection	$20.45
J0282	K	9029	Amiodarone HCl	$12.06
J0285	K	9030	Amphotericin B	$63.80
J0395	K	9031	Arbutamine HCl injection	$68.80
J0475	K	9032	Baclofen 10 MG injection	$8.52
J0740	K	9033	Cidofovir injection	$353.60
J0945	K	9034	Brompheniramine maleate inj	$59.63
J1051	K	9035	Medroxyprogesterone inj	$17.75
J1212	K	9036	Dimethyl sulfoxide 50% 50 ML	$52.29
J1230	K	9037	Methadone injection	$13.46
J1245	K	0380	Dipyridamole injection	$11.85
J1410	K	9038	Inj estrogen conjugate 25 MG	$39.66
J1450	K	9039	Fluconazole	$23.51
J1452	K	9040	Intraocular Fomivirsen na	$949.71
J1460	K	9041	Gamma globulin 1 CC inj	$31.96
J1610	K	9042	Glucagon hydrochloride/1 MG	$46.61
J1730	K	9043	Diazoxide injection	$15.49
J1742	K	9044	Ibutilide fumarate injection	$130.82
J1750	K	9045	Iron dextran	$14.71
J1756	K	9046	Iron sucrose injection	$0.52
J1835	K	9047	Itraconazole injection	$42.56
J2260	K	7007	Inj milrinone lactate / 5 MG	$8.06
J2597	K	9048	Inj desmopressin acetate	$4.71
J2725	K	9049	Inj protirelin per 250 mcg	$41.24
J2916	K	9050	Na ferric gluconate complex	$6.29
J2995	K	0911	Inj streptokinase /250000 IU	$43.87
J2997	K	7048	Alteplase recombinant	$17.86
J3350	K	9051	Urea injection	$70.48
J3365	K	7036	Urokinase 250,000 IU inj	$125.96
J3400	K	9052	Triflupromazine hcl inj	$74.08
J3530	K	9053	Nasal vaccine inhalation	$93.39
J7342	K	9054	Metabolically active tissue	$7.23
J7350	K	9055	Injectable human tissue	$8.14
P9041	K	0961	Albumin (human),5%, 50ml	$19.47
P9045	K	0963	Albumin (human), 5%, 250 ml	$59.30
P9046	K	0964	Albumin (human), 25%, 20 ml	$13.16
P9047	K	0965	Albumin (human), 25%, 50ml	$55.94

e. Proposed CY 2005 Change in Payment Status for HCPCS Code J7308

Since implementation of the OPPS on August 1, 2000, HCPCS code J7308 (Aminolevulinic acid HCI for topical administration, 20 percent single unit dosage form) has been treated as a packaged item and denoted as such using status indicator "N''. Thus, historically we have not allowed separate payment for this drug under the OPPS. In CY 2005, this drug would receive a separate payment under the Medicare physician fee schedule when furnished in a physician's office. Therefore, as we generally intend to establish, wherever possible, consistent payment policies for drugs whether they are furnished in a hospital outpatient setting or in a physician's office or clinic, we are proposing to also pay separately for J7308 when furnished in a hospital outpatient department. Thus, for CY 2005, we are proposing to pay for this drug at 106 percent of ASP, which is equivalent to the payment rate that it would receive under the physician fee schedule. The proposed CY 2005 ASP and payment under the OPPS for J7308 is $88.86. We are soliciting comments on our proposed payment methodology for HCPCS code J7308 for CY 2005.

C. Proposed Coding and Billing for Specified Outpatient Drugs

[If you choose to comment on issues in this section, include the caption "Drug Coding and Billing'' at the beginning of your comment.]

As discussed in the January 6, 2004 interim final rule with comment period (69 FR 826), hospitals were instructed to bill for sole source drugs using the existing HCPCS code, which were priced in accordance with the provisions of newly added section 1833(t)(14)(A)(i) of the Act, as added by Pub. L. 108–173. However, at that time, the existing HCPCS codes did not allow us to differentiate payment amounts for innovator multiple source and noninnovator multiple source forms of the drug. Therefore, effective April 1, 2004, we implemented new HCPCS codes via Program Transmittal 112 (Change Request 3144, February 27, 2004) and Program Transmittal 132 (Change Request 3154, March 30, 2004) that providers were instructed to use to bill for innovator multiple source drugs in order to receive appropriate payment in accordance with section 1833(t)(14)(A)(i)(II) of the Act. Providers were also instructed to continue to use the current HCPCS codes to bill for noninnovator multiple source drugs to receive payment in accordance with section 1833(t)(14)(A)(i)(III). In this manner, drugs, biologicals, and radiopharmaceuticals will be appropriately coded to reflect their classification and be paid accordingly. We are proposing to continue this coding practice in CY 2005 with payment made in accordance with section 1833(t)(14)(A)(ii) of the Act.

D. Proposed Payment for New Drugs, Biologicals and Radiopharmaceuticals Before HCPCS Codes Are Assigned

[If you choose to comment on issues in this section, include the caption "HCPCS Codes'' at the beginning of your comment.]

1. Background

Historically, hospitals have used a code for an unlisted or unclassified drug, biological, or radiopharmaceutical or used an appropriate revenue code to bill for drugs, biologicals, and radiopharmaceuticals furnished in the outpatient department that do not have an assigned HCPCS code. The codes for not otherwise classified drugs, biologicals, and radiopharmaceuticals are assigned packaged status under the OPPS. That is, separate payment is not made for the code, but charges for the code would be eligible for an outlier payment and, in future updates, the charges for the code are packaged with the separately payable service with which the code is reported for the same date of service.

Drugs and biologicals that are newly approved by the FDA and for which a HCPCS code has not yet been assigned by the National HCPCS Alpha-Numeric Workgroup could qualify for pass-through payment under the OPPS. An application must be submitted to CMS in order for a drug or biological to be assigned pass-through status, along with a temporary C-code for billing purposes, and an APC payment amount. Pass-through applications are reviewed on a flow basis, and payment for drugs and biologicals approved for pass-through status is implemented throughout the year as part of the quarterly updates of the OPPS.

In the November 7, 2003 final rule with comment period (68 FR 63440), we explained how CMS generally pays under the OPPS for new drugs and biologicals that are assigned HCPCS codes, but that are not approved for pass-through payment, and for which CMS had no data upon which to base a payment rate. These codes do not receive separate payment, but are assigned packaged status. Hospitals were urged to report charges for the new codes even though separate payment is not provided. Charges reported for the new codes are used to determine hospital costs and payment rates in future updates. For CY 2004, we again noted that drugs that were assigned a HCPCS code effective January 1, 2004, and that were assigned packaged status, remain packaged unless pass-through status is approved for the drug. If pass-through status is approved for these drugs, pass-through payments are implemented prospectively in the next available quarterly release.

2. Provisions of Pub. L. 108–173

Section 621(a)(1) of Pub. L. 108–173 amended section 1833(t) of the Act by adding paragraph (15) to provide for payment for new drugs and biologicals until HCPCS codes are assigned under the OPPS. Under this provision, we are required to make payment for an outpatient drug or biological that is furnished as part of covered OPD services for which a HCPCS code has not been assigned in an amount equal to 95 percent of AWP. This provision applies only to payments under the OPPS, effective January 1, 2004. However, we did not implement this provision in the January 6, 2004 interim final rule with comment period because we had not determined at that time how hospitals would be able to bill Medicare and receive payment for a drug or biological that did not have an identifying HCPCS code.

As stated earlier, at its February 2004 meeting, the APC Panel heard presentations suggesting how to make payment for a drug or biological that did not have a code. The APC Panel recommended that we work swiftly to implement a methodology to enable hospitals to file claims and receive payment for drugs that are newly approved by the FDA. The APC Panel further recommended that we consider using temporary or placeholder codes that could be quickly assigned following FDA approval of a drug or biological to facilitate timely payment for new drugs and biologicals.

We have explored a number of options to make operational the provisions of section 1833(t)(15) of the Act, as added by section 621(a)(1) of Pub. L. 108–173, as soon as possible. One of the approaches that we considered was to establish a set of placeholder codes in the Outpatient Code Editor (OCE) and the PPS pricing software for the hospital OPPS (PRICER) that we would instruct hospitals to use when a new drug was approved. Hospitals would be able to submit claims using the new code but would receive no payment until the next quarterly update. By that time, we would have installed an actual payment amount and descriptor for the code into

the PRICER, and would mass-adjust claims submitted between the date of FDA approval and the date of installation of the quarterly release. A second option that we considered was to implement an APC, a C-code, and a payment amount as part of the first quarterly update following notice of FDA approval of a drug or biological. Hospitals would hold claims for the new drug or biological until the quarterly release was implemented and then submit all claims for the drug or biological for payment using the new C-code to receive payment on a retroactive basis. We also considered instructing hospitals to bill for a new drug or biological using a "not otherwise classified'' code for which they would receive an interim payment based on charges converted to cost. Final payment would then be reconciled at cost report settlement. While each of these approaches might enable hospitals to begin billing for a newly approved drug or biological as soon as it received FDA approval, each approach had significant operational disadvantages, such as increased burden on hospitals or payment delays, or the risk of significant overpayments or underpayments that could not be resolved until cost report settlement.

We adopted an interim approach that we believe balances the need for hospitals to receive timely and accurate payment as soon as a drug or biological is approved by the FDA with minimal disruption of the OPPS claims processing modules that support the payment of claims. On May 28, 2004 (Transmittal 188, Change Request 3287), we instructed hospitals to bill for a drug or biological that is newly approved by the FDA by reporting the National Drug Code (NDC) for the product along with a new HCPCS code C9399, Unclassified drug or biological. When C9399 appears on a claim, the OCE suspends the claim for manual pricing by the fiscal intermediary. The fiscal intermediary prices the claim at 95 percent of its AWP using Red Book or an equivalent recognized compendium, and processes the claim for payment. This approach enables hospitals to bill and receive payment for a new drug or biological concurrent with its approval by the FDA. The hospital does not have to wait for the next quarterly release or for approval of a product-specific HCPCS to receive payment for a newly approved drug or biological or to resubmit claims for adjustment. Hospitals would discontinue billing C9399 and the NDC upon implementation of a HCPCS code, status indicator, and appropriate payment amount with the next quarterly update. In this proposed rule, we are proposing to formalize this methodology for CY 2005 and to expand it to include payment for new radiopharmaceuticals to which a HCPCS code is not assigned (see section V.G. of this preamble). We are soliciting comments on the methodology and are particularly interested in the reaction of hospitals to using this approach to bill and receive timely payment under the OPPS for drugs, biologicals, and radiopharmaceuticals that are newly approved by the FDA, prior to assignment of a product-specific HCPCS code.

E. Proposed Payment for Vaccines

[If you choose to comment on issues in this section, include the caption "Vaccines'' at the beginning of your comment.]

Outpatient hospital departments administer large amounts of the vaccines for influenza (flu) and pneumococcal pneumonia (PPV), typically by participating in immunization programs. In recent years, the availability and cost of some vaccines (particularly the flu vaccine) have fluctuated considerably. As discussed in the November 1, 2002 final rule (67 FR 66718), we were advised by providers that OPPS payment was insufficient to cover the costs of the flu vaccine and that access of Medicare beneficiaries to flu vaccines might be limited. They cited the timing of updates to OPPS rates as a major concern. They indicated that our update methodology, which uses 2-year-old claims data to recalibrate payment rates, would never be able to take into account yearly fluctuations in the cost of the flu vaccine. We agreed with this concern and decided to pay hospitals for influenza and pneumococcal pneumonia vaccines based on a reasonable cost methodology. As a result of this change, hospitals, home health agencies (HHAs), and hospices, which were paid for these vaccines under the OPPS in CY 2002, have been receiving payment at reasonable cost for these vaccines since CY 2003. We are aware that access concerns continue to exist for these vaccines. However, we continue to believe that payment other than on a reasonable cost basis would exacerbate existing access problems. Therefore, we are proposing to continue paying for influenza and pneumococcal pneumonia vaccines under the reasonable cost methodology in CY 2005.

F. Proposed Changes in Payment for Single Indication Orphan Drugs

[If you choose to comment on issues in this section, include the caption "Orphan Drugs'' at the beginning of your comment.]

Section 1833(t)(1)((B)(i) of the Act gives the Secretary the authority to designate the hospital outpatient services to be covered. The Secretary has specified coverage for certain drugs as orphan drugs (section 1833(t)(14)(B)(ii)(III) of the Act as added by section 621(a)(1) of Pub. L. 108–173). Section 1833(t)(14)(C) of the Act as added by section 621(a)(1) of Pub. L. 108–173, gives the Secretary the authority in CYs 2004 and 2005 to specify the amount of payment for an orphan drug that has been designated as such by the Secretary.

We recognize that orphan drugs that are used solely for an orphan condition or conditions are generally expensive and, by definition, are rarely used. We believe that if the cost of these drugs were packaged into the payment for an associated procedure or visit, the payment for the procedure might be insufficient to compensate a hospital for the typically high cost of this special type of drug. Therefore, we are proposing to continue making separate payments for orphan drugs based on their currently assigned APCs.

In the November 1, 2002 final rule (67 FR 66772), we identified 11 single indication orphan drugs that are used solely for orphan conditions by applying the following criteria:

- The drug is designated as an orphan drug by the FDA and approved by the FDA for treatment of only one or more orphan conditions(s).
- The current United States Pharmacopoeia Drug Information (USPDI) shows that the drug has neither an approved use nor an off-label use for other than the orphan condition(s).

Eleven single indication orphan drugs were identified as having met these criteria and payments for these drugs were made outside of the OPPS on a reasonable cost basis.

In the November 7, 2003 final rule with comment period (68 FR 63452), we discontinued payment for orphan drugs on a reasonable cost basis and made separate payments for single indication orphan drugs. Payments for the orphan drugs were made at 88 percent of the AWP listed for these drugs in the April 1, 2003 single drug pricer, unless we were presented with verifiable information that shows that our payment rate does not reflect the price that is widely available to the hospital market. For CY 2004, Ceredase

(alglucerase) and Cerezyme (imiglucerase) were paid at 94 percent of AWP because external data submitted by commenters on the August 12, 2003 proposed rule caused us to believe that payment at 88 percent of AWP would be insufficient to ensure beneficiaries' access to these drugs.

In the December 31, 2003 correction of the November 7, 2003 final rule with comment period (68 FR 75442), we added HCPCS code J9017, arsenic trioxide (per unit) to our list of single indication orphan drugs. To date, the following are the 12 orphan drugs that we have identified as meeting our criteria: J0205 Injection, alglucerase, per 10 units; J0256 Injection, alpha 1-proteinase inhibitor, 10 mg; J9300 Gemtuzumab ozogamicin, 5 mg; J1785 Injection, imiglucerase, per unit; J2355 Injection, oprelvekin, 5 mg; J3240 Injection, thyrotropin alpha, 0.9 mg; J7513 Daclizumab parenteral, 25 mg; J9015 Aldesleukin, per vial; J9017 Arsenic trioxide, per unit; J9160 Denileukin diftitox, 300 mcg; J9216 Interferon, gamma 1-b, 3 million units and Q2019 Injection, basiliximab, 20 mg. We are not proposing any changes to this list of orphan drugs for CY 2005.

If we had not classified these drugs as single indication orphan drugs for payment under the OPPS, they would have met the definition and been paid as single source specified covered outpatient drugs, resulting in lower payments which could impede beneficiary access to these unique drugs dedicated to the treatment of rate diseases. Instead, for CY 2005, under our authority at section 1833(t)(14)(C) of the Act, we are proposing to pay for all 12 single indication orphan drugs, including Ceredase and Cerezyme, at the rate of 88 percent of AWP or 106 percent of the ASP, whichever is higher. However, for drugs where 106 percent of ASP would exceed 95 percent of AWP, payment would be capped at 95 percent of AWP, which is the upper limit allowed for sole source specific covered outpatient drugs. For example, Ceredase and Cerezyme would each be paid at 95 percent of the AWP because payment at 106 percent of the ASP for these two drugs not only exceeds 88 percent of the AWP but also exceeds 95 percent of the AWP. We are proposing to pay the higher of 88 percent of AWP or 106 percent of ASP capped at 95 percent of AWP to ensure that beneficiaries will continue to have access to such important drugs.

G. Proposal To Change Payment Policy for Radiopharmaceuticals

[If you choose to comment on issues in this section, include the caption "Radiopharmaceuticals'' at the beginning of your comment.]

In the November 1, 2002 OPPS final rule (67 FR 66757), we determined that we would classify any product containing a therapeutic radioisotope to be in the category of benefits described under section 1861(s)(4) of the Act. We also determined that the appropriate benefit category for diagnostic radiopharmaceuticals is section 1861(s)(3) of the Act. We stated in the November 1, 2002 final rule that we will consider neither diagnostic nor therapeutic radiopharmaceuticals to be drugs as defined in 1861(t) of the Act (67 FR 66757). Therefore, beginning with the CY 2003 OPPS update, and continuing with the CY 2004 OPPS update, we have not qualified diagnostic or therapeutic radiopharmaceuticals as drugs or biologicals.

When we analyzed the many changes mandated by Pub. L. 108–173 that affect how we would pay for drugs, biologicals, and radiopharmaceuticals under the OPPS in CY 2005, we revisited the decision that we implemented in CY 2003 not to classify diagnostic and therapeutic radiopharmaceuticals as drugs or biologicals. In our analysis, we noted that although we did not consider radiopharmaceuticals for pass-through payment in CYs 2003 and 2004, we did apply to radiopharmaceuticals the same packaging threshold policy that we applied to other drugs and biologicals, and which we are proposing to continue in CY 2005. In addition, for the CY 2004 OPPS update, we applied the same adjustments to median costs for radiopharmaceuticals that we applied to separately payable drugs and biologicals that did not have pass-through status (68 FR 63441).

In our review of this policy, we noted that section 1833(t)(14)(B)(i) of the Act, as amended by section 621(a) of Pub. L. 108–173, does include "radiopharmaceutical'' within the meaning of the term "specified covered outpatient drugs,'' although neither section 621(a)(2) nor section 621(a)(3) of Pub. L. 108–173 includes a reference to radiopharmaceuticals.

In an effort to provide a consistent reading and application of the statute, we are proposing to apply to radiopharmaceuticals certain provisions in section 621 of Pub. L. 108–173 which affect payment for drugs and biologicals billed by hospitals for payment under the OPPS. We believe it is reasonable to include radiopharmaceuticals in the general category of drugs in light of their inclusion as specified covered outpatient drugs in section 1833(t)(14)(B) of the Act, as added by section 621(a)(1) of Pub. L. 108–173.

Section 621(a)(1) of Pub. L. 108–173, which amends section 1833(t) of the Act by adding a new subparagraph (14) affecting payment for radiopharmaceuticals under the OPPS, is unambiguous. This provision clearly requires that separately paid radiopharmaceuticals be classified as "specified covered outpatient drugs.'' Therefore, in CY 2005, we propose to continue to set payment for radiopharmaceuticals in accordance with these requirements, which are discussed in detail in section V.B.3. of this preamble.

Section 1833(t)(16)(B) of the Act, as added by section 621(a)(2) of Pub. L. 108–173, requires us to reduce the threshold for the establishment of separate APCs with respect to drugs and biologicals to $50 per administration for drugs and biologicals furnished in 2005 and 2006. We are proposing to apply the $50 packaging threshold methodology discussed in section V.B.2. of this preamble to radiopharmaceuticals as well as to drugs and biologicals.

Section 1833(t)(15) of the Act, added by section 621(a)(1) of Pub. L. 108–173, requires us to make payment equal to 95 percent of the AWP for an outpatient drug or biological that is covered and furnished as part of covered OPD services for which a HCPCS code has not been assigned. We propose, beginning in CY 2005, to extend to radiopharmaceuticals the same payment methodology proposed in section V.D. of this preamble for new drugs and biologicals before HCPCS codes are assigned. That is, we are proposing to pay for newly approved radiopharmaceuticals, as well as newly approved drugs and biologicals, at 95 percent of AWP prior to assignment of a HCPCS code.

Section 1833(t)(5)(E) of the Act, as added by section 621(a)(3) of Pub. L. 108–173, excludes separate drug and biological APCs from outlier payments. Beginning in CY 2005, we are proposing to apply section 621(a)(3) of Pub. L. 108–173 to APCs for radiopharmaceuticals. That is, beginning in CY 2005, radiopharmaceuticals would be excluded from receiving outlier payments.

Consistent with our proposal to apply to radiopharmaceutical agents payment policies that apply to drugs and biologicals, we further propose, beginning in CY 2005, to accept applications for pass-through status for certain radiopharmaceuticals. That is, we propose on a prospective basis to consider for pass-through status those

radiopharmaceuticals to which a HCPCS code is first assigned on or after January 1, 2005. As we explain in section V.A.3. above, section 1833(t)(6)(D)(i) of the Act sets the payment rate for pass-through eligible drugs and biologicals as the amount determined under section 1842(o) of the Act. We propose in section V.A.3. to pay for drugs and biologicals with pass-through status in CY 2005 consistent with the provisions of section 1842(o) of the Act as amended by Pub. L. 108–173, at a rate that is equivalent to the payment these drugs and biologicals would receive in the physician office setting and set in accordance with the methodology described in the Medicare Physician Fee Schedule Proposed Rule for CY 2005 (69 FR 47488, 47520 through 47524).

We issued an interim final rule with comment period entitled "Medicare Program: Manufacturer Submission of Manufacturer's Average Sales Price (ASP) Data for Medicare Part B Drugs and Biologicals'' in the April 6, 2004 **Federal Register**, related to the calculation and submission of manufacturer's ASP data (69 FR 17935). We need these data in order to determine payment for drugs and biologicals furnished in a physician office setting in accordance with the methodology described in the Medicare Physician Fee Schedule Proposed Rule (69 FR 47488, 47520 through 47524). However, the April 6, 2004 interim final rule with comment period excludes radiopharmaceuticals from the data reporting requirements that apply to Medicare Part B covered drugs and biologicals paid under sections 1842(o)(1)(D), 1847A, or 1881(b)(13)(A)(ii) of the Act (69 FR 17935). As a consequence, we would not have the same type of data available to determine payment for a new radiopharmaceutical approved for pass-through status after January 1, 2005 that would be available to determine payment for a new drug or biological with pass-through status in CY 2005.

Therefore, in order to set payment for a new radiopharmaceutical approved for pass-through status in accordance with 1842(o) and in a manner that is consistent with how we propose to set payment for a pass-through drug or biological, we are proposing a methodology that would apply solely to new radiopharmaceuticals for which payment would be made under the OPPS and for which an application for pass-through status is submitted after January 1, 2005. That is, in order to receive pass-through payment for a new radiopharmaceutical under the OPPS, a manufacturer would be required to submit data and certification for the radiopharmaceutical in accordance with the requirements that apply to drugs and biologicals under section 303 of Pub. L. 108–173 as set forth in the interim final rule with comment period issued in the April 6, 2004 **Federal Register** (66 FR 17935) and described on the CMS website at *cms.hhs.gov.* Payment would be determined in accordance with the methodology applicable to drugs and biologicals that is discussed in the CY 2005 Medicare Physician Fee Schedule proposed rule (69 FR 47488, 47520–47524). In the event the manufacturer seeking pass-through status for a radiopharmaceutical does not submit data in accordance with the requirements specified for new drugs and biologicals, we propose to set payment for the new radiopharmaceutical as a specified covered outpatient drug, under section 1833(t)(14)(A) as added by section 621(a)(1) of Pub. L. 108–173.

H. Proposed Coding and Payment for Drug Administration

[If you choose to comment on issues in this section, include the caption "Drug Administration'' at the beginning of your comment.]

Since implementation of the OPPS, Medicare OPPS payment for administration of cancer chemotherapy drugs and infusion of other drugs has been made using the following HCPCS codes:

- Q0081, Infusion therapy other than chemotherapy, per visit
- Q0083, Administration of chemotherapy by any route other than infusion, per visit
- Q0084, Administration of chemotherapy by infusion only, per visit
- Q0085, Administration of chemotherapy by both infusion and another route, per visit

In the CY 2004 proposed rule, we proposed to change coding and payment for these services to enable us to pay more accurately for the wide range of services and the drugs that we package into these per visit codes. (See August 12, 2003 proposed rule (68 FR 47998) for background discussion on these codes.) Commenters on the CY 2004 proposed rule recommended that we use the CPT codes for drug administration. One commenter provided a crosswalk from the CPT codes for drug administration to the Q codes that we could use in a transition. We did not implement this in the final rule for CY 2004 OPPS but indicated that we would consider it for CY 2005 and would discuss it with the APC Panel at its February 2004 meeting.

Commenters and the APC Panel recommended that we discontinue use of code Q0085 for CY 2004 because codes Q0083 and Q0084 could be used together to report the services described by code Q0085. We did implement this change for CY 2004 and made code Q0085 nonpayable for CY 2004 OPPS.

At the APC Panel meeting, we presented a proposal from an outside organization that matched CPT codes for chemotherapy and nonchemotherapy infusions to the Q codes currently used to pay for these services under the OPPS. We asked the APC Panel for their perspective on the potential benefit of using the proposed coding approach as the basis for billing and determining OPPS payment for administering these drugs. The APC Panel recommended that CMS continue to review the organization's proposed coding crosswalk with the goal of using it to transition from the use of Q codes to that of CPT codes to bill for administration of these drugs.

For CY 2005, we are proposing to use the CPT codes for drug administration but to crosswalk the CPT codes into APCs that reflect how the services would have been paid under the Q codes. Although hospitals would bill the CPT codes and include the charges for each CPT code on the claim, payment would be made on a per visit basis, using the cost data from the per visit Q codes (Q0081, Q0083 and Q0084) to set the payment rate for CY 2005. See Table 29. for the crosswalk of CPT codes into APCs based on the Q codes. The only change from the crosswalk that was submitted by the outside organization is that we are proposing a Q code and APC crosswalk for CPT code 96549 (Unlisted chemotherapy procedure), rather than bundling that service. We believe that Q0083 is the code that would have previously been reported by hospitals to describe the unlisted service. In addition, this would place the unlisted service in our lowest resource utilization APC for chemotherapy, consistent with our policy for other unlisted services.

We are proposing to establish the Q code and APC crosswalk for CPT code 96549 because there is no CPT specific charge or frequency data on which to set payments. The CY 2005 OPPS is based on CY 2003 claims data which used the Q codes. Therefore, the only cost data available to us for establishment of median costs is the data based on the Q codes for drug administration. Moreover, the only frequency data that are available for use in calculating the scaler for budget neutrality of payment weights are the frequency data for the Q

codes. Therefore, the payments set for the CPT codes must use the cost data for the Q codes and must result in the same payments that would have been made had the Q codes been continued.

Under this proposed methodology, hospitals would report the services they furnish with the CPT codes and would show the charges that they assign to the CPT codes on the claim. The Medicare OCE would assign the code to an APC whose payment is based on the per visit Q code that would have been used absent coding under CPT. In most cases, the OCE would collapse multiple codes or multiple units of the same CPT code into a single unit to be paid a single APC amount. This approach is needed because the data for the Q codes is reported on a per visit basis and more than one unit of a CPT code can be provided in a visit.

For example, CPT code 96410 (Chemotherapy administration infusion technique, up to 1 hour) is for infusion of chemotherapy drugs for the first hour, and CPT code 96412 is for chemotherapy infusion up to 8 hours, each additional hour. The claims data used to set the APC payment rate for these codes is for a per visit amount (taken from CY 2003 data for Q0084 a per visit code). The frequency data on the claim are also on a per visit basis. For CY 2005, we are proposing that CPT code 96410 would be paid one unit of APC 0117 (to which CPT code 96410 would be crosswalked) and no separate payment would be made for CPT code 96412, regardless of whether one unit or more than one unit is billed. CPT code 96412 would be a packaged code for CY 2005. Under the Q code data on which the payment weight for APC 0117 is based, the per visit amount would represent a payment that is appropriate for all drug administration services in a visit (that is, one unit of CPT code 96410 and as many units of CPT code 96412 as were furnished in the same visit).

Similarly, when a hospital bills 3 units of 96400 (Chemotherapy administration, subcutaneous or intramuscular, with or without local anesthesia), the OCE would assign one unit of APC 0116 for that code. (APC 0116 is the APC to which CPT code 96400 would be crosswalked.) The payment would be based on Q0083, a per visit code, because, absent the ability to be paid based on CPT codes, the hospital would have billed one unit of Q0083 (for the 3 injections) had we not discontinued the Q codes for CY 2005. The OCE would assume that there was one and only one visit in which there were 3 injections and would pay accordingly (that is, one unit of APC 0116).

If we adopt the CPT codes for drug administration to ensure accurate payment in the future, it would be critical for hospitals to bill the charges for the packaged CPT codes for drug administration for CY 2005 (that is, the CPT codes with SI=N), even though there would be no separate payment for them in CY 2005. For CY 2007 OPPS, CY 2005 claims data would be used as the basis for setting median costs for each CPT code, based on the reported charges reduced to cost, and would determine what APC configuration ensures most appropriate payment for the CPT drug administration codes. If hospitals do not bill charges in CY 2005 for the packaged drug administration CPT codes such as CPT codes 96412, 96423, 96545, or 90781, they would jeopardize our ability to make accurate payments for services billed and paid under these codes in CY 2007 when we use the CY 2005 data to set the payment weights.

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Table 29.--Proposed Crosswalk from CPT Codes for Drug Administration to Drug Administration APCs

CPT Code	Description	Proposed SI	Proposed APC	Corresponding HCPCS code	Maximum units of the APC OCE would assign, regardless of codes billed
96400	Chemotherapy, sc/im	S	116	Q0083	1
96405	Intralesional chemo admin	S	116	Q0083	1
96406	Intralesional chemo admin	S	116	Q0083	1
96408	Chemotherapy, push technique	S	116	Q0083	1
96410	Chemotherapy,infusion method	S	117	Q0084	1
96412	Chemo, infuse method add-on	N	--	--	0
96414	Chemo, infuse method add-on	S	117	Q0084	1
96420	Chemotherapy, push technique	S	116	Q0083	1
96422	Chemotherapy,infusion method	S	117	Q0084	1
96423	Chemo, infuse method add-on	N	--	--	0
96425	Chemotherapy,infusion method	S	117	Q0084	1
96440	Chemotherapy, intracavitary	S	116	Q0083	1
96445	Chemotherapy, intracavitary	S	116	Q0083	1
96450	Chemotherapy, into CNS	S	116	Q0083	1
96542	Chemotherapy injection	S	116	Q0083	1
96545	Provide chemotherapy agent	N	--	--	0
96549	Chemotherapy, unspecified	S	116	Q0083	1
90780	IV infusion therapy, 1 hour	T	120	Q0081	1
90781	IV infusion, additional hour	N	--	--	0

I. Proposed Payment for Blood and Blood Products

[If you choose to comment on issues in this section, include the caption "Blood and Blood Products'' at the beginning of your comments.]

Since the OPPS was first implemented in August 2000, separate payment has been made for blood and blood products in APCs rather than packaging them into payment for the procedures with which they were administered. We recognize that blood is a valuable health care resource used regularly in a broad range of hospital procedures and the availability of safe blood is essential to the delivery of high quality health care services to Medicare beneficiaries.

In CY 2000, payment for blood was established based on external data provided by commenters due to limited Medicare claims data. From CY 2000 to CY 2002, payment rates were updated for inflation. For CY 2003, as described in the November 1, 2002 final rule (67 FR 66773), we applied a special dampening methodology to blood and blood products that had significant reductions in payment rates from CY 2002 to CY 2003. Using the dampening methodology, we limited the decrease in

payment rates for blood and blood products to approximately 15 percent. For CY 2004, as recommended by the APC Panel, we froze payment rates for blood and blood products at CY 2003 levels. This allowed us to undertake further study of the issues raised by past commenters and presenters at the August 2003 and February APC 2004 Panel meetings.

For CY 2005, we are proposing to continue to pay separately for blood and blood products. We also are proposing to establish new APCs that would allow each blood product to be in its own separate APC. In addition, after review, we determined that several of the blood product APCs contained multiple blood products with no clinical homogeneity or whose product-specific median costs may not have been similar. Thus, we are also proposing to reassign some of these HCPCS already contained in certain APCs to new APCs. Table 30 below lists, by HCPCS code, our proposed CY 2005 APC reassignments for such blood and blood products.

Table 30.--Proposed Assignment of Blood and Blood Product Codes to APCs for CY 2005

HCPCS	Expired HCPCS	Status Indicator	Description	APC
P9023		K	Frozen plasma, pooled, sd	0949
P9054	C1016	K	Blood, L/R, Froz/Degly/Washed	1016
P9036		K	Platelet pheresis irradiated	9502
P9039		K	RBC deglycerolized	9504
P9052	C1011	K	Platelets, HLA-m, L/R, unit	1011
P9048		K	Plasmaprotein fract,5%,250ml	0966
P9055	C1017	K	Plt, Aph/Pher, L/R, CMV-Neg	1017
P9060	C9503	K	Fresh frozen plasma, ea unit	9503
P9043		K	Plasma protein fract,5%,50ml	0956
P9050		K	Granulocytes, pheresis unit	9506
P9059	C1022	K	Plasma, frz within 24 hour	0955
P9058	C1021	K	RBC, L/R, CMV neg, irradiated	1022
P9057	C1020	K	RBC, frz/deg/wsh, L/R, irradiated	1021
P9016		K	RBC leukocytes reduced	0954
P9021		K	Red blood cells unit	0959
P9019		K	Platelets, each unit	0957
P9040		K	RBC leukoreduced irradiated	0969
P9017		K	Plasma 1 donor frz w/in 8 hr	9508
P9035		K	Platelet pheres leukoreduced	9501
P9031		K	Platelets leukocytes reduced	1013
P9034		K	Platelets, pheresis	9507
P9037		K	Plate pheres leukoredu irradiated	1019
P9056	C1018	K	Blood, L/R, Irradiated	1018

HCPCS	Expired HCPCS	Status Indicator	Description	APC
P9010		K	Whole blood for transfusion	0950
P9012		K	Cryoprecipitate each unit	0952
P9033		K	Platelets leukoreduced irradiated	0968
P9051	C1010	K	Blood, L/R, CMV-NEG	1010
P9044		K	Cryoprecipitate reduced plasma	1009
P9038		K	RBC irradiated	9505
P9022		K	Washed red blood cells unit	0960
P9020		K	Plaelet rich plasma unit	0958
P9032		K	Platelets, irradiated	9500
P9011		K	Split unit of blood	0967
P9053	C1015	K	Plt, pher, L/R, CMV, irradiadted	1020

Administrative costs for the processing and storage specific to the transfused blood product are included in the APC payment, which is based on hospitals' charges. Payment for the collection, processing, and storage of autologous blood, as described by CPT 86890 and used in transfusion is made through APC 347 (Level III Transfusion Laboratory Procedures).

Other than for autologous blood products, the costs for collection, processing, storage, wastage, and other administrative costs for blood products that are not transfused are reported in the appropriate cost centers on hospitals' cost reports. These reported costs are attributable to overhead and distributed across all hospital services linked to those cost centers through the standard process of converting charges to costs using hospitals' CCRs for each cost center on the cost report.

The DHHS Advisory Committee on Blood Safety and Availability has recommended that CMS establish payment rates for blood and blood products based on current year acquisition costs and actual total costs of providing such blood products. At the February 2004 APC Panel meeting, the APC Panel recommended that CMS use external data to derive costs of blood and blood products in order to establish payment rates.

As with all services, we prefer to rely on our claims data whenever possible. We conducted a thorough analysis of billing for blood in CY 2003 claims data. Comments received for previous rules suggest that current hospital blood costs are not captured because hospitals underreport blood on their claims. Commenters explained that hospitals sometimes found it too costly to bill for blood. However, we found that 81 percent of all hospitals included in our ratesetting and modeling billed at least one blood and blood product in CY 2003. Of these hospitals, only 47 percent reported separate costs and charges in the two cost centers specific to blood on their most recent annual cost report. It may be that those hospitals billing for blood but not reporting costs and charges on their cost report for either of the two blood-specific cost centers report their blood costs and charges under other cost centers, such as operating room.

We have also received comments that the CCRs that we use to adjust claim charges to costs for blood are too low, which results in an underestimation of the true cost of blood and blood products. Our current methodology for matching cost center CCRs to revenue codes includes a default to the overall CCR when any given provider has chosen not to report costs and charges for a specific cost center. After matching the two blood-specific cost centers to the 38X and 39X revenue codes, we observed a significant difference in CCRs for those hospitals with and without blood-specific cost centers. The median CCR for those hospitals with a blood-specific cost center was 0.66 for revenue code 38X and 0.64 for revenue code 39X, and for those defaulting to the overall CCR, the result was a CCR of 0.34 for revenue code 38X and 0.33 for revenue code 39X. The median overall CCR for all hospitals in the 2005 analysis was 0.33.

As noted above, about half of the hospitals (47 percent) reported at least one of the blood-specific cost centers on their most recent cost report. We then looked at the CY 2003 claims being used to set CY 2005 median costs and discovered that about one-quarter relied on a CCR that was based on a blood-specific cost center to adjust charges to costs, and about three-quarters did not. This pattern existed even though almost all hospitals were billing blood in the 38X and 39X revenue codes. The result was the default CCR was used to adjust almost 75 percent of the line-items used to set the median costs for blood and blood products.

In light of this information, we simulated a blood-specific CCR for those hospitals now defaulting to the overall CCR. We assumed that those hospitals not reporting costs and charges in a blood-specific cost center on their annual cost report, in general, face similar costs and engage in comparable charging practices for blood as those reporting a blood-specific cost center. For each hospital reporting costs and charges for the blood cost centers on their cost report, we calculated the ratio of the CCR in the blood-specific cost center to the overall CCR. We then calculated the geometric mean of this ratio. This was 2.2 for revenue code 38X

and 2.1 for revenue code 39X. For each hospital not reporting costs and charges for the blood cost centers on their cost report, we applied this mean ratio to their overall CCR. We believe that this approach better responds to a missing blood-specific CCR than simply using the average blood-specific CCR for each revenue code because it takes into account the unique charging structure of each provider. We then adjusted charges to costs for all hospitals and calculated a median cost for all blood products. Overall, this methodology increased the estimated median costs by 25 percent for CY 2005 relative to the medians used to set CY 2004 rates. For example, the estimated median for P9016 (Red blood cells, leukocytes reduced), the most frequently billed blood product, increased by 32 percent relative to the CY 2004 median.

In reviewing the simulated medians created above relative to those medians used to set CY 2004 payment rates, we noticed that procedures relying on a low volume of blood units (<1,000) demonstrated large decreases. Overall, the simulated median costs for low-volume blood products declined by 14 percent for CY 2005. Because a small sample size can lead to great variability in point estimates, we sought to increase the number of units of blood by combining CY 2002 and CY 2003 claims data for the low-volume products. We used the simulated CCRs to calculate costs from charges. We recognize that not all of the low-volume blood products had claims in CY 2002. Listed in Table 31 are the low volume products for which we combined CY 2002 and 2003 claims. To ensure that we combined comparable costs, we updated the simulated costs on the claims in CY 2002 to the base year of 2003 using the Producer Price Index (PPI) for blood and derivatives for human use (Commodity Code #063711), which is the PPI used to update blood and blood product prices in the market basket (67 FR 50039, August 1, 2002). We estimated the annual PPI from December 2002 to December 2003 to be −12.2 percent. Although a decline in PPI is unusual, we understand that the price of plasma products have recently declined. Further, the majority of the low-volume items are plasma products. After combining the 2 years of claims, we were able to raise the volume of blood units billed for 5 of these products above 1,000. Ultimately, overall estimated median costs continue to increase by 25 percent for all products, but decline by 16 percent for the low-volume products.

Table 31.—Low Volume Proposed Blood and Blood Products Codes for CY 2005 Payments

HCPCS	Description
P9023	Frozen plasma, pooled, sd
P9054	Blood, leukocyte reduced, frozen, deglycerolized, washed
P9036	Platelet pheresis irradiated
P9039	Red blood cells deglycerolized
P9052	Platelets, HLA-m, leukocyte reduced, unit
P9048	Plasmaprotein fractionated, 5 percent, 250 ml
P9055	Platelet, APH/PHER, leukocyte reduced, CMV, irradiated
P9060	Fresh frozen plasma, each unit
P9043	Plasma protein fractionated, 5 percent, 50 ml
P9050	Granulocytes, pheresis unit

After discussions with industry representatives and hospitals and careful consideration of our claims analyses, for CY 2005 we are proposing to set payment rates for all blood and blood products listed in Table 29 based on our CY 2003 claims data, utilizing an actual or simulated hospital blood-specific CCR to convert charges to costs for blood and blood products. For those low-volume products listed in Table 30, we would combine claims data for CYs 2002 and 2003. We are confident that we have claims data from the vast majority of the OPPS hospitals for blood products, and the tight distribution of costs for individual products, including low-volume products, provides no evidence of significant coding problems. In general, as a blood product undergoes increasing levels of processing or selection, our CY 2005 proposed payment for the product would increase commensurate with the additional resources utilized. We believe that the proposed payment methodology described above will enable us to use our historical hospital claims data to assure the adequate payment for blood and blood products essential to continued Medicare beneficiary access to blood and blood products. In addition, we recognize the need to clarify billing regarding a variety of blood-related services under the OPPS in response to numerous questions and comments we have received. We intend to provide further billing guidelines to clarify our original Program Transmittal A–01–50 issued on April 12, 2001 (CR Request 1585) regarding correct billing for blood-related services in the near future.

VI. Estimated Transitional Pass-Through Spending in CY 2005 for Drugs, Biologicals, and Devices

[If you choose to comment on issues in this section, please include the caption "Estimated Transitional Pass-Through Spending" at the beginning of your comment.]

A. Basis for Pro Rata Reduction

Section 1833(t)(6)(E) of the Act limits the total projected amount of transitional pass-through payments for a

given year to an "applicable percentage" of projected total Medicare and beneficiary payments under the hospital OPPS. For a year before CY 2004, the applicable percentage is 2.5 percent; for CY 2004 and subsequent years, we specify the applicable percentage up to 2.0 percent.

If we estimate before the beginning of the calendar year that the total amount of pass-through payments in that year would exceed the applicable percentage, section 1833(t)(6)(E)(iii) of the Act requires a prospective uniform reduction in the amount of each of the transitional pass-through payments made in that year to ensure that the limit is not exceeded. We make an estimate of pass-through spending to determine not only whether payments exceed the applicable percentage but also to determine the appropriate reduction to the conversion factor.

For devices, making an estimate of pass-through spending in CY 2005 entails estimating spending for two groups of items. The first group consists of those items for which we have claims data for procedures that we believe used devices which were eligible for pass-through status in CY 2003 and CY 2004 and that would continue to be eligible for pass-through payment in CY 2005. The second group consists of those items for which we have no direct claims data, that is, items that became, or would become, eligible in CY 2004 and would retain pass-through status in CY 2005, as well as items that would be newly eligible for pass-through payment beginning in CY 2005.

B. Proposed Estimate of Pass-Through Spending for CY 2005

We are proposing to set the applicable percentage cap at 2.0 percent of the total OPPS projected payments for CY 2005. To estimate CY 2005 pass-through spending for device categories in the first group described above, we are proposing to use volume information from CY 2003 claims data for procedures associated with a pass-through device and manufacturer's price information from applications for pass-through status. This information would be projected forward to CY 2005 levels, using inflation and utilization factors based on total growth in Medicare Part B as projected by the CMS Office of the Actuary (OACT).

To estimate CY 2005 pass-through spending for device categories included in the second group, that is, items for which we have no direct claims data, we are proposing to use the following approach: For categories with no claims data in CY 2003 that would be active in CY 2005, we would follow the methodology described in the November 2, 2001 final rule (66 FR 55857). That is, we are proposing to use price information from manufacturers and volume estimates based on claims for procedures that would most likely use the devices in question. This information would be projected forward to CY 2005 using the inflation and utilization factors supplied by the CMS OACT to estimate CY 2005 pass-through spending for this group of device categories. For categories that become eligible in CY 2005, we would use the same methodology. We anticipate that any new categories for January 1, 2005, would be announced after the publication of this proposed rule but before the publication of the final rule. Therefore, the estimate of pass-through spending would incorporate pass-through spending for categories made effective January 1, 2005.

With respect to CY 2005 pass-through spending for drugs and biologicals, as we explain in section V.A.3. of this proposed rule, the pass-through payment amount for new drugs and biologicals that we determine have pass-through status would equal zero. Therefore, our estimate of total pass-through spending for drugs and biologicals with pass-through status in CY 2005 would equal zero.

Table 32.--Estimates for CY 2005 Transitional Pass-Through Spending for Current Pass-through Categories Continuing Into CY 2005

New HCPCS	APC	Existing Pass-Through Devices	CY 2005 Estimated Utilization	CY 2005 Anticipated Pass-through Payments
C1814	1814	Retinal tamponade device, silicone oil	30,576	$11,888,143
C1818	1818	Integrated keratoprosthesis device	4	27,800
C1819	1819	Tissue localization excision device	9,709	1,796,165

In accordance with the methodology described above, we estimate that total pass-through spending in CY 2005 would equal approximately $30.8 million, which represents 0.13 percent of total OPPS projected payments for CY 2005. This figure includes estimates for the current device categories continuing into CY 2005, in addition to projections for categories that first become eligible in CY 2005. This estimate is significantly lower than previous year's estimates because of the method we are proposing in section V.A.3 of this preamble for determining the amount of pass-through payment for drugs and biologicals with pass-through status in CY 2005.

In section V.G., we are proposing to accept pass-through applications for new radiopharmaceuticals that are

assigned a HCPCS code on or after January 1, 2005. The pass-through amount for new radiopharmaceuticals approved for pass-through status in CY 2005 would be the difference between the OPD payment for the radiopharmaceutical, that is, the payment amount determined for the radiopharmaceutical as a sole source specified covered drug, and the payment amount for the radiopharmaceutical under section 1842(o) of the Act. However, we have no information identifying new radiopharmaceuticals to which a HCPCS code might be assigned after January 1, 2005 for which pass-through status would be sought. We also have no data regarding payment for new radiopharmaceuticals with pass-through status under the methodology that we propose in section V.G. However, we do not believe that pass-through spending for new radiopharmaceuticals in CY 2005 would be significant enough to materially affect our estimate of total pass-through spending in CY 2005. Therefore, we are not including radiopharmaceuticals in our estimate of pass-through spending in CY 2005.

Because we estimate pass-through spending in CY 2005 would amount to 0.13 percent of total projected OPPS CY 2005 spending, we are proposing to return 1.87 percent of the pass-through pool to adjust the conversion factor, as we discuss in section VIII of this preamble.

VII. Other Policy Decisions and Proposed Policy Changes

A. Statewide Average Default Cost-to-Charge Ratios

[If you choose to comment on issues in this section, include the caption "Cost-to-Charge Ratios'' at the beginning of your comment.]

CMS uses cost-to-charge ratios (CCRs) to determine outlier payments, payments for pass-through devices, and monthly interim transitional corridor payments under the OPPS. Some hospitals do not have a valid CCR. These hospitals include, but are not limited to, hospitals that are new and have not yet submitted a cost report, hospitals that have a CCR that falls outside predetermined floor and ceiling thresholds for a valid CCR, or hospitals that have recently given up their all-inclusive rate status. When OPPS was first implemented in CY 2000, we used CY 1996 and CY 1997 cost reports to calculate default urban and rural CCRs for each State to use in determining the reasonable cost-based payments for those hospitals without a valid CCR (Program Memorandum A–00–63, CR 1310, issued on September 8, 2000). We are proposing to update the default ratios for CY 2005. Table 33 lists the proposed CY 2005 default urban and rural CCRs by State.

We calculated the proposed statewide default CCRs in Table 33 using the same CCRs that we use to adjust charges to costs on claims data. These CCRs are the ratio of total costs to total charges from each provider's most recently submitted cost report, for those cost centers relevant to outpatient services. We also adjust these ratios to reflect final settled status by applying the differential between settled to submitted costs and charges from the most recent pair of settled to submitted cost reports. The majority of submitted cost reports, 87 percent, were for CY 2002. We only used valid CCRs to calculate these default ratios. That is, we removed the CCRs for all-inclusive hospitals, CAHs, and hospitals in Guam and the U.S. Virgin Islands because these entities are not paid under the OPPS, or in the case of all-inclusive hospitals, because their CCRs are suspect. We further identified and removed any obvious error CCRs and trimmed any outliers. We limited the hospitals used in the calculation of the default CCRs to those hospitals that billed for services under the OPPS during CY 2003.

Finally, we calculated an overall average CCR, weighted by a measure of volume, for each State except Maryland. This measure of volume is the total lines on claims and is the same one that we use in our impact tables. Calculating a rate for Maryland presented a unique challenge. There are only a few providers in Maryland that are eligible to receive payment under the OPPS. However, we had no usable in-house cost report data for these Maryland hospitals. Therefore, we obtained data from the fiscal intermediary for Maryland which we attempted to use in calculating the CCRs for Maryland but which we ultimately determined could not be used to calculate representative CCRs. The cost data for 3 Maryland hospitals with very low volumes of services and cost data were so irregular that we lacked confidence that it would result in a valid statewide CCR. Thus, for Maryland, we used an overall weighted average CCR for all hospitals in the nation to calculate the weighted average CCRs appearing in Table 33. The overall decrease in default statewide CCRs can be attributed to the general decline in the ratio between costs and charges widely observed in the cost report data.

Table 33.--Statewide Average Cost-to-Charge Ratios

State	Urban/Rural	Previous Default CCR	Proposed Default CCR
Alabama	RURAL	0.31552	0.26715
Alabama	URBAN	0.29860	0.24577
Alaska	RURAL	0.59388	0.61859
Alaska	URBAN	0.38555	0.42717
Arizona	RURAL	0.39748	0.32769
Arizona	URBAN	0.30922	0.26980
Arkansas	RURAL	0.35936	0.31754
Arkansas	URBAN	0.38278	0.30471
California	RURAL	0.40335	0.29314
California	URBAN	0.32427	0.24213
Colorado	RURAL	0.51041	0.43069
Colorado	URBAN	0.41863	0.32179
Connecticut	RURAL	0.42702	0.47250
Connecticut	URBAN	0.46592	0.44626
Delaware	RURAL	0.36289	0.36304
Delaware	URBAN	0.45061	0.45948
District of Columbia	URBAN	0.38690	0.37513
Florida	RURAL	0.31782	0.24304
Florida	URBAN	0.28363	0.22401
Georgia	RURAL	0.39829	0.33823
Georgia	URBAN	0.40262	0.32105
Hawaii	RURAL	0.44420	0.41027
Hawaii	URBAN	0.34815	0.34474
Idaho	RURAL	0.49682	0.46454
Idaho	URBAN	0.51942	0.49178
Illinois	RURAL	0.41825	0.34063
Illinois	URBAN	0.36825	0.29964
Indiana	RURAL	0.44596	0.36862
Indiana	URBAN	0.44205	0.37237
Iowa	RURAL	0.50166	0.41996
Iowa	URBAN	0.46963	0.38788
Kansas	RURAL	0.48065	0.38973
Kansas	URBAN	0.34698	0.29271
Kentucky	RURAL	0.36987	0.31089

State	Urban/Rural	Previous Default CCR	Proposed Default CCR
Kentucky	URBAN	0.37381	0.32476
Louisiana	RURAL	0.34317	0.29912
Louisiana	URBAN	0.34357	0.27736
Maine	RURAL	0.47857	0.38801
Maine	URBAN	0.54084	0.44897
Massachusetts	URBAN	0.44439	0.38812
Michigan	RURAL	0.44890	0.39418
Michigan	URBAN	0.41143	0.37428
Minnesota	RURAL	0.48514	0.47136
Minnesota	URBAN	0.45259	0.37416
Mississippi	RURAL	0.34264	0.30290
Mississippi	URBAN	0.37097	0.29322
Missouri	RURAL	0.42187	0.34160
Missouri	URBAN	0.38128	0.31081
Montana	RURAL	0.51173	0.47891
Montana	URBAN	0.49396	0.44817
Nebraska	RURAL	0.49386	0.42378
Nebraska	URBAN	0.42043	0.33875
Nevada	RURAL	0.42878	0.50623
Nevada	URBAN	0.22854	0.22333
New Hampshire	RURAL	0.50083	0.43585
New Hampshire	URBAN	0.39954	0.33224
New Jersey	URBAN	0.49024	0.34038
New Mexico	RURAL	0.44932	0.33899
New Mexico	URBAN	0.50857	0.43311
New York	RURAL	0.52062	0.43944
New York	URBAN	0.54625	0.42556
North Carolina	RURAL	0.37776	0.35416
North Carolina	URBAN	0.42726	0.38114
North Dakota	RURAL	0.52829	0.41175
North Dakota	URBAN	0.47341	0.36740
Ohio	RURAL	0.42562	0.41161
Ohio	URBAN	0.42718	0.32814
Oklahoma	RURAL	0.40628	0.32908
Oklahoma	URBAN	0.36264	0.29193
Oregon	RURAL	0.47915	0.42468
Oregon	URBAN	0.49958	0.43762
Pennsylvania	RURAL	0.40582	0.36015

State	Urban/Rural	Previous Default CCR	Proposed Default CCR
Pennsylvania	URBAN	0.33807	0.28011
Puerto Rico	URBAN	0.42208	0.41376
Rhode Island	URBAN	0.43930	0.35106
South Carolina	RURAL	0.35996	0.29377
South Carolina	URBAN	0.36961	0.29167
South Dakota	RURAL	0.49599	0.39218
South Dakota	URBAN	0.44259	0.33947
Tennessee	RURAL	0.36663	0.30294
Tennessee	URBAN	0.36464	0.28313
Texas	RURAL	0.41763	0.33642
Texas	URBAN	0.33611	0.30306
Utah	RURAL	0.49748	0.47097
Utah	URBAN	0.46733	0.45230
Vermont	RURAL	0.47278	0.46757
Vermont	URBAN	0.54533	0.44259
Virginia	RURAL	0.39408	0.33502
Virginia	URBAN	0.38604	0.32559
Washington	RURAL	0.54246	0.43429
Washington	URBAN	0.54658	0.41362
West Virginia	RURAL	0.42671	0.35073
West Virginia	URBAN	0.45616	0.40700
Wisconsin	RURAL	0.50126	0.42304
Wisconsin	URBAN	0.46268	0.38487
Wyoming	RURAL	0.54596	0.51581
Wyoming	URBAN	0.41265	0.41087

B. Transitional Corridor Payments: Technical Change

[If you choose to comment on issues in this section, include the caption "Transitional Corridor Payments'' at the beginning of your comment.]

When the OPPS was implemented, every provider was eligible to receive an additional payment adjustment (or transitional corridor payment) if the payments it received under the OPPS were less than the payment it would have received for the same services under the prior reasonable cost-based system (section 1833(t)(7) of the Act). Transitional corridor payments were intended to be temporary payments for most providers but permanent payments for cancer and children's hospitals to ease their transition from the prior reasonable cost-based payment system to the prospective payment system. Section 411 of Pub. L. 108–173 amended section 1833(t)(7)(D)(i) to the Act to extend such payments through December 31, 2005, for rural hospitals with 100 or fewer beds and extended such payments for services furnished during the period that begins with the provider's first cost reporting period beginning on or after January 1, 2004 and ends on December 31, 2005, for sole community hospitals located in rural areas. Accordingly, transitional corridor payments are only available to children's hospitals, cancer hospitals, rural hospitals having 100 or fewer beds, and sole community hospitals located in rural areas.

At the time the OPPS was implemented, section 1833(t)(7)(F)(ii) of the Act defined the payment-to-cost ratio (PCR) used to calculate the "pre-BBA amount'' [2] for purposes of calculating the transitional corridor payments to be determined using the payments and reasonable costs of services furnished during the provider's cost reporting period ending in calendar year 1996. The BIPA, Pub. L. 106–554, enacted on December 21, 2000, revised that requirement. Section 403 of BIPA amended section 1833(t)(7)(F)(ii)(I) of the Act to allow transitional corridor payments to hospitals subject to the OPPS that did not have a 1996 cost report by authorizing use of the first available cost reporting period ending after 1996 and before 2001 in calculating a provider's PCR.

Although we discussed the BIPA amendment in the CY 2002 OPPS

[2] Section 1833(t)(7) of the Act defined the "pre-BBA'' amount for a period as the amount equal to the product of (1) the payment-to-cost ratio for the hospital based on its *cost reporting period ending in 1996*, and (2) the reasonable cost of the services for the period. (Emphasis added.) In this context, BBA refers to the Balanced Budget Act of 1997, Pub. L. 105–33, enacted on August 5, 1997.

proposed rule published on August 24, 2001 (66 FR 44674), and implemented the amendment through Program Memorandum No. A–01–51, issued on April 13, 2001, we failed to revise the regulations at § 419.70(f)(2) to reflect the change. In this proposed rule, we are proposing a technical correction to § 419.70(f)(2) to conform it to the provision of section 1833(t)(7)(F)(ii)(I) of the Act.

C. Status Indicators and Comment Indicators Assigned in the Outpatient Code Editor (OCE)

[If you choose to comment on issues in this section, include the caption "Status Indicators and Comment Indicators'' at the beginning of your comment.]

1. Payment Status Indicators

The payment status indicators (SIs) that we assign to HCPCS codes and APCs under the OPPS play an important role in determining payment for services under the OPPS because they indicate whether a service represented by a HCPCS code is payable under the OPPS or another payment system and also whether particular OPPS policies apply to the code. For CY 2005, we are providing our proposed status indicator (SI) assignments for APCs in Addendum A, for the HCPCS codes in Addendum B, and the definitions of the status indicators in Addendum D1 to this proposed rule.

Payment under the OPPS is based on HCPCS codes for medical and other health services. These codes are used for a wide variety of payment systems under Medicare, including, but not limited to, the Medicare fee schedule for physician services, the Medicare fee schedule for durable medical equipment and prosthetic devices, and the Medicare clinical laboratory fee schedule. For purposes of making payment under the OPPS, we must be able to signal the claims processing system through the Outpatient Code Editor (OCE) software, as to HCPCS codes that are paid under the OPPS and those codes to which particular OPPS payment policies apply. We accomplish this identification in the OPPS through the establishment of a system of status indicators with specific meanings. Addendum D1 contains the proposed definitions of each status indicator for purposes of the OPPS for CY 2005.

We assign one and only one status indicator to each APC and to each HCPCS code. Each HCPCS code that is assigned to an APC has the same status indicator as the APC to which it is assigned.

Specifically, for CY 2005, we are proposing to use the following status indicators in the specified manner:

- "A'' to indicate services that are paid under some payment method other than OPPS, such as under the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) fee schedule or the physician fee schedule. Some, but not all, of these other payment systems are identified in Addendum D1 to this proposed rule.
- "B'' to indicate the services that are not payable under the OPPS when submitted on an outpatient hospital Part B bill type, but that may be payable by fiscal intermediaries to other provider types when submitted on an appropriate bill type.
- "C'' to indicate inpatient services that are not payable under the OPPS.
- "D'' to indicate a code that is discontinued, effective January 1, 2005.
- "E'' to indicate items or services that are not covered by Medicare or codes that not recognized by Medicare.
- "F'' to indicate acquisition of corneal tissue, which is paid on a reasonable cost basis and certain CRNA services that are paid on a reasonable cost basis.
- "G'' to indicate drugs, biologicals, and radiopharmaceutical agents that are paid under the OPPS transitional pass-through rules.
- "H'' to indicate devices that are paid under the OPPS transitional pass-through rules and brachtheraphy sources that are paid on a cost basis.
- "K'' to indicate drugs, biologicals (including blood and blood products), and radiopharmaceutical agents that are paid in separate APCs under the OPPS, but that are not paid under the OPPS transitional pass-through rules.
- "L'' to indicate flu and pneumococcal immunizations that are paid at reasonable cost but to which no coinsurance or copayment apply.
- "N'' to indicate services that are paid under the OPPS, but for which payment is packaged into another service or APC group.
- "P'' to indicate services that are paid under the OPPS, but only in partial hospitalization programs.
- "S'' to indicate significant procedures that are paid under the OPPS, but to which the multiple procedure reduction does not apply.
- "T'' to indicate significant services that are paid under the OPPS and to which the multiple procedure payment discount under the OPPS applies.
- "V'' to indicate medical visits (including emergency department or clinic visits) that are paid under the OPPS.
- "X'' to indicate ancillary services that are paid under the OPPS.
- "Y'' to indicate nonimplantable durable medical equipment that must be billed directly to the durable medical equipment regional carrier rather than to the fiscal intermediary.

We are proposing the payment status indicators identified above for each HCPCS code and each APC in Addenda A and B and are requesting comments on the appropriateness of the indicators we have assigned.

2. Comment Indicators

In the November 1, 2002 and the November 7, 2003 final rules with comment period, which implemented changes in the OPPS for CYs 2003 and 2004, respectively, we provided code condition indicators in Addendum B. The code condition indicators and their meaning are as follows:

- "DG''—Deleted code with a grace period; Payment will be made under the deleted code during the 90-day grace period.
- "DNG''—Deleted code with no grace period; Payment will not be made under the deleted code.
- "NF''—New code final APC assignment; Comments were accepted on a proposed APC assignment in the Proposed Rule; APC assignment is no longer open to comment.
- "NI''—New code interim APC assignment; Comments will be accepted on the interim APC assignment for the new code.

Medicare has permitted a 90-day grace period after implementation of an updated medical code set, such as the HCPCS, to give providers time to incorporate new codes in their coding and billing systems and to remove the discontinued codes. HCPCS codes are updated annually every January 1, so the grace period for billing discontinued HCPCS was implemented every January 1 through March 31.

The Health Insurance Portability and Accountability Act (HIPAA) transaction and code set rules require usage of the medical code set that is valid at the time that the service is provided. Therefore, effective January 1, 2005, CMS is eliminating the 90-day grace period for billing discontinued HCPCS codes. Details about elimination of the 90-day grace period for billing discontinued HCPCS codes were issued to our contractors on February 6, 2004, in Transmittal 89, Change Request 3093.

In order to be consistent with the HIPPA rule that results in the elimination of the 90-day grace period for billing discontinued HCPCS codes, we are proposing, effective January 1, 2005, to delete code condition indicators "DNG'' and "DG''. We are proposing to designate codes that are

discontinued effective January 1, 2005 with status indicator "D,'' as described in section VII.C.1. of this preamble.

Further, we are proposing to rename "code condition'' indicators as "comment indicators.'' In Addendum D2 to this proposed rule, we list the following two comment indicators that we are proposing to use to identify HCPCS codes assigned to APCs that are or are not subject to comment:

- "NF''—New code, final APC assignment; Comments were accepted on a proposed APC assignment in the Proposed Rule; APC assignment is no longer open to comment.
- "NI''—New code, interim APC assignment; Comments will be accepted on the interim APC assignment for the new code.

D. Observation Services

[If you choose to comment on issues in this section, include the caption "Observation Services'' at the beginning of your comment.]

Frequently, beneficiaries are placed in "observation status'' in order to receive treatment or to be monitored before making a decision concerning their next placement (that is, admit to the hospital or discharge). This status assignment occurs most frequently after surgery or a visit to the emergency department. For a detailed discussion of the clinical and payment history of observation services, see the November 1, 2002 final rule with comment period (67 FR 66794).

Before the implementation of the OPPS in CY 2000, payment for observation care was made on a reasonable cost basis, which gave hospitals a financial incentive to keep beneficiaries in "observation status'' even though clinically they were being treated as inpatients. With the initiation of the OPPS, observation services were no longer paid separately; that is, they were not assigned to a separate APC. Instead, costs for observation services were packaged into payments for the services with which the observation care was associated.

Beginning in early 2001, the APC Panel began discussing the topic of separate payment for observation services. In its deliberations, the APC Panel asserted that observation services following clinical and emergency room visits should be paid separately, and that observation following surgery should be packaged into the payment for the surgical procedure. For CY 2002, we implemented separate payment for observation services (APC 0339) under the OPPS for three medical conditions: chest pain, congestive heart failure, and asthma. A number of accompanying requirements were established, including the billing of an evaluation and management visit in conjunction with the presence of certain specified diagnosis codes on the claim, hourly billing of observation care for a minimum of 8 hours up to a maximum of 48 hours, timing of observation beginning with the clock time on the nurse's admission note and ending at the clock time on the physician's discharge orders, a medical record documenting that the beneficiary was under the care of a physician who specifically assessed patient risk to determine that the beneficiary would benefit from observation care, and provision of specific diagnostic tests to beneficiaries based on their diagnoses. In developing this policy for separately payable observation services, we balanced issues of access, medical necessity, potential for abuse, and the need to ensure appropriate payment. We selected the three medical conditions, noted previously, and the accompanying diagnosis codes and diagnostic tests to avoid significant morbidity and mortality from inappropriate discharge while, at the same time, avoiding unnecessary inpatient admissions.

Over the past 2 years, we have continued to review observation care claims data for information on utilization and costs, along with additional information provided to us by physicians and hospitals concerning our current policies regarding separately payable observation services. Our primary goal is to ensure that Medicare beneficiaries have access to medically necessary observation care. We also want to ensure that separate payment is made only for beneficiaries actually receiving clinically appropriate observation care.

In January 2003, the APC Panel established an Observation Subcommittee. Over the last year, this subcommittee has held discussions concerning observation care and reviewed data extracted from claims that reported observation services. The subcommittee presented the results of its deliberations to the full APC Panel at the February 2004 meeting. The APC Panel recommendations regarding observation care provided under the OPPS were broad in scope and included elimination of the diagnosis requirement for separate payment for observation services, elimination of the requirement for the concomitant diagnostic tests for patients receiving observation care, unpackaging of observation services beyond the typical expected recovery time from surgical and interventional procedures, and modification of the method for measuring beneficiaries' time in observation to make it more compatible with routine hospital practices and their associated electronic systems.

In response to the APC Panel recommendations, we undertook a number of studies regarding observation services, while acknowledging data limitations from the brief 2-year experience the OPPS has had with separately payable observation services.

To assess the appropriateness of our proposal not to pay separately for observation services following surgical or interventional procedures, we analyzed the claims for these procedures to determine the extent to which the claims reported packaged observation services codes. This analysis revealed that while observation services are being reported on some claims for surgical and interventional procedures, the great majority of claims for these procedures reported no observation services. The packaged status of these observation services codes may result in underreporting their frequency, but the proportion of surgical and interventional procedures reported with the packaged observation services codes was so small that any increase would not change our substantive conclusion. This confirms our belief that, although an occasional surgical case may require a longer recovery period than expected for the procedure, as a rule, surgical outpatients do not require observation care. Given the rapidly changing nature of outpatient surgical and interventional services, it would be difficult to determine an expected typical recovery time for each procedure. We have concerns about overutilization of observation services in the post-procedural setting as partial replacement for recovery room time. However, we note that, to the extent observation care or extended recovery services are provided to surgical or interventional patients, the cost of that care is packaged into the payment for the procedural APC which may result in higher median costs for those procedures.

We also analyzed the possibility of expanding the list of medical conditions for separately payable visit-related observation services, altering the requirements for diagnostic tests while in observation, and modifying the rules for counting time in observation care.

We looked at CY 2003 OPPS claims data for all packaged visit-related observation care for all medical conditions in order to determine whether or not there were other diagnoses that would be candidates for separately payable observation services. Our analysis confirmed that the three

diagnoses that are currently eligible for separate payment for observation services are appropriate, as those diagnoses are frequently reported in our visit-related claims with packaged observation services. In fact, diagnoses related to chest pain were, by far, the diagnosis most frequently reported for observation care, either separately payable or packaged. Other diagnoses that appeared in the claims data with packaged observation services included syncope and collapse, transient cerebral ischemia, and hypovolemia.

The packaged status of those observation stays means that the data are often incomplete and the frequency of services may be underreported. Generally, information about packaged services is not as reliably reported as is that for separately paid services. However, we are not convinced that, for those other conditions (such as hypovolemia, syncope and collapse, among others), there is a well-defined set of hospital services that are distinct from the services provided during a clinic or emergency room visit. Separately payable observation care must include specific, clinically appropriate services, and we are still accumulating data and experience for the three medical conditions for which we are currently making separate payment. Therefore, we believe it is premature to expand the conditions for which we would separately pay for visit-related observation services.

Hospitals have indicated that, even in the cases where the diagnostic tests have been performed, to assure that billing requirements for separately payable observation services under APC 0339 are met, they must manually review the medical records to prepare the claims. If they do not conduct this manual review, they may not be coding appropriately for separately payable observation services.

We have also received comments from the community and the APC Panel asserting that the requirements for diagnostic testing are overly prescriptive and administratively burdensome, and that hospitals may perform tests to comply with the CMS requirements, rather than based on clinical need. For example, a patient admitted directly to observation care with a diagnosis of chest pain may have had an electrocardiogram in a physician's office just prior to admission to observation and may only need one additional electrocardiogram while receiving observation care. Thus, two more electrocardiograms performed in the hospital as required under the current OPPS observation policy might not be medically necessary.

We continue to believe that the diagnostic testing criteria we established for the three medical conditions are the minimally appropriate tests for patients receiving a well-defined set of hospital observation services for those conditions. The previous example, notwithstanding, we also continue to believe that the majority of these tests would be performed in the hospital outpatient setting. We define observation care as an active treatment to determine if a patient's condition is going to require that he or she be admitted as an inpatient or if the condition resolves itself and the patient is discharged. The currently required diagnostic tests reflect that an active assessment of the patient was being undertaken, and we believe they are generally medically necessary to determine whether a beneficiary will benefit from being admitted to observation care and aid in determining the appropriate disposition of the patient following observation care.

After careful consideration, we agree that specifying which diagnostic tests must be performed as a prerequisite for payment of APC 0339 may be imposing an unreasonable reporting burden on hospitals and may, in some cases, result in unnecessary tests being performed. Therefore, beginning in CY 2005, we are proposing to remove the current requirements for specific diagnostic testing, and rely on clinical judgment in combination with internal and external quality review processes to ensure that appropriate diagnostic testing (which we expect would include some of the currently required diagnostic tests) is provided for patients receiving high quality, medically necessary observation care.

Accordingly, we are proposing that, beginning in CY 2005, the following tests would no longer be required to receive payment for APC 0339 (Observation):

- For congestive heart failure, a chest x-ray (71010, 71020, 71030), and electrocardiogram (93005) and pulse oximetry (94760, 94761, 94762)
- For asthma, a breathing capacity test (94010) or pulse oximetry (94760, 94761, 94762)
- For chest pain, two sets of cardiac enzyme tests; either two CPK (82550, 82552, 82553) or two troponins (84484, 84512) and two sequential electrocardiograms (93005)

We believe that this proposed policy change would benefit hospitals because it would reduce administrative burden, allow more flexibility in management of beneficiaries in observation care, provide payment for clinically appropriate care, and remove a requirement that may have resulted in duplicative diagnostic testing.

Hospitals and the APC Panel further suggested that we modify the method for accounting for the beneficiary's time in observation care. Currently, hospitals report the time in observation beginning with the admission of the beneficiary to observation and ending with the physician's order to discharge the patient from observation. There are two problems related to using the time of the physician discharge order to determine the ending time of observation care. First, providers assert that it is not possible to electronically capture the time of the physician's orders for discharge. As a result, manual medical record review is required in order to bill accurately. Second, the hospital may continue to provide specific discharge-related observation care for a short time after the discharge orders are written and, therefore, may not be allowed to account for the full length of the observation care episode. In an effort to reduce hospitals' administrative burden related to accurate billing, we are proposing to modify our instructions for counting time in observation care to end at the time the outpatient is actually discharged from the hospital or admitted as an inpatient. Our expectation is that specific, medically necessary observation services are being provided to the patient up until the time of discharge. However, we do not expect reported observation time to include the time patients remain in the observation area after treatment is finished for reasons that include waiting for transportation home.

Although beneficiaries may be in observation care up to 48 hours or longer, we believe that, in general, 24 hours is adequate for the clinical staff to determine what further care the patient needs. In CY 2005, we would continue to make separate payment for observation care based on claims meeting the requirement for payment of HCPCS code G0244 (Observation care provided by a facility to a patient with CHF, chest pain, or asthma, minimum 8 hours, maximum 48 hours). However, we are proposing not to include claims reporting more than 48 hours of observation care in calculating the final payment rate for APC 0339.

In CY 2005, we expect OPPS payments for observation care to increase over CY 2004 levels for two reasons. First, our proposal to eliminate the requirement that specific diagnostic tests be performed in order to receive separate payment for observation care will result in more observation stays being paid for under APC 0339. We identified a number of CY 2003 claims

with packaged observation services reported for congestive heart failure (CHF), asthma, and chest pains that would have qualified for separate payment absent the requirement that certain diagnostic tests be reported on the same claim. In the CY 2003 claims data we used for our analyses, we identified about 55,000 claims coded with G0244 for separate payment in APC 0339. We also identified approximately 13,500 claims coded for observation care provided to beneficiaries with one of the three eligible medical conditions that did not report HCPCS code G0244 for separate payment. Our analysis revealed that those claims satisfy all of the criteria for separate payment of observation services if we remove the requirements for diagnostic tests. As mentioned above, hospitals report that billing for separately payable observation services requires manual medical record review and the separate payment may not offset the cost of the additional work even if patients' observation stays meet our criteria for separately payable observation services. Therefore, if we adopt our proposed changes, we expect the volume of claims for payment under APC 0339 to increase in CY 2005.

This volume increase, combined with the slightly higher median cost calculated for APC 0339 based on CY 2003 claims, would likely result in higher aggregate Medicare payments to hospitals for observation care in CY 2005 than in previous years. We attribute the increase in payment rate for APC 0339 to an increase in the relative level of charges reported by hospitals for observation services in CY 2003, compared to the relative level of charges reported by hospitals for all other outpatient services furnished during the same period. Our budget neutrality simulations, which we discuss in section XVI. of this preamble take into account both the increased payment for APC 0339 proposed for CY 2005, as well as the increase in the volume of separately payable observation services that we project could result from the changes in criteria that we are proposing for CY 2005.

Moreover, the increase in payments for observation care may be offset by a modest decrease in the number of previously required diagnostic tests performed by hospitals for patients in observation and in the reduction of billing for HCPCS code G0264, which pays for the initial nursing assessment of a patient directly admitted to observation for congestive heart failure, asthma, or chest pain when the stay does not meet all of the criteria for G0244.

In summary, to receive separate payment for medically necessary observation services, G0244 in APC 0339, involving specific goals and a plan of care that are distinct from the goals and plan of care for an emergency department, physician office, or clinic visit, we are proposing the following requirements beginning in CY 2005:

- The beneficiary must have one of three medical conditions: congestive heart failure, chest pain, or asthma. The hospital bill must report as the admitting or principal diagnosis an appropriate ICD–9–CM code to reflect the condition. The eligible ICD–9–CM diagnosis codes for CY 2005 are shown in Table 34 below.
- The hospital must provide and report on the bill an emergency department visit (APC 0610, 0611, or 0612), clinic visit (APC 0600, 0601, or 0602), or critical care (APC 0620) on the same day or the day before the separately payable observation care (G0244) is provided. For direct admissions to observation, in lieu of an emergency department visit, clinic visit, or critical care, G0263 (Adm with CHF, CP, asthma) must be billed on the same day as G0244.
- HCPCS code G0244 must be billed for a minimum of 8 hours.
- No procedures with a T status indicator, except the code for infusion therapy of other than a chemotherapy drug (currently HCPCS code Q0081 or as proposed in this proposed rule, CPT code 90780), can be reported on the same day or day before observation care is provided.
- Observation time must be documented in the medical record and begins with the beneficiary's admission to an observation bed and ends when he or she is discharged from the hospital.
- The beneficiary must be in the care of a physician during the period of observation, as documented in the medical record by admission, discharge, and other appropriate progress notes that are timed, written, and signed by the physician.
- The medical record must include documentation that the physician explicitly assessed patient risk to determine that the beneficiary would benefit from observation care.

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Table 34.--CY 2005 Eligible Diagnosis Codes For Billing Observation Services

Required Diagnosis For:	Eligible ICD-9-CM Code	Code Descriptor
Chest Pain	411.0	Postmyocardial infarction syndrome
	411.1	Intermediate coronary syndrome
	411.81	Coronary occlusion without myocardial infarction
	411.89	Other acute ischemic heart disease
	413.0	Angina decubitus
	413.1	Prinzmetal angina
	413.9	Other and unspecified angina pectoris
	786.05	Shortness of breath
	786.50	Chest pain, unspecified
	786.51	Precordial pain
	786.52	Painful respiration
	786.59	Other chest pain
Asthma	493.01	Extrinsic asthma with status asthmaticus
	493.02	Extrinsic asthma with acute exacerbation
	493.11	Intrinsic asthma with status asthmaticus
	493.12	Intrinsic asthma with acute exacerbation
	493.21	Chronic obstructive asthma with status asthmaticus
	493.22	Chronic obstructive asthma with acute exacerbation
	493.91	Asthma, unspecified with status asthmaticus
	493.92	Asthma, unspecified with acute exacerbation
Heart Failure	391.8	Other acute rheumatic heart disease
	398.91	Rheumatic heart failure (congestive)
	402.01	Malignant hypertensive heart disease with congestive heart failure
	402.11	Benign hypertensive heart disease with congestive heart failure
	402.91	Unspecified hypertensive heart disease with congestive heart failure
	404.01	Malignant hypertensive heart and renal disease with congestive heart failure
	404.03	Malignant hypertensive heart and renal disease with congestive heart and renal failure
	404.11	Benign hypertensive heart and renal disease with congestive heart failure
	404.13	Benign hypertensive heart and renal disease with congestive heart and renal failure

Required Diagnosis For:	Eligible ICD-9-CM Code	Code Descriptor
	404.91	Unspecified hypertensive heart and renal disease with congestive heart failure
	404.93	Unspecified hypertensive heart and renal disease with congestive heart and renal failure
	428.0	Congestive heart failure
	428.1	Left heart failure
	428.20	Unspecified systolic heart failure
	428.21	Acute systolic heart failure
	428.22	Chronic systolic heart failure
	428.23	Acute on chronic systolic heart failure
	428.30	Unspecified diastolic heart failure
	428.31	Acute diastolic heart failure
	428.32	Chronic diastolic heart failure
	428.33	Acute on chronic diastolic heart failure
	428.40	Unspecified combined systolic and diastolic heart failure
	428.41	Acute combined systolic and diastolic heart failure
	428.42	Chronic combined systolic and diastolic heart failure
	428.43	Acute on chronic combined systolic and diastolic heart failure
	428.9	Heart failure, unspecified

E. Procedures That Will Be Paid Only as Inpatient Procedures

[If you choose to comment on issues in this section, include the caption "Inpatient Procedures" at the beginning of your comment.]

Before implementation of the OPPS, Medicare paid reasonable costs for services provided in the outpatient department. The claims submitted were subject to medical review by the fiscal intermediaries to determine the appropriateness of providing certain services in the outpatient setting. We

did not specify in regulations those services that were appropriate to provide only in the inpatient setting and that, therefore, should be payable only when provided in that setting.

Section 1833(t)(1)(B)(i) of the Act gives the Secretary broad authority to determine the services to be covered and paid for under the OPPS. In the April 7, 2000 final rule with comment period, we identified procedures that are typically provided only in an inpatient setting and, therefore, would not be paid by Medicare under the OPPS (65 FR 18455). These procedures comprise what is referred to as the "inpatient list.'' The inpatient list specifies those services that are only paid when provided in an inpatient setting. These are services that require inpatient care because of the nature of the procedure, the need for at least 24 hours of postoperative recovery time or monitoring before the patient can be safely discharged, or the underlying physical condition of the patient. As we discussed in the April 7, 2000 final rule with comment period (65 FR 18455) and the November 30, 2001 final rule (66 FR 59856), we use the following criteria when reviewing procedures to determine whether or not they should be moved from the inpatient list and assigned to an APC group for payment under the OPPS:

- Most outpatient departments are equipped to provide the services to the Medicare population.
- The simplest procedure described by the code may be performed in most outpatient departments.
- The procedure is related to codes that we have already removed from the inpatient list.

In the November 1, 2002 final rule (67 FR 66792), we added the following criteria for use in reviewing procedures to determine whether they should be removed from the inpatient list and assigned to an APC group for payment under the OPPS:

- We have determined that the procedure is being performed in multiple hospitals on an outpatient basis; or
- We have determined that the procedure can be appropriately and safely performed in an ASC and is on the list of approved ASC procedures or proposed by us for addition to the ASC list.

At the February 2004 meeting, the APC Panel made the recommendation to remove the following four abscess drainage CPT codes from the inpatient list: 44901, 49021, 49041, and 49061. As discussed in section II.G. of this preamble, we agree with the APC Panel's recommendation and we are proposing to remove these four abscess codes from the inpatient list and to assign them to APC 0037 for OPPS payment in CY 2005.

The APC Panel also made a recommendation to either eliminate the inpatient list from the OPPS or to evaluate the current list of procedures for any other appropriate changes. To determine the codes to be removed from the inpatient list, we have evaluated those codes that are performed in all sites of service other than the hospital inpatient setting approximately 60 percent or more of the time. We have chosen 60 percent as a threshold because, in general, we believe that a procedure should be considered for removal from the inpatient list if there is evidence that it is being performed less than one half of the time in the hospital inpatient setting. For procedures where data have shown that they can be done in a safe and appropriate manner on an outpatient basis in a variety of different hospitals, we believe that it would be reasonable to consider the removal of the procedure from the inpatient list. After careful evaluation of the list of inpatient codes against our criteria, we are proposing to remove the procedures listed in Table 35 from the inpatient list and to place them in APCs for payment under the OPPS. All of these codes would be assigned a status indicator "T'', except for CPT codes 00174 and 00928, which would be assigned a status indicator "N'' because, under the OPPS, anesthesia codes are packaged into the procedures with which they are billed.

Table 35.-- Proposed Procedure Codes to Be Removed From Inpatient List and Proposed APC Assignment

HCPCS	Description	Proposed APC	SI
00174	Anesth, pharyngeal surgery	n/a	N
00928	Anesth, removal of testis	n/a	N
21356	Treat cheek bone fracture	0254	T
21557	Remove tumor, neck/chest	0022	T
22222	Revision of thorax spine	0208	T
24149	Radical resection of elbow	0050	T
31292	Nasal/sinus endoscopy, surg	0075	T
43510	Surgical opening of stomach	0141	T
45541	Correct rectal prolapse	0150	T
50020	Renal abscess, open drain	0162	T
50570	Kidney endoscopy	0160	T
50572	Kidney endoscopy	0160	T
50574	Kidney endoscopy & biopsy	0160	T
50575	Kidney endoscopy	0163	T
50576	Kidney endoscopy & treatment	0161	T
53085	Drainage of urinary leakage	0166	T
58770	Create new tubal opening	0195	T
50578	Renal endoscopy/radiotracer	0161	T
44901	Drain app abscess, precut	0037	T
49021	Drain abdominal abscess	0037	T
49041	Drain, percut, abdom abscess	0037	T
49061	Drain, percut, retroper absc	0037	T

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For the reasons stated above, we are not proposing to accept the APC Panel's recommendation to completely eliminate the inpatient list for CY 2005. However, we are soliciting comments, especially from professional societies and hospitals, on whether these procedures are appropriate for removal from the inpatient list and on whether any other such procedures should be paid under the OPPS. We are also asking commenters who recommend that a procedure that is currently on the inpatient list be reclassified to an APC to include evidence (preferably from peer-reviewed medical literature) that the procedure is being performed on an outpatient basis in a safe and effective manner. We request that commenters suggest an appropriate APC assignment for the procedure, and furnish supporting data, in the event that we determine in the final rule, based on comments, that the procedure would be payable under the OPPS in CY 2005.

F. Hospital Coding for Evaluation and Management Services

[If you choose to comment on issues in this section, include the caption "E/M Services Guidelines'' at the beginning of your comment.]

1. Background

Currently, for claims processing purposes, we direct hospitals to use the CPT codes used by physicians to report clinic and emergency department visits on claims paid under the OPPS. However, we have received comments suggesting that the CPT codes are insufficient to describe the range and mix of services provided to patients in the clinic and emergency department setting because they are defined to reflect only the activities of physicians (for example, ongoing nursing care, and patient preparation for diagnostic tests). For both clinic and emergency department visits, there are currently five levels of care. To facilitate proper coding, we require each hospital to create an internal set of guidelines to determine what level of visit to report for each patient (April 7, 2000, final rule with comment period (65 FR 18434)).

We have continued our efforts to address the situation of proper coding of clinic and emergency department visits to ensure proper Medicare payments to hospitals. Commenters who responded to the August 24, 2001 OPPS proposed rule (66 FR 44672) recommended that we retain the existing evaluation and management coding system until facility-specific evaluation and management codes for emergency department and clinic visits, along with national coding guidelines, were established. Commenters also recommended that we convene a panel of experts to develop codes and guidelines that are simple to understand and to implement, and that are compliant with the HIPAA requirements. We agreed with these commenters, and in our November 1, 2002 OPPS final rule (67 FR 66792), we

stated that we believed the most appropriate forum for development of new code definitions and guidelines would be an independent expert panel that could provide information and data to us. We believed that, in light of the expertise of organizations such as the AHA and the AHIMA, these organizations were particularly well equipped to do so and to provide ongoing education to providers.

The AHA and the AHIMA, on their own initiative, convened an independent expert panel comprised of members of the AHA and AHIMA, as well as representatives of the American College of Emergency Physicians, the Emergency Nurses Association, and the American Organization of Nurse Executives, to develop code descriptions and guidelines for hospital emergency department and clinic visits and to provide us with the information and data. In June 2003, we received the panel's input concerning a set of national coding guidelines for emergency and clinic visits.

We are currently considering the panel's set of coding guidelines and the public comments we have received in response to them. In the November 7, 2003 OPPS final rule with comment period (68 FR 63463), we also indicated that we would implement new evaluation and management codes only when we are also ready to implement guidelines for their use. We further indicated that we would allow ample opportunity for public comment, systems changes, and provider education before implementing such new coding requirements.

2. Proposal for Evaluation and Management Guidelines

In the November 7, 2003 OPPS final rule with comment period (68 FR 63463), we discussed our primary concerns and direction for developing the proposed coding guidelines for emergency department and clinic visits and indicated our plans to make available for public comment the proposed coding guidelines that we are considering through the CMS OPPS website as soon as we have completed them. We will notify the public through our "listserve'' when the proposed guidelines will become available. To subscribe to this listserve, individuals should access the following website: *http://www.cms.hhs.gov/medlearn/listserv.asp* and follow the directions to the OPPS listserve. When we post the proposed guidelines on the website, we will provide ample opportunity for the public to comment.

In addition, we will provide ample time to train clinicians and coders on the use of new codes and guidelines and for hospitals to modify their systems. We anticipate providing at least 6 to 12 months notice prior to implementation of the new evaluation and management codes and guidelines. We will continue working to develop and test the new codes even though we have not yet made plans for their implementation.

G. Brachytherapy Payment Issues

[If you choose to comment on issues in this section, include the caption "Brachytherapy'' at the beginning of your comment.]

Payment for Brachytherapy Sources (Section 621(b) of Pub. L. 108–173, MMA)

Sections 621(b)(1) and (b)(2) of Pub. L. 108–173 amended the Act by adding section 1833(t)(16)(C) and section 1833(t)(2)(H), respectively, to establish separate payment for devices of brachytherapy consisting of a seed or seeds (or radioactive source) based on a hospital's charges for the service, adjusted to cost. Charges for the brachytherapy devices may not be used in determining any outlier payments under the OPPS. In addition, consistent with our practice under the OPPS to exclude items paid at cost from budget neutrality consideration, these items must be excluded from budget neutrality as well. The period of payment under this provision is for brachytherapy sources furnished from January 1, 2004 through December 31, 2006.

In the OPPS interim final rule with comment period published on January 6, 2004 (69 FR 827), we implemented sections 621(b)(1) and 621(b)(2)(C) of Pub. L. 108–173. We stated that we will pay for the brachytherapy sources listed in Table 4 of the interim final rule with comment period (69 FR 828) on a cost basis, as required by the statute. The status indicator for brachytherapy sources was changed to "H.'' The definition of status indicator "H'' was for pass-through payment only for devices, but the brachytherapy sources affected by new sections 1833(t)(16)(C) and 1833(t)(2)(H) of the Act are not pass-through device categories. Therefore, we also changed, for CY 2004, the definition of payment status indicator "H'' to include nonpass-through brachytherapy sources paid on a cost basis. This use of status indicator "H'' is a pragmatic decision that allows us to pay for brachytherapy sources in accordance with new section 1833(t)(16)(C) of the Act, effective January 1, 2004, without having to modify our claims processing systems. We stated in the January 6, 2004 interim final rule with comment period that we would revisit the use and definition of status indicator "H'' for this purpose in the OPPS update for CY 2005. Therefore, in this proposed rule, we are soliciting further comments on this policy.

As we indicated in the January 6, 2004 interim final rule with comment period, we began payment for the brachytherapy source in HCPCS code C1717 (Brachytx source, HCR lr–192) based on the hospital's charge adjusted to cost beginning January 1, 2004. Prior to enactment of Pub. L. 108–173, these sources were paid as packaged services in APC 0313. As a result of the requirement under Pub. L. 108–173 to pay for C1717 separately, we adjusted the payment rate for APC 0313, Brachtherapy, to reflect the unpackaging of the brachytherapy source.

Section 1833(t)(2)(H) of the Act, as added by section 621(b)(2)(C) of Pub. L. 108–173, mandated the creation of separate groups of covered OPD services that classify brachytherapy devices separately from other services or groups of services. The additional groups must be created in a manner that reflects the number, isotope, and radioactive intensity of the devices of brachytherapy furnished, including separate groups for Palladium-103 and Iodine-125 devices.

We invited the public to submit recommendations for new codes to describe brachytherapy sources in a manner that reflects the number, radioisotope, and radioactive intensity of the sources. We requested commenting parties to provide a detailed rationale to support recommended new codes. We stated that we would propose appropriate changes in codes for brachytherapy sources in the CY 2005 OPPS update.

At its meetings of February 18 through 20, 2004, the APC Panel heard from parties that recommended the addition of two new brachytherapy codes and HCPCS codes for high activity Iodine-125 and high activity Palladium-103. The APC Panel, in turn, recommended that CMS establish new HCPCS codes and new APCs, on a per source basis, for these two brachytherapy sources.

We have considered this recommendation and agree with the APC Panel. Therefore, we are proposing to establish the following two new brachytherapy source codes for CY 2005:

- Cxxx1 Brachytherapy source, high activity, Iodine-125, per source
- Cxxx2 Brachytherapy source, high activity, Palladium-103, per source

In addition, we believe the APC Panel's recommendation to establish new HCPCS codes that would distinguish high activity Iodine-125 from high activity Palladium-103 on a per source basis is an approach that should be implemented for other brachytherapy code descriptors, as well. Specifically, that recommendation would require that we include in the HCPCS code descriptor for such brachytherapy sources that the new high activity sources are paid "per source." Therefore, we are proposing to include "per source" in the HCPCS code descriptors for all those brachytherapy source descriptors for which units of payment are not already delineated.

Further, a new linear source Palladium-103 came to our attention in CY 2003 by means of an application for a new device category for pass-through payment. While we declined to create a new category for pass-through payment, we believe that this source falls under the provisions of Pub. L. 108–173 for separate cost-based payment as a brachytherapy source. Accordingly, we are proposing to add, for separate payment, the following code of linear source Palladium-103: Cxxx3 Brachytherapy linear source, Palladium-103, per 1 mm.

Table 36 provides a complete listing of the HCPCS codes, long descriptors, APC assignments and status indicators that we are proposing for brachytherapy sources paid under the OPPS in CY 2005.

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Table 36.—Current and Proposed Separately Payable Brachytherapy Sources

HCPCS	Long Descriptor	APC	APC title	NEW Status Indicator
C1716	Brachytherapy source, Gold 198, per source	1716	Brachytx source, Gold 198	H
C1717	Brachytherapy source, High Dose Rate iridium 192, per source	1717	Brachytx source, HDR Ir-192	H
C1718	Brachytherapy source, Iodine 125, per source	1718	Brachytx source, Iodine 125	H
C1719	Brachytherapy source, Non-High Dose Rate Iridium 192, per source	1719	Brachytx source, Non-HDR Ir-192	H
C1720	Brachytherapy source, Palladium 103, per source	1720	Brachytx source, Paladium 103	H
C2616	Brachytherapy source, Yttrium-90, per source	2616	Brachytx source, Yttrium-90	H
C2632*	Brachytherapy solution, Iodine125, per mCi	2632	Brachytx sol, I-125, per mCi	H
C2633	Brachytherapy source, Cesium-131, per source	2633	Brachytx source, Cesium-131	H
Cxxx1**	Brachytherapy source, High Activity, Iodine-125, per source	TBD	Brachytx source, HA, I-125	H
Cxxx2**	Brachytherapy source, High Activity, Paladium-103, per source	TBD	Brachytx source, HA, P-103	H
Cxxx3**	Brachytherapy linear source, Paladium-103, per 1MM	TBD	Brachytx linear source, P-103	H

*Currently paid as a pass-through device category, scheduled to expire from pass-through payment as of January 1, 2005.
** Newly proposed brachytherapy payment codes beginning January 1, 2005.

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H. Payment for APC 0375, Ancillary Outpatient Services When Patient Expires

In CY 2003, we implemented a new modifier –CA, Procedure payable only in the inpatient setting when performed emergently on an outpatient who dies before admission. The purpose of this modifier is to allow payment, under certain conditions, for outpatient services on a claim that have the same date of service as a HCPCS code with status indicator "C" that is billed with modifier –CA. When a procedure with status indicator "C" (inpatient services not payable under the OPPS) was billed with modifier –CA, we made payment of a fixed amount, under New Technology APC 0977.

In the November 7, 2003 final rule with comment period, we implemented APC 0375 to pay for services furnished in CY 2004 on the same date billed for a procedure code with modifier –CA, (68 FR 63467). We were concerned that

continuing to pay a fixed amount under a new technology APC for otherwise payable outpatient services furnished on the same date of service that a procedure with status indicator "C'' is performed emergently on an outpatient would not result in appropriate payment for these services. That is, continuing to make payment under a new technology APC would not allow us to establish a relative payment weight for the services, subject to recalibration based on actual hospital costs.

We implemented a payment rate of $1,150 for APC 0375, which is the payment amount for the restructured New Technology—Level XIII, APC 1513, that replaced APC 0977, in CY 2004. We also stated that for the CY 2005 update of the OPPS, we would calculate a median cost and relative payment weight for APC 0375 using charge data from CY 2003 claims for line items with a HCPC code and status indicator "V,'' "S,'' "T,'' "X,'' "N,'' "K,'' "G,'' and "H,'' in addition to charges for revenue codes without a HCPCS code, that have the same date of service reported for a procedure billed with modifier –CA. We would then determine whether to set payment for APC 0375 based on our claims data or continue a fixed payment rate for these special services.

In accordance with this methodology, for CY 2005 we reviewed the services on the 18 claims that reported modifier –CA in CY 2003. We calculated a median cost for the aggregated payable services on the 18 claims reporting modifier –CA in the amount of $2,804.18. The mix of outpatient services that were reported appeared reasonable for a patient with an emergent condition requiring immediate medical intervention, and revealed a wide range of costs, which would also be expected. Therefore, we are proposing to set the payment rate for APC 0375 in accordance with the same methodology we have followed to set payment rates for the other procedural APCS in CY 2005, based on the relative payment weight calculated for APC 0375.

VIII. Proposed Conversion Factor Update for CY 2005

[If you choose to comment on issues in this section, please indicate the caption "Conversion Factor'' at the beginning of your comment.]

Section 1833(t)(3)(C)(ii) of the Act requires us to update the conversion factor used to determine payment rates under the OPPS on an annual basis. Section 1833(t)(3)(C)(iv) of the Act provides that, for CY 2005, the update is equal to the hospital inpatient market basket percentage increase applicable to hospital discharges under section 1886(b)(3)(B)(iii) of the Act.

The forecast of the hospital market basket increase for FY 2005 published in the IPPS proposed rule on May 18, 2004, is 3.3 percent (69 FR 28374). To set the proposed OPPS conversion factor for CY 2005, we increased the CY 2004 conversion factor of $54.561, as specified in the November 7, 2003 final rule (68 FR 63459), by 3.3 percent.

In accordance with section 1833(t)(9)(B) of the Act, we further adjusted the proposed conversion factor for CY 2004 to ensure that the revisions we are proposing to update by means of the wage index are made on a budget-neutral basis. We calculated a proposed budget neutrality factor of 1.001 for wage index changes by comparing total payments from our simulation model using the proposed FY 2005 IPPS wage index values to those payments using the current (FY 2004) IPPS wage index values. In addition, for CY 2005, allowed pass-through payments have decreased to 0.13 percent of total OPPS payments, down from 1.3 percent in CY 2004. The proposed conversion factor is also adjusted by the difference in estimated pass-through payments of 1.17 percent.

The proposed market basket increase update factor of 3.3 percent for CY 2005, the required wage index budget neutrality adjustment of approximately 1.001, and the 1.17 percent adjustment to the pass-through estimate result in a proposed conversion factor for CY 2005 of $57.098.

IX. Proposed Wage Index Changes for CY 2005

[If you choose to comment on issues in this section, please include the caption "Wage Index'' at the beginning of your comment.]

Section 1833(t)(2)(D) of the Act requires the Secretary to determine a wage adjustment factor to adjust, for geographic wage differences, the portion of the OPPS payment rate and the copayment standardized amount attributable to labor and labor-related cost. This adjustment must be made in a budget neutral manner.

As discussed in section III.B., of this preamble, we are proposing to standardize 60 percent of estimated costs (labor-related costs) for geographic area wage variation using the IPPS wage indices that are calculated prior to adjustments for reclassification to remove the effects of differences in area wage levels in determining the OPPS payment rate and the copayment standardized amount. The proposed IPPS pre-reclassified urban and rural wage indices for FY 2005 are reprinted in Addenda L and M of this proposed rule.

In accordance with section 1886(d)(3)(E) of the Act, the IPPS wage index is updated annually. In this proposed rule, we are proposing to use the proposed corrected FY 2005 hospital IPPS wage index for urban areas published in the **Federal Register** on June 25, 2004 (69 FR 35919) and the proposed FY 2005 hospital IPPS wage index for rural areas published in the **Federal Register** on May 18, 2004 (69 FR 28580) to determine the wage adjustments for the OPPS payment rate and the copayment standardized amount for CY 2005. We note that the proposed FY 2005 IPPS wage indices reflect a number of proposed changes as a result of the new OMB standards for defining geographic statistical areas, the proposed implementation of a occupational mix adjustment as part of the wage index, and new wage adjustments provided for under Pub. L. 108–173. The following is a brief summary of the proposed changes in the FY 2005 IPPS wage indices and any adjustments that we are proposing to apply to the OPPS for CY 2005. (We refer the reader to the May 18, 2004 IPPS proposed rule (69 FR 28248) for a fuller discussion of the proposed changes to the wage indices.)

A. The proposed use of the new Core Based Statistical Areas (CBSAs) issued by the Office of Management and Budget (OMB) as revised standards for designating geographical statistical areas based on the 2000 Census data, to define labor market areas for hospitals for purposes of the IPPS wage index. The OMB revised standards were published in the **Federal Register** on December 27, 2000 (65 FR 82235), and OMB announced the new CBSAs on June 6, 2003, through an OMB bulletin. In the FY 2005 hospital IPPS proposed rule, for wage index purposes, we proposed to treat hospitals designated as rural under the new CBSA classification system that were previously located in an MSA as if they were located in their old MSA, and further proposed to maintain that MSA designation for determining a wage index for the next 3 years. To be consistent, we are proposing to apply the same criterion to TEFRA hospitals paid under the OPPS but not under the IPPS and to maintain that MSA designation for determining a wage index for the next 3 years. This proposed policy would impact six TEFRA providers for purposes of OPPS payment.

B. The proposed incorporation of a blend of an occupational mix adjusted wage index into the unadjusted wage

index to reflect the effect of hospitals' employment choices of occupational categories to provide specific patient care.

C. The reclassifications of hospitals to geographic areas for purposes of the wage index that were approved under the one-time appeal process for hospitals authorized under section 508 of Pub. L. 108–173 (May 18, 2004 IPPS proposed rule (69 FR 28265 through 28266)).

D. The proposed implementation of an adjustment to the wage index to reflect the "out-migration'' of hospital employees who reside in one county but commute to work in a different county with a higher wage index, in accordance with section 505 of Pub. L. 108–173 (May 18, 2004 IPPS proposed rule (69 FR 28266 through 28269). Hospitals paid under the IPPS located in the qualifying section 505 "out-migration'' counties received a wage index increase. We are proposing to apply the same criterion to TEFRA hospitals paid under the OPPS but not paid under the IPPS. Therefore, TEFRA hospitals located in a qualifying section 505 county would also receive an increase to their wage index under OPPS. These additional hospitals are listed in Addendum K to this proposed rule with all IPPS hospitals receiving a wage index increase because they are located in a qualifying 505 county.

The following proposed FY 2005 IPPS wage indices that were published in the May 18, 2004 **Federal Register** (69 FR 28195) or corrected in the June 25, 2004 **Federal Register** (69 FR 35919) are reprinted as Addenda in this OPPS proposed rule: Addendum H—Wage Index for Urban Areas; Addendum I—Wage Index for Rural Areas; Addendum J—Wage Index for Hospitals That Are Reclassified; Addendum K—Wage Index Adjustment for Commuting Hospital Employees (Out-Migration) in Qualifying Counties; Addendum L—Pre-Reclassified Wage Index for Urban Areas; Addendum M—Pre-Reclassified Wage Index for Rural Areas; Addendum N—Hospital Reclassifications and Redesignations by Individual Hospital under Section 508 of Pub. L. 108–173. We are proposing to use these IPPS indices, as they are finalized by July 30, 2004, to adjust the payment rates and coinsurance amounts that we will publish in the OPPS final rule for CY 2005. Because the reclassification that results from implementation of section 508 of Pub. L. 108–173 is not subject to budget neutrality, we have not taken it into account in developing the OPPS budget neutrality estimates for CY 2005. However, the wage index increases that result from implementation of section 505 of Pub. L. 108–173 are subject to budget neutrality. Therefore, we have included the wage index changes associated with section 505 of Pub. L. 108–173 in calculating the OPPS budget neutrality estimates for CY 2005.

X. Determination of Proposed Payment Rates and Outlier Payments for CY 2005

A. Calculation of the Proposed National Unadjusted Medicare Payment

[If you choose to comment on issues in this section, please indicate the caption "Payment Rate for APCs'' at the beginning of your comment.]

The basic methodology for determining prospective payment rates for OPD services under the OPPS is set forth in existing regulations at §§ 419.31 and 419.32. The payment rate for services and procedures for which payment is made under the OPPS is the product of the conversion factor calculated in accordance with section VIII. of this proposed rule, and the relative weight determined under section III. of this proposed rule. Therefore, the national unadjusted payment rate for APCs contained in Addendum A to this proposed rule and for payable HCPCS codes in Addendum B to this proposed rule (Addendum B is provided as a convenience for readers) was calculated by multiplying the proposed CY 2005 scaled weight for the APC by the proposed CY 2005 conversion factor.

However, to determine the payment that would be made under the OPPS to a specific hospital for an APC for a service other than a drug, in a circumstance in which the multiple procedure discount does not apply, we take the following steps:

Step 1. Calculate 60 percent (the labor-related portion) of the national unadjusted payment rate. Since initial implementation of the OPPS, we have used 60 percent to represent our estimate of that portion of costs attributable, on average, to labor. (See the April 7, 2000 final rule with comment period (65 FR 18496 through 18497), for a detailed discussion of how we derived this percentage.)

Step 2. Determine the wage index area in which the hospital is located and identify the wage index level that applies to the specific hospital. Addenda H, I, J, and L to this proposed rule, which reflect the new proposed geographic statistical areas as a result of revised OMB standards (urban and rural) to which hospitals would be assigned for FY 2005 under the IPPS and the reclassifications of hospitals under the one-time appeals process under section 508 of Pub. L. 108–173, contain the wage index values assigned to each area. The wage index values include the proposed occupational mix adjustment described in section IX. of this proposed rule that was developed for the IPPS.

Step 3. Adjust the wage index of hospitals located in certain qualifying counties that have a relatively high percentage of hospital employees who reside in the county but who work in a different county with a higher wage index, in accordance with section 505 of Pub. L. 108–173. Addendum K contains the qualifying counties and the proposed wage index increase developed for the IPPS.

Step 4. Multiply the applicable wage index determined under Steps 2 and 3 by the amount determined under Step 1 that represents the labor-related portion of the national unadjusted payment rate.

Step 5. Calculate 40 percent (the nonlabor-related portion) of the national unadjusted payment rate and add that amount to the resulting product of Step 4. The result is the wage index adjusted payment rate for the relevant wage index area.

B. Proposed Hospital Outpatient Outlier Payments

[If you choose to comment on issues in this section, please indicate the caption "Outlier Payments'' at the beginning of your comment.]

For OPPS services furnished between August 1, 2000, and April 1, 2002, we calculated outlier payments in the aggregate for all OPPS services that appear on a bill in accordance with section 1833(t)(5)(D) of the Act. In the November 30, 2001 final rule (66 FR 59856 through 59888), we specified that, beginning with CY 2002, we calculate outlier payments based on each individual OPPS service. We revised the aggregate method that we had used to calculate outlier payments and began to determine outlier payments on a service-by-service basis.

As explained in the April 7, 2000 final rule with comment period (65 FR 18498), we set a target for outlier payments at 2.0 percent of total payments. For purposes of simulating payments to calculate outlier thresholds, we set the target for outlier payments at 2.0 percent for CYs 2001, 2002, 2003, and 2004. For reasons discussed in the November 7, 2003 final rule with comment period (68 FR 63469), for CY 2004, we established a separate outlier threshold for CMHCs. For CY 2004, the outlier threshold is met when costs of furnishing a service or procedure by a hospital exceed 2.6 times the APC payment amount or when

the cost of furnishing services by a CMHC exceeds 3.65 times the APC payment amount. The current outlier payment percentage is 50 percent of the amount of costs in excess of the threshold.

For CY 2005, we are proposing to continue to set the target for outlier payments at 2.0 percent of total OPPS payments (a portion of that 2.0 percent, 0.6 percent, would be allocated to CMHCs for partial hospitalization program (PHP) services).

Outlier payments are intended to ensure beneficiary access to services by having the Medicare program share in the financial loss incurred by a provider associated with individual, extraordinarily expensive cases. They are not intended to pay hospitals additional amounts for specific services on a routine basis. In its March 2004 Report, MedPAC found that 50 percent of OPPS outlier payments in CY 2004 were for 21 fairly common services that had relatively low APC payment rates, such as plain film x-rays and pathology services. We are concerned by the MedPAC findings which indicate that a significant portion of outlier payments are being made for high volume, lower cost services rather than for unusually high cost services, contrary to the intent of an outlier policy. (A full discussion of the 2004 MedPAC recommendations related to the OPPS and the CMS response to those recommendations can be found in section XII. of this preamble.)

In light of the MedPAC findings, we are proposing to change the standard we have used to qualify a service for outlier payments since the OPPS was originally implemented. That is, in addition to the outlier threshold we have applied since the beginning of the OPPS, which requires that a hospital's cost for a service exceed the APC payment rate for that service by a specified multiple of the APC payment rate, we are proposing to add a fixed dollar threshold that would have to be met in order for a service to qualify for an outlier payment. Section 1833(t)(5)(A) of the Act gives the Secretary the authority to impose a fixed dollar threshold in addition to an APC multiplier threshold. By imposing a dollar threshold, we expect to redirect outlier payments from lower cost, relatively simple procedures to more complex, expensive procedures for which the costs associated with individual cases could be exceptionally high and for which hospitals have a financial risk would be at greater risk financially.

In this proposed rule, we are proposing to require that, in order to qualify for an outlier payment, the cost of a service must exceed 1.5 times the APC payment rate and the cost must also exceed the sum of the APC rate plus a $625 fixed dollar threshold. Based upon our review of the data, a threshold of $625 better meets our 2.0 percent targets. When the cost of a hospital outpatient service exceeds these thresholds, we would pay 50 percent of the amount by which the cost of furnishing the service exceeds 1.5 times the APC payment rate (the APC multiple) as an outlier payment.

We are proposing to set the dollar threshold at a level that would, for all intents and purposes, exclude outliers for a number of lower cost services. For example, under the CY 2004 methodology a service mapped to an APC with a payment rate of $20 would only have to exceed $52 (2.6 × APC payment amount) in order to qualify for an outlier payment. Our proposed policy for CY 2005 with the additional fixed dollar threshold would require that the service in this example exceed $645 in order to qualify for an outlier payment. That is, the cost of the service would have to exceed both 1.5 times the APC payment rate, or $30, and $645 ($20 + $625).

The proposed dollar threshold would also enable us to lower the APC multiplier portion of the total outlier threshold from 2.6 to 1.5. We have chosen a multiple of 1.5 because this continues to recognize some variability relative to APC payment implicit in the current statute, but limits its impact in determining outlier payments. Under the proposed changes to the outlier methodology, it would also be easier for the higher cost cases of a complex, expensive procedure or service to qualify for outlier payments because the $625 threshold is a small portion of the total payment rate for high cost services. For example, under the CY 2004 methodology, a service mapped to an APC with a payment rate of $20,000 would have to exceed $52,000 in order to qualify for an outlier payment but, as proposed for CY 2005, would have to exceed only $30,000. That is, the cost of the service would have to exceed both 1.5 times the APC payment rate, or $30,000, and $20,625 ($20,000 + $625). Further, outlier payments for unusually expensive cases would be higher because the APC multiplier for outlier payment would decrease from 2.6 to 1.5 times the APC payment rate.

As discussed in the following section pertaining to Proposed Payment for Partial Hospitalization services, we are proposing to set the APC multiplier outlier threshold for CMHCs for CY 2005 at 3.35 times the APC payment amount and the CY 2005 outlier payment percentage applicable to costs in excess of the threshold at 50 percent.

C. Proposed Payment for Partial Hospitalization

[If you choose to comment on issues in this section, please indicate the caption "Partial Hospitalization'' at the beginning of your comment.]

1. Background

Partial hospitalization is an intensive outpatient program of psychiatric services provided to patients as an alternative to inpatient psychiatric care for beneficiaries who have an acute mental illness. A partial hospitalization program (PHP) may be provided by a hospital to its outpatients or by a Medicare-certified CMHC. Section 1833(t)(1)(B)(i) of the Act provides the Secretary with the authority to designate the hospital outpatient services to be covered under the OPPS. Section 419.21(c) of the Medicare regulations that implement this provision specifies that payments under the OPPS will be made for partial hospitalization services furnished by CMHCs. Section 1883(t)(2)(C) of the Act requires that we establish relative payment weights based on median (or mean, at the election of the Secretary) hospital costs determined by 1996 claims data and data from the most recent available cost reports. Payment to providers under the OPPS for PHPs represents the provider's overhead costs associated with the program. Because a day of care is the unit that defines the structure and scheduling of partial hospitalization services, we established a per diem payment methodology for the PHP APC, effective for services furnished on or after August 1, 2000. For a detailed discussion, *see* the April 7, 2000 OPPS final rule (65 FR 18452).

2. Proposed PHP APC Update for CY 2005

For calculation of the proposed CY 2005 per diem payment, we used the same methodology that was used to compute the CY 2004 per diem payment. For CY 2004, the per diem amount was based on three quarters of hospital and CMHC PHP claims data (for services furnished from April 1, 2002, through December 31, 2002). We used data from all hospital bills reporting condition code 41, which identifies the claim as partial hospitalization, and all bills from CMHCs because CMHCs are Medicare providers only for the purpose of providing partial hospitalization services. We used cost-to-charge ratios from the most recently available hospital and CMHC cost reports to

convert each provider's line item charges as reported on bills, to estimate the provider's cost for a day of PHP services. Per diem costs are then computed by summing the line item costs on each bill and dividing by the number of days on the bill.

Unlike hospitals, CMHCs do not file cost reports electronically and the cost report information is not included in the Healthcare Cost Report Information System (HCRIS). The CMHC cost reports are held by the Medicare fiscal intermediaries. In a Program Memorandum issued on January 17, 2003 (Transmittal A–03–004), we directed fiscal intermediaries to recalculate hospital and CMHC cost-to-charge ratios using the most recently settled cost reports by April 30, 2003. Following the initial update of cost-to-charge ratios, fiscal intermediaries were further instructed to continue to update a provider's cost-to-charge ratio and enter revised cost-to-charge ratios into the outpatient provider specific file. Therefore, for CMHCs, we use cost-to-charge ratios from the outpatient provider specific file. For CY 2005, we analyzed 12 months of data for hospital and CMHC PHP claims for services furnished between January 1, 2003, and December 31, 2003. Updated cost-to-charge ratios reduced the median cost per day for CMHCs. The revised medians are $313 for CMHCs and $213 for hospitals. Combining these files results in a median per diem PHP cost of $297. As with all APCs in the OPPS, the median cost for each APC is scaled to be relative to a mid-level office visit and the conversion factor is applied. We are proposing the resulting APC amount for PHP of $292.19 for CY 2005, of which $58.44 is the beneficiary's coinsurance.

3. Separate Threshold for Outlier Payments to CMHCs

In the November 7, 2003 final rule with comment period (68 FR 63469), we indicated that, given the difference in PHP charges between hospitals and CMHCs, we did not believe it was appropriate to make outlier payments to CMHCs using the outlier percentage target amount and threshold established for hospitals. There was a significant difference in the amount of outlier payments made to hospitals and CMHCs for PHP. Further analysis indicated the use of outlier payments was contrary to the intent of the outlier policy as discussed previously in section X.B. above. Therefore, for CY 2004, we established a separate outlier threshold for CMHCs. We designated a portion of the estimated 2.0 percent outlier target amount specifically for CMHCs, consistent with the percentage of projected payments to CMHCs under the OPPS in CY 2004, excluding outlier payments.

As stated in the November 7, 2003 final rule with comment period, CMHCs were projected to receive 0.5 percent of the estimated total OPPS payments in CY 2004. The CY 2004 outlier threshold is met when the cost of furnishing services by a CMHC exceeds 3.65 times the APC payment amount. The current outlier payment percentage is 50 percent of the amount of costs in excess of the threshold.

CMS and the Office of the Inspector General are continuing to monitor the excessive outlier payments to CMHCs. However, we do not yet have CY 2004 claims data that will show the effect of the separate outlier threshold for CMHCs that was effective January 1, 2004. Therefore, for CY 2005, as discussed in section X.B. of this preamble, we are proposing to continue to set the target for hospital outpatient outlier payments at 2.0 percent of total OPPS payments. We are proposing that a portion of that 2.0 percent, 0.6 percent, would be allocated to CMHCs for PHP services. We propose 0.6 percent for CMHCs because the percentage of CMHC's payment to total OPPS payment rose slightly in the CY 2003 claims data. In the absence of CY 2004 claims data, we developed simulations for CY 2005. As discussed in section X.B. of this preamble, we are proposing a dollar threshold in addition to an APC multiplier threshold for hospital OPPS outlier payments. However, because PHP is the only APC for which CMHCs may receive payment under the OPPS, we would not expect to redirect outlier payments by imposing a dollar threshold. Therefore, we are not proposing a dollar threshold for CMHC outliers. We are proposing to set the outlier threshold for CMHCs for CY 2005 at 3.35 percent times the APC payment amount and the CY 2005 outlier payment percentage applicable to costs in excess of the threshold at 50 percent.

XI. Proposed Beneficiary Copayments for CY 2005

[If you choose to comment on issues in this section, please indicate the caption "Copayment'' at the beginning of your comment.]

A. Background

Section 1833(t)(3)(B) of the Act requires the Secretary to set rules for determining copayment amounts to be paid by beneficiaries for covered OPD services. Section 1833(t)(8)(C)(ii) of the Act specifies that the Secretary must reduce the national unadjusted copayment amount for a covered OPD service (or group of such services) furnished in a year in a manner so that the effective copayment rate (determined on a national unadjusted basis) for that service in the year does not exceed specified percentages. For all services paid under the OPPS in CY 2005, the specified percentage is 45 percent of the APC payment rate. Section 1833(t)(3)(B)(ii) of the Act provides that, for a covered OPD service (or group of such services) furnished in a year, the national unadjusted coinsurance amount cannot be less than 20 percent of the OPD fee schedule amount.

B. Proposed Copayment for CY 2005

For CY 2005, we determined copayment amounts for new and revised APCs using the same methodology that we implemented for CY 2004 (see the November 7, 2003 final rule 68 FR 63458). The unadjusted copayment amounts for services payable under the OPPS effective January 1, 2005 are shown in Addendum A and Addendum B.

XII. MedPAC Recommendations

The Medicare Payment Advisory Commission (MedPAC) in its March 2004 Report to the Congress: "Medicare Payment Policy,'' made two recommendations relating to the OPPS. This section provides responses to those recommendations.

Recommendation 3A–2: The Congress should increase payment rates for the OPPS by the projected rate of increase in the hospital market basket index for CY 2005.

Response: Section 1833(t)(3)(C)(ii) of the Act requires the Secretary to update the conversion factor used to determine payment rates under the OPPS on an annual basis. Section 1833(t)(3)(C)(iv) of the Act provides that, for CY 2005, the update is equal to the hospital inpatient market basket percentage applicable under section 1886(b)(3) of the Act to hospital discharges. The forecast of the hospital market basket increase for FY 2005 published in the IPPS proposed rule on May 18, 2004, is 3.3 percent (69 FR 63459). Therefore, in accordance with this statutory requirement, we are proposing to update the OPPS conversation factor for CY 2005 by 3.3 percent as discussed in section VIII. of this preamble.

Recommendation 3A–3: The Congress should eliminate the outlier policy under the outpatient PPS.

Response: We have carefully reviewed the MedPAC report regarding this recommendation and are concerned by

its findings which indicate that a significant portion of outlier payments are being made for high volume, lower cost services rather than for unusually high cost services, contrary to the intent of an outlier policy. While it is evident that the OPPS outlier payments cannot be discontinued by us without a legislative change by Congress, we believe that the MedPAC findings warrant a change in our standard for qualifying a hospital outpatient service for an outlier payment. Therefore, in light of the MedPAC findings we are proposing to change the standard we have used to qualify a service for an outlier payment since initial implementation of the OPPS. As discussed in section X.B. of this preamble, we are proposing to add a fixed dollar threshold requirement to the current threshold, which requires that a hospital's cost for a service exceed the APC payment rate for that service by a specified multiple in order to qualify for an outlier payment. That is, we are proposing to require, that in order to qualify for an outlier payment, the cost of a service must exceed 1.5 times the APC payment rate and the cost must also exceed the sum of the APC rate plus a $625 fixed dollar threshold. By imposing a dollar threshold in addition to an APC multiplier threshold, we expect to redirect outlier payments from lower cost and relatively simple procedures to more complex, expensive procedures for which the costs associated with individual cases could be exceptionally high.

We are not proposing to apply the fixed dollar threshold to CMHCs because partial hospitalization services are the only APC service for which CMHCs can receive payment under the OPPS, and we would not expect to redirect outlier payment by imposing a dollar threshold.

XIII. Addenda Files Available to the Public Via Internet

The data referenced for Addenda C and G to this proposed rule are available on the following CMS Web site via Internet only: *http://www.cms.hhs.gov/providers/hopps/.* We are not republishing the data represented in these two Addenda to this proposed rule because of their volume. For additional assistance, contact Chris Smith-Ritter at (410) 786–0378.

Addendum C—Healthcare Common Procedure Coding System (HCPCS) Codes by Ambulatory Payment Classification (APC.)

This file contains the HCPCS codes sorted by the APCs into which they are assigned for payment under the OPPS. The file also includes the APC status indicators, relative weights, and OPPS payment amounts.

XIV. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995 (PRA), we are required to provide 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to evaluate fairly whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires that we solicit comment on the following issues:

- The need for the information collection and its usefulness in carrying out the proper functions of our agency.
- The accuracy of our estimate of the information collection burden.
- The quality, utility, and clarity of the information to be collected.
- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

We are soliciting public comments on each of these issues for the following information collection requirement:

Section 410.16 Initial preventive physical examination.

Proposed new section 410.16 would require, for the furnishing of education, counseling and referral services as part of an initial preventive physical examination, a written plan for obtaining the appropriate screening and other preventive services which are also covered as separate Medicare B Part services.

The burden associated with this requirement is the time required of the physician or practitioner to provide beneficiaries with education, counseling, and referral services and to develop and provide a written plan for obtaining screening and other preventive services.

While these requirements are subject to the PRA, the burden associated with these requirements is currently captured and discussed in the ''Revisions to Payment Policies Under the Physician Fee Schedule for CY 2005'' (CMS–1429–P). This section mirrors that proposed rule for convenience purposes.

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 record keeping requirements, please mail copies directly to the following:

Centers for Medicare & Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Regulations Development and Issuances Group, Attn: John Burke, CMS–1427–P, Room C5–14–03, 7500 Security Boulevard, Baltimore, MD 21244–1850; and

Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn: Christopher Martin, CMS Desk Officer

Comments submitted to OMB may also be e-mailed to the following address: e-mail: *Christopher_Martin@omb.eop.gov*, or faxed to OMB at (202) 395–6974.

XV. Response to Public Comments

Because of the large number of items of correspondence we normally receive on a proposed rule, we are not able to acknowledge or respond to them individually. However, in preparing the final rule, we will consider all comments concerning the provisions of this proposed rule that we receive by the date and time specified in the **DATES** section of this preamble, and when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

XVI. Regulatory Impact Analysis

A. OPPS: General

We have examined the impacts of this rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), the Regulatory Flexibility Act (RFA) (September 19, 1980, Pub. L. 96–354), section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4), and Executive Order 13132.

Executive Order 12866 (as amended by Executive Order 13258, which merely reassigns responsibility of duties) directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more in any 1 year).

We estimate the effects of the provisions that would be implemented by this proposed rule would result in expenditures exceeding $100 million in any 1 year. We estimate the total increase (from changes in the proposed rule as well as enrollment, utilization,

and case mix changes) in expenditures under the OPPS for CY 2005 compared to CY 2004 to be approximately $1.5 billion. Therefore, this proposed rule is an economically significant rule under Executive Order 12866, and a major rule under 5 U.S.C. 804(2).

The RFA requires agencies to determine whether a rule would have a significant economic impact on a substantial number of small entities. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and government agencies. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of $6 million to $29 million in any 1 year (*see* 65 FR 69432).

For purposes of the RFA, we have determined that approximately 37 percent of hospitals would be considered small entities according to the Small Business Administration (SBA) size standards. We do not have data available to calculate the percentages of entities in the pharmaceutical preparation manufacturing, biological products, or medical instrument industries that would be considered to be small entities according to the SBA size standards. For the pharmaceutical preparation manufacturing industry (NAICS 325412), the size standard is 750 or fewer employees and $67.6 billion in annual sales (1997 business census). For biological products (except diagnostic) (NAICS 325414), with $5.7 billion in annual sales, and medical instruments (NAICS 339112), with $18.5 billion in annual sales, the standard is 50 or fewer employees (see the standards website at *http://www.sba.gov/regulations/siccodes/*). Individuals and States are not included in the definition of a small entity.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the RFA. With the exception of hospitals located in certain New England counties, for purposes of section 1102(b) of the Act, we previously defined a small rural hospital as a hospital with fewer than 100 beds that is located outside of a Metropolitan Statistical Area (MSA) (or New England County Metropolitan Area (NECMA)). However, under the new labor market definitions that we are proposing to adopt, we no longer employ NECMAs to define urban areas in New England. Therefore, we now define a small rural hospital as a hospital with fewer than 100 beds that is located outside of an MSA. Section 601(g) of the Social Security Amendments of 1983 (Pub. L. 98–21) designated hospitals in certain New England counties as belonging to the adjacent NECMA. Thus, for purposes of the OPPS, we classify these hospitals as urban hospitals. We believe that the changes in this proposed rule would affect both a substantial number of rural hospitals as well as other classes of hospitals and that the effects on some may be significant. Therefore, we conclude that this proposed rule would have a significant impact on a substantial number of small entities.

Unfunded Mandates

Section 202 of the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4) also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in an expenditure in any 1 year by State, local, or tribal governments, in the aggregate, or by the private sector, of $110 million. This proposed rule would not mandate any requirements for State, local, or tribal governments. This proposed rule would not impose unfunded mandates on the private sector of more than $110 million dollars.

Federalism

Executive Order 13132 establishes certain requirements that an agency must meet when it publishes a proposed rule (and subsequent final rule) that imposes substantial direct costs on State and local governments, preempts State law, or otherwise has Federalism implications.

We have examined this proposed rule in accordance with Executive Order 13132, Federalism, and have determined that it would not have an impact on the rights, roles, and responsibilities of State, local or tribal governments. The impact analysis (*see* Table 37) shows that payments to governmental hospitals (including State, local, and tribal governmental hospitals) would increase by 4.3 percent under the proposed rule.

B. Impact of Proposed Changes in This Proposed Rule

We are proposing several changes to the OPPS that are required by the statute. We are required under section 1833(t)(3)(C)(ii) of the Act to update annually the conversion factor used to determine the APC payment rates. We are also required under section 1833(t)(9)(A) of the Act to revise, not less often than annually, the wage index and other adjustments. In addition, we must review the clinical integrity of payment groups and weights at least annually. Accordingly, in this proposed rule, we are proposing to update the conversion factor and the wage index adjustment for hospital outpatient services furnished beginning January 1, 2005 as we discuss in sections VIII. and IX., respectively, of this proposed rule. We are also proposing to revise the relative APC payment weights using claims data from January 1, 2003 through December 31, 2003. Finally, we are proposing to remove 6 devices and 12 drugs and biological agents from pass-through payment status. In particular, see section V.A.2 with regard to the expiration of pass-through status for devices and see section IV.A.2 with regard to the expiration of pass-through status for drugs and biological agents.

Under this proposed rule, the update change to the conversion factor as provided by statute as well as the additional money for the OPPS payments in CY 2005 as authorized by Pub. L. 108–173, including money for drugs and increases in the wage index adjustment, would increase total OPPS payments by 4.6 percent in CY 2005. The changes to the wage index and to the APC weights (which incorporate the cessation of pass-through payments for several drugs and devices) would not increase OPPS payments because the OPPS is budget neutral. However, the wage index and APC weight changes would change the distribution of payments within the budget neutral system as shown in Table 37 and described in more detail in this section.

C. Alternatives Considered

Alternatives to the changes we are making and the reasons that we have chosen the options we have are discussed throughout this proposed rule. Some of the major issues discussed in this proposed rule and options that affect our policies are discussed below.

Payment for Device-Dependent APCs

We package payment for an implantable device into the APC payment for the procedure performed to insert the device. Because almost all devices lost pass-through status at the end of CY 2002, we discontinued use of separate codes to report devices in CY 2003. We have found that claims that we use to set payment rates for device-dependent APCs frequently have packaged costs that are much lower than the cost of the device. This is attributed, in part, to variations in hospital billing practices. In response, we reestablished device codes for reporting on a voluntary basis in CY 2004.

The APC Panel recommended that we use CY 2004 device-dependent APC

rates updated for inflation as the CY 2005 payments. We considered this option but did not adopt it because it would not recognize changes in relative cost for these APCs and would not advance us towards our goal of using unadjusted claims data as the basis for payment weights for all OPPS services.

In addition to consideration of the APC Panel's recommendation, we considered using CY 2002 claims to calculate a ratio between the median calculated using all single bills and the median calculated using only claims with HCPCS codes for devices on them, and applying that ratio to the median calculated using CY 2003 claims data. We rejected this option because it assumes that the relationship between the costs of the claims with and without codes for devices is a valid relationship not only for CY 2002 but CY 2003 as well. It also assumes no changes in billing behavior. We have no reason to believe either of these assumptions is true and, therefore, we did not choose this option.

We do not believe that any of the above options would help us progress toward reliance on our data. Rather than adoption of any of those approaches, we developed an option to adjust the payment for only those device-dependent APCs that have the most dramatic decreases for CY 2005. We believe that the better payment approach for determining median costs for device-dependent APCs in CY 2005 would be to base these medians on the greater of (1) median costs calculated using CY 2003 claims data, or (2) 90 percent of the APC payment median used in CY 2004 for these services. We believe that this proposed adjustment methodology provides an appropriate transition to eventual use of all single bill claims data without adjustment.

We are also proposing to use "C'' codes to bill for the device-dependent procedures for which we adjusted the medians for CY 2005 as well as for a few APCs that require devices that are coming off pass-through payment in CY 2005 (a continuation of current billing practice). We believe that adoption of our proposal will mitigate barriers to beneficiary access to care while encouraging hospitals to bill correctly for the services they furnish. For a more detailed discussion of this issue, see section III. of the preamble.

Proposed Hospital Outpatient Outlier Payments

In its March 2004 Report, MedPAC made a recommendation to the Congress to eliminate the outlier provision under the OPPS. MedPAC made its recommendation after studying outlier payments on claims for services furnished during CY 2002 and concluding that in 2002, 50 percent of outlier payments were paid for 21 fairly common services that had relatively low APC payment rates, while high cost services accounted for only a small share of outlier payments. However, outlier payments are required under the statute; therefore, we cannot discontinue outlier payments absent a legislative change by the Congress.

In light of the MedPAC findings, we are proposing a change to the threshold we use for qualifying a service for outlier payments to add a fixed dollar threshold in addition to the threshold based on a multiple of the APC amount that we have applied since the beginning of the OPPS. For a more detailed discussion of this issue, see section X. of the preamble.

D. Limitations of Our Analysis

The distributional impacts represent the projected effects of the policy changes, as well as the statutory changes that would be effective for CY 2005 on various hospital groups. We estimate the effects of individual policy changes by estimating payments per service while holding all other payment policies constant. We use the best data available but do not attempt to predict behavioral responses to our policy changes. In addition, we are not proposing to make adjustments for future changes in variables such as service volume, service mix, or number of encounters. As we have done in previous proposed rules, we are soliciting comments and information about the anticipated effects of these proposed changes on hospitals and our methodology for estimating them.

E. Estimated Impacts of This Proposed Rule on Hospitals

The OPPS is a budget neutral payment system under which the increase to the total payments made under OPPS is limited by the increase to the conversion factor set under the methodology in the statute. The enactment of Pub. L. 108–173 on December 8, 2003, provided for the payment of additional dollars in 2005 to providers of OPPS services outside of the budget neutrality requirements for both specified covered outpatient drugs (see section V.A.3.a. of the preamble to this rule) and the wage indexes for specific hospitals through reclassification reform in section 508 of Pub. L. 108–173 (see section IX. of the preamble to this rule). Table 38 shows the estimated redistribution of hospital payments among providers as a result of a new APC structure and wage index, which are budget neutral; the estimated distribution of increased payments in CY 2005 resulting from the combined impact of APC recalibration and wage effects, and market basket update to the conversion factor; and estimated payments considering all proposed changes for CY 2005. In some cases, specific hospitals may receive more total payment in CY 2005 than in CY 2004 while in other cases they may receive less total payment than they received in CY 2004. However, our impact analysis suggests that no class of hospitals would receive less total payments in CY 2005 than in CY 2004. Because updates to the conversion factor, including the market basket and any reintroduction of pass-through dollars, are applied uniformly, the extent to which this proposed rule redistributes money would largely depend on the mix of services furnished by a hospital (for example, how the APCs for the hospital's most frequently furnished services would change) and the impact of the wage index changes on the hospital.

Overall, the proposed OPPS rates for CY 2005 would have a positive effect for every category of hospital. Proposed changes will result in a 4.6 percent increase in Medicare payments, to all hospitals, exclusive of outlier and transitional pass-through payments. As described in the preamble, budget neutrality adjustments are made to the conversion factor and the relative weights to ensure that the revisions in the wage index, APC groups, and relative weights do not affect aggregate payments. The impact of the wage and APC recalibration changes are moderate across hospital groups.

To illustrate the impact of the proposed CY 2005 changes, our analysis begins with a baseline simulation model that uses the final CY 2004 weights, the FY 2004 final post-reclassification wage index without increases resulting from section 508 reclassifications, and the final CY 2004 conversion factor. Columns 2 and 3 in Table 38 reflect the independent effects of the changes in the APC reclassification and recalibration changes and the wage index, respectively. These effects are budget neutral, which is apparent in the overall zero impact in payment for all hospitals. Column 2 shows the independent effect of changes resulting from the reclassification of HCPCS codes among APC groups and the recalibration of APC weights based on a complete year of 2003 hospital OPPS claims data. We modeled the independent effect of APC recalibration by varying only the weights, final CY 2004 weights versus proposed CY 2005

weights, in our baseline model, and calculating the percent difference in payments. Column 3 shows the impact of updating the wage index used to calculate payment by applying the FY 2005 hospital inpatient wage index. In addition to new wage data, the new inpatient hospital wage index uses the Core Based Statistical Area (CBSA) system as the basis for geographic adjustment for wages, rather than the Metropolitan Statistical Areas (MSA) designations used previously. The CY 2005 proposed OPPS wage index also includes the new adjustment for occupational mix, the reclassifications of hospitals to geographic areas by the Medicare Geographic Classification Review Board, and the increased payment authorized by section 505 of Pub. L. 108–173 for out-migration. However, the proposed OPPS wage index does not include wage increases due to reclassification of hospitals through section 508 of Pub. L. 108–173. We modeled the independent effect of introducing a new wage index by varying only the wage index between years, using CY 2004 weights, and a CY 2004 conversion factor that included a budget neutrality adjustment.

Column 4 demonstrates the combined "budget neutral'' impact of APC recalibration and wage index updates on various classes of hospitals, as well as the impact of updating the conversion factor with the market basket. We modeled the independent effect of budget neutrality adjustments and the market basket update by using the weights and wage index for each year, and using a CY 2004 conversion factor that included a budget neutrality adjustment for differences in wages and the market basket increase. Finally, the remaining column depicts the full impact of proposed CY 2005 policy on each hospital group by including the effect of all the changes for CY 2005. Column 5 shows not only the combined budget neutral effects of APC and wage updates, and the market basket update, but it also shows the effects of additional monies added to the OPPS as a result of Pub. L. 108–173 and pass-through money returned to the conversion factor from CY 2004. We modeled the independent effect of all changes using the final weights for CY 2004 and CY 2005 with additional money for drugs authorized by section 621 of Pub. L. 108–173, final wage indexes including wage index increases for hospitals eligible for reclassification under section 508 of Pub. L.108–173 and the CY 2005 proposed conversion factor of $57.098.

Column 1: Total Number of Hospitals

Column 1 in Table 38 shows the total number of hospital providers, 4,821, for which we were able to use CY 2003 hospital outpatient claims to model CY 2004 and CY 2005 payments by category. We excluded all hospitals for which we could not accurately estimate CY 2004 or CY 2005 payment and entities that are not paid under the OPPS. The latter include critical access hospitals, all-inclusive hospitals, and hospitals located in Guam, the U.S. Virgin Islands, and the State of Maryland. This process is discussed in greater detail in section III.B of the preamble. In prior years, we displayed non-TEFRA hospitals paid under PPS separately from TEFRA hospitals in our impact and outlier tables. The distinction between TEFRA and non-TEFRA holds little value for OPPS as all hospitals are treated equally under the OPPS payment system. Therefore, for this proposed rule we did not include TEFRA hospitals as a distinct hospital category in Table 38. Finally, of the hospitals displayed in Table 38 and Table 39, it is important to note that section 1833(t)(7)(D) of the Act holds harmless cancer hospitals, children's hospitals, small rural hospitals with less than 100 beds, and sole community hospitals. These hospitals cannot receive less payment in CY 2005 than they did in the CY 2004.

Column 2: APC Recalibration

The APC reclassification and recalibration changes tend to favor rural hospitals especially those characterized as small, although the overall redistribution impact is modest. Rural hospitals show a 0.9 percent increase. Specifically, rural hospitals with 0 to 49 beds experience an increase of 1 percent, rural hospitals with 50 to 100 beds show a 1.4 percent increase and rural hospitals with 101 to 149 beds show a 0.9 percent increase attributable to the APC recalibration. Rural hospitals also show overall increases by region, with the East North Central and East South Central regions benefiting by 1.3 percent and the Mountain region gaining 2.3 percent. Further, sole community hospitals experience an increase of 0.9 percent.

Urban hospitals show, on an average, a 0.2 percent decrease. This decrease is concentrated in "other'' urban hospitals, which experience a decline of 0.4 percent. Urban hospitals with greater than 300 beds show decreases, and the largest urban hospitals with bed size greater than 500 report a decrease of 2.0 percent. The smallest urban hospitals report a positive 1.1 percent increase, and urban hospitals with 200 to 299 beds show an increase of 0.1 percent. Urban hospitals also demonstrate overall decreases by region, with South Atlantic hospitals losing 1.2 percent and West South Central hospitals losing 0.5 percent attributable to APC recalibration.

The largest observed impacts among other hospital classes resulting from APC recalibration include declines of 2 percent for major teaching hospitals and 2.2 percent for hospitals without a valid low-income indicator, most of which are TEFRA hospitals. Hospitals treating more low-income patients also demonstrate declines as high as 1.3 percent. In these tables, cancer and children's hospitals also demonstrate declines of 2.3 and 2.4 percent, respectively. However, these hospitals are "held harmless'' by section 1833(t)(7)(D)(ii) of the Act.

In general, APC changes effect the distribution of hospital payments by increasing payments to small rural hospitals while decreasing those made to large urban hospitals, including major teaching hospitals and those serving low-income patients.

Column 3: Wage Effect

Changes introduced by the new wage index had a very modest impact, with the majority of these marginal declines located in rural hospitals. Overall, urban hospitals experience no change and rural hospitals experience a decrease of 0.2 percent. This pattern is evident in all of the urban and rural comparisons. Low-volume urban hospitals with fewer than 5000 services and urban hospitals in the West South Central region show the largest percentage increases, 0.7 and 0.8 respectively, attributable to wage index changes.

Specifically, rural hospitals show modest decreases for most bed sizes but show the largest losses for categories with greater than 149 beds where the wage index change results in a 0.4 percent decrease for the largest rural hospitals. Hospitals located in the New England and Middle Atlantic regions show a negative impact due to wage index changes regardless of urban or rural designation. Rural hospitals in the South Atlantic region decrease by 0.6 percent. As noted previously, rural hospitals with 100 or fewer beds and sole community hospitals are "held harmless'' and earn, at least, the same amount as they earned in CY 2004.

Rural hospitals providing a low volume of services, 10,999 or fewer services, are also estimated to experience modest declines, and rural hospitals providing a high volume of services, greater than 42,999 services,

also face a decline of 0.6 percent. This same pattern continues for rural hospitals in half of the regions with the New England region experiencing the largest decline of 1.3 percent.

Looking across other categories of hospitals, major teaching hospitals are estimated to lose 0.3 percent. Hospitals not serving low-income patients lose 0.8 percent, and, among hospitals serving low-income patients, those serving a high percentage of low-income patients also experience a decline. Hospitals for which DSH is not available, mostly TEFRA hospitals, lose 0.3 percent.

Column 4: Budget Neutrality and Market Basket Update

In general, the market basket update lessens the overall impact of the budget neutrality adjustments made in columns 2 and 3. As column 4 demonstrates, with the addition of the market basket update, we do not expect any class of hospital providers to experience an overall negative impact as a result of the proposed changes to OPPS for CY 2005. Further, the redistributions created by APC recalibration tend to offset those observed with the introduction of the new wage index. For example, rural hospitals may gain 0.9 percent from the APC changes but lose 0.2 percent as a result of changes to the wage index. Overall, the budget neutrality adjustments and the introduction of the market basket may result in a projected increase of 4.1 percent for rural hospitals. Urban hospitals show a decrease of 0.2 percent resulting from APC recalibration and no change as a result of the new wage index, leading to an update in column 4 of 3.1 percent.

However, for several classes of hospitals, positive or neutral wage effects do not offset the impact of APC recalibration resulting in lower update amounts. Specifically, major teaching hospitals may only gain 0.9 with the update factor. Urban hospitals with more than 500 beds show a gain of 1.2 percent because the impact of APC recalibration was a 2 percent decline. Hospitals serving a medium level of low-income patients, between 0.16 and 0.23 percent, may experience an update of only 1.9 percent.

A handful of hospital providers may experience much lower and higher update amounts because the combined impact of the budget neutrality adjustments for the APC recalibration and the new wage index are reinforcing. Specifically, low volume rural hospitals show an update of 2.4 percent. Cancer hospitals show an update of only 0.2 percent and children's hospitals, of only 1.3 percent. But as noted earlier, statutory provisions ensure that each of these hospitals is "held harmless'' relative to last year's payments. A handful of hospitals may also gain from the combined positive effect of the APC recalibration and the wage effect. Overall low volume to mid-volume urban hospitals and urban hospitals with a small number of beds, mid-volume rural hospitals, and rural hospitals in the East South Central, Pacific, and Mountain regions have projected updates ranging from 5.0 to 5.2 percent.

Column 5: All Proposed Changes for CY 2005

Column 5 compares all proposed changes for CY 2005 to final simulated payment for CY 2004 and includes all additional dollars resulting from provisions in Pub. L. 108–173 and the difference in pass-through estimates.

In both urban and rural areas, hospitals that provide a lower volume of outpatient services are projected to receive a larger increase in payments than higher volume hospitals. In rural areas, hospitals with service volumes between 5,000 and 42,999 are projected to experience increases larger than 5.5 percent. Urban hospitals that provide low-volume services show similar rates of increases (5.4 to 5.8 percent). Conversely, urban and rural hospitals providing more than 42,999 services are projected to experience a rate of increase in the 4.1 to 4.3 percent range. The overall projected increase in payments for urban hospitals is slightly lower (4.5 percent) than the average increase for all hospitals (4.6 percent) while the increase for rural hospitals is slightly greater (5.3 percent) than the average increase.

Major teaching hospitals are projected to experience a smaller increase in payments (2.9 percent) than the aggregate for all hospitals (4.6 percent) due to negative impacts from both the APC recalibration (−2.0 percent) and wage index (−0.3 percent). Hospitals with less intensive teaching programs are projected to experience an overall increase (4.7 percent). There is some difference in impact among hospitals that serve low-income patients where increases in payments range from 3.9 to 5.0 percent higher than in CY 2004.

F. Projected Distribution of Outlier Payments

As stated in section X.B. of this preamble, we have allocated 2 percent of the estimated CY 2005 expenditures to outlier payments. For 2005, we are proposing to add a fixed dollar threshold to our outlier policy. As discussed in section X.B. of the preamble, we are proposing to change our current policy, which sets the outlier threshold using only a multiple of the APC payment rate, to a policy that includes both a multiple of the APC payment rate and a new fixed dollar threshold. We hope that this policy would better target outlier payments to higher cost cases.

For CY 2005, we are specifically proposing to require that, in order to qualify for an outlier payment, the cost of a service must exceed 1.5 times the APC payment rate and the cost must also exceed the sum of the APC rate plus a $625 fixed dollar threshold. The outlier payment under this proposed policy remains at 50 percent of the cost minus the multiple of the APC payment rate.

Table 38 below compares the percentage of outlier payments relative to total projected payments for the simulated CY 2004 and proposed CY 2005 outlier policies. In order to model 2 percent of total estimated payments in outlier payments for the simulated CY 2004 policy option, we had to lower the multiple for this policy from its current level of 2.6 percent to 2.25 percent.

Overall, Table 38 demonstrates that the proposed outlier policy accomplishes the goal of redistributing outlier payments to hospitals performing more expensive procedures and incurring greater financial risk. First, based on the mix of services for the hospitals that would be paid under the OPPS in CY 2005, fewer hospitals would receive outlier payments. This is appropriate as more outlier money is targeted to specific services. We estimate that approximately 88 percent of all hospitals would receive outlier payments under the proposed policy, where 95 percent of all hospitals were estimated to get these types of payments in CY 2004.

We estimate that the redistribution of outlier payments under the proposed policy tends to benefit urban hospitals, especially major teaching hospitals, children's hospitals, and those that serve a smaller percentage of low income patients. The distribution observed here may offset the less than average increases in payment observed for these same classes of hospitals in the overall impact Table 37. Rural hospitals, specifically those that show a small number of beds and report low volume, are eligible for fewer outlier payments when compared to other types of hospital categories. Rural hospitals in the Mid Atlantic, West South Central, Mountain, and Pacific regions, show a smaller percent of outlier payments for CY 2005 when compared to the average. Sole community hospitals; hospitals without a DSH percent, mostly TEFRA

hospitals; and urban hospitals located in the New England area show a small percentage share of their total payments attributable to outlier payments when compared to other types of hospital categories.

G. Estimated Impacts of This Proposed Rule on Beneficiaries

For services for which the beneficiary pays a coinsurance of 20 percent of the payment rate, the beneficiary share of payment will increase for services for which OPPS payments will rise and will decrease for services for which OPPS payments will fall. For example, for a mid-level office visit (APC 0601), the minimum unadjusted co-payment in 2004 was $10.71; under this proposed rule, the minimum unadjusted co-payment for APC 601 would be $11.27 because the OPPS payment for the service will increase under this rule.

However, in all cases, the statute limits beneficiary liability for co-payment for a service to the inpatient hospital deductible for the applicable year. This amount is $912 for CY 2005.

We estimate that the overall impact on the CY 2005 Part B monthly premium rate due to the projected increase in OPPS spending is $0.70. This is the impact due only to the projected increase in spending from 2004 to 2005 and does not reflect any increase in the premium rate in order to put the trust fund asset level within an acceptable range.

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Table 38.--Impact Changes for CY 2005 Hospital Outpatient Prospective Payment System

	(1) Number of Hospitals	(2) APC Changes	(3) New Wage Index	(4) Market Basket and Budget Neutrality	(5) All CY 2005 Effects: includes additional PT and MMA $
ALL HOSPITALS:	4281	0.0	0.0	3.3	4.6
Urban Hospitals:	2959	-0.2	0.0	3.1	4.5
Large Urban (greater than 1 million)	1629	0.0	0.1	3.4	4.5
Other Urban (less than or equal to1 million)	1330	-0.4	0.0	2.8	4.5
Rural Hospitals	1322	0.9	-0.2	4.1	5.3
BEDS (URBAN):					
0 - 99 Beds	910	1.1	0.4	4.9	5.9
100 - 199 Beds	987	0.8	-0.1	4.0	5.1
200 - 299 Beds	508	0.1	0.1	3.5	4.7
300 - 499 Beds	397	-0.3	0.1	3.1	4.2
500 or more Beds	157	-2.0	0.0	1.2	3.6
BEDS (RURAL):					
0 - 49 Beds	585	1.0	0.2	4.5	5.8
50 - 100 Beds	442	1.4	-0.1	4.6	5.6
101 - 149 Beds	183	0.9	-0.2	4.1	5.2
150 - 199 Beds	63	0.3	-0.5	3.1	4.5
200 or more Beds	49	0.2	-0.4	3.0	4.6
VOLUME (URBAN):					
Less than 5,000 Lines	656	0.2	0.7	4.3	5.4
5,000 - 10,999 Lines	314	0.7	0.5	4.6	5.7
11,000 - 20,999 Lines	439	1.0	0.4	4.7	5.8
21,000 - 42,999 Lines	698	0.7	0.1	4.1	5.2

	(1) Number of Hospitals	(2) APC Changes	(3) New Wage Index	(4) Market Basket and Budget Neutrality	(5) All CY 2005 Effects: includes additional PT and MMA $
Greater than 42,999 Lines	852	-0.6	0.0	2.6	4.1
VOLUME (RURAL):					
Less than 5,000 Lines	217	-0.9	0.0	2.4	5.0
5,000 – 10,999 Lines	342	1.5	-0.2	4.6	5.7
11,000 - 20,999 Lines	385	1.4	0.2	4.9	5.9
21,000 - 42,999 Lines	281	1.2	0.0	4.5	5.5
Greater than 42,999 Lines	97	0.2	-0.6	2.8	4.3
REGION (URBAN):					
New England	163	0.2	-1.0	2.5	3.6
Middle Atlantic	395	0.3	-0.5	3.1	3.9
South Atlantic	455	-1.2	0.1	2.2	4.7
East North Central	475	-0.1	0.1	3.3	4.3
East South Central	194	-0.1	0.1	3.4	4.8
West North Central	189	0.1	0.3	3.7	5.1
West South Central	429	-0.5	0.8	3.6	5.0
Mountain	167	0.1	-0.1	3.3	4.4
Pacific	440	0.3	0.3	3.9	5.1
Puerto Rico	52	1.5	-0.3	4.5	5.3
REGION (RURAL):					
New England	44	0.3	-1.3	2.3	3.6
Middle Atlantic	79	0.4	-0.8	2.8	3.9
South Atlantic	192	0.7	-0.6	3.4	4.7
East North Central	189	1.3	-0.3	4.3	5.4
East South Central	205	1.3	0.3	5.0	6.2
West North Central	205	0.8	0.2	4.4	5.8
West South Central	247	0.5	0.5	4.4	5.8
Mountain	99	2.3	-0.4	5.2	5.3
Pacific	62	1.0	0.7	5.0	6.2

	(1) Number of Hospitals	(2) APC Changes	(3) New Wage Index	(4) Market Basket and Budget Neutrality	(5) All CY 2005 Effects: includes additional PT and MMA $
TEACHING STATUS:					
Non-Teaching	3156	0.8	0.0	4.2	5.3
Minor	807	0.0	0.1	3.4	4.7
Major	318	-2.0	-0.3	0.9	2.9
DSH PATIENT PERCENTAGE:					
0	56	1.1	-0.8	3.6	4.9
Greater than 0 - 0.10	1780	0.5	0.1	3.9	5.0
0.10 - 0.16	889	0.2	0.0	3.5	4.7
0.16 - 0.23	540	-1.3	0.0	1.9	4.3
0.23 - 0.35	302	-1.0	-0.3	2.0	3.9
Greater than or equal to 0.35	154	-0.2	-0.1	3.0	3.9
TEFRA: DSH Not Available	560	-2.2	-0.3	0.7	1.4
URBAN TEACHING/DSH:					
Teaching & DSH	953	-0.8	0.0	2.5	4.1
Teaching/No DSH	8	0.4	-0.5	3.2	4.4
No Teaching/DSH	1425	0.8	0.1	4.2	5.3
No Teaching/No DSH	43	1.6	-0.6	4.3	5.5
DSH Not Available	530	-2.2	0.0	1.0	1.6
RURAL HOSPITAL TYPES:					
No Special Status	809	0.9	-0.2	4.1	5.2
SCH	513	0.9	-0.2	4.1	5.4
TYPE OF OWNERSHIP:					
Voluntary	2495	0.1	0.0	3.3	4.6
Proprietary	1020	0.5	0.1	4.0	5.2

	(1) Number of Hospitals	(2) APC Changes	(3) New Wage Index	(4) Market Basket and Budget Neutrality	(5) All CY 2005 Effects: includes additional PT and MMA $
Government	766	-0.7	0.1	2.6	4.3
SPECIALTY HOSPITALS:					
Cancer	11	-2.3	-0.7	0.2	0.7
Children	46	-2.4	0.6	1.3	3.4

(1) Total Hospitals in 2005

(2) This column shows the impact of changes from the reclassification of HCPCS codes among APC groups and the recalibration of APC weights based on 2003 hospital claims data.

(3) This column shows the impact of updating the wage index used to calculate payment by applying the proposed FY 2005 hospital inpatient wage index including impact of new wage data, occupational mix, CBSA system, and geographic reclassification by MCGRB.

(4) This column shows the combined impact of budget neutrality (columns 2 and 3) with the market basket update.

(5) This column shows changes in total payment from CY 2004 to CY 2005, excluding outlier and pass-through payments. It incorporates all of the changes reflected in columns 2, 3, and 4. In addition, it shows the impact of payment for drugs under MMA, 508 and 505 additions to the wage index, and any additional pass through money included in the conversion factor.

1Complete DSH numbers are not available for some hospitals including TEFRA hospitals.

Table 39.--Distribution of Outlier Payments for 2005 Hospital Outpatient Prospective Payment System

	(1) 2004 Policy Adjusted to 2005 Total Outlier Target: 2.25 Multiple and No Threshold			(2) 2005 Policy 1.5 Multiple and Separate $625 Threshold		
	Number of Hospitals	Number of Hospitals with Outliers	Outlier Payments as a Percent of Total Payments	Number of Hospitals with Outliers	Outlier Payments as a Percent of Total Payments	Percent Change in Total Payments Attributable to Differences in Outlier Policies[2]
ALL HOSPITALS:	4281	4047	2.0	3749	2.0	0.0
Urban Hospitals:	2959	2742	2.0	2514	2.1	0.1
Large Urban (greater than 1 million)	1629	1507	2.2	1386	2.2	0.1
Other Urban (less than or equal to 1 million)	1330	1235	1.8	1128	1.9	0.2
Rural Hospitals	1322	1305	1.6	1235	1.3	-0.3
BEDS (URBAN):						
0 - 99 Beds	910	741	2.0	587	1.8	-0.2
100 - 199 Beds	987	944	1.8	881	1.8	0.0
200 - 299 Beds	508	504	1.8	495	1.9	0.1
300 - 499 Beds	397	396	2.0	394	2.1	0.2
500 or more Beds	157	157	2.5	157	2.8	0.3
BEDS (RURAL)						
0 - 49 Beds	585	576	2.3	520	1.5	-0.7
50 - 100 Beds	442	434	1.6	422	1.2	-0.3
101 - 149 Beds	183	183	1.4	182	1.1	-0.2
150 - 199 Beds	63	63	1.4	62	1.3	-0.1
200 or more Beds	49	49	1.4	49	1.3	0.0
VOLUME (URBAN):						
Less than 5,000 Lines	656	445	2.9	245	2.5	-0.4
5,000 – 10,999 Lines	314	310	2.0	289	2.0	0.0
11,000 - 20,999 Lines	439	437	2.1	432	2.1	0.0

	(1) 2004 Policy Adjusted to 2005 Total Outlier Target: 2.25 Multiple and No Threshold			(2) 2005 Policy 1.5 Multiple and Separate $625 Threshold		
	Number of Hospitals	Number of Hospitals with Outliers	Outlier Payments as a Percent of Total Payments	Number of Hospitals with Outliers	Outlier Payments as a Percent of Total Payments	Percent Change in Total Payments Attributable to Differences in Outlier Policies[2]
21,000 - 42,999 Lines	698	698	1.9	696	1.9	0.1
Greater than 42,999 Lines	852	852	2.0	852	2.1	0.2
VOLUME (RURAL):						
Less than 5,000 Lines	217	200	3.0	145	1.9	-1.1
5,000 - 10,999 Lines	342	342	2.3	328	1.6	-0.7
11,000 - 20,999 Lines	385	385	1.9	384	1.4	-0.5
21,000 - 42,999 Lines	281	281	1.4	281	1.1	-0.2
Greater than 42,999 Lines	97	97	1.4	97	1.2	-0.1
REGION (URBAN):						
New England	163	150	2.2	135	1.8	-0.3
Middle Atlantic	395	376	2.5	353	2.3	-0.1
South Atlantic	455	419	1.8	390	2.0	0.3
East North Central	475	444	1.9	416	1.9	0.1
East South Central	194	178	1.6	164	1.7	0.2
West North Central	189	183	1.5	168	1.6	0.1
West South Central	429	377	2.4	329	2.4	0.0
Mountain	167	153	2.1	136	2.3	0.2
Pacific	440	414	2.0	390	2.5	0.5
Puerto Rico	52	48	1.3	33	1.7	0.4
REGION (RURAL):						
New England	44	41	1.7	41	1.6	-0.1
Middle Atlantic	79	79	1.6	78	0.9	-0.6
South Atlantic	192	189	1.4	187	1.2	-0.2
East North Central	189	188	1.5	186	1.3	-0.2

	(1) 2004 Policy Adjusted to 2005 Total Outlier Target: 2.25 Multiple and No Threshold			(2) 2005 Policy 1.5 Multiple and Separate $625 Threshold		
	Number of Hospitals	Number of Hospitals with Outliers	Outlier Payments as a Percent of Total Payments	Number of Hospitals with Outliers	Outlier Payments as a Percent of Total Payments	Percent Change in Total Payments Attributable to Differences in Outlier Policies[2]
East South Central	205	203	1.3	180	0.9	-0.3
West North Central	205	202	1.7	192	1.4	-0.3
West South Central	247	243	1.7	217	1.2	-0.5
Mountain	99	99	2.8	94	2.3	-0.4
Pacific	62	61	2.3	60	1.9	-0.4
TEACHING STATUS:						
Non-Teaching	3156	2935	1.7	2660	1.5	-0.1
Minor	807	794	1.7	775	1.8	0.1
Major	318	318	3.0	314	3.2	0.2
DSH PATIENT PERCENTAGE:						
0	56	53	2.9	44	3.1	0.2
Greater than 0 - 0.10	1780	1777	1.7	1738	1.7	0.0
0.10 - 0.16	889	889	1.8	875	1.8	0.1
0.16 - 0.23	540	540	2.1	530	2.2	0.2
0.23 - 0.35	302	302	3.0	294	3.1	0.1
Greater than or equal to 0.35	154	153	2.6	140	2.5	-0.1
DSH Not Available[1]	560	333	3.0	128	2.1	-0.8
URBAN TEACHING/DSH:						
Teaching & DSH	953	953	2.2	949	2.4	0.2
Teaching/No DSH	8	8	4.5	8	5.6	1.2
No Teaching/DSH	1425	1423	1.7	1401	1.7	0.0
No Teaching/No DSH	43	42	2.5	33	2.4	-0.1

	(1) 2004 Policy Adjusted to 2005 Total Outlier Target: 2.25 Multiple and No Threshold			(2) 2005 Policy 1.5 Multiple and Separate $625 Threshold		
	Number of Hospitals	Number of Hospitals with Outliers	Outlier Payments as a Percent of Total Payments	Number of Hospitals with Outliers	Outlier Payments as a Percent of Total Payments	Percent Change in Total Payments Attributable to Differences in Outlier Policies[2]
DSH Not Available	530	315	2.9	123	2.1	-0.7
RURAL HOSPITAL TYPES:						
No Special Status	809	794	1.6	745	1.2	-0.3
SCH	513	511	1.8	490	1.4	-0.3
TYPE OF OWNERSHIP:						
Voluntary	2495	2429	1.9	2330	1.9	0.0
Proprietary	1020	864	1.7	728	1.8	0.2
Government	766	753	2.6	691	2.4	-0.1
SPECIALTY HOSPITALS:						
Cancer	11	11	3.5	11	2.5	-0.9
Children	46	45	8.4	37	8.5	0.2

(1) The column shows the impact of the 2004 policy, after adjusting the multiple to pay the 2% of estimated 2005 total payments. The outlier threshold is 2.25 times the APC payment, and the outlier payment is 50% of the observed cost less 2.25 times APC payment.

(2) This column shows the impact of the proposed 2005 policy.

The outlier thresholds are 1.5 times the APC payment and $625 plus the APC payment.

The outlier payment is 50% of the observed cost less 1.5 times the APC payment.

1DSH is not available for some hospitals, including TEFRA.

2Calculated differences may not be exact due to rounding.

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Conclusion

Notwithstanding the statutory "hold harmless'' provisions that prevent negative impacts on small rural, sole community, cancer, and children's hospitals, the changes in this proposed rule would affect all classes of hospitals, and the effects on some may be significant. Table 38 demonstrates the estimated distributional impact of the OPPS budget neutrality requirements and an additional 4.6 percent increase in payments proposed for CY 2005, exclusive of outlier and transitional pass-through payments, across various classes of hospitals. These two tables and the accompanying discussion below, in combination with the rest of this proposed rule, constitute a regulatory impact analysis.

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

XVII. Regulation Text

List of Subjects

42 CFR Part 410

Health Facilities, Health professions, Kidney diseases, Laboratories, Medicare, Rural areas, X-rays.

42 CFR Part 411

Kidney diseases, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 419

Hospitals, Medicare, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, the Centers for Medicare & Medicaid Services proposes to amend 42 CFR Chapter IV, as set forth below:

A. Part 410 is amended as follows:

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

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

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

2. A new § 410.16 is added to read as follows:

§ 410.16 Initial preventive physical examinations: conditions for and limitations on coverage.

(a) *Definitions.* As used in this section, the following definitions apply:

Eligible beneficiary means individuals who receive their initial preventive physical examinations within 6 months after the effective date of their first Medicare Part B coverage period, but only if their first Part B coverage period begins on or after January 1, 2005.

Initial preventive physical examination means all of the following services furnished to an individual by a physician or a qualified nonphysician practitioner with the goal of health promotion and disease detection:

(1) Review of the beneficiary's comprehensive medical and social history.

(2) Review of the beneficiary's potential (risk factors) for depression, including past experiences with depression or other mood disorders, based on the use of an appropriate screening instrument that the physician or qualified nonphysician practitioner may select, unless the appropriate screening instrument is further defined through a national coverage determination.

(3) Review of the beneficiary's functional ability and level of safety, based on the use of an appropriate screening instrument, which the physician or qualified nonphysician practitioner may select, unless the appropriate screening instrument is further defined through a national coverage determination.

(4) An examination to include measurement of the individual's height, weight, blood pressure, a visual acuity screen, and other factors as deemed appropriate, based on the individual's medical and social history and current clinical standards.

(5) Performance of an electrocardiogram and interpretation of an electrocardiogram.

(6) Education, counseling, and referral, as deemed appropriate by the physician or qualified nonphysician practitioner, based on the results of the elements of the review and evaluation services described in this section.

(7) Education, counseling, and referral, including a written plan provided to the individual for obtaining the appropriate screening and other preventive services for the individual that are covered as separate Medicare Part B benefits as described in section 1861(s)(10), section 1861(jj), section 1861(nn), section 1861(oo), section 1861(pp), section 1861(qq)(1), section 1861(rr), section 1861(uu), section 1861(vv), section 1861(xx)(1), and section 1861(yy) of the Social Security Act (the Act).

Medical history is defined to include, at a minimum, the following:

(1) Past medical and surgical history, including experience with illnesses, hospital stays, operations, allergies, injuries, and treatments.

(2) Current medications and supplements, including calcium and vitamins.

(3) Family history, including a review of medical events in the patient's family, including diseases that may be hereditary or place the individual at risk.

Physician for purposes of this provision means a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act).

Qualified nonphysician practitioner for purposes of this provision means a physician assistant, nurse practitioner, or clinical nurse specialist (as authorized under section 1861(s)(2)(K)(i) and section 1861(s)(2)(K)(ii) of the Act and defined in section 1861(aa)(5) of the Act, or in regulations at § 410.74, § 410.75, and § 410.76).

Review of the individual's functional ability and level of safety. Review of the individual's functional ability and level of safety must include, at a minimum, a review of the following areas:

(1) Hearing impairment.
(2) Activities of daily living.
(3) Falls risk.
(4) Home safety.

Social history is defined to include, at a minimum, the following:

(1) History of alcohol, tobacco, and illicit drug use.
(2) Work and travel history.
(3) Diet.
(4) Social activities.
(5) Physical activities.

(b) *Condition for coverage of an initial preventive physical examination.* Medicare Part B pays for an initial preventive physical examination provided to an eligible beneficiary, as described in paragraph (a) of this section, if it is furnished by a physician or other qualified nonphysician practitioner, as defined in paragraph (a) of this section.

(c) *Limitations on coverage of initial preventive physical examinations.* Payment may not be made for an initial preventive physical examination that is performed for an individual who is not an eligible beneficiary as described in paragraph (a) of this section.

B. Part 411 is amended as follows:

PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

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

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

2. Section 411.15 is amended by—

A. Republishing the introductory text of the section and the introductory text of paragraphs (a) and (k).

B. Revising paragraph (a)(1).

C. Adding a new paragraph (k)(11).

The additions and revisions read as follows:

§ 411.15 Particular services excluded from coverage.

The following services are excluded from coverage:

(a) Routine physical checkups such as:

(1) Examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptom, complaint, or injury, except for screening and diagnostic mammography, colorectal cancer screening tests, screening pelvic examinations, prostate cancer screening tests, glaucoma screening exams, or initial preventive physical examinations that meet the criteria specified in paragraph (k)(11) of this section.

* * * * *

(k) *Any services that are not reasonable and necessary* for one of the following purposes: * * *

(11) In the case of initial preventive physical examinations, with the goal of health promotion and disease prevention, subject to the conditions and limitations specified in § 410.16 of this chapter.

C. Part 419 is amended as follows:

PART 419—PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT DEPARTMENT SERVICES

1. The authority citation for Part 419 continues to read as follows:

Authority: Secs. 1102, 1833(t), and 1871 of the Social Security Act (42 U.S.C. 1302, 1395l(t), and 1395hh).

2. Section 419.21 is amended by adding a new paragraph (e) to read as follows:

§ 419.21 Hospital outpatient services subject to the outpatient prospective payment system.

* * * * *

(e) Effective January 1, 2005, an initial preventive physical examination, as defined in § 410.16, if the examination is performed no later than 6 months after the individual's initial Part B coverage date that begins on or after January 1, 2005.

3. Section 419.22 is amended by adding a new paragraph (s) to read as follows:

§ 419.22 Hospital outpatient services excluded from payment under the hospital outpatient prospective payment system.

* * * * *

(s) Effective December 8, 2003, screening mammography and effective January 1, 2005, diagnostic mammography services.

4. Section 419.64 is amended by revising paragraphs (d)(1) and (d)(2) to read as follows:

§ 419.64 Transitional pass-through payments: Drugs and biologicals.

* * * * *

(d) Amount of pass-through payment subject to any reduction determined under section 419.62(b), the pass-through payment for a drug or biological equals the amount determined under section 1842(o) of the Social Security Act, minus the portion of the APC that CMS determines is associated with the drug or biological.

5. Section 419.70 is amended by revising the section heading and paragraphs (f)(2)(i) and (f)(2)(ii) to read as follows:

§ 419.70 Transitional adjustment to limit decline in payments.

* * * * *

(f) *Pre-BBA amount defined.*

* * * * *

(2) *Base payment-to-cost ratio defined.* * * *

(i) The provider's payment under this part for covered outpatient services furnished during one of the following periods, including any payment for these services through cost-sharing described in paragraph (e) of this section.

(A) The cost reporting period ending in 1996; or

(B) If the provider does not have a cost reporting period ending in 1996, the first cost reporting period ending on or after January 1, 1997, and before January 1, 2001; and

(ii) The reasonable costs of these services for the same cost reporting period.

* * * * *

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

Dated: July 27, 2004.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

Dated: August 6, 2004.

Tommy G. Thompson,

Secretary.

BILLING CODE 4120–01–P

Addendum A. - List of Ambulatory Payment Classifications (APCs) with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts Calendar Year 2005

APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0001	Level I Photochemotherapy	S	0.4046	$23.10	$7.08	$4.62
0002	Level I Fine Needle Biopsy/Aspiration	T	0.9588	$54.75		$10.95
0003	Bone Marrow Biopsy/Aspiration	T	2.6152	$149.32		$29.86
0004	Level I Needle Biopsy/ Aspiration Except Bone Marrow	T	1.6895	$96.47	$22.36	$19.29
0005	Level II Needle Biopsy/Aspiration Except Bone Marrow	T	3.7810	$215.89	$71.59	$43.18
0006	Level I Incision & Drainage	T	1.6969	$96.89	$23.26	$19.38
0007	Level II Incision & Drainage	T	12.5436	$716.21		$143.24
0008	Level III Incision and Drainage	T	19.5952	$1,118.85		$223.77
0009	Nail Procedures	T	0.6955	$39.71	$8.34	$7.94
0010	Level I Destruction of Lesion	T	0.5982	$34.16	$9.74	$6.83
0011	Level II Destruction of Lesion	T	2.4657	$140.79		$28.16
0012	Level I Debridement & Destruction	T	0.7559	$43.16	$11.18	$8.63
0013	Level II Debridement & Destruction	T	1.1586	$66.15	$14.20	$13.23
0015	Level III Debridement & Destruction	T	1.7381	$99.24	$20.35	$19.85
0016	Level IV Debridement & Destruction	T	2.8562	$163.08	$57.31	$32.62
0017	Level VI Debridement & Destruction	T	17.4667	$997.31	$227.84	$199.46
0018	Biopsy of Skin/Puncture of Lesion	T	0.9747	$55.65	$16.04	$11.13
0019	Level I Excision/ Biopsy	T	4.2663	$243.60	$71.87	$48.72
0020	Level II Excision/ Biopsy	T	7.7453	$442.24	$113.25	$88.45
0021	Level III Excision/ Biopsy	T	14.9964	$856.26	$219.48	$171.25
0022	Level IV Excision/ Biopsy	T	19.4617	$1,111.22	$354.45	$222.24
0023	Exploration Penetrating Wound	T	3.3487	$191.20	$40.37	$38.24
0024	Level I Skin Repair	T	1.7881	$102.10	$33.10	$20.42
0025	Level II Skin Repair	T	4.6906	$267.82	$101.17	$53.56
0027	Level IV Skin Repair	T	16.8576	$962.54	$329.72	$192.51
0028	Level I Breast Surgery	T	18.9346	$1,081.13	$303.74	$216.23
0029	Level II Breast Surgery	T	31.5099	$1,799.15	$632.64	$359.83
0030	Level III Breast Surgery	T	39.5804	$2,259.96	$763.55	$451.99
0032	Insertion of Central Venous/Arterial Catheter	T	10.2664	$586.19		$117.24
0033	Partial Hospitalization	P	5.1174	$292.19		$58.44
0035	Placement of Arterial or Central Venous Catheter	T	0.2931	$16.74		$3.35
0036	Level II Fine Needle Biopsy/Aspiration	T	2.2216	$126.85		$25.37
0037	Level III Needle Biopsy/Aspiration Except Bone Marrow	T	9.5990	$548.08	$237.45	$109.62
0039	Level I Implantation of Neurostimulator	S	210.1285	$11,997.90		$2,399.58
0040	Level II Implantation of Neurostimulator Electrodes	S	49.2226	$2,810.51		$562.10
0041	Level I Arthroscopy	T	28.2366	$1,612.25		$322.45
0042	Level II Arthroscopy	T	43.8002	$2,500.90	$804.74	$500.18
0043	Closed Treatment Fracture Finger/Toe/Trunk	T	1.8350	$104.77		$20.95
0045	Bone/Joint Manipulation Under Anesthesia	T	14.2303	$812.52	$268.47	$162.50
0046	Open/Percutaneous Treatment Fracture or Dislocation	T	34.9274	$1,994.28	$535.76	$398.86
0047	Arthroplasty without Prosthesis	T	31.3840	$1,791.96	$537.03	$358.39
0048	Level I Arthroplasty with Prosthesis	T	41.1519	$2,349.69	$582.12	$469.94
0049	Level I Musculoskeletal Procedures Except Hand and Foot	T	20.3460	$1,161.72		$232.34
0050	Level II Musculoskeletal Procedures Except Hand and Foot	T	24.7044	$1,410.57		$282.11
0051	Level III Musculoskeletal Procedures Except Hand and Foot	T	36.1086	$2,061.73		$412.35
0052	Level IV Musculoskeletal Procedures Except Hand and Foot	T	43.8069	$2,501.29		$500.26
0053	Level I Hand Musculoskeletal Procedures	T	15.6402	$893.02	$253.49	$178.60
0054	Level II Hand Musculoskeletal Procedures	T	25.0921	$1,432.71		$286.54
0055	Level I Foot Musculoskeletal Procedures	T	19.5232	$1,114.74	$355.34	$222.95
0056	Level II Foot Musculoskeletal Procedures	T	26.7017	$1,524.61	$405.81	$304.92
0057	Bunion Procedures	T	27.1422	$1,549.77	$475.91	$309.95
0058	Level I Strapping and Cast Application	S	1.1094	$63.34		$12.67
0060	Manipulation Therapy	S	0.4885	$27.89		$5.58
0068	CPAP Initiation	S	1.1723	$66.94	$29.48	$13.39

Addendum A. - List of Ambulatory Payment Classifications (APCs) with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts Calendar Year 2005

APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0069	Thoracoscopy	T	29.9568	$1,710.47	$591.64	$342.09
0070	Thoracentesis/Lavage Procedures	T	3.3485	$191.19		$38.24
0071	Level I Endoscopy Upper Airway	T	0.7525	$42.97	$11.54	$8.59
0072	Level II Endoscopy Upper Airway	T	1.3868	$79.18	$21.26	$15.84
0073	Level III Endoscopy Upper Airway	T	3.9506	$225.57	$73.38	$45.11
0074	Level IV Endoscopy Upper Airway	T	16.1846	$924.11	$295.70	$184.82
0075	Level V Endoscopy Upper Airway	T	21.1137	$1,205.55	$445.92	$241.11
0076	Level I Endoscopy Lower Airway	T	9.4817	$541.39	$189.82	$108.28
0077	Level I Pulmonary Treatment	S	0.3092	$17.65	$7.74	$3.53
0078	Level II Pulmonary Treatment	S	0.8207	$46.86	$14.55	$9.37
0079	Ventilation Initiation and Management	S	2.0455	$116.79		$23.36
0080	Diagnostic Cardiac Catheterization	T	36.5106	$2,084.68	$838.92	$416.94
0081	Non-Coronary Angioplasty or Atherectomy	T	31.2963	$1,786.96		$357.39
0082	Coronary Atherectomy	T	98.4762	$5,622.79	$1,209.50	$1,124.56
0083	Coronary Angioplasty and Percutaneous Valvuloplasty	T	52.8967	$3,020.30		$604.06
0084	Level I Electrophysiologic Evaluation	S	10.6492	$608.05		$121.61
0085	Level II Electrophysiologic Evaluation	T	35.0395	$2,000.69	$426.25	$400.14
0086	Ablate Heart Dysrhythm Focus	T	43.9843	$2,511.42	$833.33	$502.28
0087	Cardiac Electrophysiologic Recording/Mapping	T	35.5739	$2,031.20		$406.24
0088	Thrombectomy	T	36.2110	$2,067.58	$655.22	$413.52
0089	Insertion/Replacement of Permanent Pacemaker and Electrodes	T	109.1734	$6,233.58	$1,679.38	$1,246.72
0090	Insertion/Replacement of Pacemaker Pulse Generator	T	86.5117	$4,939.65	$1,544.11	$987.93
0091	Level II Vascular Ligation	T	30.1019	$1,718.76	$348.23	$343.75
0092	Level I Vascular Ligation	T	27.2783	$1,557.54	$505.37	$311.51
0093	Vascular Reconstruction/Fistula Repair without Device	T	24.5670	$1,402.73		$280.55
0094	Level I Resuscitation and Cardioversion	S	2.7247	$155.57	$48.58	$31.11
0095	Cardiac Rehabilitation	S	0.6086	$34.75	$15.63	$6.95
0096	Non-Invasive Vascular Studies	S	1.7208	$98.25	$44.21	$19.65
0097	Cardiac and Ambulatory Blood Pressure Monitoring	X	1.0315	$58.90	$23.80	$11.78
0098	Injection of Sclerosing Solution	T	1.3532	$77.27		$15.45
0099	Electrocardiograms	S	0.3835	$21.90		$4.38
0100	Cardiac Stress Tests	X	2.5336	$144.66	$41.44	$28.93
0101	Tilt Table Evaluation	S	4.4294	$252.91	$105.27	$50.58
0103	Miscellaneous Vascular Procedures	T	13.2856	$758.58	$223.63	$151.72
0104	Transcatheter Placement of Intracoronary Stents	T	81.9772	$4,680.73		$936.15
0105	Revision/Removal of Pacemakers, AICD, or Vascular	T	21.1754	$1,209.07	$370.40	$241.81
0106	Insertion/Replacement/Repair of Pacemaker and/or Electrodes	T	52.6887	$3,008.42		$601.68
0107	Insertion of Cardioverter-Defibrillator	T	301.2105	$17,198.50	$3,458.69	$3,439.70
0108	Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads	T	404.4663	$23,094.20		$4,618.84
0109	Removal of Implanted Devices	T	7.6069	$434.34	$131.49	$86.87
0110	Transfusion	S	3.7794	$215.80		$43.16
0111	Blood Product Exchange	S	12.9206	$737.74	$200.18	$147.55
0112	Apheresis, Photopheresis, and Plasmapheresis	S	37.7298	$2,154.30	$612.47	$430.86
0113	Excision Lymphatic System	T	21.1249	$1,206.19		$241.24
0114	Thyroid/Lymphadenectomy Procedures	T	40.0004	$2,283.94	$485.91	$456.79
0115	Cannula/Access Device Procedures	T	25.7685	$1,471.33	$459.35	$294.27
0116	Chemotherapy Administration by Other Technique Except Infusion	S	1.0913	$62.31		$12.46
0117	Chemotherapy Administration by Infusion Only	S	2.9002	$165.60	$42.53	$33.12
0119	Implantation of Infusion Pump	T	120.3656	$6,872.64		$1,374.53
0120	Infusion Therapy Except Chemotherapy	T	1.9428	$110.93	$28.21	$22.19
0121	Level I Tube changes and Repositioning	T	2.3062	$131.68	$43.80	$26.34
0122	Level II Tube changes and Repositioning	T	8.0675	$460.64	$94.47	$92.13
0123	Bone Marrow Harvesting and Bone Marrow/Stem Cell Transplant	S	9.9408	$567.60		$113.52
0124	Revision of Implanted Infusion Pump	T	20.1279	$1,149.26		$229.85

Addendum A. - List of Ambulatory Payment Classifications (APCs) with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts Calendar Year 2005

APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0125	Refilling of Infusion Pump	T	2.0894	$119.30		$23.86
0130	Level I Laparoscopy	T	31.7373	$1,812.14	$659.53	$362.43
0131	Level II Laparoscopy	T	43.0468	$2,457.89	$1,001.89	$491.58
0132	Level III Laparoscopy	T	61.3910	$3,505.30	$1,239.22	$701.06
0140	Esophageal Dilation without Endoscopy	T	6.5633	$374.75	$107.24	$74.95
0141	Level I Upper GI Procedures	T	8.1355	$464.52	$143.38	$92.90
0142	Small Intestine Endoscopy	T	8.8130	$503.20	$152.78	$100.64
0143	Lower GI Endoscopy	T	8.6749	$495.32	$186.06	$99.06
0146	Level I Sigmoidoscopy	T	4.3813	$250.16	$64.40	$50.03
0147	Level II Sigmoidoscopy	T	8.1297	$464.19		$92.84
0148	Level I Anal/Rectal Procedure	T	4.6541	$265.74	$63.38	$53.15
0149	Level III Anal/Rectal Procedure	T	17.9138	$1,022.84	$293.06	$204.57
0150	Level IV Anal/Rectal Procedure	T	23.2962	$1,330.17	$437.12	$266.03
0151	Endoscopic Retrograde Cholangio-Pancreatography (ERCP)	T	18.8390	$1,075.67	$245.46	$215.13
0152	Level I Percutaneous Abdominal and Biliary Procedures	T	12.0879	$690.19		$138.04
0153	Peritoneal and Abdominal Procedures	T	23.9175	$1,365.64	$410.87	$273.13
0154	Hernia/Hydrocele Procedures	T	28.2782	$1,614.63	$464.85	$322.93
0155	Level II Anal/Rectal Procedure	T	13.2526	$756.70	$188.89	$151.34
0156	Level II Urinary and Anal Procedures	T	2.4996	$142.72	$40.52	$28.54
0157	Colorectal Cancer Screening: Barium Enema	S	2.5594	$146.14		$29.23
0158	Colorectal Cancer Screening: Colonoscopy	T	7.7973	$445.21		$111.30
0159	Colorectal Cancer Screening: Flexible Sigmoidoscopy	S	2.8560	$163.07		$40.77
0160	Level I Cystourethroscopy and other Genitourinary Procedures	T	6.8470	$390.95	$105.06	$78.19
0161	Level II Cystourethroscopy and other Genitourinary Procedures	T	17.9404	$1,024.36	$249.36	$204.87
0162	Level III Cystourethroscopy and other Genitourinary Procedures	T	23.1717	$1,323.06		$264.61
0163	Level IV Cystourethroscopy and other Genitourinary Procedures	T	36.3924	$2,077.93		$415.59
0164	Level I Urinary and Anal Procedures	T	1.2651	$72.23	$17.59	$14.45
0165	Level III Urinary and Anal Procedures	T	16.4914	$941.63		$188.33
0166	Level I Urethral Procedures	T	17.9019	$1,022.16	$218.73	$204.43
0167	Level III Urethral Procedures	T	28.6337	$1,634.93	$554.85	$326.99
0168	Level II Urethral Procedures	T	30.4194	$1,736.89	$405.60	$347.38
0169	Lithotripsy	T	45.1513	$2,578.05	$1,115.69	$515.61
0170	Dialysis	S	6.6759	$381.18		$76.24
0180	Circumcision	T	19.8907	$1,135.72	$304.87	$227.14
0181	Penile Procedures	T	31.5878	$1,803.60	$621.82	$360.72
0183	Testes/Epididymis Procedures	T	23.1967	$1,324.49		$264.90
0184	Prostate Biopsy	T	4.2147	$240.65	$96.27	$48.13
0187	Miscellaneous Placement/Repositioning	T	3.8434	$219.45		$43.89
0188	Level II Female Reproductive Proc	T	1.1133	$63.57		$12.71
0189	Level III Female Reproductive Proc	T	2.1850	$124.76		$24.95
0190	Level I Hysteroscopy	T	20.6906	$1,181.39	$424.28	$236.28
0191	Level I Female Reproductive Proc	T	0.1898	$10.84	$2.93	$2.17
0192	Level IV Female Reproductive Proc	T	3.9119	$223.36		$44.67
0193	Level V Female Reproductive Proc	T	13.8912	$793.16	$165.35	$158.63
0194	Level VIII Female Reproductive Proc	T	19.3837	$1,106.77	$397.84	$221.35
0195	Level IX Female Reproductive Proc	T	26.6562	$1,522.02	$483.80	$304.40
0196	Dilation and Curettage	T	17.0819	$975.34	$338.23	$195.07
0197	Infertility Procedures	T	2.0508	$117.10		$23.42
0198	Pregnancy and Neonatal Care Procedures	T	1.3657	$77.98	$32.19	$15.60
0200	Level VII Female Reproductive Proc	T	14.9004	$850.78	$266.79	$170.16
0201	Level VI Female Reproductive Proc	T	18.3567	$1,048.13	$329.65	$209.63
0202	Level X Female Reproductive Proc	T	39.9618	$2,281.74	$1,026.78	$456.35
0203	Level IV Nerve Injections	T	13.8105	$788.55	$276.76	$157.71
0204	Level I Nerve Injections	T	2.1898	$125.03	$40.13	$25.01

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0206	Level II Nerve Injections	T	5.4794	$312.86	$75.55	$62.57
0207	Level III Nerve Injections	T	5.8711	$335.23	$87.79	$67.05
0208	Laminotomies and Laminectomies	T	42.6390	$2,434.60		$486.92
0209	Extended EEG Studies and Sleep Studies, Level II	S	11.7070	$668.45	$280.58	$133.69
0212	Nervous System Injections	T	3.0342	$173.25	$74.67	$34.65
0213	Extended EEG Studies and Sleep Studies, Level I	S	3.4836	$198.91	$65.74	$39.78
0214	Electroencephalogram	S	2.2976	$131.19	$58.12	$26.24
0215	Level I Nerve and Muscle Tests	S	0.6655	$38.00	$15.76	$7.60
0216	Level III Nerve and Muscle Tests	S	2.6360	$150.51		$30.10
0218	Level II Nerve and Muscle Tests	S	1.1542	$65.90		$13.18
0220	Level I Nerve Procedures	T	17.4557	$996.69		$199.34
0221	Level II Nerve Procedures	T	26.1283	$1,491.87	$463.62	$298.37
0222	Implantation of Neurological Device	T	207.4621	$11,845.60		$2,369.13
0223	Implantation or Revision of Pain Management Catheter	T	27.1757	$1,551.68		$310.34
0224	Implantation of Reservoir/Pump/Shunt	T	37.8581	$2,161.62	$453.41	$432.32
0225	Level I Implantation of Neurostimulator Electrodes	S	213.3580	$12,182.30		$2,436.46
0226	Implantation of Drug Infusion Reservoir	T	48.1100	$2,746.98		$549.40
0227	Implantation of Drug Infusion Device	T	147.4115	$8,416.90		$1,683.38
0228	Creation of Lumbar Subarachnoid Shunt	T	42.6965	$2,437.88	$546.07	$487.58
0229	Transcatherter Placement of Intravascular Shunts	T	59.3213	$3,387.13	$771.23	$677.43
0230	Level I Eye Tests & Treatments	S	0.8036	$45.88	$14.97	$9.18
0231	Level III Eye Tests & Treatments	S	2.0475	$116.91	$45.60	$23.38
0232	Level I Anterior Segment Eye Procedures	T	6.9534	$397.03	$103.17	$79.41
0233	Level II Anterior Segment Eye Procedures	T	14.8258	$846.52	$266.33	$169.30
0234	Level III Anterior Segment Eye Procedures	T	22.2939	$1,272.94	$511.31	$254.59
0235	Level I Posterior Segment Eye Procedures	T	5.1522	$294.18	$72.04	$58.84
0236	Level II Posterior Segment Eye Procedures	T	21.3988	$1,221.83		$244.37
0237	Level III Posterior Segment Eye Procedures	T	34.7405	$1,983.61	$818.54	$396.72
0238	Level I Repair and Plastic Eye Procedures	T	2.9161	$166.50		$33.30
0239	Level II Repair and Plastic Eye Procedures	T	6.7303	$384.29		$76.86
0240	Level III Repair and Plastic Eye Procedures	T	18.1670	$1,037.30	$315.31	$207.46
0241	Level IV Repair and Plastic Eye Procedures	T	23.7791	$1,357.74	$384.47	$271.55
0242	Level V Repair and Plastic Eye Procedures	T	30.3970	$1,735.61	$597.36	$347.12
0243	Strabismus/Muscle Procedures	T	22.6568	$1,293.66	$431.39	$258.73
0244	Corneal Transplant	T	39.6410	$2,263.42	$803.26	$452.68
0245	Level I Cataract Procedures without IOL Insert	T	14.0851	$804.23	$222.22	$160.85
0246	Cataract Procedures with IOL Insert	T	23.4763	$1,340.45	$495.96	$268.09
0247	Laser Eye Procedures Except Retinal	T	5.1315	$293.00	$104.31	$58.60
0248	Laser Retinal Procedures	T	4.9612	$283.27	$95.08	$56.65
0249	Level II Cataract Procedures without IOL Insert	T	28.4466	$1,624.24	$524.67	$324.85
0250	Nasal Cauterization/Packing	T	1.3930	$79.54	$27.84	$15.91
0251	Level I ENT Procedures	T	1.9490	$111.28		$22.26
0252	Level II ENT Procedures	T	6.5732	$375.32	$113.41	$75.06
0253	Level III ENT Procedures	T	15.9924	$913.13	$282.29	$182.63
0254	Level IV ENT Procedures	T	23.5464	$1,344.45	$321.35	$268.89
0256	Level V ENT Procedures	T	37.1347	$2,120.32		$424.06
0258	Tonsil and Adenoid Procedures	T	21.5810	$1,232.23	$437.25	$246.45
0259	Level VI ENT Procedures	T	414.8416	$23,686.60	$9,394.83	$4,737.33
0260	Level I Plain Film Except Teeth	X	0.7772	$44.38	$19.97	$8.88
0261	Level II Plain Film Except Teeth Including Bone Density Measurement	X	1.3469	$76.91		$15.38
0262	Plain Film of Teeth	X	1.5454	$88.24		$17.65
0263	Level I Miscellaneous Radiology Procedures	X	1.8603	$106.22	$38.77	$21.24
0264	Level II Miscellaneous Radiology Procedures	X	3.4100	$194.70	$79.41	$38.94
0265	Level I Diagnostic Ultrasound Except Vascular	S	1.0564	$60.32	$27.14	$12.06

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0266	Level II Diagnostic Ultrasound Except Vascular	S	1.6405	$93.67	$42.15	$18.73
0267	Level III Diagnostic Ultrasound Except Vascular	S	2.4509	$139.94	$62.97	$27.99
0268	Ultrasound Guidance Procedures	S	1.3041	$74.46		$14.89
0269	Level III Echocardiogram Except Transesophageal	S	3.2844	$187.53	$84.38	$37.51
0270	Transesophageal Echocardiogram	S	6.1563	$351.51	$146.79	$70.30
0272	Level I Fluoroscopy	X	1.3987	$79.86	$35.93	$15.97
0274	Myelography	S	3.3577	$191.72	$86.27	$38.34
0275	Arthrography	S	3.5532	$202.88	$69.09	$40.58
0276	Level I Digestive Radiology	S	1.5930	$90.96	$40.93	$18.19
0277	Level II Digestive Radiology	S	2.4600	$140.46	$60.47	$28.09
0278	Diagnostic Urography	S	2.8759	$164.21	$66.07	$32.84
0279	Level II Angiography and Venography except Extremity	S	9.0059	$514.22	$153.66	$102.84
0280	Level III Angiography and Venography except Extremity	S	20.4714	$1,168.88	$353.85	$233.78
0281	Venography of Extremity	S	7.3009	$416.87	$115.16	$83.37
0282	Miscellaneous Computerized Axial Tomography	S	1.7163	$98.00	$44.10	$19.60
0283	Computerized Axial Tomography with Contrast Material	S	4.7898	$273.49	$123.07	$54.70
0284	Magnetic Resonance Imaging and Magnetic Resonance Angiography with Contras	S	6.8635	$391.89	$176.35	$78.38
0285	Myocardial Positron Emission Tomography (PET)	S	12.0951	$690.61	$299.16	$138.12
0287	Complex Venography	S	8.4411	$481.97	$111.33	$96.39
0288	Bone Density Axial Skeleton	S	1.2814	$73.17		$14.63
0289	Needle Localization for Breast Biopsy	X	1.5759	$89.98	$21.17	$18.00
0296	Level I Therapeutic Radiologic Procedures	S	2.3571	$134.59	$59.61	$26.92
0297	Level II Therapeutic Radiologic Procedures	S	5.1442	$293.72	$120.38	$58.74
0299	Miscellaneous Radiation Treatment	S	5.8011	$331.23		$66.25
0300	Level I Radiation Therapy	S	1.5378	$87.81		$17.56
0301	Level II Radiation Therapy	S	2.1866	$124.85		$24.97
0302	Level III Radiation Therapy	S	5.4746	$312.59	$118.42	$62.52
0303	Treatment Device Construction	X	2.8928	$165.17	$66.95	$33.03
0304	Level I Therapeutic Radiation Treatment Preparation	X	1.7210	$98.27	$41.52	$19.65
0305	Level II Therapeutic Radiation Treatment Preparation	X	3.9600	$226.11	$91.38	$45.22
0310	Level III Therapeutic Radiation Treatment Preparation	X	14.2195	$811.91	$325.27	$162.38
0312	Radioelement Applications	S	4.3901	$250.67		$50.13
0313	Brachytherapy	S	14.0680	$803.25		$160.65
0314	Hyperthermic Therapies	S	4.0235	$229.73	$93.07	$45.95
0315	Level II Implantation of Neurostimulator	T	355.3811	$20,291.50		$4,058.31
0320	Electroconvulsive Therapy	S	5.3551	$305.77	$80.06	$61.15
0321	Biofeedback and Other Training	S	1.4268	$81.47	$21.78	$16.29
0322	Brief Individual Psychotherapy	S	1.2681	$72.41		$14.48
0323	Extended Individual Psychotherapy	S	1.7705	$101.09	$21.08	$20.22
0324	Family Psychotherapy	S	2.9372	$167.71		$33.54
0325	Group Psychotherapy	S	1.4790	$84.45	$18.27	$16.89
0330	Dental Procedures	S	11.7764	$672.41		$134.48
0332	Computerized Axial Tomography and Computerized Angiography without Contras	S	3.4158	$195.04	$87.76	$39.01
0333	Computerized Axial Tomography and Computerized Angio w/o Contrast Material	S	5.6606	$323.21	$145.44	$64.64
0335	Magnetic Resonance Imaging, Miscellaneous	S	6.1474	$351.00	$151.46	$70.20
0336	Magnetic Resonance Imaging and Magnetic Resonance Angiography without Cont	S	6.3742	$363.95	$163.77	$72.79
0337	MRI and Magnetic Resonance Angiography without Contrast Material followed	S	9.2199	$526.44	$236.89	$105.29
0339	Observation	S	7.0750	$403.97		$80.79
0340	Minor Ancillary Procedures	X	0.6454	$36.85		$7.37
0341	Skin Tests	X	0.1128	$6.44	$2.62	$1.29
0342	Level I Pathology	X	0.2077	$11.86	$5.33	$2.37
0343	Level II Pathology	X	0.4339	$24.77	$11.14	$4.95

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0344	Level III Pathology	X	0.6127	$34.98	$15.74	$7.00
0345	Level I Transfusion Laboratory Procedures	X	0.2432	$13.89	$3.10	$2.78
0346	Level II Transfusion Laboratory Procedures	X	0.3615	$20.64	$5.21	$4.13
0347	Level III Transfusion Laboratory Procedures	X	0.9454	$53.98	$13.20	$10.80
0348	Fertility Laboratory Procedures	X	0.7716	$44.06		$8.81
0352	Level I Injections	X	0.1209	$6.90		$1.38
0353	Level II Allergy Injections	X	0.4013	$22.91		$4.58
0355	Level I Immunizations	K	0.3164	$18.07		$3.61
0356	Level II Immunizations	K	0.6483	$37.02		$7.40
0359	Level II Injections	X	0.8744	$49.93		$9.99
0360	Level I Alimentary Tests	X	1.6842	$96.16	$42.45	$19.23
0361	Level II Alimentary Tests	X	3.6851	$210.41	$83.23	$42.08
0362	Contact Lens and Spectacle Services	X	1.1152	$63.68		$12.74
0363	Level I Otorhinolaryngologic Function Tests	X	0.8634	$49.30	$17.44	$9.86
0364	Level I Audiometry	X	0.4828	$27.57	$9.06	$5.51
0365	Level II Audiometry	X	1.2835	$73.29	$18.95	$14.66
0367	Level I Pulmonary Test	X	0.5901	$33.69	$15.16	$6.74
0368	Level II Pulmonary Tests	X	0.9544	$54.49	$24.52	$10.90
0369	Level III Pulmonary Tests	X	2.7466	$156.83	$44.18	$31.37
0370	Allergy Tests	X	1.0088	$57.60	$11.58	$11.52
0371	Level I Allergy Injections	X	0.4238	$24.20		$4.84
0372	Therapeutic Phlebotomy	X	0.5720	$32.66	$10.09	$6.53
0373	Neuropsychological Testing	X	2.3631	$134.93		$26.99
0374	Monitoring Psychiatric Drugs	X	1.1042	$63.05		$12.61
0375	Ancillary Outpatient Services When Patient Expires	T		$2,757.68		$551.54
0376	Level II Cardiac Imaging	S	4.9331	$281.67	$121.42	$56.33
0377	Level III Cardiac Imaging	S	7.0824	$404.39	$181.97	$80.88
0378	Level II Pulmonary Imaging	S	5.6109	$320.37	$144.16	$64.07
0379	Injection adenosine 6 MG	K	0.2175	$12.42		$2.48
0380	Dipyridamole injection	K	0.2075	$11.85		$2.37
0384	GI Procedures with Stents	T	25.8772	$1,477.54	$320.91	$295.51
0385	Level I Prosthetic Urological Procedures	S	65.9789	$3,767.26		$753.45
0386	Level II Prosthetic Urological Procedures	S	108.5769	$6,199.52		$1,239.90
0387	Level II Hysteroscopy	T	30.0907	$1,718.12	$655.55	$343.62
0388	Discography	S	11.8142	$674.57	$303.19	$134.91
0389	Non-imaging Nuclear Medicine	S	1.7968	$102.59	$44.54	$20.52
0390	Level I Endocrine Imaging	S	2.9219	$166.83	$75.07	$33.37
0391	Level II Endocrine Imaging	S	3.3269	$189.96	$85.48	$37.99
0393	Red Cell/Plasma Studies	S	4.6803	$267.24	$120.25	$53.45
0394	Hepatobiliary Imaging	S	4.6217	$263.89	$118.75	$52.78
0395	GI Tract Imaging	S	4.0139	$229.19	$103.13	$45.84
0396	Bone Imaging	S	4.2340	$241.75	$108.78	$48.35
0397	Vascular Imaging	S	2.6037	$148.67	$60.51	$29.73
0398	Level I Cardiac Imaging	S	4.5797	$261.49	$117.67	$52.30
0399	Nuclear Medicine Add-on Imaging	S	1.6064	$91.72	$41.27	$18.34
0400	Hematopoietic Imaging	S	4.1317	$235.91	$104.32	$47.18
0401	Level I Pulmonary Imaging	S	3.3920	$193.68	$87.15	$38.74
0402	Brain Imaging	S	5.2547	$300.03	$135.01	$60.01
0403	CSF Imaging	S	3.6890	$210.63	$94.78	$42.13
0404	Renal and Genitourinary Studies Level I	S	3.9790	$227.19	$101.76	$45.44
0405	Renal and Genitourinary Studies Level II	S	4.4678	$255.10	$114.79	$51.02
0406	Tumor/Infection Imaging	S	4.5474	$259.65	$116.84	$51.93
0407	Radionuclide Therapy	S	4.4917	$256.47	$97.77	$51.29
0409	Red Blood Cell Tests	X	0.1277	$7.29	$2.23	$1.46

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0411	Respiratory Procedures	S	0.4299	$24.55		$4.91
0412	IMRT Treatment Delivery	S	5.3903	$307.78		$61.58
0415	Level II Endoscopy Lower Airway	T	21.2703	$1,214.49	$459.92	$242.90
0416	Level I Intravenous and Intracardiac Ultrasound and Flow Reserve	S	4.4669	$255.05	$92.37	$51.01
0417	Computerized Reconstruction	S	4.3258	$246.99		$49.40
0418	Insertion of Left Ventricular Pacing Elect.	T	78.0525	$4,456.64		$891.33
0419	Proton Beam Radiation Therapy	S	11.8798	$678.31		$135.66
0420	PET Imaging	S	15.7385	$898.64		$179.73
0421	Prolonged Physiologic Monitoring	X	1.8195	$103.88		$20.78
0422	Level II Upper GI Procedures	T	22.3214	$1,274.51		$254.98
0423	Level II Percutaneous Abdominal and Biliary Procedures	T	29.0678	$1,659.71		$331.94
0424	Drug Administration In Clinical Trial	S	3.2393	$184.96		$36.99
0425	Level II Arthroplasty with Prosthesis	T	99.7643	$5,696.34	$1,411.22	$1,139.27
0426	Level II Strapping and Cast Application	S	2.0113	$114.84		$22.97
0600	Low Level Clinic Visits	V	0.9153	$52.26		$10.45
0601	Mid Level Clinic Visits	V	0.9872	$56.37		$11.27
0602	High Level Clinic Visits	V	1.4126	$80.66		$16.13
0610	Low Level Emergency Visits	V	1.3646	$77.92	$19.57	$15.58
0611	Mid Level Emergency Visits	V	2.4057	$137.36	$36.16	$27.47
0612	High Level Emergency Visits	V	4.0940	$233.76	$54.12	$46.75
0620	Critical Care	S	8.8673	$512.01	$142.30	$102.40
0648	Breast Reconstruction with Prosthesis	T	49.4601	$2,825.21		$565.04
0651	Complex Interstitial Radiation Source Application	S	25.6867	$1,466.66		$293.33
0652	Insertion of Intraperitoneal Catheters	T	27.9061	$1,593.38		$318.68
0653	Vascular Reconstruction/Fistula Repair with Device	T	28.1900	$1,609.59		$321.92
0654	Insertion/Replacement of a permanent dual chamber pacemaker	T	104.1200	$5,945.04		$1,189.01
0655	Insertion/Replacement/Conversion of a permanent dual chamber pacemaker	T	135.7710	$7,752.25		$1,550.45
0656	Transcatheter Placement of Intracoronary Drug-Eluting Stents	T	104.5082	$5,967.10		$1,193.42
0657	Placement of Tissue Clips	S	1.8524	$105.77		$21.15
0658	Percutaneous Breast Biopsies	T	6.7367	$384.65		$76.93
0659	Hyperbaric Oxygen	S	1.4279	$81.53		$16.31
0660	Level II Otorhinolaryngologic Function Tests	X	1.6669	$95.18	$30.66	$19.04
0661	Level IV Pathology	X	3.5389	$202.08	$88.87	$40.41
0662	CT Angiography	S	5.6149	$320.60	$144.26	$64.12
0664	Level I Proton Beam Radiation Therapy	S	9.9301	$566.99		$113.40
0665	Bone Density:AppendicularSkeleton	S	0.7777	$44.41		$8.88
0668	Level I Angiography and Venography except Extremity	S	6.7393	$384.80	$114.99	$76.96
0670	Level II Intravenous and Intracardiac Ultrasound and Flow Reserve	S	29.7495	$1,698.64	$542.37	$339.73
0671	Level II Echocardiogram Except Transesophageal	S	1.7247	$98.48	$44.31	$19.70
0672	Level IV Posterior Segment Procedures	T	40.1207	$2,290.81	$986.43	$458.16
0673	Level IV Anterior Segment Eye Procedures	T	29.0716	$1,659.93	$649.56	$331.99
0674	Prostate Cryoablation	T	111.5690	$6,370.37		$1,274.07
0675	Prostatic Thermotherapy	T	46.7737	$2,670.68		$534.14
0676	Level II Thrombolysis and Thrombectomy	T	4.3038	$245.74		$49.15
0677	Level I Thrombolysis and Thrombectomy	T	2.5825	$146.31		$29.26
0678	External Counterpulsation	T	1.8456	$105.38		$21.08
0679	Level II Resuscitation and Cardioversion	S	5.6465	$322.40	$95.30	$64.48
0680	Insertion of Patient Activated Event Recorders	S	64.0980	$3,659.87		$731.97
0681	Knee Arthroplasty	T	92.1163	$5,259.66	$2,093.11	$1,051.93
0682	Level V Debridement & Destruction	T	7.5273	$429.79	$170.21	$85.96
0683	Level II Photochemotherapy	S	2.4306	$138.78	$30.42	$27.76
0685	Level III Needle Biopsy/Aspiration Except Bone Marrow	T	5.8959	$336.64	$115.47	$67.33
0686	Level III Skin Repair	T	6.7412	$384.91	$173.20	$76.98
0687	Revision/Removal of Neurostimulator Electrodes	T	20.2192	$1,154.48	$513.05	$230.90

Addendum A. - List of Ambulatory Payment Classifications (APCs) with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts Calendar Year 2005

APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0688	Revision/Removal of Neurostimulator Pulse Generator Receiver	T	42.5576	$2,429.95	$1,093.47	$485.99
0689	Electronic Analysis of Cardioverter-defibrillators	S	0.5894	$33.65		$6.73
0690	Electronic Analysis of Pacemakers and other Cardiac Devices	S	0.3994	$22.80	$10.26	$4.56
0691	Electronic Analysis of Programmable Shunts/Pumps	S	2.4955	$142.49	$64.12	$28.50
0692	Electronic Analysis of Neurostimulator Pulse Generators	S	2.0004	$114.22	$30.16	$22.84
0693	Level II Breast Reconstruction	T	41.0228	$2,342.32	$798.17	$468.46
0694	Mohs Surgery	T	4.2372	$241.94	$64.93	$48.39
0695	Level VII Debridement & Destruction	T	20.6606	$1,179.68	$266.59	$235.94
0697	Level I Echocardiogram Except Transesophageal	S	1.5260	$87.13	$39.20	$17.43
0698	Level II Eye Tests & Treatments	S	1.4652	$83.66	$18.72	$16.73
0699	Level IV Eye Tests & Treatments	T	9.8497	$562.40		$112.48
0700	Antepartum Manipulation	T	3.2254	$184.16	$37.13	$36.83
0701	SR 89 chloride, per mCi	K	7.1886	$410.45		$82.09
0702	SM 153 lexidronam, 50 mCi	K	16.0584	$916.90		$183.38
0704	IN 111 Satumomab pendetide per dose	K		$1,390.25		$278.05
0705	Technetium TC99M tetrofosmin	K		$104.58		$20.92
0726	Dexrazoxane hcl injection, 250 mg	K		$113.28		$22.66
0728	Filgrastim 300 mcg injection	K		$162.41		$32.48
0730	Pamidronate disodium , 30 mg	K		$128.74		$25.75
0731	Sargramostim injection	K		$25.39		$5.08
0732	Mesna injection 200 mg	K		$17.66		$3.53
0733	Non esrd epoetin alpha inj, 1000 u	K		$11.09		$2.22
0734	Injection, darbepoetin alfa (for non-ESRD), per 1 mcg	K		$4.14		$0.83
0735	Ampho b cholesteryl sulfate	K		$15.20		$3.04
0736	Amphotericin b liposome inj	K		$31.27		$6.25
0737	Ammonia N-13, per dose	K		$111.91		$22.38
0738	Rasburicase	G		$105.87		
0750	Dolasetron mesylate	K		$14.38		$2.88
0763	Dolasetron mesylate oral	K		$63.28		$12.66
0764	Granisetron HCl injection	K		$16.20		$3.24
0765	Granisetron HCl 1 mg oral	K		$39.04		$7.81
0768	Ondansetron hcl injection	K		$5.54		$1.11
0769	Ondasetron hcl oral	K		$26.12		$5.22
0800	Leuprolide acetate, 3.75 mg	K		$451.98		$90.40
0802	Etoposide oral 50 mg	K		$21.91		$4.38
0807	Aldesleukin/single use vial	K		$680.35		$136.07
0809	Bcg live intravesical vac	K		$139.90		$27.98
0810	Goserelin acetate implant 3.6 mg	K		$390.09		$78.02
0811	Carboplatin injection 50 mg	K		$129.96		$25.99
0813	Cisplatin 10 mg injection	K		$7.73		$1.55
0814	Asparaginase injection	K		$54.71		$10.94
0815	Cyclophosphamide 100 MG inj	K		$2.77		$0.55
0816	Cyclophosphamide lyophilized	K		$2.36		$0.47
0817	Cytarabine hcl 100 MG inj	K		$1.55		$0.31
0819	Dacarbazine 100 mg inj	K		$6.14		$1.23
0820	Daunorubicin 10 mg	K		$35.94		$7.19
0821	Daunorubicin citrate liposom 10 mg	K		$64.60		$12.92
0823	Docetaxel, 20 mg	K		$312.69		$62.54
0824	Etoposide 10 MG inj	K		$0.83		$0.17
0827	Floxuridine injection 500 mg	K		$66.24		$13.25
0828	Gemcitabine HCL 200 mg	K		$105.73		$21.15
0830	Irinotecan injection 20 mg	K		$127.33		$25.47
0831	Ifosfomide injection 1 gm	K		$72.81		$14.56
0832	Idarubicin hcl injection 5 mg	K	0.2357	$13.46		$2.69

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0834	Interferon alfa-2a inj	K		$30.48		$6.10
0836	Interferon alfa-2b inj recombinant, 1 million	K		$13.00		$2.60
0838	Interferon gamma 1-b inj, 3 million u	K	3.3927	$193.80		$38.76
0840	Melphalan hydrochl 50 mg	K		$367.03		$73.41
0842	Fludarabine phosphate inj 50 mg	K		$311.09		$62.22
0844	Pentostatin injection, 10 mg	K		$1,683.24		$336.65
0847	Doxorubic hcl 10 MG vl chemo	K		$4.69		$0.94
0849	Rituximab, 100 mg	K		$437.83		$87.57
0851	Thiotepa injection	K		$45.31		$9.06
0852	Topotecan, 4 mg	K		$697.76		$139.55
0855	Vinorelbine tartrate, 10 mg	K		$95.23		$19.05
0856	Porfimer sodium, 75 mg	K		$2,274.78		$454.96
0857	Bleomycin sulfate injection 15 u	K		$88.32		$17.66
0858	Cladribine, 1mg	K		$24.84		$4.97
0860	Plicamycin (mithramycin) inj	K		$93.80		$18.76
0861	Leuprolide acetate injection 1 mg	K		$14.48		$2.90
0862	Mitomycin 5 mg inj	K		$30.91		$6.18
0863	Paclitaxel injection, 30 mg	K		$79.04		$15.81
0864	Mitoxantrone hcl, 5 mg	K		$313.96		$62.79
0865	Interferon alfa-n3 inj, human leukocyte derived, 2	K		$8.17		$1.63
0887	Azathioprine parenteral	K		$30.18		$6.04
0888	Cyclosporine oral 100 mg	K	0.0317	$1.81		$0.36
0890	Lymphocyte immune globulin 250 mg	K		$243.50		$48.70
0891	Tacrolimus oral per 1 mg	K		$3.05		$0.61
0900	Alglucerase injection	K		$37.53		$7.51
0901	Alpha 1 proteinase inhibitor	K		$2.46		$0.49
0902	Botulinum toxin a, per unit	K		$4.32		$0.86
0903	Cytomegalovirus imm IV/vial	K		$622.13		$124.43
0905	Immune globulin, 1g	K		$68.48		$13.70
0906	RSV-ivig, 50 mg	K		$16.55		$3.31
0910	Interferon beta-1b /0.25 mg	K		$58.73		$11.75
0911	Streptokinase per 250,000 iu	K	0.7864	$43.87		$8.77
0916	Injection imiglucerase /unit	K		$3.75		$0.75
0917	Adenosine injection	K	0.3599	$20.46		$4.11
0925	Factor viii per iu	K		$0.76		$0.15
0926	Factor VIII (porcine) per iu	K		$1.78		$0.36
0927	Factor viii recombinant per iu	K		$1.10		$0.22
0928	Factor ix complex per iu	K		$0.32		$0.06
0929	Anti-inhibitor per iu	K		$1.25		$0.25
0931	Factor IX non-recombinant, per iu	K		$0.98		$0.20
0932	Factor IX recombinant, per iu	K		$0.98		$0.20
0949	Plasma, Pooled Multiple Donor, Solvent/Detergent T	K		$99.44		$19.89
0950	Blood (Whole) For Transfusion	K		$114.05		$22.81
0952	Cryoprecipitate	K		$50.59		$10.12
0954	RBC leukocytes reduced	K		$167.17		$33.43
0955	Plasma, Fresh Frozen	K		$49.19		$9.84
0956	Plasma Protein Fraction	K		$55.38		$11.08
0957	Platelet Concentrate	K		$48.92		$9.78
0958	Platelet Rich Plasma	K		$144.28		$28.86
0959	Red Blood Cells	K		$113.09		$22.62
0960	Washed Red Blood Cells	K		$163.49		$32.70
0961	Infusion, Albumin (Human) 5%, 50 ml	K	0.3410	$19.47		$3.89
0963	Albumin (human), 5%, 250 ml	K	1.0386	$59.30		$11.86
0964	Albumin (human), 25%, 20 ml	K	0.2304	$13.16		$2.63

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0965	Albumin (human), 25%, 50ml	K	0.9798	$55.94		$11.19
0966	Plasmaprotein fract,5%,250ml	K		$142.75		$28.55
0967	Split unit of blood	K		$83.58		$16.72
0968	Platelets leukocyte reduced irradiated	K		$155.87		$31.17
0969	Red blood cell leukocyte reduced irradiated	K		$207.17		$41.43
1009	Cryoprecip reduced plasma	K		$56.92		$11.38
1010	Blood, L/R, CMV-neg	K		$169.50		$33.90
1011	Platelets, HLA-m, L/R, unit	K		$599.37		$119.87
1013	Platelet concentrate, L/R, unit	K		$87.30		$17.46
1016	Blood, L/R, froz/deglycerol/washed	K		$130.66		$26.13
1017	Platelets, aph/pher, L/R, CMV-neg, unit	K		$481.35		$96.27
1018	Blood, L/R, irradiated	K		$178.64		$35.73
1019	Platelets, aph/pher, L/R, irradiated, unit	K		$594.05		$118.81
1020	Plt, pher,L/R,CMV,irrad	K		$504.62		$100.92
1021	RBC, frz/deg/wsh, L/R, irrad	K		$232.27		$46.45
1022	RBC, L/R, CMV neg, irrad	K		$276.29		$55.26
1045	Iobenguane sulfate I-131per 0.5 mCi	K		$996.00		$199.20
1064	I-131 sodium iodide capsule	K	0.1156	$6.60		$1.32
1065	I-131 sodium iodide solution	K	0.1723	$9.84		$1.97
1079	CO 57/58 per 0.5 uCi	K		$221.78		$44.36
1080	I-131 tositumomab, dx	K		$2,241.00		$448.20
1081	I-131 tositumomab, tx	K		$19,422.00		$3,884.40
1084	Denileukin diftitox, 300 MCG	K		$1,232.88		$246.58
1086	Temozolomide,oral 5 mg	K		$6.42		$1.28
1089	Cyanocobalamin cobalt co57	K		$85.49		$17.10
1091	IN 111 Oxyquinoline, per .5 mCi	K		$373.50		$74.70
1092	IN 111 Pentetate, per 0.5 mCi	K		$224.10		$44.82
1095	Technetium TC 99M Depreotide	K		$38.00		$7.60
1096	TC 99M Exametazime, per dose	K		$778.13		$155.63
1122	TC 99M arcitumomab, per vial	K		$1,079.00		$215.80
1167	Epirubicin hcl, 2 mg	K		$24.14		$4.83
1178	Busulfan IV, 6 mg	K		$27.87		$5.57
1201	TC 99M SUCCIMER, PER Vial	K		$118.52		$23.70
1203	Verteporfin for injection	K		$1,274.05		$254.81
1207	Octreotide injection, depot	K	1.2552	$71.66		$14.33
1305	Apligraf	K		$1,130.88		$226.18
1409	Factor viia recombinant, per 1.2 mg	K		$1,410.34		$282.07
1501	New Technology - Level I ($0 - $50)	S		$25.00		$5.00
1502	New Technology - Level II ($50 - $100)	S		$75.00		$15.00
1503	New Technology - Level III ($100 - $200)	S		$150.00		$30.00
1504	New Technology - Level IV ($200 - $300)	S		$250.00		$50.00
1505	New Technology - Level V ($300 - $400)	S		$350.00		$70.00
1506	New Technology - Level VI ($400 - $500)	S		$450.00		$90.00
1507	New Technology - Level VII ($500 - $600)	S		$550.00		$110.00
1508	New Technology - Level VIII ($600 - $700)	S		$650.00		$130.00
1509	New Technology - Level IX ($700 - $800)	S		$750.00		$150.00
1510	New Technology - Level X ($800 - $900)	S		$850.00		$170.00
1511	New Technology - Level XI ($900 - $1000)	S		$950.00		$190.00
1512	New Technology - Level XII ($1000 - $1100)	S		$1,050.00		$210.00
1513	New Technology - Level XIII ($1100 - $1200)	S		$1,150.00		$230.00
1514	New Technology-Level XIV ($1200- $1300)	S		$1,250.00		$250.00
1515	New Technology - Level XV ($1300 - $1400)	S		$1,350.00		$270.00
1516	New Technology - Level XVI ($1400 - $1500)	S		$1,450.00		$290.00
1517	New Technology - Level XVII ($1500-$1600)	S		$1,550.00		$310.00

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
1518	New Technology - Level XVIII ($1600-$1700)	S		$1,650.00		$330.00
1519	New Technology - Level IXX ($1700-$1800)	S		$1,750.00		$350.00
1520	New Technology - Level XX ($1800-$1900)	S		$1,850.00		$370.00
1521	New Technology - Level XXI ($1900-$2000)	S		$1,950.00		$390.00
1522	New Technology - Level XXII ($2000-$2500)	S		$2,250.00		$450.00
1523	New Technology - Level XXIII ($2500-$3000)	S		$2,750.00		$550.00
1524	New Technology - Level XIV ($3000-$3500)	S		$3,250.00		$650.00
1525	New Technology - Level XXV ($3500-$4000)	S		$3,750.00		$750.00
1526	New Technology - Level XXVI ($4000-$4500)	S		$4,250.00		$850.00
1527	New Technology - Level XXVII ($4500-$5000)	S		$4,750.00		$950.00
1528	New Technology - Level XXVIII ($5000-$5500)	S		$5,250.00		$1,050.00
1529	New Technology - Level XXIX ($5500-$6000)	S		$5,750.00		$1,150.00
1530	New Technology - Level XXX ($6000-$6500)	S		$6,250.00		$1,250.00
1531	New Technology - Level XXXI ($6500-$7000)	S		$6,750.00		$1,350.00
1532	New Technology - Level XXXII ($7000-$7500)	S		$7,250.00		$1,450.00
1533	New Technology - Level XXXIII ($7500-$8000)	S		$7,750.00		$1,550.00
1534	New Technology - Level XXXIV ($8000-$8500)	S		$8,250.00		$1,650.00
1535	New Technology - Level XXXV ($8500-$9000)	S		$8,750.00		$1,750.00
1536	New Technology - Level XXXVI ($9000-$9500)	S		$9,250.00		$1,850.00
1537	New Technology - Level XXXVII ($9500-$10000)	S		$9,750.00		$1,950.00
1538	New Technology - Level I ($0 - $50)	T		$25.00		$5.00
1539	New Technology - Level II ($50 - $100)	T		$75.00		$15.00
1540	New Technology - Level III ($100 - $200)	T		$150.00		$30.00
1541	New Technology - Level IV ($200 - $300)	T		$250.00		$50.00
1542	New Technology - Level V ($300 - $400)	T		$350.00		$70.00
1543	New Technology - Level VI ($400 - $500)	T		$450.00		$90.00
1544	New Technology - Level VII ($500 - $600)	T		$550.00		$110.00
1545	New Technology - Level VIII ($600 - $700)	T		$650.00		$130.00
1546	New Technology - Level IX ($700 - $800)	T		$750.00		$150.00
1547	New Technology - Level X ($800 - $900)	T		$850.00		$170.00
1548	New Technology - Level XI ($900 - $1000)	T		$950.00		$190.00
1549	New Technology - Level XII ($1000 - $1100)	T		$1,050.00		$210.00
1550	New Technology - Level XIII ($1100 - $1200)	T		$1,150.00		$230.00
1551	New Technology-Level XIV ($1200- $1300)	T		$1,250.00		$250.00
1552	New Technology - Level XV ($1300 - $1400)	T		$1,350.00		$270.00
1553	New Technology - Level XVI ($1400 - $1500)	T		$1,450.00		$290.00
1554	New Technology - Level XVII ($1500-$1600)	T		$1,550.00		$310.00
1555	New Technology - Level XVIII ($1600-$1700)	T		$1,650.00		$330.00
1556	New Technology - Level XIX ($1700-$1800)	T		$1,750.00		$350.00
1557	New Technology - Level XX ($1800-$1900)	T		$1,850.00		$370.00
1558	New Technology - Level XXI ($1900-$2000)	T		$1,950.00		$390.00
1559	New Technology - Level XXII ($2000-$2500)	T		$2,250.00		$450.00
1560	New Technology - Level XXIII ($2500-$3000)	T		$2,750.00		$550.00
1561	New Technology - Level XXIV ($3000-$3500)	T		$3,250.00		$650.00
1562	New Technology - Level XXV ($3500-$4000)	T		$3,750.00		$750.00
1563	New Technology - Level XXVI ($4000-$4500)	T		$4,250.00		$850.00
1564	New Technology - Level XXVII ($4500-$5000)	T		$4,750.00		$950.00
1565	New Technology - Level XXVIII ($5000-$5500)	T		$5,250.00		$1,050.00
1566	New Technology - Level XXIX ($5500-$6000)	T		$5,750.00		$1,150.00
1567	New Technology - Level XXX ($6000-$6500)	T		$6,250.00		$1,250.00
1568	New Technology - Level XXXI ($6500-$7000)	T		$6,750.00		$1,350.00
1569	New Technology - Level XXXII ($7000-$7500)	T		$7,250.00		$1,450.00
1570	New Technology - Level XXXIII ($7500-$8000)	T		$7,750.00		$1,550.00
1571	New Technology - Level XXXIV ($8000-$8500)	T		$8,250.00		$1,650.00

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APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
1572	New Technology - Level XXXV ($8500-$9000)	T		$8,750.00		$1,750.00
1573	New Technology - Level XXXVI ($9000-$9500)	T		$9,250.00		$1,850.00
1574	New Technology - Level XXXVII ($9500-$10000)	T		$9,750.00		$1,950.00
1600	Technetium TC 99m sestamibi	K	1.8612	$106.32		$21.26
1602	Technetium tc 99m apcitide	K	7.2650	$415.00		$83.00
1603	Thallous chloride TL 201/mci	K		$18.29		$3.66
1604	IN 111 capromab pendetide, per dose	K		$1,915.23		$383.05
1605	Abciximab injection, 10 mg	K		$448.22		$89.64
1606	Anistreplase, 30 u	K		$2,353.53		$470.71
1607	Eptifibatide injection, 5mg	K		$11.21		$2.24
1608	Etanercept injection	K		$135.56		$27.11
1609	Rho(D) immune globulin h, sd, 100 iu	K		$17.95		$3.59
1611	Hylan G-F 20 injection, 16 mg	K		$203.70		$40.74
1612	Daclizumab, parenteral, 25 mg	K		$393.78		$78.76
1613	Trastuzumab, 10 mg	K		$50.79		$10.16
1615	Basiliximab, 20 mg	K		$1,425.06		$285.01
1618	Vonwillebrandfactrcmplx, per iu	K		$0.83		$0.17
1619	Gallium ga 67	K		$27.10		$5.42
1620	Technetium tc99m bicisate	K		$370.60		$74.12
1622	Technetium tc99m mertiatide	K		$31.13		$6.23
1624	Sodium phosphate p32	K		$94.98		$19.00
1625	Indium 111-in pentetreotide	K		$1,079.00		$215.80
1628	Chromic phosphate p32	K		$146.64		$29.33
1716	Brachytx source, Gold 198	H				
1717	Brachytx source, HDR Ir-192	H				
1718	Brachytx source, Iodine 125	H				
1719	Brachytx sour,Non-HDR Ir-192	H				
1720	Brachytx sour, Palladium 103	H				
1775	FDG, per dose (4-40 mCi/ml)	K		$220.50		$44.10
1814	Retinal tamp, silicone oil	H				
1818	Integrated keratoprosthesis	H				
1819	Tissue localization-excision dev	H				
2616	Brachytx source, Yttrium-90	H				
2632	Brachytx sol, I-125, per mCi	H				
2633	Brachytx source, Cesium-131	H				
7000	Amifostine, 500 mg	K		$395.75		$79.15
7005	Gonadorelin hydroch/ 100 mcg	K		$16.09		$3.22
7007	Inj milrinone lactate, per 5 mg	K	0.1411	$8.06		$1.61
7011	Oprelvekin injection, 5 mg	K		$248.16		$49.63
7015	Busulfan, oral, 2 mg	K		$2.08		$0.42
7019	Aprotinin, 10,000 kiu	K		$12.51		$2.50
7022	Elliotts b solution per ml	K		$1.50		$0.30
7024	Corticorelin ovine triflutat	K		$353.70		$70.74
7025	Digoxin immune FAB (ovine)	K		$332.00		$66.40
7026	Ethanolamine oleate 100 mg	K		$63.29		$12.66
7027	Fomepizole, 15mg	K		$10.04		$2.01
7028	Fosphenytoin, 50 mg	K		$5.31		$1.06
7030	Hemin, per 1 mg	K		$6.47		$1.29
7031	Octreotide acetate injection	K		$3.72		$0.74
7034	Somatropin injection	K		$280.87		$56.17
7035	Teniposide, 50 mg	K		$224.94		$44.99
7036	Urokinase 250,000 iu inj	K	2.2060	$125.96		$25.19
7037	Muromonab-CD3, 5 mg	K		$56.59		$11.32
7040	Pentastarch 10% solution	K		$131.99		$26.40

Addendum A. - List of Ambulatory Payment Classifications (APCs) with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts Calendar Year 2005

APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
7041	Tirofiban hydrochloride 12.5 mg	K		$411.85		$82.37
7042	Capecitabine, oral, 150 mg	K		$2.96		$0.59
7043	Infliximab injection 10 mg	K		$57.40		$11.48
7045	Trimetrexate glucoronate	K		$142.50		$28.50
7046	Doxorubicin hcl liposome inj 10 mg	K		$343.78		$68.76
7048	Alteplase recombinant	K	0.3128	$17.86		$3.57
7049	Filgrastim 480 mcg injection	K		$274.40		$54.88
7051	Leuprolide acetate implant, 65 mg	K		$4,717.72		$943.54
7308	Aminolevulinic acid hcl top	K		$88.86		$17.77
7316	Sodium hyaluronate injection	K		$54.33		$10.87
9001	Linezolid injection	K		$32.15		$6.43
9002	Tenecteplase, 50mg/vial	K		$2,350.98		$470.20
9003	Palivizumab, per 50mg	K		$576.51		$115.30
9004	Gemtuzumab ozogamicin	K		$2,183.81		$436.76
9005	Reteplase injection	K		$1,192.09		$238.42
9008	Baclofen Refill Kit-500mcg	K		$10.21		$2.04
9009	Baclofen refill kit - per 2000 mcg	K		$37.64		$7.53
9012	Arsenic Trioxide	K		$34.32		$6.86
9013	Co 57 cobaltous chloride	K	2.5212	$143.96		$28.79
9015	Mycophenolate mofetil oral 250 mg	K		$2.46		$0.49
9018	Botulinum toxin B, per 100 u	K		$7.68		$1.54
9019	Caspofungin acetate, 5 mg	K	0.5717	$32.65		$6.53
9020	Sirolimus tablet, 1 mg	K		$6.23		$1.25
9021	Immune globulin 10 mg	K		$0.75		$0.15
9022	IM inj interferon beta 1-a	K		$74.44		$14.89
9023	Rho d immune globulin 50 mcg	K		$30.38		$6.08
9024	Amphotericin b lipid complex	K		$19.09		$3.82
9025	Rubidium-Rb-82	K		$111.91		$22.38
9026	High dose contrast MRI	K	0.4645	$26.52		$5.30
9027	Supp-paramagnetic contrast material	K	0.6484	$37.02		$7.40
9028	Tetracyclin injection	K	1.7697	$101.05		$20.21
9029	Amiodarone HCl	K	0.2112	$12.06		$2.41
9030	Amphotericin B	K	1.1173	$63.80		$12.76
9031	Arbutamine HCl injection	K	1.2049	$68.80		$13.76
9032	Baclofen 10 MG injection	K	0.1492	$8.52		$1.70
9033	Cidofovir injection	K	6.1929	$353.60		$70.72
9034	Brompheniramine maleate inj	K	1.0444	$59.63		$11.93
9035	Medroxyprogesterone injection	K	0.3109	$17.75		$3.55
9036	Dimethyl sulfoxide 50% 50 ML	K	0.9158	$52.29		$10.46
9037	Methadone injection	K	0.2357	$13.46		$2.69
9038	Inj estrogen conjugate 25 MG	K	0.6946	$39.66		$7.93
9039	Fluconazole	K	0.4117	$23.51		$4.70
9040	Intraocular Fomivirsen na	K	16.6329	$949.71		$189.94
9041	Gamma globulin 1 CC inj	K	0.5598	$31.96		$6.39
9042	Glucagon hydrochloride/1 MG	K	0.8163	$46.61		$9.32
9043	Diazoxide injection	K	0.2713	$15.49		$3.10
9044	Ibutilide fumarate injection	K	2.2912	$130.82		$26.16
9045	Iron dextran	K	0.2577	$14.71		$2.94
9046	Iron sucrose injection	K	0.0091	$0.52		$0.10
9047	Itraconazole injection	K	0.7453	$42.56		$8.51
9048	Inj desmopressin acetate	K	0.0825	$4.71		$0.94
9049	Inj protirelin per 250 mcg	K	0.7222	$41.24		$8.25
9050	Na ferric gluconate complex	K	0.1101	$6.29		$1.26
9051	Urea injection	K	1.2343	$70.48		$14.10

Addendum A. - List of Ambulatory Payment Classifications (APCs) with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts Calendar Year 2005

APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
9052	Triflupromazine hcl inj	K	1.2974	$74.08		$14.82
9053	Nasal vaccine inhalation	K	1.6356	$93.39		$18.68
9054	Metabolically active tissue	K	0.1266	$7.23		$1.45
9055	Injectable human tissue	K	0.1425	$8.14		$1.63
9057	Lepirudin	K		$130.30		$26.06
9104	Anti-thymocycte globulin rabbit	K		$312.41		$62.48
9105	Hep B imm glob, per 1 ml	K		$118.32		$23.66
9108	Thyrotropin alfa, per 1.1 mg	K	10.8100	$617.50		$123.50
9109	Tirofiban hcl, per 6.25 mg	K		$205.92		$41.18
9110	Alemtuzumab injection	K		$510.70		$102.14
9111	Inj, bivalirudin	K		$1.52		$0.30
9112	Perflutren lipid micro, per 2ml	K		$129.69		$25.94
9114	Nesiritide, per 0.5 mg vial	K		$132.47		$26.49
9115	Inj, zoledronic acid, per 1 mg	K		$197.87		$39.57
9117	Yttrium 90 ibritumomab tiuxetan	K		$20,948.20		$4,189.65
9118	In-111 ibritumomab tiuxetan	K		$2,419.78		$483.96
9119	Pegfilgrastim, per 6 mg	K		$2,448.50		$489.70
9120	Inj, Fulvestrant	K		$79.65		$15.93
9121	Inj, Argatroban, per 5 mg	K		$12.45		$2.49
9122	Triptorelin pamoate	K		$362.78		$72.56
9123	Transcyte	G		$705.55		
9124	Injection, daptomycin	G		$0.28		
9125	Injection, risperidone	G		$113.63		
9200	Orcel, per 36 cm2	K		$991.85		$198.37
9201	Dermagraft, per 37.5 sq cm	K		$529.54		$105.91
9202	Octafluoropropane	K		$129.48		$25.90
9203	Perflexane lipid micro	G		$153.90		
9204	Ziprasidone mesylate	G		$18.93		
9205	Oxaliplatin	G		$81.98		
9207	Injection, bortezomib	G		$946.57		
9208	Injection, agalsidase beta	G		$115.08		
9209	Injection, laronidase	G		$598.90		
9210	Injection, palonosetron HCL	G		$194.91		
9211	Inj, alefacept, IV	G		$665.00		
9212	Inj, alefacept, IM	G		$405.66		
9213	Injection, Pemetrexed	G		$40.02		
9214	Injection, Bevacizumab	G		$57.13		
9215	Injection, Cetuximab	G		$51.98		
9216	Abarelix, Inject Suspension	G		$66.82		
9217	Leuprolide acetate suspnsion, 7.5 mg	K		$543.72		$108.74
9300	Injection, Omalizumab	G		$15.19		
9400	Thallous chloride, brand	K	0.3654	$20.86		$4.17
9401	Strontium-89 chloride, brand	K	7.1885	$410.45		$82.09
9402	Th I131 so iodide cap, brand	K	0.1155	$6.60		$1.32
9403	Dx I131 so iodide cap, brand	K	0.1155	$6.60		$1.32
9404	Dx I131 so iodide sol, brand	K	0.1723	$9.84		$1.97
9405	Th I131 so iodide sol, brand	K	0.1723	$9.84		$1.97
9410	Dexrazoxane HCl inj, brand	K	2.1935	$125.24		$25.05
9411	Pamidronate disodium, brand	K	2.8488	$162.66		$32.53
9413	Sodium hyaluronate inj, brand	K	0.9516	$54.33		$10.87
9414	Etoposide oral, brand	K	0.4854	$27.72		$5.54
9415	Doxorubic hcl chemo, brand	K		$6.94		$1.39
9417	Bleomycin sulfate inj, brand	K		$130.56		$26.11
9418	Cisplatin inj, brand	K		$11.42		$2.28

Addendum A. - List of Ambulatory Payment Classifications (APCs) with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts Calendar Year 2005

APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
9419	Inj cladribine, brand	K		$36.72		$7.34
9420	Cyclophosphamide inj, brand	K		$4.10		$0.82
9421	Cyclophosphamide lyo, brand	K		$3.50		$0.70
9422	Cytarabine hcl inj, brand	K		$2.28		$0.46
9423	Dacarbazine inj, brand	K	0.1443	$8.24		$1.65
9424	Daunorubicin, brand	K		$53.14		$10.63
9425	Etoposide inj, brand	K		$1.22		$0.24
9426	Floxuridine inj, brand	K		$97.92		$19.58
9427	Ifosfomide inj, brand	K	1.7769	$101.46		$20.29
9428	Mesna injection, brand	K	0.4391	$25.07		$5.01
9429	Idarubicin hcl inj, brand	K	0.2356	$13.45		$2.69
9430	Leuprolide acetate inj, bran	K		$21.41		$4.28
9431	Paclitaxel inj, brand	K	1.6785	$95.84		$19.17
9432	Mitomycin inj, brand	K		$45.70		$9.14
9433	Thiotepa inj, brand	K		$66.98		$13.40
9435	Gonadorelin hydroch, brand	K	0.2817	$16.08		$3.22
9436	Azathioprine parenteral,brand	K		$44.61		$8.92
9438	Cyclosporine oral, brand	K	0.0317	$1.81		$0.36
9500	Platelets, irradiated	K		$89.59		$17.92
9501	Platelets, pheresis, leukocytes reduced	K		$468.65		$93.73
9502	Platelet pheresis irradiated	K		$330.57		$66.11
9503	Fresh frozen plasma, ea unit	K		$70.89		$14.18
9504	RBC deglycerolized	K		$297.71		$59.54
9505	RBC irradiated	K		$124.11		$24.82
9506	Granulocytes, pheresis	K		$790.73		$158.15
9507	Platelets, pheresis	K		$439.35		$87.87
9508	Plasma, frozen w/in 8 hours	K		$63.32		$12.66

Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005

CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0001F	E		Blood pressure, measured					
0001T	C		Endovas repr abdo ao aneurys					
0002F	E		Tobacco use, smoking, assess					
0003F	E		Tobacco use, non-smoking					
0003T	S		Cervicography	1501		$25.00		$5.00
0004F	E		Tobacco use txmnt counseling					
0005F	E		Tobacco use txmnt, pharmacol					
0005T	C		Perc cath stent/brain cv art					
0006F	E		Statin therapy, prescribed					
0006T	C		Perc cath stent/brain cv art					
0007F	E		Beta-blocker thx prescribed					
0007T	C		Perc cath stent/brain cv art					
0008F	E		Ace inhibitor thx prescribed					
0008T	E		Upper gi endoscopy w/suture					
0009F	E		Assess anginal symptom/level					
0009T	T		Endometrial cryoablation	0202	39.9618	$2,281.74	$1,026.78	$456.35
00100	N		Anesth, salivary gland					
00102	N		Anesth, repair of cleft lip					
00103	N		Anesth, blepharoplasty					
00104	N		Anesth, electroshock					
0010F	E		Assess anginal symptom/level					
0010T	A		Tb test, gamma interferon					
0011F	E		Oral antiplat thx prescribed					
00120	N		Anesth, ear surgery					
00124	N		Anesth, ear exam					
00126	N		Anesth, tympanotomy					
0012T	T		Osteochondral knee autograft	0041	28.2366	$1,612.25		$322.45
0013T	T		Osteochondral knee allograft	0042	43.8002	$2,500.90	$804.74	$500.18
00140	N		Anesth, procedures on eye					
00142	N		Anesth, lens surgery					
00144	N		Anesth, corneal transplant					
00145	N		Anesth, vitreoretinal surg					
00147	N		Anesth, iridectomy					
00148	N		Anesth, eye exam					
0014T	T		Meniscal transplant, knee	0041	28 2366	$1,612.25		$322.45
00160	N		Anesth, nose/sinus surgery					
00162	N		Anesth, nose/sinus surgery					
00164	N		Anesth, biopsy of nose					
0016T	T		Thermotx choroid vasc lesion	0235	5.1522	$294.18	$72.04	$58.84
00170	N		Anesth, procedure on mouth					
00172	N		Anesth, cleft palate repair					
00174	N		Anesth, pharyngeal surgery					
00176	C		Anesth, pharyngeal surgery					
0017T	E		Photocoagulat macular drusen					
0018T	S		Transcranial magnetic stimul	0215	0.6655	$38.00	$15.76	$7.60
00190	N		Anesth, face/skull bone surg					
00192	C		Anesth, facial bone surgery					
0019T	E		Extracorp shock wave tx, ms					
0020T	A		Extracorp shock wave tx, ft					
00210	N		Anesth, open head surgery					

* Refer to preamble for explanation of multiple payment rates.

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Addendum B. - Payment Status by HCPCS Code and Related Information
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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
00212	N		Anesth, skull drainage					
00214	C		Anesth, skull drainage					
00215	C		Anesth, skull repair/fract					
00216	N		Anesth, head vessel surgery					
00218	N		Anesth, special head surgery					
0021T	C		Fetal oximetry, trnsvag/cerv					
00220	N		Anesth, intrcrn nerve					
00222	N		Anesth, head nerve surgery					
0023T	A		Phenotype drug test, hiv 1					
0024T	C		Transcath cardiac reduction					
0026T	A		Measure remnant lipoproteins					
0027T	T		Endoscopic epidural lysis	1547		$850.00		$170.00
0028T	N		Dexa body composition study					
0029T	A		Magnetic tx for incontinence					
00300	N		Anesth, head/neck/ptrunk					
0030T	A		Antiprothrombin antibody					
0031T	N		Speculoscopy					
00320	N		Anesth, neck organ, 1 & over					
00322	N		Anesth, biopsy of thyroid					
00326	N		Anesth, larynx/trach, < 1 yr					
0032T	N		Speculoscopy w/direct sample					
0033T	C		Endovasc taa repr incl subcl					
0034T	C		Endovasc taa repr w/o subcl					
00350	N		Anesth, neck vessel surgery					
00352	N		Anesth, neck vessel surgery					
0035T	C		Insert endovasc prosth, taa					
0036T	C		Endovasc prosth, taa, add-on					
0037T	C		Artery transpose/endovas taa					
0038T	C		Rad endovasc taa rpr w/cover					
0039T	C		Rad s/i, endovasc taa repair					
00400	N		Anesth, skin, ext/per/atrunk					
00402	N		Anesth, surgery of breast					
00404	C		Anesth, surgery of breast					
00406	C		Anesth, surgery of breast					
0040T	C		Rad s/i, endovasc taa prosth					
00410	N		Anesth, correct heart rhythm					
0041T	A		Detect ur infect agnt w/cpas					
0042T	N		Ct perfusion w/contrast, cbf					
0043T	A		Co expired gas analysis					
0044T	N		Whole body photography					
00450	N		Anesth, surgery of shoulder					
00452	C		Anesth, surgery of shoulder					
00454	N		Anesth, collar bone biopsy					
0045T	N		Whole body photography					
0046T	T		Cath lavage, mammary duct(s)	0021	14.9964	$856.26	$219.48	$171.25
00470	N		Anesth, removal of rib					
00472	N		Anesth, chest wall repair					
00474	C		Anesth, surgery of rib(s)					
0047T	T		Cath lavage, mammary duct(s)	0021	14.9964	$856.26	$219.48	$171.25
0048T	C		Implant ventricular device					

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Addendum B. - Payment Status by HCPCS Code and Related Information
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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0049T	C		External circulation assist					
00500	N		Anesth, esophageal surgery					
0050T	C		Removal circulation assist					
0051T	C		Implant total heart system					
00520	N		Anesth, chest procedure					
00522	N		Anesth, chest lining biopsy					
00524	C		Anesth, chest drainage					
00528	N		Anesth, chest partition view					
00529	N		Anesth, chest partition view					
0052T	C		Replace component heart syst					
00530	N		Anesth, pacemaker insertion					
00532	N		Anesth, vascular access					
00534	N		Anesth, cardioverter/defib					
00537	N		Anesth, cardiac electrophys					
00539	N		Anesth, trach-bronch reconst					
0053T	C		Replace component heart syst					
00540	C		Anesth, chest surgery					
00541	N		Anesth, one lung ventilation					
00542	C		Anesth, release of lung					
00546	C		Anesth, lung,chest wall surg					
00548	N		Anesth, trachea,bronchi surg					
0054T	B		Bone surgery using computer					
00550	N		Anesth, sternal debridement					
0055T	B		Bone surgery using computer					
00560	C		Anesth, open heart surgery					
00562	C		Anesth, open heart surgery					
00563	N		Anesth, heart proc w/pump					
00566	N		Anesth, cabg w/o pump					
0056T	B		Bone surgery using computer					
0057T	B		Uppr gi scope w/ thrml txmnt					
00580	C		Anesth, heart/lung transplnt					
0058T	X		Cryopreservation, ovary tiss	0348	0.7716	$44.06		$8.81
0059T	X		Cryopreservation, oocyte	0348	0.7716	$44.06		$8.81
00600	N		Anesth, spine, cord surgery					
00604	C		Anesth, sitting procedure					
0060T	B		Electrical impedance scan					
0061T	B		Destruction of tumor, breast					
00620	N		Anesth, spine, cord surgery					
00622	C		Anesth, removal of nerves					
00630	N		Anesth, spine, cord surgery					
00632	C		Anesth, removal of nerves					
00634	C		Anesth for chemonucleolysis					
00635	N		Anesth, lumbar puncture					
00640	N		Anesth, spine manipulation					
00670	C		Anesth, spine, cord surgery					
00700	N		Anesth, abdominal wall surg					
00702	N		Anesth, for liver biopsy					
00730	N		Anesth, abdominal wall surg					
00740	N		Anesth, upper gi visualize					
00750	N		Anesth, repair of hernia					

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00752	N		Anesth, repair of hernia					
00754	N		Anesth, repair of hernia					
00756	N		Anesth, repair of hernia					
00770	N		Anesth, blood vessel repair					
00790	N		Anesth, surg upper abdomen					
00792	C		Anesth, hemorr/excise liver					
00794	C		Anesth, pancreas removal					
00796	C		Anesth, for liver transplant					
00797	N		Anesth, surgery for obesity					
00800	N		Anesth, abdominal wall surg					
00802	C		Anesth, fat layer removal					
00810	N		Anesth, low intestine scope					
00820	N		Anesth, abdominal wall surg					
00830	N		Anesth, repair of hernia					
00832	N		Anesth, repair of hernia					
00834	N		Anesth, hernia repair< 1 yr					
00836	N		Anesth hernia repair preemie					
00840	N		Anesth, surg lower abdomen					
00842	N		Anesth, amniocentesis					
00844	C		Anesth, pelvis surgery					
00846	C		Anesth, hysterectomy					
00848	C		Anesth, pelvic organ surg					
00851	N		Anesth, tubal ligation					
00860	N		Anesth, surgery of abdomen					
00862	N		Anesth, kidney/ureter surg					
00864	C		Anesth, removal of bladder					
00865	C		Anesth, removal of prostate					
00866	C		Anesth, removal of adrenal					
00868	C		Anesth, kidney transplant					
00870	N		Anesth, bladder stone surg					
00872	N		Anesth kidney stone destruct					
00873	N		Anesth kidney stone destruct					
00880	N		Anesth, abdomen vessel surg					
00882	C		Anesth, major vein ligation					
00902	N		Anesth, anorectal surgery					
00904	C		Anesth, perineal surgery					
00906	N		Anesth, removal of vulva					
00908	C		Anesth, removal of prostate					
00910	N		Anesth, bladder surgery					
00912	N		Anesth, bladder tumor surg					
00914	N		Anesth, removal of prostate					
00916	N		Anesth, bleeding control					
00918	N		Anesth, stone removal					
00920	N		Anesth, genitalia surgery					
00921	N		Anesth, vasectomy					
00922	N		Anesth, sperm duct surgery					
00924	N		Anesth, testis exploration					
00926	N		Anesth, removal of testis					
00928	N		Anesth, removal of testis					
00930	N		Anesth, testis suspension					

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00932	C		Anesth, amputation of penis					
00934	C		Anesth, penis, nodes removal					
00936	C		Anesth, penis, nodes removal					
00938	N		Anesth, insert penis device					
00940	N		Anesth, vaginal procedures					
00942	N		Anesth, surg on vag/urethral					
00944	C		Anesth, vaginal hysterectomy					
00948	N		Anesth, repair of cervix					
00950	N		Anesth, vaginal endoscopy					
00952	N		Anesth, hysteroscope/graph					
01112	N		Anesth, bone aspirate/bx					
01120	N		Anesth, pelvis surgery					
01130	N		Anesth, body cast procedure					
01140	C		Anesth, amputation at pelvis					
01150	C		Anesth, pelvic tumor surgery					
01160	N		Anesth, pelvis procedure					
01170	N		Anesth, pelvis surgery					
01173	N		Anesth, fx repair, pelvis					
01180	N		Anesth, pelvis nerve removal					
01190	C		Anesth, pelvis nerve removal					
01200	N		Anesth, hip joint procedure					
01202	N		Anesth, arthroscopy of hip					
01210	N		Anesth, hip joint surgery					
01212	C		Anesth, hip disarticulation					
01214	C		Anesth, hip arthroplasty					
01215	N		Anesth, revise hip repair					
01220	N		Anesth, procedure on femur					
01230	N		Anesth, surgery of femur					
01232	C		Anesth, amputation of femur					
01234	C		Anesth, radical femur surg					
01250	N		Anesth, upper leg surgery					
01260	N		Anesth, upper leg veins surg					
01270	N		Anesth, thigh arteries surg					
01272	C		Anesth, femoral artery surg					
01274	C		Anesth, femoral embolectomy					
01320	N		Anesth, knee area surgery					
01340	N		Anesth, knee area procedure					
01360	N		Anesth, knee area surgery					
01380	N		Anesth, knee joint procedure					
01382	N		Anesth, dx knee arthroscopy					
01390	N		Anesth, knee area procedure					
01392	N		Anesth, knee area surgery					
01400	N		Anesth, knee joint surgery					
01402	C		Anesth, knee arthroplasty					
01404	C		Anesth, amputation at knee					
01420	N		Anesth, knee joint casting					
01430	N		Anesth, knee veins surgery					
01432	N		Anesth, knee vessel surg					
01440	N		Anesth, knee arteries surg					
01442	C		Anesth, knee artery surg					

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01444	C		Anesth, knee artery repair					
01462	N		Anesth, lower leg procedure					
01464	N		Anesth, ankle/ft arthroscopy					
01470	N		Anesth, lower leg surgery					
01472	N		Anesth, achilles tendon surg					
01474	N		Anesth, lower leg surgery					
01480	N		Anesth, lower leg bone surg					
01482	N		Anesth, radical leg surgery					
01484	N		Anesth, lower leg revision					
01486	C		Anesth, ankle replacement					
01490	N		Anesth, lower leg casting					
01500	N		Anesth, leg arteries surg					
01502	C		Anesth, lwr leg embolectomy					
01520	N		Anesth, lower leg vein surg					
01522	N		Anesth, lower leg vein surg					
01610	N		Anesth, surgery of shoulder					
01620	N		Anesth, shoulder procedure					
01622	N		Anes dx shoulder arthroscopy					
01630	N		Anesth, surgery of shoulder					
01632	C		Anesth, surgery of shoulder					
01634	C		Anesth, shoulder joint amput					
01636	C		Anesth, forequarter amput					
01638	C		Anesth, shoulder replacement					
01650	N		Anesth, shoulder artery surg					
01652	C		Anesth, shoulder vessel surg					
01654	C		Anesth, shoulder vessel surg					
01656	C		Anesth, arm-leg vessel surg					
01670	N		Anesth, shoulder vein surg					
01680	N		Anesth, shoulder casting					
01682	N		Anesth, airplane cast					
01710	N		Anesth, elbow area surgery					
01712	N		Anesth, uppr arm tendon surg					
01714	N		Anesth, uppr arm tendon surg					
01716	N		Anesth, biceps tendon repair					
01730	N		Anesth, uppr arm procedure					
01732	N		Anesth, dx elbow arthroscopy					
01740	N		Anesth, upper arm surgery					
01742	N		Anesth, humerus surgery					
01744	N		Anesth, humerus repair					
01756	C		Anesth, radical humerus surg					
01758	N		Anesth, humeral lesion surg					
01760	N		Anesth, elbow replacement					
01770	N		Anesth, uppr arm artery surg					
01772	N		Anesth, uppr arm embolectomy					
01780	N		Anesth, upper arm vein surg					
01782	N		Anesth, uppr arm vein repair					
01810	N		Anesth, lower arm surgery					
01820	N		Anesth, lower arm procedure					
01829	N		Anesth, dx wrist arthroscopy					
01830	N		Anesth, lower arm surgery					

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01832	N		Anesth, wrist replacement					
01840	N		Anesth, lwr arm artery surg					
01842	N		Anesth, lwr arm embolectomy					
01844	N		Anesth, vascular shunt surg					
01850	N		Anesth, lower arm vein surg					
01852	N		Anesth, lwr arm vein repair					
01860	N		Anesth, lower arm casting					
01905	N		Anes, spine inject, x-ray/re					
01916	N		Anesth, dx arteriography					
01920	N		Anesth, catheterize heart					
01922	N		Anesth, cat or MRI scan					
01924	N		Anes, ther interven rad, art					
01925	N		Anes, ther interven rad, car					
01926	N		Anes, tx interv rad hrt/cran					
01930	N		Anes, ther interven rad, vei					
01931	N		Anes, ther interven rad, tip					
01932	N		Anes, tx interv rad, th vein					
01933	N		Anes, tx interv rad, cran v					
01951	N		Anesth, burn, less 4 percent					
01952	N		Anesth, burn, 4-9 percent					
01953	N		Anesth, burn, each 9 percent					
01958	N		Anesth, antepartum manipul					
01960	N		Anesth, vaginal delivery					
01961	N		Anesth, cs delivery					
01962	N		Anesth, emer hysterectomy					
01963	N		Anesth, cs hysterectomy					
01964	N		Anesth, abortion procedures					
01967	N		Anesth/analg, vag delivery					
01968	N		Anes/analg cs deliver add-on					
01969	N		Anesth/analg cs hyst add-on					
01990	C		Support for organ donor					
01991	N		Anesth, nerve block/inj					
01992	N		Anesth, n block/inj, prone					
01995	N		Regional anesthesia limb					
01996	N		Hosp manage cont drug admin					
01999	N		Unlisted anesth procedure					
10021	T		Fna w/o image	0002	0.9588	$54.75		$10.95
10022	T		Fna w/image	0036	2.2216	$126.85		$25.37
10040	T		Acne surgery	0010	0.5982	$34.16	$9.74	$6.83
10060	T		Drainage of skin abscess	0006	1.6969	$96.89	$23.26	$19.38
10061	T		Drainage of skin abscess	0006	1.6969	$96.89	$23.26	$19.38
10080	T		Drainage of pilonidal cyst	0006	1.6969	$96.89	$23.26	$19.38
10081	T		Drainage of pilonidal cyst	0007	12.5436	$716.21		$143.24
10120	T		Remove foreign body	0006	1.6969	$96.89	$23.26	$19.38
10121	T		Remove foreign body	0021	14.9964	$856.26	$219.48	$171.25
10140	T		Drainage of hematoma/fluid	0007	12.5436	$716.21		$143.24
10160	T		Puncture drainage of lesion	0018	0.9747	$55.65	$16.04	$11.13
10180	T		Complex drainage, wound	0007	12.5436	$716.21		$143.24
11000	T		Debride infected skin	0015	1.7381	$99.24	$20.35	$19.85
11001	T		Debride infected skin add-on	0012	0.7559	$43.16	$11.18	$8.63

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11010	T		Debride skin, fx	0019	4.2663	$243.60	$71.87	$48.72
11011	T		Debride skin/muscle, fx	0019	4.2663	$243.60	$71.87	$48.72
11012	T		Debride skin/muscle/bone, fx	0019	4.2663	$243.60	$71.87	$48.72
11040	T		Debride skin, partial	0015	1.7381	$99.24	$20.35	$19.85
11041	T		Debride skin, full	0015	1.7381	$99.24	$20.35	$19.85
11042	T		Debride skin/tissue	0016	2.8562	$163.08	$57.31	$32.62
11043	T		Debride tissue/muscle	0016	2.8562	$163.08	$57.31	$32.62
11044	T		Debride tissue/muscle/bone	0682	7.5273	$429.79	$170.21	$85.96
11055	T		Trim skin lesion	0012	0.7559	$43.16	$11.18	$8.63
11056	T		Trim skin lesions, 2 to 4	0012	0.7559	$43.16	$11.18	$8.63
11057	T		Trim skin lesions, over 4	0013	1.1586	$66.15	$14.20	$13.23
11100	T		Biopsy, skin lesion	0018	0.9747	$55.65	$16.04	$11.13
11101	T		Biopsy, skin add-on	0018	0.9747	$55.65	$16.04	$11.13
11200	T		Removal of skin tags	0013	1.1586	$66.15	$14.20	$13.23
11201	T		Remove skin tags add-on	0015	1.7381	$99.24	$20.35	$19.85
11300	T		Shave skin lesion	0012	0.7559	$43.16	$11.18	$8.63
11301	T		Shave skin lesion	0012	0.7559	$43.16	$11.18	$8.63
11302	T		Shave skin lesion	0013	1.1586	$66.15	$14.20	$13.23
11303	T		Shave skin lesion	0015	1.7381	$99.24	$20.35	$19.85
11305	T		Shave skin lesion	0013	1.1586	$66.15	$14.20	$13.23
11306	T		Shave skin lesion	0013	1.1586	$66.15	$14.20	$13.23
11307	T		Shave skin lesion	0013	1.1586	$66.15	$14.20	$13.23
11308	T		Shave skin lesion	0013	1.1586	$66.15	$14.20	$13.23
11310	T		Shave skin lesion	0013	1.1586	$66.15	$14.20	$13.23
11311	T		Shave skin lesion	0013	1.1586	$66.15	$14.20	$13.23
11312	T		Shave skin lesion	0013	1.1586	$66.15	$14.20	$13.23
11313	T		Shave skin lesion	0016	2.8562	$163.08	$57.31	$32.62
11400	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11401	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11402	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11403	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11404	T		Removal of skin lesion	0021	14.9964	$856.26	$219.48	$171.25
11406	T		Removal of skin lesion	0021	14.9964	$856.26	$219.48	$171.25
11420	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11421	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11422	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11423	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11424	T		Removal of skin lesion	0021	14.9964	$856.26	$219.48	$171.25
11426	T		Removal of skin lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11440	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11441	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11442	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11443	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11444	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11446	T		Removal of skin lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11450	T		Removal, sweat gland lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11451	T		Removal, sweat gland lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11462	T		Removal, sweat gland lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11463	T		Removal, sweat gland lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11470	T		Removal, sweat gland lesion	0022	19.4617	$1,111.22	$354.45	$222.24

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11471	T		Removal, sweat gland lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11600	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11601	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11602	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11603	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11604	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11606	T		Removal of skin lesion	0021	14.9964	$856.26	$219.48	$171.25
11620	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11621	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11622	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11623	T		Removal of skin lesion	0021	14.9964	$856.26	$219.48	$171.25
11624	T		Removal of skin lesion	0021	14.9964	$856.26	$219.48	$171.25
11626	T		Removal of skin lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11640	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11641	T		Removal of skin lesion	0019	4.2663	$243.60	$71.87	$48.72
11642	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11643	T		Removal of skin lesion	0020	7.7453	$442.24	$113.25	$88.45
11644	T		Removal of skin lesion	0021	14.9964	$856.26	$219.48	$171.25
11646	T		Removal of skin lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11719	T		Trim nail(s)	0009	0.6955	$39.71	$8.34	$7.94
11720	T		Debride nail, 1-5	0009	0.6955	$39.71	$8.34	$7.94
11721	T		Debride nail, 6 or more	0009	0.6955	$39.71	$8.34	$7.94
11730	T		Removal of nail plate	0013	1.1586	$66.15	$14.20	$13.23
11732	T		Remove nail plate, add-on	0012	0.7559	$43.16	$11.18	$8.63
11740	T		Drain blood from under nail	0009	0.6955	$39.71	$8.34	$7.94
11750	T		Removal of nail bed	0019	4.2663	$243.60	$71.87	$48.72
11752	T		Remove nail bed/finger tip	0022	19.4617	$1,111.22	$354.45	$222.24
11755	T		Biopsy, nail unit	0019	4.2663	$243.60	$71.87	$48.72
11760	T		Repair of nail bed	0024	1.7881	$102.10	$33.10	$20.42
11762	T		Reconstruction of nail bed	0024	1.7881	$102.10	$33.10	$20.42
11765	T		Excision of nail fold, toe	0015	1.7381	$99.24	$20.35	$19.85
11770	T		Removal of pilonidal lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11771	T		Removal of pilonidal lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11772	T		Removal of pilonidal lesion	0022	19.4617	$1,111.22	$354.45	$222.24
11900	T		Injection into skin lesions	0012	0.7559	$43.16	$11.18	$8.63
11901	T		Added skin lesions injection	0012	0.7559	$43.16	$11.18	$8.63
11920	T		Correct skin color defects	0024	1.7881	$102.10	$33.10	$20.42
11921	T		Correct skin color defects	0024	1.7881	$102.10	$33.10	$20.42
11922	T		Correct skin color defects	0024	1.7881	$102.10	$33.10	$20.42
11950	T		Therapy for contour defects	0024	1.7881	$102.10	$33.10	$20.42
11951	T		Therapy for contour defects	0024	1.7881	$102.10	$33.10	$20.42
11952	T		Therapy for contour defects	0024	1.7881	$102.10	$33.10	$20.42
11954	T		Therapy for contour defects	0024	1.7881	$102.10	$33.10	$20.42
11960	T		Insert tissue expander(s)	0027	16.8576	$962.54	$329.72	$192.51
11970	T		Replace tissue expander	0027	16.8576	$962.54	$329.72	$192.51
11971	T		Remove tissue expander(s)	0022	19.4617	$1,111.22	$354.45	$222.24
11975	E		Insert contraceptive cap					
11976	T		Removal of contraceptive cap	0019	4.2663	$243.60	$71.87	$48.72
11977	E		Removal/reinsert contra cap					
11980	X		Implant hormone pellet(s)	0340	0.6454	$36.85		$7.37

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11981	X		Insert drug implant device	0340	0.6454	$36.85		$7.37
11982	X		Remove drug implant device	0340	0.6454	$36.85		$7.37
11983	X		Remove/insert drug implant	0340	0.6454	$36.85		$7.37
12001	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12002	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12004	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12005	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12006	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12007	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12011	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12013	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12014	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12015	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12016	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12017	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12018	T		Repair superficial wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12020	T		Closure of split wound	0024	1.7881	$102.10	$33.10	$20.42
12021	T		Closure of split wound	0024	1.7881	$102.10	$33.10	$20.42
12031	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12032	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12034	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12035	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12036	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12037	T		Layer closure of wound(s)	0025	4.6906	$267.82	$101.17	$53.56
12041	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12042	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12044	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12045	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12046	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12047	T		Layer closure of wound(s)	0025	4.6906	$267.82	$101.17	$53.56
12051	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12052	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12053	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12054	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12055	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12056	T		Layer closure of wound(s)	0024	1.7881	$102.10	$33.10	$20.42
12057	T		Layer closure of wound(s)	0025	4.6906	$267.82	$101.17	$53.56
13100	T		Repair of wound or lesion	0025	4.6906	$267.82	$101.17	$53.56
13101	T		Repair of wound or lesion	0025	4.6906	$267.82	$101.17	$53.56
13102	T		Repair wound/lesion add-on	0024	1.7881	$102.10	$33.10	$20.42
13120	T		Repair of wound or lesion	0024	1.7881	$102.10	$33.10	$20.42
13121	T		Repair of wound or lesion	0024	1.7881	$102.10	$33.10	$20.42
13122	T		Repair wound/lesion add-on	0024	1.7881	$102.10	$33.10	$20.42
13131	T		Repair of wound or lesion	0024	1.7881	$102.10	$33.10	$20.42
13132	T		Repair of wound or lesion	0024	1.7881	$102.10	$33.10	$20.42
13133	T		Repair wound/lesion add-on	0024	1.7881	$102.10	$33.10	$20.42
13150	T		Repair of wound or lesion	0025	4.6906	$267.82	$101.17	$53.56
13151	T		Repair of wound or lesion	0024	1.7881	$102.10	$33.10	$20.42
13152	T		Repair of wound or lesion	0025	4.6906	$267.82	$101.17	$53.56
13153	T		Repair wound/lesion add-on	0024	1.7881	$102.10	$33.10	$20.42

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13160	T		Late closure of wound	0027	16.8576	$962.54	$329.72	$192.51
14000	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14001	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14020	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14021	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14040	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14041	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14060	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14061	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14300	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
14350	T		Skin tissue rearrangement	0027	16.8576	$962.54	$329.72	$192.51
15000	T		Skin graft	0025	4.6906	$267.82	$101.17	$53.56
15001	T		Skin graft add-on	0025	4.6906	$267.82	$101.17	$53.56
15050	T		Skin pinch graft	0025	4.6906	$267.82	$101.17	$53.56
15100	T		Skin split graft	0027	16.8576	$962.54	$329.72	$192.51
15101	T		Skin split graft add-on	0027	16.8576	$962.54	$329.72	$192.51
15120	T		Skin split graft	0027	16.8576	$962.54	$329.72	$192.51
15121	T		Skin split graft add-on	0027	16.8576	$962.54	$329.72	$192.51
15200	T		Skin full graft	0027	16.8576	$962.54	$329.72	$192.51
15201	T		Skin full graft add-on	0025	4.6906	$267.82	$101.17	$53.56
15220	T		Skin full graft	0027	16.8576	$962.54	$329.72	$192.51
15221	T		Skin full graft add-on	0025	4.6906	$267.82	$101.17	$53.56
15240	T		Skin full graft	0027	16.8576	$962.54	$329.72	$192.51
15241	T		Skin full graft add-on	0025	4.6906	$267.82	$101.17	$53.56
15260	T		Skin full graft	0027	16.8576	$962.54	$329.72	$192.51
15261	T		Skin full graft add-on	0025	4.6906	$267.82	$101.17	$53.56
15342	T		Cultured skin graft, 25 cm	0024	1.7881	$102.10	$33.10	$20.42
15343	T		Culture skn graft addl 25 cm	0024	1.7881	$102.10	$33.10	$20.42
15350	T		Skin homograft	0686	6.7412	$384.91	$173.20	$76.98
15351	T		Skin homograft add-on	0027	16.8576	$962.54	$329.72	$192.51
15400	T		Skin heterograft	0025	4.6906	$267.82	$101.17	$53.56
15401	T		Skin heterograft add-on	0025	4.6906	$267.82	$101.17	$53.56
15570	T		Form skin pedicle flap	0027	16.8576	$962.54	$329.72	$192.51
15572	T		Form skin pedicle flap	0027	16.8576	$962.54	$329.72	$192.51
15574	T		Form skin pedicle flap	0027	16.8576	$962.54	$329.72	$192.51
15576	T		Form skin pedicle flap	0027	16.8576	$962.54	$329.72	$192.51
15600	T		Skin graft	0027	16.8576	$962.54	$329.72	$192.51
15610	T		Skin graft	0027	16.8576	$962.54	$329.72	$192.51
15620	T		Skin graft	0027	16.8576	$962.54	$329.72	$192.51
15630	T		Skin graft	0027	16.8576	$962.54	$329.72	$192.51
15650	T		Transfer skin pedicle flap	0027	16.8576	$962.54	$329.72	$192.51
15732	T		Muscle-skin graft, head/neck	0027	16.8576	$962.54	$329.72	$192.51
15734	T		Muscle-skin graft, trunk	0027	16.8576	$962.54	$329.72	$192.51
15736	T		Muscle-skin graft, arm	0027	16.8576	$962.54	$329.72	$192.51
15738	T		Muscle-skin graft, leg	0027	16.8576	$962.54	$329.72	$192.51
15740	T		Island pedicle flap graft	0027	16.8576	$962.54	$329.72	$192.51
15750	T		Neurovascular pedicle graft	0027	16.8576	$962.54	$329.72	$192.51
15756	C		Free muscle flap, microvasc					
15757	C		Free skin flap, microvasc					
15758	C		Free fascial flap, microvasc					

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15760	T		Composite skin graft	0027	16.8576	$962.54	$329.72	$192.51
15770	T		Derma-fat-fascia graft	0027	16.8576	$962.54	$329.72	$192.51
15775	T		Hair transplant punch grafts	0025	4.6906	$267.82	$101.17	$53.56
15776	T		Hair transplant punch grafts	0025	4.6906	$267.82	$101.17	$53.56
15780	T		Abrasion treatment of skin	0022	19.4617	$1,111.22	$354.45	$222.24
15781	T		Abrasion treatment of skin	0019	4.2663	$243.60	$71.87	$48.72
15782	T		Dressing change not for burn	0019	4.2663	$243.60	$71.87	$48.72
15783	T		Abrasion treatment of skin	0016	2.8562	$163.08	$57.31	$32.62
15786	T		Abrasion, lesion, single	0013	1.1586	$66.15	$14.20	$13.23
15787	T		Abrasion, lesions, add-on	0013	1.1586	$66.15	$14.20	$13.23
15788	T		Chemical peel, face, epiderm	0012	0.7559	$43.16	$11.18	$8.63
15789	T		Chemical peel, face, dermal	0015	1.7381	$99.24	$20.35	$19.85
15792	T		Chemical peel, nonfacial	0013	1.1586	$66.15	$14.20	$13.23
15793	T		Chemical peel, nonfacial	0012	0.7559	$43.16	$11.18	$8.63
15810	T		Salabrasion	0016	2.8562	$163.08	$57.31	$32.62
15811	T		Salabrasion	0016	2.8562	$163.08	$57.31	$32.62
15819	T		Plastic surgery, neck	0025	4.6906	$267.82	$101.17	$53.56
15820	T		Revision of lower eyelid	0027	16.8576	$962.54	$329.72	$192.51
15821	T		Revision of lower eyelid	0027	16.8576	$962.54	$329.72	$192.51
15822	T		Revision of upper eyelid	0027	16.8576	$962.54	$329.72	$192.51
15823	T		Revision of upper eyelid	0027	16.8576	$962.54	$329.72	$192.51
15824	T		Removal of forehead wrinkles	0027	16.8576	$962.54	$329.72	$192.51
15825	T		Removal of neck wrinkles	0027	16.8576	$962.54	$329.72	$192.51
15826	T		Removal of brow wrinkles	0027	16.8576	$962.54	$329.72	$192.51
15828	T		Removal of face wrinkles	0027	16.8576	$962.54	$329.72	$192.51
15829	T		Removal of skin wrinkles	0027	16.8576	$962.54	$329.72	$192.51
15831	T		Excise excessive skin tissue	0022	19.4617	$1,111.22	$354.45	$222.24
15832	T		Excise excessive skin tissue	0022	19.4617	$1,111.22	$354.45	$222.24
15833	T		Excise excessive skin tissue	0022	19.4617	$1,111.22	$354.45	$222.24
15834	T		Excise excessive skin tissue	0022	19.4617	$1,111.22	$354.45	$222.24
15835	T		Excise excessive skin tissue	0025	4.6906	$267.82	$101.17	$53.56
15836	T		Excise excessive skin tissue	0021	14.9964	$856.26	$219.48	$171.25
15837	T		Excise excessive skin tissue	0021	14.9964	$856.26	$219.48	$171.25
15838	T		Excise excessive skin tissue	0021	14.9964	$856.26	$219.48	$171.25
15839	T		Excise excessive skin tissue	0021	14.9964	$856.26	$219.48	$171.25
15840	T		Graft for face nerve palsy	0027	16.8576	$962.54	$329.72	$192.51
15841	T		Graft for face nerve palsy	0027	16.8576	$962.54	$329.72	$192.51
15842	T		Flap for face nerve palsy	0027	16.8576	$962.54	$329.72	$192.51
15845	T		Skin and muscle repair, face	0027	16.8576	$962.54	$329.72	$192.51
15850	T		Removal of sutures	0016	2.8562	$163.08	$57.31	$32.62
15851	T		Removal of sutures	0016	2.8562	$163.08	$57.31	$32.62
15852	X		Dressing change not for burn	0340	0.6454	$36.85		$7.37
15860	X		Test for blood flow in graft	0359	0.8744	$49.93		$9.99
15876	T		Suction assisted lipectomy	0027	16.8576	$962.54	$329.72	$192.51
15877	T		Suction assisted lipectomy	0027	16.8576	$962.54	$329.72	$192.51
15878	T		Suction assisted lipectomy	0027	16.8576	$962.54	$329.72	$192.51
15879	T		Suction assisted lipectomy	0027	16.8576	$962.54	$329.72	$192.51
15920	T		Removal of tail bone ulcer	0019	4.2663	$243.60	$71.87	$48.72
15922	T		Removal of tail bone ulcer	0027	16.8576	$962.54	$329.72	$192.51
15931	T		Remove sacrum pressure sore	0022	19.4617	$1,111.22	$354.45	$222.24

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15933	T		Remove sacrum pressure sore	0022	19.4617	$1,111.22	$354.45	$222.24
15934	T		Remove sacrum pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15935	T		Remove sacrum pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15936	T		Remove sacrum pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15937	T		Remove sacrum pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15940	T		Remove hip pressure sore	0022	19.4617	$1,111.22	$354.45	$222.24
15941	T		Remove hip pressure sore	0022	19.4617	$1,111.22	$354.45	$222.24
15944	T		Remove hip pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15945	T		Remove hip pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15946	T		Remove hip pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15950	T		Remove thigh pressure sore	0022	19.4617	$1,111.22	$354.45	$222.24
15951	T		Remove thigh pressure sore	0022	19.4617	$1,111.22	$354.45	$222.24
15952	T		Remove thigh pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15953	T		Remove thigh pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15956	T		Remove thigh pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15958	T		Remove thigh pressure sore	0027	16.8576	$962.54	$329.72	$192.51
15999	T		Removal of pressure sore	0019	4.2663	$243.60	$71.87	$48.72
16000	T		Initial treatment of burn(s)	0012	0.7559	$43.16	$11.18	$8.63
16010	T		Treatment of burn(s)	0016	2.8562	$163.08	$57.31	$32.62
16015	T		Treatment of burn(s)	0017	17.4667	$997.31	$227.84	$199.46
16020	T		Treatment of burn(s)	0013	1.1586	$66.15	$14.20	$13.23
16025	T		Treatment of burn(s)	0013	1.1586	$66.15	$14.20	$13.23
16030	T		Treatment of burn(s)	0015	1.7381	$99.24	$20.35	$19.85
16035	C		Incision of burn scab, initi					
16036	C		Escharotomy; add'l incision					
17000	T		Destroy benign/premlg lesion	0010	0.5982	$34.16	$9.74	$6.83
17003	T		Destroy lesions, 2-14	0010	0.5982	$34.16	$9.74	$6.83
17004	T		Destroy lesions, 15 or more	0011	2.4657	$140.79		$28.16
17106	T		Destruction of skin lesions	0011	2.4657	$140.79		$28.16
17107	T		Destruction of skin lesions	0011	2.4657	$140.79		$28.16
17108	T		Destruction of skin lesions	0011	2.4657	$140.79		$28.16
17110	T		Destruct lesion, 1-14	0010	0.5982	$34.16	$9.74	$6.83
17111	T		Destruct lesion, 15 or more	0010	0.5982	$34.16	$9.74	$6.83
17250	T		Chemical cautery, tissue	0013	1.1586	$66.15	$14.20	$13.23
17260	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17261	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17262	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17263	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17264	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17266	T		Destruction of skin lesions	0016	2.8562	$163.08	$57.31	$32.62
17270	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17271	T		Destruction of skin lesions	0013	1.1586	$66.15	$14.20	$13.23
17272	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17273	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17274	T		Destruction of skin lesions	0016	2.8562	$163.08	$57.31	$32.62
17276	T		Destruction of skin lesions	0016	2.8562	$163.08	$57.31	$32.62
17280	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17281	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17282	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17283	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85

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17284	T		Destruction of skin lesions	0016	2.8562	$163.08	$57.31	$32.62
17286	T		Destruction of skin lesions	0015	1.7381	$99.24	$20.35	$19.85
17304	T		Chemosurgery of skin lesion	0694	4.2372	$241.94	$64.93	$48.39
17305	T		2 stage mohs, up to 5 spec	0694	4.2372	$241.94	$64.93	$48.39
17306	T		3 stage mohs, up to 5 spec	0694	4.2372	$241.94	$64.93	$48.39
17307	T		Mohs addl stage up to 5 spec	0694	4.2372	$241.94	$64.93	$48.39
17310	T		Extensive skin chemosurgery	0694	4.2372	$241.94	$64.93	$48.39
17340	T		Cryotherapy of skin	0012	0.7559	$43.16	$11.18	$8.63
17360	T		Skin peel therapy	0013	1.1586	$66.15	$14.20	$13.23
17380	T		Hair removal by electrolysis	0013	1.1586	$66.15	$14.20	$13.23
17999	T		Skin tissue procedure	0006	1.6969	$96.89	$23.26	$19.38
19000	T		Drainage of breast lesion	0004	1.6895	$96.47	$22.36	$19.29
19001	T		Drain breast lesion add-on	0004	1.6895	$96.47	$22.36	$19.29
19020	T		Incision of breast lesion	0007	12.5436	$716.21		$143.24
19030	N		Injection for breast x-ray					
19100	T		Bx breast percut w/o image	0005	3.7810	$215.89	$71.59	$43.18
19101	T		Biopsy of breast, open	0028	18.9346	$1,081.13	$303.74	$216.23
19102	T		Bx breast percut w/image	0005	3.7810	$215.89	$71.59	$43.18
19103	T		Bx breast percut w/device	0658	6.7367	$384.65		$76.93
19110	T		nipple exploration	0028	18.9346	$1,081.13	$303.74	$216.23
19112	T		Excise breast duct fistula	0028	18.9346	$1,081.13	$303.74	$216.23
19120	T		Removal of breast lesion	0028	18.9346	$1,081.13	$303.74	$216.23
19125	T		Excision, breast lesion	0028	18.9346	$1,081.13	$303.74	$216.23
19126	T		Excision, addl breast lesion	0028	18.9346	$1,081.13	$303.74	$216.23
19140	T		Removal of breast tissue	0028	18.9346	$1,081.13	$303.74	$216.23
19160	T		Removal of breast tissue	0028	18.9346	$1,081.13	$303.74	$216.23
19162	T		Remove breast tissue, nodes	0693	41.0228	$2,342.32	$798.17	$468.46
19180	T		Removal of breast	0029	31.5099	$1,799.15	$632.64	$359.83
19182	T		Removal of breast	0029	31.5099	$1,799.15	$632.64	$359.83
19200	C		Removal of breast					
19220	C		Removal of breast					
19240	T		Removal of breast	0030	39.5804	$2,259.96	$763.55	$451.99
19260	T		Removal of chest wall lesion	0021	14.9964	$856.26	$219.48	$171.25
19271	C		Revision of chest wall					
19272	C		Extensive chest wall surgery					
19290	N		Place needle wire, breast					
19291	N		Place needle wire, breast					
19295	S		Place breast clip, percut	0657	1.8524	$[illegible].77		$21.15
19316	T		Suspension of breast	0029	31.5099	$1,799.15	$632.64	$359.83
19318	T		Reduction of large breast	0693	41.0228	$2,342.32	$798.17	$468.46
19324	T		Enlarge breast	0693	41.0228	$2,342.32	$798.17	$468.46
19325	T		Enlarge breast with implant	0648	49.4801	$2,825.21		$565.04
19328	T		Removal of breast implant	0029	31.5099	$1,799.15	$632.64	$359.83
19330	T		Removal of implant material	0029	31.5099	$1,799.15	$632.64	$359.83
19340	T		Immediate breast prosthesis	0030	39.5804	$2,259.96	$763.55	$451.99
19342	T		Delayed breast prosthesis	0648	49.4801	$2,825.21		$565.04
19350	T		Breast reconstruction	0028	18.9346	$1,081.13	$303.74	$216.23
19355	T		Correct inverted nipple(s)	0029	31.5099	$1,799.15	$632.64	$359.83
19357	T		Breast reconstruction	0648	49.4801	$2,825.21		$565.04
19361	C		Breast reconstruction					

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19364	C		Breast reconstruction					
19366	T		Breast reconstruction	0029	31.5099	$1,799.15	$632.64	$359.83
19367	C		Breast reconstruction					
19368	C		Breast reconstruction					
19369	C		Breast reconstruction					
19370	T		Surgery of breast capsule	0029	31.5099	$1,799.15	$632.64	$359.83
19371	T		Removal of breast capsule	0029	31.5099	$1,799.15	$632.64	$359.83
19380	T		Revise breast reconstruction	0030	39.5804	$2,259.96	$763.55	$451.99
19396	T		Design custom breast implant	0029	31.5099	$1,799.15	$632.64	$359.83
19499	T		Breast surgery procedure	0028	18.9346	$1,081.13	$303.74	$216.23
20000	T		Incision of abscess	0006	1.6969	$96.89	$23.26	$19.38
20005	T		Incision of deep abscess	0049	20.3460	$1,161.72		$232.34
20100	T		Explore wound, neck	0023	3.3487	$191.20	$40.37	$38.24
20101	T		Explore wound, chest	0027	16.8576	$962.54	$329.72	$192.51
20102	T		Explore wound, abdomen	0027	16.8576	$962.54	$329.72	$192.51
20103	T		Explore wound, extremity	0023	3.3487	$191.20	$40.37	$38.24
20150	T		Excise epiphyseal bar	0051	36.1086	$2,061.73		$412.35
20200	T		Muscle biopsy	0021	14.9964	$856.26	$219.48	$171.25
20205	T		Deep muscle biopsy	0021	14.9964	$856.26	$219.48	$171.25
20206	T		Needle biopsy, muscle	0005	3.7810	$215.89	$71.59	$43.18
20220	T		Bone biopsy, trocar/needle	0019	4.2663	$243.60	$71.87	$48.72
20225	T		Bone biopsy, trocar/needle	0020	7.7453	$442.24	$113.25	$88.45
20240	T		Bone biopsy, excisional	0022	19.4617	$1,111.22	$354.45	$222.24
20245	T		Bone biopsy, excisional	0022	19.4617	$1,111.22	$354.45	$222.24
20250	T		Open bone biopsy	0049	20.3460	$1,161.72		$232.34
20251	T		Open bone biopsy	0049	20.3460	$1,161.72		$232.34
20500	T		Injection of sinus tract	0251	1.9490	$111.28		$22.26
20501	N		Inject sinus tract for x-ray					
20520	T		Removal of foreign body	0019	4.2663	$243.60	$71.87	$48.72
20525	T		Removal of foreign body	0022	19.4617	$1,111.22	$354.45	$222.24
20526	T		Ther injection, carp tunnel	0204	2.1898	$125.03	$40.13	$25.01
20550	T		Inject tendon/ligament/cyst	0204	2.1898	$125.03	$40.13	$25.01
20551	T		Inj tendon origin/insertion	0204	2.1898	$125.03	$40.13	$25.01
20552	T		Inj trigger point, 1/2 muscl	0204	2.1898	$125.03	$40.13	$25.01
20553	T		Inject trigger points, > 3	0204	2.1898	$125.03	$40.13	$25.01
20600	T		Drain/inject, joint/bursa	0204	2.1898	$125.03	$40.13	$25.01
20605	T		Drain/inject, joint/bursa	0204	2.1898	$125.03	$40.13	$25.01
20610	T		Drain/inject, joint/bursa	0204	2.1898	$125.03	$40.13	$25.01
20612	T		Aspirate/inj ganglion cyst	0204	2.1898	$125.03	$40.13	$25.01
20615	T		Treatment of bone cyst	0004	1.6895	$96.47	$22.36	$19.29
20650	T		Insert and remove bone pin	0049	20.3460	$1,161.72		$232.34
20660	C		Apply, rem fixation device					
20661	C		Application of head brace					
20662	C		Application of pelvis brace					
20663	C		Application of thigh brace					
20664	C		Halo brace application					
20665	X		Removal of fixation device	0340	0.6454	$36.85		$7.37
20670	T		Removal of support implant	0021	14.9964	$856.26	$219.48	$171.25
20680	T		Removal of support implant	0022	19.4617	$1,111.22	$354.45	$222.24
20690	T		Apply bone fixation device	0050	24.7044	$1,410.57		$282.11

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20692	T		Apply bone fixation device	0050	24.7044	$1,410.57		$282.11
20693	T		Adjust bone fixation device	0049	20.3460	$1,161.72		$232.34
20694	T		Remove bone fixation device	0049	20.3460	$1,161.72		$232.34
20802	C		Replantation, arm, complete					
20805	C		Replant forearm, complete					
20808	C		Replantation hand, complete					
20816	C		Replantation digit, complete					
20822	C		Replantation digit, complete					
20824	C		Replantation thumb, complete					
20827	C		Replantation thumb, complete					
20838	C		Replantation foot, complete					
20900	T		Removal of bone for graft	0050	24.7044	$1,410.57		$282.11
20902	T		Removal of bone for graft	0050	24.7044	$1,410.57		$282.11
20910	T		Remove cartilage for graft	0027	16.8576	$962.54	$329.72	$192.51
20912	T		Remove cartilage for graft	0027	16.8576	$962.54	$329.72	$192.51
20920	T		Removal of fascia for graft	0027	16.8576	$962.54	$329.72	$192.51
20922	T		Removal of fascia for graft	0027	16.8576	$962.54	$329.72	$192.51
20924	T		Removal of tendon for graft	0050	24.7044	$1,410.57		$282.11
20926	T		Removal of tissue for graft	0027	16.8576	$962.54	$329.72	$192.51
20930	C		Spinal bone allograft					
20931	C		Spinal bone allograft					
20936	C		Spinal bone autograft					
20937	C		Spinal bone autograft					
20938	C		Spinal bone autograft					
20950	T		Fluid pressure, muscle	0006	1.6969	$96.89	$23.26	$19.38
20955	C		Fibula bone graft, microvasc					
20956	C		Iliac bone graft, microvasc					
20957	C		Mt bone graft, microvasc					
20962	C		Other bone graft, microvasc					
20969	C		Bone/skin graft, microvasc					
20970	C		Bone/skin graft, iliac crest					
20972	C		Bone/skin graft, metatarsal					
20973	C		Bone/skin graft, great toe					
20974	A		Electrical bone stimulation					
20975	X		Electrical bone stimulation	0340	0.6454	$36.85		$7.37
20979	A		Us bone stimulation					
20982	T		Ablate, bone tumor(s) perq	1557		$1,850.00		$370.00
20999	T		Musculoskeletal surgery	0049	20.3460	$1,161.72		$232.34
21010	T		Incision of jaw joint	0254	23.5464	$1,344.45	$321.35	$268.89
21015	T		Resection of facial tumor	0253	15.9924	$913.13	$282.29	$182.63
21025	T		Excision of bone, lower jaw	0256	37.1347	$2,120.32		$424.06
21026	T		Excision of facial bone(s)	0256	37.1347	$2,120.32		$424.06
21029	T		Contour of face bone lesion	0256	37.1347	$2,120.32		$424.06
21030	T		Removal of face bone lesion	0254	23.5464	$1,344.45	$321.35	$268.89
21031	T		Remove exostosis, mandible	0254	23.5464	$1,344.45	$321.35	$268.89
21032	T		Remove exostosis, maxilla	0254	23.5464	$1,344.45	$321.35	$268.89
21034	T		Removal of face bone lesion	0256	37.1347	$2,120.32		$424.06
21040	T		Removal of jaw bone lesion	0254	23.5464	$1,344.45	$321.35	$268.89
21044	T		Removal of jaw bone lesion	0256	37.1347	$2,120.32		$424.06
21045	C		Extensive jaw surgery					

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21046	T		Remove mandible cyst complex	0256	37.1347	$2,120.32		$424.06
21047	T		Excise lwr jaw cyst w/repair	0256	37.1347	$2,120.32		$424.06
21048	T		Remove maxilla cyst complex	0256	37.1347	$2,120.32		$424.06
21049	T		Excis uppr jaw cyst w/repair	0256	37.1347	$2,120.32		$424.06
21050	T		Removal of jaw joint	0256	37.1347	$2,120.32		$424.06
21060	T		Remove jaw joint cartilage	0256	37.1347	$2,120.32		$424.06
21070	T		Remove coronoid process	0256	37.1347	$2,120.32		$424.06
21076	T		Prepare face/oral prosthesis	0254	23.5464	$1,344.45	$321.35	$268.89
21077	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21079	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21080	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21081	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21082	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21083	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21084	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21085	T		Prepare face/oral prosthesis	0253	15.9924	$913.13	$282.29	$182.63
21086	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21087	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21088	T		Prepare face/oral prosthesis	0256	37.1347	$2,120.32		$424.06
21089	T		Prepare face/oral prosthesis	0251	1.9490	$111.28		$22.26
21100	T		Maxillofacial fixation	0256	37.1347	$2,120.32		$424.06
21110	T		Interdental fixation	0252	6.5732	$375.32	$113.41	$75.06
21116	N		Injection, jaw joint x-ray					
21120	T		Reconstruction of chin	0254	23.5464	$1,344.45	$321.35	$268.89
21121	T		Reconstruction of chin	0254	23.5464	$1,344.45	$321.35	$268.89
21122	T		Reconstruction of chin	0254	23.5464	$1,344.45	$321.35	$268.89
21123	T		Reconstruction of chin	0254	23.5464	$1,344.45	$321.35	$268.89
21125	T		Augmentation, lower jaw bone	0254	23.5464	$1,344.45	$321.35	$268.89
21127	T		Augmentation, lower jaw bone	0256	37.1347	$2,120.32		$424.06
21137	T		Reduction of forehead	0254	23.5464	$1,344.45	$321.35	$268.89
21138	T		Reduction of forehead	0256	37.1347	$2,120.32		$424.06
21139	T		Reduction of forehead	0256	37.1347	$2,120.32		$424.06
21141	C		Reconstruct midface, lefort					
21142	C		Reconstruct midface, lefort					
21143	C		Reconstruct midface, lefort					
21145	C		Reconstruct midface, lefort					
21146	C		Reconstruct midface, lefort					
21147	C		Reconstruct midface, lefort					
21150	C		Reconstruct midface, lefort					
21151	C		Reconstruct midface, lefort					
21154	C		Reconstruct midface, lefort					
21155	C		Reconstruct midface, lefort					
21159	C		Reconstruct midface, lefort					
21160	C		Reconstruct midface, lefort					
21172	C		Reconstruct orbit/forehead					
21175	C		Reconstruct orbit/forehead					
21179	C		Reconstruct entire forehead					
21180	C		Reconstruct entire forehead					
21181	T		Contour cranial bone lesion	0254	23.5464	$1,344.45	$321.35	$268.89
21182	C		Reconstruct cranial bone					

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21183	C		Reconstruct cranial bone					
21184	C		Reconstruct cranial bone					
21188	C		Reconstruction of midface					
21193	C		Reconst lwr jaw w/o graft					
21194	C		Reconst lwr jaw w/graft					
21195	C		Reconst lwr jaw w/o fixation					
21196	C		Reconst lwr jaw w/fixation					
21198	T		Reconstr lwr jaw segment	0256	37.1347	$2,120.32		$424.06
21199	T		Reconstr lwr jaw w/advance	0256	37.1347	$2,120.32		$424.06
21206	T		Reconstruct upper jaw bone	0256	37.1347	$2,120.32		$424.06
21208	T		Augmentation of facial bones	0256	37.1347	$2,120.32		$424.06
21209	T		Reduction of facial bones	0256	37.1347	$2,120.32		$424.06
21210	T		Face bone graft	0256	37.1347	$2,120.32		$424.06
21215	T		Lower jaw bone graft	0256	37.1347	$2,120.32		$424.06
21230	T		Rib cartilage graft	0256	37.1347	$2,120.32		$424.06
21235	T		Ear cartilage graft	0254	23.5464	$1,344.45	$321.35	$268.89
21240	T		Reconstruction of jaw joint	0256	37.1347	$2,120.32		$424.06
21242	T		Reconstruction of jaw joint	0256	37.1347	$2,120.32		$424.06
21243	T		Reconstruction of jaw joint	0256	37.1347	$2,120.32		$424.06
21244	T		Reconstruction of lower jaw	0256	37.1347	$2,120.32		$424.06
21245	T		Reconstruction of jaw	0256	37.1347	$2,120.32		$424.06
21246	T		Reconstruction of jaw	0256	37.1347	$2,120.32		$424.06
21247	C		Reconstruct lower jaw bone					
21248	T		Reconstruction of jaw	0256	37.1347	$2,120.32		$424.06
21249	T		Reconstruction of jaw	0256	37.1347	$2,120.32		$424.06
21255	C		Reconstruct lower jaw bone					
21256	C		Reconstruction of orbit					
21260	T		Revise eye sockets	0256	37.1347	$2,120.32		$424.06
21261	T		Revise eye sockets	0256	37.1347	$2,120.32		$424.06
21263	T		Revise eye sockets	0256	37.1347	$2,120.32		$424.06
21267	T		Revise eye sockets	0256	37.1347	$2,120.32		$424.06
21268	C		Revise eye sockets					
21270	T		Augmentation, cheek bone	0256	37.1347	$2,120.32		$424.06
21275	T		Revision, orbitofacial bones	0256	37.1347	$2,120.32		$424.06
21280	T		Revision of eyelid	0256	37.1347	$2,120.32		$424.06
21282	T		Revision of eyelid	0253	15.9924	$913.13	$282.29	$182.63
21295	T		Revision of jaw muscle/bone	0252	6.5732	$375.32	$113.41	$75.06
21296	T		Revision of jaw muscle/bone	0254	23.5464	$1,344.45	$321.35	$268.89
21299	T		Cranio/maxillofacial surgery	0251	1.9490	$111.28		$22.26
21300	T		Treatment of skull fracture	0253	15.9924	$913.13	$282.29	$182.63
21310	T		Treatment of nose fracture	0251	1.9490	$111.28		$22.26
21315	T		Treatment of nose fracture	0251	1.9490	$111.28		$22.26
21320	T		Treatment of nose fracture	0252	6.5732	$375.32	$113.41	$75.06
21325	T		Treatment of nose fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21330	T		Treatment of nose fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21335	T		Treatment of nose fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21336	T		Treat nasal septal fracture	0046	34.9274	$1,994.28	$535.76	$398.86
21337	T		Treat nasal septal fracture	0253	15.9924	$913.13	$282.29	$182.63
21338	T		Treat nasoethmoid fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21339	T		Treat nasoethmoid fracture	0254	23.5464	$1,344.45	$321.35	$268.89

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21340	T		Treatment of nose fracture	0256	37.1347	$2,120.32		$424.06
21343	C		Treatment of sinus fracture					
21344	C		Treatment of sinus fracture					
21345	T		Treat nose/jaw fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21346	C		Treat nose/jaw fracture					
21347	C		Treat nose/jaw fracture					
21348	C		Treat nose/jaw fracture					
21355	T		Treat cheek bone fracture	0256	37.1347	$2,120.32		$424.06
21356	T		Treat cheek bone fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21360	C		Treat cheek bone fracture					
21365	C		Treat cheek bone fracture					
21366	C		Treat cheek bone fracture					
21385	C		Treat eye socket fracture					
21386	C		Treat eye socket fracture					
21387	C		Treat eye socket fracture					
21390	T		Treat eye socket fracture	0256	37.1347	$2,120.32		$424.06
21395	C		Treat eye socket fracture					
21400	T		Treat eye socket fracture	0252	6.5732	$375.32	$113.41	$75.06
21401	T		Treat eye socket fracture	0253	15.9924	$913.13	$282.29	$182.63
21406	T		Treat eye socket fracture	0256	37.1347	$2,120.32		$424.06
21407	T		Treat eye socket fracture	0256	37.1347	$2,120.32		$424.06
21408	C		Treat eye socket fracture					
21421	T		Treat mouth roof fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21422	C		Treat mouth roof fracture					
21423	C		Treat mouth roof fracture					
21431	C		Treat craniofacial fracture					
21432	C		Treat craniofacial fracture					
21433	C		Treat craniofacial fracture					
21435	C		Treat craniofacial fracture					
21436	C		Treat craniofacial fracture					
21440	T		Treat dental ridge fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21445	T		Treat dental ridge fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21450	T		Treat lower jaw fracture	0251	1.9490	$111.28		$22.26
21451	T		Treat lower jaw fracture	0252	6.5732	$375.32	$113.41	$75.06
21452	T		Treat lower jaw fracture	0253	15.9924	$913.13	$282.29	$182.63
21453	T		Treat lower jaw fracture	0256	37.1347	$2,120.32		$424.06
21454	T		Treat lower jaw fracture	0254	23.5464	$1,344.45	$321.35	$268.89
21461	T		Treat lower jaw fracture	0256	37.1347	$2,120.32		$424.06
21462	T		Treat lower jaw fracture	0256	37.1347	$2,120.32		$424.06
21465	T		Treat lower jaw fracture	0256	37.1347	$2,120.32		$424.06
21470	T		Treat lower jaw fracture	0256	37.1347	$2,120.32		$424.06
21480	T		Reset dislocated jaw	0251	1.9490	$111.28		$22.26
21485	T		Reset dislocated jaw	0253	15.9924	$913.13	$282.29	$182.63
21490	T		Repair dislocated jaw	0256	37.1347	$2,120.32		$424.06
21493	T		Treat hyoid bone fracture	0252	6.5732	$375.32	$113.41	$75.06
21494	T		Treat hyoid bone fracture	0252	6.5732	$375.32	$113.41	$75.06
21495	C		Treat hyoid bone fracture					
21497	T		Interdental wiring	0253	15.9924	$913.13	$282.29	$182.63
21499	T		Head surgery procedure	0251	1.9490	$111.28		$22.26
21501	T		Drain neck/chest lesion	0008	19.5952	$1,118.85		$223.77

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21502	T		Drain chest lesion	0049	20.3460	$1,161.72		$232.34
21510	C		Drainage of bone lesion					
21550	T		Biopsy of neck/chest	0021	14.9964	$856.26	$219.48	$171.25
21555	T		Remove lesion, neck/chest	0022	19.4617	$1,111.22	$354.45	$222.24
21556	T		Remove lesion, neck/chest	0022	19.4617	$1,111.22	$354.45	$222.24
21557	T		Remove tumor, neck/chest	0022	19.4617	$1,111.22	$354.45	$222.24
21600	T		Partial removal of rib	0050	24.7044	$1,410.57		$282.11
21610	T		Partial removal of rib	0050	24.7044	$1,410.57		$282.11
21615	C		Removal of rib					
21616	C		Removal of rib and nerves					
21620	C		Partial removal of sternum					
21627	C		Sternal debridement					
21630	C		Extensive sternum surgery					
21632	C		Extensive sternum surgery					
21685	T		Hyoid myotomy & suspension	0252	6.5732	$375.32	$113.41	$75.06
21700	T		Revision of neck muscle	0049	20.3460	$1,161.72		$232.34
21705	C		Revision of neck muscle/rib					
21720	T		Revision of neck muscle	0049	20.3460	$1,161.72		$232.34
21725	T		Revision of neck muscle	0006	1.6969	$96.89	$23.26	$19.38
21740	C		Reconstruction of sternum					
21742	T		Repair stern/nuss w/o scope	0051	36.1086	$2,061.73		$412.35
21743	T		Repair sternum/nuss w/scope	0051	36.1086	$2,061.73		$412.35
21750	C		Repair of sternum separation					
21800	T		Treatment of rib fracture	0043	1.8350	$104.77		$20.95
21805	T		Treatment of rib fracture	0046	34.9274	$1,994.28	$535.76	$398.86
21810	C		Treatment of rib fracture(s)					
21820	T		Treat sternum fracture	0043	1.8350	$104.77		$20.95
21825	C		Treat sternum fracture					
21899	T		Neck/chest surgery procedure	0251	1.9490	$111.28		$22.26
21920	T		Biopsy soft tissue of back	0020	7.7453	$442.24	$113.25	$88.45
21925	T		Biopsy soft tissue of back	0022	19.4617	$1,111.22	$354.45	$222.24
21930	T		Remove lesion, back or flank	0022	19.4617	$1,111.22	$354.45	$222.24
21935	T		Remove tumor, back	0022	19.4617	$1,111.22	$354.45	$222.24
22100	T		Remove part of neck vertebra	0208	42.6390	$2,434.60		$486.92
22101	T		Remove part, thorax vertebra	0208	42.6390	$2,434.60		$486.92
22102	T		Remove part, lumbar vertebra	0208	42.6390	$2,434.60		$486.92
22103	T		Remove extra spine segment	0208	42.6390	$2,434.60		$486.92
22110	C		Remove part of neck vertebra					
22112	C		Remove part, thorax vertebra					
22114	C		Remove part, lumbar vertebra					
22116	C		Remove extra spine segment					
22210	C		Revision of neck spine					
22212	C		Revision of thorax spine					
22214	C		Revision of lumbar spine					
22216	C		Revise, extra spine segment					
22220	C		Revision of neck spine					
22222	T		Revision of thorax spine	0208	42.6390	$2,434.60		$486.92
22224	C		Revision of lumbar spine					
22226	C		Revise, extra spine segment					
22305	T		Treat spine process fracture	0043	1.8350	$104.77		$20.95

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22310	T		Treat spine fracture	0043	1.8350	$104.77		$20.95
22315	T		Treat spine fracture	0043	1.8350	$104.77		$20.95
22318	C		Treat odontoid fx w/o graft					
22319	C		Treat odontoid fx w/graft					
22325	C		Treat spine fracture					
22326	C		Treat neck spine fracture					
22327	C		Treat thorax spine fracture					
22328	C		Treat each add spine fx					
22505	T		Manipulation of spine	0045	14.2303	$812.52	$268.47	$162.50
22520	T		Percut vertebroplasty thor	0050	24.7044	$1,410.57		$282.11
22521	T		Percut vertebroplasty lumb	0050	24.7044	$1,410.57		$282.11
22522	T		Percut vertebroplasty add'l	0050	24.7044	$1,410.57		$282.11
22532	C		Lat thorax spine fusion					
22533	C		Lat lumbar spine fusion					
22534	C		Lat thor/lumb, add'l seg					
22548	C		Neck spine fusion					
22554	C		Neck spine fusion					
22556	C		Thorax spine fusion					
22558	C		Lumbar spine fusion					
22585	C		Additional spinal fusion					
22590	C		Spine & skull spinal fusion					
22595	C		Neck spinal fusion					
22600	C		Neck spine fusion					
22610	C		Thorax spine fusion					
22612	T		Lumbar spine fusion	0208	42.6390	$2,434.60		$486.92
22614	T		Spine fusion, extra segment	0208	42.6390	$2,434.60		$486.92
22630	C		Lumbar spine fusion					
22632	C		Spine fusion, extra segment					
22800	C		Fusion of spine					
22802	C		Fusion of spine					
22804	C		Fusion of spine					
22808	C		Fusion of spine					
22810	C		Fusion of spine					
22812	C		Fusion of spine					
22818	C		Kyphectomy, 1-2 segments					
22819	C		Kyphectomy, 3 or more					
22830	C		Exploration of spinal fusion					
22840	C		Insert spine fixation device					
22841	C		Insert spine fixation device					
22842	C		Insert spine fixation device					
22843	C		Insert spine fixation device					
22844	C		Insert spine fixation device					
22845	C		Insert spine fixation device					
22846	C		Insert spine fixation device					
22847	C		Insert spine fixation device					
22848	C		Insert pelv fixation device					
22849	C		Reinsert spinal fixation					
22850	C		Remove spine fixation device					
22851	C		Apply spine prosth device					
22852	C		Remove spine fixation device					

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22855	C		Remove spine fixation device					
22899	T		Spine surgery procedure	0043	1.8350	$104.77		$20.95
22900	T		Remove abdominal wall lesion	0022	19.4617	$1,111.22	$354.45	$222.24
22999	T		Abdomen surgery procedure	0019	4.2663	$243.60	$71.87	$48.72
23000	T		Removal of calcium deposits	0021	14.9964	$856.26	$219.48	$171.25
23020	T		Release shoulder joint	0051	36.1086	$2,061.73		$412.35
23030	T		Drain shoulder lesion	0008	19.5952	$1,118.85		$223.77
23031	T		Drain shoulder bursa	0008	19.5952	$1,118.85		$223.77
23035	T		Drain shoulder bone lesion	0049	20.3460	$1,161.72		$232.34
23040	T		Exploratory shoulder surgery	0050	24.7044	$1,410.57		$282.11
23044	T		Exploratory shoulder surgery	0050	24.7044	$1,410.57		$282.11
23065	T		Biopsy shoulder tissues	0021	14.9964	$856.26	$219.48	$171.25
23066	T		Biopsy shoulder tissues	0022	19.4617	$1,111.22	$354.45	$222.24
23075	T		Removal of shoulder lesion	0021	14.9964	$856.26	$219.48	$171.25
23076	T		Removal of shoulder lesion	0022	19.4617	$1,111.22	$354.45	$222.24
23077	T		Remove tumor of shoulder	0022	19.4617	$1,111.22	$354.45	$222.24
23100	T		Biopsy of shoulder joint	0049	20.3460	$1,161.72		$232.34
23101	T		Shoulder joint surgery	0050	24.7044	$1,410.57		$282.11
23105	T		Remove shoulder joint lining	0050	24.7044	$1,410.57		$282.11
23106	T		Incision of collarbone joint	0050	24.7044	$1,410.57		$282.11
23107	T		Explore treat shoulder joint	0050	24.7044	$1,410.57		$282.11
23120	T		Partial removal, collar bone	0051	36.1086	$2,061.73		$412.35
23125	T		Removal of collar bone	0051	36.1086	$2,061.73		$412.35
23130	T		Remove shoulder bone, part	0051	36.1086	$2,061.73		$412.35
23140	T		Removal of bone lesion	0049	20.3460	$1,161.72		$232.34
23145	T		Removal of bone lesion	0050	24.7044	$1,410.57		$282.11
23146	T		Removal of bone lesion	0050	24.7044	$1,410.57		$282.11
23150	T		Removal of humerus lesion	0050	24.7044	$1,410.57		$282.11
23155	T		Removal of humerus lesion	0050	24.7044	$1,410.57		$282.11
23156	T		Removal of humerus lesion	0050	24.7044	$1,410.57		$282.11
23170	T		Remove collar bone lesion	0050	24.7044	$1,410.57		$282.11
23172	T		Remove shoulder blade lesion	0050	24.7044	$1,410.57		$282.11
23174	T		Remove humerus lesion	0050	24.7044	$1,410.57		$282.11
23180	T		Remove collar bone lesion	0050	24.7044	$1,410.57		$282.11
23182	T		Remove shoulder blade lesion	0050	24.7044	$1,410.57		$282.11
23184	T		Remove humerus lesion	0050	24.7044	$1,410.57		$282.11
23190	T		Partial removal of scapula	0050	24.7044	$1,410.57		$282.11
23195	T		Removal of head of humerus	0050	24.7044	$1,410.57		$282.11
23200	C		Removal of collar bone					
23210	C		Removal of shoulder blade					
23220	C		Partial removal of humerus					
23221	C		Partial removal of humerus					
23222	C		Partial removal of humerus					
23330	T		Remove shoulder foreign body	0020	7.7453	$442.24	$113.25	$88.45
23331	T		Remove shoulder foreign body	0022	19.4617	$1,111.22	$354.45	$222.24
23332	C		Remove shoulder foreign body					
23350	N		Injection for shoulder x-ray					
23395	T		Muscle transfer,shoulder/arm	0051	36.1086	$2,061.73		$412.35
23397	T		Muscle transfers	0052	43.8069	$2,501.29		$500.26
23400	T		Fixation of shoulder blade	0050	24.7044	$1,410.57		$282.11

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23405	T		Incision of tendon & muscle	0050	24.7044	$1,410.57		$282.11
23406	T		Incise tendon(s) & muscle(s)	0050	24.7044	$1,410.57		$282.11
23410	T		Repair of tendon(s)	0052	43.8069	$2,501.29		$500.26
23412	T		Repair rotator cuff, chronic	0052	43.8069	$2,501.29		$500.26
23415	T		Release of shoulder ligament	0051	36.1086	$2,061.73		$412.35
23420	T		Repair of shoulder	0052	43.8069	$2,501.29		$500.26
23430	T		Repair biceps tendon	0052	43.8069	$2,501.29		$500.26
23440	T		Remove/transplant tendon	0052	43.8069	$2,501.29		$500.26
23450	T		Repair shoulder capsule	0052	43.8069	$2,501.29		$500.26
23455	T		Repair shoulder capsule	0052	43 8069	$2,501.29		$500.26
23460	T		Repair shoulder capsule	0052	43 8069	$2,501.29		$500.26
23462	T		Repair shoulder capsule	0052	43 8069	$2,501.29		$500.26
23465	T		Repair shoulder capsule	0052	43.8069	$2,501.29		$500.26
23466	T		Repair shoulder capsule	0052	43.8069	$2,501.29		$500.26
23470	T		Reconstruct shoulder joint	0425	99.7643	$5,696.34	$1,411.22	$1,139.27
23472	C		Reconstruct shoulder joint					
23480	T		Revision of collar bone	0051	36.1086	$2,061.73		$412.35
23485	T		Revision of collar bone	0051	36.1086	$2,061.73		$412.35
23490	T		Reinforce clavicle	0051	36.1086	$2,061.73		$412.35
23491	T		Reinforce shoulder bones	0051	36.1086	$2,061.73		$412.35
23500	T		Treat clavicle fracture	0043	1.8350	$104.77		$20.95
23505	T		Treat clavicle fracture	0043	1.8350	$104.77		$20.95
23515	T		Treat clavicle fracture	0046	34.9274	$1,994.28	$535.76	$398.86
23520	T		Treat clavicle dislocation	0043	1.8350	$104.77		$20.95
23525	T		Treat clavicle dislocation	0043	1.8350	$104.77		$20.95
23530	T		Treat clavicle dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
23532	T		Treat clavicle dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
23540	T		Treat clavicle dislocation	0043	1.8350	$104.77		$20.95
23545	T		Treat clavicle dislocation	0043	1.8350	$104.77		$20.95
23550	T		Treat clavicle dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
23552	T		Treat clavicle dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
23570	T		Treat shoulder blade fx	0043	1.8350	$104.77		$20.95
23575	T		Treat shoulder blade fx	0043	1.8350	$104.77		$20.95
23585	T		Treat scapula fracture	0046	34.9274	$1,994.28	$535.76	$398.86
23600	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
23605	T		Treat humerus fracture	0043	1 8350	$104.77		$20 95
23615	T		Treat humerus fracture	0046	34 9274	$1,994.28	$535.76	$398 86
23616	T		Treat humerus fracture	0046	34 9274	$1 994.28	$535.76	$398 86
23620	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
23625	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
23630	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
23650	T		Treat shoulder dislocation	0043	1.8350	$104.77		$20.95
23655	T		Treat shoulder dislocation	0045	14.2303	$812.52	$268.47	$162.50
23660	T		Treat shoulder dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
23665	T		Treat dislocation/fracture	0043	1.8350	$104.77		$20.95
23670	T		Treat dislocation/fracture	0046	34.9274	$1,994.28	$535.76	$398.86
23675	T		Treat dislocation/fracture	0043	1.8350	$104.77		$20.95
23680	T		Treat dislocation/fracture	0046	34.9274	$1,994.28	$535.76	$398.86
23700	T		Fixation of shoulder	0045	14.2303	$812.52	$268.47	$162.50
23800	T		Fusion of shoulder joint	0051	36.1086	$2,061.73		$412.35

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23802	T		Fusion of shoulder joint	0051	36.1086	$2,061.73		$412.35
23900	C		Amputation of arm & girdle					
23920	C		Amputation at shoulder joint					
23921	T		Amputation follow-up surgery	0025	4.6906	$267.82	$101.17	$53.56
23929	T		Shoulder surgery procedure	0043	1.8350	$104.77		$20.95
23930	T		Drainage of arm lesion	0008	19.5952	$1,118.85		$223.77
23931	T		Drainage of arm bursa	0007	12.5436	$716.21		$143.24
23935	T		Drain arm/elbow bone lesion	0049	20.3460	$1,161.72		$232.34
24000	T		Exploratory elbow surgery	0050	24.7044	$1,410.57		$282.11
24006	T		Release elbow joint	0050	24.7044	$1,410.57		$282.11
24065	T		Biopsy arm/elbow soft tissue	0021	14.9964	$856.26	$219.48	$171.25
24066	T		Biopsy arm/elbow soft tissue	0021	14.9964	$856.26	$219.48	$171.25
24075	T		Remove arm/elbow lesion	0021	14.9964	$856.26	$219.48	$171.25
24076	T		Remove arm/elbow lesion	0022	19.4617	$1,111.22	$354.45	$222.24
24077	T		Remove tumor of arm/elbow	0022	19.4617	$1,111.22	$354.45	$222.24
24100	T		Biopsy elbow joint lining	0049	20.3460	$1,161.72		$232.34
24101	T		Explore/treat elbow joint	0050	24.7044	$1,410.57		$282.11
24102	T		Remove elbow joint lining	0050	24.7044	$1,410.57		$282.11
24105	T		Removal of elbow bursa	0049	20.3460	$1,161.72		$232.34
24110	T		Remove humerus lesion	0049	20.3460	$1,161.72		$232.34
24115	T		Remove/graft bone lesion	0050	24.7044	$1,410.57		$282.11
24116	T		Remove/graft bone lesion	0050	24.7044	$1,410.57		$282.11
24120	T		Remove elbow lesion	0049	20.3460	$1,161.72		$232.34
24125	T		Remove/graft bone lesion	0050	24.7044	$1,410.57		$282.11
24126	T		Remove/graft bone lesion	0050	24.7044	$1,410.57		$282.11
24130	T		Removal of head of radius	0050	24.7044	$1,410.57		$282.11
24134	T		Removal of arm bone lesion	0050	24.7044	$1,410.57		$282.11
24136	T		Remove radius bone lesion	0050	24.7044	$1,410.57		$282.11
24138	T		Remove elbow bone lesion	0050	24.7044	$1,410.57		$282.11
24140	T		Partial removal of arm bone	0050	24.7044	$1,410.57		$282.11
24145	T		Partial removal of radius	0050	24.7044	$1,410.57		$282.11
24147	T		Partial removal of elbow	0050	24.7044	$1,410.57		$282.11
24149	T		Radical resection of elbow	0050	24.7044	$1,410.57		$282.11
24150	T		Extensive humerus surgery	0052	43.8069	$2,501.29		$500.26
24151	T		Extensive humerus surgery	0052	43.8069	$2,501.29		$500.26
24152	T		Extensive radius surgery	0052	43.8069	$2,501.29		$500.26
24153	T		Extensive radius surgery	0052	43.8069	$2,501.29		$500.26
24155	T		Removal of elbow joint	0051	36.1086	$2,061.73		$412.35
24160	T		Remove elbow joint implant	0050	24.7044	$1,410.57		$282.11
24164	T		Remove radius head implant	0050	24.7044	$1,410.57		$282.11
24200	T		Removal of arm foreign body	0019	4.2663	$243.60	$71.87	$48.72
24201	T		Removal of arm foreign body	0021	14.9964	$856.26	$219.48	$171.25
24220	N		Injection for elbow x-ray					
24300	T		Manipulate elbow w/anesth	0045	14.2303	$812.52	$268.47	$162.50
24301	T		Muscle/tendon transfer	0050	24.7044	$1,410.57		$282.11
24305	T		Arm tendon lengthening	0050	24.7044	$1,410.57		$282.11
24310	T		Revision of arm tendon	0049	20.3460	$1,161.72		$232.34
24320	T		Repair of arm tendon	0051	36.1086	$2,061.73		$412.35
24330	T		Revision of arm muscles	0051	36.1086	$2,061.73		$412.35
24331	T		Revision of arm muscles	0051	36.1086	$2,061.73		$412.35

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
24332	T		Tenolysis, triceps	0049	20.3460	$1,161.72		$232.34
24340	T		Repair of biceps tendon	0051	36.1086	$2,061.73		$412.35
24341	T		Repair arm tendon/muscle	0051	36.1086	$2,061.73		$412.35
24342	T		Repair of ruptured tendon	0051	36.1086	$2,061.73		$412.35
24343	T		Repr elbow lat ligmnt w/tiss	0050	24.7044	$1,410.57		$282.11
24344	T		Reconstruct elbow lat ligmnt	0051	36.1086	$2,061.73		$412.35
24345	T		Repr elbw med ligmnt w/tissu	0050	24.7044	$1,410.57		$282.11
24346	T		Reconstruct elbow med ligmnt	0051	36.1086	$2,061.73		$412.35
24350	T		Repair of tennis elbow	0050	24.7044	$1,410.57		$282.11
24351	T		Repair of tennis elbow	0050	24.7044	$1,410.57		$282.11
24352	T		Repair of tennis elbow	0050	24.7044	$1,410.57		$282.11
24354	T		Repair of tennis elbow	0050	24.7044	$1,410.57		$282.11
24356	T		Revision of tennis elbow	0050	24.7044	$1,410.57		$282.11
24360	T		Reconstruct elbow joint	0047	31.3840	$1,791.96	$537.03	$358.39
24361	T		Reconstruct elbow joint	0425	99.7643	$5,696.34	$1,411.22	$1,139.27
24362	T		Reconstruct elbow joint	0048	41.1519	$2,349.69	$582.12	$469.94
24363	T		Replace elbow joint	0425	99.7643	$5,696.34	$1,411.22	$1,139.27
24365	T		Reconstruct head of radius	0047	31.3840	$1,791.96	$537.03	$358.39
24366	T		Reconstruct head of radius	0425	99.7643	$5,696.34	$1,411.22	$1,139.27
24400	T		Revision of humerus	0050	24.7044	$1,410.57		$282.11
24410	T		Revision of humerus	0050	24.7044	$1,410.57		$282.11
24420	T		Revision of humerus	0051	36.1086	$2,061.73		$412.35
24430	T		Repair of humerus	0051	36.1086	$2,061.73		$412.35
24435	T		Repair humerus with graft	0051	36.1086	$2,061.73		$412.35
24470	T		Revision of elbow joint	0051	36.1086	$2,061.73		$412.35
24495	T		Decompression of forearm	0050	24.7044	$1,410.57		$282.11
24498	T		Reinforce humerus	0051	36.1086	$2,061.73		$412.35
24500	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
24505	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
24515	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24516	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24530	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
24535	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
24538	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24545	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24546	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24560	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
24565	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
24566	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24575	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24576	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
24577	T		Treat humerus fracture	0043	1.8350	$104.77		$20.95
24579	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24582	T		Treat humerus fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24586	T		Treat elbow fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24587	T		Treat elbow fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24600	T		Treat elbow dislocation	0043	1.8350	$104.77		$20.95
24605	T		Treat elbow dislocation	0045	14.2303	$812.52	$268.47	$162.50
24615	T		Treat elbow dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
24620	T		Treat elbow fracture	0043	1.8350	$104.77		$20.95

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24635	T		Treat elbow fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24640	T		Treat elbow dislocation	0043	1.8350	$104.77		$20.95
24650	T		Treat radius fracture	0043	1.8350	$104.77		$20.95
24655	T		Treat radius fracture	0043	1.8350	$104.77		$20.95
24665	T		Treat radius fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24666	T		Treat radius fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24670	T		Treat ulnar fracture	0043	1.8350	$104.77		$20.95
24675	T		Treat ulnar fracture	0043	1.8350	$104.77		$20.95
24685	T		Treat ulnar fracture	0046	34.9274	$1,994.28	$535.76	$398.86
24800	T		Fusion of elbow joint	0051	36.1086	$2,061.73		$412.35
24802	T		Fusion/graft of elbow joint	0051	36.1086	$2,061.73		$412.35
24900	C		Amputation of upper arm					
24920	C		Amputation of upper arm					
24925	T		Amputation follow-up surgery	0049	20.3460	$1,161.72		$232.34
24930	C		Amputation follow-up surgery					
24931	C		Amputate upper arm & implant					
24935	T		Revision of amputation	0052	43.8069	$2,501.29		$500.26
24940	C		Revision of upper arm					
24999	T		Upper arm/elbow surgery	0043	1.8350	$104.77		$20.95
25000	T		Incision of tendon sheath	0049	20.3460	$1,161.72		$232.34
25001	T		Incise flexor carpi radialis	0049	20.3460	$1,161.72		$232.34
25020	T		Decompress forearm 1 space	0049	20.3460	$1,161.72		$232.34
25023	T		Decompress forearm 1 space	0050	24.7044	$1,410.57		$282.11
25024	T		Decompress forearm 2 spaces	0050	24.7044	$1,410.57		$282.11
25025	T		Decompress forearm 2 spaces	0050	24.7044	$1,410.57		$282.11
25028	T		Drainage of forearm lesion	0049	20.3460	$1,161.72		$232.34
25031	T		Drainage of forearm bursa	0049	20.3460	$1,161.72		$232.34
25035	T		Treat forearm bone lesion	0049	20.3460	$1,161.72		$232.34
25040	T		Explore/treat wrist joint	0050	24.7044	$1,410.57		$282.11
25065	T		Biopsy forearm soft tissues	0021	14.9964	$856.26	$219.48	$171.25
25066	T		Biopsy forearm soft tissues	0022	19.4617	$1,111.22	$354.45	$222.24
25075	T		Removel forearm lesion subcu	0021	14.9964	$856.26	$219.48	$171.25
25076	T		Removel forearm lesion deep	0022	19.4617	$1,111.22	$354.45	$222.24
25077	T		Remove tumor, forearm/wrist	0022	19.4617	$1,111.22	$354.45	$222.24
25085	T		Incision of wrist capsule	0049	20.3460	$1,161.72		$232.34
25100	T		Biopsy of wrist joint	0049	20.3460	$1,161.72		$232.34
25101	T		Explore/treat wrist joint	0050	24.7044	$1,410.57		$282.11
25105	T		Remove wrist joint lining	0050	24.7044	$1,410.57		$282.11
25107	T		Remove wrist joint cartilage	0050	24.7044	$1,410.57		$282.11
25110	T		Remove wrist tendon lesion	0049	20.3460	$1,161.72		$232.34
25111	T		Remove wrist tendon lesion	0053	15.6402	$893.02	$253.49	$178.60
25112	T		Reremove wrist tendon lesion	0053	15.6402	$893.02	$253.49	$178.60
25115	T		Remove wrist/forearm lesion	0049	20.3460	$1,161.72		$232.34
25116	T		Remove wrist/forearm lesion	0049	20.3460	$1,161.72		$232.34
25118	T		Excise wrist tendon sheath	0050	24.7044	$1,410.57		$282.11
25119	T		Partial removal of ulna	0050	24.7044	$1,410.57		$282.11
25120	T		Removal of forearm lesion	0050	24.7044	$1,410.57		$282.11
25125	T		Remove/graft forearm lesion	0050	24.7044	$1,410.57		$282.11
25126	T		Remove/graft forearm lesion	0050	24.7044	$1,410.57		$282.11
25130	T		Removal of wrist lesion	0050	24.7044	$1,410.57		$282.11

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25135	T		Remove & graft wrist lesion	0050	24.7044	$1,410.57		$282.11
25136	T		Remove & graft wrist lesion	0050	24.7044	$1,410.57		$282.11
25145	T		Remove forearm bone lesion	0050	24.7044	$1,410.57		$282.11
25150	T		Partial removal of ulna	0050	24.7044	$1,410.57		$282.11
25151	T		Partial removal of radius	0050	24.7044	$1,410.57		$282.11
25170	T		Extensive forearm surgery	0052	43.8069	$2,501.29		$500.26
25210	T		Removal of wrist bone	0054	25.0921	$1,432.71		$286.54
25215	T		Removal of wrist bones	0054	25.0921	$1,432.71		$286.54
25230	T		Partial removal of radius	0050	24.7044	$1,410.57		$282.11
25240	T		Partial removal of ulna	0050	24.7044	$1,410.57		$282.11
25246	N		Injection for wrist x-ray					
25248	T		Remove forearm foreign body	0049	20.3460	$1,161.72		$232.34
25250	T		Removal of wrist prosthesis	0050	24.7044	$1,410.57		$282.11
25251	T		Removal of wrist prosthesis	0050	24.7044	$1,410.57		$282.11
25259	T		Manipulate wrist w/anesthes	0043	1.8350	$104.77		$20.95
25260	T		Repair forearm tendon/muscle	0050	24.7044	$1,410.57		$282.11
25263	T		Repair forearm tendon/muscle	0050	24.7044	$1,410.57		$282.11
25265	T		Repair forearm tendon/muscle	0050	24.7044	$1,410.57		$282.11
25270	T		Repair forearm tendon/muscle	0050	24.7044	$1,410.57		$282.11
25272	T		Repair forearm tendon/muscle	0050	24.7044	$1,410.57		$282.11
25274	T		Repair forearm tendon/muscle	0050	24.7044	$1,410.57		$282.11
25275	T		Repair forearm tendon sheath	0050	24.7044	$1,410.57		$282.11
25280	T		Revise wrist/forearm tendon	0050	24.7044	$1,410.57		$282.11
25290	T		Incise wrist/forearm tendon	0050	24.7044	$1,410.57		$282.11
25295	T		Release wrist/forearm tendon	0049	20.3460	$1,161.72		$232.34
25300	T		Fusion of tendons at wrist	0050	24.7044	$1,410.57		$282.11
25301	T		Fusion of tendons at wrist	0050	24.7044	$1,410.57		$282.11
25310	T		Transplant forearm tendon	0051	36.1086	$2,061.73		$412.35
25312	T		Transplant forearm tendon	0051	36.1086	$2,061.73		$412.35
25315	T		Revise palsy hand tendon(s)	0051	36.1086	$2,061.73		$412.35
25316	T		Revise palsy hand tendon(s)	0051	36.1086	$2,061.73		$412.35
25320	T		Repair/revise wrist joint	0051	36.1086	$2,061.73		$412.35
25332	T		Revise wrist joint	0047	31.3840	$1,791.96	$537.03	$358.39
25335	T		Realignment of hand	0051	36.1086	$2,061.73		$412.35
25337	T		Reconstruct ulna/radioulnar	0051	36.1086	$2,061.73		$412.35
25350	T		Revision of radius	0051	36.1086	$2,061.73		$412.35
25355	T		Revision of radius	0051	36.1086	$2,061.73		$412.35
25360	T		Revision of ulna	0050	24.7044	$1,410.57		$282.11
25365	T		Revise radius & ulna	0050	24.7044	$1,410.57		$282.11
25370	T		Revise radius or ulna	0051	36.1086	$2,061.73		$412.35
25375	T		Revise radius & ulna	0051	36.1086	$2,061.73		$412.35
25390	T		Shorten radius or ulna	0050	24.7044	$1,410.57		$282.11
25391	T		Lengthen radius or ulna	0051	36.1086	$2,061.73		$412.35
25392	T		Shorten radius & ulna	0050	24.7044	$1,410.57		$282.11
25393	T		Lengthen radius & ulna	0051	36.1086	$2,061.73		$412.35
25394	T		Repair carpal bone, shorten	0053	15.6402	$893.02	$253.49	$178.60
25400	T		Repair radius or ulna	0050	24.7044	$1,410.57		$282.11
25405	T		Repair/graft radius or ulna	0050	24.7044	$1,410.57		$282.11
25415	T		Repair radius & ulna	0050	24.7044	$1,410.57		$282.11
25420	T		Repair/graft radius & ulna	0051	36.1086	$2,061.73		$412.35

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25425	T		Repair/graft radius or ulna	0051	36.1086	$2,061.73		$412.35
25426	T		Repair/graft radius & ulna	0051	36.1086	$2,061.73		$412.35
25430	T		Vasc graft into carpal bone	0054	25.0921	$1,432.71		$286 54
25431	T		Repair nonunion carpal bone	0054	25.0921	$1,432.71		$286 54
25440	T		Repair/graft wrist bone	0051	36.1086	$2,061.73		$412.35
25441	T		Reconstruct wrist joint	0425	99.7643	$5,696.34	$1,411.22	$1,139.27
25442	T		Reconstruct wrist joint	0425	99.7643	$5,696.34	$1,411.22	$1,139.27
25443	T		Reconstruct wrist joint	0048	41.1519	$2,349.69	$582.12	$469.94
25444	T		Reconstruct wrist joint	0048	41.1519	$2,349.69	$582.12	$469.94
25445	T		Reconstruct wrist joint	0048	41.1519	$2,349.69	$582.12	$469.94
25446	T		Wrist replacement	0425	99.7643	$5,696.34	$1,411.22	$1,139.27
25447	T		Repair wrist joint(s)	0047	31.3840	$1,791 96	$537.03	$358.39
25449	T		Remove wrist joint implant	0047	31.3840	$1,791 96	$537.03	$358.39
25450	T		Revision of wrist joint	0051	36.1086	$2,061 73		$412.35
25455	T		Revision of wrist joint	0051	36.1086	$2,061.73		$412.35
25490	T		Reinforce radius	0051	36.1086	$2,061.73		$412.35
25491	T		Reinforce ulna	0051	36.1086	$2,061.73		$412.35
25492	T		Reinforce radius and ulna	0051	36.1086	$2,061.73		$412.35
25500	T		Treat fracture of radius	0043	1.8350	$104.77		$20.95
25505	T		Treat fracture of radius	0043	1.8350	$104.77		$20.95
25515	T		Treat fracture of radius	0046	34.9274	$1,994.28	$535.76	$398.86
25520	T		Treat fracture of radius	0043	1.8350	$104.77		$20.95
25525	T		Treat fracture of radius	0046	34.9274	$1,994.28	$535.76	$398.86
25526	T		Treat fracture of radius	0046	34.9274	$1,994.28	$535.76	$398.86
25530	T		Treat fracture of ulna	0043	1.8350	$104.77		$20.95
25535	T		Treat fracture of ulna	0043	1.8350	$104.77		$20.95
25545	T		Treat fracture of ulna	0046	34.9274	$1,994.28	$535.76	$398.86
25560	T		Treat fracture radius & ulna	0043	1.8350	$104.77		$20.95
25565	T		Treat fracture radius & ulna	0043	1.8350	$104.77		$20.95
25574	T		Treat fracture radius & ulna	0046	34.9274	$1,994.28	$535.76	$398.86
25575	T		Treat fracture radius/ulna	0046	34.9274	$1,994.28	$535.76	$398.86
25600	T		Treat fracture radius/ulna	0043	1.8350	$104.77		$20.95
25605	T		Treat fracture radius/ulna	0043	1.8350	$104.77		$20.95
25611	T		Treat fracture radius/ulna	0046	34.9274	$1,994.28	$535.76	$398.86
25620	T		Treat fracture radius/ulna	0046	34.9274	$1,994.28	$535.76	$398.86
25622	T		Treat wrist bone fracture	0043	1.8350	$104.77		$20.95
25624	T		Treat wrist bone fracture	0043	1 8350	$104 77		$20.95
25628	T		Treat wrist bone fracture	0046	34 9274	$1,994 28	$535.76	$398.86
25630	T		Treat wrist bone fracture	0043	1.8350	$104.77		$20.95
25635	T		Treat wrist bone fracture	0043	1.8350	$104.77		$20.95
25645	T		Treat wrist bone fracture	0046	34.9274	$1,994.28	$535.76	$398.86
25650	T		Treat wrist bone fracture	0043	1.8350	$104.77		$20.95
25651	T		Pin ulnar styloid fracture	0046	34.9274	$1,994.28	$535.76	$398.86
25652	T		Treat fracture ulnar styloid	0046	34.9274	$1,994.28	$535.76	$398.86
25660	T		Treat wrist dislocation	0043	1.8350	$104.77		$20.95
25670	T		Treat wrist dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
25671	T		Pin radioulnar dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
25675	T		Treat wrist dislocation	0043	1.8350	$104.77		$20.95
25676	T		Treat wrist dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
25680	T		Treat wrist fracture	0043	1.8350	$104.77		$20.95

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25685	T		Treat wrist fracture	0046	34.9274	$1,994.28	$535.76	$398.86
25690	T		Treat wrist dislocation	0043	1.8350	$104.77		$20.95
25695	T		Treat wrist dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
25800	T		Fusion of wrist joint	0051	36.1086	$2,061.73		$412.35
25805	T		Fusion/graft of wrist joint	0051	36.1086	$2,061.73		$412.35
25810	T		Fusion/graft of wrist joint	0051	36.1086	$2,061.73		$412.35
25820	T		Fusion of hand bones	0053	15.6402	$893.02	$253.49	$178.60
25825	T		Fuse hand bones with graft	0054	25.0921	$1,432.71		$286.54
25830	T		Fusion, radioulnar jnt/ulna	0051	36.1086	$2,061.73		$412.35
25900	C		Amputation of forearm					
25905	C		Amputation of forearm					
25907	T		Amputation follow-up surgery	0049	20.3460	$1,161.72		$232 34
25909	C		Amputation follow-up surgery					
25915	C		Amputation of forearm					
25920	C		Amputate hand at wrist					
25922	T		Amputate hand at wrist	0049	20.3460	$1,161.72		$232.34
25924	C		Amputation follow-up surgery					
25927	C		Amputation of hand					
25929	T		Amputation follow-up surgery	0027	16.8576	$962.54	$329.72	$192.51
25931	C		Amputation follow-up surgery					
25999	T		Forearm or wrist surgery	0043	1.8350	$104.77		$20.95
26010	T		Drainage of finger abscess	0006	1.6969	$96.89	$23.26	$19.38
26011	T		Drainage of finger abscess	0007	12.5436	$716.21		$143.24
26020	T		Drain hand tendon sheath	0053	15.6402	$893.02	$253.49	$178.60
26025	T		Drainage of palm bursa	0053	15.6402	$893.02	$253.49	$178.60
26030	T		Drainage of palm bursa(s)	0053	15.6402	$893.02	$253.49	$178.60
26034	T		Treat hand bone lesion	0053	15.6402	$893.02	$253.49	$178.60
26035	T		Decompress fingers/hand	0053	15.6402	$893.02	$253.49	$178.60
26037	T		Decompress fingers/hand	0053	15.6402	$893.02	$253.49	$178.60
26040	T		Release palm contracture	0054	25.0921	$1,432.71		$286.54
26045	T		Release palm contracture	0054	25.0921	$1,432.71		$286.54
26055	T		Incise finger tendon sheath	0053	15.6402	$893.02	$253.49	$178.60
26060	T		Incision of finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26070	T		Explore/treat hand joint	0053	15.6402	$893.02	$253.49	$178.60
26075	T		Explore/treat finger joint	0053	15 6402	$893.02	$253.49	$178.60
26080	T		Explore/treat finger joint	0053	15 6402	$893.02	$253.49	$178.60
26100	T		Biopsy hand joint lining	0053	15 6402	$893.02	$253.49	$178.60
26105	T		Biopsy finger joint lining	0053	15 6402	$893.02	$253.49	$178.60
26110	T		Biopsy finger joint lining	0053	15.6402	$893.02	$253.49	$178.60
26115	T		Removel hand lesion subcut	0022	19.4617	$1,111.22	$354.45	$222.24
26116	T		Removel hand lesion, deep	0022	19.4617	$1,111.22	$354.45	$222.24
26117	T		Remove tumor, hand/finger	0022	19.4617	$1,111.22	$354.45	$222.24
26121	T		Release palm contracture	0054	25.0921	$1,432.71		$286.54
26123	T		Release palm contracture	0054	25.0921	$1,432.71		$286.54
26125	T		Release palm contracture	0054	25.0921	$1,432.71		$286.54
26130	T		Remove wrist joint lining	0053	15.6402	$893.02	$253.49	$178.60
26135	T		Revise finger joint, each	0054	25.0921	$1,432.71		$286.54
26140	T		Revise finger joint, each	0053	15.6402	$893.02	$253.49	$178.60
26145	T		Tendon excision, palm/finger	0053	15.6402	$893.02	$253.49	$178.60
26160	T		Remove tendon sheath lesion	0053	15.6402	$893.02	$253.49	$178.60

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26170	T		Removal of palm tendon, each	0053	15.6402	$893.02	$253.49	$178.60
26180	T		Removal of finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26185	T		Remove finger bone	0053	15.6402	$893.02	$253.49	$178.60
26200	T		Remove hand bone lesion	0053	15.6402	$893.02	$253.49	$178.60
26205	T		Remove/graft bone lesion	0054	25.0921	$1,432.71		$286.54
26210	T		Removal of finger lesion	0053	15.6402	$893.02	$253.49	$178.60
26215	T		Remove/graft finger lesion	0053	15.6402	$893.02	$253.49	$178.60
26230	T		Partial removal of hand bone	0053	15.6402	$893.02	$253.49	$178.60
26235	T		Partial removal, finger bone	0053	15.6402	$893.02	$253.49	$178.60
26236	T		Partial removal, finger bone	0053	15.6402	$893.02	$253.49	$178.60
26250	T		Extensive hand surgery	0053	15.6402	$893.02	$253.49	$178.60
26255	T		Extensive hand surgery	0054	25.0921	$1,432.71		$286.54
26260	T		Extensive finger surgery	0053	15.6402	$893.02	$253.49	$178.60
26261	T		Extensive finger surgery	0053	15.6402	$893.02	$253.49	$178.60
26262	T		Partial removal of finger	0053	15.6402	$893.02	$253.49	$178.60
26320	T		Removal of implant from hand	0021	14.9964	$856.26	$219.48	$171.25
26340	T		Manipulate finger w/anesth	0043	1.8350	$104.77		$20.95
26350	T		Repair finger/hand tendon	0054	25.0921	$1,432.71		$286.54
26352	T		Repair/graft hand tendon	0054	25.0921	$1,432.71		$286.54
26356	T		Repair finger/hand tendon	0054	25.0921	$1,432.71		$286.54
26357	T		Repair finger/hand tendon	0054	25.0921	$1,432.71		$286.54
26358	T		Repair/graft hand tendon	0054	25.0921	$1,432.71		$286.54
26370	T		Repair finger/hand tendon	0054	25.0921	$1,432.71		$286.54
26372	T		Repair/graft hand tendon	0054	25.0921	$1,432.71		$286.54
26373	T		Repair finger/hand tendon	0054	25.0921	$1,432.71		$286.54
26390	T		Revise hand/finger tendon	0054	25.0921	$1,432.71		$286.54
26392	T		Repair/graft hand tendon	0054	25.0921	$1,432.71		$286.54
26410	T		Repair hand tendon	0053	15.6402	$893.02	$253.49	$178.60
26412	T		Repair/graft hand tendon	0054	25.0921	$1,432.71		$286.54
26415	T		Excision, hand/finger tendon	0054	25.0921	$1,432.71		$286.54
26416	T		Graft hand or finger tendon	0054	25.0921	$1,432.71		$286.54
26418	T		Repair finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26420	T		Repair/graft finger tendon	0054	25.0921	$1,432.71		$286.54
26426	T		Repair finger/hand tendon	0054	25.0921	$1,432.71		$286.54
26428	T		Repair/graft finger tendon	0054	25.0921	$1,432.71		$286.54
26432	T		Repair finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26433	T		Repair finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26434	T		Repair/graft finger tendon	0054	25.0921	$1,432.71		$286.54
26437	T		Realignment of tendons	0053	15.6402	$893.02	$253.49	$178.60
26440	T		Release palm/finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26442	T		Release palm & finger tendon	0054	25.0921	$1,432.71		$286.54
26445	T		Release hand/finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26449	T		Release forearm/hand tendon	0054	25.0921	$1,432.71		$286.54
26450	T		Incision of palm tendon	0053	15.6402	$893.02	$253.49	$178.60
26455	T		Incision of finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26460	T		Incise hand/finger tendon	0053	15.6402	$893.02	$253.49	$178.60
26471	T		Fusion of finger tendons	0053	15.6402	$893.02	$253.49	$178.60
26474	T		Fusion of finger tendons	0053	15.6402	$893.02	$253.49	$178.60
26476	T		Tendon lengthening	0053	15.6402	$893.02	$253.49	$178.60
26477	T		Tendon shortening	0053	15.6402	$893.02	$253.49	$178.60

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26478	T		Lengthening of hand tendon	0053	15.6402	$893.02	$253.49	$178.60
26479	T		Shortening of hand tendon	0053	15.6402	$893.02	$253.49	$178.60
26480	T		Transplant hand tendon	0054	25.0921	$1,432.71		$286.54
26483	T		Transplant/graft hand tendon	0054	25.0921	$1,432.71		$286.54
26485	T		Transplant palm tendon	0054	25.0921	$1,432.71		$286.54
26489	T		Transplant/graft palm tendon	0054	25.0921	$1,432.71		$286.54
26490	T		Revise thumb tendon	0054	25.0921	$1,432.71		$286.54
26492	T		Tendon transfer with graft	0054	25.0921	$1,432.71		$286.54
26494	T		Hand tendon/muscle transfer	0054	25.0921	$1,432.71		$286.54
26496	T		Revise thumb tendon	0054	25.0921	$1,432.71		$286.54
26497	T		Finger tendon transfer	0054	25.0921	$1,432.71		$286.54
26498	T		Finger tendon transfer	0054	25.0921	$1,432.71		$286.54
26499	T		Revision of finger	0054	25.0921	$1,432.71		$286.54
26500	T		Hand tendon reconstruction	0053	15.6402	$893.02	$253.49	$178.60
26502	T		Hand tendon reconstruction	0054	25.0921	$1,432.71		$286.54
26504	T		Hand tendon reconstruction	0054	25.0921	$1,432.71		$286.54
26508	T		Release thumb contracture	0053	15.6402	$893.02	$253.49	$178.60
26510	T		Thumb tendon transfer	0054	25.0921	$1,432.71		$286.54
26516	T		Fusion of knuckle joint	0054	25.0921	$1,432.71		$286.54
26517	T		Fusion of knuckle joints	0054	25.0921	$1,432.71		$286.54
26518	T		Fusion of knuckle joints	0054	25.0921	$1,432.71		$286.54
26520	T		Release knuckle contracture	0053	15.6402	$893.02	$253.49	$178.60
26525	T		Release finger contracture	0053	15.6402	$893.02	$253.49	$178.60
26530	T		Revise knuckle joint	0047	31.3840	$1,791.96	$537.03	$358.39
26531	T		Revise knuckle with implant	0048	41.1519	$2,349.69	$582.12	$469.94
26535	T		Revise finger joint	0047	31.3840	$1,791.96	$537.03	$358.39
26536	T		Revise/implant finger joint	0048	41.1519	$2,349.69	$582.12	$469.94
26540	T		Repair hand joint	0053	15.6402	$893.02	$253.49	$178.60
26541	T		Repair hand joint with graft	0054	25.0921	$1,432.71		$286.54
26542	T		Repair hand joint with graft	0053	15.6402	$893.02	$253.49	$178.60
26545	T		Reconstruct finger joint	0054	25.0921	$1,432.71		$286.54
26546	T		Repair nonunion hand	0054	25.0921	$1,432.71		$286.54
26548	T		Reconstruct finger joint	0054	25.0921	$1,432.71		$286.54
26550	T		Construct thumb replacement	0054	25.0921	$1,432.71		$286.54
26551	C		Great toe-hand transfer					
26553	C		Single transfer, toe-hand					
26554	C		Double transfer, toe-hand					
26555	T		Positional change of finger	0054	25.0921	$1,432.71		$286.54
26556	C		Toe joint transfer					
26560	T		Repair of web finger	0053	15.6402	$893.02	$253.49	$178.60
26561	T		Repair of web finger	0054	25.0921	$1,432.71		$286.54
26562	T		Repair of web finger	0054	25.0921	$1,432.71		$286.54
26565	T		Correct metacarpal flaw	0054	25.0921	$1,432.71		$286.54
26567	T		Correct finger deformity	0054	25.0921	$1,432.71		$286.54
26568	T		Lengthen metacarpal/finger	0054	25.0921	$1,432.71		$286.54
26580	T		Repair hand deformity	0054	25.0921	$1,432.71		$286.54
26587	T		Reconstruct extra finger	0053	15.6402	$893.02	$253.49	$178.60
26590	T		Repair finger deformity	0054	25.0921	$1,432.71		$286.54
26591	T		Repair muscles of hand	0054	25.0921	$1,432.71		$286.54
26593	T		Release muscles of hand	0053	15.6402	$893.02	$253.49	$178.60

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26596	T		Excision constricting tissue	0054	25.0921	$1,432.71		$286.54
26600	T		Treat metacarpal fracture	0043	1.8350	$104.77		$20.95
26605	T		Treat metacarpal fracture	0043	1.8350	$104.77		$20.95
26607	T		Treat metacarpal fracture	0043	1.8350	$104.77		$20.95
26608	T		Treat metacarpal fracture	0046	34.9274	$1,994.28	$535.76	$398.86
26615	T		Treat metacarpal fracture	0046	34.9274	$1,994.28	$535.76	$398.86
26641	T		Treat thumb dislocation	0043	1.8350	$104.77		$20.95
26645	T		Treat thumb fracture	0043	1.8350	$104.77		$20.95
26650	T		Treat thumb fracture	0046	34.9274	$1,994.28	$535.76	$398.86
26665	T		Treat thumb fracture	0046	34.9274	$1,994.28	$535.76	$398.86
26670	T		Treat hand dislocation	0043	1.8350	$104.77		$20.95
26675	T		Treat hand dislocation	0043	1.8350	$104.77		$20.95
26676	T		Pin hand dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
26685	T		Treat hand dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
26686	T		Treat hand dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
26700	T		Treat knuckle dislocation	0043	1.8350	$104.77		$20.95
26705	T		Treat knuckle dislocation	0043	1.8350	$104.77		$20.95
26706	T		Pin knuckle dislocation	0043	1.8350	$104.77		$20.95
26715	T		Treat knuckle dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
26720	T		Treat finger fracture, each	0043	1.8350	$104.77		$20.95
26725	T		Treat finger fracture, each	0043	1.8350	$104.77		$20.95
26727	T		Treat finger fracture, each	0046	34.9274	$1,994.28	$535.76	$398.86
26735	T		Treat finger fracture, each	0046	34.9274	$1,994.28	$535.76	$398.86
26740	T		Treat finger fracture, each	0043	1.8350	$104.77		$20.95
26742	T		Treat finger fracture, each	0043	1.8350	$104.77		$20.95
26746	T		Treat finger fracture, each	0046	34.9274	$1,994.28	$535.76	$398.86
26750	T		Treat finger fracture, each	0043	1.8350	$104.77		$20.95
26755	T		Treat finger fracture, each	0043	1.8350	$104.77		$20.95
26756	T		Pin finger fracture, each	0046	34.9274	$1,994.28	$535.76	$398.86
26765	T		Treat finger fracture, each	0046	34.9274	$1,994.28	$535.76	$398.86
26770	T		Treat finger dislocation	0043	1.8350	$104.77		$20.95
26775	T		Treat finger dislocation	0045	14.2303	$812.52	$268.47	$162.50
26776	T		Pin finger dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
26785	T		Treat finger dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
26820	T		Thumb fusion with graft	0054	25.0921	$1,432.71		$286.54
26841	T		Fusion of thumb	0054	25.0921	$1,432.71		$286.54
26842	T		Thumb fusion with graft	0054	25.0921	$1,432.71		$286.54
26843	T		Fusion of hand joint	0054	25.0921	$1,432.71		$286.54
26844	T		Fusion/graft of hand joint	0054	25.0921	$1,432.71		$286.54
26850	T		Fusion of knuckle	0054	25.0921	$1,432.71		$286.54
26852	T		Fusion of knuckle with graft	0054	25.0921	$1,432.71		$286.54
26860	T		Fusion of finger joint	0054	25.0921	$1,432.71		$286.54
26861	T		Fusion of finger jnt, add-on	0054	25.0921	$1,432.71		$286.54
26862	T		Fusion/graft of finger joint	0054	25.0921	$1,432.71		$286.54
26863	T		Fuse/graft added joint	0054	25.0921	$1,432.71		$286.54
26910	T		Amputate metacarpal bone	0054	25.0921	$1,432.71		$286.54
26951	T		Amputation of finger/thumb	0053	15.6402	$893.02	$253.49	$178.60
26952	T		Amputation of finger/thumb	0053	15.6402	$893.02	$253.49	$178.60
26989	T		Hand/finger surgery	0043	1.8350	$104.77		$20.95
26990	T		Drainage of pelvis lesion	0049	20.3460	$1,161.72		$232.34

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26991	T		Drainage of pelvis bursa	0049	20.3460	$1,161.72		$232.34
26992	C		Drainage of bone lesion					
27000	T		Incision of hip tendon	0049	20.3460	$1,161.72		$232.34
27001	T		Incision of hip tendon	0050	24.7044	$1,410.57		$282.11
27003	T		Incision of hip tendon	0050	24.7044	$1,410.57		$282.11
27005	C		Incision of hip tendon					
27006	C		Incision of hip tendons					
27025	C		Incision of hip/thigh fascia					
27030	C		Drainage of hip joint					
27033	T		Exploration of hip joint	0051	36.1086	$2,061.73		$412.35
27035	T		Denervation of hip joint	0052	43.8069	$2,501.29		$500.26
27036	C		Excision of hip joint/muscle					
27040	T		Biopsy of soft tissues	0020	7.7453	$442.24	$113.25	$88.45
27041	T		Biopsy of soft tissues	0020	7.7453	$442.24	$113.25	$88.45
27047	T		Remove hip/pelvis lesion	0022	19.4617	$1,111.22	$354.45	$222.24
27048	T		Remove hip/pelvis lesion	0022	19.4617	$1,111.22	$354.45	$222.24
27049	T		Remove tumor, hip/pelvis	0022	19.4617	$1,111.22	$354.45	$222.24
27050	T		Biopsy of sacroiliac joint	0049	20.3460	$1,161.72		$232.34
27052	T		Biopsy of hip joint	0049	20.3460	$1,161.72		$232.34
27054	C		Removal of hip joint lining					
27060	T		Removal of ischial bursa	0049	20.3460	$1,161.72		$232.34
27062	T		Remove femur lesion/bursa	0049	20.3460	$1,161.72		$232.34
27065	T		Removal of hip bone lesion	0049	20.3460	$1,161.72		$232.34
27066	T		Removal of hip bone lesion	0050	24.7044	$1,410.57		$282.11
27067	T		Remove/graft hip bone lesion	0050	24.7044	$1,410.57		$282.11
27070	C		Partial removal of hip bone					
27071	C		Partial removal of hip bone					
27075	C		Extensive hip surgery					
27076	C		Extensive hip surgery					
27077	C		Extensive hip surgery					
27078	C		Extensive hip surgery					
27079	C		Extensive hip surgery					
27080	T		Removal of tail bone	0050	24.7044	$1,410.57		$282.11
27086	T		Remove hip foreign body	0020	7.7453	$442.24	$113.25	$88.45
27087	T		Remove hip foreign body	0049	20.3460	$1,161.72		$232.34
27090	C		Removal of hip prosthesis					
27091	C		Removal of hip prosthesis					
27093	N		Injection for hip x-ray					
27095	N		Injection for hip x-ray					
27096	B		Inject sacroiliac joint					
27097	T		Revision of hip tendon	0050	24.7044	$1,410.57		$282.11
27098	T		Transfer tendon to pelvis	0050	24.7044	$1,410.57		$282.11
27100	T		Transfer of abdominal muscle	0051	36.1086	$2,061.73		$412.35
27105	T		Transfer of spinal muscle	0051	36.1086	$2,061.73		$412.35
27110	T		Transfer of iliopsoas muscle	0051	36.1086	$2,061.73		$412.35
27111	T		Transfer of iliopsoas muscle	0051	36.1086	$2,061.73		$412.35
27120	C		Reconstruction of hip socket					
27122	C		Reconstruction of hip socket					
27125	C		Partial hip replacement					
27130	C		Total hip arthroplasty					

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27132	C		Total hip arthroplasty					
27134	C		Revise hip joint replacement					
27137	C		Revise hip joint replacement					
27138	C		Revise hip joint replacement					
27140	C		Transplant femur ridge					
27146	C		Incision of hip bone					
27147	C		Revision of hip bone					
27151	C		Incision of hip bones					
27156	C		Revision of hip bones					
27158	C		Revision of pelvis					
27161	C		Incision of neck of femur					
27165	C		Incision/fixation of femur					
27170	C		Repair/graft femur head/neck					
27175	C		Treat slipped epiphysis					
27176	C		Treat slipped epiphysis					
27177	C		Treat slipped epiphysis					
27178	C		Treat slipped epiphysis					
27179	C		Revise head/neck of femur					
27181	C		Treat slipped epiphysis					
27185	C		Revision of femur epiphysis					
27187	C		Reinforce hip bones					
27193	T		Treat pelvic ring fracture	0043	1.8350	$104.77		$20.95
27194	T		Treat pelvic ring fracture	0045	14.2303	$812.52	$268.47	$162.50
27200	T		Treat tail bone fracture	0043	1.8350	$104.77		$20.95
27202	T		Treat tail bone fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27215	C		Treat pelvic fracture(s)					
27216	T		Treat pelvic ring fracture	0050	24.7044	$1,410.57		$282.11
27217	C		Treat pelvic ring fracture					
27218	C		Treat pelvic ring fracture					
27220	T		Treat hip socket fracture	0043	1.8350	$104.77		$20.95
27222	C		Treat hip socket fracture					
27226	C		Treat hip wall fracture					
27227	C		Treat hip fracture(s)					
27228	C		Treat hip fracture(s)					
27230	T		Treat thigh fracture	0043	1.8350	$104.77		$20.95
27232	C		Treat thigh fracture					
27235	T		Treat thigh fracture	0050	24 7044	$1,410.57		$282.11
27236	C		Treat thigh fracture					
27238	T		Treat thigh fracture	0043	1.8350	$104.77		$20.95
27240	C		Treat thigh fracture					
27244	C		Treat thigh fracture					
27245	C		Treat thigh fracture					
27246	T		Treat thigh fracture	0043	1.8350	$104.77		$20.95
27248	C		Treat thigh fracture					
27250	T		Treat hip dislocation	0043	1.8350	$104.77		$20.95
27252	T		Treat hip dislocation	0045	14.2303	$812.52	$268.47	$162.50
27253	C		Treat hip dislocation					
27254	C		Treat hip dislocation					
27256	T		Treat hip dislocation	0043	1.8350	$104.77		$20.95
27257	T		Treat hip dislocation	0045	14.2303	$812.52	$268.47	$162.50

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27258	C		Treat hip dislocation					
27259	C		Treat hip dislocation					
27265	T		Treat hip dislocation	0043	1.8350	$104.77		$20.95
27266	T		Treat hip dislocation	0045	14.2303	$812.52	$268.47	$162.50
27275	T		Manipulation of hip joint	0045	14.2303	$812.52	$268.47	$162.50
27280	C		Fusion of sacroiliac joint					
27282	C		Fusion of pubic bones					
27284	C		Fusion of hip joint					
27286	C		Fusion of hip joint					
27290	C		Amputation of leg at hip					
27295	C		Amputation of leg at hip					
27299	T		Pelvis/hip joint surgery	0043	1.8350	$104.77		$20.95
27301	T		Drain thigh/knee lesion	0008	19.5952	$1,118.85		$223.77
27303	C		Drainage of bone lesion					
27305	T		Incise thigh tendon & fascia	0049	20.3460	$1,161.72		$232.34
27306	T		Incision of thigh tendon	0049	20.3460	$1,161.72		$232.34
27307	T		Incision of thigh tendons	0049	20.3460	$1,161.72		$232.34
27310	T		Exploration of knee joint	0050	24.7044	$1,410.57		$282.11
27315	T		Partial removal, thigh nerve	0220	17.4557	$996.69		$199.34
27320	T		Partial removal, thigh nerve	0220	17.4557	$996.69		$199.34
27323	T		Biopsy, thigh soft tissues	0021	14.9964	$856.26	$219.48	$171.25
27324	T		Biopsy, thigh soft tissues	0022	19.4617	$1,111.22	$354.45	$222.24
27327	T		Removal of thigh lesion	0022	19.4617	$1,111.22	$354.45	$222.24
27328	T		Removal of thigh lesion	0022	19.4617	$1,111.22	$354.45	$222.24
27329	T		Remove tumor, thigh/knee	0022	19.4617	$1,111.22	$354.45	$222.24
27330	T		Biopsy, knee joint lining	0050	24.7044	$1,410.57		$282.11
27331	T		Explore/treat knee joint	0050	24.7044	$1,410.57		$282.11
27332	T		Removal of knee cartilage	0050	24.7044	$1,410.57		$282.11
27333	T		Removal of knee cartilage	0050	24.7044	$1,410.57		$282.11
27334	T		Remove knee joint lining	0050	24.7044	$1,410.57		$282.11
27335	T		Remove knee joint lining	0050	24.7044	$1,410.57		$282.11
27340	T		Removal of kneecap bursa	0049	20.3460	$1,161.72		$232.34
27345	T		Removal of knee cyst	0049	20.3460	$1,161.72		$232.34
27347	T		Remove knee cyst	0049	20.3460	$1,161.72		$232.34
27350	T		Removal of kneecap	0050	24.7044	$1,410.57		$282.11
27355	T		Remove femur lesion	0050	24.7044	$1,410.57		$282.11
27356	T		Remove femur lesion/graft	0050	24.7044	$1,410.57		$282.11
27357	T		Remove femur lesion/graft	0050	24.7044	$1,410.57		$282.11
27358	T		Remove femur lesion/fixation	0050	24.7044	$1,410.57		$282.11
27360	T		Partial removal, leg bone(s)	0050	24.7044	$1,410.57		$282.11
27365	C		Extensive leg surgery					
27370	N		Injection for knee x-ray					
27372	T		Removal of foreign body	0022	19.4617	$1,111.22	$354.45	$222.24
27380	T		Repair of kneecap tendon	0049	20.3460	$1,161.72		$232.34
27381	T		Repair/graft kneecap tendon	0049	20.3460	$1,161.72		$232.34
27385	T		Repair of thigh muscle	0049	20.3460	$1,161.72		$232.34
27386	T		Repair/graft of thigh muscle	0049	20.3460	$1,161.72		$232.34
27390	T		Incision of thigh tendon	0049	20.3460	$1,161.72		$232.34
27391	T		Incision of thigh tendons	0049	20.3460	$1,161.72		$232.34
27392	T		Incision of thigh tendons	0049	20.3460	$1,161.72		$232.34

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27393	T		Lengthening of thigh tendon	0050	24.7044	$1,410.57		$282.11
27394	T		Lengthening of thigh tendons	0050	24.7044	$1,410.57		$282.11
27395	T		Lengthening of thigh tendons	0051	36.1086	$2,061.73		$412.35
27396	T		Transplant of thigh tendon	0050	24.7044	$1,410.57		$282.11
27397	T		Transplants of thigh tendons	0051	36.1086	$2,061.73		$412.35
27400	T		Revise thigh muscles/tendons	0051	36.1086	$2,061.73		$412.35
27403	T		Repair of knee cartilage	0050	24.7044	$1,410.57		$282.11
27405	T		Repair of knee ligament	0051	36.1086	$2,061.73		$412.35
27407	T		Repair of knee ligament	0051	36.1086	$2,061.73		$412.35
27409	T		Repair of knee ligaments	0051	36.1086	$2,061.73		$412.35
27418	T		Repair degenerated kneecap	0051	36.1086	$2,061.73		$412.35
27420	T		Revision of unstable kneecap	0051	36.1086	$2,061.73		$412.35
27422	T		Revision of unstable kneecap	0051	36.1086	$2,061.73		$412.35
27424	T		Revision/removal of kneecap	0051	36.1086	$2,061.73		$412.35
27425	T		Lateral retinacular release	0050	24.7044	$1,410.57		$282.11
27427	T		Reconstruction, knee	0052	43.8069	$2,501.29		$500.26
27428	T		Reconstruction, knee	0052	43.8069	$2,501.29		$500.26
27429	T		Reconstruction, knee	0052	43.8069	$2,501.29		$500.26
27430	T		Revision of thigh muscles	0051	36.1086	$2,061.73		$412.35
27435	T		Incision of knee joint	0051	36.1086	$2,061.73		$412.35
27437	T		Revise kneecap	0047	31.3840	$1,791.96	$537.03	$358.39
27438	T		Revise kneecap with implant	0048	41.1519	$2,349.69	$582.12	$469.94
27440	T		Revision of knee joint	0047	31.3840	$1,791.96	$537.03	$358.39
27441	T		Revision of knee joint	0047	31.3840	$1,791.96	$537.03	$358.39
27442	T		Revision of knee joint	0047	31.3840	$1,791.96	$537.03	$358.39
27443	T		Revision of knee joint	0047	31.3840	$1,791.96	$537.03	$358.39
27445	C		Revision of knee joint					
27446	T		Revision of knee joint	0681	92.1163	$5,259.66	$2,093.11	$1,051.93
27447	C		Total knee arthroplasty					
27448	C		Incision of thigh					
27450	C		Incision of thigh					
27454	C		Realignment of thigh bone					
27455	C		Realignment of knee					
27457	C		Realignment of knee					
27465	C		Shortening of thigh bone					
27466	C		Lengthening of thigh bone					
27468	C		Shorten/lengthen thighs					
27470	C		Repair of thigh					
27472	C		Repair/graft of thigh					
27475	C		Surgery to stop leg growth					
27477	C		Surgery to stop leg growth					
27479	C		Surgery to stop leg growth					
27485	C		Surgery to stop leg growth					
27486	C		Revise/replace knee joint					
27487	C		Revise/replace knee joint					
27488	C		Removal of knee prosthesis					
27495	C		Reinforce thigh					
27496	T		Decompression of thigh/knee	0049	20.3460	$1,161.72		$232.34
27497	T		Decompression of thigh/knee	0049	20.3460	$1,161.72		$232.34
27498	T		Decompression of thigh/knee	0049	20.3460	$1,161.72		$232.34

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27499	T		Decompression of thigh/knee	0049	20.3460	$1,161.72		$232.34
27500	T		Treatment of thigh fracture	0043	1.8350	$104.77		$20.95
27501	T		Treatment of thigh fracture	0043	1.8350	$104.77		$20.95
27502	T		Treatment of thigh fracture	0043	1.8350	$104.77		$20.95
27503	T		Treatment of thigh fracture	0043	1.8350	$104.77		$20.95
27506	C		Treatment of thigh fracture					
27507	C		Treatment of thigh fracture					
27508	T		Treatment of thigh fracture	0043	1.8350	$104.77		$20.95
27509	T		Treatment of thigh fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27510	T		Treatment of thigh fracture	0043	1.8350	$104.77		$20.95
27511	C		Treatment of thigh fracture					
27513	C		Treatment of thigh fracture					
27514	C		Treatment of thigh fracture					
27516	T		Treat thigh fx growth plate	0043	1.8350	$104.77		$20.95
27517	T		Treat thigh fx growth plate	0043	1.8350	$104.77		$20.95
27519	C		Treat thigh fx growth plate					
27520	T		Treat kneecap fracture	0043	1.8350	$104.77		$20.95
27524	T		Treat kneecap fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27530	T		Treat knee fracture	0043	1.8350	$104.77		$20.95
27532	T		Treat knee fracture	0043	1.8350	$104.77		$20.95
27535	C		Treat knee fracture					
27536	C		Treat knee fracture					
27538	T		Treat knee fracture(s)	0043	1.8350	$104.77		$20.95
27540	C		Treat knee fracture					
27550	T		Treat knee dislocation	0043	1.8350	$104.77		$20.95
27552	T		Treat knee dislocation	0045	14.2303	$812.52	$268.47	$162.50
27556	C		Treat knee dislocation					
27557	C		Treat knee dislocation					
27558	C		Treat knee dislocation					
27560	T		Treat kneecap dislocation	0043	1.8350	$104.77		$20.95
27562	T		Treat kneecap dislocation	0045	14.2303	$812.52	$268.47	$162.50
27566	T		Treat kneecap dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
27570	T		Fixation of knee joint	0045	14.2303	$812.52	$268.47	$162.50
27580	C		Fusion of knee					
27590	C		Amputate leg at thigh					
27591	C		Amputate leg at thigh					
27592	C		Amputate leg at thigh					
27594	T		Amputation follow-up surgery	0049	20.3460	$1,161.72		$232.34
27596	C		Amputation follow-up surgery					
27598	C		Amputate lower leg at knee					
27599	T		Leg surgery procedure	0043	1.8350	$104.77		$20.95
27600	T		Decompression of lower leg	0049	20.3460	$1,161.72		$232.34
27601	T		Decompression of lower leg	0049	20.3460	$1,161.72		$232.34
27602	T		Decompression of lower leg	0049	20.3460	$1,161.72		$232.34
27603	T		Drain lower leg lesion	0007	12.5436	$716.21		$143.24
27604	T		Drain lower leg bursa	0049	20.3460	$1,161.72		$232.34
27605	T		Incision of achilles tendon	0055	19.5232	$1,114.74	$355.34	$222.95
27606	T		Incision of achilles tendon	0049	20.3460	$1,161.72		$232.34
27607	T		Treat lower leg bone lesion	0049	20.3460	$1,161.72		$232.34
27610	T		Explore/treat ankle joint	0050	24.7044	$1,410.57		$282.11

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27612	T		Exploration of ankle joint	0050	24.7044	$1,410.57		$282.11
27613	T		Biopsy lower leg soft tissue	0020	7.7453	$442.24	$113.25	$88.45
27614	T		Biopsy lower leg soft tissue	0022	19.4617	$1,111.22	$354.45	$222.24
27615	T		Remove tumor, lower leg	0046	34.9274	$1,994.28	$535.76	$398.86
27618	T		Remove lower leg lesion	0021	14.9964	$856.26	$219.48	$171.25
27619	T		Remove lower leg lesion	0022	19.4617	$1,111.22	$354.45	$222.24
27620	T		Explore/treat ankle joint	0050	24.7044	$1,410.57		$282.11
27625	T		Remove ankle joint lining	0050	24.7044	$1,410.57		$282.11
27626	T		Remove ankle joint lining	0050	24.7044	$1,410.57		$282.11
27630	T		Removal of tendon lesion	0049	20.3460	$1,161.72		$232.34
27635	T		Remove lower leg bone lesion	0050	24.7044	$1,410.57		$282.11
27637	T		Remove/graft leg bone lesion	0050	24.7044	$1,410.57		$282.11
27638	T		Remove/graft leg bone lesion	0050	24.7044	$1,410.57		$282.11
27640	T		Partial removal of tibia	0051	36.1086	$2,061.73		$412.35
27641	T		Partial removal of fibula	0050	24.7044	$1,410.57		$282.11
27645	C		Extensive lower leg surgery					
27646	C		Extensive lower leg surgery					
27647	T		Extensive ankle/heel surgery	0051	36.1086	$2,061.73		$412.35
27648	N		Injection for ankle x-ray					
27650	T		Repair achilles tendon	0051	36.1086	$2,061.73		$412.35
27652	T		Repair/graft achilles tendon	0051	36.1086	$2,061.73		$412.35
27654	T		Repair of achilles tendon	0051	36.1086	$2,061.73		$412.35
27656	T		Repair leg fascia defect	0049	20.3460	$1,161.72		$232.34
27658	T		Repair of leg tendon, each	0049	20.3460	$1,161.72		$232.34
27659	T		Repair of leg tendon, each	0049	20.3460	$1,161.72		$232.34
27664	T		Repair of leg tendon, each	0049	20.3460	$1,161.72		$232.34
27665	T		Repair of leg tendon, each	0050	24.7044	$1,410.57		$282.11
27675	T		Repair lower leg tendons	0049	20.3460	$1,161.72		$232.34
27676	T		Repair lower leg tendons	0050	24.7044	$1,410.57		$282.11
27680	T		Release of lower leg tendon	0050	24.7044	$1,410.57		$282.11
27681	T		Release of lower leg tendons	0050	24.7044	$1,410.57		$282.11
27685	T		Revision of lower leg tendon	0050	24.7044	$1,410.57		$282.11
27686	T		Revise lower leg tendons	0050	24.7044	$1,410.57		$282.11
27687	T		Revision of calf tendon	0050	24.7044	$1,410.57		$282.11
27690	T		Revise lower leg tendon	0051	36.1086	$2,061.73		$412.35
27691	T		Revise lower leg tendon	0051	36.1086	$2,061.73		$412.35
27692	T		Revise additional leg tendon	0051	36.1086	$2,061.73		$412.35
27695	T		Repair of ankle ligament	0050	24.7044	$1,410.57		$282.11
27696	T		Repair of ankle ligaments	0050	24.7044	$1,410.57		$282.11
27698	T		Repair of ankle ligament	0050	24.7044	$1,410.57		$282.11
27700	T		Revision of ankle joint	0047	31.3840	$1,791.96	$537.03	$358.39
27702	C		Reconstruct ankle joint					
27703	C		Reconstruction, ankle joint					
27704	T		Removal of ankle implant	0049	20.3460	$1,161.72		$232.34
27705	T		Incision of tibia	0051	36.1086	$2,061.73		$412.35
27707	T		Incision of fibula	0049	20.3460	$1,161.72		$232.34
27709	T		Incision of tibia & fibula	0050	24.7044	$1,410.57		$282.11
27712	C		Realignment of lower leg					
27715	C		Revision of lower leg					
27720	C		Repair of tibia					

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27722	C		Repair/graft of tibia					
27724	C		Repair/graft of tibia					
27725	C		Repair of lower leg					
27727	C		Repair of lower leg					
27730	T		Repair of tibia epiphysis	0050	24.7044	$1,410.57		$282.11
27732	T		Repair of fibula epiphysis	0050	24.7044	$1,410.57		$282.11
27734	T		Repair lower leg epiphyses	0050	24.7044	$1,410.57		$282.11
27740	T		Repair of leg epiphyses	0050	24.7044	$1,410.57		$282.11
27742	T		Repair of leg epiphyses	0051	36.1086	$2,061.73		$412.35
27745	T		Reinforce tibia	0051	36.1086	$2,061.73		$412.35
27750	T		Treatment of tibia fracture	0043	1.8350	$104.77		$20.95
27752	T		Treatment of tibia fracture	0043	1.8350	$104.77		$20.95
27756	T		Treatment of tibia fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27758	T		Treatment of tibia fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27759	T		Treatment of tibia fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27760	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
27762	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
27766	T		Treatment of ankle fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27780	T		Treatment of fibula fracture	0043	1.8350	$104.77		$20.95
27781	T		Treatment of fibula fracture	0043	1.8350	$104.77		$20.95
27784	T		Treatment of fibula fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27786	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
27788	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
27792	T		Treatment of ankle fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27808	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
27810	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
27814	T		Treatment of ankle fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27816	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
27818	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
27822	T		Treatment of ankle fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27823	T		Treatment of ankle fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27824	T		Treat lower leg fracture	0043	1.8350	$104.77		$20.95
27825	T		Treat lower leg fracture	0043	1.8350	$104.77		$20.95
27826	T		Treat lower leg fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27827	T		Treat lower leg fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27828	T		Treat lower leg fracture	0046	34.9274	$1,994.28	$535.76	$398.86
27829	T		Treat lower leg joint	0046	34.9274	$1,994.28	$535.76	$398.86
27830	T		Treat lower leg dislocation	0043	1.8350	$104.77		$20.95
27831	T		Treat lower leg dislocation	0043	1.8350	$104.77		$20.95
27832	T		Treat lower leg dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
27840	T		Treat ankle dislocation	0043	1.8350	$104.77		$20.95
27842	T		Treat ankle dislocation	0045	14.2303	$812.52	$268.47	$162.50
27846	T		Treat ankle dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
27848	T		Treat ankle dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
27860	T		Fixation of ankle joint	0045	14.2303	$812.52	$268.47	$162.50
27870	T		Fusion of ankle joint	0051	36.1086	$2,061.73		$412.35
27871	T		Fusion of tibiofibular joint	0051	36.1086	$2,061.73		$412.35
27880	C		Amputation of lower leg					
27881	C		Amputation of lower leg					
27882	C		Amputation of lower leg					

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27884	T		Amputation follow-up surgery	0049	20.3460	$1,161.72		$232.34
27886	C		Amputation follow-up surgery					
27888	C		Amputation of foot at ankle					
27889	T		Amputation of foot at ankle	0050	24.7044	$1,410.57		$282.11
27892	T		Decompression of leg	0049	20.3460	$1,161.72		$232.34
27893	T		Decompression of leg	0049	20.3460	$1,161.72		$232.34
27894	T		Decompression of leg	0049	20.3460	$1,161.72		$232.34
27899	T		Leg/ankle surgery procedure	0043	1.8350	$104.77		$20.95
28001	T		Drainage of bursa of foot	0007	12.5436	$716.21		$143.24
28002	T		Treatment of foot infection	0049	20.3460	$1,161.72		$232.34
28003	T		Treatment of foot infection	0049	20.3460	$1,161.72		$232.34
28005	T		Treat foot bone lesion	0055	19.5232	$1,114.74	$355.34	$222.95
28008	T		Incision of foot fascia	0055	19.5232	$1,114.74	$355.34	$222.95
28010	T		Incision of toe tendon	0055	19.5232	$1,114.74	$355.34	$222.95
28011	T		Incision of toe tendons	0055	19.5232	$1,114.74	$355.34	$222.95
28020	T		Exploration of foot joint	0055	19.5232	$1,114.74	$355.34	$222.95
28022	T		Exploration of foot joint	0055	19.5232	$1,114.74	$355.34	$222.95
28024	T		Exploration of toe joint	0055	19.5232	$1,114.74	$355.34	$222.95
28030	T		Removal of foot nerve	0220	17.4557	$996.69		$199.34
28035	T		Decompression of tibia nerve	0220	17.4557	$996.69		$199.34
28043	T		Excision of foot lesion	0021	14.9964	$856.26	$219.48	$171.25
28045	T		Excision of foot lesion	0055	19.5232	$1,114.74	$355.34	$222.95
28046	T		Resection of tumor, foot	0055	19.5232	$1,114.74	$355.34	$222.95
28050	T		Biopsy of foot joint lining	0055	19.5232	$1,114.74	$355.34	$222.95
28052	T		Biopsy of foot joint lining	0055	19.5232	$1,114.74	$355.34	$222.95
28054	T		Biopsy of toe joint lining	0055	19.5232	$1,114.74	$355.34	$222.95
28060	T		Partial removal, foot fascia	0056	26.7017	$1,524.61	$405.81	$304.92
28062	T		Removal of foot fascia	0056	26.7017	$1,524.61	$405.81	$304.92
28070	T		Removal of foot joint lining	0056	26.7017	$1,524.61	$405.81	$304.92
28072	T		Removal of foot joint lining	0056	26.7017	$1,524.61	$405.81	$304.92
28080	T		Removal of foot lesion	0055	19.5232	$1,114.74	$355.34	$222.95
28086	T		Excise foot tendon sheath	0055	19.5232	$1,114.74	$355.34	$222.95
28088	T		Excise foot tendon sheath	0055	19.5232	$1,114.74	$355.34	$222.95
28090	T		Removal of foot lesion	0055	19.5232	$1,114.74	$355.34	$222.95
28092	T		Removal of toe lesions	0055	19.5232	$1,114.74	$355.34	$222.95
28100	T		Removal of ankle/heel lesion	0055	19.5232	$1,114.74	$355.34	$222.95
28102	T		Remove/graft foot lesion	0056	26.7017	$1,524.61	$405.81	$304.92
28103	T		Remove/graft foot lesion	0056	26.7017	$1,524.61	$405.81	$304.92
28104	T		Removal of foot lesion	0055	19.5232	$1,114.74	$355.34	$222.95
28106	T		Remove/graft foot lesion	0056	26.7017	$1,524.61	$405.81	$304.92
28107	T		Remove/graft foot lesion	0056	26.7017	$1,524.61	$405.81	$304.92
28108	T		Removal of toe lesions	0055	19.5232	$1,114.74	$355.34	$222.95
28110	T		Part removal of metatarsal	0056	26.7017	$1,524.61	$405.81	$304.92
28111	T		Part removal of metatarsal	0055	19.5232	$1,114.74	$355.34	$222.95
28112	T		Part removal of metatarsal	0055	19.5232	$1,114.74	$355.34	$222.95
28113	T		Part removal of metatarsal	0055	19.5232	$1,114.74	$355.34	$222.95
28114	T		Removal of metatarsal heads	0055	19.5232	$1,114.74	$355.34	$222.95
28116	T		Revision of foot	0055	19.5232	$1,114.74	$355.34	$222.95
28118	T		Removal of heel bone	0055	19.5232	$1,114.74	$355.34	$222.95
28119	T		Removal of heel spur	0055	19.5232	$1,114.74	$355.34	$222.95

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28120	T		Part removal of ankle/heel	0055	19.5232	$1,114.74	$355.34	$222.95
28122	T		Partial removal of foot bone	0055	19.5232	$1,114.74	$355.34	$222.95
28124	T		Partial removal of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28126	T		Partial removal of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28130	T		Removal of ankle bone	0055	19.5232	$1,114.74	$355.34	$222.95
28140	T		Removal of metatarsal	0055	19.5232	$1,114.74	$355.34	$222.95
28150	T		Removal of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28153	T		Partial removal of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28160	T		Partial removal of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28171	T		Extensive foot surgery	0055	19.5232	$1,114.74	$355.34	$222.95
28173	T		Extensive foot surgery	0055	19.5232	$1,114.74	$355.34	$222.95
28175	T		Extensive foot surgery	0055	19.5232	$1,114.74	$355.34	$222.95
28190	T		Removal of foot foreign body	0019	4.2663	$243.60	$71.87	$48.72
28192	T		Removal of foot foreign body	0021	14.9964	$856.26	$219.48	$171.25
28193	T		Removal of foot foreign body	0020	7.7453	$442.24	$113.25	$88.45
28200	T		Repair of foot tendon	0055	19.5232	$1,114.74	$355.34	$222.95
28202	T		Repair/graft of foot tendon	0056	26.7017	$1,524.61	$405.81	$304.92
28208	T		Repair of foot tendon	0055	19.5232	$1,114.74	$355.34	$222.95
28210	T		Repair/graft of foot tendon	0056	26.7017	$1,524.61	$405.81	$304.92
28220	T		Release of foot tendon	0055	19.5232	$1,114.74	$355.34	$222.95
28222	T		Release of foot tendons	0055	19.5232	$1,114.74	$355.34	$222.95
28225	T		Release of foot tendon	0055	19.5232	$1,114.74	$355.34	$222.95
28226	T		Release of foot tendons	0055	19.5232	$1,114.74	$355.34	$222.95
28230	T		Incision of foot tendon(s)	0055	19.5232	$1,114.74	$355.34	$222.95
28232	T		Incision of toe tendon	0055	19.5232	$1,114.74	$355.34	$222.95
28234	T		Incision of foot tendon	0055	19.5232	$1,114.74	$355.34	$222.95
28238	T		Revision of foot tendon	0056	26.7017	$1,524.61	$405.81	$304.92
28240	T		Release of big toe	0055	19.5232	$1,114.74	$355.34	$222.95
28250	T		Revision of foot fascia	0056	26.7017	$1,524.61	$405.81	$304.92
28260	T		Release of midfoot joint	0056	26.7017	$1,524.61	$405.81	$304.92
28261	T		Revision of foot tendon	0056	26.7017	$1,524.61	$405.81	$304.92
28262	T		Revision of foot and ankle	0056	26.7017	$1,524.61	$405.81	$304.92
28264	T		Release of midfoot joint	0056	26.7017	$1,524.61	$405.81	$304.92
28270	T		Release of foot contracture	0055	19.5232	$1,114.74	$355.34	$222.95
28272	T		Release of toe joint, each	0055	19.5232	$1,114.74	$355.34	$222.95
28280	T		Fusion of toes	0055	19.5232	$1,114.74	$355.34	$222.95
28285	T		Repair of hammertoe	0055	19.5232	$1,114.74	$355.34	$222.95
28286	T		Repair of hammertoe	0055	19.5232	$1,114.74	$355.34	$222.95
28288	T		Partial removal of foot bone	0056	26.7017	$1,524.61	$405.81	$304.92
28289	T		Repair hallux rigidus	0056	26.7017	$1,524.61	$405.81	$304.92
28290	T		Correction of bunion	0056	26.7017	$1,524.61	$405.81	$304.92
28292	T		Correction of bunion	0057	27.1422	$1,549.77	$475.91	$309.95
28293	T		Correction of bunion	0057	27.1422	$1,549.77	$475.91	$309.95
28294	T		Correction of bunion	0056	26.7017	$1,524.61	$405.81	$304.92
28296	T		Correction of bunion	0056	26.7017	$1,524.61	$405.81	$304.92
28297	T		Correction of bunion	0057	27.1422	$1,549.77	$475.91	$309.95
28298	T		Correction of bunion	0056	26.7017	$1,524.61	$405.81	$304.92
28299	T		Correction of bunion	0057	27.1422	$1,549.77	$475.91	$309.95
28300	T		Incision of heel bone	0056	26.7017	$1,524.61	$405.81	$304.92
28302	T		Incision of ankle bone	0056	26.7017	$1,524.61	$405.81	$304.92

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28304	T		Incision of midfoot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28305	T		Incise/graft midfoot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28306	T		Incision of metatarsal	0056	26.7017	$1,524.61	$405.81	$304.92
28307	T		Incision of metatarsal	0056	26.7017	$1,524.61	$405.81	$304.92
28308	T		Incision of metatarsal	0056	26.7017	$1,524.61	$405.81	$304.92
28309	T		Incision of metatarsals	0056	26.7017	$1,524.61	$405.81	$304.92
28310	T		Revision of big toe	0055	19.5232	$1,114.74	$355.34	$222.95
28312	T		Revision of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28313	T		Repair deformity of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28315	T		Removal of sesamoid bone	0055	19.5232	$1,114.74	$355.34	$222.95
28320	T		Repair of foot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28322	T		Repair of metatarsals	0056	26.7017	$1,524.61	$405.81	$304.92
28340	T		Resect enlarged toe tissue	0055	19.5232	$1,114.74	$355.34	$222.95
28341	T		Resect enlarged toe	0055	19.5232	$1,114.74	$355.34	$222.95
28344	T		Repair extra toe(s)	0056	26.7017	$1,524.61	$405.81	$304.92
28345	T		Repair webbed toe(s)	0056	26.7017	$1,524.61	$405.81	$304.92
28360	T		Reconstruct cleft foot	0056	26.7017	$1,524.61	$405.81	$304.92
28400	T		Treatment of heel fracture	0043	1.8350	$104.77		$20.95
28405	T		Treatment of heel fracture	0043	1.8350	$104.77		$20.95
28406	T		Treatment of heel fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28415	T		Treat heel fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28420	T		Treat/graft heel fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28430	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
28435	T		Treatment of ankle fracture	0043	1.8350	$104.77		$20.95
28436	T		Treatment of ankle fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28445	T		Treat ankle fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28450	T		Treat midfoot fracture, each	0043	1.8350	$104.77		$20.95
28455	T		Treat midfoot fracture, each	0043	1.8350	$104.77		$20.95
28456	T		Treat midfoot fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28465	T		Treat midfoot fracture, each	0046	34.9274	$1,994.28	$535.76	$398.86
28470	T		Treat metatarsal fracture	0043	1.8350	$104.77		$20.95
28475	T		Treat metatarsal fracture	0043	1.8350	$104.77		$20.95
28476	T		Treat metatarsal fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28485	T		Treat metatarsal fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28490	T		Treat big toe fracture	0043	1.8350	$104.77		$20.95
28495	T		Treat big toe fracture	0043	1.8350	$104.77		$20.95
28496	T		Treat big toe fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28505	T		Treat big toe fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28510	T		Treatment of toe fracture	0043	1.8350	$104.77		$20.95
28515	T		Treatment of toe fracture	0043	1.8350	$104.77		$20.95
28525	T		Treat toe fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28530	T		Treat sesamoid bone fracture	0043	1.8350	$104.77		$20.95
28531	T		Treat sesamoid bone fracture	0046	34.9274	$1,994.28	$535.76	$398.86
28540	T		Treat foot dislocation	0043	1.8350	$104.77		$20.95
28545	T		Treat foot dislocation	0045	14.2303	$812.52	$268.47	$162.50
28546	T		Treat foot dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28555	T		Repair foot dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28570	T		Treat foot dislocation	0043	1.8350	$104.77		$20.95
28575	T		Treat foot dislocation	0043	1.8350	$104.77		$20.95
28576	T		Treat foot dislocation	0046	34.9274	$1,994.28	$535.76	$398.86

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28585	T		Repair foot dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28600	T		Treat foot dislocation	0043	1.8350	$104.77		$20.95
28605	T		Treat foot dislocation	0043	1.8350	$104.77		$20.95
28606	T		Treat foot dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28615	T		Repair foot dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28630	T		Treat toe dislocation	0043	1.8350	$104.77		$20.95
28635	T		Treat toe dislocation	0045	14.2303	$812.52	$268.47	$162.50
28636	T		Treat toe dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28645	T		Repair toe dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28660	T		Treat toe dislocation	0043	1.8350	$104.77		$20.95
28665	T		Treat toe dislocation	0045	14.2303	$812.52	$268.47	$162.50
28666	T		Treat toe dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28675	T		Repair of toe dislocation	0046	34.9274	$1,994.28	$535.76	$398.86
28705	T		Fusion of foot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28715	T		Fusion of foot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28725	T		Fusion of foot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28730	T		Fusion of foot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28735	T		Fusion of foot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28737	T		Revision of foot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28740	T		Fusion of foot bones	0056	26.7017	$1,524.61	$405.81	$304.92
28750	T		Fusion of big toe joint	0056	26.7017	$1,524.61	$405.81	$304.92
28755	T		Fusion of big toe joint	0055	19.5232	$1,114.74	$355.34	$222.95
28760	T		Fusion of big toe joint	0056	26.7017	$1,524.61	$405.81	$304.92
28800	C		Amputation of midfoot					
28805	C		Amputation thru metatarsal					
28810	T		Amputation toe & metatarsal	0055	19.5232	$1,114.74	$355.34	$222.95
28820	T		Amputation of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28825	T		Partial amputation of toe	0055	19.5232	$1,114.74	$355.34	$222.95
28899	T		Foot/toes surgery procedure	0043	1.8350	$104.77		$20.95
29000	S		Application of body cast	0426	2.0113	$114.84		$22.97
29010	S		Application of body cast	0426	2.0113	$114.84		$22.97
29015	S		Application of body cast	0426	2.0113	$114.84		$22.97
29020	S		Application of body cast	0058	1.1094	$63.34		$12.67
29025	S		Application of body cast	0426	2.0113	$114.84		$22.97
29035	S		Application of body cast	0426	2.0113	$114.84		$22.97
29040	S		Application of body cast	0058	1.1094	$63.34		$12.67
29044	S		Application of body cast	0426	2.0113	$114.84		$22.97
29046	S		Application of body cast	0426	2.0113	$114.84		$22.97
29049	S		Application of figure eight	0058	1.1094	$63.34		$12.67
29055	S		Application of shoulder cast	0426	2.0113	$114.84		$22.97
29058	S		Application of shoulder cast	0058	1.1094	$63.34		$12.67
29065	S		Application of long arm cast	0426	2.0113	$114.84		$22.97
29075	S		Application of forearm cast	0426	2.0113	$114.84		$22.97
29085	S		Apply hand/wrist cast	0426	2.0113	$114.84		$22.97
29086	S		Apply finger cast	0426	2.0113	$114.84		$22.97
29105	S		Apply long arm splint	0058	1.1094	$63.34		$12.67
29125	S		Apply forearm splint	0058	1.1094	$63.34		$12.67
29126	S		Apply forearm splint	0058	1.1094	$63.34		$12.67
29130	S		Application of finger splint	0058	1.1094	$63.34		$12.67
29131	S		Application of finger splint	0058	1.1094	$63.34		$12.67

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
29200	S		Strapping of chest	0058	1.1094	$63.34		$12.67
29220	S		Strapping of low back	0058	1.1094	$63.34		$12.67
29240	S		Strapping of shoulder	0058	1.1094	$63.34		$12.67
29260	S		Strapping of elbow or wrist	0058	1.1094	$63.34		$12.67
29280	S		Strapping of hand or finger	0058	1.1094	$63.34		$12.67
29305	S		Application of hip cast	0426	2.0113	$114.84		$22.97
29325	S		Application of hip casts	0426	2.0113	$114.84		$22.97
29345	S		Application of long leg cast	0426	2.0113	$114.84		$22.97
29355	S		Application of long leg cast	0426	2.0113	$114.84		$22.97
29358	S		Apply long leg cast brace	0426	2.0113	$114.84		$22.97
29365	S		Application of long leg cast	0426	2.0113	$114.84		$22.97
29405	S		Apply short leg cast	0426	2.0113	$114.84		$22.97
29425	S		Apply short leg cast	0426	2.0113	$114.84		$22.97
29435	S		Apply short leg cast	0426	2.0113	$114.84		$22.97
29440	S		Addition of walker to cast	0426	2.0113	$114.84		$22.97
29445	S		Apply rigid leg cast	0426	2.0113	$114.84		$22.97
29450	S		Application of leg cast	0058	1.1094	$63.34		$12.67
29505	S		Application, long leg splint	0058	1.1094	$63.34		$12.67
29515	S		Application lower leg splint	0058	1.1094	$63.34		$12.67
29520	S		Strapping of hip	0058	1.1094	$63.34		$12.67
29530	S		Strapping of knee	0058	1.1094	$63.34		$12.67
29540	S		Strapping of ankle	0058	1.1094	$63.34		$12.67
29550	S		Strapping of toes	0058	1.1094	$63.34		$12.67
29580	S		Application of paste boot	0058	1.1094	$63.34		$12.67
29590	S		Application of foot splint	0058	1.1094	$63.34		$12.67
29700	S		Removal/revision of cast	0058	1.1094	$63.34		$12.67
29705	S		Removal/revision of cast	0058	1.1094	$63.34		$12.67
29710	S		Removal/revision of cast	0426	2.0113	$114.84		$22.97
29715	S		Removal/revision of cast	0058	1.1094	$63.34		$12.67
29720	S		Repair of body cast	0058	1.1094	$63.34		$12.67
29730	S		Windowing of cast	0058	1.1094	$63.34		$12.67
29740	S		Wedging of cast	0058	1.1094	$63.34		$12.67
29750	S		Wedging of clubfoot cast	0058	1.1094	$63.34		$12.67
29799	S		Casting/strapping procedure	0058	1 1094	$63.34		$12.67
29800	T		Jaw arthroscopy/surgery	0042	43 8002	$2,500.90	$804.74	$500.18
29804	T		Jaw arthroscopy/surgery	0041	28 2366	$1,612.25		$322.45
29805	T		Shoulder arthroscopy, dx	0041	28 2366	$1,612.25		$322.45
29806	T		Shoulder arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500 18
29807	T		Shoulder arthroscopy/surgery	0042	43 8002	$2,500.90	$804.74	$500 18
29819	T		Shoulder arthroscopy/surgery	0041	28 2366	$1,612.25		$322 45
29820	T		Shoulder arthroscopy/surgery	0041	28 2366	$1,612.25		$322.45
29821	T		Shoulder arthroscopy/surgery	0041	28 2366	$1,612.25		$322.45
29822	T		Shoulder arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29823	T		Shoulder arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29824	T		Shoulder arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29825	T		Shoulder arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29826	T		Shoulder arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29827	T		Arthroscop rotator cuff repr	0042	43.8002	$2,500.90	$804.74	$500.18
29830	T		Elbow arthroscopy	0041	28.2366	$1,612.25		$322.45
29834	T		Elbow arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
29835	T		Elbow arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29836	T		Elbow arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29837	T		Elbow arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29838	T		Elbow arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29840	T		Wrist arthroscopy	0041	28.2366	$1,612.25		$322.45
29843	T		Wrist arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29844	T		Wrist arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29845	T		Wrist arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29846	T		Wrist arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29847	T		Wrist arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29848	T		Wrist endoscopy/surgery	0041	28.2366	$1,612.25		$322.45
29850	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29851	T		Knee arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29855	T		Tibial arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29856	T		Tibial arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29860	T		Hip arthroscopy, dx	0041	28.2366	$1,612.25		$322.45
29861	T		Hip arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29862	T		Hip arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29863	T		Hip arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29870	T		Knee arthroscopy, dx	0041	28.2366	$1,612.25		$322.45
29871	T		Knee arthroscopy/drainage	0041	28.2366	$1,612.25		$322.45
29873	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29874	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29875	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29876	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29877	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29879	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29880	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29881	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29882	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29883	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29884	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29885	T		Knee arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29886	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29887	T		Knee arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29888	T		Knee arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29889	T		Knee arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29891	T		Ankle arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29892	T		Ankle arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29893	T		Scope, plantar fasciotomy	0055	19.5232	$1,114.74	$355.34	$222.95
29894	T		Ankle arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29895	T		Ankle arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29897	T		Ankle arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29898	T		Ankle arthroscopy/surgery	0041	28.2366	$1,612.25		$322.45
29899	T		Ankle arthroscopy/surgery	0042	43.8002	$2,500.90	$804.74	$500.18
29900	T		Mcp joint arthroscopy, dx	0053	15.6402	$893.02	$253.49	$178.60
29901	T		Mcp joint arthroscopy, surg	0053	15.6402	$893.02	$253.49	$178.60
29902	T		Mcp joint arthroscopy, surg	0053	15.6402	$893.02	$253.49	$178.60
29999	T		Arthroscopy of joint	0041	28.2366	$1,612.25		$322.45
30000	T		Drainage of nose lesion	0251	1.9490	$111.28		$22.26

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30020	T		Drainage of nose lesion	0251	1.9490	$111.28		$22.26
30100	T		Intranasal biopsy	0252	6.5732	$375.32	$113.41	$75.06
30110	T		Removal of nose polyp(s)	0253	15.9924	$913.13	$282.29	$182.63
30115	T		Removal of nose polyp(s)	0253	15.9924	$913.13	$282.29	$182.63
30117	T		Removal of intranasal lesion	0253	15.9924	$913.13	$282.29	$182.63
30118	T		Removal of intranasal lesion	0254	23.5464	$1,344.45	$321.35	$268.89
30120	T		Revision of nose	0253	15.9924	$913.13	$282.29	$182.63
30124	T		Removal of nose lesion	0252	6.5732	$375.32	$113.41	$75.06
30125	T		Removal of nose lesion	0256	37.1347	$2,120.32		$424.06
30130	T		Removal of turbinate bones	0253	15.9924	$913.13	$282.29	$182.63
30140	T		Removal of turbinate bones	0254	23.5464	$1,344.45	$321.35	$268.89
30150	T		Partial removal of nose	0256	37.1347	$2,120.32		$424.06
30160	T		Removal of nose	0256	37.1347	$2,120.32		$424.06
30200	T		Injection treatment of nose	0253	15.9924	$913.13	$282.29	$182.63
30210	T		Nasal sinus therapy	0252	6.5732	$375.32	$113.41	$75.06
30220	T		Insert nasal septal button	0252	6.5732	$375.32	$113.41	$75.06
30300	X		Remove nasal foreign body	0340	0.6454	$36.85		$7.37
30310	T		Remove nasal foreign body	0253	15.9924	$913.13	$282.29	$182.63
30320	T		Remove nasal foreign body	0253	15.9924	$913.13	$282.29	$182.63
30400	T		Reconstruction of nose	0256	37.1347	$2,120.32		$424.06
30410	T		Reconstruction of nose	0256	37.1347	$2,120.32		$424.06
30420	T		Reconstruction of nose	0256	37.1347	$2,120.32		$424.06
30430	T		Revision of nose	0254	23.5464	$1,344.45	$321.35	$268.89
30435	T		Revision of nose	0256	37.1347	$2,120.32		$424.06
30450	T		Revision of nose	0256	37.1347	$2,120.32		$424.06
30460	T		Revision of nose	0256	37.1347	$2,120.32		$424.06
30462	T		Revision of nose	0256	37.1347	$2,120.32		$424.06
30465	T		Repair nasal stenosis	0256	37.1347	$2,120.32		$424.06
30520	T		Repair of nasal septum	0254	23.5464	$1,344.45	$321.35	$268.89
30540	T		Repair nasal defect	0256	37.1347	$2,120.32		$424.06
30545	T		Repair nasal defect	0256	37.1347	$2,120.32		$424.06
30560	T		Release of nasal adhesions	0251	1.9490	$111.28		$22.26
30580	T		Repair upper jaw fistula	0256	37.1347	$2,120.32		$424.06
30600	T		Repair mouth/nose fistula	0256	37.1347	$2,120.32		$424.06
30620	T		Intranasal reconstruction	0256	37.1347	$2,120.32		$424.06
30630	T		Repair nasal septum defect	0254	23.5464	$1,344.45	$321.35	$268.89
30801	T		Cauterization, inner nose	0252	6.5732	$375.32	$113.41	$75.06
30802	T		Cauterization, inner nose	0253	15.9924	$913.13	$282.29	$182.63
30901	T		Control of nosebleed	0250	1.3930	$79.54	$27.84	$15.91
30903	T		Control of nosebleed	0250	1.3930	$79.54	$27.84	$15.91
30905	T		Control of nosebleed	0250	1.3930	$79.54	$27.84	$15.91
30906	T		Repeat control of nosebleed	0250	1.3930	$79.54	$27.84	$15.91
30915	T		Ligation, nasal sinus artery	0091	30.1019	$1,718.76	$348.23	$343.75
30920	T		Ligation, upper jaw artery	0092	27.2783	$1,557.54	$505.37	$311.51
30930	T		Therapy, fracture of nose	0253	15.9924	$913.13	$282.29	$182.63
30999	T		Nasal surgery procedure	0251	1.9490	$111.28		$22.26
31000	T		Irrigation, maxillary sinus	0251	1.9490	$111.28		$22.26
31002	T		Irrigation, sphenoid sinus	0252	6.5732	$375.32	$113.41	$75.06
31020	T		Exploration, maxillary sinus	0254	23.5464	$1,344.45	$321.35	$268.89
31030	T		Exploration, maxillary sinus	0256	37.1347	$2,120.32		$424.06

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31032	T		Explore sinus, remove polyps	0256	37.1347	$2,120.32		$424.06
31040	T		Exploration behind upper jaw	0254	23.5464	$1,344.45	$321.35	$268.89
31050	T		Exploration, sphenoid sinus	0256	37.1347	$2,120.32		$424.06
31051	T		Sphenoid sinus surgery	0256	37.1347	$2,120.32		$424.06
31070	T		Exploration of frontal sinus	0254	23.5464	$1,344.45	$321.35	$268.89
31075	T		Exploration of frontal sinus	0256	37.1347	$2,120.32		$424.06
31080	T		Removal of frontal sinus	0256	37.1347	$2,120.32		$424.06
31081	T		Removal of frontal sinus	0256	37.1347	$2,120.32		$424.06
31084	T		Removal of frontal sinus	0256	37.1347	$2,120.32		$424.06
31085	T		Removal of frontal sinus	0256	37.1347	$2,120.32		$424.06
31086	T		Removal of frontal sinus	0256	37.1347	$2,120.32		$424.06
31087	T		Removal of frontal sinus	0256	37.1347	$2,120.32		$424.06
31090	T		Exploration of sinuses	0256	37.1347	$2,120.32		$424.06
31200	T		Removal of ethmoid sinus	0256	37.1347	$2,120.32		$424.06
31201	T		Removal of ethmoid sinus	0256	37.1347	$2,120.32		$424.06
31205	T		Removal of ethmoid sinus	0256	37.1347	$2,120.32		$424.06
31225	C		Removal of upper jaw					
31230	C		Removal of upper jaw					
31231	T		Nasal endoscopy, dx	0072	1.3868	$79.18	$21.26	$15.84
31233	T		Nasal/sinus endoscopy, dx	0072	1.3868	$79.18	$21.26	$15.84
31235	T		Nasal/sinus endoscopy, dx	0074	16.1846	$924.11	$295.70	$184.82
31237	T		Nasal/sinus endoscopy, surg	0075	21.1137	$1,205.55	$445.92	$241.11
31238	T		Nasal/sinus endoscopy, surg	0074	16.1846	$924.11	$295.70	$184.82
31239	T		Nasal/sinus endoscopy, surg	0075	21.1137	$1,205.55	$445.92	$241.11
31240	T		Nasal/sinus endoscopy, surg	0074	16.1846	$924.11	$295.70	$184.82
31254	T		Revision of ethmoid sinus	0075	21.1137	$1,205.55	$445.92	$241.11
31255	T		Removal of ethmoid sinus	0075	21.1137	$1,205.55	$445.92	$241.11
31256	T		Exploration maxillary sinus	0075	21.1137	$1,205.55	$445.92	$241.11
31267	T		Endoscopy, maxillary sinus	0075	21.1137	$1,205.55	$445.92	$241.11
31276	T		Sinus endoscopy, surgical	0075	21.1137	$1,205.55	$445.92	$241.11
31287	T		Nasal/sinus endoscopy, surg	0075	21.1137	$1,205.55	$445.92	$241.11
31288	T		Nasal/sinus endoscopy, surg	0075	21.1137	$1,205.55	$445.92	$241.11
31290	C		Nasal/sinus endoscopy, surg					
31291	C		Nasal/sinus endoscopy, surg					
31292	T		Nasal/sinus endoscopy, surg	0075	21.1137	$1,205.55	$445.92	$241.11
31293	C		Nasal/sinus endoscopy, surg					
31294	C		Nasal/sinus endoscopy, surg					
31299	T		Sinus surgery procedure	0251	1.9490	$111.28		$22.26
31300	T		Removal of larynx lesion	0254	23.5464	$1,344.45	$321.35	$268.89
31320	T		Diagnostic incision, larynx	0256	37.1347	$2,120.32		$424.06
31360	C		Removal of larynx					
31365	C		Removal of larynx					
31367	C		Partial removal of larynx					
31368	C		Partial removal of larynx					
31370	C		Partial removal of larynx					
31375	C		Partial removal of larynx					
31380	C		Partial removal of larynx					
31382	C		Partial removal of larynx					
31390	C		Removal of larynx & pharynx					
31395	C		Reconstruct larynx & pharynx					

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31400	T		Revision of larynx	0256	37.1347	$2,120.32		$424.06
31420	T		Removal of epiglottis	0256	37.1347	$2,120.32		$424.06
31500	S		Insert emergency airway	0094	2.7247	$155.57	$48.58	$31.11
31502	T		Change of windpipe airway	0121	2.3062	$131.68	$43.80	$26.34
31505	T		Diagnostic laryngoscopy	0071	0.7525	$42.97	$11.54	$8.59
31510	T		Laryngoscopy with biopsy	0074	16.1846	$924.11	$295.70	$184.82
31511	T		Remove foreign body, larynx	0072	1.3868	$79.18	$21.26	$15.84
31512	T		Removal of larynx lesion	0074	16.1846	$924.11	$295.70	$184.82
31513	T		Injection into vocal cord	0072	1.3868	$79.18	$21.26	$15.84
31515	T		Laryngoscopy for aspiration	0074	16.1846	$924.11	$295.70	$184.82
31520	T		Diagnostic laryngoscopy	0072	1.3868	$79.18	$21.26	$15.84
31525	T		Diagnostic laryngoscopy	0074	16.1846	$924.11	$295.70	$184.82
31526	T		Diagnostic laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31527	T		Laryngoscopy for treatment	0075	21.1137	$1,205.55	$445.92	$241.11
31528	T		Laryngoscopy and dilation	0074	16.1846	$924.11	$295.70	$184.82
31529	T		Laryngoscopy and dilation	0074	16.1846	$924.11	$295.70	$184.82
31530	T		Operative laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31531	T		Operative laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31535	T		Operative laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31536	T		Operative laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31540	T		Operative laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31541	T		Operative laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31560	T		Operative laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31561	T		Operative laryngoscopy	0075	21.1137	$1,205.55	$445.92	$241.11
31570	T		Laryngoscopy with injection	0074	16.1846	$924.11	$295.70	$184.82
31571	T		Laryngoscopy with injection	0075	21.1137	$1,205.55	$445.92	$241.11
31575	T		Diagnostic laryngoscopy	0072	1.3868	$79.18	$21.26	$15.84
31576	T		Laryngoscopy with biopsy	0075	21.1137	$1,205.55	$445.92	$241.11
31577	T		Remove foreign body, larynx	0073	3.9506	$225.57	$73.38	$45.11
31578	T		Removal of larynx lesion	0075	21.1137	$1,205.55	$445.92	$241.11
31579	T		Diagnostic laryngoscopy	0073	3.9506	$225.57	$73.38	$45.11
31580	T		Revision of larynx	0256	37.1347	$2,120.32		$424.06
31582	T		Revision of larynx	0256	37.1347	$2,120.32		$424.06
31584	C		Treat larynx fracture					
31585	T		Treat larynx fracture	0253	15.9924	$913.13	$282.29	$182.63
31586	T		Treat larynx fracture	0256	37.1347	$2,120.32		$424.06
31587	C		Revision of larynx					
31588	T		Revision of larynx	0256	37.1347	$2,120.32		$424.06
31590	T		Reinnervate larynx	0256	37.1347	$2,120.32		$424.06
31595	T		Larynx nerve surgery	0256	37.1347	$2,120.32		$424.06
31599	T		Larynx surgery procedure	0251	1.9490	$111.28		$22.26
31600	T		Incision of windpipe	0254	23.5464	$1,344.45	$321.35	$268.89
31601	T		Incision of windpipe	0254	23.5464	$1,344.45	$321.35	$268.89
31603	T		Incision of windpipe	0252	6.5732	$375.32	$113.41	$75.06
31605	T		Incision of windpipe	0253	15.9924	$913.13	$282.29	$182.63
31610	T		Incision of windpipe	0254	23.5464	$1,344.45	$321.35	$268.89
31611	T		Surgery/speech prosthesis	0254	23.5464	$1,344.45	$321.35	$268.89
31612	T		Puncture/clear windpipe	0254	23.5464	$1,344.45	$321.35	$268.89
31613	T		Repair windpipe opening	0254	23.5464	$1,344.45	$321.35	$268.89
31614	T		Repair windpipe opening	0256	37.1347	$2,120.32		$424.06

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31615	T		Visualization of windpipe	0076	9.4817	$541.39	$189.82	$108.28
31622	T		Dx bronchoscope/wash	0076	9.4817	$541.39	$189.82	$108.28
31623	T		Dx bronchoscope/brush	0076	9.4817	$541.39	$189.82	$108.28
31624	T		Dx bronchoscope/lavage	0076	9.4817	$541.39	$189.82	$108.28
31625	T		Bronchoscopy w/biopsy(s)	0076	9.4817	$541.39	$189.82	$108.28
31628	T		Bronchoscopy/lung bx, each	0076	9.4817	$541.39	$189.82	$108.28
31629	T		Bronchoscopy/needle bx, each	0076	9.4817	$541.39	$189.82	$108.28
31630	T		Bronchoscopy dilate/fx repr	0415	21.2703	$1,214.49	$459.92	$242.90
31631	T		Bronchoscopy, dilate w/stent	0415	21.2703	$1,214.49	$459.92	$242.90
31632	T		Bronchoscopy/lung bx, add'l	0076	9.4817	$541.39	$189.82	$108.28
31633	T		Bronchoscopy/needle bx add'l	0076	9.4817	$541.39	$189.82	$108.28
31635	T		Bronchoscopy w/fb removal	0076	9.4817	$541.39	$189.82	$108.28
31640	T		Bronchoscopy w/tumor excise	0415	21.2703	$1,214.49	$459.92	$242.90
31641	T		Bronchoscopy, treat blockage	0415	21.2703	$1,214.49	$459.92	$242.90
31643	T		Diag bronchoscope/catheter	0076	9.4817	$541.39	$189.82	$108.28
31645	T		Bronchoscopy, clear airways	0076	9.4817	$541.39	$189.82	$108.28
31646	T		Bronchoscopy, reclear airway	0076	9.4817	$541.39	$189.82	$108.28
31656	T		Bronchoscopy, inj for x-ray	0076	9.4817	$541.39	$189.82	$108.28
31700	T		Insertion of airway catheter	0072	1.3868	$79.18	$21.26	$15.84
31708	N		Instill airway contrast dye					
31710	N		Insertion of airway catheter					
31715	N		Injection for bronchus x-ray					
31717	T		Bronchial brush biopsy	0073	3.9506	$225.57	$73.38	$45.11
31720	T		Clearance of airways	0071	0.7525	$42.97	$11.54	$8.59
31725	C		Clearance of airways					
31730	T		Intro, windpipe wire/tube	0073	3.9506	$225.57	$73.38	$45.11
31750	T		Repair of windpipe	0256	37.1347	$2,120.32		$424.06
31755	T		Repair of windpipe	0256	37.1347	$2,120.32		$424.06
31760	C		Repair of windpipe					
31766	C		Reconstruction of windpipe					
31770	C		Repair/graft of bronchus					
31775	C		Reconstruct bronchus					
31780	C		Reconstruct windpipe					
31781	C		Reconstruct windpipe					
31785	T		Remove windpipe lesion	0254	23 5464	$1,344.45	$321.35	$268.89
31786	C		Remove windpipe lesion					
31800	C		Repair of windpipe injury					
31805	C		Repair of windpipe injury					
31820	T		Closure of windpipe lesion	0253	15.9924	$913.13	$282.29	$182.63
31825	T		Repair of windpipe defect	0254	23.5464	$1,344.45	$321.35	$268.89
31830	T		Revise windpipe scar	0254	23.5464	$1,344.45	$321.35	$268.89
31899	T		Airways surgical procedure	0076	9.4817	$541.39	$189.82	$108.28
32000	T		Drainage of chest	0070	3.3485	$191.19		$38.24
32002	T		Treatment of collapsed lung	0070	3.3485	$191.19		$38.24
32005	T		Treat lung lining chemically	0070	3.3485	$191.19		$38.24
32020	T		Insertion of chest tube	0070	3.3485	$191.19		$38.24
32035	C		Exploration of chest					
32036	C		Exploration of chest					
32095	C		Biopsy through chest wall					
32100	C		Exploration/biopsy of chest					

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32110	C		Explore/repair chest					
32120	C		Re-exploration of chest					
32124	C		Explore chest free adhesions					
32140	C		Removal of lung lesion(s)					
32141	C		Remove/treat lung lesions					
32150	C		Removal of lung lesion(s)					
32151	C		Remove lung foreign body					
32160	C		Open chest heart massage					
32200	C		Drain, open, lung lesion					
32201	T		Drain, percut, lung lesion	0070	3.3485	$191.19		$38.24
32215	C		Treat chest lining					
32220	C		Release of lung					
32225	C		Partial release of lung					
32310	C		Removal of chest lining					
32320	C		Free/remove chest lining					
32400	T		Needle biopsy chest lining	0685	5.8959	$336.64	$115.47	$67.33
32402	C		Open biopsy chest lining					
32405	T		Biopsy, lung or mediastinum	0685	5.8959	$336.64	$115.47	$67.33
32420	T		Puncture/clear lung	0070	3.3485	$191.19		$38.24
32440	C		Removal of lung					
32442	C		Sleeve pneumonectomy					
32445	C		Removal of lung					
32480	C		Partial removal of lung					
32482	C		Bilobectomy					
32484	C		Segmentectomy					
32486	C		Sleeve lobectomy					
32488	C		Completion pneumonectomy					
32491	C		Lung volume reduction					
32500	C		Partial removal of lung					
32501	C		Repair bronchus add-on					
32520	C		Remove lung & revise chest					
32522	C		Remove lung & revise chest					
32525	C		Remove lung & revise chest					
32540	C		Removal of lung lesion					
32601	T		Thoracoscopy, diagnostic	0069	29 9568	$1,710.47	$591.64	$342.09
32602	T		Thoracoscopy, diagnostic	0069	29 9568	$1,710.47	$591.64	$342.09
32603	T		Thoracoscopy, diagnostic	0069	29 9568	$1,710.47	$591.64	$342.09
32604	T		Thoracoscopy, diagnostic	0069	29.9568	$1,710.47	$591.64	$342.09
32605	T		Thoracoscopy, diagnostic	0069	29 9568	$1,710.47	$591.64	$342.09
32606	T		Thoracoscopy, diagnostic	0069	29.9568	$1,710.47	$591.64	$342.09
32650	C		Thoracoscopy, surgical					
32651	C		Thoracoscopy, surgical					
32652	C		Thoracoscopy, surgical					
32653	C		Thoracoscopy, surgical					
32654	C		Thoracoscopy, surgical					
32655	C		Thoracoscopy, surgical					
32656	C		Thoracoscopy, surgical					
32657	C		Thoracoscopy, surgical					
32658	C		Thoracoscopy, surgical					
32659	C		Thoracoscopy, surgical					

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32660	C		Thoracoscopy, surgical					
32661	C		Thoracoscopy, surgical					
32662	C		Thoracoscopy, surgical					
32663	C		Thoracoscopy, surgical					
32664	C		Thoracoscopy, surgical					
32665	C		Thoracoscopy, surgical					
32800	C		Repair lung hernia					
32810	C		Close chest after drainage					
32815	C		Close bronchial fistula					
32820	C		Reconstruct injured chest					
32850	C		Donor pneumonectomy					
32851	C		Lung transplant, single					
32852	C		Lung transplant with bypass					
32853	C		Lung transplant, double					
32854	C		Lung transplant with bypass					
32900	C		Removal of rib(s)					
32905	C		Revise & repair chest wall					
32906	C		Revise & repair chest wall					
32940	C		Revision of lung					
32960	T		Therapeutic pneumothorax	0070	3.3485	$191.19		$38.24
32997	C		Total lung lavage					
32999	T		Chest surgery procedure	0070	3.3485	$191.19		$38.24
33010	T		Drainage of heart sac	0070	3.3485	$191.19		$38.24
33011	T		Repeat drainage of heart sac	0070	3.3485	$191.19		$38.24
33015	C		Incision of heart sac					
33020	C		Incision of heart sac					
33025	C		Incision of heart sac					
33030	C		Partial removal of heart sac					
33031	C		Partial removal of heart sac					
33050	C		Removal of heart sac lesion					
33120	C		Removal of heart lesion					
33130	C		Removal of heart lesion					
33140	C		Heart revascularize (tmr)					
33141	C		Heart tmr w/other procedure					
33200	C		Insertion of heart pacemaker					
33201	C		Insertion of heart pacemaker					
33206	T		Insertion of heart pacemaker	0089	109 1734	$6,233.58	$1,679.38	$1,246.72
33207	T		Insertion of heart pacemaker	0089	109 1734	$6,233.58	$1,679.38	$1,246.72
33208	T		Insertion of heart pacemaker	0655	135.7710	$7,752.25		$1,550.45
33210	T		Insertion of heart electrode	0106	52.6887	$3,008.42		$601.68
33211	T		Insertion of heart electrode	0106	52.6887	$3,008.42		$601.68
33212	T		Insertion of pulse generator	0090	86.5117	$4,939.65	$1,544.11	$987.93
33213	T		Insertion of pulse generator	0654	104.1200	$5,945.04		$1,189.01
33214	T		Upgrade of pacemaker system	0655	135.7710	$7,752.25		$1,550.45
33215	T		Reposition pacing-defib lead	0105	21.1754	$1,209.07	$370.40	$241.81
33216	T		Revise eltrd pacing-defib	0106	52.6887	$3,008.42		$601.68
33217	T		Insert lead pace-defib, dual	0106	52.6887	$3,008.42		$601.68
33218	T		Repair lead pace-defib, one	0106	52.6887	$3,008.42		$601.68
33220	T		Repair lead pace-defib, dual	0106	52.6887	$3,008.42		$601.68
33222	T		Revise pocket, pacemaker	0027	16.8576	$962.54	$329.72	$192.51

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
33223	T		Revise pocket, pacing-defib	0027	16.8576	$962.54	$329.72	$192.51
33224	T		Insert pacing lead & connect	0418	78.0525	$4,456.64		$891.33
33225	S		L ventric pacing lead add-on	1525		$3,750.00		$750.00
33226	T		Reposition l ventric lead	0105	21.1754	$1,209.07	$370.40	$241.81
33233	T		Removal of pacemaker system	0105	21.1754	$1,209.07	$370.40	$241.81
33234	T		Removal of pacemaker system	0105	21.1754	$1,209.07	$370.40	$241.81
33235	T		Removal pacemaker electrode	0105	21.1754	$1,209.07	$370.40	$241.81
33236	C		Remove electrode/thoracotomy					
33237	C		Remove electrode/thoracotomy					
33238	C		Remove electrode/thoracotomy					
33240	B		Insert pulse generator					
33241	T		Remove pulse generator	0105	21.1754	$1,209.07	$370.40	$241.81
33243	C		Remove eltrd/thoracotomy					
33244	T		Remove eltrd, transven	0105	21.1754	$1,209.07	$370.40	$241.81
33245	C		Insert epic eltrd pace-defib					
33246	C		Insert epic eltrd/generator					
33249	B		Eltrd/insert pace-defib					
33250	C		Ablate heart dysrhythm focus					
33251	C		Ablate heart dysrhythm focus					
33253	C		Reconstruct atria					
33261	C		Ablate heart dysrhythm focus					
33282	S		Implant pat-active ht record	0680	64.0980	$3,659.87		$731.97
33284	T		Remove pat-active ht record	0109	7.6069	$434.34	$131.49	$86.87
33300	C		Repair of heart wound					
33305	C		Repair of heart wound					
33310	C		Exploratory heart surgery					
33315	C		Exploratory heart surgery					
33320	C		Repair major blood vessel(s)					
33321	C		Repair major vessel					
33322	C		Repair major blood vessel(s)					
33330	C		Insert major vessel graft					
33332	C		Insert major vessel graft					
33335	C		Insert major vessel graft					
33400	C		Repair of aortic valve					
33401	C		Valvuloplasty, open					
33403	C		Valvuloplasty, w/cp bypass					
33404	C		Prepare heart-aorta conduit					
33405	C		Replacement of aortic valve					
33406	C		Replacement of aortic valve					
33410	C		Replacement of aortic valve					
33411	C		Replacement of aortic valve					
33412	C		Replacement of aortic valve					
33413	C		Replacement of aortic valve					
33414	C		Repair of aortic valve					
33415	C		Revision, subvalvular tissue					
33416	C		Revise ventricle muscle					
33417	C		Repair of aortic valve					
33420	C		Revision of mitral valve					
33422	C		Revision of mitral valve					
33425	C		Repair of mitral valve					

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33426	C		Repair of mitral valve					
33427	C		Repair of mitral valve					
33430	C		Replacement of mitral valve					
33460	C		Revision of tricuspid valve					
33463	C		Valvuloplasty, tricuspid					
33464	C		Valvuloplasty, tricuspid					
33465	C		Replace tricuspid valve					
33468	C		Revision of tricuspid valve					
33470	C		Revision of pulmonary valve					
33471	C		Valvotomy, pulmonary valve					
33472	C		Revision of pulmonary valve					
33474	C		Revision of pulmonary valve					
33475	C		Replacement, pulmonary valve					
33476	C		Revision of heart chamber					
33478	C		Revision of heart chamber					
33496	C		Repair, prosth valve clot					
33500	C		Repair heart vessel fistula					
33501	C		Repair heart vessel fistula					
33502	C		Coronary artery correction					
33503	C		Coronary artery graft					
33504	C		Coronary artery graft					
33505	C		Repair artery w/tunnel					
33506	C		Repair artery, translocation					
33508	N		Endoscopic vein harvest					
33510	C		CABG, vein, single					
33511	C		CABG, vein, two					
33512	C		CABG, vein, three					
33513	C		CABG, vein, four					
33514	C		CABG, vein, five					
33516	C		Cabg, vein, six or more					
33517	C		CABG, artery-vein, single					
33518	C		CABG, artery-vein, two					
33519	C		CABG, artery-vein, three					
33521	C		CABG, artery-vein, four					
33522	C		CABG, artery-vein, five					
33523	C		Cabg, art-vein, six or more					
33530	C		Coronary artery, bypass/reop					
33533	C		CABG, arterial, single					
33534	C		CABG, arterial, two					
33535	C		CABG, arterial, three					
33536	C		Cabg, arterial, four or more					
33542	C		Removal of heart lesion					
33545	C		Repair of heart damage					
33572	C		Open coronary endarterectomy					
33600	C		Closure of valve					
33602	C		Closure of valve					
33606	C		Anastomosis/artery-aorta					
33608	C		Repair anomaly w/conduit					
33610	C		Repair by enlargement					
33611	C		Repair double ventricle					

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33612	C		Repair double ventricle					
33615	C		Repair, modified fontan					
33617	C		Repair single ventricle					
33619	C		Repair single ventricle					
33641	C		Repair heart septum defect					
33645	C		Revision of heart veins					
33647	C		Repair heart septum defects					
33660	C		Repair of heart defects					
33665	C		Repair of heart defects					
33670	C		Repair of heart chambers					
33681	C		Repair heart septum defect					
33684	C		Repair heart septum defect					
33688	C		Repair heart septum defect					
33690	C		Reinforce pulmonary artery					
33692	C		Repair of heart defects					
33694	C		Repair of heart defects					
33697	C		Repair of heart defects					
33702	C		Repair of heart defects					
33710	C		Repair of heart defects					
33720	C		Repair of heart defect					
33722	C		Repair of heart defect					
33730	C		Repair heart-vein defect(s)					
33732	C		Repair heart-vein defect					
33735	C		Revision of heart chamber					
33736	C		Revision of heart chamber					
33737	C		Revision of heart chamber					
33750	C		Major vessel shunt					
33755	C		Major vessel shunt					
33762	C		Major vessel shunt					
33764	C		Major vessel shunt & graft					
33766	C		Major vessel shunt					
33767	C		Major vessel shunt					
33770	C		Repair great vessels defect					
33771	C		Repair great vessels defect					
33774	C		Repair great vessels defect					
33775	C		Repair great vessels defect					
33776	C		Repair great vessels defect					
33777	C		Repair great vessels defect					
33778	C		Repair great vessels defect					
33779	C		Repair great vessels defect					
33780	C		Repair great vessels defect					
33781	C		Repair great vessels defect					
33786	C		Repair arterial trunk					
33788	C		Revision of pulmonary artery					
33800	C		Aortic suspension					
33802	C		Repair vessel defect					
33803	C		Repair vessel defect					
33813	C		Repair septal defect					
33814	C		Repair septal defect					
33820	C		Revise major vessel					

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33822	C		Revise major vessel					
33824	C		Revise major vessel					
33840	C		Remove aorta constriction					
33845	C		Remove aorta constriction					
33851	C		Remove aorta constriction					
33852	C		Repair septal defect					
33853	C		Repair septal defect					
33860	C		Ascending aortic graft					
33861	C		Ascending aortic graft					
33863	C		Ascending aortic graft					
33870	C		Transverse aortic arch graft					
33875	C		Thoracic aortic graft					
33877	C		Thoracoabdominal graft					
33910	C		Remove lung artery emboli					
33915	C		Remove lung artery emboli					
33916	C		Surgery of great vessel					
33917	C		Repair pulmonary artery					
33918	C		Repair pulmonary atresia					
33919	C		Repair pulmonary atresia					
33920	C		Repair pulmonary atresia					
33922	C		Transect pulmonary artery					
33924	C		Remove pulmonary shunt					
33930	C		Removal of donor heart/lung					
33935	C		Transplantation, heart/lung					
33940	C		Removal of donor heart					
33945	C		Transplantation of heart					
33960	C		External circulation assist					
33961	C		External circulation assist					
33967	C		Insert ia percut device					
33968	C		Remove aortic assist device					
33970	C		Aortic circulation assist					
33971	C		Aortic circulation assist					
33973	C		Insert balloon device					
33974	C		Remove intra-aortic balloon					
33975	C		Implant ventricular device					
33976	C		Implant ventricular device					
33977	C		Remove ventricular device					
33978	C		Remove ventricular device					
33979	C		Insert intracorporeal device					
33980	C		Remove intracorporeal device					
33999	T		Cardiac surgery procedure	0070	3.3485	$191.19		$38.24
34001	C		Removal of artery clot					
34051	C		Removal of artery clot					
34101	T		Removal of artery clot	0088	36.2110	$2,067.58	$655.22	$413.52
34111	T		Removal of arm artery clot	0088	36.2110	$2,067.58	$655.22	$413.52
34151	C		Removal of artery clot					
34201	T		Removal of artery clot	0088	36.2110	$2,067.58	$655.22	$413.52
34203	T		Removal of leg artery clot	0088	36.2110	$2,067.58	$655.22	$413.52
34401	C		Removal of vein clot					
34421	T		Removal of vein clot	0088	36.2110	$2,067.58	$655.22	$413.52

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34451	C		Removal of vein clot					
34471	T		Removal of vein clot	0088	36.2110	$2,067.58	$655.22	$413.52
34490	T		Removal of vein clot	0088	36.2110	$2,067.58	$655.22	$413.52
34501	T		Repair valve, femoral vein	0088	36.2110	$2,067.58	$655.22	$413.52
34502	C		Reconstruct vena cava					
34510	T		Transposition of vein valve	0088	36.2110	$2,067.58	$655.22	$413.52
34520	T		Cross-over vein graft	0088	36.2110	$2,067.58	$655.22	$413.52
34530	T		Leg vein fusion	0088	36.2110	$2,067.58	$655.22	$413.52
34800	C		Endovasc abdo repair w/tube					
34802	C		Endovasc abdo repr w/device					
34804	C		Endovasc abdo repr w/device					
34805	C		Endovasc abdo repair w/pros					
34808	C		Endovasc abdo occlud device					
34812	C		Xpose for endoprosth, aortic					
34813	C		Femoral endovas graft add-on					
34820	C		Xpose for endoprosth, iliac					
34825	C		Endovasc extend prosth, init					
34826	C		Endovasc exten prosth, add'l					
34830	C		Open aortic tube prosth repr					
34831	C		Open aortoiliac prosth repr					
34832	C		Open aortofemor prosth repr					
34833	C		Xpose for endoprosth, iliac					
34834	C		Xpose, endoprosth, brachial					
34900	C		Endovasc iliac repr w/graft					
35001	C		Repair defect of artery					
35002	C		Repair artery rupture, neck					
35005	C		Repair defect of artery					
35011	T		Repair defect of artery	0653	28.1900	$1,609.59		$321.92
35013	C		Repair artery rupture, arm					
35021	C		Repair defect of artery					
35022	C		Repair artery rupture, chest					
35045	C		Repair defect of arm artery					
35081	C		Repair defect of artery					
35082	C		Repair artery rupture, aorta					
35091	C		Repair defect of artery					
35092	C		Repair artery rupture, aorta					
35102	C		Repair defect of artery					
35103	C		Repair artery rupture, groin					
35111	C		Repair defect of artery					
35112	C		Repair artery rupture,spleen					
35121	C		Repair defect of artery					
35122	C		Repair artery rupture, belly					
35131	C		Repair defect of artery					
35132	C		Repair artery rupture, groin					
35141	C		Repair defect of artery					
35142	C		Repair artery rupture, thigh					
35151	C		Repair defect of artery					
35152	C		Repair artery rupture, knee					
35161	C		Repair defect of artery					
35162	C		Repair artery rupture					

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35180	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35182	C		Repair blood vessel lesion					
35184	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35188	T		Repair blood vessel lesion	0088	36.2110	$2,067.58	$655.22	$413.52
35189	C		Repair blood vessel lesion					
35190	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35201	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35206	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35207	T		Repair blood vessel lesion	0088	36.2110	$2,067.58	$655.22	$413.52
35211	C		Repair blood vessel lesion					
35216	C		Repair blood vessel lesion					
35221	C		Repair blood vessel lesion					
35226	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35231	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35236	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35241	C		Repair blood vessel lesion					
35246	C		Repair blood vessel lesion					
35251	C		Repair blood vessel lesion					
35256	T		Repair blood vessel lesion	0093	24.5670	$1,402.73		$280.55
35261	T		Repair blood vessel lesion	0653	28.1900	$1,609.59		$321.92
35266	T		Repair blood vessel lesion	0653	28.1900	$1,609.59		$321.92
35271	C		Repair blood vessel lesion					
35276	C		Repair blood vessel lesion					
35281	C		Repair blood vessel lesion					
35286	T		Repair blood vessel lesion	0653	28.1900	$1,609.59		$321.92
35301	C		Rechanneling of artery					
35311	C		Rechanneling of artery					
35321	T		Rechanneling of artery	0093	24.5670	$1,402.73		$280.55
35331	C		Rechanneling of artery					
35341	C		Rechanneling of artery					
35351	C		Rechanneling of artery					
35355	C		Rechanneling of artery					
35361	C		Rechanneling of artery					
35363	C		Rechanneling of artery					
35371	C		Rechanneling of artery					
35372	C		Rechanneling of artery					
35381	C		Rechanneling of artery					
35390	C		Reoperation, carotid add-on					
35400	C		Angioscopy					
35450	C		Repair arterial blockage					
35452	C		Repair arterial blockage					
35454	C		Repair arterial blockage					
35456	C		Repair arterial blockage					
35458	T		Repair arterial blockage	0081	31.2963	$1,786.96		$357.39
35459	T		Repair arterial blockage	0081	31.2963	$1,786.96		$357.39
35460	T		Repair venous blockage	0081	31.2963	$1,786.96		$357.39
35470	T		Repair arterial blockage	0081	31.2963	$1,786.96		$357.39
35471	T		Repair arterial blockage	0081	31.2963	$1,786.96		$357.39
35472	T		Repair arterial blockage	0081	31.2963	$1,786 96		$357.39
35473	T		Repair arterial blockage	0081	31.2963	$1,786 96		$357.39

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35474	T		Repair arterial blockage	0081	31.2963	$1,786.96		$357.39
35475	T		Repair arterial blockage	0081	31.2963	$1,786.96		$357.39
35476	T		Repair venous blockage	0081	31.2963	$1,786.96		$357.39
35480	C		Atherectomy, open					
35481	C		Atherectomy, open					
35482	C		Atherectomy, open					
35483	C		Atherectomy, open					
35484	T		Atherectomy, open	0081	31.2963	$1,786.96		$357.39
35485	T		Atherectomy, open	0081	31.2963	$1,786.96		$357.39
35490	T		Atherectomy, percutaneous	0081	31.2963	$1,786.96		$357.39
35491	T		Atherectomy, percutaneous	0081	31.2963	$1,786.96		$357.39
35492	T		Atherectomy, percutaneous	0081	31.2963	$1,786.96		$357.39
35493	T		Atherectomy, percutaneous	0081	31.2963	$1,786.96		$357.39
35494	T		Atherectomy, percutaneous	0081	31.2963	$1,786.96		$357.39
35495	T		Atherectomy, percutaneous	0081	31.2963	$1,786.96		$357.39
35500	N		Harvest vein for bypass					
35501	C		Artery bypass graft					
35506	C		Artery bypass graft					
35507	C		Artery bypass graft					
35508	C		Artery bypass graft					
35509	C		Artery bypass graft					
35510	C		Artery bypass graft					
35511	C		Artery bypass graft					
35512	C		Artery bypass graft					
35515	C		Artery bypass graft					
35516	C		Artery bypass graft					
35518	C		Artery bypass graft					
35521	C		Artery bypass graft					
35522	C		Artery bypass graft					
35525	C		Artery bypass graft					
35526	C		Artery bypass graft					
35531	C		Artery bypass graft					
35533	C		Artery bypass graft					
35536	C		Artery bypass graft					
35541	C		Artery bypass graft					
35546	C		Artery bypass graft					
35548	C		Artery bypass graft					
35549	C		Artery bypass graft					
35551	C		Artery bypass graft					
35556	C		Artery bypass graft					
35558	C		Artery bypass graft					
35560	C		Artery bypass graft					
35563	C		Artery bypass graft					
35565	C		Artery bypass graft					
35566	C		Artery bypass graft					
35571	C		Artery bypass graft					
35572	N		Harvest femoropopliteal vein					
35582	C		Vein bypass graft					
35583	C		Vein bypass graft					
35585	C		Vein bypass graft					

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35587	C		Vein bypass graft					
35600	C		Harvest artery for cabg					
35601	C		Artery bypass graft					
35606	C		Artery bypass graft					
35612	C		Artery bypass graft					
35616	C		Artery bypass graft					
35621	C		Artery bypass graft					
35623	C		Bypass graft, not vein					
35626	C		Artery bypass graft					
35631	C		Artery bypass graft					
35636	C		Artery bypass graft					
35641	C		Artery bypass graft					
35642	C		Artery bypass graft					
35645	C		Artery bypass graft					
35646	C		Artery bypass graft					
35647	C		Artery bypass graft					
35650	C		Artery bypass graft					
35651	C		Artery bypass graft					
35654	C		Artery bypass graft					
35656	C		Artery bypass graft					
35661	C		Artery bypass graft					
35663	C		Artery bypass graft					
35665	C		Artery bypass graft					
35666	C		Artery bypass graft					
35671	C		Artery bypass graft					
35681	C		Composite bypass graft					
35682	C		Composite bypass graft					
35683	C		Composite bypass graft					
35685	T		Bypass graft patency/patch	0093	24.5670	$1,402.73		$280.55
35686	T		Bypass graft/av fist patency	0093	24.5670	$1,402.73		$280.55
35691	C		Arterial transposition					
35693	C		Arterial transposition					
35694	C		Arterial transposition					
35695	C		Arterial transposition					
35697	C		Reimplant artery each					
35700	C		Reoperation, bypass graft					
35701	C		Exploration, carotid artery					
35721	C		Exploration, femoral artery					
35741	C		Exploration popliteal artery					
35761	T		Exploration of artery/vein	0115	25.7685	$1,471.33	$459.35	$294.27
35800	C		Explore neck vessels					
35820	C		Explore chest vessels					
35840	C		Explore abdominal vessels					
35860	T		Explore limb vessels	0093	24.5670	$1,402.73		$280.55
35870	C		Repair vessel graft defect					
35875	T		Removal of clot in graft	0088	36.2110	$2,067.58	$655.22	$413.52
35876	T		Removal of clot in graft	0088	36.2110	$2,067.58	$655.22	$413.52
35879	T		Revise graft w/vein	0088	36.2110	$2,067.58	$655.22	$413.52
35881	T		Revise graft w/vein	0088	36.2110	$2,067.58	$655.22	$413.52
35901	C		Excision, graft, neck					

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35903	T		Excision, graft, extremity	0115	25.7685	$1,471.33	$459.35	$294.27
35905	C		Excision, graft, thorax					
35907	C		Excision, graft, abdomen					
36000	N		Place needle in vein					
36002	S		Pseudoaneurysm injection trt	0267	2.4509	$139.94	$62.97	$27.99
36005	N		Injection ext venography					
36010	N		Place catheter in vein					
36011	N		Place catheter in vein					
36012	N		Place catheter in vein					
36013	N		Place catheter in artery					
36014	N		Place catheter in artery					
36015	N		Place catheter in artery					
36100	N		Establish access to artery					
36120	N		Establish access to artery					
36140	N		Establish access to artery					
36145	N		Artery to vein shunt					
36160	N		Establish access to aorta					
36200	N		Place catheter in aorta					
36215	N		Place catheter in artery					
36216	N		Place catheter in artery					
36217	N		Place catheter in artery					
36218	N		Place catheter in artery					
36245	N		Place catheter in artery					
36246	N		Place catheter in artery					
36247	N		Place catheter in artery					
36248	N		Place catheter in artery					
36260	T		Insertion of infusion pump	0119	120.3656	$6,872.64		$1,374.53
36261	T		Revision of infusion pump	0124	20.1279	$1,149.26		$229.85
36262	T		Removal of infusion pump	0124	20.1279	$1,149.26		$229.85
36299	N		Vessel injection procedure					
36400	N		Bl draw < 3 yrs fem/jugular					
36405	N		Bl draw < 3 yrs scalp vein					
36406	N		Bl draw < 3 yrs other vein					
36410	N		Non-routine bl draw > 3 yrs					
36415	E		Drawing blood					
36416	E		Capillary blood draw					
36420	T		Vein access cutdown < 1 yr	0035	0.2931	$16.74		$3.35
36425	T		Vein access cutdown > 1 yr	0035	0.2931	$16.74		$3.35
36430	S		Blood transfusion service	0110	3.7794	$215.80		$43.16
36440	S		Bl push transfuse, 2 yr or <	0110	3.7794	$215.80		$43.16
36450	S		Bl exchange/transfuse, nb	0110	3.7794	$215.80		$43.16
36455	S		Bl exchange/transfuse non-nb	0110	3.7794	$215.80		$43.16
36460	S		Transfusion service, fetal	0110	3.7794	$215.80		$43.16
36468	T		Injection(s), spider veins	0098	1.3532	$77.27		$15.45
36469	T		Injection(s), spider veins	0098	1.3532	$77.27		$15.45
36470	T		Injection therapy of vein	0098	1.3532	$77.27		$15.45
36471	T		Injection therapy of veins	0098	1.3532	$77.27		$15.45
36481	N		Insertion of catheter, vein					
36500	N		Insertion of catheter, vein					
36510	C		Insertion of catheter, vein					

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36511	S		Apheresis wbc	0111	12.9206	$737.74	$200.18	$147.55
36512	S		Apheresis rbc	0111	12.9206	$737.74	$200.18	$147.55
36513	S		Apheresis platelets	0111	12.9206	$737.74	$200.18	$147.55
36514	S		Apheresis plasma	0111	12.9206	$737.74	$200.18	$147.55
36515	S		Apheresis, adsorp/reinfuse	0111	12.9206	$737.74	$200.18	$147.55
36516	S		Apheresis, selective	0112	37.7298	$2,154.30	$612.47	$430.86
36522	S		Photopheresis	0112	37.7298	$2,154.30	$612.47	$430.86
36540	N		Collect blood venous device					
36550	T		Declot vascular device	0677	2.5625	$146.31		$29.26
36555	T		Insert non-tunnel cv cath	0187	3.8434	$219.45		$43.89
36556	T		Insert non-tunnel cv cath	0187	3.8434	$219.45		$43.89
36557	T		Insert tunneled cv cath	0032	10.2664	$586.19		$117.24
36558	T		Insert tunneled cv cath	0032	10.2664	$586.19		$117.24
36560	T		Insert tunneled cv cath	0115	25.7685	$1,471.33	$459.35	$294.27
36561	T		Insert tunneled cv cath	0115	25.7685	$1,471.33	$459.35	$294.27
36563	T		Insert tunneled cv cath	0119	120.3656	$6,872.64		$1,374.53
36565	T		Insert tunneled cv cath	0115	25.7685	$1,471.33	$459.35	$294.27
36566	T		Insert tunneled cv cath	1564		$4,750.00		$950.00
36568	T		Insert tunneled cv cath	0187	3.8434	$219.45		$43.89
36569	T		Insert tunneled cv cath	0187	3.8434	$219.45		$43.89
36570	T		Insert tunneled cv cath	0032	10.2664	$586.19		$117.24
36571	T		Insert tunneled cv cath	0032	10.2664	$586.19		$117.24
36575	T		Repair tunneled cv cath	0187	3.8434	$219.45		$43.89
36576	T		Repair tunneled cv cath	0187	3.8434	$219.45		$43.89
36578	T		Replace tunneled cv cath	0187	3.8434	$219.45		$43.89
36580	T		Replace tunneled cv cath	0187	3.8434	$219.45		$43.89
36581	T		Replace tunneled cv cath	0032	10.2664	$586.19		$117.24
36582	T		Replace tunneled cv cath	0115	25.7685	$1,471.33	$459.35	$294.27
36583	T		Replace tunneled cv cath	0115	25.7685	$1,471.33	$459.35	$294.27
36584	T		Replace tunneled cv cath	0187	3.8434	$219.45		$43.89
36585	T		Replace tunneled cv cath	0032	10.2664	$586.19		$117.24
36589	T		Removal tunneled cv cath	0109	7.6069	$434.34	$131.49	$86.87
36590	T		Removal tunneled cv cath	0187	3.8434	$219.45		$43.89
36595	T		Mech remov tunneled cv cath	0187	3.8434	$219.45		$43.89
36596	T		Mech remov tunneled cv cath	0187	3.8434	$219.45		$43.89
36597	T		Reposition venous catheter	0187	3.8434	$219.45		$43.89
36600	N		Withdrawal of arterial blood					
36620	N		Insertion catheter, artery					
36625	N		Insertion catheter, artery					
36640	T		Insertion catheter, artery	0032	10.2664	$586.19		$117.24
36660	C		Insertion catheter, artery					
36680	T		Insert needle, bone cavity	0120	1.9428	$110.93	$28.21	$22.19
36800	T		Insertion of cannula	0115	25.7685	$1,471.33	$459.35	$294.27
36810	T		Insertion of cannula	0115	25.7685	$1,471.33	$459.35	$294.27
36815	T		Insertion of cannula	0115	25.7685	$1,471.33	$459.35	$294.27
36819	T		Av fusion/uppr arm vein	0088	36.2110	$2,067.58	$655.22	$413.52
36820	T		Av fusion/forearm vein	0088	36.2110	$2,067.58	$655.22	$413.52
36821	T		Av fusion direct any site	0088	36.2110	$2,067.58	$655.22	$413.52
36822	C		Insertion of cannula(s)					
36823	C		Insertion of cannula(s)					

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36825	T		Artery-vein autograft	0088	36.2110	$2,067 58	$655.22	$413.52
36830	T		Artery-vein graft	0088	36.2110	$2,067 58	$655.22	$413 52
36831	T		Open thrombect av fistula	0088	36.2110	$2,067.58	$655.22	$413.52
36832	T		Av fistula revision, open	0088	36.2110	$2,067.58	$655.22	$413.52
36833	T		Av fistula revision	0088	36.2110	$2,067.58	$655.22	$413.52
36834	T		Repair A-V aneurysm	0088	36.2110	$2,067.58	$655.22	$413.52
36835	T		Artery to vein shunt	0115	25.7685	$1,471.33	$459.35	$294.27
36838	T		Dist revas ligation, hemo	0088	36.2110	$2,067.58	$655.22	$413.52
36860	T		External cannula declotting	0677	2.5625	$146.31		$29.26
36861	T		Cannula declotting	0115	25.7685	$1,471.33	$459.35	$294.27
36870	T		Percut thrombect av fistula	0653	28.1900	$1,609.59		$321.92
37140	C		Revision of circulation					
37145	C		Revision of circulation					
37160	C		Revision of circulation					
37180	C		Revision of circulation					
37181	C		Splice spleen/kidney veins					
37182	C		Insert hepatic shunt (tips)					
37183	C		Remove hepatic shunt (tips)					
37195	C		Thrombolytic therapy, stroke					
37200	T		Transcatheter biopsy	0685	5.8959	$336.64	$115.47	$67 33
37201	T		Transcatheter therapy infuse	0676	4 3038	$245.74		$49 15
37202	T		Transcatheter therapy infuse	0677	2 5625	$146.31		$29.26
37203	T		Transcatheter retrieval	0103	13 2856	$758.58	$223.63	$151.72
37204	T		Transcatheter occlusion	0115	25.7685	$1,471.33	$459.35	$294.27
37205	T		Transcatheter stent	0229	59.3213	$3,387.13	$771.23	$677.43
37206	T		Transcatheter stent add-on	0229	59.3213	$3,387.13	$771.23	$677.43
37207	T		Transcatheter stent	0229	59.3213	$3,387.13	$771.23	$677.43
37208	T		Transcatheter stent add-on	0229	59.3213	$3,387.13	$771.23	$677.43
37209	T		Exchange arterial catheter	0103	13.2856	$758.58	$223.63	$151.72
37250	S		Iv us first vessel add-on	0416	4.4669	$255.05	$92.37	$51.01
37251	S		Iv us each add vessel add-on	0416	4.4669	$255.05	$92.37	$51.01
37500	T		Endoscopy ligate perf veins	0092	27.2783	$1,557.54	$505.37	$311.51
37501	T		Vascular endoscopy procedure	0092	27.2783	$1,557.54	$505.37	$311.51
37565	T		Ligation of neck vein	0093	24.5670	$1,402.73		$280.55
37600	T		Ligation of neck artery	0093	24 5670	$1,402.73		$280.55
37605	T		Ligation of neck artery	0091	30 1019	$1,718.76	$348.23	$343.75
37606	T		Ligation of neck artery	0091	30 1019	$1,718.76	$348.23	$343.75
37607	T		Ligation of a-v fistula	0092	27 2783	$1,557.54	$505.37	$311.51
37609	T		Temporal artery procedure	0021	14.9964	$856.26	$219.48	$171.25
37615	T		Ligation of neck artery	0091	30.1019	$1,718.76	$348.23	$343.75
37616	C		Ligation of chest artery					
37617	C		Ligation of abdomen artery					
37618	C		Ligation of extremity artery					
37620	T		Revision of major vein	0091	30.1019	$1,718.76	$348.23	$343.75
37650	T		Revision of major vein	0091	30.1019	$1,718.76	$348.23	$343.75
37660	C		Revision of major vein					
37700	T		Revise leg vein	0091	30.1019	$1,718.76	$348.23	$343.75
37720	T		Removal of leg vein	0092	27.2783	$1,557.54	$505.37	$311.51
37730	T		Removal of leg veins	0092	27.2783	$1,557.54	$505.37	$311.51
37735	T		Removal of leg veins/lesion	0092	27.2783	$1,557.54	$505.37	$311.51

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37760	T		Revision of leg veins	0091	30.1019	$1,718.76	$348.23	$343.75
37765	T		Phleb veins - extrem - to 20	0091	30.1019	$1,718.76	$348.23	$343.75
37766	T		Phleb veins - extrem 20+	0091	30.1019	$1,718.76	$348.23	$343.75
37780	T		Revision of leg vein	0091	30.1019	$1,718.76	$348.23	$343.75
37785	T		Ligate/divide/excise vein	0091	30.1019	$1,718.76	$348.23	$343.75
37788	C		Revascularization, penis					
37790	T		Penile venous occlusion	0181	31.5878	$1,803.60	$621.82	$360.72
37799	T		Vascular surgery procedure	0035	0.2931	$16.74		$3.35
38100	C		Removal of spleen, total					
38101	C		Removal of spleen, partial					
38102	C		Removal of spleen, total					
38115	C		Repair of ruptured spleen					
38120	T		Laparoscopy, splenectomy	0131	43.0468	$2,457.89	$1,001.89	$491 58
38129	T		Laparoscope proc, spleen	0130	31.7373	$1,812.14	$659.53	$362 43
38200	N		Injection for spleen x-ray					
38204	E		BI donor search management					
38205	S		Harvest allogenic stem cells	0111	12.9206	$737.74	$200.18	$147.55
38206	S		Harvest auto stem cells	0111	12.9206	$737.74	$200.18	$147.55
38207	E		Cryopreserve stem cells					
38208	E		Thaw preserved stem cells					
38209	E		Wash harvest stem cells					
38210	E		T-cell depletion of harvest					
38211	E		Tumor cell deplete of harvst					
38212	E		Rbc depletion of harvest					
38213	E		Platelet deplete of harvest					
38214	E		Volume deplete of harvest					
38215	E		Harvest stem cell concentrte					
38220	T		Bone marrow aspiration	0003	2.6152	$149.32		$29.86
38221	T		Bone marrow biopsy	0003	2.6152	$149.32		$29.86
38230	S		Bone marrow collection	0111	12.9206	$737.74	$200.18	$147.55
38240	S		Bone marrow/stem transplant	0123	9.9408	$567.60		$113.52
38241	S		Bone marrow/stem transplant	0123	9.9408	$567.60		$113.52
38242	S		Lymphocyte infuse transplant	0111	12.9206	$737.74	$200.18	$147.55
38300	T		Drainage, lymph node lesion	0008	19.5952	$1,118.85		$223.77
38305	T		Drainage, lymph node lesion	0008	19 5952	$1,118.85		$223.77
38308	T		Incision of lymph channels	0113	21 1249	$1,206.19		$241.24
38380	C		Thoracic duct procedure					
38381	C		Thoracic duct procedure					
38382	C		Thoracic duct procedure					
38500	T		Biopsy/removal, lymph nodes	0113	21.1249	$1,206.19		$241.24
38505	T		Needle biopsy, lymph nodes	0005	3.7810	$215.89	$71.59	$43.18
38510	T		Biopsy/removal, lymph nodes	0113	21.1249	$1,206.19		$241.24
38520	T		Biopsy/removal, lymph nodes	0113	21.1249	$1,206.19		$241.24
38525	T		Biopsy/removal, lymph nodes	0113	21.1249	$1,206.19		$241.24
38530	T		Biopsy/removal, lymph nodes	0113	21.1249	$1,206.19		$241.24
38542	T		Explore deep node(s), neck	0114	40.0004	$2,283 94	$485.91	$456.79
38550	T		Removal, neck/armpit lesion	0113	21.1249	$1,206 19		$241.24
38555	T		Removal, neck/armpit lesion	0113	21.1249	$1,206 19		$241.24
38562	C		Removal, pelvic lymph nodes					
38564	C		Removal, abdomen lymph nodes					

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38570	T		Laparoscopy, lymph node biop	0131	43.0468	$2,457.89	$1,001.89	$491.58
38571	T		Laparoscopy, lymphadenectomy	0132	61.3910	$3,505.30	$1,239.22	$701.06
38572	T		Laparoscopy, lymphadenectomy	0131	43.0468	$2,457.89	$1,001.89	$491.58
38589	T		Laparoscope proc, lymphatic	0130	31.7373	$1,812.14	$659.53	$362.43
38700	T		Removal of lymph nodes, neck	0113	21.1249	$1,206.19		$241.24
38720	T		Removal of lymph nodes, neck	0113	21.1249	$1,206.19		$241.24
38724	C		Removal of lymph nodes, neck					
38740	T		Remove armpit lymph nodes	0114	40.0004	$2,283.94	$485.91	$456.79
38745	T		Remove armpit lymph nodes	0114	40.0004	$2,283.94	$485.91	$456.79
38746	C		Remove thoracic lymph nodes					
38747	C		Remove abdominal lymph nodes					
38760	T		Remove groin lymph nodes	0113	21.1249	$1,206.19		$241.24
38765	C		Remove groin lymph nodes					
38770	C		Remove pelvis lymph nodes					
38780	C		Remove abdomen lymph nodes					
38790	N		Inject for lymphatic x-ray					
38792	N		Identify sentinel node					
38794	N		Access thoracic lymph duct					
38999	S		Blood/lymph system procedure	0110	3.7794	$215.80		$43.16
39000	C		Exploration of chest					
39010	C		Exploration of chest					
39200	C		Removal chest lesion					
39220	C		Removal chest lesion					
39400	T		Visualization of chest	0069	29.9568	$1,710.47	$591.64	$342.09
39499	C		Chest procedure					
39501	C		Repair diaphragm laceration					
39502	C		Repair paraesophageal hernia					
39503	C		Repair of diaphragm hernia					
39520	C		Repair of diaphragm hernia					
39530	C		Repair of diaphragm hernia					
39531	C		Repair of diaphragm hernia					
39540	C		Repair of diaphragm hernia					
39541	C		Repair of diaphragm hernia					
39545	C		Revision of diaphragm					
39560	C		Resect diaphragm, simple					
39561	C		Resect diaphragm, complex					
39599	C		Diaphragm surgery procedure					
40490	T		Biopsy of lip	0251	1.9490	$111.28		$22.26
40500	T		Partial excision of lip	0253	15.9924	$913.13	$282.29	$182.63
40510	T		Partial excision of lip	0254	23.5464	$1,344.45	$321.35	$268.89
40520	T		Partial excision of lip	0253	15.9924	$913.13	$282.29	$182.63
40525	T		Reconstruct lip with flap	0254	23.5464	$1,344.45	$321.35	$268.89
40527	T		Reconstruct lip with flap	0254	23.5464	$1,344.45	$321.35	$268.89
40530	T		Partial removal of lip	0254	23.5464	$1,344.45	$321.35	$268.89
40650	T		Repair lip	0252	6.5732	$375.32	$113.41	$75.06
40652	T		Repair lip	0252	6.5732	$375.32	$113.41	$75.06
40654	T		Repair lip	0252	6.5732	$375.32	$113.41	$75.06
40700	T		Repair cleft lip/nasal	0256	37.1347	$2,120.32		$424.06
40701	T		Repair cleft lip/nasal	0256	37.1347	$2,120.32		$424.06
40702	T		Repair cleft lip/nasal	0256	37.1347	$2,120.32		$424.06

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40720	T		Repair cleft lip/nasal	0256	37.1347	$2,120.32		$424.06
40761	T		Repair cleft lip/nasal	0256	37.1347	$2,120.32		$424.06
40799	T		Lip surgery procedure	0251	1.9490	$111.28		$22.26
40800	T		Drainage of mouth lesion	0251	1.9490	$111.28		$22.26
40801	T		Drainage of mouth lesion	0252	6.5732	$375.32	$113.41	$75.06
40804	X		Removal, foreign body, mouth	0340	0.6454	$36.85		$7.37
40805	T		Removal, foreign body, mouth	0252	6.5732	$375.32	$113.41	$75.06
40806	T		Incision of lip fold	0251	1.9490	$111.28		$22.26
40808	T		Biopsy of mouth lesion	0251	1.9490	$111.28		$22.26
40810	T		Excision of mouth lesion	0253	15.9924	$913.13	$282.29	$182.63
40812	T		Excise/repair mouth lesion	0253	15.9924	$913.13	$282.29	$182.63
40814	T		Excise/repair mouth lesion	0253	15.9924	$913.13	$282.29	$182.63
40816	T		Excision of mouth lesion	0254	23.5464	$1,344.45	$321.35	$268.89
40818	T		Excise oral mucosa for graft	0251	1.9490	$111.28		$22.26
40819	T		Excise lip or cheek fold	0252	6.5732	$375.32	$113.41	$75.06
40820	T		Treatment of mouth lesion	0253	15.9924	$913.13	$282.29	$182.63
40830	T		Repair mouth laceration	0251	1.9490	$111.28		$22.26
40831	T		Repair mouth laceration	0252	6.5732	$375.32	$113.41	$75.06
40840	T		Reconstruction of mouth	0254	23.5464	$1,344.45	$321.35	$268.89
40842	T		Reconstruction of mouth	0254	23.5464	$1,344.45	$321.35	$268.89
40843	T		Reconstruction of mouth	0254	23.5464	$1,344.45	$321.35	$268.89
40844	T		Reconstruction of mouth	0256	37.1347	$2,120.32		$424.06
40845	T		Reconstruction of mouth	0256	37.1347	$2,120.32		$424.06
40899	T		Mouth surgery procedure	0251	1.9490	$111.28		$22.26
41000	T		Drainage of mouth lesion	0253	15.9924	$913.13	$282.29	$182.63
41005	T		Drainage of mouth lesion	0251	1.9490	$111.28		$22.26
41006	T		Drainage of mouth lesion	0254	23.5464	$1,344.45	$321.35	$268.89
41007	T		Drainage of mouth lesion	0253	15.9924	$913.13	$282.29	$182.63
41008	T		Drainage of mouth lesion	0253	15.9924	$913.13	$282.29	$182.63
41009	T		Drainage of mouth lesion	0251	1.9490	$111.28		$22.26
41010	T		Incision of tongue fold	0253	15.9924	$913.13	$282.29	$182.63
41015	T		Drainage of mouth lesion	0251	1.9490	$111.28		$22.26
41016	T		Drainage of mouth lesion	0252	6.5732	$375.32	$113.41	$75.06
41017	T		Drainage of mouth lesion	0252	6.5732	$375.32	$113.41	$75.06
41018	T		Drainage of mouth lesion	0252	6 5732	$375.32	$113.41	$75.06
41100	T		Biopsy of tongue	0252	6 5732	$375.32	$113.41	$75.06
41105	T		Biopsy of tongue	0253	15.9924	$913.13	$282.29	$182.63
41108	T		Biopsy of floor of mouth	0252	6 5732	$375.32	$113.41	$75.06
41110	T		Excision of tongue lesion	0253	15 9924	$913.13	$282.29	$182.63
41112	T		Excision of tongue lesion	0253	15.9924	$913.13	$282.29	$182.63
41113	T		Excision of tongue lesion	0253	15.9924	$913.13	$282.29	$182.63
41114	T		Excision of tongue lesion	0254	23.5464	$1,344.45	$321.35	$268.89
41115	T		Excision of tongue fold	0252	6.5732	$375.32	$113.41	$75.06
41116	T		Excision of mouth lesion	0253	15.9924	$913.13	$282.29	$182.63
41120	T		Partial removal of tongue	0254	23.5464	$1,344.45	$321.35	$268.89
41130	C		Partial removal of tongue					
41135	C		Tongue and neck surgery					
41140	C		Removal of tongue					
41145	C		Tongue removal, neck surgery					
41150	C		Tongue, mouth, jaw surgery					

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41153	C		Tongue, mouth, neck surgery					
41155	C		Tongue, jaw, & neck surgery					
41250	T		Repair tongue laceration	0251	1.9490	$111.28		$22.26
41251	T		Repair tongue laceration	0251	1.9490	$111.28		$22.26
41252	T		Repair tongue laceration	0252	6.5732	$375.32	$113.41	$75.06
41500	T		Fixation of tongue	0254	23.5464	$1,344.45	$321.35	$268.89
41510	T		Tongue to lip surgery	0253	15.9924	$913.13	$282.29	$182.63
41520	T		Reconstruction, tongue fold	0252	6.5732	$375.32	$113.41	$75.06
41599	T		Tongue and mouth surgery	0251	1.9490	$111.28		$22.26
41800	T		Drainage of gum lesion	0251	1.9490	$111.28		$22.26
41805	T		Removal foreign body, gum	0254	23.5464	$1,344.45	$321.35	$268.89
41806	T		Removal foreign body,jawbone	0253	15.9924	$913.13	$282.29	$182.63
41820	T		Excision, gum, each quadrant	0252	6.5732	$375.32	$113.41	$75.06
41821	T		Excision of gum flap	0252	6.5732	$375.32	$113.41	$75.06
41822	T		Excision of gum lesion	0253	15.9924	$913.13	$282.29	$182.63
41823	T		Excision of gum lesion	0254	23.5464	$1,344.45	$321.35	$268.89
41825	T		Excision of gum lesion	0253	15.9924	$913.13	$282.29	$182.63
41826	T		Excision of gum lesion	0253	15.9924	$913.13	$282.29	$182.63
41827	T		Excision of gum lesion	0254	23.5464	$1,344.45	$321.35	$268.89
41828	T		Excision of gum lesion	0253	15.9924	$913.13	$282.29	$182.63
41830	T		Removal of gum tissue	0253	15.9924	$913.13	$282.29	$182.63
41850	T		Treatment of gum lesion	0253	15.9924	$913.13	$282.29	$182.63
41870	T		Gum graft	0254	23.5464	$1,344.45	$321.35	$268.89
41872	T		Repair gum	0253	15.9924	$913.13	$282.29	$182.63
41874	T		Repair tooth socket	0254	23.5464	$1,344.45	$321.35	$268.89
41899	T		Dental surgery procedure	0251	1.9490	$111.28		$22.26
42000	T		Drainage mouth roof lesion	0251	1.9490	$111.28		$22.26
42100	T		Biopsy roof of mouth	0252	6.5732	$375.32	$113.41	$75.06
42104	T		Excision lesion, mouth roof	0253	15.9924	$913.13	$282.29	$182.63
42106	T		Excision lesion, mouth roof	0253	15.9924	$913.13	$282.29	$182.63
42107	T		Excision lesion, mouth roof	0254	23.5464	$1,344.45	$321.35	$268.89
42120	T		Remove palate/lesion	0256	37.1347	$2,120.32		$424.06
42140	T		Excision of uvula	0252	6.5732	$375.32	$113.41	$75.06
42145	T		Repair palate, pharynx/uvula	0254	23.5464	$1,344.45	$321.35	$268.89
42160	T		Treatment mouth roof lesion	0253	15.9924	$913.13	$282.29	$182.63
42180	T		Repair palate	0251	1.9490	$111.28		$22.26
42182	T		Repair palate	0256	37.1347	$2,120.32		$424.06
42200	T		Reconstruct cleft palate	0256	37.1347	$2,120.32		$424.06
42205	T		Reconstruct cleft palate	0256	37.1347	$2,120.32		$424.06
42210	T		Reconstruct cleft palate	0256	37.1347	$2,120.32		$424.06
42215	T		Reconstruct cleft palate	0256	37.1347	$2,120.32		$424.06
42220	T		Reconstruct cleft palate	0256	37.1347	$2,120.32		$424.06
42225	T		Reconstruct cleft palate	0256	37.1347	$2,120.32		$424.06
42226	T		Lengthening of palate	0256	37.1347	$2,120.32		$424.06
42227	T		Lengthening of palate	0256	37.1347	$2,120.32		$424.06
42235	T		Repair palate	0253	15.9924	$913.13	$282.29	$182.63
42260	T		Repair nose to lip fistula	0254	23.5464	$1,344.45	$321.35	$268.89
42280	T		Preparation, palate mold	0251	1.9490	$111.28		$22.26
42281	T		Insertion, palate prosthesis	0253	15.9924	$913.13	$282.29	$182.63
42299	T		Palate/uvula surgery	0251	1.9490	$111.28		$22.26

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42300	T		Drainage of salivary gland	0253	15.9924	$913.13	$282.29	$182.63
42305	T		Drainage of salivary gland	0253	15.9924	$913.13	$282.29	$182.63
42310	T		Drainage of salivary gland	0251	1.9490	$111.28		$22.26
42320	T		Drainage of salivary gland	0251	1.9490	$111.28		$22.26
42325	T		Create salivary cyst drain	0251	1.9490	$111.28		$22.26
42326	T		Create salivary cyst drain	0252	6.5732	$375.32	$113.41	$75.06
42330	T		Removal of salivary stone	0253	15.9924	$913.13	$282.29	$182.63
42335	T		Removal of salivary stone	0253	15.9924	$913.13	$282.29	$182.63
42340	T		Removal of salivary stone	0253	15.9924	$913.13	$282.29	$182.63
42400	T		Biopsy of salivary gland	0005	3.7810	$215.89	$71.59	$43.18
42405	T		Biopsy of salivary gland	0253	15.9924	$913.13	$282.29	$182.63
42408	T		Excision of salivary cyst	0253	15.9924	$913.13	$282.29	$182.63
42409	T		Drainage of salivary cyst	0253	15.9924	$913.13	$282.29	$182.63
42410	T		Excise parotid gland/lesion	0256	37.1347	$2,120.32		$424.06
42415	T		Excise parotid gland/lesion	0256	37.1347	$2,120.32		$424.06
42420	T		Excise parotid gland/lesion	0256	37.1347	$2,120.32		$424.06
42425	T		Excise parotid gland/lesion	0256	37.1347	$2,120.32		$424.06
42426	C		Excise parotid gland/lesion					
42440	T		Excise submaxillary gland	0256	37.1347	$2,120.32		$424.06
42450	T		Excise sublingual gland	0254	23.5464	$1,344.45	$321.35	$268.89
42500	T		Repair salivary duct	0254	23.5464	$1,344.45	$321.35	$268.89
42505	T		Repair salivary duct	0256	37.1347	$2,120.32		$424.06
42507	T		Parotid duct diversion	0256	37.1347	$2,120.32		$424.06
42508	T		Parotid duct diversion	0256	37.1347	$2,120.32		$424.06
42509	T		Parotid duct diversion	0256	37.1347	$2,120.32		$424.06
42510	T		Parotid duct diversion	0256	37.1347	$2,120.32		$424.06
42550	N		Injection for salivary x-ray					
42600	T		Closure of salivary fistula	0253	15.9924	$913.13	$282.29	$182.63
42650	T		Dilation of salivary duct	0252	6.5732	$375.32	$113.41	$75.06
42660	T		Dilation of salivary duct	0251	1.9490	$111.28		$22.26
42665	T		Ligation of salivary duct	0254	23.5464	$1,344.45	$321.35	$268.89
42699	T		Salivary surgery procedure	0251	1.9490	$111.28		$22.26
42700	T		Drainage of tonsil abscess	0251	1.9490	$111.28		$22.26
42720	T		Drainage of throat abscess	0253	15.9924	$913.13	$282.29	$182.63
42725	T		Drainage of throat abscess	0256	37.1347	$2,120.32		$424.06
42800	T		Biopsy of throat	0253	15.9924	$913.13	$282.29	$182.63
42802	T		Biopsy of throat	0253	15.9924	$913.13	$282.29	$182.63
42804	T		Biopsy of upper nose/throat	0253	15.9924	$913.13	$282.29	$182.63
42806	T		Biopsy of upper nose/throat	0254	23.5464	$1,344.45	$321.35	$268.89
42808	T		Excise pharynx lesion	0253	15.9924	$913.13	$282.29	$182.63
42809	X		Remove pharynx foreign body	0340	0.6454	$36.85		$7.37
42810	T		Excision of neck cyst	0254	23.5464	$1,344.45	$321.35	$268.89
42815	T		Excision of neck cyst	0256	37.1347	$2,120.32		$424.06
42820	T		Remove tonsils and adenoids	0258	21.5810	$1,232.23	$437.25	$246.45
42821	T		Remove tonsils and adenoids	0258	21.5810	$1,232.23	$437.25	$246.45
42825	T		Removal of tonsils	0258	21.5810	$1,232.23	$437.25	$246.45
42826	T		Removal of tonsils	0258	21.5810	$1,232.23	$437.25	$246.45
42830	T		Removal of adenoids	0258	21.5810	$1,232.23	$437.25	$246.45
42831	T		Removal of adenoids	0258	21.5810	$1,232.23	$437.25	$246.45
42835	T		Removal of adenoids	0258	21.5810	$1,232.23	$437.25	$246.45

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42836	T		Removal of adenoids	0258	21.5810	$1,232.23	$437.25	$246.45
42842	T		Extensive surgery of throat	0254	23.5464	$1,344.45	$321.35	$268.89
42844	T		Extensive surgery of throat	0256	37.1347	$2,120.32		$424.06
42845	C		Extensive surgery of throat					
42860	T		Excision of tonsil tags	0258	21.5810	$1,232.23	$437.25	$246.45
42870	T		Excision of lingual tonsil	0258	21.5810	$1,232.23	$437.25	$246.45
42890	T		Partial removal of pharynx	0256	37.1347	$2,120.32		$424.06
42892	T		Revision of pharyngeal walls	0256	37.1347	$2,120.32		$424.06
42894	C		Revision of pharyngeal walls					
42900	T		Repair throat wound	0252	6.5732	$375.32	$113.41	$75.06
42950	T		Reconstruction of throat	0254	23.5464	$1,344.45	$321.35	$268.89
42953	C		Repair throat, esophagus					
42955	T		Surgical opening of throat	0254	23.5464	$1,344.45	$321.35	$268.89
42960	T		Control throat bleeding	0250	1.3930	$79.54	$27.84	$15.91
42961	C		Control throat bleeding					
42962	T		Control throat bleeding	0256	37.1347	$2,120.32		$424.06
42970	T		Control nose/throat bleeding	0250	1.3930	$79.54	$27.84	$15.91
42971	C		Control nose/throat bleeding					
42972	T		Control nose/throat bleeding	0253	15.9924	$913.13	$282.29	$182.63
42999	T		Throat surgery procedure	0251	1.9490	$111.28		$22.26
43020	T		Incision of esophagus	0252	6.5732	$375.32	$113.41	$75.06
43030	T		Throat muscle surgery	0253	15.9924	$913.13	$282.29	$182.63
43045	C		Incision of esophagus					
43100	C		Excision of esophagus lesion					
43101	C		Excision of esophagus lesion					
43107	C		Removal of esophagus					
43108	C		Removal of esophagus					
43112	C		Removal of esophagus					
43113	C		Removal of esophagus					
43116	C		Partial removal of esophagus					
43117	C		Partial removal of esophagus					
43118	C		Partial removal of esophagus					
43121	C		Partial removal of esophagus					
43122	C		Partial removal of esophagus					
43123	C		Partial removal of esophagus					
43124	C		Removal of esophagus					
43130	T		Removal of esophagus pouch	0254	23.5464	$1,344.45	$321.35	$268.89
43135	C		Removal of esophagus pouch					
43200	T		Esophagus endoscopy	0141	8.1355	$464.52	$143.38	$92.90
43201	T		Esoph scope w/submucous inj	0141	8.1355	$464.52	$143.38	$92.90
43202	T		Esophagus endoscopy, biopsy	0141	8.1355	$464.52	$143.38	$92.90
43204	T		Esoph scope w/sclerosis inj	0141	8.1355	$464.52	$143.38	$92.90
43205	T		Esophagus endoscopy/ligation	0141	8.1355	$464.52	$143.38	$92.90
43215	T		Esophagus endoscopy	0141	8.1355	$464.52	$143.38	$92.90
43216	T		Esophagus endoscopy/lesion	0141	8.1355	$464.52	$143.38	$92.90
43217	T		Esophagus endoscopy	0141	8.1355	$464.52	$143.38	$92.90
43219	T		Esophagus endoscopy	0384	25.8772	$1,477.54	$320.91	$295.51
43220	T		Esoph endoscopy, dilation	0141	8.1355	$464.52	$143.38	$92.90
43226	T		Esoph endoscopy, dilation	0141	8.1355	$464.52	$143.38	$92.90
43227	T		Esoph endoscopy, repair	0141	8.1355	$464.52	$143.38	$92.90

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43228	T		Esoph endoscopy, ablation	0422	22.3214	$1,274.51		$254.98
43231	T		Esoph endoscopy w/us exam	0141	8.1355	$464.52	$143.38	$92.90
43232	T		Esoph endoscopy w/us fn bx	0141	8.1355	$464.52	$143.38	$92.90
43234	T		Upper GI endoscopy, exam	0141	8.1355	$464.52	$143.38	$92.90
43235	T		Uppr gi endoscopy, diagnosis	0141	8.1355	$484.52	$143.38	$92.90
43236	T		Uppr gi scope w/submuc inj	0141	8.1355	$464.52	$143.38	$92.90
43237	T		Endoscopic us exam, esoph	0141	8.1355	$464.52	$143.38	$92.90
43238	T		Uppr gi endoscopy w/us fn bx	0141	8.1355	$464.52	$143.38	$92.90
43239	T		Upper GI endoscopy, biopsy	0141	8.1355	$464.52	$143.38	$92.90
43240	T		Esoph endoscope w/drain cyst	0141	8.1355	$464.52	$143.38	$92.90
43241	T		Upper GI endoscopy with tube	0141	8.1355	$464.52	$143.38	$92.90
43242	T		Uppr gi endoscopy w/us fn bx	0141	8.1355	$464.52	$143.38	$92.90
43243	T		Upper gi endoscopy & inject	0141	8.1355	$464.52	$143.38	$92.90
43244	T		Upper GI endoscopy/ligation	0141	8.1355	$464.52	$143.38	$92.90
43245	T		Uppr gi scope dilate strictr	0141	8.1355	$464.52	$143.38	$92.90
43246	T		Place gastrostomy tube	0141	8.1355	$464.52	$143.38	$92.90
43247	T		Operative upper GI endoscopy	0141	8.1355	$464.52	$143.38	$92.90
43248	T		Uppr gi endoscopy/guide wire	0141	8.1355	$464.52	$143.38	$92.90
43249	T		Esoph endoscopy, dilation	0141	8.1355	$464.52	$143.38	$92.90
43250	T		Upper GI endoscopy/tumor	0141	8.1355	$464.52	$143.38	$92.90
43251	T		Operative upper GI endoscopy	0141	8.1355	$464.52	$143.38	$92.90
43255	T		Operative upper GI endoscopy	0141	8.1355	$464.52	$143.38	$92.90
43256	T		Uppr gi endoscopy w stent	0384	25.8772	$1,477.54	$320.91	$295.51
43258	T		Operative upper GI endoscopy	0141	8.1355	$464.52	$143.38	$92.90
43259	T		Endoscopic ultrasound exam	0141	8.1355	$464.52	$143.38	$92.90
43260	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43261	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43262	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43263	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43264	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43265	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43267	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43268	T		Endo cholangiopancreatograph	0384	25.8772	$1,477.54	$320.91	$295.51
43269	T		Endo cholangiopancreatograph	0384	25.8772	$1,477.54	$320.91	$295.51
43271	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43272	T		Endo cholangiopancreatograph	0151	18.8390	$1,075.67	$245.46	$215.13
43280	T		Laparoscopy, fundoplasty	0132	61.3910	$3,505.30	$1,239.22	$701.06
43289	T		Laparoscope proc, esoph	0130	31.7373	$1,812.14	$659.53	$362.43
43300	C		Repair of esophagus					
43305	C		Repair esophagus and fistula					
43310	C		Repair of esophagus					
43312	C		Repair esophagus and fistula					
43313	C		Esophagoplasty congenital					
43314	C		Tracheo-esophagoplasty cong					
43320	C		Fuse esophagus & stomach					
43324	C		Revise esophagus & stomach					
43325	C		Revise esophagus & stomach					
43326	C		Revise esophagus & stomach					
43330	C		Repair of esophagus					
43331	C		Repair of esophagus					

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43340	C		Fuse esophagus & intestine					
43341	C		Fuse esophagus & intestine					
43350	C		Surgical opening, esophagus					
43351	C		Surgical opening, esophagus					
43352	C		Surgical opening, esophagus					
43360	C		Gastrointestinal repair					
43361	C		Gastrointestinal repair					
43400	C		Ligate esophagus veins					
43401	C		Esophagus surgery for veins					
43405	C		Ligate/staple esophagus					
43410	C		Repair esophagus wound					
43415	C		Repair esophagus wound					
43420	C		Repair esophagus opening					
43425	C		Repair esophagus opening					
43450	T		Dilate esophagus	0140	6.5633	$374.75	$107.24	$74.95
43453	T		Dilate esophagus	0140	6.5633	$374.75	$107.24	$74.95
43456	T		Dilate esophagus	0140	6.5633	$374.75	$107.24	$74.95
43458	T		Dilate esophagus	0140	6.5633	$374.75	$107.24	$74.95
43460	C		Pressure treatment esophagus					
43496	C		Free jejunum flap, microvasc					
43499	T		Esophagus surgery procedure	0141	8.1355	$464.52	$143.38	$92.90
43500	C		Surgical opening of stomach					
43501	C		Surgical repair of stomach					
43502	C		Surgical repair of stomach					
43510	T		Surgical opening of stomach	0141	8.1355	$464.52	$143.38	$92.90
43520	C		Incision of pyloric muscle					
43600	T		Biopsy of stomach	0141	8.1355	$464.52	$143.38	$92.90
43605	C		Biopsy of stomach					
43610	C		Excision of stomach lesion					
43611	C		Excision of stomach lesion					
43620	C		Removal of stomach					
43621	C		Removal of stomach					
43622	C		Removal of stomach					
43631	C		Removal of stomach, partial					
43632	C		Removal of stomach, partial					
43633	C		Removal of stomach, partial					
43634	C		Removal of stomach, partial					
43635	C		Removal of stomach, partial					
43638	C		Removal of stomach, partial					
43639	C		Removal of stomach, partial					
43640	C		Vagotomy & pylorus repair					
43641	C		Vagotomy & pylorus repair					
43651	T		Laparoscopy, vagus nerve	0132	61.3910	$3,505.30	$1,239.22	$701.06
43652	T		Laparoscopy, vagus nerve	0132	61.3910	$3,505.30	$1,239.22	$701.06
43653	T		Laparoscopy, gastrostomy	0131	43.0468	$2,457.89	$1,001.89	$491.58
43659	T		Laparoscope proc. stom	0130	31.7373	$1,812.14	$659.53	$362.43
43750	T		Place gastrostomy tube	0141	8.1355	$464.52	$143.38	$92.90
43752	X		Nasal/orogastric w/stent	0272	1.3987	$79.86	$35.93	$15.97
43760	T		Change gastrostomy tube	0121	2.3062	$131.68	$43.80	$26.34
43761	T		Reposition gastrostomy tube	0121	2.3062	$131.68	$43.80	$26.34

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43800	C		Reconstruction of pylorus					
43810	C		Fusion of stomach and bowel					
43820	C		Fusion of stomach and bowel					
43825	C		Fusion of stomach and bowel					
43830	T		Place gastrostomy tube	0422	22.3214	$1,274.51		$254.98
43831	T		Place gastrostomy tube	0141	8.1355	$464.52	$143.38	$92.90
43832	C		Place gastrostomy tube					
43840	C		Repair of stomach lesion					
43842	C		Gastroplasty for obesity					
43843	C		Gastroplasty for obesity					
43846	C		Gastric bypass for obesity					
43847	C		Gastric bypass for obesity					
43848	C		Revision gastroplasty					
43850	C		Revise stomach-bowel fusion					
43855	C		Revise stomach-bowel fusion					
43860	C		Revise stomach-bowel fusion					
43865	C		Revise stomach-bowel fusion					
43870	T		Repair stomach opening	0141	8.1355	$464.52	$143.38	$92.90
43880	C		Repair stomach-bowel fistula					
43999	T		Stomach surgery procedure	0141	8.1355	$464.52	$143.38	$92.90
44005	C		Freeing of bowel adhesion					
44010	C		Incision of small bowel					
44015	C		Insert needle cath bowel					
44020	C		Explore small intestine					
44021	C		Decompress small bowel					
44025	C		Incision of large bowel					
44050	C		Reduce bowel obstruction					
44055	C		Correct malrotation of bowel					
44100	T		Biopsy of bowel	0141	8.1355	$464.52	$143.38	$92.90
44110	C		Excise intestine lesion(s)					
44111	C		Excision of bowel lesion(s)					
44120	C		Removal of small intestine					
44121	C		Removal of small intestine					
44125	C		Removal of small intestine					
44126	C		Enterectomy w/o taper, cong					
44127	C		Enterectomy w/taper, cong					
44128	C		Enterectomy cong, add-on					
44130	C		Bowel to bowel fusion					
44132	C		Enterectomy, cadaver donor					
44133	C		Enterectomy, live donor					
44135	C		Intestine transplnt, cadaver					
44136	C		Intestine transplant, live					
44139	C		Mobilization of colon					
44140	C		Partial removal of colon					
44141	C		Partial removal of colon					
44143	C		Partial removal of colon					
44144	C		Partial removal of colon					
44145	C		Partial removal of colon					
44146	C		Partial removal of colon					
44147	C		Partial removal of colon					

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44150	C		Removal of colon					
44151	C		Removal of colon/ileostomy					
44152	C		Removal of colon/ileostomy					
44153	C		Removal of colon/ileostomy					
44155	C		Removal of colon/ileostomy					
44156	C		Removal of colon/ileostomy					
44160	C		Removal of colon					
44200	T		Laparoscopy, enterolysis	0131	43.0468	$2,457.89	$1,001.89	$491.58
44201	T		Laparoscopy, jejunostomy	0131	43.0468	$2,457.89	$1,001.89	$491.58
44202	C		Lap resect s/intestine singl					
44203	C		Lap resect s/intestine, addl					
44204	C		Laparo partial colectomy					
44205	C		Lap colectomy part w/ileum					
44206	T		Lap part colectomy w/stoma	0132	61.3910	$3,505.30	$1,239.22	$701.06
44207	T		L colectomy/coloproctostomy	0132	61.3910	$3,505.30	$1,239.22	$701.06
44208	T		L colectomy/coloproctostomy	0132	61.3910	$3,505.30	$1,239.22	$701.06
44210	C		Laparo total proctocolectomy					
44211	C		Laparo total proctocolectomy					
44212	C		Laparo total proctocolectomy					
44238	T		Laparoscope proc, intestine	0130	31.7373	$1,812.14	$659.53	$362.43
44239	T		Laparoscope proc, rectum	0130	31.7373	$1,812.14	$659.53	$362.43
44300	C		Open bowel to skin					
44310	C		Ileostomy/jejunostomy					
44312	T		Revision of ileostomy	0027	16.8576	$962.54	$329.72	$192.51
44314	C		Revision of ileostomy					
44316	C		Devise bowel pouch					
44320	C		Colostomy					
44322	C		Colostomy with biopsies					
44340	T		Revision of colostomy	0027	16.8576	$962.54	$329.72	$192.51
44345	C		Revision of colostomy					
44346	C		Revision of colostomy					
44360	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44361	T		Small bowel endoscopy/biopsy	0142	8.8130	$503.20	$152.78	$100.64
44363	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44364	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44365	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44366	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44369	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44370	T		Small bowel endoscopy/stent	0384	25.8772	$1,477.54	$320.91	$295.51
44372	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44373	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44376	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44377	T		Small bowel endoscopy/biopsy	0142	8.8130	$503.20	$152.78	$100.64
44378	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44379	T		S bowel endoscope w/stent	0384	25.8772	$1,477.54	$320.91	$295.51
44380	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44382	T		Small bowel endoscopy	0142	8.8130	$503.20	$152.78	$100.64
44383	T		Ileoscopy w/stent	0384	25.8772	$1,477.54	$320.91	$295.51
44385	T		Endoscopy of bowel pouch	0143	8.6749	$495.32	$186.06	$99.06
44386	T		Endoscopy, bowel pouch/biop	0143	8.6749	$495.32	$186.06	$99.06

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44388	T		Colonoscopy	0143	8 6749	$495.32	$186.06	$99 06
44389	T		Colonoscopy with biopsy	0143	8.6749	$495.32	$186.06	$99.06
44390	T		Colonoscopy for foreign body	0143	8.6749	$495.32	$186.06	$99.06
44391	T		Colonoscopy for bleeding	0143	8.6749	$495.32	$186.06	$99.06
44392	T		Colonoscopy & polypectomy	0143	8.6749	$495.32	$186.06	$99.06
44393	T		Colonoscopy, lesion removal	0143	8.6749	$495.32	$186.06	$99.06
44394	T		Colonoscopy w/snare	0143	8.6749	$495.32	$186.06	$99.06
44397	T		Colonoscopy w/stent	0384	25.8772	$1,477.54	$320.91	$295.51
44500	T		Intro, gastrointestinal tube	0121	2.3062	$131.68	$43.80	$26.34
44602	C		Suture, small intestine					
44603	C		Suture, small intestine					
44604	C		Suture, large intestine					
44605	C		Repair of bowel lesion					
44615	C		Intestinal stricturoplasty					
44620	C		Repair bowel opening					
44625	C		Repair bowel opening					
44626	C		Repair bowel opening					
44640	C		Repair bowel-skin fistula					
44650	C		Repair bowel fistula					
44660	C		Repair bowel-bladder fistula					
44661	C		Repair bowel-bladder fistula					
44680	C		Surgical revision, intestine					
44700	C		Suspend bowel w/prosthesis					
44701	N		Intraop colon lavage add-on					
44799	T		Unlisted procedure intestine	0142	8.8130	$503.20	$152.78	$100.64
44800	C		Excision of bowel pouch					
44820	C		Excision of mesentery lesion					
44850	C		Repair of mesentery					
44899	C		Bowel surgery procedure					
44900	C		Drain app abscess, open					
44901	T		Drain app abscess, percut	0037	9.5990	$548.08	$237.45	$109.62
44950	C		Appendectomy					
44955	C		Appendectomy add-on					
44960	C		Appendectomy					
44970	T		Laparoscopy, appendectomy	0131	43 0468	$2,457.89	$1,001.89	$491.58
44979	T		Laparoscope proc, app	0130	31 7373	$1,812.14	$659.53	$362.43
45000	T		Drainage of pelvic abscess	0148	4 6541	$265.74	$63.38	$53.15
45005	T		Drainage of rectal abscess	0155	13 2526	$756.70	$188.89	$151.34
45020	T		Drainage of rectal abscess	0155	13 2526	$756.70	$188.89	$151.34
45100	T		Biopsy of rectum	0149	17.9138	$1,022.84	$293.06	$204.57
45108	T		Removal of anorectal lesion	0150	23.2962	$1,330.17	$437.12	$266.03
45110	C		Removal of rectum					
45111	C		Partial removal of rectum					
45112	C		Removal of rectum					
45113	C		Partial proctectomy					
45114	C		Partial removal of rectum					
45116	C		Partial removal of rectum					
45119	C		Remove rectum w/reservoir					
45120	C		Removal of rectum					
45121	C		Removal of rectum and colon					

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45123	C		Partial proctectomy					
45126	C		Pelvic exenteration					
45130	C		Excision of rectal prolapse					
45135	C		Excision of rectal prolapse					
45136	C		Excise ileoanal reservior					
45150	T		Excision of rectal stricture	0149	17.9138	$1,022.84	$293.06	$204.57
45160	T		Excision of rectal lesion	0150	23.2962	$1,330.17	$437.12	$266.03
45170	T		Excision of rectal lesion	0150	23.2962	$1,330.17	$437.12	$266.03
45190	T		Destruction, rectal tumor	0150	23.2962	$1,330.17	$437.12	$266.03
45300	T		Proctosigmoidoscopy dx	0146	4.3813	$250.16	$64.40	$50.03
45303	T		Proctosigmoidoscopy dilate	0146	4.3813	$250.16	$64.40	$50.03
45305	T		Proctosigmoidoscopy w/bx	0146	4.3813	$250.16	$64.40	$50.03
45307	T		Proctosigmoidoscopy fb	0146	4.3813	$250.16	$64.40	$50.03
45308	T		Proctosigmoidoscopy removal	0147	8.1297	$464.19		$92.84
45309	T		Proctosigmoidoscopy removal	0147	8.1297	$464.19		$92.84
45315	T		Proctosigmoidoscopy removal	0147	8.1297	$464.19		$92.84
45317	T		Proctosigmoidoscopy bleed	0147	8.1297	$464.19		$92.84
45320	T		Proctosigmoidoscopy ablate	0147	8.1297	$464.19		$92.84
45321	T		Proctosigmoidoscopy volvul	0147	8.1297	$464.19		$92.84
45327	T		Proctosigmoidoscopy w/stent	0384	25.8772	$1,477.54	$320.91	$295.51
45330	T		Diagnostic sigmoidoscopy	0146	4.3813	$250.16	$64.40	$50.03
45331	T		Sigmoidoscopy and biopsy	0146	4.3813	$250.16	$64.40	$50.03
45332	T		Sigmoidoscopy w/fb removal	0146	4.3813	$250.16	$64.40	$50.03
45333	T		Sigmoidoscopy & polypectomy	0147	8.1297	$464.19		$92.84
45334	T		Sigmoidoscopy for bleeding	0147	8.1297	$464.19		$92.84
45335	T		Sigmoidoscopy w/submuc inj	0147	8.1297	$464.19		$92.84
45337	T		Sigmoidoscopy & decompress	0147	8.1297	$464.19		$92.84
45338	T		Sigmoidoscopy w/tumr remove	0147	8.1297	$464.19		$92.84
45339	T		Sigmoidoscopy w/ablate tumr	0147	8.1297	$464.19		$92.84
45340	T		Sig w/balloon dilation	0147	8.1297	$464.19		$92.84
45341	T		Sigmoidoscopy w/ultrasound	0147	8.1297	$464.19		$92.84
45342	T		Sigmoidoscopy w/us guide bx	0147	8.1297	$464.19		$92.84
45345	T		Sigmoidoscopy w/stent	0384	25.8772	$1,477.54	$320.91	$295.51
45355	T		Surgical colonoscopy	0143	8.6749	$495.32	$186.06	$99.06
45378	T		Diagnostic colonoscopy	0143	8.6749	$495.32	$186.06	$99.06
45379	T		Colonoscopy w/fb removal	0143	8.6749	$495.32	$186.06	$99.06
45380	T		Colonoscopy and biopsy	0143	8.6749	$495.32	$186.06	$99.06
45381	T		Colonoscopy, submucous inj	0143	8.6749	$495.32	$186.06	$99.06
45382	T		Colonoscopy/control bleeding	0143	8.6749	$495.32	$186.06	$99.06
45383	T		Lesion removal colonoscopy	0143	8.6749	$495.32	$186.06	$99.06
45384	T		Lesion remove colonoscopy	0143	8.6749	$495.32	$186.06	$99.06
45385	T		Lesion removal colonoscopy	0143	8.6749	$495.32	$186.06	$99.06
45386	T		Colonoscopy dilate stricture	0143	8.6749	$495.32	$186.06	$99.06
45387	T		Colonoscopy w/stent	0384	25.8772	$1,477.54	$320.91	$295.51
45500	T		Repair of rectum	0149	17.9138	$1,022.84	$293.06	$204.57
45505	T		Repair of rectum	0150	23.2962	$1,330.17	$437.12	$266.03
45520	T		Treatment of rectal prolapse	0098	1.3532	$77.27		$15.45
45540	C		Correct rectal prolapse					
45541	T		Correct rectal prolapse	0150	23.2962	$1,330.17	$437.12	$266.03
45550	C		Repair rectum/remove sigmoid					

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45560	T		Repair of rectocele	0150	23.2962	$1,330.17	$437.12	$266.03
45562	C		Exploration/repair of rectum					
45563	C		Exploration/repair of rectum					
45800	C		Repair rect/bladder fistula					
45805	C		Repair fistula w/colostomy					
45820	C		Repair rectourethral fistula					
45825	C		Repair fistula w/colostomy					
45900	T		Reduction of rectal prolapse	0148	4.6541	$265.74	$63.38	$53.15
45905	T		Dilation of anal sphincter	0149	17.9138	$1,022.84	$293.06	$204.57
45910	T		Dilation of rectal narrowing	0149	17.9138	$1,022.84	$293.06	$204.57
45915	T		Remove rectal obstruction	0148	4.6541	$265.74	$63.38	$53.15
45999	T		Rectum surgery procedure	0148	4.6541	$265.74	$63.38	$53.15
46020	T		Placement of seton	0150	23.2962	$1,330.17	$437.12	$266.03
46030	T		Removal of rectal marker	0148	4.6541	$265.74	$63.38	$53.15
46040	T		Incision of rectal abscess	0149	17.9138	$1,022.84	$293.06	$204.57
46045	T		Incision of rectal abscess	0150	23.2962	$1,330.17	$437.12	$266.03
46050	T		Incision of anal abscess	0148	4.6541	$265.74	$63.38	$53.15
46060	T		Incision of rectal abscess	0150	23.2962	$1,330.17	$437.12	$266.03
46070	T		Incision of anal septum	0155	13.2526	$756.70	$188.89	$151.34
46080	T		Incision of anal sphincter	0149	17.9138	$1,022.84	$293.06	$204.57
46083	T		Incise external hemorrhoid	0148	4.6541	$265.74	$63.38	$53.15
46200	T		Removal of anal fissure	0150	23.2962	$1,330.17	$437.12	$266.03
46210	T		Removal of anal crypt	0149	17.9138	$1,022.84	$293.06	$204.57
46211	T		Removal of anal crypts	0150	23.2962	$1,330.17	$437.12	$266.03
46220	T		Removal of anal tag	0149	17.9138	$1,022.84	$293.06	$204.57
46221	T		Ligation of hemorrhoid(s)	0148	4.6541	$265.74	$63.38	$53.15
46230	T		Removal of anal tags	0149	17.9138	$1,022.84	$293.06	$204.57
46250	T		Hemorrhoidectomy	0150	23.2962	$1,330.17	$437.12	$266.03
46255	T		Hemorrhoidectomy	0150	23.2962	$1,330.17	$437.12	$266.03
46257	T		Remove hemorrhoids & fissure	0150	23.2962	$1,330.17	$437.12	$266.03
46258	T		Remove hemorrhoids & fistula	0150	23.2962	$1,330.17	$437.12	$266.03
46260	T		Hemorrhoidectomy	0150	23.2962	$1,330.17	$437.12	$266.03
46261	T		Remove hemorrhoids & fissure	0150	23.2962	$1,330.17	$437.12	$266.03
46262	T		Remove hemorrhoids & fistula	0150	23.2962	$1,330.17	$437.12	$266.03
46270	T		Removal of anal fistula	0150	23.2962	$1,330.17	$437.12	$266.03
46275	T		Removal of anal fistula	0150	23.2962	$1,330.17	$437.12	$266.03
46280	T		Removal of anal fistula	0150	23.2962	$1,330.17	$437.12	$266.03
46285	T		Removal of anal fistula	0150	23.2962	$1,330.17	$437.12	$266.03
46288	T		Repair anal fistula	0150	23.2962	$1,330.17	$437.12	$266.03
46320	T		Removal of hemorrhoid clot	0148	4.6541	$265.74	$63.38	$53.15
46500	T		Injection into hemorrhoid(s)	0155	13.2526	$756.70	$188.89	$151.34
46600	X		Diagnostic anoscopy	0340	0.6454	$36.85		$7.37
46604	T		Anoscopy and dilation	0147	8.1297	$464.19		$92.84
46606	T		Anoscopy and biopsy	0147	8.1297	$464.19		$92.84
46608	T		Anoscopy, remove for body	0147	8.1297	$464.19		$92.84
46610	T		Anoscopy, remove lesion	0147	8.1297	$464.19		$92.84
46611	T		Anoscopy	0147	8.1297	$464.19		$92.84
46612	T		Anoscopy, remove lesions	0147	8.1297	$464.19		$92.84
46614	T		Anoscopy, control bleeding	0147	8.1297	$464.19		$92.84
46615	T		Anoscopy	0147	8.1297	$464.19		$92.84

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46700	T		Repair of anal stricture	0150	23.2962	$1,330.17	$437.12	$266.03
46705	C		Repair of anal stricture					
46706	T		Repr of anal fistula w/glue	0150	23.2962	$1,330.17	$437.12	$266.03
46715	C		Repair of anovaginal fistula					
46716	C		Repair of anovaginal fistula					
46730	C		Construction of absent anus					
46735	C		Construction of absent anus					
46740	C		Construction of absent anus					
46742	C		Repair of imperforated anus					
46744	C		Repair of cloacal anomaly					
46746	C		Repair of cloacal anomaly					
46748	C		Repair of cloacal anomaly					
46750	T		Repair of anal sphincter	0150	23.2962	$1,330.17	$437.12	$266.03
46751	C		Repair of anal sphincter					
46753	T		Reconstruction of anus	0150	23.2962	$1,330.17	$437.12	$266.03
46754	T		Removal of suture from anus	0149	17.9138	$1,022.84	$293.06	$204.57
46760	T		Repair of anal sphincter	0150	23.2962	$1,330.17	$437.12	$266.03
46761	T		Repair of anal sphincter	0150	23.2962	$1,330.17	$437.12	$266.03
46762	T		Implant artificial sphincter	0150	23.2962	$1,330.17	$437.12	$266.03
46900	T		Destruction, anal lesion(s)	0016	2.8562	$163.08	$57.31	$32.62
46910	T		Destruction, anal lesion(s)	0017	17.4667	$997.31	$227.84	$199.46
46916	T		Cryosurgery, anal lesion(s)	0013	1.1586	$66.15	$14.20	$13.23
46917	T		Laser surgery, anal lesions	0695	20.6606	$1,179.68	$266.59	$235.94
46922	T		Excision of anal lesion(s)	0695	20.6606	$1,179.68	$266.59	$235.94
46924	T		Destruction, anal lesion(s)	0695	20.6606	$1,179.68	$266.59	$235.94
46934	T		Destruction of hemorrhoids	0155	13.2526	$756.70	$188.89	$151.34
46935	T		Destruction of hemorrhoids	0155	13.2526	$756.70	$188.89	$151.34
46936	T		Destruction of hemorrhoids	0149	17.9138	$1,022.84	$293.06	$204.57
46937	T		Cryotherapy of rectal lesion	0149	17.9138	$1,022.84	$293.06	$204.57
46938	T		Cryotherapy of rectal lesion	0150	23.2962	$1,330.17	$437.12	$266.03
46940	T		Treatment of anal fissure	0149	17.9138	$1,022.84	$293.06	$204.57
46942	T		Treatment of anal fissure	0148	4.6541	$265.74	$63.38	$53.15
46945	T		Ligation of hemorrhoids	0155	13.2526	$756.70	$188.89	$151.34
46946	T		Ligation of hemorrhoids	0155	13.2526	$756.70	$188.89	$151.34
46999	T		Anus surgery procedure	0148	4.6541	$265.74	$63.38	$53.15
47000	T		Needle biopsy of liver	0685	5.8959	$336.64	$115.47	$67.33
47001	N		Needle biopsy, liver add-on					
47010	C		Open drainage, liver lesion					
47011	T		Percut drain, liver lesion	0037	9.5990	$548.08	$237.45	$109.62
47015	C		Inject/aspirate liver cyst					
47100	C		Wedge biopsy of liver					
47120	C		Partial removal of liver					
47122	C		Extensive removal of liver					
47125	C		Partial removal of liver					
47130	C		Partial removal of liver					
47133	C		Removal of donor liver					
47135	C		Transplantation of liver					
47136	C		Transplantation of liver					
47140	C		Partial removal, donor liver					
47141	C		Partial removal, donor liver					

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47142	C		Partial removal, donor liver					
47300	C		Surgery for liver lesion					
47350	C		Repair liver wound					
47360	C		Repair liver wound					
47361	C		Repair liver wound					
47362	C		Repair liver wound					
47370	T		Laparo ablate liver tumor rf	0131	43.0468	$2,457.89	$1,001.89	$491.58
47371	T		Laparo ablate liver cryosurg	0131	43.0468	$2,457.89	$1,001.89	$491.58
47379	T		Laparoscope procedure, liver	0130	31.7373	$1,812.14	$659.53	$362.43
47380	C		Open ablate liver tumor rf					
47381	C		Open ablate liver tumor cryo					
47382	T		Percut ablate liver rf	0423	29.0678	$1,659.71		$331.94
47399	T		Liver surgery procedure	0002	0.9588	$54.75		$10.95
47400	C		Incision of liver duct					
47420	C		Incision of bile duct					
47425	C		Incision of bile duct					
47460	C		Incise bile duct sphincter					
47480	C		Incision of gallbladder					
47490	T		Incision of gallbladder	0152	12.0879	$690.19		$138.04
47500	N		Injection for liver x-rays					
47505	N		Injection for liver x-rays					
47510	T		Insert catheter, bile duct	0152	12.0879	$690.19		$138.04
47511	T		Insert bile duct drain	0152	12.0879	$690.19		$138.04
47525	T		Change bile duct catheter	0122	8.0675	$460.64	$94.47	$92.13
47530	T		Revise/reinsert bile tube	0122	8.0675	$460.64	$94.47	$92.13
47550	C		Bile duct endoscopy add-on					
47552	T		Biliary endoscopy thru skin	0152	12.0879	$690.19		$138.04
47553	T		Biliary endoscopy thru skin	0152	12.0879	$690.19		$138.04
47554	T		Biliary endoscopy thru skin	0152	12.0879	$690.19		$138.04
47555	T		Biliary endoscopy thru skin	0152	12.0879	$690.19		$138.04
47556	T		Biliary endoscopy thru skin	0152	12.0879	$690.19		$138.04
47560	T		Laparoscopy w/cholangio	0130	31.7373	$1,812.14	$659.53	$362.43
47561	T		Laparo w/cholangio/biopsy	0130	31.7373	$1,812.14	$659.53	$362.43
47562	T		Laparoscopic cholecystectomy	0131	43.0468	$2,457.89	$1,001.89	$491.58
47563	T		Laparo cholecystectomy/graph	0131	43.0468	$2,457.89	$1,001.89	$491.58
47564	T		Laparo cholecystectomy/explr	0131	43.0468	$2,457.89	$1,001.89	$491.58
47570	C		Laparo cholecystoenterostomy					
47579	T		Laparoscope proc, biliary	0130	31.7373	$1,812.14	$659.53	$362.43
47600	C		Removal of gallbladder					
47605	C		Removal of gallbladder					
47610	C		Removal of gallbladder					
47612	C		Removal of gallbladder					
47620	C		Removal of gallbladder					
47630	T		Remove bile duct stone	0152	12.0879	$690.19		$138.04
47700	C		Exploration of bile ducts					
47701	C		Bile duct revision					
47711	C		Excision of bile duct tumor					
47712	C		Excision of bile duct tumor					
47715	C		Excision of bile duct cyst					
47716	C		Fusion of bile duct cyst					

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47720	C		Fuse gallbladder & bowel					
47721	C		Fuse upper gi structures					
47740	C		Fuse gallbladder & bowel					
47741	C		Fuse gallbladder & bowel					
47760	C		Fuse bile ducts and bowel					
47765	C		Fuse liver ducts & bowel					
47780	C		Fuse bile ducts and bowel					
47785	C		Fuse bile ducts and bowel					
47800	C		Reconstruction of bile ducts					
47801	C		Placement, bile duct support					
47802	C		Fuse liver duct & intestine					
47900	C		Suture bile duct injury					
47999	T		Bile tract surgery procedure	0152	12.0879	$690.19		$138.04
48000	C		Drainage of abdomen					
48001	C		Placement of drain, pancreas					
48005	C		Resect/debride pancreas					
48020	C		Removal of pancreatic stone					
48100	C		Biopsy of pancreas, open					
48102	T		Needle biopsy, pancreas	0685	5.8959	$336.64	$115.47	$67.33
48120	C		Removal of pancreas lesion					
48140	C		Partial removal of pancreas					
48145	C		Partial removal of pancreas					
48146	C		Pancreatectomy					
48148	C		Removal of pancreatic duct					
48150	C		Partial removal of pancreas					
48152	C		Pancreatectomy					
48153	C		Pancreatectomy					
48154	C		Pancreatectomy					
48155	C		Removal of pancreas					
48160	E		Pancreas removal/transplant					
48180	C		Fuse pancreas and bowel					
48400	C		Injection, intraop add-on					
48500	C		Surgery of pancreatic cyst					
48510	C		Drain pancreatic pseudocyst					
48511	T		Drain pancreatic pseudocyst	0037	9.5990	$548.08	$237.45	$109.62
48520	C		Fuse pancreas cyst and bowel					
48540	C		Fuse pancreas cyst and bowel					
48545	C		Pancreatorrhaphy					
48547	C		Duodenal exclusion					
48550	E		Donor pancreatectomy					
48554	E		Transpl allograft pancreas					
48556	C		Removal, allograft pancreas					
48999	T		Pancreas surgery procedure	0004	1.6895	$96.47	$22.36	$19.29
49000	C		Exploration of abdomen					
49002	C		Reopening of abdomen					
49010	C		Exploration behind abdomen					
49020	C		Drain abdominal abscess					
49021	T		Drain abdominal abscess	0037	9.5990	$548.08	$237.45	$109.62
49040	C		Drain, open, abdom abscess					
49041	T		Drain, percut, abdom abscess	0037	9.5990	$548.08	$237.45	$109.62

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49060	C		Drain, open, retrop abscess					
49061	T		Drain, percut, retroper absc	0037	9.5990	$548.08	$237.45	$109.62
49062	C		Drain to peritoneal cavity					
49080	T		Puncture, peritoneal cavity	0070	3.3485	$191.19		$38.24
49081	T		Removal of abdominal fluid	0070	3.3485	$191 19		$38.24
49085	T		Remove abdomen foreign body	0153	23.9175	$1,365 64	$410.87	$273.13
49180	T		Biopsy, abdominal mass	0685	5.8959	$336.64	$115.47	$67 33
49200	T		Removal of abdominal lesion	0130	31.7373	$1,812.14	$659.53	$362 43
49201	C		Remove abdom lesion, complex					
49215	C		Excise sacral spine tumor					
49220	C		Multiple surgery, abdomen					
49250	T		Excision of umbilicus	0153	23.9175	$1,365.64	$410.87	$273.13
49255	C		Removal of omentum					
49320	T		Diag laparo separate proc	0130	31.7373	$1,812.14	$659.53	$362.43
49321	T		Laparoscopy, biopsy	0130	31.7373	$1,812.14	$659.53	$362.43
49322	T		Laparoscopy, aspiration	0130	31.7373	$1,812.14	$659.53	$362.43
49323	T		Laparo drain lymphocele	0130	31.7373	$1,812.14	$659.53	$362.43
49329	T		Laparo proc, abdm/per/oment	0130	31.7373	$1,812.14	$659.53	$362.43
49400	N		Air injection into abdomen					
49419	T		Insrt abdom cath for chemotx	0115	25.7685	$1,471.33	$459.35	$294.27
49420	T		Insert abdom drain, temp	0652	27.9061	$1,593.38		$318.68
49421	T		Insert abdom drain, perm	0652	27.9061	$1,593.38		$318.68
49422	T		Remove perm cannula/catheter	0105	21.1754	$1,209.07	$370.40	$241.81
49423	T		Exchange drainage catheter	0152	12.0879	$690.19		$138.04
49424	N		Assess cyst, contrast inject					
49425	C		Insert abdomen-venous drain					
49426	T		Revise abdomen-venous shunt	0153	23.9175	$1,365.64	$410.87	$273.13
49427	N		Injection, abdominal shunt					
49428	C		Ligation of shunt					
49429	T		Removal of shunt	0105	21.1754	$1,209.07	$370.40	$241.81
49491	T		Rpr hern preemie reduc	0154	28.2782	$1,614.63	$464.85	$322.93
49492	T		Rpr ing hern premie, blocked	0154	28.2782	$1,614.63	$464.85	$322.93
49495	T		Rpr ing hernia baby, reduc	0154	28.2782	$1,614.63	$464.85	$322.93
49496	T		Rpr ing hernia baby, blocked	0154	28 2782	$1,614.63	$464.85	$322.93
49500	T		Rpr ing hernia, init, reduce	0154	28 2782	$1,614.63	$464.85	$322.93
49501	T		Rpr ing hernia, init blocked	0154	28 2782	$1,614.63	$464.85	$322.93
49505	T		Prp i/hern init reduc>5 yr	0154	28 2782	$1,614.63	$464.85	$322.93
49507	T		Prp i/hern init block>5 yr	0154	28 2782	$1,614.63	$464.85	$322 93
49520	T		Rerepair ing hernia, reduce	0154	28 2782	$1,614.63	$464.85	$322.93
49521	T		Rerepair ing hernia, blocked	0154	28.2782	$1,614.63	$464.85	$322.93
49525	T		Repair ing hernia, sliding	0154	28.2782	$1,614.63	$464.85	$322.93
49540	T		Repair lumbar hernia	0154	28 2782	$1,614.63	$464.85	$322.93
49550	T		Rpr rem hernia, init, reduce	0154	28 2782	$1,614.63	$464.85	$322.93
49553	T		Rpr fem hernia, init blocked	0154	28.2782	$1,614.63	$464.85	$322.93
49555	T		Rerepair fem hernia, reduce	0154	28.2782	$1,614.63	$464.85	$322.93
49557	T		Rerepair fem hernia, blocked	0154	28.2782	$1,614.63	$464.85	$322.93
49560	T		Rpr ventral hern init, reduc	0154	28.2782	$1,614.63	$464.85	$322.93
49561	T		Rpr ventral hern init, block	0154	28.2782	$1,614.63	$464.85	$322.93
49565	T		Rerepair ventrl hern, reduce	0154	28.2782	$1,614.63	$464.85	$322.93
49566	T		Rerepair ventrl hern, block	0154	28.2782	$1,614.63	$464.85	$322.93

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49568	T		Hernia repair w/mesh	0154	28.2782	$1,614.63	$464.85	$322.93
49570	T		Rpr epigastric hern, reduce	0154	28.2782	$1,614.63	$464.85	$322.93
49572	T		Rpr epigastric hern, blocked	0154	28.2782	$1,614.63	$464.85	$322.93
49580	T		Rpr umbil hern, reduc < 5 yr	0154	28.2782	$1,614.63	$464.85	$322.93
49582	T		Rpr umbil hern, block < 5 yr	0154	28.2782	$1,614.63	$464.85	$322.93
49585	T		Rpr umbil hern, reduc > 5 yr	0154	28.2782	$1,614.63	$464.85	$322.93
49587	T		Rpr umbil hern, block > 5 yr	0154	28.2782	$1,614.63	$464.85	$322.93
49590	T		Repair spigilian hernia	0154	28.2782	$1,614.63	$464.85	$322.93
49600	T		Repair umbilical lesion	0154	28.2782	$1,614.63	$464.85	$322.93
49605	C		Repair umbilical lesion					
49606	C		Repair umbilical lesion					
49610	C		Repair umbilical lesion					
49611	C		Repair umbilical lesion					
49650	T		Laparo hernia repair initial	0131	43.0468	$2,457.89	$1,001.89	$491.58
49651	T		Laparo hernia repair recur	0131	43.0468	$2,457 89	$1,001.89	$491.58
49659	T		Laparo proc, hernia repair	0130	31.7373	$1,812 14	$659.53	$362.43
49900	C		Repair of abdominal wall					
49904	C		Omental flap, extra-abdom					
49905	C		Omental flap					
49906	C		Free omental flap, microvasc					
49999	T		Abdomen surgery procedure	0153	23.9175	$1,365.64	$410.87	$273.13
50010	C		Exploration of kidney					
50020	T		Renal abscess, open drain	0162	23.1717	$1,323.06		$264.61
50021	T		Renal abscess, percut drain	0037	9.5990	$548.08	$237.45	$109.62
50040	C		Drainage of kidney					
50045	C		Exploration of kidney					
50060	C		Removal of kidney stone					
50065	C		Incision of kidney					
50070	C		Incision of kidney					
50075	C		Removal of kidney stone					
50080	T		Removal of kidney stone	0163	36.3924	$2,077.93		$415.59
50081	T		Removal of kidney stone	0163	36.3924	$2,077.93		$415.59
50100	C		Revise kidney blood vessels					
50120	C		Exploration of kidney					
50125	C		Explore and drain kidney					
50130	C		Removal of kidney stone					
50135	C		Exploration of kidney					
50200	T		Biopsy of kidney	0685	5.8959	$336.64	$115.47	$67.33
50205	C		Biopsy of kidney					
50220	C		Remove kidney, open					
50225	C		Removal kidney open, complex					
50230	C		Removal kidney open, radical					
50234	C		Removal of kidney & ureter					
50236	C		Removal of kidney & ureter					
50240	C		Partial removal of kidney					
50280	C		Removal of kidney lesion					
50290	C		Removal of kidney lesion					
50300	C		Removal of donor kidney					
50320	C		Removal of donor kidney					
50340	C		Removal of kidney					

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50360	C		Transplantation of kidney					
50365	C		Transplantation of kidney					
50370	C		Remove transplanted kidney					
50380	C		Reimplantation of kidney					
50390	T		Drainage of kidney lesion	0685	5.8959	$336.64	$115.47	$67.33
50392	T		Insert kidney drain	0161	17.9404	$1,024.36	$249.36	$204.87
50393	T		Insert ureteral tube	0161	17.9404	$1,024.36	$249.36	$204.87
50394	N		Injection for kidney x-ray					
50395	T		Create passage to kidney	0161	17.9404	$1,024.36	$249.36	$204.87
50396	T		Measure kidney pressure	0164	1.2651	$72.23	$17.59	$14.45
50398	T		Change kidney tube	0122	8.0675	$460.64	$94.47	$92.13
50400	C		Revision of kidney/ureter					
50405	C		Revision of kidney/ureter					
50500	C		Repair of kidney wound					
50520	C		Close kidney-skin fistula					
50525	C		Repair renal-abdomen fistula					
50526	C		Repair renal-abdomen fistula					
50540	C		Revision of horseshoe kidney					
50541	T		Laparo ablate renal cyst	0130	31.7373	$1,812.14	$659.53	$362.43
50542	T		Laparo ablate renal mass	0131	43.0468	$2,457.89	$1,001.89	$491.58
50543	T		Laparo partial nephrectomy	0131	43.0468	$2,457.89	$1,001.89	$491.58
50544	T		Laparoscopy, pyeloplasty	0130	31.7373	$1,812.14	$659.53	$362.43
50545	C		Laparo radical nephrectomy					
50546	C		Laparoscopic nephrectomy					
50547	C		Laparo removal donor kidney					
50548	C		Laparo remove w/ ureter					
50549	T		Laparoscope proc, renal	0130	31.7373	$1,812.14	$659.53	$362.43
50551	T		Kidney endoscopy	0160	6.8470	$390.95	$105.06	$78.19
50553	T		Kidney endoscopy	0161	17.9404	$1,024.36	$249.36	$204.87
50555	T		Kidney endoscopy & biopsy	0160	6.8470	$390.95	$105.06	$78.19
50557	T		Kidney endoscopy & treatment	0162	23.1717	$1,323.06		$264.61
50559	T		Renal endoscopy/radiotracer	0160	6.8470	$390.95	$105.06	$78.19
50561	T		Kidney endoscopy & treatment	0161	17.9404	$1,024.36	$249.36	$204.87
50562	T		Renal scope w/tumor resect	0160	6.8470	$390.95	$105.06	$78.19
50570	T		Kidney endoscopy	0160	6.8470	$390.95	$105.06	$78.19
50572	T		Kidney endoscopy	0160	6.8470	$390.95	$105.06	$78.19
50574	T		Kidney endoscopy & biopsy	0160	6.8470	$390.95	$105.06	$78.19
50575	T		Kidney endoscopy	0163	36.3924	$2,077.93		$415.59
50576	T		Kidney endoscopy & treatment	0161	17.9404	$1,024.36	$249.36	$204.87
50578	T		Renal endoscopy/radiotracer	0161	17.9404	$1,024.36	$249.36	$204.87
50580	C		Kidney endoscopy & treatment					
50590	T		Fragmenting of kidney stone	0169	45.1513	$2,578.05	$1,115.69	$515.61
50600	C		Exploration of ureter					
50605	C		Insert ureteral support					
50610	C		Removal of ureter stone					
50620	C		Removal of ureter stone					
50630	C		Removal of ureter stone					
50650	C		Removal of ureter					
50660	C		Removal of ureter					
50684	N		Injection for ureter x-ray					

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50686	T		Measure ureter pressure	0164	1.2651	$72.23	$17.59	$14.45
50688	T		Change of ureter tube	0122	8.0675	$460.64	$94.47	$92.13
50690	N		Injection for ureter x-ray					
50700	C		Revision of ureter					
50715	C		Release of ureter					
50722	C		Release of ureter					
50725	C		Release/revise ureter					
50727	C		Revise ureter					
50728	C		Revise ureter					
50740	C		Fusion of ureter & kidney					
50750	C		Fusion of ureter & kidney					
50760	C		Fusion of ureters					
50770	C		Splicing of ureters					
50780	C		Reimplant ureter in bladder					
50782	C		Reimplant ureter in bladder					
50783	C		Reimplant ureter in bladder					
50785	C		Reimplant ureter in bladder					
50800	C		Implant ureter in bowel					
50810	C		Fusion of ureter & bowel					
50815	C		Urine shunt to intestine					
50820	C		Construct bowel bladder					
50825	C		Construct bowel bladder					
50830	C		Revise urine flow					
50840	C		Replace ureter by bowel					
50845	C		Appendico-vesicostomy					
50860	C		Transplant ureter to skin					
50900	C		Repair of ureter					
50920	C		Closure ureter/skin fistula					
50930	C		Closure ureter/bowel fistula					
50940	C		Release of ureter					
50945	T		Laparoscopy ureterolithotomy	0131	43.0468	$2,457.89	$1,001.89	$491.58
50947	T		Laparo new ureter/bladder	0131	43.0468	$2,457.89	$1,001.89	$491.58
50948	T		Laparo new ureter/bladder	0131	43.0468	$2,457.89	$1,001.89	$491.58
50949	T		Laparoscope proc, ureter	0130	31.7373	$1,812.14	$659.53	$362.43
50951	T		Endoscopy of ureter	0160	6.8470	$390.95	$105.06	$78.19
50953	T		Endoscopy of ureter	0160	6.8470	$390.95	$105.06	$78.19
50955	T		Ureter endoscopy & biopsy	0161	17.9404	$1,024.36	$249.36	$204.87
50957	T		Ureter endoscopy & treatment	0161	17.9404	$1,024.36	$249.36	$204.87
50959	T		Ureter endoscopy & tracer	0161	17.9404	$1,024.36	$249.36	$204.87
50961	T		Ureter endoscopy & treatment	0161	17.9404	$1,024.36	$249.36	$204.87
50970	T		Ureter endoscopy	0160	6.8470	$390.95	$105.06	$78.19
50972	T		Ureter endoscopy & catheter	0160	6.8470	$390.95	$105.06	$78.19
50974	T		Ureter endoscopy & biopsy	0161	17.9404	$1,024.36	$249.36	$204.87
50976	T		Ureter endoscopy & treatment	0161	17.9404	$1,024.36	$249.36	$204.87
50978	T		Ureter endoscopy & tracer	0161	17.9404	$1,024.36	$249.36	$204.87
50980	T		Ureter endoscopy & treatment	0161	17.9404	$1,024.36	$249.36	$204.87
51000	T		Drainage of bladder	0164	1.2651	$72.23	$17.59	$14.45
51005	T		Drainage of bladder	0164	1.2651	$72.23	$17.59	$14.45
51010	T		Drainage of bladder	0165	16.4914	$941.63		$188.33
51020	T		Incise & treat bladder	0162	23.1717	$1,323.06		$264.61

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51030	T		Incise & treat bladder	0162	23.1717	$1,323.06		$264.61
51040	T		Incise & drain bladder	0162	23.1717	$1,323.06		$264.61
51045	T		Incise bladder/drain ureter	0160	6.8470	$390.95	$105.06	$78.19
51050	T		Removal of bladder stone	0162	23.1717	$1,323.06		$264.61
51060	C		Removal of ureter stone					
51065	T		Remove ureter calculus	0162	23.1717	$1,323.06		$264.61
51080	T		Drainage of bladder abscess	0007	12.5436	$716.21		$143.24
51500	T		Removal of bladder cyst	0154	28.2782	$1,614.63	$464.85	$322.93
51520	T		Removal of bladder lesion	0162	23.1717	$1,323.06		$264.61
51525	C		Removal of bladder lesion					
51530	C		Removal of bladder lesion					
51535	C		Repair of ureter lesion					
51550	C		Partial removal of bladder					
51555	C		Partial removal of bladder					
51565	C		Revise bladder & ureter(s)					
51570	C		Removal of bladder					
51575	C		Removal of bladder & nodes					
51580	C		Remove bladder/revise tract					
51585	C		Removal of bladder & nodes					
51590	C		Remove bladder/revise tract					
51595	C		Remove bladder/revise tract					
51596	C		Remove bladder/create pouch					
51597	C		Removal of pelvic structures					
51600	N		Injection for bladder x-ray					
51605	N		Preparation for bladder xray					
51610	N		Injection for bladder x-ray					
51700	T		Irrigation of bladder	0164	1.2651	$72.23	$17.59	$14.45
51701	N		Insert bladder catheter					
51702	N		Insert temp bladder cath					
51703	N		Insert bladder cath, complex					
51705	T		Change of bladder tube	0121	2.3062	$131.68	$43.80	$26.34
51710	T		Change of bladder tube	0122	8.0675	$460.64	$94.47	$92.13
51715	T		Endoscopic injection/implant	0167	28.6337	$1,634.93	$554.85	$326.99
51720	T		Treatment of bladder lesion	0156	2.4996	$142.72	$40.52	$28.54
51725	T		Simple cystometrogram	0156	2.4996	$142.72	$40.52	$28.54
51726	T		Complex cystometrogram	0156	2.4996	$142.72	$40.52	$28.54
51736	T		Urine flow measurement	0164	1.2651	$72.23	$17.59	$14.45
51741	T		Electro-uroflowmetry, first	0164	1.2651	$72.23	$17.59	$14.45
51772	T		Urethra pressure profile	0164	1.2651	$72.23	$17.59	$14.45
51784	T		Anal/urinary muscle study	0164	1.2651	$72.23	$17.59	$14.45
51785	T		Anal/urinary muscle study	0164	1.2651	$72.23	$17.59	$14.45
51792	T		Urinary reflex study	0164	1.2651	$72.23	$17.59	$14.45
51795	T		Urine voiding pressure study	0164	1.2651	$72.23	$17.59	$14.45
51797	T		Intraabdominal pressure test	0164	1.2651	$72.23	$17.59	$14.45
51798	X		Us urine capacity measure	0340	0.6454	$36.85		$7.37
51800	C		Revision of bladder/urethra					
51820	C		Revision of urinary tract					
51840	C		Attach bladder/urethra					
51841	C		Attach bladder/urethra					
51845	C		Repair bladder neck					

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51860	C		Repair of bladder wound					
51865	C		Repair of bladder wound					
51880	T		Repair of bladder opening	0162	23.1717	$1,323.06		$264.61
51900	C		Repair bladder/vagina lesion					
51920	C		Close bladder-uterus fistula					
51925	C		Hysterectomy/bladder repair					
51940	C		Correction of bladder defect					
51960	C		Revision of bladder & bowel					
51980	C		Construct bladder opening					
51990	T		Laparo urethral suspension	0131	43.0468	$2,457.89	$1,001.89	$491.58
51992	T		Laparo sling operation	0132	61.3910	$3,505.30	$1,239.22	$701.06
52000	T		Cystoscopy	0160	6.8470	$390.95	$105.06	$78.19
52001	T		Cystoscopy, removal of clots	0160	6.8470	$390.95	$105.06	$78.19
52005	T		Cystoscopy & ureter catheter	0161	17.9404	$1,024.36	$249.36	$204.87
52007	T		Cystoscopy and biopsy	0161	17.9404	$1,024.36	$249.36	$204.87
52010	T		Cystoscopy & duct catheter	0160	6.8470	$390.95	$105.06	$78.19
52204	T		Cystoscopy	0161	17.9404	$1,024.36	$249.36	$204.87
52214	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52224	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52234	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52235	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52240	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52250	T		Cystoscopy and radiotracer	0162	23.1717	$1,323.06		$264.61
52260	T		Cystoscopy and treatment	0161	17.9404	$1,024.36	$249.36	$204.87
52265	T		Cystoscopy and treatment	0160	6.8470	$390.95	$105.06	$78.19
52270	T		Cystoscopy & revise urethra	0161	17.9404	$1,024.36	$249.36	$204.87
52275	T		Cystoscopy & revise urethra	0161	17.9404	$1,024.36	$249.36	$204.87
52276	T		Cystoscopy and treatment	0161	17.9404	$1,024.36	$249.36	$204.87
52277	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52281	T		Cystoscopy and treatment	0161	17.9404	$1,024.36	$249.36	$204.87
52282	T		Cystoscopy, implant stent	0163	36.3924	$2,077.93		$415.59
52283	T		Cystoscopy and treatment	0161	17.9404	$1,024.36	$249.36	$204.87
52285	T		Cystoscopy and treatment	0161	17.9404	$1,024.36	$249.36	$204.87
52290	T		Cystoscopy and treatment	0161	17 9404	$1,024.36	$249.36	$204.87
52300	T		Cystoscopy and treatment	0161	17.9404	$1,024.36	$249.36	$204.87
52301	T		Cystoscopy and treatment	0161	17 9404	$1,024.36	$249.36	$204.87
52305	T		Cystoscopy and treatment	0161	17 9404	$1,024.36	$249.36	$204.87
52310	T		Cystoscopy and treatment	0160	6.8470	$390.95	$105.06	$78.19
52315	T		Cystoscopy and treatment	0161	17.9404	$1,024.36	$249.36	$204.87
52317	T		Remove bladder stone	0162	23.1717	$1,323.06		$264.61
52318	T		Remove bladder stone	0162	23.1717	$1,323.06		$264.61
52320	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52325	T		Cystoscopy, stone removal	0162	23.1717	$1,323.06		$264.61
52327	T		Cystoscopy, inject material	0162	23.1717	$1,323.06		$264.61
52330	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52332	T		Cystoscopy and treatment	0162	23.1717	$1,323.06		$264.61
52334	T		Create passage to kidney	0162	23.1717	$1,323.06		$264.61
52341	T		Cysto w/ureter stricture tx	0162	23.1717	$1,323.06		$264.61
52342	T		Cysto w/up stricture tx	0162	23.1717	$1,323.06		$264.61
52343	T		Cysto w/renal stricture tx	0162	23.1717	$1,323.06		$264.61

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52344	T		Cysto/uretero, stone remove	0162	23.1717	$1,323.06		$264.61
52345	T		Cysto/uretero w/up stricture	0162	23.1717	$1,323.06		$264.61
52346	T		Cystouretero w/renal strict	0162	23.1717	$1,323.06		$264.61
52347	T		Cystoscopy, resect ducts	0161	17.9404	$1,024.36	$249.36	$204.87
52351	T		Cystouretero & or pyeloscope	0161	17.9404	$1,024.36	$249.36	$204.87
52352	T		Cystouretero w/stone remove	0162	23.1717	$1,323.06		$264.61
52353	T		Cystouretero w/lithotripsy	0163	36.3924	$2,077.93		$415.59
52354	T		Cystouretero w/biopsy	0162	23.1717	$1,323.06		$264.61
52355	T		Cystouretero w/excise tumor	0162	23.1717	$1,323.06		$264.61
52400	T		Cystouretero w/congen repr	0162	23.1717	$1,323.06		$264.61
52450	T		Incision of prostate	0162	23.1717	$1,323.06		$264.61
52500	T		Revision of bladder neck	0162	23.1717	$1,323.06		$264.61
52510	T		Dilation prostatic urethra	0161	17.9404	$1,024.36	$249.36	$204.87
52601	T		Prostatectomy (TURP)	0163	36.3924	$2,077.93		$415.59
52606	T		Control postop bleeding	0162	23.1717	$1,323.06		$264.61
52612	T		Prostatectomy, first stage	0163	36.3924	$2,077.93		$415.59
52614	T		Prostatectomy, second stage	0163	36.3924	$2,077.93		$415.59
52620	T		Remove residual prostate	0163	36.3924	$2,077.93		$415.59
52630	T		Remove prostate regrowth	0163	36.3924	$2,077.93		$415.59
52640	T		Relieve bladder contracture	0162	23.1717	$1,323.06		$264.61
52647	T		Laser surgery of prostate	0163	36.3924	$2,077.93		$415.59
52648	T		Laser surgery of prostate	0163	36.3924	$2,077.93		$415.59
52700	T		Drainage of prostate abscess	0162	23.1717	$1,323.06		$264.61
53000	T		Incision of urethra	0166	17.9019	$1,022.16	$218.73	$204.43
53010	T		Incision of urethra	0166	17.9019	$1,022.16	$218.73	$204.43
53020	T		Incision of urethra	0166	17.9019	$1,022.16	$218.73	$204.43
53025	T		Incision of urethra	0166	17.9019	$1,022.16	$218.73	$204.43
53040	T		Drainage of urethra abscess	0167	28.6337	$1,634.93	$554.85	$326.99
53060	T		Drainage of urethra abscess	0166	17.9019	$1,022.16	$218.73	$204.43
53080	T		Drainage of urinary leakage	0166	17.9019	$1,022.16	$218.73	$204.43
53085	T		Drainage of urinary leakage	0166	17.9019	$1,022.16	$218.73	$204.43
53200	T		Biopsy of urethra	0166	17.9019	$1,022.16	$218.73	$204.43
53210	T		Removal of urethra	0168	30.4194	$1,736.89	$405.60	$347.38
53215	T		Removal of urethra	0166	17.9019	$1,022.16	$218.73	$204.43
53220	T		Treatment of urethra lesion	0168	30.4194	$1,736.89	$405.60	$347.38
53230	T		Removal of urethra lesion	0168	30.4194	$1,736.89	$405.60	$347.38
53235	T		Removal of urethra lesion	0166	17.9019	$1,022.16	$218.73	$204.43
53240	T		Surgery for urethra pouch	0168	30.4194	$1,736.89	$405.60	$347.38
53250	T		Removal of urethra gland	0166	17.9019	$1,022.16	$218.73	$204.43
53260	T		Treatment of urethra lesion	0166	17.9019	$1,022.16	$218.73	$204.43
53265	T		Treatment of urethra lesion	0166	17.9019	$1,022.16	$218.73	$204.43
53270	T		Removal of urethra gland	0167	28.6337	$1,634.93	$554.85	$326.99
53275	T		Repair of urethra defect	0166	17.9019	$1,022.16	$218.73	$204.43
53400	T		Revise urethra, stage 1	0168	30.4194	$1,736.89	$405.60	$347.38
53405	T		Revise urethra, stage 2	0168	30.4194	$1,736.89	$405.60	$347.38
53410	T		Reconstruction of urethra	0168	30.4194	$1,736.89	$405.60	$347.38
53415	C		Reconstruction of urethra					
53420	T		Reconstruct urethra, stage 1	0168	30.4194	$1,736.89	$405.60	$347.38
53425	T		Reconstruct urethra, stage 2	0168	30.4194	$1,736.89	$405.60	$347.38
53430	T		Reconstruction of urethra	0168	30.4194	$1,736.89	$405.60	$347.38

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53431	T		Reconstruct urethra/bladder	0168	30.4194	$1,736.89	$405.60	$347.38
53440	S		Correct bladder function	0386	108.5769	$6,199.52		$1,239.90
53442	T		Remove perineal prosthesis	0167	28.6337	$1,634.93	$554.85	$326.99
53444	S		Insert tandem cuff	0386	108.5769	$6,199.52		$1,239.90
53445	S		Insert uro/ves nck sphincter	0386	108.5769	$6,199.52		$1,239.90
53446	T		Remove uro sphincter	0168	30.4194	$1,736.89	$405.60	$347.38
53447	S		Remove/replace ur sphincter	0386	108.5769	$6,199.52		$1,239.90
53448	C		Remov/replc ur sphinctr comp					
53449	T		Repair uro sphincter	0168	30.4194	$1,736.89	$405.60	$347.38
53450	T		Revision of urethra	0168	30.4194	$1,736.89	$405.60	$347.38
53460	T		Revision of urethra	0166	17.9019	$1,022.16	$218.73	$204.43
53500	T		Urethrlys, transvag w/ scope	0168	30.4194	$1,736.89	$405.60	$347.38
53502	T		Repair of urethra injury	0166	17.9019	$1,022.16	$218.73	$204.43
53505	T		Repair of urethra injury	0167	28.6337	$1,634.93	$554.85	$326.99
53510	T		Repair of urethra injury	0166	17.9019	$1,022.16	$218.73	$204.43
53515	T		Repair of urethra injury	0168	30.4194	$1,736.89	$405.60	$347.38
53520	T		Repair of urethra defect	0168	30.4194	$1,736.89	$405.60	$347.38
53600	T		Dilate urethra stricture	0156	2.4996	$142.72	$40.52	$28.54
53601	T		Dilate urethra stricture	0164	1.2651	$72.23	$17.59	$14.45
53605	T		Dilate urethra stricture	0161	17.9404	$1,024.36	$249.36	$204.87
53620	T		Dilate urethra stricture	0165	16.4914	$941.63		$188.33
53621	T		Dilate urethra stricture	0164	1.2651	$72.23	$17.59	$14.45
53660	T		Dilation of urethra	0164	1.2651	$72.23	$17.59	$14.45
53661	T		Dilation of urethra	0164	1.2651	$72.23	$17.59	$14.45
53665	T		Dilation of urethra	0166	17.9019	$1,022.16	$218.73	$204.43
53850	T		Prostatic microwave thermotx	0675	46.7737	$2,670.68		$534.14
53852	T		Prostatic rf thermotx	0675	46.7737	$2,670.68		$534.14
53853	T		Prostatic water thermother	0162	23.1717	$1,323.06		$264.61
53899	T		Urology surgery procedure	0164	1.2651	$72.23	$17.59	$14.45
54000	T		Slitting of prepuce	0166	17.9019	$1,022.16	$218.73	$204.43
54001	T		Slitting of prepuce	0166	17.9019	$1,022.16	$218.73	$204.43
54015	T		Drain penis lesion	0007	12.5436	$716.21		$143.24
54050	T		Destruction, penis lesion(s)	0013	1.1586	$66.15	$14.20	$13.23
54055	T		Destruction, penis lesion(s)	0017	17.4667	$997.31	$227.84	$199.46
54056	T		Cryosurgery, penis lesion(s)	0012	0.7559	$43.16	$11.18	$8.63
54057	T		Laser surg, penis lesion(s)	0017	17.4667	$997.31	$227.84	$199.46
54060	T		Excision of penis lesion(s)	0017	17.4667	$997.31	$227.84	$199.46
54065	T		Destruction, penis lesion(s)	0695	20.6606	$1,179.68	$266.59	$235.94
54100	T		Biopsy of penis	0021	14.9964	$856.26	$219.48	$171.25
54105	T		Biopsy of penis	0022	19.4617	$1,111.22	$354.45	$222.24
54110	T		Treatment of penis lesion	0181	31.5878	$1,803.60	$621.82	$360.72
54111	T		Treat penis lesion, graft	0181	31.5878	$1,803.60	$621.82	$360.72
54112	T		Treat penis lesion, graft	0181	31.5878	$1,803.60	$621.82	$360.72
54115	T		Treatment of penis lesion	0008	19.5952	$1,118.85		$223.77
54120	T		Partial removal of penis	0181	31.5878	$1,803.60	$621.82	$360.72
54125	C		Removal of penis					
54130	C		Remove penis & nodes					
54135	C		Remove penis & nodes					
54150	T		Circumcision	0180	19.8907	$1,135.72	$304.87	$227.14
54152	T		Circumcision	0180	19.8907	$1,135.72	$304.87	$227.14

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54160	T		Circumcision	0180	19.8907	$1,135.72	$304.87	$227.14
54161	T		Circumcision	0180	19.8907	$1,135.72	$304.87	$227.14
54162	T		Lysis penil circumic lesion	0180	19.8907	$1,135.72	$304.87	$227.14
54163	T		Repair of circumcision	0180	19.8907	$1,135.72	$304.87	$227.14
54164	T		Frenulotomy of penis	0180	19.8907	$1,135.72	$304.87	$227.14
54200	T		Treatment of penis lesion	0156	2.4996	$142.72	$40.52	$28.54
54205	T		Treatment of penis lesion	0181	31.5878	$1,803.60	$621.82	$360.72
54220	T		Treatment of penis lesion	0156	2.4996	$142.72	$40.52	$28.54
54230	N		Prepare penis study					
54231	T		Dynamic cavernosometry	0165	16.4914	$941.63		$188.33
54235	T		Penile injection	0164	1.2651	$72.23	$17.59	$14.45
54240	T		Penis study	0164	1.2651	$72.23	$17.59	$14.45
54250	T		Penis study	0164	1.2651	$72.23	$17.59	$14.45
54300	T		Revision of penis	0181	31.5878	$1,803.60	$621.82	$360.72
54304	T		Revision of penis	0181	31.5878	$1,803.60	$621.82	$360.72
54308	T		Reconstruction of urethra	0181	31.5878	$1,803.60	$621.82	$360.72
54312	T		Reconstruction of urethra	0181	31.5878	$1,803.60	$621.82	$360.72
54316	T		Reconstruction of urethra	0181	31.5878	$1,803.60	$621.82	$360.72
54318	T		Reconstruction of urethra	0181	31.5878	$1,803.60	$621.82	$360.72
54322	T		Reconstruction of urethra	0181	31.5878	$1,803.60	$621.82	$360.72
54324	T		Reconstruction of urethra	0181	31.5878	$1,803.60	$621.82	$360.72
54326	T		Reconstruction of urethra	0181	31.5878	$1,803.60	$621.82	$360.72
54328	T		Revise penis/urethra	0181	31.5878	$1,803.60	$621.82	$360.72
54332	C		Revise penis/urethra					
54336	C		Revise penis/urethra					
54340	T		Secondary urethral surgery	0181	31.5878	$1,803.60	$621.82	$360.72
54344	T		Secondary urethral surgery	0181	31.5878	$1,803.60	$621.82	$360.72
54348	T		Secondary urethral surgery	0181	31.5878	$1,803.60	$621.82	$360.72
54352	T		Reconstruct urethra/penis	0181	31.5878	$1,803.60	$621.82	$360.72
54360	T		Penis plastic surgery	0181	31.5878	$1,803.60	$621.82	$360.72
54380	T		Repair penis	0181	31.5878	$1,803.60	$621.82	$360.72
54385	T		Repair penis	0181	31.5878	$1,803.60	$621.82	$360.72
54390	C		Repair penis and bladder					
54400	S		Insert semi-rigid prosthesis	0385	65.9789	$3,767.26		$753.45
54401	S		Insert self-contd prosthesis	0386	108.5769	$6,199.52		$1,239.90
54405	S		Insert multi-comp penis pros	0386	108.5769	$6,199.52		$1,239.90
54406	T		Remove muti-comp penis pros	0181	31.5878	$1,803.60	$621.82	$360.72
54408	T		Repair multi-comp penis pros	0181	31.5878	$1,803.60	$621.82	$360.72
54410	S		Remove/replace penis prosth	0386	108.5769	$6,199.52		$1,239.90
54411	C		Remov/replc penis pros, comp					
54415	T		Remove self-contd penis pros	0181	31.5878	$1,803.60	$621.82	$360.72
54416	S		Remv/repl penis contain pros	0386	108.5769	$6,199.52		$1,239.90
54417	C		Remv/replc penis pros, compl					
54420	T		Revision of penis	0181	31.5878	$1,803.60	$621.82	$360.72
54430	C		Revision of penis					
54435	T		Revision of penis	0181	31.5878	$1,803.60	$621.82	$360.72
54440	T		Repair of penis	0181	31.5878	$1,803.60	$621.82	$360.72
54450	T		Preputial stretching	0156	2.4996	$142.72	$40.52	$28.54
54500	T		Biopsy of testis	0037	9.5990	$548.08	$237.45	$109.62
54505	T		Biopsy of testis	0183	23.1967	$1,324.49		$264.90

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54512	T		Excise lesion testis	0183	23.1967	$1,324.49		$264.90
54520	T		Removal of testis	0183	23.1967	$1,324.49		$264.90
54522	T		Orchiectomy, partial	0183	23.1967	$1,324.49		$264.90
54530	T		Removal of testis	0154	28.2782	$1,614.63	$464.85	$322.93
54535	C		Extensive testis surgery					
54550	T		Exploration for testis	0154	28.2782	$1,614.63	$464.85	$322.93
54560	C		Exploration for testis					
54600	T		Reduce testis torsion	0183	23.1967	$1,324.49		$264.90
54620	T		Suspension of testis	0183	23.1967	$1,324.49		$264.90
54640	T		Suspension of testis	0154	28.2782	$1,614.63	$464.85	$322.93
54650	C		Orchiopexy (Fowler-Stephens)					
54660	T		Revision of testis	0183	23.1967	$1,324.49		$264.90
54670	T		Repair testis injury	0183	23.1967	$1,324.49		$264.90
54680	T		Relocation of testis(es)	0183	23.1967	$1,324.49		$264.90
54690	T		Laparoscopy, orchiectomy	0131	43.0468	$2,457.89	$1,001.89	$491.58
54692	T		Laparoscopy, orchiopexy	0132	61.3910	$3,505.30	$1,239.22	$701.06
54699	T		Laparoscope proc, testis	0130	31.7373	$1,812.14	$659.53	$362.43
54700	T		Drainage of scrotum	0183	23.1967	$1,324.49		$264.90
54800	T		Biopsy of epididymis	0004	1.6895	$96.47	$22.36	$19.29
54820	T		Exploration of epididymis	0183	23.1967	$1,324.49		$264.90
54830	T		Remove epididymis lesion	0183	23.1967	$1,324.49		$264.90
54840	T		Remove epididymis lesion	0183	23.1967	$1,324.49		$264.90
54860	T		Removal of epididymis	0183	23.1967	$1,324.49		$264.90
54861	T		Removal of epididymis	0183	23.1967	$1,324.49		$264.90
54900	T		Fusion of spermatic ducts	0183	23.1967	$1,324.49		$264.90
54901	T		Fusion of spermatic ducts	0183	23.1967	$1,324.49		$264.90
55000	T		Drainage of hydrocele	0004	1.6895	$96.47	$22.36	$19.29
55040	T		Removal of hydrocele	0154	28.2782	$1,614.63	$464.85	$322.93
55041	T		Removal of hydroceles	0154	28.2782	$1,614.63	$464.85	$322.93
55060	T		Repair of hydrocele	0183	23.1967	$1,324.49		$264.90
55100	T		Drainage of scrotum abscess	0007	12.5436	$716.21		$143.24
55110	T		Explore scrotum	0183	23.1967	$1,324.49		$264.90
55120	T		Removal of scrotum lesion	0183	23.1967	$1,324.49		$264.90
55150	T		Removal of scrotum	0183	23.1967	$1,324.49		$264.90
55175	T		Revision of scrotum	0183	23.1967	$1,324.49		$264.90
55180	T		Revision of scrotum	0183	23.1967	$1,324.49		$264.90
55200	T		Incision of sperm duct	0183	23.1967	$1,324.49		$264.90
55250	T		Removal of sperm duct(s)	0183	23.1967	$1,324.49		$264.90
55300	N		Prepare, sperm duct x-ray					
55400	T		Repair of sperm duct	0183	23.1967	$1,324.49		$264.90
55450	T		Ligation of sperm duct	0183	23.1967	$1,324.49		$264.90
55500	T		Removal of hydrocele	0183	23.1967	$1,324.49		$264.90
55520	T		Removal of sperm cord lesion	0183	23.1967	$1,324.49		$264.90
55530	T		Revise spermatic cord veins	0183	23.1967	$1,324.49		$264.90
55535	T		Revise spermatic cord veins	0154	28.2782	$1,614.63	$464.85	$322.93
55540	T		Revise hernia & sperm veins	0154	28.2782	$1,614.63	$464.85	$322.93
55550	T		Laparo ligate spermatic vein	0131	43.0468	$2,457.89	$1,001.89	$491.58
55559	T		Laparo proc, spermatic cord	0130	31.7373	$1,812.14	$659.53	$362.43
55600	C		Incise sperm duct pouch					
55605	C		Incise sperm duct pouch					

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55650	C		Remove sperm duct pouch					
55680	T		Remove sperm pouch lesion	0183	23.1967	$1,324.49		$264.90
55700	T		Biopsy of prostate	0184	4.2147	$240.65	$96.27	$48.13
55705	T		Biopsy of prostate	0184	4.2147	$240.65	$96.27	$48.13
55720	T		Drainage of prostate abscess	0162	23.1717	$1,323.06		$264.61
55725	T		Drainage of prostate abscess	0162	23.1717	$1,323.06		$264.61
55801	C		Removal of prostate					
55810	C		Extensive prostate surgery					
55812	C		Extensive prostate surgery					
55815	C		Extensive prostate surgery					
55821	C		Removal of prostate					
55831	C		Removal of prostate					
55840	C		Extensive prostate surgery					
55842	C		Extensive prostate surgery					
55845	C		Extensive prostate surgery					
55859	T		Percut/needle insert, pros	0163	36.3924	$2,077.93		$415.59
55860	T		Surgical exposure, prostate	0165	16.4914	$941.63		$188.33
55862	C		Extensive prostate surgery					
55865	C		Extensive prostate surgery					
55866	C		Laparo radical prostatectomy					
55870	T		Electroejaculation	0197	2.0508	$117.10		$23.42
55873	T		Cryoablate prostate	0674	111.5690	$6,370.37		$1,274.07
55899	T		Genital surgery procedure	0164	1.2651	$72.23	$17.59	$14.45
55970	E		Sex transformation, M to F					
55980	E		Sex transformation, F to M					
56405	T		I & D of vulva/perineum	0192	3.9119	$223.36		$44.67
56420	T		Drainage of gland abscess	0189	2.1850	$124.76		$24.95
56440	T		Surgery for vulva lesion	0194	19.3837	$1,106.77	$397.84	$221.35
56441	T		Lysis of labial lesion(s)	0193	13.8912	$793.16	$165.35	$158.63
56501	T		Destroy, vulva lesions, sim	0017	17.4667	$997.31	$227.84	$199.46
56515	T		Destroy vulva lesion/s compl	0695	20.6606	$1,179.68	$266.59	$235.94
56605	T		Biopsy of vulva/perineum	0019	4.2663	$243.60	$71.87	$48.72
56606	T		Biopsy of vulva/perineum	0019	4.2663	$243.60	$71.87	$48.72
56620	T		Partial removal of vulva	0195	26.6562	$1,522.02	$483.80	$304.40
56625	T		Complete removal of vulva	0195	26.6562	$1,522.02	$483.80	$304.40
56630	C		Extensive vulva surgery					
56631	C		Extensive vulva surgery					
56632	C		Extensive vulva surgery					
56633	C		Extensive vulva surgery					
56634	C		Extensive vulva surgery					
56637	C		Extensive vulva surgery					
56640	C		Extensive vulva surgery					
56700	T		Partial removal of hymen	0194	19.3837	$1,106.77	$397.84	$221.35
56720	T		Incision of hymen	0193	13.8912	$793.16	$165.35	$158.63
56740	T		Remove vagina gland lesion	0194	19.3837	$1,106.77	$397.84	$221.35
56800	T		Repair of vagina	0194	19.3837	$1,106.77	$397.84	$221.35
56805	T		Repair clitoris	0194	19.3837	$1,106.77	$397.84	$221.35
56810	T		Repair of perineum	0194	19.3837	$1,106.77	$397.84	$221.35
56820	T		Exam of vulva w/scope	0188	1.1133	$63.57		$12.71
56821	T		Exam/biopsy of vulva w/scope	0189	2.1850	$124.76		$24.95

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57000	T		Exploration of vagina	0194	19.3837	$1,106.77	$397.84	$221.35
57010	T		Drainage of pelvic abscess	0194	19.3837	$1,106.77	$397.84	$221.35
57020	T		Drainage of pelvic fluid	0192	3.9119	$223.36		$44.67
57022	T		I & d vaginal hematoma, pp	0007	12.5436	$716.21		$143.24
57023	T		I & d vag hematoma, non-ob	0007	12.5436	$716 21		$143.24
57061	T		Destroy vag lesions, simple	0194	19.3837	$1,106 77	$397.84	$221.35
57065	T		Destroy vag lesions, complex	0194	19.3837	$1,106 77	$397.84	$221.35
57100	T		Biopsy of vagina	0192	3.9119	$223.36		$44.67
57105	T		Biopsy of vagina	0194	19.3837	$1,106.77	$397.84	$221.35
57106	T		Remove vagina wall, partial	0194	19.3837	$1,106.77	$397.84	$221.35
57107	T		Remove vagina tissue, part	0195	26.6562	$1,522.02	$483.80	$304.40
57109	T		Vaginectomy partial w/nodes	0195	26.6562	$1,522.02	$483.80	$304.40
57110	C		Remove vagina wall, complete					
57111	C		Remove vagina tissue, compl					
57112	C		Vaginectomy w/nodes, compl					
57120	T		Closure of vagina	0195	26.6562	$1,522.02	$483.80	$304.40
57130	T		Remove vagina lesion	0194	19.3837	$1,106.77	$397.84	$221.35
57135	T		Remove vagina lesion	0194	19.3837	$1,106.77	$397 84	$221.35
57150	T		Treat vagina infection	0191	0.1898	$10.84	$2.93	$2.17
57155	T		Insert uteri tandems/ovoids	0193	13.8912	$793.16	$165.35	$158.63
57160	T		Insert pessary/other device	0188	1.1133	$63.57		$12.71
57170	T		Fitting of diaphragm/cap	0191	0.1898	$10.84	$2.93	$2 17
57180	T		Treat vaginal bleeding	0189	2.1850	$124.76		$24 95
57200	T		Repair of vagina	0194	19.3837	$1,106.77	$397.84	$221 35
57210	T		Repair vagina/perineum	0194	19.3837	$1,106.77	$397.84	$221.35
57220	T		Revision of urethra	0202	39.9618	$2,281.74	$1,026.78	$456.35
57230	T		Repair of urethral lesion	0195	26.6562	$1,522.02	$483.80	$304.40
57240	T		Repair bladder & vagina	0195	26.6562	$1,522.02	$483.80	$304.40
57250	T		Repair rectum & vagina	0195	26 6562	$1,522.02	$483.80	$304.40
57260	T		Repair of vagina	0195	26 6562	$1,522.02	$483.80	$304.40
57265	T		Extensive repair of vagina	0202	39.9618	$2,281.74	$1,026.78	$456.35
57268	T		Repair of bowel bulge	0195	26.6562	$1,522.02	$483.80	$304.40
57270	C		Repair of bowel pouch					
57280	C		Suspension of vagina					
57282	C		Repair of vaginal prolapse					
57284	T		Repair paravaginal defect	0202	39 9618	$2,281.74	$1,026.78	$456.35
57287	T		Revise/remove sling repair	0202	39 9618	$2,281.74	$1,026.78	$456.35
57288	T		Repair bladder defect	0202	39 9618	$2,281.74	$1,026.78	$456.35
57289	T		Repair bladder & vagina	0195	26.6562	$1,522.02	$483.80	$304.40
57291	T		Construction of vagina	0195	26.6562	$1,522.02	$483.80	$304.40
57292	C		Construct vagina with graft					
57300	T		Repair rectum-vagina fistula	0195	26.6562	$1,522.02	$483.80	$304.40
57305	C		Repair rectum-vagina fistula					
57307	C		Fistula repair & colostomy					
57308	C		Fistula repair, transperine					
57310	T		Repair urethrovaginal lesion	0202	39.9618	$2,281.74	$1,026.78	$456.35
57311	C		Repair urethrovaginal lesion					
57320	T		Repair bladder-vagina lesion	0195	26.6562	$1,522.02	$483.80	$304.40
57330	T		Repair bladder-vagina lesion	0195	26.6562	$1,522.02	$483.80	$304.40
57335	C		Repair vagina					

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57400	T		Dilation of vagina	0194	19.3837	$1,106.77	$397.84	$221.35
57410	T		Pelvic examination	0194	19.3837	$1,106.77	$397.84	$221.35
57415	T		Remove vaginal foreign body	0194	19.3837	$1,106.77	$397.84	$221.35
57420	T		Exam of vagina w/scope	0189	2.1850	$124.76		$24.95
57421	T		Exam/biopsy of vag w/scope	0189	2.1850	$124.76		$24.95
57425	T		Laparoscopy, surg, colpopexy	0130	31.7373	$1,812.14	$659.53	$362.43
57452	T		Examination of vagina	0189	2.1850	$124.76		$24.95
57454	T		Vagina examination & biopsy	0189	2.1850	$124.76		$24.95
57455	T		Biopsy of cervix w/scope	0189	2.1850	$124.76		$24.95
57456	T		Endocerv curettage w/scope	0189	2.1850	$124.76		$24.95
57460	T		Cervix excision	0193	13.8912	$793.16	$165.35	$158.63
57461	T		Conz of cervix w/scope, leep	0194	19.3837	$1,106.77	$397.84	$221.35
57500	T		Biopsy of cervix	0192	3.9119	$223.36		$44.67
57505	T		Endocervical curettage	0189	2.1850	$124.76		$24.95
57510	T		Cauterization of cervix	0193	13.8912	$793.16	$165.35	$158.63
57511	T		Cryocautery of cervix	0189	2.1850	$124.76		$24.95
57513	T		Laser surgery of cervix	0193	13.8912	$793.16	$165.35	$158.63
57520	T		Conization of cervix	0194	19.3837	$1,106.77	$397.84	$221.35
57522	T		Conization of cervix	0195	26.6562	$1,522.02	$483.80	$304.40
57530	T		Removal of cervix	0195	26.6562	$1,522.02	$483.80	$304.40
57531	C		Removal of cervix, radical					
57540	C		Removal of residual cervix					
57545	C		Remove cervix/repair pelvis					
57550	T		Removal of residual cervix	0195	26.6562	$1,522.02	$483.80	$304.40
57555	T		Remove cervix/repair vagina	0195	26.6562	$1,522.02	$483.80	$304.40
57556	T		Remove cervix, repair bowel	0202	39.9618	$2,281.74	$1,026.78	$456.35
57700	T		Revision of cervix	0194	19.3837	$1,106.77	$397.84	$221.35
57720	T		Revision of cervix	0194	19.3837	$1,106.77	$397.84	$221.35
57800	T		Dilation of cervical canal	0193	13.8912	$793.16	$165.35	$158.63
57820	T		D & c of residual cervix	0196	17.0819	$975.34	$338.23	$195.07
58100	T		Biopsy of uterus lining	0188	1.1133	$63.57		$12.71
58120	T		Dilation and curettage	0196	17.0819	$975.34	$338.23	$195.07
58140	C		Removal of uterus lesion					
58145	T		Myomectomy vag method	0195	26.6562	$1,522.02	$483.80	$304.40
58146	C		Myomectomy abdom complex					
58150	C		Total hysterectomy					
58152	C		Total hysterectomy					
58180	C		Partial hysterectomy					
58200	C		Extensive hysterectomy					
58210	C		Extensive hysterectomy					
58240	C		Removal of pelvis contents					
58260	C		Vaginal hysterectomy					
58262	C		Vag hyst including t/o					
58263	C		Vag hyst w/t/o & vag repair					
58267	C		Vag hyst w/urinary repair					
58270	C		Vag hyst w/enterocele repair					
58275	C		Hysterectomy/revise vagina					
58280	C		Hysterectomy/revise vagina					
58285	C		Extensive hysterectomy					
58290	C		Vag hyst complex					

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58291	C		Vag hyst incl t/o, complex					
58292	C		Vag hyst t/o & repair, compl					
58293	C		Vag hyst w/uro repair, compl					
58294	C		Vag hyst w/enterocele, compl					
58300	E		Insert intrauterine device					
58301	T		Remove intrauterine device	0189	2.1850	$124.76		$24.95
58321	T		Artificial insemination	0197	2.0508	$117.10		$23.42
58322	T		Artificial insemination	0197	2.0508	$117.10		$23.42
58323	T		Sperm washing	0197	2.0508	$117.10		$23.42
58340	N		Catheter for hysterography					
58345	T		Reopen fallopian tube	0194	19.3837	$1,106.77	$397.84	$221.35
58346	T		Insert heyman uteri capsule	0193	13.8912	$793.16	$165.35	$158.63
58350	T		Reopen fallopian tube	0195	26.6562	$1,522.02	$483.80	$304.40
58353	T		Endometr ablate, thermal	0195	26.6562	$1,522.02	$483.80	$304.40
58400	C		Suspension of uterus					
58410	C		Suspension of uterus					
58520	C		Repair of ruptured uterus					
58540	C		Revision of uterus					
58545	T		Laparoscopic myomectomy	0130	31.7373	$1,812.14	$659.53	$362.43
58546	T		Laparo-myomectomy, complex	0131	43.0468	$2,457.89	$1,001.89	$491.58
58550	T		Laparo-asst vag hysterectomy	0132	61.3910	$3,505.30	$1,239.22	$701.06
58552	T		Laparo-vag hyst incl t/o	0131	43.0468	$2,457.89	$1,001.89	$491.58
58553	T		Laparo-vag hyst, complex	0131	43.0468	$2,457.89	$1,001.89	$491.58
58554	T		Laparo-vag hyst w/t/o, compl	0131	43.0468	$2,457.89	$1,001.89	$491.58
58555	T		Hysteroscopy, dx, sep proc	0190	20.6906	$1,181.39	$424.28	$236.28
58558	T		Hysteroscopy, biopsy	0190	20.6906	$1,181.39	$424.28	$236.28
58559	T		Hysteroscopy, lysis	0190	20.6906	$1,181.39	$424.28	$236.28
58560	T		Hysteroscopy, resect septum	0387	30.0907	$1,718.12	$655.55	$343.62
58561	T		Hysteroscopy, remove myoma	0387	30.0907	$1,718.12	$655.55	$343.62
58562	T		Hysteroscopy, remove fb	0190	20.6906	$1,181.39	$424.28	$236.28
58563	T		Hysteroscopy, ablation	0387	30.0907	$1,718.12	$655.55	$343.62
58578	T		Laparo proc, uterus	0130	31.7373	$1,812.14	$659.53	$362.43
58579	T		Hysteroscope procedure	0190	20.6906	$1,181.39	$424.28	$236.28
58600	T		Division of fallopian tube	0195	26.6562	$1,522.02	$483.80	$304.40
58605	C		Division of fallopian tube					
58611	C		Ligate oviduct(s) add-on					
58615	T		Occlude fallopian tube(s)	0194	19.3837	$1,106.77	$397.84	$221.35
58660	T		Laparoscopy, lysis	0131	43.0468	$2,457.89	$1,001.89	$491.58
58661	T		Laparoscopy, remove adnexa	0131	43.0468	$2,457.89	$1,001.89	$491.58
58662	T		Laparoscopy, excise lesions	0131	43.0468	$2,457.89	$1,001.89	$491.58
58670	T		Laparoscopy, tubal cautery	0131	43.0468	$2,457.89	$1,001.89	$491.58
58671	T		Laparoscopy, tubal block	0131	43.0468	$2,457.89	$1,001.89	$491.58
58672	T		Laparoscopy, fimbrioplasty	0131	43.0468	$2,457.89	$1,001.89	$491.58
58673	T		Laparoscopy, salpingostomy	0131	43.0468	$2,457.89	$1,001.89	$491.58
58679	T		Laparo proc, oviduct-ovary	0130	31.7373	$1,812.14	$659.53	$362.43
58700	C		Removal of fallopian tube					
58720	C		Removal of ovary/tube(s)					
58740	C		Revise fallopian tube(s)					
58750	C		Repair oviduct					
58752	C		Revise ovarian tube(s)					

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58760	C		Remove tubal obstruction					
58770	T		Create new tubal opening	0195	26.6562	$1,522.02	$483.80	$304.40
58800	T		Drainage of ovarian cyst(s)	0193	13.8912	$793.16	$165.35	$158.63
58805	C		Drainage of ovarian cyst(s)					
58820	T		Drain ovary abscess, open	0195	26.6562	$1,522.02	$483.80	$304.40
58822	C		Drain ovary abscess, percut					
58823	T		Drain pelvic abscess, percut	0193	13.8912	$793.16	$165.35	$158.63
58825	C		Transposition, ovary(s)					
58900	T		Biopsy of ovary(s)	0193	13.8912	$793.16	$165.35	$158.63
58920	T		Partial removal of ovary(s)	0195	26.6562	$1,522.02	$483.80	$304.40
58925	T		Removal of ovarian cyst(s)	0195	26.6562	$1,522.02	$483.80	$304.40
58940	C		Removal of ovary(s)					
58943	C		Removal of ovary(s)					
58950	C		Resect ovarian malignancy					
58951	C		Resect ovarian malignancy					
58952	C		Resect ovarian malignancy					
58953	C		Tah, rad dissect for debulk					
58954	C		Tah rad debulk/lymph remove					
58960	C		Exploration of abdomen					
58970	T		Retrieval of oocyte	0194	19.3837	$1,106.77	$397.84	$221.35
58974	T		Transfer of embryo	0197	2.0508	$117.10		$23.42
58976	T		Transfer of embryo	0197	2.0508	$117.10		$23.42
58999	T		Genital surgery procedure	0191	0.1898	$10.84	$2.93	$2.17
59000	T		Amniocentesis, diagnostic	0198	1.3657	$77.98	$32.19	$15.60
59001	T		Amniocentesis, therapeutic	0198	1.3657	$77.98	$32.19	$15.60
59012	T		Fetal cord puncture,prenatal	0198	1.3657	$77.98	$32.19	$15.60
59015	T		Chorion biopsy	0198	1.3657	$77.98	$32.19	$15.60
59020	T		Fetal contract stress test	0198	1.3657	$77.98	$32.19	$15.60
59025	T		Fetal non-stress test	0198	1.3657	$77.98	$32.19	$15.60
59030	T		Fetal scalp blood sample	0198	1.3657	$77.98	$32.19	$15.60
59050	E		Fetal monitor w/report					
59051	B		Fetal monitor/interpret only					
59070	T		Transabdom amnioinfus w/ us	0198	1.3657	$77.98	$32.19	$15.60
59072	T		Umbilical cord occlud w/ us	0198	1.3657	$77.98	$32.19	$15.60
59074	T		Fetal fluid drainage w/ us	0198	1.3657	$77.98	$32.19	$15.60
59076	T		Fetal shunt placement, w/ us	0198	1.3657	$77.98	$32.19	$15.60
59100	C		Remove uterus lesion					
59120	C		Treat ectopic pregnancy					
59121	C		Treat ectopic pregnancy					
59130	C		Treat ectopic pregnancy					
59135	C		Treat ectopic pregnancy					
59136	C		Treat ectopic pregnancy					
59140	C		Treat ectopic pregnancy					
59150	T		Treat ectopic pregnancy	0131	43.0468	$2,457.89	$1,001.89	$491.58
59151	T		Treat ectopic pregnancy	0131	43.0468	$2,457.89	$1,001.89	$491.58
59160	T		D & c after delivery	0196	17.0819	$975.34	$338.23	$195.07
59200	T		Insert cervical dilator	0189	2.1850	$124.76		$24.95
59300	T		Episiotomy or vaginal repair	0193	13.8912	$793.16	$165.35	$158.63
59320	T		Revision of cervix	0194	19.3837	$1,106.77	$397.84	$221.35
59325	C		Revision of cervix					

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59350	C		Repair of uterus					
59400	B		Obstetrical care					
59409	T		Obstetrical care	0194	19.3837	$1,106.77	$397 84	$221.35
59410	B		Obstetrical care					
59412	T		Antepartum manipulation	0700	3.2254	$184.16	$37.13	$36.83
59414	T		Deliver placenta	0194	19.3837	$1,106.77	$397.84	$221.35
59425	B		Antepartum care only					
59426	B		Antepartum care only					
59430	B		Care after delivery					
59510	E		Cesarean delivery					
59514	C		Cesarean delivery only					
59515	E		Cesarean delivery					
59525	C		Remove uterus after cesarean					
59610	E		Vbac delivery					
59612	T		Vbac delivery only	0194	19.3837	$1,106.77	$397.84	$221.35
59614	E		Vbac care after delivery					
59618	E		Attempted vbac delivery					
59620	C		Attempted vbac delivery only					
59622	E		Attempted vbac after care					
59812	T		Treatment of miscarriage	0201	18.3567	$1,048.13	$329.65	$209.63
59820	T		Care of miscarriage	0201	18.3567	$1,048.13	$329.65	$209.63
59821	T		Treatment of miscarriage	0201	18.3567	$1,048.13	$329.65	$209.63
59830	C		Treat uterus infection					
59840	T		Abortion	0200	14.9004	$850.78	$266.79	$170.16
59841	T		Abortion	0200	14.9004	$850.78	$266.79	$170.16
59850	C		Abortion					
59851	C		Abortion					
59852	C		Abortion					
59855	C		Abortion					
59856	C		Abortion					
59857	C		Abortion					
59866	T		Abortion (mpr)	0198	1.3657	$77.98	$32.19	$15.60
59870	T		Evacuate mole of uterus	0201	18.3567	$1,048.13	$329.65	$209.63
59871	T		Remove cerclage suture	0194	19 3837	$1,106.77	$397.84	$221.35
59897	T		Fetal invas px w/ us	0198	1 3657	$77.98	$32.19	$15.60
59898	T		Laparo proc, ob care/deliver	0130	31 7373	$1,812.14	$659.53	$362.43
59899	T		Maternity care procedure	0198	1 3657	$77.98	$32.19	$15.60
60000	T		Drain thyroid/tongue cyst	0252	6 5732	$375.32	$113.41	$75.06
60001	T		Aspirate/inject thyriod cyst	0004	1 6895	$96.47	$22.36	$19.29
60100	T		Biopsy of thyroid	0004	1.6895	$96.47	$22.36	$19.29
60200	T		Remove thyroid lesion	0114	40.0004	$2,283.94	$485.91	$456.79
60210	T		Partial thyroid excision	0114	40.0004	$2,283.94	$485.91	$456.79
60212	T		Partial thyroid excision	0114	40.0004	$2,283.94	$485.91	$456.79
60220	T		Partial removal of thyroid	0114	40.0004	$2,283.94	$485.91	$456.79
60225	T		Partial removal of thyroid	0114	40.0004	$2,283.94	$485.91	$456.79
60240	T		Removal of thyroid	0114	40.0004	$2,283.94	$485.91	$456.79
60252	T		Removal of thyroid	0256	37.1347	$2,120.32		$424.06
60254	C		Extensive thyroid surgery					
60260	T		Repeat thyroid surgery	0256	37.1347	$2,120.32		$424.06
60270	C		Removal of thyroid					

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60271	C		Removal of thyroid					
60280	T		Remove thyroid duct lesion	0114	40.0004	$2,283.94	$485.91	$456.79
60281	T		Remove thyroid duct lesion	0114	40.0004	$2,283.94	$485.91	$456.79
60500	T		Explore parathyroid glands	0256	37.1347	$2,120.32		$424.06
60502	C		Re-explore parathyroids					
60505	C		Explore parathyroid glands					
60512	T		Autotransplant parathyroid	0022	19.4617	$1,111.22	$354.45	$222.24
60520	C		Removal of thymus gland					
60521	C		Removal of thymus gland					
60522	C		Removal of thymus gland					
60540	C		Explore adrenal gland					
60545	C		Explore adrenal gland					
60600	C		Remove carotid body lesion					
60605	C		Remove carotid body lesion					
60650	C		Laparoscopy adrenalectomy					
60659	T		Laparo proc. endocrine	0130	31.7373	$1,812.14	$659.53	$362.43
60699	T		Endocrine surgery procedure	0114	40.0004	$2,283.94	$485.91	$456.79
61000	T		Remove cranial cavity fluid	0212	3.0342	$173.25	$74.67	$34.65
61001	T		Remove cranial cavity fluid	0212	3.0342	$173.25	$74.67	$34.65
61020	T		Remove brain cavity fluid	0212	3.0342	$173.25	$74.67	$34.65
61026	T		Injection into brain canal	0212	3.0342	$173.25	$74.67	$34.65
61050	T		Remove brain canal fluid	0212	3.0342	$173.25	$74.67	$34.65
61055	T		Injection into brain canal	0212	3.0342	$173.25	$74.67	$34.65
61070	T		Brain canal shunt procedure	0212	3.0342	$173.25	$74.67	$34.65
61105	C		Twist drill hole					
61107	C		Drill skull for implantation					
61108	C		Drill skull for drainage					
61120	C		Burr hole for puncture					
61140	C		Pierce skull for biopsy					
61150	C		Pierce skull for drainage					
61151	C		Pierce skull for drainage					
61154	C		Pierce skull & remove clot					
61156	C		Pierce skull for drainage					
61210	C		Pierce skull, implant device					
61215	T		Insert brain-fluid device	0224	37 8581	$2,161.62	$453.41	$432.32
61250	C		Pierce skull & explore					
61253	C		Pierce skull & explore					
61304	C		Open skull for exploration					
61305	C		Open skull for exploration					
61312	C		Open skull for drainage					
61313	C		Open skull for drainage					
61314	C		Open skull for drainage					
61315	C		Open skull for drainage					
61316	C		Implt cran bone flap to abdo					
61320	C		Open skull for drainage					
61321	C		Open skull for drainage					
61322	C		Decompressive craniotomy					
61323	C		Decompressive lobectomy					
61330	T		Decompress eye socket	0256	37.1347	$2,120.32		$424.06
61332	C		Explore/biopsy eye socket					

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61333	C		Explore orbit/remove lesion					
61334	C		Explore orbit/remove object					
61340	C		Relieve cranial pressure					
61343	C		Incise skull (press relief)					
61345	C		Relieve cranial pressure					
61440	C		Incise skull for surgery					
61450	C		Incise skull for surgery					
61458	C		Incise skull for brain wound					
61460	C		Incise skull for surgery					
61470	C		Incise skull for surgery					
61480	C		Incise skull for surgery					
61490	C		Incise skull for surgery					
61500	C		Removal of skull lesion					
61501	C		Remove infected skull bone					
61510	C		Removal of brain lesion					
61512	C		Remove brain lining lesion					
61514	C		Removal of brain abscess					
61516	C		Removal of brain lesion					
61517	C		Implt brain chemotx add-on					
61518	C		Removal of brain lesion					
61519	C		Remove brain lining lesion					
61520	C		Removal of brain lesion					
61521	C		Removal of brain lesion					
61522	C		Removal of brain abscess					
61524	C		Removal of brain lesion					
61526	C		Removal of brain lesion					
61530	C		Removal of brain lesion					
61531	C		Implant brain electrodes					
61533	C		Implant brain electrodes					
61534	C		Removal of brain lesion					
61535	C		Remove brain electrodes					
61536	C		Removal of brain lesion					
61537	C		Removal of brain tissue					
61538	C		Removal of brain tissue					
61539	C		Removal of brain tissue					
61540	C		Removal of brain tissue					
61541	C		Incision of brain tissue					
61542	C		Removal of brain tissue					
61543	C		Removal of brain tissue					
61544	C		Remove & treat brain lesion					
61545	C		Excision of brain tumor					
61546	C		Removal of pituitary gland					
61548	C		Removal of pituitary gland					
61550	C		Release of skull seams					
61552	C		Release of skull seams					
61556	C		Incise skull/sutures					
61557	C		Incise skull/sutures					
61558	C		Excision of skull/sutures					
61559	C		Excision of skull/sutures					
61563	C		Excision of skull tumor					

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61564	C		Excision of skull tumor					
61566	C		Removal of brain tissue					
61567	C		Incision of brain tissue					
61570	C		Remove foreign body, brain					
61571	C		Incise skull for brain wound					
61575	C		Skull base/brainstem surgery					
61576	C		Skull base/brainstem surgery					
61580	C		Craniofacial approach, skull					
61581	C		Craniofacial approach, skull					
61582	C		Craniofacial approach, skull					
61583	C		Craniofacial approach, skull					
61584	C		Orbitocranial approach/skull					
61585	C		Orbitocranial approach/skull					
61586	C		Resect nasopharynx, skull					
61590	C		Infratemporal approach/skull					
61591	C		Infratemporal approach/skull					
61592	C		Orbitocranial approach/skull					
61595	C		Transtemporal approach/skull					
61596	C		Transcochlear approach/skull					
61597	C		Transcondylar approach/skull					
61598	C		Transpetrosal approach/skull					
61600	C		Resect/excise cranial lesion					
61601	C		Resect/excise cranial lesion					
61605	C		Resect/excise cranial lesion					
61606	C		Resect/excise cranial lesion					
61607	C		Resect/excise cranial lesion					
61608	C		Resect/excise cranial lesion					
61609	C		Transect artery, sinus					
61610	C		Transect artery, sinus					
61611	C		Transect artery, sinus					
61612	C		Transect artery, sinus					
61613	C		Remove aneurysm, sinus					
61615	C		Resect/excise lesion, skull					
61616	C		Resect/excise lesion, skull					
61618	C		Repair dura					
61619	C		Repair dura					
61623	T		Endovasc tempory vessel occl	1555		$1,650.00		$330.00
61624	C		Occlusion/embolization cath					
61626	T		Transcath occlusion, non-cns	0081	31 2963	$1,786.96		$357.39
61680	C		Intracranial vessel surgery					
61682	C		Intracranial vessel surgery					
61684	C		Intracranial vessel surgery					
61686	C		Intracranial vessel surgery					
61690	C		Intracranial vessel surgery					
61692	C		Intracranial vessel surgery					
61697	C		Brain aneurysm repr, complx					
61698	C		Brain aneurysm repr, complx					
61700	C		Brain aneurysm repr, simple					
61702	C		Inner skull vessel surgery					
61703	C		Clamp neck artery					

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61705	C		Revise circulation to head					
61708	C		Revise circulation to head					
61710	C		Revise circulation to head					
61711	C		Fusion of skull arteries					
61720	C		Incise skull/brain surgery					
61735	C		Incise skull/brain surgery					
61750	C		Incise skull/brain biopsy					
61751	C		Brain biopsy w/ ct/mr guide					
61760	C		Implant brain electrodes					
61770	C		Incise skull for treatment					
61790	T		Treat trigeminal nerve	0220	17.4557	$996.69		$199.34
61791	T		Treat trigeminal tract	0206	5.4794	$312.86	$75.55	$62.57
61793	E		Focus radiation beam					
61795	S		Brain surgery using computer	0302	5.4746	$312.59	$118.42	$62.52
61850	C		Implant neuroelectrodes					
61860	C		Implant neuroelectrodes					
61863	C		Implant neuroelectrode					
61864	C		Implant neuroelectrde, add'l					
61867	C		Implant neuroelectrode					
61868	C		Implant neuroelectrde, add'l					
61870	C		Implant neuroelectrodes					
61875	C		Implant neuroelectrodes					
61880	T		Revise/remove neuroelectrode	0687	20.2192	$1,154.48	$513.05	$230.90
61885	S		Implant neurostim one array	0039	210.1285	$11,997.90		$2,399.58
61886	T		Implant neurostim arrays	0315	355.3811	$20,291.50		$4,058.31
61888	T		Revise/remove neuroreceiver	0688	42.5576	$2,429.95	$1,093.47	$485.99
62000	C		Treat skull fracture					
62005	C		Treat skull fracture					
62010	C		Treatment of head injury					
62100	C		Repair brain fluid leakage					
62115	C		Reduction of skull defect					
62116	C		Reduction of skull defect					
62117	C		Reduction of skull defect					
62120	C		Repair skull cavity lesion					
62121	C		Incise skull repair					
62140	C		Repair of skull defect					
62141	C		Repair of skull defect					
62142	C		Remove skull plate/flap					
62143	C		Replace skull plate/flap					
62145	C		Repair of skull & brain					
62146	C		Repair of skull with graft					
62147	C		Repair of skull with graft					
62148	C		Retr bone flap to fix skull					
62160	C		Neuroendoscopy add-on					
62161	C		Dissect brain w/scope					
62162	C		Remove colloid cyst w/scope					
62163	C		Neuroendoscopy w/fb removal					
62164	C		Remove brain tumor w/scope					
62165	C		Remove pituit tumor w/scope					
62180	C		Establish brain cavity shunt					

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62190	C		Establish brain cavity shunt					
62192	C		Establish brain cavity shunt					
62194	T		Replace/irrigate catheter	0121	2.3062	$131.68	$43.80	$26.34
62200	C		Establish brain cavity shunt					
62201	C		Establish brain cavity shunt					
62220	C		Establish brain cavity shunt					
62223	C		Establish brain cavity shunt					
62225	T		Replace/irrigate catheter	0122	8.0675	$460.64	$94.47	$92.13
62230	T		Replace/revise brain shunt	0224	37.8581	$2,161.62	$453.41	$432.32
62252	S		Csf shunt reprogram	0691	2.4955	$142.49	$64.12	$28.50
62256	C		Remove brain cavity shunt					
62258	C		Replace brain cavity shunt					
62263	T		Lysis epidural adhesions	0207	5.8711	$335.23	$87.79	$67.05
62264	T		Epidural lysis on single day	0207	5.8711	$335.23	$87.79	$67.05
62268	T		Drain spinal cord cyst	0212	3.0342	$173.25	$74.67	$34.65
62269	T		Needle biopsy, spinal cord	0685	5.8959	$336.64	$115.47	$67.33
62270	T		Spinal fluid tap, diagnostic	0204	2.1898	$125.03	$40.13	$25.01
62272	T		Drain cerebro spinal fluid	0204	2.1898	$125.03	$40.13	$25.01
62273	T		Treat epidural spine lesion	0206	5.4794	$312.86	$75.55	$62.57
62280	T		Treat spinal cord lesion	0207	5.8711	$335.23	$87.79	$67.05
62281	T		Treat spinal cord lesion	0207	5.8711	$335.23	$87.79	$67.05
62282	T		Treat spinal canal lesion	0207	5.8711	$335.23	$87.79	$67.05
62284	N		Injection for myelogram					
62287	T		Percutaneous diskectomy	0220	17.4557	$996.69		$199.34
62290	N		Inject for spine disk x-ray					
62291	N		Inject for spine disk x-ray					
62292	T		Injection into disk lesion	0212	3.0342	$173.25	$74.67	$34.65
62294	T		Injection into spinal artery	0212	3.0342	$173.25	$74.67	$34.65
62310	T		Inject spine c/t	0207	5.8711	$335.23	$87.79	$67.05
62311	T		Inject spine l/s (cd)	0207	5.8711	$335.23	$87.79	$67.05
62318	T		Inject spine w/cath, c/t	0207	5.8711	$335.23	$87.79	$67.05
62319	T		Inject spine w/cath l/s (cd)	0207	5.8711	$335.23	$87.79	$67.05
62350	T		Implant spinal canal cath	0223	27.1757	$1,551.68		$310.34
62351	T		Implant spinal canal cath	0208	42.6390	$2,434.60		$486.92
62355	T		Remove spinal canal catheter	0203	13.8105	$788.55	$276.76	$157.71
62360	T		Insert spine infusion device	0226	48.1100	$2,746.98		$549.40
62361	T		Implant spine infusion pump	0227	147.4115	$8,416.90		$1,683.38
62362	T		Implant spine infusion pump	0227	147.4115	$8,416.90		$1,683.38
62365	T		Remove spine infusion device	0221	26.1283	$1,491.87	$463.62	$298.37
62367	S		Analyze spine infusion pump	0691	2.4955	$142.49	$64.12	$28.50
62368	S		Analyze spine infusion pump	0691	2.4955	$142.49	$64.12	$28.50
63001	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63003	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63005	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63011	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63012	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63015	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63016	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63017	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63020	T		Neck spine disk surgery	0208	42.6390	$2,434.60		$486.92

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
63030	T		Low back disk surgery	0208	42.6390	$2,434.60		$486.92
63035	T		Spinal disk surgery add-on	0208	42.6390	$2,434.60		$486.92
63040	T		Laminotomy, single cervical	0208	42.6390	$2,434.60		$486.92
63042	T		Laminotomy, single lumbar	0208	42.6390	$2,434.60		$486.92
63043	C		Laminotomy, add'l cervical					
63044	C		Laminotomy, add'l lumbar					
63045	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63046	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63047	T		Removal of spinal lamina	0208	42.6390	$2,434.60		$486.92
63048	T		Remove spinal lamina add-on	0208	42.6390	$2,434.60		$486.92
63055	T		Decompress spinal cord	0208	42.6390	$2,434.60		$486.92
63056	T		Decompress spinal cord	0208	42.6390	$2,434.60		$486.92
63057	T		Decompress spine cord add-on	0208	42.6390	$2,434.60		$486.92
63064	T		Decompress spinal cord	0208	42.6390	$2,434.60		$486.92
63066	T		Decompress spine cord add-on	0208	42.6390	$2,434.60		$486.92
63075	C		Neck spine disk surgery					
63076	C		Neck spine disk surgery					
63077	C		Spine disk surgery, thorax					
63078	C		Spine disk surgery, thorax					
63081	C		Removal of vertebral body					
63082	C		Remove vertebral body add-on					
63085	C		Removal of vertebral body					
63086	C		Remove vertebral body add-on					
63087	C		Removal of vertebral body					
63088	C		Remove vertebral body add-on					
63090	C		Removal of vertebral body					
63091	C		Remove vertebral body add-on					
63101	C		Removal of vertebral body					
63102	C		Removal of vertebral body					
63103	C		Remove vertebral body add-on					
63170	C		Incise spinal cord tract(s)					
63172	C		Drainage of spinal cyst					
63173	C		Drainage of spinal cyst					
63180	C		Revise spinal cord ligaments					
63182	C		Revise spinal cord ligaments					
63185	C		Incise spinal column/nerves					
63190	C		Incise spinal column/nerves					
63191	C		Incise spinal column/nerves					
63194	C		Incise spinal column & cord					
63195	C		Incise spinal column & cord					
63196	C		Incise spinal column & cord					
63197	C		Incise spinal column & cord					
63198	C		Incise spinal column & cord					
63199	C		Incise spinal column & cord					
63200	C		Release of spinal cord					
63250	C		Revise spinal cord vessels					
63251	C		Revise spinal cord vessels					
63252	C		Revise spinal cord vessels					
63265	C		Excise intraspinal lesion					
63266	C		Excise intraspinal lesion					

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63267	C		Excise intraspinal lesion					
63268	C		Excise intraspinal lesion					
63270	C		Excise intraspinal lesion					
63271	C		Excise intraspinal lesion					
63272	C		Excise intraspinal lesion					
63273	C		Excise intraspinal lesion					
63275	C		Biopsy/excise spinal tumor					
63276	C		Biopsy/excise spinal tumor					
63277	C		Biopsy/excise spinal tumor					
63278	C		Biopsy/excise spinal tumor					
63280	C		Biopsy/excise spinal tumor					
63281	C		Biopsy/excise spinal tumor					
63282	C		Biopsy/excise spinal tumor					
63283	C		Biopsy/excise spinal tumor					
63285	C		Biopsy/excise spinal tumor					
63286	C		Biopsy/excise spinal tumor					
63287	C		Biopsy/excise spinal tumor					
63290	C		Biopsy/excise spinal tumor					
63300	C		Removal of vertebral body					
63301	C		Removal of vertebral body					
63302	C		Removal of vertebral body					
63303	C		Removal of vertebral body					
63304	C		Removal of vertebral body					
63305	C		Removal of vertebral body					
63306	C		Removal of vertebral body					
63307	C		Removal of vertebral body					
63308	C		Remove vertebral body add-on					
63600	T		Remove spinal cord lesion	0220	17.4557	$996.69		$199.34
63610	T		Stimulation of spinal cord	0220	17.4557	$996.69		$199.34
63615	T		Remove lesion of spinal cord	0220	17.4557	$996.69		$199.34
63650	S		Implant neuroelectrodes	0040	49.2226	$2,810.51		$562.10
63655	S		Implant neuroelectrodes	0225	213.3580	$12,182.30		$2,436.46
63660	T		Revise/remove neuroelectrode	0687	20.2192	$1,154.48	$513.05	$230.90
63685	T		Implant neuroreceiver	0222	207.4621	$11,845.60		$2,369.13
63688	T		Revise/remove neuroreceiver	0688	42 5576	$2,429.95	$1,093.47	$485.99
63700	C		Repair of spinal herniation					
63702	C		Repair of spinal herniation					
63704	C		Repair of spinal herniation					
63706	C		Repair of spinal herniation					
63707	C		Repair spinal fluid leakage					
63709	C		Repair spinal fluid leakage					
63710	C		Graft repair of spine defect					
63740	C		Install spinal shunt					
63741	T		Install spinal shunt	0228	42.6965	$2,437.88	$546.07	$487.58
63744	T		Revision of spinal shunt	0228	42.6965	$2,437.88	$546.07	$487.58
63746	T		Removal of spinal shunt	0109	7.6069	$434.34	$131.49	$86.87
64400	T		N block inj, trigeminal	0204	2.1898	$125.03	$40.13	$25.01
64402	T		N block inj, facial	0204	2.1898	$125.03	$40.13	$25.01
64405	T		N block inj, occipital	0204	2.1898	$125.03	$40.13	$25.01
64408	T		N block inj, vagus	0204	2.1898	$125.03	$40.13	$25.01

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64410	T		N block inj, phrenic	0206	5.4794	$312.86	$75.55	$62.57
64412	T		N block inj, spinal accessor	0206	5.4794	$312.86	$75.55	$62.57
64413	T		N block inj, cervical plexus	0204	2.1898	$125.03	$40.13	$25.01
64415	T		Injection for nerve block	0204	2.1898	$125.03	$40.13	$25.01
64416	T		N block cont infuse, b plex	0204	2.1898	$125.03	$40.13	$25.01
64417	T		N block inj, axillary	0204	2.1898	$125.03	$40.13	$25.01
64418	T		N block inj, suprascapular	0204	2.1898	$125.03	$40.13	$25.01
64420	T		N block inj, intercost, sng	0204	2.1898	$125.03	$40.13	$25.01
64421	T		N block inj, intercost, mlt	0206	5.4794	$312.86	$75.55	$62.57
64425	T		N block inj ilio-ing/hypogi	0204	2.1898	$125.03	$40.13	$25.01
64430	T		N block inj, pudendal	0204	2.1898	$125.03	$40.13	$25.01
64435	T		N block inj, paracervical	0204	2.1898	$125.03	$40.13	$25.01
64445	T		Injection for nerve block	0204	2.1898	$125.03	$40.13	$25.01
64446	T		N blk inj, sciatic, cont inf	0206	5.4794	$312.86	$75.55	$62.57
64447	T		N block inj fem, single	0204	2.1898	$125.03	$40.13	$25.01
64448	T		N block inj fem, cont inf	0204	2.1898	$125.03	$40.13	$25.01
64449	T		N block inj, lumbar plexus	0204	2.1898	$125.03	$40.13	$25.01
64450	T		N block, other peripheral	0204	2.1898	$125.03	$40.13	$25.01
64470	T		Inj paravertebral c/t	0207	5.8711	$335.23	$87.79	$67.05
64472	T		Inj paravertebral c/t add-on	0206	5.4794	$312.86	$75.55	$62.57
64475	T		Inj paravertebral l/s	0207	5.8711	$335.23	$87.79	$67.05
64476	T		Inj paravertebral l/s add-on	0206	5.4794	$312.86	$75.55	$62.57
64479	T		Inj foramen epidural c/t	0207	5.8711	$335.23	$87.79	$67.05
64480	T		Inj foramen epidural add-on	0207	5.8711	$335.23	$87.79	$67.05
64483	T		Inj foramen epidural l/s	0207	5.8711	$335.23	$87.79	$67.05
64484	T		Inj foramen epidural add-on	0207	5.8711	$335.23	$87.79	$67.05
64505	T		N block, spenopalatine gangl	0204	2.1898	$125.03	$40.13	$25.01
64508	T		N block, carotid sinus s/p	0204	2.1898	$125.03	$40.13	$25.01
64510	T		N block, stellate ganglion	0207	5.8711	$335.23	$87.79	$67.05
64517	T		N block inj, hypogas plxs	0204	2.1898	$125.03	$40.13	$25.01
64520	T		N block, lumbar/thoracic	0207	5.8711	$335.23	$87.79	$67.05
64530	T		N block inj, celiac pelus	0207	5.8711	$335.23	$87.79	$67.05
64550	A		Apply neurostimulator					
64553	S		Implant neuroelectrodes	0225	213.3580	$12,182.30		$2,436.46
64555	S		Implant neuroelectrodes	0040	49.2226	$2,810.51		$562.10
64560	S		Implant neuroelectrodes	0040	49.2226	$2,810.51		$562.10
64561	S		Implant neuroelectrodes	0040	49.2226	$2,810.51		$562.10
64565	S		Implant neuroelectrodes	0040	49.2226	$2,810.51		$562.10
64573	S		Implant neuroelectrodes	0225	213.3580	$12,182.30		$2,436.46
64575	S		Implant neuroelectrodes	0040	49.2226	$2,810.51		$562.10
64577	S		Implant neuroelectrodes	0225	213.3580	$12,182.30		$2,436.46
64580	S		Implant neuroelectrodes	0225	213.3580	$12,182.30		$2,436.46
64581	S		Implant neuroelectrodes	0040	49.2226	$2,810.51		$562.10
64585	T		Revise/remove neuroelectrode	0687	20.2192	$1,154.48	$513.05	$230.90
64590	T		Implant neuroreceiver	0222	207.4621	$11,845.60		$2,369.13
64595	T		Revise/remove neuroreceiver	0688	42.5576	$2,429.95	$1,093.47	$485.99
64600	T		Injection treatment of nerve	0203	13.8105	$788.55	$276.76	$157.71
64605	T		Injection treatment of nerve	0203	13.8105	$788.55	$276.76	$157.71
64610	T		Injection treatment of nerve	0203	13.8105	$788.55	$276.76	$157.71
64612	T		Destroy nerve, face muscle	0204	2.1898	$125.03	$40.13	$25.01

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64613	T		Destroy nerve, spine muscle	0204	2.1898	$125.03	$40.13	$25.01
64614	T		Destroy nerve, extrem musc	0204	2.1898	$125.03	$40.13	$25.01
64620	T		Injection treatment of nerve	0207	5.8711	$335.23	$87.79	$67.05
64622	T		Destr paravertebrl nerve l/s	0203	13.8105	$788.55	$276.76	$157.71
64623	T		Destr paravertebral n add-on	0207	5.8711	$335.23	$87.79	$67.05
64626	T		Destr paravertebrl nerve c/t	0203	13.8105	$788.55	$276.76	$157.71
64627	T		Destr paravertebral n add-on	0207	5.8711	$335.23	$87.79	$67.05
64630	T		Injection treatment of nerve	0206	5.4794	$312.86	$75.55	$62.57
64640	T		Injection treatment of nerve	0206	5.4794	$312.86	$75.55	$62.57
64680	T		Injection treatment of nerve	0207	5.8711	$335.23	$87.79	$67.05
64681	T		Injection treatment of nerve	0203	13.8105	$788.55	$276.76	$157.71
64702	T		Revise finger/toe nerve	0220	17.4557	$996.69		$199.34
64704	T		Revise hand/foot nerve	0220	17.4557	$996.69		$199.34
64708	T		Revise arm/leg nerve	0220	17.4557	$996.69		$199.34
64712	T		Revision of sciatic nerve	0220	17.4557	$996.69		$199.34
64713	T		Revision of arm nerve(s)	0220	17.4557	$996.69		$199.34
64714	T		Revise low back nerve(s)	0220	17.4557	$996.69		$199.34
64716	T		Revision of cranial nerve	0220	17.4557	$996.69		$199.34
64718	T		Revise ulnar nerve at elbow	0220	17.4557	$996.69		$199.34
64719	T		Revise ulnar nerve at wrist	0220	17.4557	$996.69		$199.34
64721	T		Carpal tunnel surgery	0220	17.4557	$996.69		$199.34
64722	T		Relieve pressure on nerve(s)	0220	17.4557	$996.69		$199.34
64726	T		Release foot/toe nerve	0220	17.4557	$996.69		$199.34
64727	T		Internal nerve revision	0220	17.4557	$996.69		$199.34
64732	T		Incision of brow nerve	0220	17.4557	$996.69		$199.34
64734	T		Incision of cheek nerve	0220	17.4557	$996.69		$199.34
64736	T		Incision of chin nerve	0220	17.4557	$996.69		$199.34
64738	T		Incision of jaw nerve	0220	17.4557	$996.69		$199.34
64740	T		Incision of tongue nerve	0220	17.4557	$996.69		$199.34
64742	T		Incision of facial nerve	0220	17.4557	$996.69		$199.34
64744	T		Incise nerve, back of head	0220	17.4557	$996.69		$199.34
64746	T		Incise diaphragm nerve	0220	17.4557	$996.69		$199.34
64752	C		Incision of vagus nerve					
64755	C		Incision of stomach nerves					
64760	C		Incision of vagus nerve					
64761	T		Incision of pelvis nerve	0220	17.4557	$996.69		$199.34
64763	C		Incise hip/thigh nerve					
64766	C		Incise hip/thigh nerve					
64771	T		Sever cranial nerve	0220	17.4557	$996.69		$199.34
64772	T		Incision of spinal nerve	0220	17.4557	$996.69		$199.34
64774	T		Remove skin nerve lesion	0220	17.4557	$996.69		$199.34
64776	T		Remove digit nerve lesion	0220	17.4557	$996.69		$199.34
64778	T		Digit nerve surgery add-on	0220	17.4557	$996.69		$199.34
64782	T		Remove limb nerve lesion	0220	17.4557	$996.69		$199.34
64783	T		Limb nerve surgery add-on	0220	17.4557	$996.69		$199.34
64784	T		Remove nerve lesion	0220	17.4557	$996.69		$199.34
64786	T		Remove sciatic nerve lesion	0221	26.1283	$1,491.87	$463.62	$298.37
64787	T		Implant nerve end	0220	17.4557	$996.69		$199.34
64788	T		Remove skin nerve lesion	0220	17.4557	$996.69		$199.34
64790	T		Removal of nerve lesion	0220	17.4557	$996.69		$199.34

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64792	T		Removal of nerve lesion	0221	26.1283	$1,491.87	$463.62	$298.37
64795	T		Biopsy of nerve	0220	17.4557	$996.69		$199.34
64802	T		Remove sympathetic nerves	0220	17.4557	$996.69		$199.34
64804	C		Remove sympathetic nerves					
64809	C		Remove sympathetic nerves					
64818	C		Remove sympathetic nerves					
64820	T		Remove sympathetic nerves	0220	17.4557	$996.69		$199.34
64821	T		Remove sympathetic nerves	0054	25.0921	$1,432.71		$286.54
64822	T		Remove sympathetic nerves	0054	25.0921	$1,432.71		$286.54
64823	T		Remove sympathetic nerves	0054	25.0921	$1,432.71		$286.54
64831	T		Repair of digit nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64832	T		Repair nerve add-on	0221	26.1283	$1,491.87	$463.62	$298.37
64834	T		Repair of hand or foot nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64835	T		Repair of hand or foot nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64836	T		Repair of hand or foot nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64837	T		Repair nerve add-on	0221	26.1283	$1,491.87	$463.62	$298.37
64840	T		Repair of leg nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64856	T		Repair/transpose nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64857	T		Repair arm/leg nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64858	T		Repair sciatic nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64859	T		Nerve surgery	0221	26.1283	$1,491.87	$463.62	$298.37
64861	T		Repair of arm nerves	0221	26.1283	$1,491.87	$463.62	$298.37
64862	T		Repair of low back nerves	0221	26.1283	$1,491.87	$463.62	$298.37
64864	T		Repair of facial nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64865	T		Repair of facial nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64866	C		Fusion of facial/other nerve					
64868	C		Fusion of facial/other nerve					
64870	T		Fusion of facial/other nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64872	T		Subsequent repair of nerve	0221	26.1283	$1,491.87	$463.62	$298.37
64874	T		Repair & revise nerve add-on	0221	26.1283	$1,491.87	$463.62	$298.37
64876	T		Repair nerve/shorten bone	0221	26.1283	$1,491.87	$463.62	$298.37
64885	T		Nerve graft, head or neck	0221	26.1283	$1,491.87	$463.62	$298.37
64886	T		Nerve graft, head or neck	0221	26.1283	$1,491.87	$463.62	$298.37
64890	T		Nerve graft, hand or foot	0221	26.1283	$1,491.87	$463.62	$298.37
64891	T		Nerve graft, hand or foot	0221	26.1283	$1,491.87	$463.62	$298.37
64892	T		Nerve graft, arm or leg	0221	26.1283	$1,491.87	$463.62	$298.37
64893	T		Nerve graft, arm or leg	0221	26.1283	$1,491.87	$463.62	$298.37
64895	T		Nerve graft, hand or foot	0221	26.1283	$1,491.87	$463.62	$298.37
64896	T		Nerve graft, hand or foot	0221	26.1283	$1,491.87	$463.62	$298.37
64897	T		Nerve graft, arm or leg	0221	26.1283	$1,491.87	$463.62	$298.37
64898	T		Nerve graft, arm or leg	0221	26.1283	$1,491.87	$463.62	$298.37
64901	T		Nerve graft add-on	0221	26.1283	$1,491.87	$463.62	$298.37
64902	T		Nerve graft add-on	0221	26.1283	$1,491.87	$463.62	$298.37
64905	T		Nerve pedicle transfer	0221	26.1283	$1,491.87	$463.62	$298.37
64907	T		Nerve pedicle transfer	0221	26.1283	$1,491.87	$463.62	$298.37
64999	T		Nervous system surgery	0204	2.1898	$125.03	$40.13	$25.01
65091	T		Revise eye	0242	30.3970	$1,735.61	$597.36	$347.12
65093	T		Revise eye with implant	0241	23.7791	$1,357.74	$384.47	$271.55
65101	T		Removal of eye	0242	30.3970	$1,735.61	$597.36	$347.12
65103	T		Remove eye/insert implant	0242	30.3970	$1,735.61	$597.36	$347.12

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65105	T		Remove eye/attach implant	0242	30.3970	$1,735.61	$597.36	$347.12
65110	T		Removal of eye	0242	30.3970	$1,735.61	$597.36	$347.12
65112	T		Remove eye/revise socket	0242	30.3970	$1,735.61	$597.36	$347.12
65114	T		Remove eye/revise socket	0242	30.3970	$1,735.61	$597.36	$347.12
65125	T		Revise ocular implant	0240	18.1670	$1,037.30	$315.31	$207.46
65130	T		Insert ocular implant	0241	23.7791	$1,357.74	$384.47	$271.55
65135	T		Insert ocular implant	0241	23.7791	$1,357.74	$384.47	$271.55
65140	T		Attach ocular implant	0242	30.3970	$1,735.61	$597.36	$347.12
65150	T		Revise ocular implant	0241	23.7791	$1,357.74	$384.47	$271.55
65155	T		Reinsert ocular implant	0242	30.3970	$1,735.61	$597.36	$347.12
65175	T		Removal of ocular implant	0240	18.1670	$1,037.30	$315.31	$207 46
65205	S		Remove foreign body from eye	0698	1.4652	$83.66	$18.72	$16 73
65210	S		Remove foreign body from eye	0698	1.4652	$83.66	$18.72	$16 73
65220	S		Remove foreign body from eye	0698	1.4652	$83.66	$18.72	$16.73
65222	S		Remove foreign body from eye	0698	1.4652	$83.66	$18.72	$16.73
65235	T		Remove foreign body from eye	0233	14.8258	$846.52	$266.33	$169.30
65260	T		Remove foreign body from eye	0236	21.3988	$1,221.83		$244.37
65265	T		Remove foreign body from eye	0236	21.3988	$1,221.83		$244.37
65270	T		Repair of eye wound	0240	18.1670	$1,037.30	$315.31	$207.46
65272	T		Repair of eye wound	0234	22.2939	$1,272.94	$511.31	$254.59
65273	C		Repair of eye wound					
65275	T		Repair of eye wound	0234	22.2939	$1,272.94	$511.31	$254.59
65280	T		Repair of eye wound	0236	21.3988	$1 221 83		$244.37
65285	T		Repair of eye wound	0236	21.3988	$1,221 83		$244.37
65286	T		Repair of eye wound	0232	6.9534	$397.03	$103.17	$79.41
65290	T		Repair of eye socket wound	0243	22.6568	$1,293.66	$431.39	$258.73
65400	T		Removal of eye lesion	0233	14.8258	$846.52	$266.33	$169.30
65410	T		Biopsy of cornea	0233	14.8258	$846.52	$266.33	$169.30
65420	T		Removal of eye lesion	0233	14.8258	$846.52	$266.33	$169.30
65426	T		Removal of eye lesion	0234	22.2939	$1,272.94	$511.31	$254.59
65430	S		Corneal smear	0230	0.8036	$45.88	$14.97	$9.18
65435	T		Curette/treat cornea	0239	6.7303	$384.29		$76.86
65436	T		Curette/treat cornea	0233	14.8258	$846.52	$266.33	$169.30
65450	S		Treatment of corneal lesion	0231	2.0475	$116.91	$45.60	$23.38
65600	T		Revision of cornea	0240	18 1670	$1,037.30	$315.31	$207.46
65710	T		Corneal transplant	0244	39 6410	$2,263.42	$803.26	$452.68
65730	T		Corneal transplant	0244	39 6410	$2,263.42	$803.26	$452.68
65750	T		Corneal transplant	0244	39.6410	$2,263.42	$803.26	$452.68
65755	T		Corneal transplant	0244	39.6410	$2,263.42	$803.26	$452.68
65760	E		Revision of cornea					
65765	E		Revision of cornea					
65767	E		Corneal tissue transplant					
65770	T		Revise cornea with implant	0244	39.6410	$2,263.42	$803.26	$452.68
65771	E		Radial keratotomy					
65772	T		Correction of astigmatism	0233	14.8258	$846.52	$266.33	$169.30
65775	T		Correction of astigmatism	0233	14.8258	$846.52	$266.33	$169.30
65780	T		Ocular reconst, transplant	0244	39.6410	$2,263.42	$803.26	$452.68
65781	T		Ocular reconst, transplant	0244	39.6410	$2,263.42	$803.26	$452.68
65782	T		Ocular reconst, transplant	0244	39.6410	$2,263.42	$803.26	$452.68
65800	T		Drainage of eye	0233	14.8258	$846.52	$266.33	$169.30

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65805	T		Drainage of eye	0233	14.8258	$846.52	$266.33	$169.30
65810	T		Drainage of eye	0234	22.2939	$1,272.94	$511.31	$254.59
65815	T		Drainage of eye	0234	22.2939	$1,272.94	$511.31	$254.59
65820	T		Relieve inner eye pressure	0232	6.9534	$397.03	$103.17	$79.41
65850	T		Incision of eye	0234	22.2939	$1,272.94	$511.31	$254.59
65855	T		Laser surgery of eye	0247	5.1315	$293.00	$104.31	$58.60
65860	T		Incise inner eye adhesions	0247	5.1315	$293.00	$104.31	$58.60
65865	T		Incise inner eye adhesions	0233	14.8258	$846.52	$266.33	$169.30
65870	T		Incise inner eye adhesions	0234	22.2939	$1,272.94	$511.31	$254.59
65875	T		Incise inner eye adhesions	0234	22.2939	$1,272.94	$511.31	$254.59
65880	T		Incise inner eye adhesions	0233	14.8258	$846.52	$266.33	$169.30
65900	T		Remove eye lesion	0233	14.8258	$846.52	$266.33	$169.30
65920	T		Remove implant of eye	0234	22.2939	$1,272.94	$511.31	$254.59
65930	T		Remove blood clot from eye	0234	22.2939	$1,272.94	$511.31	$254.59
66020	T		Injection treatment of eye	0233	14.8258	$846.52	$266.33	$169.30
66030	T		Injection treatment of eye	0232	6.9534	$397.03	$103.17	$79.41
66130	T		Remove eye lesion	0234	22.2939	$1,272.94	$511.31	$254.59
66150	T		Glaucoma surgery	0234	22.2939	$1,272.94	$511.31	$254.59
66155	T		Glaucoma surgery	0234	22.2939	$1,272.94	$511.31	$254.59
66160	T		Glaucoma surgery	0234	22.2939	$1,272.94	$511.31	$254.59
66165	T		Glaucoma surgery	0234	22.2939	$1,272.94	$511.31	$254.59
66170	T		Glaucoma surgery	0234	22.2939	$1,272.94	$511.31	$254.59
66172	T		Incision of eye	0673	29.0716	$1,659.93	$649.56	$331.99
66180	T		Implant eye shunt	0673	29.0716	$1,659.93	$649.56	$331.99
66185	T		Revise eye shunt	0673	29.0716	$1,659.93	$649.56	$331.99
66220	T		Repair eye lesion	0236	21.3988	$1,221.83		$244.37
66225	T		Repair/graft eye lesion	0673	29.0716	$1,659.93	$649.56	$331.99
66250	T		Follow-up surgery of eye	0233	14.8258	$846.52	$266.33	$169.30
66500	T		Incision of iris	0232	6.9534	$397.03	$103.17	$79.41
66505	T		Incision of iris	0232	6.9534	$397.03	$103.17	$79.41
66600	T		Remove iris and lesion	0234	22.2939	$1,272.94	$511.31	$254.59
66605	T		Removal of iris	0234	22.2939	$1,272.94	$511.31	$254.59
66625	T		Removal of iris	0232	6.9534	$397.03	$103.17	$79.41
66630	T		Removal of iris	0234	22 2939	$1,272.94	$511.31	$254.59
66635	T		Removal of iris	0234	22 2939	$1,272.94	$511.31	$254.59
66680	T		Repair iris & ciliary body	0234	22 2939	$1,272.94	$511.31	$254.59
66682	T		Repair iris & ciliary body	0234	22 2939	$1,272.94	$511.31	$254.59
66700	T		Destruction, ciliary body	0233	14 8258	$846.52	$266.33	$169.30
66710	T		Destruction, ciliary body	0233	14.8258	$846.52	$266.33	$169.30
66720	T		Destruction, ciliary body	0233	14.8258	$846.52	$266.33	$169.30
66740	T		Destruction, ciliary body	0234	22.2939	$1,272.94	$511.31	$254.59
66761	T		Revision of iris	0247	5.1315	$293.00	$104.31	$58.60
66762	T		Revision of iris	0247	5.1315	$293.00	$104.31	$58.60
66770	T		Removal of inner eye lesion	0247	5.1315	$293.00	$104.31	$58.60
66820	T		Incision, secondary cataract	0232	6.9534	$397.03	$103.17	$79.41
66821	T		After cataract laser surgery	0247	5.1315	$293.00	$104.31	$58.60
66825	T		Reposition intraocular lens	0234	22.2939	$1,272.94	$511.31	$254.59
66830	T		Removal of lens lesion	0232	6.9534	$397.03	$103.17	$79.41
66840	T		Removal of lens material	0245	14.0851	$804.23	$222.22	$160.85
66850	T		Removal of lens material	0249	28.4466	$1,624.24	$524.67	$324.85

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66852	T		Removal of lens material	0249	28 4466	$1,624.24	$524.67	$324.85
66920	T		Extraction of lens	0249	28 4466	$1,624.24	$524.67	$324.85
66930	T		Extraction of lens	0249	28.4466	$1,624.24	$524.67	$324.85
66940	T		Extraction of lens	0245	14.0851	$804.23	$222.22	$160.85
66982	T		Cataract surgery, complex	0246	23.4763	$1,340.45	$495.96	$268.09
66983	T		Cataract surg w/iol, 1 stage	0246	23.4763	$1,340.45	$495.96	$268.09
66984	T		Cataract surg w/iol, 1 stage	0246	23.4763	$1,340.45	$495.96	$268.09
66985	T		Insert lens prosthesis	0246	23.4763	$1,340.45	$495 96	$268.09
66986	T		Exchange lens prosthesis	0246	23.4763	$1,340.45	$495 96	$268.09
66990	N		Ophthalmic endoscope add-on					
66999	T		Eye surgery procedure	0232	6.9534	$397.03	$103.17	$79.41
67005	T		Partial removal of eye fluid	0237	34.7405	$1,983.61	$818.54	$396.72
67010	T		Partial removal of eye fluid	0237	34.7405	$1,983.61	$818.54	$396.72
67015	T		Release of eye fluid	0237	34.7405	$1,983.61	$818.54	$396.72
67025	T		Replace eye fluid	0236	21.3988	$1,221.83		$244.37
67027	T		Implant eye drug system	0237	34.7405	$1,983.61	$818.54	$396.72
67028	T		Injection eye drug	0235	5.1522	$294.18	$72.04	$58.84
67030	T		Incise inner eye strands	0236	21.3988	$1,221.83		$244.37
67031	T		Laser surgery, eye strands	0247	5.1315	$293.00	$104 31	$58.60
67036	T		Removal of inner eye fluid	0237	34.7405	$1,983.61	$818 54	$396.72
67038	T		Strip retinal membrane	0237	34.7405	$1,983.61	$818 54	$396.72
67039	T		Laser treatment of retina	0237	34.7405	$1,983.61	$818.54	$396.72
67040	T		Laser treatment of retina	0672	40.1207	$2,290.81	$988.43	$458.16
67101	T		Repair detached retina	0235	5 1522	$294.18	$72.04	$58.84
67105	T		Repair detached retina	0248	4 9612	$283.27	$95.08	$56.65
67107	T		Repair detached retina	0672	40.1207	$2,290.81	$988.43	$458.16
67108	T		Repair detached retina	0672	40.1207	$2,290.81	$988.43	$458.16
67110	T		Repair detached retina	0236	21.3988	$1,221.83		$244.37
67112	T		Rerepair detached retina	0672	40.1207	$2,290.81	$988.43	$458.16
67115	T		Release encircling material	0236	21.3988	$1,221.83		$244.37
67120	T		Remove eye implant material	0236	21.3988	$1,221.83		$244.37
67121	T		Remove eye implant material	0236	21.3988	$1,221.83		$244.37
67141	T		Treatment of retina	0235	5.1522	$294.18	$72.04	$58.84
67145	T		Treatment of retina	0248	4.9612	$283.27	$95.08	$56.65
67208	T		Treatment of retinal lesion	0235	5 1522	$294.18	$72.04	$58.84
67210	T		Treatment of retinal lesion	0248	4 9612	$283.27	$95.08	$56.65
67218	T		Treatment of retinal lesion	0236	21 3988	$1,221.83		$244.37
67220	T		Treatment of choroid lesion	0235	5 1522	$294.18	$72.04	$58.84
67221	T		Ocular photodynamic ther	0235	5 1522	$294.18	$72.04	$58.84
67225	T		Eye photodynamic ther add-on	0235	5.1522	$294.18	$72.04	$58.84
67227	T		Treatment of retinal lesion	0235	5.1522	$294.18	$72.04	$58.84
67228	T		Treatment of retinal lesion	0248	4.9612	$283.27	$95.08	$56.65
67250	T		Reinforce eye wall	0240	18.1670	$1,037.30	$315.31	$207.46
67255	T		Reinforce/graft eye wall	0237	34.7405	$1,983.61	$818.54	$396.72
67299	T		Eye surgery procedure	0235	5.1522	$294.18	$72.04	$58.84
67311	T		Revise eye muscle	0243	22.6568	$1,293.66	$431.39	$258.73
67312	T		Revise two eye muscles	0243	22.6568	$1,293.66	$431.39	$258.73
67314	T		Revise eye muscle	0243	22.6568	$1,293.66	$431.39	$258.73
67316	T		Revise two eye muscles	0243	22.6568	$1,293.66	$431.39	$258.73
67318	T		Revise eye muscle(s)	0243	22.6568	$1,293.66	$431.39	$258.73

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67320	T		Revise eye muscle(s) add-on	0243	22.6568	$1,293.66	$431.39	$258.73
67331	T		Eye surgery follow-up add-on	0243	22.6568	$1,293.66	$431.39	$258.73
67332	T		Rerevise eye muscles add-on	0243	22.6568	$1,293.66	$431.39	$258.73
67334	T		Revise eye muscle w/suture	0243	22.6568	$1,293.66	$431.39	$258.73
67335	T		Eye suture during surgery	0243	22.6568	$1,293.66	$431.39	$258.73
67340	T		Revise eye muscle add-on	0243	22.6568	$1,293.66	$431.39	$258.73
67343	T		Release eye tissue	0243	22.6568	$1,293.66	$431.39	$258.73
67345	T		Destroy nerve of eye muscle	0238	2.9161	$166.50		$33.30
67350	T		Biopsy eye muscle	0699	9.8497	$562.40		$112.48
67399	T		Eye muscle surgery procedure	0243	22.6568	$1,293.66	$431.39	$258.73
67400	T		Explore/biopsy eye socket	0241	23.7791	$1,357.74	$384.47	$271.55
67405	T		Explore/drain eye socket	0241	23.7791	$1,357.74	$384.47	$271.55
67412	T		Explore/treat eye socket	0241	23.7791	$1,357.74	$384.47	$271.55
67413	T		Explore/treat eye socket	0241	23.7791	$1,357.74	$384.47	$271.55
67414	T		Explr/decompress eye socket	0242	30.3970	$1,735.61	$597.36	$347.12
67415	T		Aspiration, orbital contents	0240	18.1670	$1,037.30	$315.31	$207.46
67420	T		Explore/treat eye socket	0242	30.3970	$1,735.61	$597.36	$347.12
67430	T		Explore/treat eye socket	0242	30.3970	$1,735.61	$597.36	$347.12
67440	T		Explore/drain eye socket	0242	30.3970	$1,735.61	$597.36	$347.12
67445	T		Explr/decompress eye socket	0242	30.3970	$1,735.61	$597.36	$347.12
67450	T		Explore/biopsy eye socket	0242	30.3970	$1,735.61	$597.36	$347.12
67500	S		Inject/treat eye socket	0231	2.0475	$116.91	$45.60	$23.38
67505	T		Inject/treat eye socket	0238	2.9161	$166.50		$33.30
67515	T		Inject/treat eye socket	0238	2.9161	$166.50		$33.30
67550	T		Insert eye socket implant	0242	30.3970	$1,735.61	$597 36	$347.12
67560	T		Revise eye socket implant	0241	23.7791	$1,357.74	$384 47	$271.55
67570	T		Decompress optic nerve	0242	30.3970	$1,735.61	$597 36	$347.12
67599	T		Orbit surgery procedure	0238	2.9161	$166.50		$33.30
67700	T		Drainage of eyelid abscess	0238	2.9161	$166.50		$33.30
67710	T		Incision of eyelid	0239	6.7303	$384.29		$76.86
67715	T		Incision of eyelid fold	0240	18.1670	$1,037.30	$315.31	$207.46
67800	T		Remove eyelid lesion	0238	2.9161	$166.50		$33.30
67801	T		Remove eyelid lesions	0239	6.7303	$384.29		$76.86
67805	T		Remove eyelid lesions	0238	2 9161	$166.50		$33.30
67808	T		Remove eyelid lesion(s)	0240	18 1670	$1,037.30	$315.31	$207.46
67810	T		Biopsy of eyelid	0238	2 9161	$166.50		$33.30
67820	S		Revise eyelashes	0698	1.4652	$83.66	$18.72	$16.73
67825	T		Revise eyelashes	0238	2.9161	$166.50		$33.30
67830	T		Revise eyelashes	0239	6 7303	$384.29		$76.86
67835	T		Revise eyelashes	0240	18.1670	$1,037.30	$315.31	$207.46
67840	T		Remove eyelid lesion	0239	6.7303	$384.29		$76.86
67850	T		Treat eyelid lesion	0239	6.7303	$384.29		$76.86
67875	T		Closure of eyelid by suture	0239	6.7303	$384.29		$76.86
67880	T		Revision of eyelid	0233	14.8258	$846.52	$266.33	$169.30
67882	T		Revision of eyelid	0240	18.1670	$1,037.30	$315.31	$207.46
67900	T		Repair brow defect	0240	18.1670	$1,037.30	$315.31	$207.46
67901	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67902	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67903	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67904	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46

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67906	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67908	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67909	T		Revise eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67911	T		Revise eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67912	T		Correction eyelid w/ implant	0239	6.7303	$384.29		$76.86
67914	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67915	T		Repair eyelid defect	0239	6.7303	$384.29		$76.86
67916	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67917	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67921	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67922	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67923	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67924	T		Repair eyelid defect	0240	18.1670	$1,037.30	$315.31	$207.46
67930	T		Repair eyelid wound	0240	18.1670	$1,037.30	$315.31	$207.46
67935	T		Repair eyelid wound	0240	18.1670	$1,037.30	$315.31	$207.46
67938	S		Remove eyelid foreign body	0698	1.4652	$83.66	$18.72	$16.73
67950	T		Revision of eyelid	0240	18.1670	$1,037.30	$315.31	$207.46
67961	T		Revision of eyelid	0240	18.1670	$1,037.30	$315.31	$207.46
67966	T		Revision of eyelid	0240	18.1670	$1,037.30	$315.31	$207.46
67971	T		Reconstruction of eyelid	0241	23.7791	$1,357.74	$384.47	$271.55
67973	T		Reconstruction of eyelid	0241	23.7791	$1,357.74	$384 47	$271.55
67974	T		Reconstruction of eyelid	0241	23.7791	$1,357.74	$384 47	$271.55
67975	T		Reconstruction of eyelid	0240	18.1670	$1,037.30	$315 31	$207.46
67999	T		Revision of eyelid	0238	2.9161	$166.50		$33.30
68020	T		Incise/drain eyelid lining	0240	18.1670	$1,037.30	$315.31	$207.46
68040	S		Treatment of eyelid lesions	0698	1.4652	$83.66	$18.72	$16.73
68100	T		Biopsy of eyelid lining	0232	6.9534	$397.03	$103.17	$79.41
68110	T		Remove eyelid lining lesion	0699	9.8497	$562.40		$112.48
68115	T		Remove eyelid lining lesion	0240	18.1670	$1,037.30	$315.31	$207.46
68130	T		Remove eyelid lining lesion	0233	14.8258	$846.52	$266.33	$169.30
68135	T		Remove eyelid lining lesion	0239	6.7303	$384.29		$76.86
68200	S		Treat eyelid by injection	0230	0.8036	$45.88	$14.97	$9.18
68320	T		Revise/graft eyelid lining	0240	18.1670	$1,037.30	$315.31	$207.46
68325	T		Revise/graft eyelid lining	0242	30.3970	$1,735.61	$597 36	$347.12
68326	T		Revise/graft eyelid lining	0241	23 7791	$1,357.74	$384 47	$271.55
68328	T		Revise/graft eyelid lining	0241	23 7791	$1,357.74	$384 47	$271.55
68330	T		Revise eyelid lining	0234	22 2939	$1,272.94	$511.31	$254.59
68335	T		Revise/graft eyelid lining	0241	23 7791	$1,357.74	$384.47	$271.55
68340	T		Separate eyelid adhesions	0240	18 1670	$1,037.30	$315.31	$207.46
68360	T		Revise eyelid lining	0234	22.2939	$1,272.94	$511.31	$254.59
68362	T		Revise eyelid lining	0234	22.2939	$1,272.94	$511.31	$254.59
68371	T		Harvest eye tissue, alograft	0233	14.8258	$846.52	$266.33	$169.30
68399	T		Eyelid lining surgery	0238	2.9161	$166.50		$33.30
68400	T		Incise/drain tear gland	0238	2.9161	$166.50		$33.30
68420	T		Incise/drain tear sac	0240	18.1670	$1,037.30	$315.31	$207.46
68440	T		Incise tear duct opening	0238	2.9161	$166.50		$33.30
68500	T		Removal of tear gland	0241	23.7791	$1,357.74	$384.47	$271.55
68505	T		Partial removal, tear gland	0241	23.7791	$1,357.74	$384.47	$271.55
68510	T		Biopsy of tear gland	0240	18.1670	$1,037.30	$315.31	$207.46
68520	T		Removal of tear sac	0241	23.7791	$1,357.74	$384.47	$271.55

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68525	T		Biopsy of tear sac	0240	18.1670	$1,037.30	$315.31	$207.46
68530	T		Clearance of tear duct	0240	18.1670	$1,037.30	$315.31	$207.46
68540	T		Remove tear gland lesion	0241	23.7791	$1,357.74	$384.47	$271.55
68550	T		Remove tear gland lesion	0242	30.3970	$1,735.61	$597.36	$347.12
68700	T		Repair tear ducts	0241	23.7791	$1,357.74	$384.47	$271.55
68705	T		Revise tear duct opening	0238	2.9161	$166.50		$33.30
68720	T		Create tear sac drain	0242	30.3970	$1,735.61	$597.36	$347.12
68745	T		Create tear duct drain	0241	23.7791	$1,357.74	$384.47	$271.55
68750	T		Create tear duct drain	0242	30.3970	$1,735.61	$597.36	$347.12
68760	S		Close tear duct opening	0698	1.4652	$83.66	$18.72	$16.73
68761	S		Close tear duct opening	0231	2.0475	$116.91	$45.60	$23.38
68770	T		Close tear system fistula	0240	18.1670	$1,037.30	$315.31	$207.46
68801	S		Dilate tear duct opening	0698	1.4652	$83.66	$18.72	$16.73
68810	T		Probe nasolacrimal duct	0699	9.8497	$562.40		$112.48
68811	T		Probe nasolacrimal duct	0240	18.1670	$1,037.30	$315.31	$207.46
68815	T		Probe nasolacrimal duct	0240	18.1670	$1,037.30	$315.31	$207.46
68840	S		Explore/irrigate tear ducts	0231	2.0475	$116.91	$45.60	$23.38
68850	N		Injection for tear sac x-ray					
68899	S		Tear duct system surgery	0230	0.8036	$45.88	$14.97	$9.18
69000	T		Drain external ear lesion	0006	1.6969	$96.89	$23.26	$19.38
69005	T		Drain external ear lesion	0007	12.5436	$716.21		$143.24
69020	T		Drain outer ear canal lesion	0006	1.6969	$96.89	$23.26	$19.38
69090	E		Pierce earlobes					
69100	T		Biopsy of external ear	0019	4.2663	$243.60	$71.87	$48.72
69105	T		Biopsy of external ear canal	0253	15.9924	$913.13	$282.29	$182.63
69110	T		Remove external ear, partial	0021	14.9964	$856.26	$219.48	$171.25
69120	T		Removal of external ear	0254	23.5464	$1,344.45	$321.35	$268.89
69140	T		Remove ear canal lesion(s)	0254	23.5464	$1,344.45	$321.35	$268.89
69145	T		Remove ear canal lesion(s)	0021	14.9964	$856.26	$219.48	$171.25
69150	T		Extensive ear canal surgery	0252	6.5732	$375.32	$113.41	$75.06
69155	C		Extensive ear/neck surgery					
69200	X		Clear outer ear canal	0340	0.6454	$36.85		$7.37
69205	T		Clear outer ear canal	0022	19.4617	$1,111.22	$354.45	$222.24
69210	X		Remove impacted ear wax	0340	0.6454	$36.85		$7.37
69220	T		Clean out mastoid cavity	0012	0.7559	$43.16	$11.18	$8.63
69222	T		Clean out mastoid cavity	0253	15.9924	$913.13	$282.29	$182.63
69300	T		Revise external ear	0254	23.5464	$1,344.45	$321.35	$268.89
69310	T		Rebuild outer ear canal	0256	37.1347	$2,120.32		$424.06
69320	T		Rebuild outer ear canal	0256	37.1347	$2,120.32		$424.06
69399	T		Outer ear surgery procedure	0251	1.9490	$111.28		$22.26
69400	T		Inflate middle ear canal	0251	1.9490	$111.28		$22.26
69401	T		Inflate middle ear canal	0251	1.9490	$111.28		$22.26
69405	T		Catheterize middle ear canal	0252	6.5732	$375.32	$113.41	$75.06
69410	T		Inset middle ear (baffle)	0251	1.9490	$111.28		$22.26
69420	T		Incision of eardrum	0252	6.5732	$375.32	$113.41	$75.06
69421	T		Incision of eardrum	0253	15.9924	$913.13	$282.29	$182.63
69424	T		Remove ventilating tube	0252	6.5732	$375.32	$113.41	$75.06
69433	T		Create eardrum opening	0252	6.5732	$375.32	$113.41	$75.06
69436	T		Create eardrum opening	0253	15.9924	$913.13	$282.29	$182.63
69440	T		Exploration of middle ear	0254	23.5464	$1,344.45	$321.35	$268.89

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69450	T		Eardrum revision	0256	37.1347	$2,120.32		$424.06
69501	T		Mastoidectomy	0256	37.1347	$2,120.32		$424.06
69502	T		Mastoidectomy	0254	23.5464	$1,344.45	$321.35	$268.89
69505	T		Remove mastoid structures	0256	37.1347	$2,120.32		$424.06
69511	T		Extensive mastoid surgery	0256	37.1347	$2,120.32		$424.06
69530	T		Extensive mastoid surgery	0256	37.1347	$2,120.32		$424.06
69535	C		Remove part of temporal bone					
69540	T		Remove ear lesion	0253	15.9924	$913.13	$282.29	$182.63
69550	T		Remove ear lesion	0256	37.1347	$2,120.32		$424.06
69552	T		Remove ear lesion	0256	37.1347	$2,120.32		$424.06
69554	C		Remove ear lesion					
69601	T		Mastoid surgery revision	0256	37.1347	$2,120.32		$424.06
69602	T		Mastoid surgery revision	0256	37.1347	$2,120.32		$424.06
69603	T		Mastoid surgery revision	0256	37.1347	$2,120.32		$424.06
69604	T		Mastoid surgery revision	0256	37.1347	$2,120.32		$424.06
69605	T		Mastoid surgery revision	0256	37.1347	$2,120.32		$424.06
69610	T		Repair of eardrum	0254	23.5464	$1,344.45	$321.35	$268.89
69620	T		Repair of eardrum	0254	23.5464	$1,344.45	$321.35	$268.89
69631	T		Repair eardrum structures	0256	37.1347	$2,120.32		$424.06
69632	T		Rebuild eardrum structures	0256	37.1347	$2,120.32		$424.06
69633	T		Rebuild eardrum structures	0256	37.1347	$2,120.32		$424.06
69635	T		Repair eardrum structures	0256	37.1347	$2,120.32		$424.06
69636	T		Rebuild eardrum structures	0256	37.1347	$2,120.32		$424.06
69637	T		Rebuild eardrum structures	0256	37.1347	$2,120.32		$424.06
69641	T		Revise middle ear & mastoid	0256	37.1347	$2,120.32		$424.06
69642	T		Revise middle ear & mastoid	0256	37.1347	$2,120.32		$424.06
69643	T		Revise middle ear & mastoid	0256	37.1347	$2,120.32		$424.06
69644	T		Revise middle ear & mastoid	0256	37.1347	$2,120.32		$424.06
69645	T		Revise middle ear & mastoid	0256	37.1347	$2,120.32		$424.06
69646	T		Revise middle ear & mastoid	0256	37.1347	$2,120.32		$424.06
69650	T		Release middle ear bone	0254	23.5464	$1,344.45	$321.35	$268.89
69660	T		Revise middle ear bone	0256	37.1347	$2,120.32		$424.06
69661	T		Revise middle ear bone	0256	37.1347	$2,120.32		$424.06
69662	T		Revise middle ear bone	0256	37.1347	$2,120.32		$424.06
69666	T		Repair middle ear structures	0256	37.1347	$2,120.32		$424.06
69667	T		Repair middle ear structures	0256	37.1347	$2,120.32		$424.06
69670	T		Remove mastoid air cells	0256	37.1347	$2,120.32		$424.06
69676	T		Remove middle ear nerve	0256	37.1347	$2,120.32		$424.06
69700	T		Close mastoid fistula	0256	37.1347	$2,120.32		$424.06
69710	E		Implant/replace hearing aid					
69711	T		Remove/repair hearing aid	0256	37.1347	$2,120.32		$424.06
69714	T		Implant temple bone w/stimul	0256	37.1347	$2,120.32		$424.06
69715	T		Temple bne implnt w/stimulat	0256	37.1347	$2,120.32		$424.06
69717	T		Temple bone implant revision	0256	37.1347	$2,120.32		$424.06
69718	T		Revise temple bone implant	0256	37.1347	$2,120.32		$424.06
69720	T		Release facial nerve	0256	37.1347	$2,120.32		$424.06
69725	T		Release facial nerve	0256	37.1347	$2,120.32		$424.06
69740	T		Repair facial nerve	0256	37.1347	$2,120.32		$424.06
69745	T		Repair facial nerve	0256	37.1347	$2,120.32		$424.06
69799	T		Middle ear surgery procedure	0251	1.9490	$111.28		$22.26

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69801	T		Incise inner ear	0256	37.1347	$2,120.32		$424.06
69802	T		Incise inner ear	0256	37.1347	$2,120.32		$424.06
69805	T		Explore inner ear	0256	37.1347	$2,120.32		$424.06
69806	T		Explore inner ear	0256	37.1347	$2,120.32		$424.06
69820	T		Establish inner ear window	0256	37.1347	$2,120.32		$424.06
69840	T		Revise inner ear window	0256	37.1347	$2,120.32		$424.06
69905	T		Remove inner ear	0256	37.1347	$2,120.32		$424.06
69910	T		Remove inner ear & mastoid	0256	37.1347	$2,120.32		$424.06
69915	T		Incise inner ear nerve	0256	37.1347	$2,120.32		$424.06
69930	T		Implant cochlear device	0259	414.8416	$23,686.60	$9,394.83	$4,737.33
69949	T		Inner ear surgery procedure	0251	1.9490	$111.28		$22.26
69950	C		Incise inner ear nerve					
69955	T		Release facial nerve	0256	37.1347	$2,120.32		$424.06
69960	T		Release inner ear canal	0256	37.1347	$2,120.32		$424.06
69970	C		Remove inner ear lesion					
69979	T		Temporal bone surgery	0251	1.9490	$111.28		$22.26
69990	N		Microsurgery add-on					
70010	S		Contrast x-ray of brain	0274	3.3577	$191.72	$86.27	$38.34
70015	S		Contrast x-ray of brain	0274	3.3577	$191.72	$86.27	$38.34
70030	X		X-ray eye for foreign body	0260	0.7772	$44.38	$19.97	$8.88
70100	X		X-ray exam of jaw	0260	0.7772	$44.38	$19.97	$8.88
70110	X		X-ray exam of jaw	0260	0.7772	$44.38	$19.97	$8.88
70120	X		X-ray exam of mastoids	0260	0.7772	$44.38	$19.97	$8.88
70130	X		X-ray exam of mastoids	0260	0.7772	$44.38	$19.97	$8.88
70134	X		X-ray exam of middle ear	0261	1.3469	$76.91		$15.38
70140	X		X-ray exam of facial bones	0260	0.7772	$44.38	$19.97	$8.88
70150	X		X-ray exam of facial bones	0260	0.7772	$44.38	$19.97	$8.88
70160	X		X-ray exam of nasal bones	0260	0.7772	$44.38	$19.97	$8.88
70170	X		X-ray exam of tear duct	0264	3.4100	$194.70	$79.41	$38.94
70190	X		X-ray exam of eye sockets	0260	0.7772	$44.38	$19.97	$8.88
70200	X		X-ray exam of eye sockets	0260	0.7772	$44.38	$19.97	$8.88
70210	X		X-ray exam of sinuses	0260	0.7772	$44.38	$19.97	$8.88
70220	X		X-ray exam of sinuses	0260	0.7772	$44.38	$19.97	$8.88
70240	X		X-ray exam, pituitary saddle	0260	0.7772	$44.38	$19.97	$8.88
70250	X		X-ray exam of skull	0260	0.7772	$44.38	$19.97	$8.88
70260	X		X-ray exam of skull	0261	1.3469	$76.91		$15.38
70300	X		X-ray exam of teeth	0262	1.5454	$88.24		$17.65
70310	X		X-ray exam of teeth	0262	1.5454	$88.24		$17.65
70320	X		Full mouth x-ray of teeth	0262	1.5454	$88.24		$17.65
70328	X		X-ray exam of jaw joint	0260	0.7772	$44.38	$19.97	$8.88
70330	X		X-ray exam of jaw joints	0260	0.7772	$44.38	$19.97	$8.88
70332	S		X-ray exam of jaw joint	0275	3.5532	$202.88	$69.09	$40.58
70336	S		Magnetic image, jaw joint	0335	6.1474	$351.00	$151.46	$70.20
70350	X		X-ray head for orthodontia	0260	0.7772	$44.38	$19.97	$8.88
70355	X		Panoramic x-ray of jaws	0260	0.7772	$44.38	$19.97	$8.88
70360	X		X-ray exam of neck	0260	0.7772	$44.38	$19.97	$8.88
70370	X		Throat x-ray & fluoroscopy	0272	1.3987	$79.86	$35.93	$15.97
70371	X		Speech evaluation, complex	0272	1.3987	$79.86	$35.93	$15.97
70373	X		Contrast x-ray of larynx	0263	1.8603	$106.22	$38.77	$21.24
70380	X		X-ray exam of salivary gland	0260	0.7772	$44.38	$19.97	$8.88

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70390	X		X-ray exam of salivary duct	0263	1.8603	$106.22	$38.77	$21.24
70450	S		Ct head/brain w/o dye	0332	3.4158	$195.04	$87.76	$39.01
70460	S		Ct head/brain w/dye	0283	4.7898	$273.49	$123.07	$54.70
70470	S		Ct head/brain w/o & w/ dye	0333	5.6606	$323.21	$145.44	$64.64
70480	S		Ct orbit/ear/fossa w/o dye	0332	3.4158	$195.04	$87.76	$39.01
70481	S		Ct orbit/ear/fossa w/dye	0283	4.7898	$273.49	$123.07	$54.70
70482	S		Ct orbit/ear/fossa w/o&w dye	0333	5.6606	$323.21	$145.44	$64.64
70486	S		Ct maxillofacial w/o dye	0332	3.4158	$195.04	$87.76	$39.01
70487	S		Ct maxillofacial w/dye	0283	4.7898	$273.49	$123.07	$54.70
70488	S		Ct maxillofacial w/o & w dye	0333	5.6606	$323.21	$145.44	$64.64
70490	S		Ct soft tissue neck w/o dye	0332	3.4158	$195.04	$87.76	$39.01
70491	S		Ct soft tissue neck w/dye	0283	4.7898	$273.49	$123.07	$54.70
70492	S		Ct sft tsue nck w/o & w/dye	0333	5.6606	$323.21	$145.44	$64.64
70496	S		Ct angiography, head	0662	5.6149	$320.60	$144.26	$64.12
70498	S		Ct angiography, neck	0662	5.6149	$320.60	$144.26	$64.12
70540	S		Mri orbit/face/neck w/o dye	0336	6.3742	$363.95	$163.77	$72.79
70542	S		Mri orbit/face/neck w/dye	0284	6.8635	$391.89	$176.35	$78.38
70543	S		Mri orbt/fac/nck w/o & w dye	0337	9.2199	$526.44	$236.89	$105.29
70544	S		Mr angiography head w/o dye	0336	6.3742	$363.95	$163.77	$72.79
70545	S		Mr angiography head w/dye	0284	6.8635	$391.89	$176.35	$78.38
70546	S		Mr angiograph head w/o&w dye	0337	9.2199	$526.44	$236.89	$105.29
70547	S		Mr angiography neck w/o dye	0336	6.3742	$363.95	$163.77	$72.79
70548	S		Mr angiography neck w/dye	0284	6.8635	$391.89	$176.35	$78.38
70549	S		Mr angiograph neck w/o&w dye	0337	9.2199	$526.44	$236.89	$105.29
70551	S		Mri brain w/o dye	0336	6.3742	$363.95	$163.77	$72.79
70552	S		Mri brain w/ dye	0284	6.8635	$391.89	$176.35	$78.38
70553	S		Mri brain w/o & w/ dye	0337	9.2199	$526.44	$236.89	$105.29
70557	S		Mri brain w/o dye	0336	6.3742	$363.95	$163.77	$72.79
70558	S		Mri brain w/ dye	0284	6.8635	$391.89	$176.35	$78.38
70559	S		Mri brain w/o & w/ dye	0337	9.2199	$526.44	$236.89	$105.29
71010	X		Chest x-ray	0260	0.7772	$44.38	$19.97	$8.88
71015	X		Chest x-ray	0260	0.7772	$44.38	$19.97	$8.88
71020	X		Chest x-ray	0260	0.7772	$44.38	$19.97	$8.88
71021	X		Chest x-ray	0260	0.7772	$44.38	$19.97	$8.88
71022	X		Chest x-ray	0260	0.7772	$44.38	$19.97	$8.88
71023	X		Chest x-ray and fluoroscopy	0272	1.3987	$79.86	$35.93	$15.97
71030	X		Chest x-ray	0260	0.7772	$44.38	$19.97	$8.88
71034	X		Chest x-ray and fluoroscopy	0272	1.3987	$79.86	$35.93	$15.97
71035	X		Chest x-ray	0260	0.7772	$44.38	$19.97	$8.88
71040	X		Contrast x-ray of bronchi	0263	1.8603	$106.22	$38.77	$21.24
71060	X		Contrast x-ray of bronchi	0263	1.8603	$106.22	$38.77	$21.24
71090	X		X-ray & pacemaker insertion	0272	1.3987	$79.86	$35.93	$15.97
71100	X		X-ray exam of ribs	0260	0.7772	$44.38	$19.97	$8.88
71101	X		X-ray exam of ribs/chest	0260	0.7772	$44.38	$19.97	$8.88
71110	X		X-ray exam of ribs	0260	0.7772	$44.38	$19.97	$8.88
71111	X		X-ray exam of ribs/ chest	0261	1.3469	$76.91		$15.38
71120	X		X-ray exam of breastbone	0260	0.7772	$44.38	$19.97	$8.88
71130	X		X-ray exam of breastbone	0260	0.7772	$44.38	$19.97	$8.88
71250	S		Ct thorax w/o dye	0332	3.4158	$195.04	$87.76	$39.01
71260	S		Ct thorax w/dye	0283	4.7898	$273.49	$123.07	$54.70

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71270	S		Ct thorax w/o & w/ dye	0333	5.6606	$323.21	$145.44	$64.64
71275	S		Ct angiography, chest	0662	5.6149	$320.60	$144.26	$64.12
71550	S		Mri chest w/o dye	0336	6.3742	$363.95	$163.77	$72.79
71551	S		Mri chest w/dye	0284	6.8635	$391.89	$176.35	$78.38
71552	S		Mri chest w/o & w/dye	0337	9.2199	$526.44	$236.89	$105.29
71555	B		Mri angio chest w or w/o dye					
72010	X		X-ray exam of spine	0261	1.3469	$76.91		$15.38
72020	X		X-ray exam of spine	0260	0.7772	$44.38	$19.97	$8.88
72040	X		X-ray exam of neck spine	0260	0.7772	$44.38	$19.97	$8.88
72050	X		X-ray exam of neck spine	0261	1.3469	$76.91		$15.38
72052	X		X-ray exam of neck spine	0261	1.3469	$76.91		$15.38
72069	X		X-ray exam of trunk spine	0260	0.7772	$44.38	$19.97	$8.88
72070	X		X-ray exam of thoracic spine	0260	0.7772	$44.38	$19.97	$8.88
72072	X		X-ray exam of thoracic spine	0260	0.7772	$44.38	$19.97	$8.88
72074	X		X-ray exam of thoracic spine	0260	0.7772	$44.38	$19.97	$8.88
72080	X		X-ray exam of trunk spine	0260	0.7772	$44.38	$19.97	$8.88
72090	X		X-ray exam of trunk spine	0261	1.3469	$76.91		$15.38
72100	X		X-ray exam of lower spine	0260	0.7772	$44.38	$19.97	$8.88
72110	X		X-ray exam of lower spine	0261	1.3469	$76.91		$15.38
72114	X		X-ray exam of lower spine	0261	1.3469	$76.91		$15.38
72120	X		X-ray exam of lower spine	0260	0.7772	$44.38	$19.97	$8.88
72125	S		Ct neck spine w/o dye	0332	3.4158	$195.04	$87.76	$39.01
72126	S		Ct neck spine w/dye	0283	4.7898	$273.49	$123.07	$54.70
72127	S		Ct neck spine w/o & w/dye	0333	5.6606	$323.21	$145.44	$64.64
72128	S		Ct chest spine w/o dye	0332	3.4158	$195.04	$87.76	$39.01
72129	S		Ct chest spine w/dye	0283	4.7898	$273.49	$123.07	$54.70
72130	S		Ct chest spine w/o & w/dye	0333	5.6606	$323.21	$145.44	$64.64
72131	S		Ct lumbar spine w/o dye	0332	3.4158	$195.04	$87.76	$39.01
72132	S		Ct lumbar spine w/dye	0283	4.7898	$273.49	$123.07	$54.70
72133	S		Ct lumbar spine w/o & w/dye	0333	5.6606	$323.21	$145.44	$64.64
72141	S		Mri neck spine w/o dye	0336	6.3742	$363.95	$163.77	$72.79
72142	S		Mri neck spine w/dye	0284	6.8635	$391.89	$176.35	$78.38
72146	S		Mri chest spine w/o dye	0336	6.3742	$363.95	$163.77	$72.79
72147	S		Mri chest spine w/dye	0284	6 8635	$391.89	$176.35	$78.38
72148	S		Mri lumbar spine w/o dye	0336	6 3742	$363.95	$163.77	$72.79
72149	S		Mri lumbar spine w/dye	0284	6 8635	$391.89	$176.35	$78.38
72156	S		Mri neck spine w/o & w/dye	0337	9 2199	$526.44	$236 89	$105.29
72157	S		Mri chest spine w/o & w/dye	0337	9 2199	$526.44	$236 89	$105.29
72158	S		Mri lumbar spine w/o & w/dye	0337	9.2199	$526.44	$236.89	$105.29
72159	E		Mr angio spine w/o&w/dye					
72170	X		X-ray exam of pelvis	0260	0.7772	$44.38	$19.97	$8.88
72190	X		X-ray exam of pelvis	0260	0.7772	$44.38	$19.97	$8.88
72191	S		Ct angiograph pelv w/o&w/dye	0662	5.6149	$320.60	$144.26	$64.12
72192	S		Ct pelvis w/o dye	0332	3.4158	$195.04	$87.76	$39.01
72193	S		Ct pelvis w/dye	0283	4.7898	$273.49	$123.07	$54.70
72194	S		Ct pelvis w/o & w/dye	0333	5.6606	$323.21	$145.44	$64.64
72195	S		Mri pelvis w/o dye	0336	6.3742	$363 95	$163.77	$72.79
72196	S		Mri pelvis w/dye	0284	6.8635	$391 89	$176.35	$78.38
72197	S		Mri pelvis w/o & w/dye	0337	9.2199	$526.44	$236.89	$105.29
72198	B		Mr angio pelvis w/o & w/dye					

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72200	X		X-ray exam sacroiliac joints	0260	0.7772	$44.38	$19.97	$8.88
72202	X		X-ray exam sacroiliac joints	0260	0.7772	$44.38	$19.97	$8.88
72220	X		X-ray exam of tailbone	0260	0.7772	$44.38	$19.97	$8.88
72240	S		Contrast x-ray of neck spine	0274	3.3577	$191.72	$86.27	$38.34
72255	S		Contrast x-ray, thorax spine	0274	3.3577	$191.72	$86.27	$38.34
72265	S		Contrast x-ray, lower spine	0274	3.3577	$191.72	$86.27	$38.34
72270	S		Contrast x-ray, spine	0274	3.3577	$191.72	$86.27	$38.34
72275	S		Epidurography	0274	3.3577	$191.72	$86.27	$38.34
72285	S		X-ray c/t spine disk	0388	11.8142	$674.57	$303.19	$134.91
72295	S		X-ray of lower spine disk	0388	11.8142	$674.57	$303.19	$134.91
73000	X		X-ray exam of collar bone	0260	0.7772	$44.38	$19.97	$8.88
73010	X		X-ray exam of shoulder blade	0260	0.7772	$44.38	$19.97	$8.88
73020	X		X-ray exam of shoulder	0260	0.7772	$44.38	$19.97	$8.88
73030	X		X-ray exam of shoulder	0260	0.7772	$44.38	$19.97	$8.88
73040	S		Contrast x-ray of shoulder	0275	3.5532	$202.88	$69.09	$40.58
73050	X		X-ray exam of shoulders	0260	0.7772	$44.38	$19.97	$8.88
73060	X		X-ray exam of humerus	0260	0.7772	$44.38	$19.97	$8.88
73070	X		X-ray exam of elbow	0260	0.7772	$44.38	$19.97	$8.88
73080	X		X-ray exam of elbow	0260	0.7772	$44.38	$19.97	$8.88
73085	S		Contrast x-ray of elbow	0275	3.5532	$202.88	$69.09	$40.58
73090	X		X-ray exam of forearm	0260	0.7772	$44.38	$19.97	$8.88
73092	X		X-ray exam of arm, infant	0260	0.7772	$44.38	$19.97	$8.88
73100	X		X-ray exam of wrist	0260	0.7772	$44.38	$19.97	$8.88
73110	X		X-ray exam of wrist	0260	0.7772	$44.38	$19.97	$8.88
73115	S		Contrast x-ray of wrist	0275	3.5532	$202.88	$69.09	$40.58
73120	X		X-ray exam of hand	0260	0.7772	$44.38	$19.97	$8.88
73130	X		X-ray exam of hand	0260	0.7772	$44.38	$19.97	$8.88
73140	X		X-ray exam of finger(s)	0260	0.7772	$44.38	$19.97	$8.88
73200	S		Ct upper extremity w/o dye	0332	3.4158	$195.04	$87.76	$39.01
73201	S		Ct upper extremity w/dye	0283	4.7898	$273.49	$123.07	$54.70
73202	S		Ct uppr extremity w/o&w/dye	0333	5.6606	$323.21	$145.44	$64.64
73206	S		Ct angio upr extrm w/o&w/dye	0662	5.6149	$320.60	$144.26	$64.12
73218	S		Mri upper extremity w/o dye	0336	6.3742	$363.95	$163.77	$72.79
73219	S		Mri upper extremity w/dye	0284	6.8635	$391.89	$176.35	$78.38
73220	S		Mri uppr extremity w/o&w/dye	0337	9.2199	$526.44	$236.89	$105.29
73221	S		Mri joint upr extrem w/o dye	0336	6.3742	$363.95	$163.77	$72.79
73222	S		Mri joint upr extrem w/dye	0284	6.8635	$391.89	$176.35	$78.38
73223	S		Mri joint upr extr w/o&w/dye	0337	9.2199	$526.44	$236.89	$105.29
73225	E		Mr angio upr extr w/o&w/dye					
73500	X		X-ray exam of hip	0260	0.7772	$44.38	$19.97	$8.88
73510	X		X-ray exam of hip	0260	0.7772	$44.38	$19.97	$8.88
73520	X		X-ray exam of hips	0260	0.7772	$44.38	$19.97	$8.88
73525	S		Contrast x-ray of hip	0275	3.5532	$202.88	$69.09	$40.58
73530	X		X-ray exam of hip	0261	1.3469	$76.91		$15.38
73540	X		X-ray exam of pelvis & hips	0260	0.7772	$44.38	$19.97	$8.88
73542	S		X-ray exam, sacroiliac joint	0275	3.5532	$202.88	$69.09	$40.58
73550	X		X-ray exam of thigh	0260	0.7772	$44.38	$19.97	$8.88
73560	X		X-ray exam of knee, 1 or 2	0260	0.7772	$44.38	$19.97	$8.88
73562	X		X-ray exam of knee, 3	0260	0.7772	$44.38	$19.97	$8.88
73564	X		X-ray exam, knee, 4 or more	0260	0.7772	$44.38	$19.97	$8.88

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73565	X		X-ray exam of knees	0260	0.7772	$44.38	$19.97	$8.88
73580	S		Contrast x-ray of knee joint	0275	3.5532	$202.88	$69.09	$40 58
73590	X		X-ray exam of lower leg	0260	0.7772	$44.38	$19.97	$8 88
73592	X		X-ray exam of leg, infant	0260	0.7772	$44.38	$19.97	$8.88
73600	X		X-ray exam of ankle	0260	0.7772	$44.38	$19.97	$8.88
73610	X		X-ray exam of ankle	0260	0.7772	$44.38	$19.97	$8.88
73615	S		Contrast x-ray of ankle	0275	3.5532	$202.88	$69.09	$40.58
73620	X		X-ray exam of foot	0260	0.7772	$44.38	$19.97	$8.88
73630	X		X-ray exam of foot	0260	0.7772	$44.38	$19.97	$8.88
73650	X		X-ray exam of heel	0260	0.7772	$44.38	$19.97	$8.88
73660	X		X-ray exam of toe(s)	0260	0.7772	$44.38	$19.97	$8.88
73700	S		Ct lower extremity w/o dye	0332	3.4158	$195.04	$87.76	$39.01
73701	S		Ct lower extremity w/dye	0283	4.7898	$273.49	$123.07	$54.70
73702	S		Ct lwr extremity w/o&w/dye	0333	5.6606	$323.21	$145.44	$64.64
73706	S		Ct angio lwr extr w/o&w/dye	0662	5.6149	$320 60	$144.26	$64.12
73718	S		Mri lower extremity w/o dye	0336	6.3742	$363 95	$163.77	$72.79
73719	S		Mri lower extremity w/dye	0284	6.8635	$391 89	$176.35	$78.38
73720	S		Mri lwr extremity w/o&w/dye	0337	9.2199	$526.44	$236.89	$105.29
73721	S		Mri jnt of lwr extre w/o dye	0336	6.3742	$363.95	$163.77	$72.79
73722	S		Mri joint of lwr extr w/dye	0284	6.8635	$391.89	$176.35	$78.38
73723	S		Mri joint lwr extr w/o&w/dye	0337	9.2199	$526.44	$236.89	$105.29
73725	B		Mr ang lwr ext w or w/o dye					
74000	X		X-ray exam of abdomen	0260	0.7772	$44.38	$19.97	$8.88
74010	X		X-ray exam of abdomen	0260	0.7772	$44.38	$19.97	$8.88
74020	X		X-ray exam of abdomen	0260	0.7772	$44.38	$19.97	$8.88
74022	X		X-ray exam series, abdomen	0261	1.3469	$76.91		$15.38
74150	S		Ct abdomen w/o dye	0332	3.4158	$195.04	$87.76	$39.01
74160	S		Ct abdomen w/dye	0283	4.7898	$273.49	$123.07	$54.70
74170	S		Ct abdomen w/o &w /dye	0333	5.6606	$323.21	$145.44	$64.64
74175	S		Ct angio abdom w/o & w/dye	0662	5.6149	$320.60	$144.26	$64.12
74181	S		Mri abdomen w/o dye	0336	6.3742	$363.95	$163.77	$72.79
74182	S		Mri abdomen w/dye	0284	6.8635	$391.89	$176.35	$78.38
74183	S		Mri abdomen w/o & w/dye	0337	9.2199	$526.44	$236.89	$105.29
74185	B		Mri angio, abdom w orw/o dye					
74190	X		X-ray exam of peritoneum	0264	3 4100	$194.70	$79.41	$38.94
74210	S		Contrst x-ray exam of throat	0276	1 5930	$90.96	$40.93	$18.19
74220	S		Contrast x-ray, esophagus	0276	1.5930	$90.96	$40.93	$18.19
74230	S		Cine/vid x-ray, throat/esoph	0276	1.5930	$90.96	$40.93	$18.19
74235	S		Remove esophagus obstruction	0296	2.3571	$134.59	$59.61	$26.92
74240	S		X-ray exam, upper gi tract	0276	1 5930	$90.96	$40.93	$18.19
74241	S		X-ray exam, upper gi tract	0276	1 5930	$90.96	$40.93	$18.19
74245	S		X-ray exam, upper gi tract	0277	2.4600	$140.46	$60.47	$28.09
74246	S		Contrst x-ray uppr gi tract	0276	1.5930	$90.96	$40.93	$18.19
74247	S		Contrst x-ray uppr gi tract	0276	1.5930	$90.96	$40.93	$18.19
74249	S		Contrst x-ray uppr gi tract	0277	2.4600	$140.46	$60.47	$28.09
74250	S		X-ray exam of small bowel	0276	1.5930	$90.96	$40.93	$18.19
74251	S		X-ray exam of small bowel	0277	2.4600	$140.46	$60.47	$28.09
74260	S		X-ray exam of small bowel	0277	2.4600	$140.46	$60.47	$28.09
74270	S		Contrast x-ray exam of colon	0276	1.5930	$90.96	$40.93	$18.19
74280	S		Contrast x-ray exam of colon	0277	2.4600	$140.46	$60.47	$28.09

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74283	S		Contrast x-ray exam of colon	0276	1.5930	$90.96	$40.93	$18.19
74290	S		Contrast x-ray, gallbladder	0276	1.5930	$90.96	$40.93	$18.19
74291	S		Contrast x-rays, gallbladder	0276	1.5930	$90.96	$40.93	$18.19
74300	X		X-ray bile ducts/pancreas	0263	1.8603	$106.22	$38.77	$21.24
74301	X		X-rays at surgery add-on	0263	1.8603	$106.22	$38.77	$21.24
74305	X		X-ray bile ducts/pancreas	0263	1.8603	$106.22	$38.77	$21.24
74320	X		Contrast x-ray of bile ducts	0264	3.4100	$194.70	$79.41	$38.94
74327	S		X-ray bile stone removal	0296	2.3571	$134.59	$59.61	$26.92
74328	N		X-ray bile duct endoscopy					
74329	N		X-ray for pancreas endoscopy					
74330	N		X-ray bile/panc endoscopy					
74340	X		X-ray guide for GI tube	0272	1.3987	$79.86	$35.93	$15.97
74350	X		X-ray guide, stomach tube	0263	1.8603	$106.22	$38.77	$21.24
74355	X		X-ray guide, intestinal tube	0263	1.8603	$106.22	$38.77	$21.24
74360	S		X-ray guide, GI dilation	0296	2.3571	$134.59	$59.61	$26.92
74363	S		X-ray, bile duct dilation	0297	5.1442	$293.72	$120.38	$58.74
74400	S		Contrst x-ray, urinary tract	0278	2.8759	$164.21	$66.07	$32.84
74410	S		Contrst x-ray, urinary tract	0278	2.8759	$164.21	$66.07	$32.84
74415	S		Contrst x-ray, urinary tract	0278	2.8759	$164.21	$66.07	$32.84
74420	S		Contrst x-ray, urinary tract	0278	2.8759	$164.21	$66.07	$32.84
74425	S		Contrst x-ray, urinary tract	0278	2.8759	$164.21	$66.07	$32.84
74430	S		Contrast x-ray, bladder	0278	2.8759	$164.21	$66.07	$32.84
74440	S		X-ray, male genital tract	0278	2.8759	$164.21	$66.07	$32.84
74445	S		X-ray exam of penis	0278	2.8759	$164.21	$66.07	$32.84
74450	S		X-ray, urethra/bladder	0278	2.8759	$164.21	$66.07	$32.84
74455	S		X-ray, urethra/bladder	0278	2.8759	$164.21	$66.07	$32.84
74470	X		X-ray exam of kidney lesion	0263	1.8603	$106.22	$38.77	$21.24
74475	S		X-ray control, cath insert	0297	5.1442	$293.72	$120.38	$58.74
74480	S		X-ray control, cath insert	0296	2.3571	$134.59	$59.61	$26.92
74485	S		X-ray guide, GU dilation	0296	2.3571	$134.59	$59.61	$26.92
74710	X		X-ray measurement of pelvis	0260	0.7772	$44.38	$19.97	$8.88
74740	X		X-ray, female genital tract	0264	3.4100	$194.70	$79.41	$38.94
74742	X		X-ray, fallopian tube	0264	3.4100	$194.70	$79.41	$38.94
74775	S		X-ray exam of perineum	0278	2.8759	$164.21	$66.07	$32.84
75552	S		Heart mri for morph w/o dye	0336	6.3742	$363.95	$163.77	$72.79
75553	S		Heart mri for morph w/dye	0284	6.8635	$391.89	$176.35	$78.38
75554	S		Cardiac MRI/function	0335	6.1474	$351.00	$151.46	$70.20
75555	S		Cardiac MRI/limited study	0335	6.1474	$351.00	$151.46	$70.20
75556	E		Cardiac MRI/flow mapping					
75600	S		Contrast x-ray exam of aorta	0280	20.4714	$1,168.88	$353.85	$233.78
75605	S		Contrast x-ray exam of aorta	0280	20.4714	$1,168.88	$353.85	$233.78
75625	S		Contrast x-ray exam of aorta	0280	20.4714	$1,168.88	$353.85	$233.78
75630	S		X-ray aorta, leg arteries	0280	20.4714	$1,168.88	$353.85	$233.78
75635	S		Ct angio abdominal arteries	0662	5.6149	$320.60	$144.26	$64.12
75650	S		Artery x-rays, head & neck	0280	20.4714	$1,168.88	$353.85	$233.78
75658	S		Artery x-rays, arm	0279	9.0059	$514.22	$153.66	$102.84
75660	S		Artery x-rays, head & neck	0668	6.7393	$384.80	$114.99	$76.96
75662	S		Artery x-rays, head & neck	0280	20.4714	$1,168.88	$353.85	$233.78
75665	S		Artery x-rays, head & neck	0280	20.4714	$1,168.88	$353.85	$233.78
75671	S		Artery x-rays, head & neck	0280	20.4714	$1,168.88	$353.85	$233.78

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75676	S		Artery x-rays, neck	0280	20.4714	$1,168.88	$353.85	$233.78
75680	S		Artery x-rays, neck	0280	20.4714	$1,168.88	$353.85	$233.78
75685	S		Artery x-rays, spine	0280	20.4714	$1,168.88	$353.85	$233.78
75705	S		Artery x-rays, spine	0668	6.7393	$384.80	$114.99	$76.96
75710	S		Artery x-rays, arm/leg	0280	20.4714	$1,168.88	$353.85	$233.78
75716	S		Artery x-rays, arms/legs	0280	20.4714	$1,168.88	$353.85	$233.78
75722	S		Artery x-rays, kidney	0280	20.4714	$1,168.88	$353.85	$233.78
75724	S		Artery x-rays, kidneys	0280	20.4714	$1,168.88	$353.85	$233.78
75726	S		Artery x-rays, abdomen	0280	20.4714	$1,168.88	$353.85	$233.78
75731	S		Artery x-rays, adrenal gland	0280	20.4714	$1,168.88	$353.85	$233.78
75733	S		Artery x-rays, adrenals	0668	6.7393	$384.80	$114.99	$76.96
75736	S		Artery x-rays, pelvis	0280	20.4714	$1,168.88	$353.85	$233.78
75741	S		Artery x-rays, lung	0279	9.0059	$514.22	$153.66	$102.84
75743	S		Artery x-rays, lungs	0280	20.4714	$1,168.88	$353.85	$233.78
75746	S		Artery x-rays, lung	0279	9.0059	$514.22	$153.66	$102.84
75756	S		Artery x-rays, chest	0279	9.0059	$514.22	$153.66	$102.84
75774	S		Artery x-ray, each vessel	0279	9.0059	$514.22	$153.66	$102.84
75790	S		Visualize A-V shunt	0281	7.3009	$416.87	$115.16	$83.37
75801	X		Lymph vessel x-ray, arm/leg	0264	3.4100	$194.70	$79.41	$38.94
75803	X		Lymph vessel x-ray,arms/legs	0264	3.4100	$194.70	$79.41	$38.94
75805	X		Lymph vessel x-ray, trunk	0264	3.4100	$194.70	$79.41	$38.94
75807	X		Lymph vessel x-ray, trunk	0264	3.4100	$194.70	$79.41	$38.94
75809	X		Nonvascular shunt, x-ray	0263	1.8603	$106.22	$38.77	$21.24
75810	S		Vein x-ray, spleen/liver	0279	9.0059	$514.22	$153.66	$102.84
75820	S		Vein x-ray, arm/leg	0281	7.3009	$416.87	$115.16	$83.37
75822	S		Vein x-ray, arms/legs	0281	7.3009	$416.87	$115.16	$83.37
75825	S		Vein x-ray, trunk	0279	9.0059	$514.22	$153.66	$102.84
75827	S		Vein x-ray, chest	0279	9.0059	$514.22	$153.66	$102.84
75831	S		Vein x-ray, kidney	0287	8.4411	$481.97	$111.33	$96.39
75833	S		Vein x-ray, kidneys	0279	9.0059	$514.22	$153.66	$102.84
75840	S		Vein x-ray, adrenal gland	0287	8.4411	$481.97	$111.33	$96.39
75842	S		Vein x-ray, adrenal glands	0287	8.4411	$481.97	$111.33	$96.39
75860	S		Vein x-ray, neck	0287	8.4411	$481.97	$111.33	$96.39
75870	S		Vein x-ray, skull	0287	8.4411	$481.97	$111.33	$96.39
75872	S		Vein x-ray, skull	0287	8.4411	$481.97	$111.33	$96.39
75880	S		Vein x-ray, eye socket	0287	8.4411	$481.97	$111.33	$96.39
75885	S		Vein x-ray, liver	0280	20.4714	$1,168.88	$353.85	$233.78
75887	S		Vein x-ray, liver	0279	9.0059	$514.22	$153.66	$102.84
75889	S		Vein x-ray, liver	0280	20.4714	$1,168.88	$353.85	$233.78
75891	S		Vein x-ray, liver	0279	9.0059	$514.22	$153.66	$102.84
75893	N		Venous sampling by catheter					
75894	S		X-rays, transcath therapy	0297	5.1442	$293.72	$120.38	$58.74
75896	S		X-rays, transcath therapy	0297	5.1442	$293.72	$120.38	$58.74
75898	X		Follow-up angiography	0263	1.8603	$106.22	$38.77	$21.24
75900	C		Arterial catheter exchange					
75901	X		Remove cva device obstruct	0263	1.8603	$106.22	$38.77	$21.24
75902	X		Remove cva lumen obstruct	0263	1.8603	$106.22	$38.77	$21.24
75940	T		X-ray placement, vein filter	0187	3.8434	$219.45		$43.89
75945	S		Intravascular us	0267	2.4509	$139.94	$62.97	$27.99
75946	S		Intravascular us add-on	0267	2.4509	$139.94	$62.97	$27.99

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75952	C		Endovasc repair abdom aorta					
75953	C		Abdom aneurysm endovas rpr					
75954	C		Iliac aneurysm endovas rpr					
75960	S		Transcatheter intro, stent	0668	6.7393	$384.80	$114.99	$76.96
75961	S		Retrieval, broken catheter	0668	6.7393	$384.80	$114.99	$76.96
75962	S		Repair arterial blockage	0668	6.7393	$384.80	$114.99	$76.96
75964	S		Repair artery blockage, each	0668	6.7393	$384.80	$114.99	$76.96
75966	S		Repair arterial blockage	0668	6.7393	$384.80	$114.99	$76.96
75968	S		Repair artery blockage, each	0668	6.7393	$384.80	$114.99	$76.96
75970	S		Vascular biopsy	0668	6.7393	$384.80	$114.99	$76.96
75978	S		Repair venous blockage	0668	6.7393	$384.80	$114.99	$76.96
75980	S		Contrast xray exam bile duct	0297	5.1442	$293.72	$120.38	$58.74
75982	S		Contrast xray exam bile duct	0297	5.1442	$293.72	$120.38	$58.74
75984	X		Xray control catheter change	0263	1.8603	$106.22	$38.77	$21.24
75989	N		Abscess drainage under x-ray					
75992	S		Atherectomy, x-ray exam	0279	9.0059	$514.22	$153.66	$102.84
75993	S		Atherectomy, x-ray exam	0279	9.0059	$514.22	$153.66	$102.84
75994	S		Atherectomy, x-ray exam	0279	9.0059	$514.22	$153.66	$102.84
75995	S		Atherectomy, x-ray exam	0279	9.0059	$514.22	$153.66	$102.84
75996	S		Atherectomy, x-ray exam	0279	9.0059	$514.22	$153.66	$102.84
75998	N		Fluoroguide for vein device					
76000	X		Fluoroscope examination	0272	1.3987	$79.86	$35.93	$15.97
76001	N		Fluoroscope exam, extensive					
76003	N		Needle localization by x-ray					
76005	N		Fluoroguide for spine inject					
76006	X		X-ray stress view	0260	0.7772	$44.38	$19.97	$8.88
76010	X		X-ray, nose to rectum	0260	0.7772	$44.38	$19.97	$8.88
76012	S		Percut vertebroplasty fluor	0274	3.3577	$191.72	$86.27	$38.34
76013	S		Percut vertebroplasty, ct	0274	3.3577	$191.72	$86.27	$38.34
76020	X		X-rays for bone age	0260	0.7772	$44.38	$19.97	$8.88
76040	X		X-rays, bone evaluation	0260	0.7772	$44.38	$19.97	$8.88
76061	X		X-rays, bone survey	0261	1.3469	$76.91		$15.38
76062	X		X-rays, bone survey	0261	1.3469	$76.91		$15.38
76065	X		X-rays, bone evaluation	0261	1.3469	$76.91		$15.38
76066	X		Joint survey, single view	0260	0.7772	$44.38	$19.97	$8.88
76070	S		CT scan, bone density study	0288	1.2814	$73.17		$14.63
76071	S		Ct bone density, peripheral	0282	1.7163	$98.00	$44.10	$19.60
76075	S		Dexa, axial skeleton study	0288	1.2814	$73.17		$14.63
76076	S		Dexa, peripheral study	0665	0.7777	$44.41		$8.88
76078	X		Radiographic absorptiometry	0261	1.3469	$76.91		$15.38
76080	X		X-ray exam of fistula	0263	1.8603	$106.22	$38.77	$21.24
76082	A		Computer mammogram add-on					
76083	A		Computer mammogram add-on					
76086	X		X-ray of mammary duct	0263	1.8603	$106.22	$38.77	$21.24
76088	X		X-ray of mammary ducts	0263	1.8603	$106.22	$38.77	$21.24
76090	A		Mammogram, one breast					
76091	A		Mammogram, both breasts					
76092	A		Mammogram, screening					
76093	E		Magnetic image, breast					
76094	E		Magnetic image, both breasts					

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76095	T		Stereotactic breast biopsy	0187	3.8434	$219.45		$43.89
76096	X		X-ray of needle wire, breast	0289	1.5759	$89.98	$21.17	$18.00
76098	X		X-ray exam, breast specimen	0260	0.7772	$44.38	$19.97	$8.88
76100	X		X-ray exam of body section	0261	1.3469	$76.91		$15.38
76101	X		Complex body section x-ray	0263	1.8603	$106.22	$38.77	$21.24
76102	X		Complex body section x-rays	0264	3.4100	$194.70	$79.41	$38.94
76120	X		Cine/video x-rays	0272	1.3987	$79.86	$35.93	$15.97
76125	X		Cine/video x-rays add-on	0260	0.7772	$44.38	$19.97	$8.88
76140	E		X-ray consultation					
76150	X		X-ray exam, dry process	0260	0.7772	$44.38	$19.97	$8.88
76350	N		Special x-ray contrast study					
76355	S		Ct scan for localization	0283	4 7898	$273.49	$123.07	$54.70
76360	S		Ct scan for needle biopsy	0283	4 7898	$273.49	$123.07	$54.70
76362	S		Ct guide for tissue ablation	0332	3 4158	$195.04	$87.76	$39.01
76370	S		Ct scan for therapy guide	0282	1.7163	$98.00	$44.10	$19.60
76375	S		3d/holograph reconstr add-on	0282	1.7163	$98.00	$44.10	$19.60
76380	S		CAT scan follow-up study	0282	1.7163	$98.00	$44.10	$19.60
76390	E		Mr spectroscopy					
76393	S		Mr guidance for needle place	0335	6.1474	$351.00	$151.46	$70.20
76394	S		Mri for tissue ablation	0335	6.1474	$351.00	$151.46	$70.20
76400	S		Magnetic image, bone marrow	0335	6.1474	$351.00	$151.46	$70.20
76496	X		Fluoroscopic procedure	0272	1.3987	$79.86	$35.93	$15.97
76497	S		Ct procedure	0282	1.7163	$98.00	$44.10	$19.60
76498	S		Mri procedure	0335	6.1474	$351.00	$151.46	$70.20
76499	X		Radiographic procedure	0260	0.7772	$44.38	$19.97	$8.88
76506	S		Echo exam of head	0266	1.6405	$93.67	$42.15	$18.73
76511	S		Echo exam of eye	0266	1.6405	$93.67	$42.15	$18.73
76512	S		Echo exam of eye	0266	1.6405	$93.67	$42.15	$18.73
76513	S		Echo exam of eye, water bath	0265	1.0564	$60.32	$27.14	$12.06
76514	X		Echo exam of eye, thickness	0340	0.6454	$36.85		$7.37
76516	S		Echo exam of eye	0266	1.6405	$93.67	$42.15	$18.73
76519	S		Echo exam of eye	0266	1.6405	$93.67	$42.15	$18.73
76529	S		Echo exam of eye	0266	1.6405	$93.67	$42.15	$18.73
76536	S		Us exam of head and neck	0266	1.6405	$93.67	$42.15	$18.73
76604	S		Us exam, chest, b-scan	0266	1.6405	$93.67	$42.15	$18.73
76645	S		Us exam, breast(s)	0265	1.0564	$60.32	$27.14	$12.06
76700	S		Us exam, abdom, complete	0266	1 6405	$93.67	$42.15	$18.73
76705	S		Echo exam of abdomen	0266	1 6405	$93.67	$42.15	$18.73
76770	S		Us exam abdo back wall, comp	0266	1.6405	$93.67	$42.15	$18.73
76775	S		Us exam abdo back wall, lim	0266	1.6405	$93.67	$42.15	$18.73
76778	S		Us exam kidney transplant	0266	1.6405	$93.67	$42.15	$18.73
76800	S		Us exam, spinal canal	0266	1.6405	$93.67	$42.15	$18.73
76801	S		Ob us < 14 wks, single fetus	0265	1.0564	$60.32	$27.14	$12.06
76802	S		Ob us < 14 wks, add'l fetus	0265	1.0564	$60.32	$27.14	$12.06
76805	S		Us exam, pg uterus, compl	0266	1.6405	$93.67	$42.15	$18.73
76810	S		Us exam, pg uterus, mult	0266	1.6405	$93.67	$42.15	$18.73
76811	S		Ob us, detailed, sngl fetus	0267	2.4509	$139.94	$62.97	$27.99
76812	S		Ob us, detailed, addl fetus	0266	1.6405	$93.67	$42.15	$18.73
76815	S		Us exam, pg uterus limit	0265	1.0564	$60.32	$27.14	$12.06
76816	S		Us exam pg uterus repeat	0265	1.0564	$60.32	$27.14	$12.06

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76817	S		Transvaginal us, obstetric	0265	1.0564	$60.32	$27.14	$12.06
76818	S		Fetal biophys profile w/nst	0266	1.6405	$93.67	$42.15	$18.73
76819	S		Fetal biophys profil w/o nst	0266	1.6405	$93.67	$42.15	$18.73
76825	S		Echo exam of fetal heart	0671	1.7247	$98.48	$44.31	$19.70
76826	S		Echo exam of fetal heart	0697	1.5260	$87.13	$39.20	$17.43
76827	S		Echo exam of fetal heart	0671	1.7247	$98 48	$44.31	$19.70
76828	S		Echo exam of fetal heart	0697	1.5260	$87 13	$39.20	$17.43
76830	S		Transvaginal us, non-ob	0266	1.6405	$93.67	$42.15	$18.73
76831	S		Echo exam, uterus	0266	1.6405	$93.67	$42.15	$18.73
76856	S		Us exam, pelvic, complete	0266	1.6405	$93.67	$42.15	$18.73
76857	S		Us exam, pelvic, limited	0265	1.0564	$60.32	$27.14	$12.06
76870	S		Us exam, scrotum	0266	1.6405	$93.67	$42.15	$18.73
76872	S		Us, transrectal	0266	1.6405	$93.67	$42.15	$18.73
76873	S		Echograp trans r, pros study	0266	1.6405	$93.67	$42.15	$18.73
76880	S		Us exam, extremity	0266	1.6405	$93.67	$42.15	$18.73
76885	S		Us exam infant hips, dynamic	0266	1.6405	$93.67	$42.15	$18.73
76886	S		Us exam infant hips, static	0266	1.6405	$93.67	$42.15	$18.73
76930	S		Echo guide, cardiocentesis	0268	1.3041	$74.46		$14.89
76932	S		Echo guide for heart biopsy	0268	1.3041	$74.46		$14.89
76936	S		Echo guide for artery repair	0268	1.3041	$74.46		$14.89
76937	N		Us guide, vascular access					
76940	S		Us guide, tissue ablation	0268	1.3041	$74.46		$14.89
76941	S		Echo guide for transfusion	0268	1.3041	$74.46		$14.89
76942	S		Echo guide for biopsy	0268	1.3041	$74.46		$14.89
76945	S		Echo guide, villus sampling	0268	1.3041	$74.46		$14.89
76946	S		Echo guide for amniocentesis	0268	1.3041	$74.46		$14.89
76948	S		Echo guide, ova aspiration	0268	1.3041	$74.46		$14.89
76950	S		Echo guidance radiotherapy	0268	1.3041	$74.46		$14.89
76965	S		Echo guidance radiotherapy	0268	1.3041	$74.46		$14.89
76970	S		Ultrasound exam follow-up	0265	1.0564	$60.32	$27.14	$12.06
76975	S		GI endoscopic ultrasound	0266	1.6405	$93.67	$42.15	$18.73
76977	X		Us bone density measure	0340	0.6454	$36.85		$7.37
76986	S		Ultrasound guide intraoper	0266	1.6405	$93.67	$42.15	$18.73
76999	S		Echo examination procedure	0265	1 0564	$60.32	$27.14	$12.06
77261	E		Radiation therapy planning					
77262	E		Radiation therapy planning					
77263	E		Radiation therapy planning					
77280	X		Set radiation therapy field	0304	1.7210	$98.27	$41.52	$19.65
77285	X		Set radiation therapy field	0305	3.9600	$226.11	$91.38	$45.22
77290	X		Set radiation therapy field	0305	3.9600	$226.11	$91.38	$45.22
77295	X		Set radiation therapy field	0310	14.2195	$811.91	$325.27	$162.38
77299	E		Radiation therapy planning					
77300	X		Radiation therapy dose plan	0304	1.7210	$98 27	$41.52	$19.65
77301	X		Radiotherapy dose plan, imrt	0310	14.2195	$811 91	$325.27	$162.38
77305	X		Teletx isodose plan simple	0304	1.7210	$98.27	$41.52	$19.65
77310	X		Teletx isodose plan intermed	0304	1.7210	$98.27	$41.52	$19.65
77315	X		Teletx isodose plan complex	0305	3.9600	$226.11	$91.38	$45.22
77321	X		Special teletx port plan	0305	3.9600	$226.11	$91.38	$45.22
77326	X		Radiation therapy dose plan	0304	1.7210	$98.27	$41.52	$19.65
77327	X		Brachytx isodose calc interm	0305	3.9600	$226.11	$91.38	$45.22

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77328	X		Brachytx isodose plan compl	0305	3.9600	$226.11	$91.38	$45.22
77331	X		Special radiation dosimetry	0304	1.7210	$98.27	$41 52	$19.65
77332	X		Radiation treatment aid(s)	0303	2 8928	$165.17	$66 95	$33.03
77333	X		Radiation treatment aid(s)	0303	2 8928	$165.17	$66.95	$33.03
77334	X		Radiation treatment aid(s)	0303	2 8928	$165.17	$66.95	$33.03
77336	X		Radiation physics consult	0304	1.7210	$98.27	$41.52	$19.65
77370	X		Radiation physics consult	0304	1.7210	$98.27	$41.52	$19.65
77399	X		External radiation dosimetry	0304	1.7210	$98.27	$41.52	$19.65
77401	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77402	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77403	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77404	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77406	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77407	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77408	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77409	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77411	S		Radiation treatment delivery	0300	1.5378	$87.81		$17.56
77412	S		Radiation treatment delivery	0301	2.1866	$124.85		$24.97
77413	S		Radiation treatment delivery	0301	2.1866	$124.85		$24.97
77414	S		Radiation treatment delivery	0301	2.1866	$124.85		$24.97
77416	S		Radiation treatment delivery	0301	2.1866	$124.85		$24.97
77417	X		Radiology port film(s)	0260	0.7772	$44.38	$19.97	$8.88
77418	S		Radiation tx delivery, imrt	0412	5.3903	$307.78		$61.56
77427	E		Radiation tx management, x5					
77431	E		Radiation therapy management					
77432	E		Stereotactic radiation trmt					
77470	S		Special radiation treatment	0299	5.8011	$331.23		$66 25
77499	E		Radiation therapy management					
77520	S		Proton trmt, simple w/o comp	0664	9.9301	$566 99		$113.40
77522	S		Proton trmt, simple w/comp	0664	9.9301	$566.99		$113.40
77523	S		Proton trmt, intermediate	0419	11.8798	$678.31		$135.66
77525	S		Proton treatment, complex	0419	11.8798	$678.31		$135.66
77600	S		Hyperthermia treatment	0314	4.0235	$229.73	$93.07	$45.95
77605	S		Hyperthermia treatment	0314	4 0235	$229.73	$93.07	$45.95
77610	S		Hyperthermia treatment	0314	4 0235	$229.73	$93.07	$45.95
77615	S		Hyperthermia treatment	0314	4 0235	$229.73	$93.07	$45.95
77620	S		Hyperthermia treatment	0314	4 0235	$229.73	$93.07	$45.95
77750	S		Infuse radioactive materials	0300	1 5378	$87.81		$17.56
77761	S		Apply intrcav radiat simple	0312	4.3901	$250.67		$50.13
77762	S		Apply intrcav radiat interm	0312	4.3901	$250.67		$50.13
77763	S		Apply intrcav radiat compl	0312	4 3901	$250.67		$50.13
77776	S		Apply interstit radiat simpl	0312	4 3901	$250.67		$50.13
77777	S		Apply interstit radiat inter	0312	4 3901	$250.67		$50.13
77778	S		Apply interstit radiat compl	0651	25.6867	$1,466.66		$293.33
77781	S		High intensity brachytherapy	0313	14.0680	$803.25		$160.65
77782	S		High intensity brachytherapy	0313	14.0680	$803.25		$160.65
77783	S		High intensity brachytherapy	0313	14.0680	$803.25		$160.65
77784	S		High intensity brachytherapy	0313	14.0680	$803.25		$160.65
77789	S		Apply surface radiation	0300	1.5378	$87.81		$17.56
77790	N		Radiation handling					

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77799	S		Radium/radioisotope therapy	0313	14.0680	$803.25		$160.65
78000	S		Thyroid, single uptake	0389	1.7968	$102.59	$44.54	$20.52
78001	S		Thyroid, multiple uptakes	0389	1.7968	$102.59	$44.54	$20.52
78003	S		Thyroid suppress/stimul	0389	1.7968	$102.59	$44.54	$20.52
78006	S		Thyroid imaging with uptake	0390	2.9219	$166.83	$75.07	$33.37
78007	S		Thyroid image, mult uptakes	0391	3.3269	$189.96	$85.48	$37.99
78010	S		Thyroid imaging	0390	2.9219	$166.83	$75.07	$33.37
78011	S		Thyroid imaging with flow	0390	2.9219	$166.83	$75.07	$33.37
78015	S		Thyroid met imaging	0406	4.5474	$259.65	$116.84	$51.93
78016	S		Thyroid met imaging/studies	0406	4.5474	$259.65	$116.84	$51.93
78018	S		Thyroid met imaging, body	0406	4.5474	$259.65	$116.84	$51.93
78020	S		Thyroid met uptake	0399	1.6064	$91.72	$41.27	$18.34
78070	S		Parathyroid nuclear imaging	0391	3.3269	$189.96	$85.48	$37.99
78075	S		Adrenal nuclear imaging	0391	3.3269	$189.96	$85.48	$37.99
78099	S		Endocrine nuclear procedure	0390	2.9219	$166.83	$75.07	$33.37
78102	S		Bone marrow imaging, ltd	0400	4.1317	$235.91	$104.32	$47.18
78103	S		Bone marrow imaging, mult	0400	4.1317	$235.91	$104.32	$47.18
78104	S		Bone marrow imaging, body	0400	4.1317	$235.91	$104.32	$47.18
78110	S		Plasma volume, single	0393	4.6803	$267.24	$120.25	$53.45
78111	S		Plasma volume, multiple	0393	4.6803	$267.24	$120.25	$53.45
78120	S		Red cell mass, single	0393	4.6803	$267.24	$120.25	$53.45
78121	S		Red cell mass, multiple	0393	4.6803	$267.24	$120.25	$53.45
78122	S		Blood volume	0393	4.6803	$267.24	$120.25	$53.45
78130	S		Red cell survival study	0393	4.6803	$267.24	$120.25	$53.45
78135	S		Red cell survival kinetics	0393	4.6803	$267.24	$120.25	$53.45
78140	S		Red cell sequestration	0393	4.6803	$267.24	$120.25	$53.45
78160	S		Plasma iron turnover	0393	4.6803	$267.24	$120.25	$53.45
78162	S		Radioiron absorption exam	0393	4.6803	$267.24	$120.25	$53.45
78170	S		Red cell iron utilization	0393	4.6803	$267.24	$120.25	$53.45
78172	S		Total body iron estimation	0393	4.6803	$267.24	$120.25	$53.45
78185	S		Spleen imaging	0400	4.1317	$235.91	$104.32	$47.18
78190	S		Platelet survival, kinetics	0389	1.7968	$102.59	$44.54	$20.52
78191	S		Platelet survival	0389	1.7968	$102.59	$44.54	$20.52
78195	S		Lymph system imaging	0400	4.1317	$235.91	$104.32	$47.18
78199	S		Blood/lymph nuclear exam	0400	4.1317	$235.91	$104.32	$47.18
78201	S		Liver imaging	0394	4.6217	$263.89	$118.75	$52.78
78202	S		Liver imaging with flow	0394	4.6217	$263.89	$118.75	$52.78
78205	S		Liver imaging (3D)	0394	4.6217	$263.89	$118.75	$52.78
78206	S		Liver image (3d) with flow	0394	4.6217	$263.89	$118.75	$52.78
78215	S		Liver and spleen imaging	0394	4.6217	$263.89	$118.75	$52.78
78216	S		Liver & spleen image/flow	0394	4.6217	$263.89	$118.75	$52.78
78220	S		Liver function study	0394	4.6217	$263.89	$118.75	$52.78
78223	S		Hepatobiliary imaging	0394	4.6217	$263.89	$118.75	$52.78
78230	S		Salivary gland imaging	0395	4.0139	$229.19	$103.13	$45.84
78231	S		Serial salivary imaging	0395	4.0139	$229.19	$103.13	$45.84
78232	S		Salivary gland function exam	0395	4.0139	$229.19	$103.13	$45.84
78258	S		Esophageal motility study	0395	4.0139	$229.19	$103.13	$45.84
78261	S		Gastric mucosa imaging	0395	4.0139	$229.19	$103.13	$45.84
78262	S		Gastroesophageal reflux exam	0395	4.0139	$229.19	$103.13	$45.84
78264	S		Gastric emptying study	0395	4.0139	$229.19	$103.13	$45.84

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78267	A		Breath tst attain/anal c-14					
78268	A		Breath test analysis, c-14					
78270	S		Vit B-12 absorption exam	0389	1.7968	$102.59	$44.54	$20.52
78271	S		Vit b-12 absrp exam, int fac	0389	1.7968	$102.59	$44.54	$20.52
78272	S		Vit B-12 absorp. combined	0389	1.7968	$102.59	$44.54	$20.52
78278	S		Acute GI blood loss imaging	0395	4.0139	$229.19	$103.13	$45.84
78282	S		GI protein loss exam	0395	4.0139	$229.19	$103.13	$45.84
78290	S		Meckel's divert exam	0395	4.0139	$229.19	$103.13	$45.84
78291	S		Leveen/shunt patency exam	0395	4.0139	$229.19	$103.13	$45.84
78299	S		GI nuclear procedure	0395	4.0139	$229.19	$103.13	$45.84
78300	S		Bone imaging, limited area	0396	4.2340	$241.75	$108.78	$48.35
78305	S		Bone imaging, multiple areas	0396	4.2340	$241.75	$108.78	$48.35
78306	S		Bone imaging, whole body	0396	4.2340	$241.75	$108.78	$48.35
78315	S		Bone imaging, 3 phase	0396	4.2340	$241.75	$108.78	$48.35
78320	S		Bone imaging (3D)	0396	4.2340	$241.75	$108.78	$48.35
78350	X		Bone mineral, single photon	0261	1.3469	$76.91		$15.38
78351	E		Bone mineral, dual photon					
78399	S		Musculoskeletal nuclear exam	0396	4.2340	$241.75	$108.78	$48.35
78414	S		Non-imaging heart function	0398	4.5797	$261.49	$117.67	$52.30
78428	S		Cardiac shunt imaging	0398	4.5797	$261.49	$117.67	$52.30
78445	S		Vascular flow imaging	0397	2.6037	$148.67	$60.51	$29.73
78455	S		Venous thrombosis study	0397	2.6037	$148.67	$60.51	$29.73
78456	S		Acute venous thrombus image	0397	2.6037	$148.67	$60.51	$29.73
78457	S		Venous thrombosis imaging	0397	2.6037	$148.67	$60.51	$29.73
78458	S		Ven thrombosis images, bilat	0397	2.6037	$148.67	$60.51	$29.73
78459	S		Heart muscle imaging (PET)	0285	12.0951	$690.61	$299.16	$138.12
78460	S		Heart muscle blood, single	0398	4.5797	$261.49	$117.67	$52.30
78461	S		Heart muscle blood, multiple	0377	7.0824	$404.39	$181.97	$80.88
78464	S		Heart image (3d), single	0398	4.5797	$261.49	$117.67	$52.30
78465	S		Heart image (3d), multiple	0377	7.0824	$404.39	$181.97	$80.88
78466	S		Heart infarct image	0398	4.5797	$261.49	$117.67	$52.30
78468	S		Heart infarct image (ef)	0398	4.5797	$261.49	$117.67	$52.30
78469	S		Heart infarct image (3D)	0398	4.5797	$261.49	$117.67	$52.30
78472	S		Gated heart, planar, single	0398	4.5797	$261.49	$117.67	$52.30
78473	S		Gated heart, multiple	0376	4.9331	$281.67	$121.42	$56.33
78478	S		Heart wall motion add-on	0399	1.6064	$91.72	$41.27	$18.34
78480	S		Heart function add-on	0399	1.6064	$91.72	$41.27	$18.34
78481	S		Heart first pass, single	0398	4.5797	$261.49	$117.67	$52.30
78483	S		Heart first pass, multiple	0376	4.9331	$281.67	$121.42	$56.33
78491	E		Heart image (pet), single					
78492	E		Heart image (pet), multiple					
78494	S		Heart image, spect	0398	4.5797	$261.49	$117.67	$52.30
78496	S		Heart first pass add-on	0399	1.6064	$91.72	$41.27	$18.34
78499	S		Cardiovascular nuclear exam	0398	4.5797	$261.49	$117.67	$52.30
78580	S		Lung perfusion imaging	0401	3.3920	$193.68	$87.15	$38.74
78584	S		Lung V/Q image single breath	0378	5.6109	$320.37	$144.16	$64.07
78585	S		Lung V/Q imaging	0378	5.6109	$320.37	$144.16	$64.07
78586	S		Aerosol lung image, single	0401	3.3920	$193.68	$87.15	$38.74
78587	S		Aerosol lung image, multiple	0401	3.3920	$193.68	$87.15	$38.74
78588	S		Perfusion lung image	0378	5.6109	$320.37	$144.16	$64.07

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78591	S		Vent image, 1 breath, 1 proj	0401	3.3920	$193.68	$87.15	$38.74
78593	S		Vent image, 1 proj, gas	0401	3.3920	$193.68	$87.15	$38.74
78594	S		Vent image, mult proj, gas	0401	3.3920	$193.68	$87.15	$38.74
78596	S		Lung differential function	0378	5.6109	$320.37	$144.16	$64.07
78599	S		Respiratory nuclear exam	0401	3.3920	$193.68	$87.15	$38.74
78600	S		Brain imaging, ltd static	0402	5.2547	$300.03	$135.01	$60.01
78601	S		Brain imaging, ltd w/flow	0402	5.2547	$300.03	$135.01	$60.01
78605	S		Brain imaging, complete	0402	5.2547	$300.03	$135.01	$60.01
78606	S		Brain imaging, compl w/flow	0402	5.2547	$300.03	$135.01	$60.01
78607	S		Brain imaging (3D)	0402	5.2547	$300.03	$135.01	$60.01
78608	E		Brain imaging (PET)					
78609	E		Brain imaging (PET)					
78610	S		Brain flow imaging only	0402	5.2547	$300.03	$135.01	$60.01
78615	S		Cerebral vascular flow image	0402	5.2547	$300.03	$135.01	$60.01
78630	S		Cerebrospinal fluid scan	0403	3.6890	$210.63	$94.78	$42.13
78635	S		CSF ventriculography	0403	3.6890	$210.63	$94.78	$42.13
78645	S		CSF shunt evaluation	0403	3.6890	$210.63	$94.78	$42.13
78647	S		Cerebrospinal fluid scan	0403	3.6890	$210.63	$94.78	$42.13
78650	S		CSF leakage imaging	0403	3.6890	$210.63	$94.78	$42.13
78660	S		Nuclear exam of tear flow	0403	3.6890	$210.63	$94.78	$42.13
78699	S		Nervous system nuclear exam	0402	5.2547	$300.03	$135.01	$60.01
78700	S		Kidney imaging, static	0404	3.9790	$227.19	$101.76	$45.44
78701	S		Kidney imaging with flow	0404	3.9790	$227.19	$101.76	$45.44
78704	S		Imaging renogram	0404	3.9790	$227.19	$101.76	$45.44
78707	S		Kidney flow/function image	0404	3.9790	$227.19	$101.76	$45.44
78708	S		Kidney flow/function image	0405	4.4678	$255.10	$114.79	$51.02
78709	S		Kidney flow/function image	0405	4.4678	$255.10	$114.79	$51.02
78710	S		Kidney imaging (3D)	0404	3.9790	$227.19	$101.76	$45.44
78715	S		Renal vascular flow exam	0404	3.9790	$227.19	$101.76	$45.44
78725	S		Kidney function study	0389	1.7968	$102.59	$44.54	$20.52
78730	X		Urinary bladder retention	0340	0.6454	$36.85		$7.37
78740	S		Ureteral reflux study	0404	3.9790	$227.19	$101.76	$45.44
78760	S		Testicular imaging	0404	3.9790	$227.19	$101.76	$45.44
78761	S		Testicular imaging/flow	0404	3.9790	$227.19	$101.76	$45.44
78799	S		Genitourinary nuclear exam	0404	3.9790	$227.19	$101.76	$45.44
78800	S		Tumor imaging, limited area	0406	4.5474	$259.65	$116.84	$51.93
78801	S		Tumor imaging, mult areas	0406	4.5474	$259.65	$116.84	$51.93
78802	S		Tumor imaging, whole body	0406	4.5474	$259.65	$116.84	$51.93
78803	S		Tumor imaging (3D)	0406	4.5474	$259.65	$116.84	$51.93
78804	S		Tumor imaging, whole body	1508		$650.00		$130.00
78805	S		Abscess imaging, ltd area	0406	4.5474	$259.65	$116.84	$51.93
78806	S		Abscess imaging, whole body	0406	4.5474	$259.65	$116.84	$51.93
78807	S		Nuclear localization/abscess	0406	4.5474	$259.65	$116.84	$51.93
78810	E		Tumor imaging (PET)					
78890	N		Nuclear medicine data proc					
78891	N		Nuclear med data proc					
78990	E		Provide diag radionuclide(s)					
78999	S		Nuclear diagnostic exam	0389	1.7968	$102.59	$44.54	$20.52
79000	S		Init hyperthyroid therapy	0407	4.4917	$256.47	$97.77	$51.29
79001	S		Repeat hyperthyroid therapy	0407	4.4917	$256.47	$97.77	$51.29

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79020	S		Thyroid ablation	0407	4.4917	$256.47	$97.77	$51.29
79030	S		Thyroid ablation, carcinoma	0407	4.4917	$256.47	$97.77	$51.29
79035	S		Thyroid metastatic therapy	0407	4.4917	$256.47	$97.77	$51.29
79100	S		Hematopoetic nuclear therapy	0407	4.4917	$256.47	$97.77	$51.29
79200	S		Intracavitary nuclear trmt	0407	4.4917	$256.47	$97.77	$51.29
79300	S		Interstitial nuclear therapy	0407	4.4917	$256.47	$97.77	$51.29
79400	S		Nonhemato nuclear therapy	0407	4.4917	$256.47	$97.77	$51.29
79403	S		Hematopoetic nuclear therapy	1507		$550.00		$110.00
79420	S		Intravascular nuclear ther	0407	4.4917	$256.47	$97.77	$51.29
79440	S		Nuclear joint therapy	0407	4.4917	$256.47	$97.77	$51.29
79900	N		Provide ther radiopharm(s)					
79999	S		Nuclear medicine therapy	0407	4.4917	$256.47	$97.77	$51.29
80048	A		Basic metabolic panel					
80050	E		General health panel					
80051	A		Electrolyte panel					
80053	A		Comprehen metabolic panel					
80055	E		Obstetric panel					
80061	A		Lipid panel					
80069	A		Renal function panel					
80074	A		Acute hepatitis panel					
80076	A		Hepatic function panel					
80100	A		Drug screen, qualitate/multi					
80101	A		Drug screen, single					
80102	A		Drug confirmation					
80103	N		Drug analysis, tissue prep					
80150	A		Assay of amikacin					
80152	A		Assay of amitriptyline					
80154	A		Assay of benzodiazepines					
80156	A		Assay, carbamazepine, total					
80157	A		Assay, carbamazepine, free					
80158	A		Assay of cyclosporine					
80160	A		Assay of desipramine					
80162	A		Assay of digoxin					
80164	A		Assay, dipropylacetic acid					
80166	A		Assay of doxepin					
80168	A		Assay of ethosuximide					
80170	A		Assay of gentamicin					
80172	A		Assay of gold					
80173	A		Assay of haloperidol					
80174	A		Assay of imipramine					
80176	A		Assay of lidocaine					
80178	A		Assay of lithium					
80182	A		Assay of nortriptyline					
80184	A		Assay of phenobarbital					
80185	A		Assay of phenytoin, total					
80186	A		Assay of phenytoin, free					
80188	A		Assay of primidone					
80190	A		Assay of procainamide					
80192	A		Assay of procainamide					
80194	A		Assay of quinidine					

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80196	A		Assay of salicylate					
80197	A		Assay of tacrolimus					
80198	A		Assay of theophylline					
80200	A		Assay of tobramycin					
80201	A		Assay of topiramate					
80202	A		Assay of vancomycin					
80299	A		Quantitative assay, drug					
80400	A		Acth stimulation panel					
80402	A		Acth stimulation panel					
80406	A		Acth stimulation panel					
80408	A		Aldosterone suppression eval					
80410	A		Calcitonin stimul panel					
80412	A		CRH stimulation panel					
80414	A		Testosterone response					
80415	A		Estradiol response panel					
80416	A		Renin stimulation panel					
80417	A		Renin stimulation panel					
80418	A		Pituitary evaluation panel					
80420	A		Dexamethasone panel					
80422	A		Glucagon tolerance panel					
80424	A		Glucagon tolerance panel					
80426	A		Gonadotropin hormone panel					
80428	A		Growth hormone panel					
80430	A		Growth hormone panel					
80432	A		Insulin suppression panel					
80434	A		Insulin tolerance panel					
80435	A		Insulin tolerance panel					
80436	A		Metyrapone panel					
80438	A		TRH stimulation panel					
80439	A		TRH stimulation panel					
80440	A		TRH stimulation panel					
80500	X		Lab pathology consultation	0342	0.2077	$11.86	$5.33	$2.37
80502	X		Lab pathology consultation	0342	0.2077	$11.86	$5.33	$2.37
81000	A		Urinalysis, nonauto w/scope					
81001	A		Urinalysis, auto w/scope					
81002	A		Urinalysis nonauto w/o scope					
81003	A		Urinalysis, auto, w/o scope					
81005	A		Urinalysis					
81007	A		Urine screen for bacteria					
81015	A		Microscopic exam of urine					
81020	A		Urinalysis, glass test					
81025	A		Urine pregnancy test					
81050	A		Urinalysis, volume measure					
81099	A		Urinalysis test procedure					
82000	A		Assay of blood acetaldehyde					
82003	A		Assay of acetaminophen					
82009	A		Test for acetone/ketones					
82010	A		Acetone assay					
82013	A		Acetylcholinesterase assay					
82016	A		Acylcarnitines, qual					

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82017	A		Acylcarnitines, quant					
82024	A		Assay of acth					
82030	A		Assay of adp & amp					
82040	A		Assay of serum albumin					
82042	A		Assay of urine albumin					
82043	A		Microalbumin, quantitative					
82044	A		Microalbumin, semiquant					
82055	A		Assay of ethanol					
82075	A		Assay of breath ethanol					
82085	A		Assay of aldolase					
82088	A		Assay of aldosterone					
82101	A		Assay of urine alkaloids					
82103	A		Alpha-1-antitrypsin, total					
82104	A		Alpha-1-antitrypsin, pheno					
82105	A		Alpha-fetoprotein, serum					
82106	A		Alpha-fetoprotein, amniotic					
82108	A		Assay of aluminum					
82120	A		Amines, vaginal fluid qual					
82127	A		Amino acid, single qual					
82128	A		Amino acids, mult qual					
82131	A		Amino acids, single quant					
82135	A		Assay, aminolevulinic acid					
82136	A		Amino acids, quant, 2-5					
82139	A		Amino acids, quan, 6 or more					
82140	A		Assay of ammonia					
82143	A		Amniotic fluid scan					
82145	A		Assay of amphetamines					
82150	A		Assay of amylase					
82154	A		Androstanediol glucuronide					
82157	A		Assay of androstenedione					
82160	A		Assay of androsterone					
82163	A		Assay of angiotensin II					
82164	A		Angiotensin I enzyme test					
82172	A		Assay of apolipoprotein					
82175	A		Assay of arsenic					
82180	A		Assay of ascorbic acid					
82190	A		Atomic absorption					
82205	A		Assay of barbiturates					
82232	A		Assay of beta-2 protein					
82239	A		Bile acids, total					
82240	A		Bile acids, cholylglycine					
82247	A		Bilirubin, total					
82248	A		Bilirubin, direct					
82252	A		Fecal bilirubin test					
82261	A		Assay of biotinidase					
82270	A		Test for blood, feces					
82273	A		Test for blood, other source					
82274	A		Assay test for blood, fecal					
82286	A		Assay of bradykinin					
82300	A		Assay of cadmium					

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82306	A		Assay of vitamin D					
82307	A		Assay of vitamin D					
82308	A		Assay of calcitonin					
82310	A		Assay of calcium					
82330	A		Assay of calcium					
82331	A		Calcium infusion test					
82340	A		Assay of calcium in urine					
82355	A		Calculus analysis, qual					
82360	A		Calculus assay, quant					
82365	A		Calculus spectroscopy					
82370	A		X-ray assay, calculus					
82373	A		Assay, c-d transfer measure					
82374	A		Assay, blood carbon dioxide					
82375	A		Assay, blood carbon monoxide					
82376	A		Test for carbon monoxide					
82378	A		Carcinoembryonic antigen					
82379	A		Assay of carnitine					
82380	A		Assay of carotene					
82382	A		Assay, urine catecholamines					
82383	A		Assay, blood catecholamines					
82384	A		Assay, three catecholamines					
82387	A		Assay of cathepsin-d					
82390	A		Assay of ceruloplasmin					
82397	A		Chemiluminescent assay					
82415	A		Assay of chloramphenicol					
82435	A		Assay of blood chloride					
82436	A		Assay of urine chloride					
82438	A		Assay, other fluid chlorides					
82441	A		Test for chlorohydrocarbons					
82465	A		Assay, bld/serum cholesterol					
82480	A		Assay, serum cholinesterase					
82482	A		Assay, rbc cholinesterase					
82485	A		Assay, chondroitin sulfate					
82486	A		Gas/liquid chromatography					
82487	A		Paper chromatography					
82488	A		Paper chromatography					
82489	A		Thin layer chromatography					
82491	A		Chromotography, quant, sing					
82492	A		Chromotography, quant, mult					
82495	A		Assay of chromium					
82507	A		Assay of citrate					
82520	A		Assay of cocaine					
82523	A		Collagen crosslinks					
82525	A		Assay of copper					
82528	A		Assay of corticosterone					
82530	A		Cortisol, free					
82533	A		Total cortisol					
82540	A		Assay of creatine					
82541	A		Column chromotography, qual					
82542	A		Column chromotography, quant					

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82543	A		Column chromotograph/isotope					
82544	A		Column chromotograph/isotope					
82550	A		Assay of ck (cpk)					
82552	A		Assay of cpk in blood					
82553	A		Creatine, MB fraction					
82554	A		Creatine, isoforms					
82565	A		Assay of creatinine					
82570	A		Assay of urine creatinine					
82575	A		Creatinine clearance test					
82585	A		Assay of cryofibrinogen					
82595	A		Assay of cryoglobulin					
82600	A		Assay of cyanide					
82607	A		Vitamin B-12					
82608	A		B-12 binding capacity					
82615	A		Test for urine cystines					
82626	A		Dehydroepiandrosterone					
82627	A		Dehydroepiandrosterone					
82633	A		Desoxycorticosterone					
82634	A		Deoxycortisol					
82638	A		Assay of dibucaine number					
82646	A		Assay of dihydrocodeinone					
82649	A		Assay of dihydromorphinone					
82651	A		Assay of dihydrotestosterone					
82652	A		Assay of dihydroxyvitamin d					
82654	A		Assay of dimethadione					
82657	A		Enzyme cell activity					
82658	A		Enzyme cell activity, ra					
82664	A		Electrophoretic test					
82666	A		Assay of epiandrosterone					
82668	A		Assay of erythropoietin					
82670	A		Assay of estradiol					
82671	A		Assay of estrogens					
82672	A		Assay of estrogen					
82677	A		Assay of estriol					
82679	A		Assay of estrone					
82690	A		Assay of ethchlorvynol					
82693	A		Assay of ethylene glycol					
82696	A		Assay of etiocholanolone					
82705	A		Fats/lipids, feces, qual					
82710	A		Fats/lipids, feces, quant					
82715	A		Assay of fecal fat					
82725	A		Assay of blood fatty acids					
82726	A		Long chain fatty acids					
82728	A		Assay of ferritin					
82731	A		Assay of fetal fibronectin					
82735	A		Assay of fluoride					
82742	A		Assay of flurazepam					
82746	A		Blood folic acid serum					
82747	A		Assay of folic acid, rbc					
82757	A		Assay of semen fructose					

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82759	A		Assay of rbc galactokinase					
82760	A		Assay of galactose					
82775	A		Assay galactose transferase					
82776	A		Galactose transferase test					
82784	A		Assay of gammaglobulin igm					
82785	A		Assay of gammaglobulin ige					
82787	A		Igg 1, 2, 3 or 4, each					
82800	A		Blood pH					
82803	A		Blood gases: pH, pO2 & pCO2					
82805	A		Blood gases W/02 saturation					
82810	A		Blood gases, O2 sat only					
82820	A		Hemoglobin-oxygen affinity					
82926	A		Assay of gastric acid					
82928	A		Assay of gastric acid					
82938	A		Gastrin test					
82941	A		Assay of gastrin					
82943	A		Assay of glucagon					
82945	A		Glucose other fluid					
82946	A		Glucagon tolerance test					
82947	A		Assay, glucose, blood quant					
82948	A		Reagent strip/blood glucose					
82950	A		Glucose test					
82951	A		Glucose tolerance test (GTT)					
82952	A		GTT-added samples					
82953	A		Glucose-tolbutamide test					
82955	A		Assay of g6pd enzyme					
82960	A		Test for G6PD enzyme					
82962	A		Glucose blood test					
82963	A		Assay of glucosidase					
82965	A		Assay of gdh enzyme					
82975	A		Assay of glutamine					
82977	A		Assay of GGT					
82978	A		Assay of glutathione					
82979	A		Assay, rbc glutathione					
82980	A		Assay of glutethimide					
82985	A		Glycated protein					
83001	A		Gonadotropin (FSH)					
83002	A		Gonadotropin (LH)					
83003	A		Assay, growth hormone (hgh)					
83008	A		Assay of guanosine					
83010	A		Assay of haptoglobin, quant					
83012	A		Assay of haptoglobins					
83013	A		H pylori analysis					
83014	A		H pylori drug admin/collect					
83015	A		Heavy metal screen					
83018	A		Quantitative screen, metals					
83020	A		Hemoglobin electrophoresis					
83021	A		Hemoglobin chromotography					
83026	A		Hemoglobin, copper sulfate					
83030	A		Fetal hemoglobin, chemical					

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83033	A		Fetal hemoglobin assay, qual					
83036	A		Glycated hemoglobin test					
83045	A		Blood methemoglobin test					
83050	A		Blood methemoglobin assay					
83051	A		Assay of plasma hemoglobin					
83055	A		Blood sulfhemoglobin test					
83060	A		Blood sulfhemoglobin assay					
83065	A		Assay of hemoglobin heat					
83068	A		Hemoglobin stability screen					
83069	A		Assay of urine hemoglobin					
83070	A		Assay of hemosiderin, qual					
83071	A		Assay of hemosiderin, quant					
83080	A		Assay of b hexosaminidase					
83088	A		Assay of histamine					
83090	A		Assay of homocystine					
83150	A		Assay of for hva					
83491	A		Assay of corticosteroids					
83497	A		Assay of 5-hiaa					
83498	A		Assay of progesterone					
83499	A		Assay of progesterone					
83500	A		Assay, free hydroxyproline					
83505	A		Assay, total hydroxyproline					
83516	A		Immunoassay, nonantibody					
83518	A		Immunoassay, dipstick					
83519	A		Immunoassay, nonantibody					
83520	A		Immunoassay, RIA					
83525	A		Assay of insulin					
83527	A		Assay of insulin					
83528	A		Assay of intrinsic factor					
83540	A		Assay of iron					
83550	A		Iron binding test					
83570	A		Assay of idh enzyme					
83582	A		Assay of ketogenic steroids					
83586	A		Assay 17- ketosteroids					
83593	A		Fractionation, ketosteroids					
83605	A		Assay of lactic acid					
83615	A		Lactate (LD) (LDH) enzyme					
83625	A		Assay of ldh enzymes					
83632	A		Placental lactogen					
83633	A		Test urine for lactose					
83634	A		Assay of urine for lactose					
83655	A		Assay of lead					
83661	A		L/s ratio, fetal lung					
83662	A		Foam stability, fetal lung					
83663	A		Fluoro polarize, fetal lung					
83664	A		Lamellar bdy, fetal lung					
83670	A		Assay of lap enzyme					
83690	A		Assay of lipase					
83715	A		Assay of blood lipoproteins					
83716	A		Assay of blood lipoproteins					

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83718	A		Assay of lipoprotein					
83719	A		Assay of blood lipoprotein					
83721	A		Assay of blood lipoprotein					
83727	A		Assay of lrh hormone					
83735	A		Assay of magnesium					
83775	A		Assay of md enzyme					
83785	A		Assay of manganese					
83788	A		Mass spectrometry qual					
83789	A		Mass spectrometry quant					
83805	A		Assay of meprobamate					
83825	A		Assay of mercury					
83835	A		Assay of metanephrines					
83840	A		Assay of methadone					
83857	A		Assay of methemalbumin					
83858	A		Assay of methsuximide					
83864	A		Mucopolysaccharides					
83866	A		Mucopolysaccharides screen					
83872	A		Assay synovial fluid mucin					
83873	A		Assay of csf protein					
83874	A		Assay of myoglobin					
83880	A		Natriuretic peptide					
83883	A		Assay, nephelometry not spec					
83885	A		Assay of nickel					
83887	A		Assay of nicotine					
83890	A		Molecule isolate					
83891	A		Molecule isolate nucleic					
83892	A		Molecular diagnostics					
83893	A		Molecule dot/slot/blot					
83894	A		Molecule gel electrophor					
83896	A		Molecular diagnostics					
83897	A		Molecule nucleic transfer					
83898	A		Molecule nucleic ampli					
83901	A		Molecule nucleic ampli					
83902	A		Molecular diagnostics					
83903	A		Molecule mutation scan					
83904	A		Molecule mutation identify					
83905	A		Molecule mutation identify					
83906	A		Molecule mutation identify					
83912	A		Genetic examination					
83915	A		Assay of nucleotidase					
83916	A		Oligoclonal bands					
83918	A		Organic acids, total, quant					
83919	A		Organic acids, qual, each					
83921	A		Organic acid, singl					
83925	A		Assay of opiates					
83930	A		Assay of blood osmolality					
83935	A		Assay of urine osmolality					
83937	A		Assay of osteocalcin					
83945	A		Assay of oxalate					
83950	A		Oncoprotein, her-2/neu					

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83970	A		Assay of parathormone					
83986	A		Assay of body fluid acidity					
83992	A		Assay for phencyclidine					
84022	A		Assay of phenothiazine					
84030	A		Assay of blood pku					
84035	A		Assay of phenylketones					
84060	A		Assay acid phosphatase					
84061	A		Phosphatase, forensic exam					
84066	A		Assay prostate phosphatase					
84075	A		Assay alkaline phosphatase					
84078	A		Assay alkaline phosphatase					
84080	A		Assay alkaline phosphatases					
84081	A		Amniotic fluid enzyme test					
84085	A		Assay of rbc pg6d enzyme					
84087	A		Assay phosphohexose enzymes					
84100	A		Assay of phosphorus					
84105	A		Assay of urine phosphorus					
84106	A		Test for porphobilinogen					
84110	A		Assay of porphobilinogen					
84119	A		Test urine for porphyrins					
84120	A		Assay of urine porphyrins					
84126	A		Assay of feces porphyrins					
84127	A		Assay of feces porphyrins					
84132	A		Assay of serum potassium					
84133	A		Assay of urine potassium					
84134	A		Assay of prealbumin					
84135	A		Assay of pregnanediol					
84138	A		Assay of pregnanetriol					
84140	A		Assay of pregnenolone					
84143	A		Assay of 17-hydroxypregneno					
84144	A		Assay of progesterone					
84146	A		Assay of prolactin					
84150	A		Assay of prostaglandin					
84152	A		Assay of psa, complexed					
84153	A		Assay of psa, total					
84154	A		Assay of psa, free					
84155	A		Assay of protein, serum					
84156	A		Assay of protein, urine					
84157	A		Assay of protein, other					
84160	A		Assay of protein, any source					
84165	A		Electrophoreisis of proteins					
84181	A		Western blot test					
84182	A		Protein, western blot test					
84202	A		Assay RBC protoporphyrin					
84203	A		Test RBC protoporphyrin					
84206	A		Assay of proinsulin					
84207	A		Assay of vitamin b-6					
84210	A		Assay of pyruvate					
84220	A		Assay of pyruvate kinase					
84228	A		Assay of quinine					

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84233	A		Assay of estrogen					
84234	A		Assay of progesterone					
84235	A		Assay of endocrine hormone					
84238	A		Assay, nonendocrine receptor					
84244	A		Assay of renin					
84252	A		Assay of vitamin b-2					
84255	A		Assay of selenium					
84260	A		Assay of serotonin					
84270	A		Assay of sex hormone globul					
84275	A		Assay of sialic acid					
84285	A		Assay of silica					
84295	A		Assay of serum sodium					
84300	A		Assay of urine sodium					
84302	A		Assay of sweat sodium					
84305	A		Assay of somatomedin					
84307	A		Assay of somatostatin					
84311	A		Spectrophotometry					
84315	A		Body fluid specific gravity					
84375	A		Chromatogram assay, sugars					
84376	A		Sugars, single, qual					
84377	A		Sugars, multiple, qual					
84378	A		Sugars, single, quant					
84379	A		Sugars multiple quant					
84392	A		Assay of urine sulfate					
84402	A		Assay of testosterone					
84403	A		Assay of total testosterone					
84425	A		Assay of vitamin b-1					
84430	A		Assay of thiocyanate					
84432	A		Assay of thyroglobulin					
84436	A		Assay of total thyroxine					
84437	A		Assay of neonatal thyroxine					
84439	A		Assay of free thyroxine					
84442	A		Assay of thyroid activity					
84443	A		Assay thyroid stim hormone					
84445	A		Assay of tsi					
84446	A		Assay of vitamin e					
84449	A		Assay of transcortin					
84450	A		Transferase (AST) (SGOT)					
84460	A		Alanine amino (ALT) (SGPT)					
84466	A		Assay of transferrin					
84478	A		Assay of triglycerides					
84479	A		Assay of thyroid (t3 or t4)					
84480	A		Assay, triiodothyronine (t3)					
84481	A		Free assay (FT-3)					
84482	A		T3 reverse					
84484	A		Assay of troponin, quant					
84485	A		Assay duodenal fluid trypsin					
84488	A		Test feces for trypsin					
84490	A		Assay of feces for trypsin					
84510	A		Assay of tyrosine					

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84512	A		Assay of troponin, qual					
84520	A		Assay of urea nitrogen					
84525	A		Urea nitrogen semi-quant					
84540	A		Assay of urine/urea-n					
84545	A		Urea-N clearance test					
84550	A		Assay of blood/uric acid					
84560	A		Assay of urine/uric acid					
84577	A		Assay of feces/urobilinogen					
84578	A		Test urine urobilinogen					
84580	A		Assay of urine urobilinogen					
84583	A		Assay of urine urobilinogen					
84585	A		Assay of urine vma					
84586	A		Assay of vip					
84588	A		Assay of vasopressin					
84590	A		Assay of vitamin a					
84591	A		Assay of nos vitamin					
84597	A		Assay of vitamin k					
84600	A		Assay of volatiles					
84620	A		Xylose tolerance test					
84630	A		Assay of zinc					
84681	A		Assay of c-peptide					
84702	A		Chorionic gonadotropin test					
84703	A		Chorionic gonadotropin assay					
84830	A		Ovulation tests					
84999	A		Clinical chemistry test					
85002	A		Bleeding time test					
85004	A		Automated diff wbc count					
85007	A		Differential WBC count					
85008	A		Nondifferential WBC count					
85009	A		Differential WBC count					
85013	A		Spun microhematocrit					
85014	A		Hematocrit					
85018	A		Hemoglobin					
85025	A		Automated hemogram					
85027	A		Automated hemogram					
85032	A		Manual cell count, each					
85041	A		Red blood cell (RBC) count					
85044	A		Reticulocyte count					
85045	A		Reticulocyte count					
85046	A		Reticyte/hgb concentrate					
85048	A		White blood cell (WBC) count					
85049	A		Automated platelet count					
85055	A		Reticulated platelet assay					
85060	X		Blood smear interpretation	0342	0.2077	$11.86	$5.33	$2.37
85097	X		Bone marrow interpretation	0343	0.4339	$24.77	$11.14	$4.95
85130	A		Chromogenic substrate assay					
85170	A		Blood clot retraction					
85175	A		Blood clot lysis time					
85210	A		Blood clot factor II test					
85220	A		Blood clot factor V test					

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85230	A		Blood clot factor VII test					
85240	A		Blood clot factor VIII test					
85244	A		Blood clot factor VIII test					
85245	A		Blood clot factor VIII test					
85246	A		Blood clot factor VIII test					
85247	A		Blood clot factor VIII test					
85250	A		Blood clot factor IX test					
85260	A		Blood clot factor X test					
85270	A		Blood clot factor XI test					
85280	A		Blood clot factor XII test					
85290	A		Blood clot factor XIII test					
85291	A		Blood clot factor XIII test					
85292	A		Blood clot factor assay					
85293	A		Blood clot factor assay					
85300	A		Antithrombin III test					
85301	A		Antithrombin III test					
85302	A		Blood clot inhibitor antigen					
85303	A		Blood clot inhibitor test					
85305	A		Blood clot inhibitor assay					
85306	A		Blood clot inhibitor test					
85307	A		Assay activated protein c					
85335	A		Factor inhibitor test					
85337	A		Thrombomodulin					
85345	A		Coagulation time					
85347	A		Coagulation time					
85348	A		Coagulation time					
85360	A		Euglobulin lysis					
85362	A		Fibrin degradation products					
85366	A		Fibrinogen test					
85370	A		Fibrinogen test					
85378	A		Fibrin degradation					
85379	A		Fibrin degradation, quant					
85380	A		Fibrin degradation, vte					
85384	A		Fibrinogen					
85385	A		Fibrinogen					
85390	A		Fibrinolysins screen					
85396	N		Clotting assay, whole blood					
85400	A		Fibrinolytic plasmin					
85410	A		Fibrinolytic antiplasmin					
85415	A		Fibrinolytic plasminogen					
85420	A		Fibrinolytic plasminogen					
85421	A		Fibrinolytic plasminogen					
85441	A		Heinz bodies, direct					
85445	A		Heinz bodies, induced					
85460	A		Hemoglobin, fetal					
85461	A		Hemoglobin, fetal					
85475	A		Hemolysin					
85520	A		Heparin assay					
85525	A		Heparin neutralization					
85530	A		Heparin-protamine tolerance					

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85536	A		Iron stain peripheral blood					
85540	A		Wbc alkaline phosphatase					
85547	A		RBC mechanical fragility					
85549	A		Muramidase					
85555	A		RBC osmotic fragility					
85557	A		RBC osmotic fragility					
85576	A		Blood platelet aggregation					
85597	A		Platelet neutralization					
85610	A		Prothrombin time					
85611	A		Prothrombin test					
85612	A		Viper venom prothrombin time					
85613	A		Russell viper venom, diluted					
85635	A		Reptilase test					
85651	A		Rbc sed rate, nonautomated					
85652	A		Rbc sed rate, automated					
85660	A		RBC sickle cell test					
85670	A		Thrombin time, plasma					
85675	A		Thrombin time, titer					
85705	A		Thromboplastin inhibition					
85730	A		Thromboplastin time, partial					
85732	A		Thromboplastin time, partial					
85810	A		Blood viscosity examination					
85999	A		Hematology procedure					
86000	A		Agglutinins, febrile					
86001	A		Allergen specific igg					
86003	A		Allergen specific IgE					
86005	A		Allergen specific IgE					
86021	A		WBC antibody identification					
86022	A		Platelet antibodies					
86023	A		Immunoglobulin assay					
86038	A		Antinuclear antibodies					
86039	A		Antinuclear antibodies (ANA)					
86060	A		Antistreptolysin o, titer					
86063	A		Antistreptolysin o, screen					
86077	A		Physician blood bank service					
86078	A		Physician blood bank service					
86079	A		Physician blood bank service					
86140	A		C-reactive protein					
86141	A		C-reactive protein, hs					
86146	A		Glycoprotein antibody					
86147	A		Cardiolipin antibody					
86148	A		Phospholipid antibody					
86155	A		Chemotaxis assay					
86156	A		Cold agglutinin, screen					
86157	A		Cold agglutinin, titer					
86160	A		Complement, antigen					
86161	A		Complement/function activity					
86162	A		Complement, total (CH50)					
86171	A		Complement fixation, each					
86185	A		Counterimmunoelectrophoresis					

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86215	A		Deoxyribonuclease, antibody					
86225	A		DNA antibody					
86226	A		DNA antibody, single strand					
86235	A		Nuclear antigen antibody					
86243	A		Fc receptor					
86255	A		Fluorescent antibody, screen					
86256	A		Fluorescent antibody, titer					
86277	A		Growth hormone antibody					
86280	A		Hemagglutination inhibition					
86294	A		Immunoassay, tumor, qual					
86300	A		Immunoassay, tumor, ca 15-3					
36301	A		Immunoassay, tumor, ca 19-9					
86304	A		Immunoassay, tumor, ca 125					
86308	A		Heterophile antibodies					
86309	A		Heterophile antibodies					
86310	A		Heterophile antibodies					
86316	A		Immunoassay, tumor other					
86317	A		Immunoassay,infectious agent					
86318	A		Immunoassay,infectious agent					
86320	A		Serum immunoelectrophoresis					
86325	A		Other immunoelectrophoresis					
86327	A		Immunoelectrophoresis assay					
86329	A		Immunodiffusion					
86331	A		Immunodiffusion ouchterlony					
86332	A		Immune complex assay					
86334	A		Immunofixation procedure					
86336	A		Inhibin A					
86337	A		Insulin antibodies					
86340	A		Intrinsic factor antibody					
86341	A		Islet cell antibody					
86343	A		Leukocyte histamine release					
86344	A		Leukocyte phagocytosis					
86353	A		Lymphocyte transformation					
86359	A		T cells, total count					
86360	A		T cell, absolute count/ratio					
86361	A		T cell, absolute count					
86376	A		Microsomal antibody					
86378	A		Migration inhibitory factor					
86382	A		Neutralization test, viral					
86384	A		nitroblue tetrazolium dye					
86403	A		Particle agglutination test					
86406	A		Particle agglutination test					
86430	A		Rheumatoid factor test					
86431	A		Rheumatoid factor, quant					
86485	X		Skin test, candida	0341	0.1128	$6.44	$2.62	$1.29
86490	X		Coccidioidomycosis skin test	0341	0.1128	$6.44	$2.62	$1.29
86510	X		Histoplasmosis skin test	0341	0.1128	$6.44	$2.62	$1.29
86580	X		TB intradermal test	0341	0.1128	$6.44	$2.62	$1.29
86585	X		TB tine test	0341	0.1128	$6.44	$2.62	$1.29
86586	X		Skin test, unlisted	0341	0.1128	$6.44	$2.62	$1.29

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86590	A		Streptokinase, antibody					
86592	A		Blood serology, qualitative					
86593	A		Blood serology, quantitative					
86602	A		Antinomyces antibody					
86603	A		Adenovirus antibody					
86606	A		Aspergillus antibody					
86609	A		Bacterium antibody					
86611	A		Bartonella antibody					
86612	A		Blastomyces antibody					
86615	A		Bordetella antibody					
86617	A		Lyme disease antibody					
86618	A		Lyme disease antibody					
86619	A		Borrelia antibody					
86622	A		Brucella antibody					
86625	A		Campylobacter antibody					
86628	A		Candida antibody					
86631	A		Chlamydia antibody					
86632	A		Chlamydia igm antibody					
86635	A		Coccidioides antibody					
86638	A		Q fever antibody					
86641	A		Cryptococcus antibody					
86644	A		CMV antibody					
86645	A		CMV antibody, igM					
86648	A		Diphtheria antibody					
86651	A		Encephalitis antibody					
86652	A		Encephalitis antibody					
86653	A		Encephalitis antibody					
86654	A		Encephalitis antibody					
86658	A		Enterovirus antibody					
86663	A		Epstein-barr antibody					
86664	A		Epstein-barr antibody					
86665	A		Epstein-barr antibody					
86666	A		Ehrlichia antibody					
86668	A		Francisella tularensis					
86671	A		Fungus antibody					
86674	A		Giardia lamblia antibody					
86677	A		Helicobacter pylori					
86682	A		Helminth antibody					
86684	A		Hemophilus influenza					
86687	A		Htlv-i antibody					
86688	A		Htlv-ii antibody					
86689	A		HTLV/HIV confirmatory test					
86692	A		Hepatitis, delta agent					
86694	A		Herpes simplex test					
86695	A		Herpes simplex test					
86696	A		Herpes simplex type 2					
86698	A		Histoplasma					
86701	A		HIV-1					
86702	A		HIV-2					
86703	A		HIV-1/HIV-2, single assay					

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86704	A		Hep b core antibody, total					
86705	A		Hep b core antibody, igm					
86706	A		Hep b surface antibody					
86707	A		Hep be antibody					
86708	A		Hep a antibody, total					
86709	A		Hep a antibody, igm					
86710	A		Influenza virus antibody					
86713	A		Legionella antibody					
86717	A		Leishmania antibody					
86720	A		Leptospira antibody					
86723	A		Listeria monocytogenes ab					
86727	A		Lymph choriomeningitis ab					
86729	A		Lympho venereum antibody					
86732	A		Mucormycosis antibody					
86735	A		Mumps antibody					
86738	A		Mycoplasma antibody					
86741	A		Neisseria meningitidis					
86744	A		Nocardia antibody					
86747	A		Parvovirus antibody					
86750	A		Malaria antibody					
86753	A		Protozoa antibody nos					
86756	A		Respiratory virus antibody					
86757	A		Rickettsia antibody					
86759	A		Rotavirus antibody					
86762	A		Rubella antibody					
86765	A		Rubeola antibody					
86768	A		Salmonella antibody					
86771	A		Shigella antibody					
86774	A		Tetanus antibody					
86777	A		Toxoplasma antibody					
86778	A		Toxoplasma antibody, igm					
86781	A		Treponema pallidum, confirm					
86784	A		Trichinella antibody					
86787	A		Varicella-zoster antibody					
86790	A		Virus antibody nos					
86793	A		Yersinia antibody					
86800	A		Thyroglobulin antibody					
86803	A		Hepatitis c ab test					
86804	A		Hep c ab test, confirm					
86805	A		Lymphocytotoxicity assay					
86806	A		Lymphocytotoxicity assay					
86807	A		Cytotoxic antibody screening					
86808	A		Cytotoxic antibody screening					
86812	A		HLA typing, A, B, or C					
86813	A		HLA typing, A, B, or C					
86816	A		HLA typing, DR/DQ					
86817	A		HLA typing, DR/DQ					
86821	A		Lymphocyte culture, mixed					
86822	A		Lymphocyte culture, primed					
86849	A		Immunology procedure					

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86850	X		RBC antibody screen	0345	0.2432	$13.89	$3.10	$2.78
86860	X		RBC antibody elution	0346	0.3615	$20.64	$5.21	$4.13
86870	X		RBC antibody identification	0346	0.3615	$20.64	$5.21	$4.13
86880	X		Coombs test, direct	0409	0.1277	$7.29	$2.23	$1.46
86885	X		Coombs test, indirect, qual	0409	0.1277	$7.29	$2.23	$1.46
86886	X		Coombs test, indirect, titer	0409	0.1277	$7.29	$2.23	$1.46
86890	X		Autologous blood process	0347	0.9454	$53 98	$13.20	$10.80
86891	X		Autologous blood, op salvage	0345	0.2432	$13 89	$3.10	$2.78
86900	X		Blood typing, ABO	0409	0.1277	$7.29	$2.23	$1.46
86901	X		Blood typing, Rh (D)	0409	0.1277	$7.29	$2.23	$1.46
86903	X		Blood typing, antigen screen	0345	0.2432	$13.89	$3.10	$2.78
86904	X		Blood typing, patient serum	0345	0.2432	$13.89	$3.10	$2.78
86905	X		Blood typing, RBC antigens	0345	0.2432	$13.89	$3.10	$2.78
86906	X		Blood typing, Rh phenotype	0345	0.2432	$13.89	$3.10	$2.78
86910	E		Blood typing, paternity test					
86911	E		Blood typing, antigen system					
86920	X		Compatibility test	0346	0.3615	$20.64	$5.21	$4.13
86921	X		Compatibility test	0345	0.2432	$13.89	$3.10	$2.78
86922	X		Compatibility test	0346	0.3615	$20.64	$5.21	$4.13
86927	X		Plasma, fresh frozen	0346	0.3615	$20.64	$5.21	$4.13
86930	X		Frozen blood prep	0347	0.9454	$53.98	$13.20	$10.80
86931	X		Frozen blood thaw	0347	0.9454	$53.98	$13.20	$10.80
86932	X		Frozen blood freeze/thaw	0347	0.9454	$53.98	$13.20	$10.80
86940	A		Hemolysins/agglutinins, auto					
86941	A		Hemolysins/agglutinins					
86945	X		Blood product/irradiation	0346	0.3615	$20.64	$5.21	$4.13
86950	X		Leukacyte transfusion	0347	0.9454	$53.98	$13.20	$10.80
86965	X		Pooling blood platelets	0346	0.3615	$20.64	$5.21	$4.13
86970	X		RBC pretreatment	0345	0.2432	$13.89	$3.10	$2.78
86971	X		RBC pretreatment	0345	0.2432	$13.89	$3.10	$2.78
86972	X		RBC pretreatment	0345	0.2432	$13.89	$3.10	$2.78
86975	X		RBC pretreatment, serum	0345	0.2432	$13.89	$3.10	$2.78
86976	X		RBC pretreatment, serum	0345	0.2432	$13.89	$3 10	$2.78
86977	X		RBC pretreatment, serum	0345	0.2432	$13.89	$3 10	$2.78
86978	X		RBC pretreatment, serum	0345	0 2432	$13.89	$3 10	$2.78
86985	X		Split blood or products	0347	0 9454	$53.98	$13.20	$10.80
86999	X		Transfusion procedure	0345	0 2432	$13.89	$3.10	$2.78
87001	A		Small animal inoculation					
87003	A		Small animal inoculation					
87015	A		Specimen concentration					
87040	A		Blood culture for bacteria					
87045	A		Feces culture, bacteria					
87046	A		Stool cultr, bacteria, each					
87070	A		Culture, bacteria, other					
87071	A		Culture bacteri aerobic othr					
87073	A		Culture bacteria anaerobic					
87075	A		Cultr bacteria, except blood					
87076	A		Culture anaerobe ident, each					
87077	A		Culture aerobic identify					
87081	A		Culture screen only					

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87084	A		Culture of specimen by kit					
87086	A		Urine culture/colony count					
87088	A		Urine bacteria culture					
87101	A		Skin fungi culture					
87102	A		Fungus isolation culture					
87103	A		Blood fungus culture					
87106	A		Fungi identification, yeast					
87107	A		Fungi identification, mold					
87109	A		Mycoplasma					
87110	A		Chlamydia culture					
87116	A		Mycobacteria culture					
87118	A		Mycobacteric identification					
87140	A		Culture type immunofluoresc					
87143	A		Culture typing, glc/hplc					
87147	A		Culture type, immunologic					
87149	A		Culture type, nucleic acid					
87152	A		Culture type pulse field gel					
87158	A		Culture typing, added method					
87164	A		Dark field examination					
87166	A		Dark field examination					
87168	A		Macroscopic exam arthropod					
87169	A		Macroscopic exam parasite					
87172	A		Pinworm exam					
87176	A		Tissue homogenization, cultr					
87177	A		Ova and parasites smears					
87181	A		Microbe susceptible, diffuse					
87184	A		Microbe susceptible, disk					
87185	A		Microbe susceptible, enzyme					
87186	A		Microbe susceptible, mic					
87187	A		Microbe susceptible, mlc					
87188	A		Microbe suscept, macrobroth					
87190	A		Microbe suscept, mycobacteri					
87197	A		Bactericidal level, serum					
87205	A		Smear, gram stain					
87206	A		Smear, fluorescent/acid stai					
87207	A		Smear, special stain					
87210	A		Smear, wet mount, saline/ink					
87220	A		Tissue exam for fungi					
87230	A		Assay, toxin or antitoxin					
87250	A		Virus inoculate, eggs/animal					
87252	A		Virus inoculation, tissue					
87253	A		Virus inoculate tissue, addl					
87254	A		Virus inoculation, shell via					
87255	A		Genet virus isolate, hsv					
87260	A		Adenovirus ag, if					
87265	A		Pertussis ag, if					
87267	A		Enterovirus antibody, dfa					
87269	A		Giardia ag, if					
87270	A		Chlamydia trachomatis ag, if					
87271	A		Cryptosporidum/gardia ag, if					

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87272	A		Cryptosporidium ag, if					
87273	A		Herpes simplex 2, ag, if					
87274	A		Herpes simplex 1, ag, if					
87275	A		Influenza b, ag, if					
87276	A		Influenza a, ag, if					
87277	A		Legionella micdadei, ag, if					
87278	A		Legion pneumophilia ag, if					
87279	A		Parainfluenza, ag, if					
87280	A		Respiratory syncytial ag, if					
87281	A		Pneumocystis carinii, ag, if					
87283	A		Rubeola, ag, if					
87285	A		Treponema pallidum, ag, if					
87290	A		Varicella zoster, ag, if					
87299	A		Antibody detection, nos, if					
87300	A		Ag detection, polyval, if					
87301	A		Adenovirus ag, eia					
87320	A		Chylmd trach ag, eia					
87324	A		Clostridium ag, eia					
87327	A		Cryptococcus neoform ag, eia					
87328	A		Cryptosporidium ag, eia					
87329	A		Giardia ag, eia					
87332	A		Cytomegalovirus ag, eia					
87335	A		E coli 0157 ag, eia					
87336	A		Entamoeb hist dispr, ag, eia					
87337	A		Entamoeb hist group, ag, eia					
87338	A		Hpylori, stool, eia					
87339	A		H pylori ag, eia					
87340	A		Hepatitis b surface ag, eia					
87341	A		Hepatitis b surface, ag, eia					
87350	A		Hepatitis be ag, eia					
87380	A		Hepatitis delta ag, eia					
87385	A		Histoplasma capsul ag, eia					
87390	A		Hiv-1 ag, eia					
87391	A		Hiv-2 ag, eia					
87400	A		Influenza a/b, ag, eia					
87420	A		Resp syncytial ag, eia					
87425	A		Rotavirus ag, eia					
87427	A		Shiga-like toxin ag, eia					
87430	A		Strep a ag, eia					
87449	A		Ag detect nos, eia, mult					
87450	A		Ag detect nos, eia, single					
87451	A		Ag detect polyval, eia, mult					
87470	A		Bartonella, dna, dir probe					
87471	A		Bartonella, dna, amp probe					
87472	A		Bartonella, dna, quant					
87475	A		Lyme dis, dna, dir probe					
87476	A		Lyme dis, dna, amp probe					
87477	A		Lyme dis, dna, quant					
87480	A		Candida, dna, dir probe					
87481	A		Candida, dna, amp probe					

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87482	A		Candida, dna, quant					
87485	A		Chylmd pneum, dna, dir probe					
87486	A		Chylmd pneum, dna, amp probe					
87487	A		Chylmd pneum, dna, quant					
87490	A		Chylmd trach, dna, dir probe					
87491	A		Chylmd trach, dna, amp probe					
87492	A		Chylmd trach, dna, quant					
87495	A		Cytomeg, dna, dir probe					
87496	A		Cytomeg, dna, amp probe					
87497	A		Cytomeg, dna, quant					
87510	A		Gardner vag, dna, dir probe					
87511	A		Gardner vag, dna, amp probe					
87512	A		Gardner vag, dna, quant					
87515	A		Hepatitis b, dna, dir probe					
87516	A		Hepatitis b, dna, amp probe					
87517	A		Hepatitis b, dna, quant					
87520	A		Hepatitis c, rna, dir probe					
87521	A		Hepatitis c, rna, amp probe					
87522	A		Hepatitis c, rna, quant					
87525	A		Hepatitis g, dna, dir probe					
87526	A		Hepatitis g, dna, amp probe					
87527	A		Hepatitis g, dna, quant					
87528	A		Hsv, dna, dir probe					
87529	A		Hsv, dna, amp probe					
87530	A		Hsv, dna, quant					
87531	A		Hhv-6, dna, dir probe					
87532	A		Hhv-6, dna, amp probe					
87533	A		Hhv-6, dna, quant					
87534	A		Hiv-1, dna, dir probe					
87535	A		Hiv-1, dna, amp probe					
87536	A		Hiv-1, dna, quant					
87537	A		Hiv-2, dna, dir probe					
87538	A		Hiv-2, dna, amp probe					
87539	A		Hiv-2, dna, quant					
87540	A		Legion pneumo, dna, dir prob					
87541	A		Legion pneumo, dna, amp prob					
87542	A		Legion pneumo, dna, quant					
87550	A		Mycobacteria, dna, dir probe					
87551	A		Mycobacteria, dna, amp probe					
87552	A		Mycobacteria, dna, quant					
87555	A		M.tuberculo, dna, dir probe					
87556	A		M.tuberculo, dna, amp probe					
87557	A		M.tuberculo, dna, quant					
87560	A		M.avium-intra, dna, dir prob					
87561	A		M.avium-intra, dna, amp prob					
87562	A		M.avium-intra, dna, quant					
87580	A		M.pneumon, dna, dir probe					
87581	A		M.pneumon, dna, amp probe					
87582	A		M.pneumon, dna, quant					
87590	A		N.gonorrhoeae, dna, dir prob					

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87591	A		N.gonorrhoeae, dna, amp prob					
87592	A		N.gonorrhoeae, dna, quant					
87620	A		Hpv, dna, dir probe					
87621	A		Hpv, dna, amp probe					
87622	A		Hpv, dna, quant					
87650	A		Strep a, dna, dir probe					
87651	A		Strep a, dna, amp probe					
87652	A		Strep a, dna, quant					
87660	A		Trichomonas vagin, dir probe					
87797	A		Detect agent nos, dna, dir					
87798	A		Detect agent nos, dna, amp					
87799	A		Detect agent nos, dna, quant					
87800	A		Detect agnt mult, dna, direc					
87801	A		Detect agnt mult, dna, ampli					
87802	A		Strep b assay w/optic					
87803	A		Clostridium toxin a w/optic					
87804	A		Influenza assay w/optic					
87810	A		Chylmd trach assay w/optic					
87850	A		N. gonorrhoeae assay w/optic					
87880	A		Strep a assay w/optic					
87899	A		Agent nos assay w/optic					
87901	A		Genotype, dna, hiv reverse t					
87902	A		Genotype, dna, hepatitis C					
87903	A		Phenotype, dna hiv w/culture					
87904	A		Phenotype, dna hiv w/clt add					
87999	A		Microbiology procedure					
88000	E		Autopsy (necropsy), gross					
88005	E		Autopsy (necropsy), gross					
88007	E		Autopsy (necropsy), gross					
88012	E		Autopsy (necropsy), gross					
88014	E		Autopsy (necropsy), gross					
88016	E		Autopsy (necropsy), gross					
88020	E		Autopsy (necropsy), complete					
88025	E		Autopsy (necropsy), complete					
88027	E		Autopsy (necropsy), complete					
88028	E		Autopsy (necropsy), complete					
88029	E		Autopsy (necropsy), complete					
88036	E		Limited autopsy					
88037	E		Limited autopsy					
88040	E		Forensic autopsy (necropsy)					
88045	E		Coroner's autopsy (necropsy)					
88099	E		Necropsy (autopsy) procedure					
88104	X		Cytopathology, fluids	0343	0.4339	$24 77	$11.14	$4.95
88106	X		Cytopathology, fluids	0343	0.4339	$24 77	$11.14	$4.95
88107	X		Cytopathology, fluids	0343	0.4339	$24.77	$11.14	$4.95
88108	X		Cytopath, concentrate tech	0343	0.4339	$24.77	$11.14	$4.95
88112	X		Cytopath, cell enhance tech	0343	0.4339	$24.77	$11.14	$4.95
88125	X		Forensic cytopathology	0342	0.2077	$11.86	$5.33	$2.37
88130	A		Sex chromatin identification					
88140	A		Sex chromatin identification					

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88141	N		Cytopath, c/v, interpret					
88142	A		Cytopath, c/v, thin layer					
88143	A		Cytopath c/v thin layer redo					
88147	A		Cytopath, c/v, automated					
88148	A		Cytopath, c/v, auto rescreen					
88150	A		Cytopath, c/v, manual					
88152	A		Cytopath, c/v, auto redo					
88153	A		Cytopath, c/v, redo					
88154	A		Cytopath, c/v, select					
88155	A		Cytopath, c/v, index add-on					
88160	X		Cytopath smear, other source	0342	0.2077	$11.86	$5.33	$2.37
88161	X		Cytopath smear, other source	0343	0.4339	$24.77	$11.14	$4.95
88162	X		Cytopath smear, other source	0342	0.2077	$11.86	$5.33	$2.37
88164	A		Cytopath tbs, c/v, manual					
88165	A		Cytopath tbs, c/v, redo					
88166	A		Cytopath tbs, c/v, auto redo					
88167	A		Cytopath tbs, c/v, select					
88172	X		Cytopathology eval of fna	0343	0.4339	$24.77	$11.14	$4.95
88173	X		Cytopath eval, fna, report	0343	0.4339	$24.77	$11.14	$4.95
88174	A		Cytopath, c/v auto, in fluid					
88175	A		Cytopath c/v auto fluid redo					
88180	X		Cell marker study	0343	0.4339	$24.77	$11.14	$4.95
88182	X		Cell marker study	0344	0.6127	$34.98	$15.74	$7.00
88199	A		Cytopathology procedure					
88230	A		Tissue culture, lymphocyte					
88233	A		Tissue culture, skin/biopsy					
88235	A		Tissue culture, placenta					
88237	A		Tissue culture, bone marrow					
88239	A		Tissue culture, tumor					
88240	A		Cell cryopreserve/storage					
88241	A		Frozen cell preparation					
88245	A		Chromosome analysis, 20-25					
88248	A		Chromosome analysis, 50-100					
88249	A		Chromosome analysis, 100					
88261	A		Chromosome analysis, 5					
88262	A		Chromosome analysis, 15-20					
88263	A		Chromosome analysis, 45					
88264	A		Chromosome analysis, 20-25					
88267	A		Chromosome analys, placenta					
88269	A		Chromosome analys, amniotic					
88271	A		Cytogenetics, dna probe					
88272	A		Cytogenetics, 3-5					
88273	A		Cytogenetics, 10-30					
88274	A		Cytogenetics, 25-99					
88275	A		Cytogenetics, 100-300					
88280	A		Chromosome karyotype study					
88283	A		Chromosome banding study					
88285	A		Chromosome count, additional					
88289	A		Chromosome study, additional					
88291	A		Cyto/molecular report					

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88299	X		Cytogenetic study	0342	0.2077	$11.86	$5.33	$2.37
88300	X		Surgical path, gross	0342	0.2077	$11.86	$5.33	$2.37
88302	X		Tissue exam by pathologist	0342	0.2077	$11.86	$5.33	$2.37
88304	X		Tissue exam by pathologist	0343	0.4339	$24.77	$11.14	$4.95
88305	X		Tissue exam by pathologist	0343	0.4339	$24.77	$11.14	$4.95
88307	X		Tissue exam by pathologist	0344	0.6127	$34.98	$15.74	$7.00
88309	X		Tissue exam by pathologist	0344	0.6127	$34.98	$15.74	$7.00
88311	X		Decalcify tissue	0342	0.2077	$11.86	$5.33	$2.37
88312	X		Special stains	0342	0.2077	$11.86	$5.33	$2.37
88313	X		Special stains	0342	0.2077	$11.86	$5.33	$2.37
88314	X		Histochemical stain	0342	0.2077	$11.86	$5.33	$2.37
88318	X		Chemical histochemistry	0342	0.2077	$11.86	$5.33	$2.37
88319	X		Enzyme histochemistry	0342	0.2077	$11.86	$5.33	$2.37
88321	X		Microslide consultation	0342	0.2077	$11.86	$5.33	$2.37
88323	X		Microslide consultation	0344	0.6127	$34.98	$15.74	$7.00
88325	X		Comprehensive review of data	0344	0.6127	$34.98	$15.74	$7.00
88329	X		Path consult introp	0342	0.2077	$11.86	$5.33	$2.37
88331	X		Path consult intraop, 1 bloc	0343	0.4339	$24.77	$11.14	$4.95
88332	X		Path consult intraop, add'l	0342	0.2077	$11.86	$5.33	$2.37
88342	X		Immunohistochemistry	0344	0.6127	$34.98	$15.74	$7.00
88346	X		Immunofluorescent study	0344	0.6127	$34.98	$15.74	$7.00
88347	X		Immunofluorescent study	0344	0.6127	$34.98	$15.74	$7.00
88348	X		Electron microscopy	0661	3.5389	$202.06	$88.87	$40.41
88349	X		Scanning electron microscopy	0661	3.5389	$202.06	$88.87	$40.41
88355	X		Analysis, skeletal muscle	0344	0.6127	$34.98	$15.74	$7.00
88356	X		Analysis, nerve	0344	0.6127	$34.98	$15.74	$7.00
88358	X		Analysis, tumor	0344	0.6127	$34.98	$15.74	$7.00
88361	X		Immunohistochemistry, tumor	0344	0.6127	$34.98	$15.74	$7.00
88362	X		Nerve teasing preparations	0344	0.6127	$34.98	$15.74	$7.00
88365	X		Tissue hybridization	0344	0.6127	$34.98	$15.74	$7.00
88371	A		Protein, western blot tissue					
88372	A		Protein analysis w/probe					
88380	A		Microdissection					
88399	A		Surgical pathology procedure					
88400	A		Bilirubin total transcut					
89050	A		Body fluid cell count					
89051	A		Body fluid cell count					
89055	A		Leukocyte assessment, fecal					
89060	A		Exam,synovial fluid crystals					
89100	X		Sample intestinal contents	0360	1.6842	$96.16	$42.45	$19.23
89105	X		Sample intestinal contents	0360	1.6842	$96.16	$42.45	$19.23
89125	A		Specimen fat stain					
89130	X		Sample stomach contents	0360	1.6842	$96.16	$42.45	$19.23
89132	X		Sample stomach contents	0360	1.6842	$96.16	$42.45	$19.23
89135	X		Sample stomach contents	0360	1.6842	$96.16	$42.45	$19.23
89136	X		Sample stomach contents	0360	1.6842	$96.16	$42.45	$19.23
89140	X		Sample stomach contents	0360	1.6842	$96.16	$42.45	$19.23
89141	X		Sample stomach contents	0360	1.6842	$96.16	$42.45	$19.23
89160	A		Exam feces for meat fibers					
89190	A		Nasal smear for eosinophils					

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89220	X		Sputum specimen collection	0343	0.4339	$24.77	$11.14	$4.95
89225	A		Starch granules, feces					
89230	X		Collect sweat for test	0343	0.4339	$24.77	$11.14	$4.95
89235	A		Water load test					
89240	A		Pathology lab procedure					
89250	X		Cultr oocyte/embryo <4 days	0348	0.7716	$44.06		$8.81
89251	X		Cultr oocyte/embryo <4 days	0348	0.7716	$44.06		$8.81
89253	X		Embryo hatching	0348	0.7716	$44.06		$8.81
89254	X		Oocyte identification	0348	0.7716	$44.06		$8.81
89255	X		Prepare embryo for transfer	0348	0.7716	$44.06		$8.81
89257	X		Sperm identification	0348	0.7716	$44.06		$8.81
89258	X		Cryopreservation; embryo(s)	0348	0.7716	$44.06		$8.81
89259	X		Cryopreservation, sperm	0348	0.7716	$44.06		$8.81
89260	X		Sperm isolation, simple	0348	0.7716	$44.06		$8.81
89261	X		Sperm isolation, complex	0348	0.7716	$44.06		$8.81
89264	X		Identify sperm tissue	0348	0.7716	$44.06		$8.81
89268	X		Insemination of oocytes	0348	0.7716	$44.06		$8.81
89272	X		Extended culture of oocytes	0348	0.7716	$44.06		$8.81
89280	X		Assist oocyte fertilization	0348	0.7716	$44.06		$8.81
89281	X		Assist oocyte fertilization	0348	0.7716	$44.06		$8.81
89290	X		Biopsy, oocyte polar body	0348	0.7716	$44.06		$8.81
89291	X		Biopsy, oocyte polar body	0348	0.7716	$44.06		$8.81
89300	A		Semen analysis w/huhner					
89310	A		Semen analysis					
89320	A		Semen analysis, complete					
89321	A		Semen analysis & motility					
89325	A		Sperm antibody test					
89329	A		Sperm evaluation test					
89330	A		Evaluation, cervical mucus					
89335	X		Cryopreserve testicular tiss	0348	0.7716	$44.06		$8.81
89342	X		Storage/year, embryo(s)	0348	0.7716	$44.06		$8.81
89343	X		Storage/year; sperm/semen	0348	0.7716	$44.06		$8.81
89344	X		Storage/year; reprod tissue	0348	0.7716	$44.06		$8.81
89346	X		Storage/year; oocyte	0348	0.7716	$44.06		$8.81
89352	X		Thawing cryopresrved; embryo	0348	0.7716	$44.06		$8.81
89353	X		Thawing cryopresrved; sperm	0348	0.7716	$44.06		$8.81
89354	X		Thaw cryoprsvrd; reprod tiss	0348	0.7716	$44.06		$8.81
89356	X		Thawing cryopresrved; oocyte	0348	0.7716	$44.06		$8.81
90281	E		Human ig, im					
90283	E		Human ig, iv					
90287	E		Botulinum antitoxin					
90288	E		Botulism ig, iv					
90291	E		Cmv ig, iv					
90296	N		Diphtheria antitoxin					
90371	E		Hep b ig, im					
90375	N		Rabies ig, im/sc					
90376	K		Rabies ig, heat treated	0356	0.6483	$37.02		$7.40
90378	E		Rsv ig, im, 50mg					
90379	E		Rsv ig, iv					
90384	E		Rh ig, full-dose, im					

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90385	N		Rh ig, minidose, im					
90386	E		Rh ig, iv					
90389	E		Tetanus ig, im					
90393	K		Vaccina ig, im	0356	0.6483	$37.02		$7.40
90396	K		Varicella-zoster ig, im	0356	0.6483	$37.02		$7.40
90399	E		Immune globulin					
90471	N		Immunization admin					
90472	N		Immunization admin, each add					
90473	E		Immune admin oral/nasal					
90474	E		Immune admin oral/nasal addl					
90476	K		Adenovirus vaccine, type 4	0356	0.6483	$37.02		$7.40
90477	N		Adenovirus vaccine, type 7					
90581	N		Anthrax vaccine, sc					
90585	N		Bcg vaccine, percut					
90586	K		Bcg vaccine, intravesical	0356	0.6483	$37.02		$7.40
90632	N		Hep a vaccine, adult im					
90633	N		Hep a vacc, ped/adol, 2 dose					
90634	N		Hep a vacc, ped/adol, 3 dose					
90636	K		Hep a/hep b vacc, adult im	0356	0.6483	$37.02		$7.40
90645	N		Hib vaccine, hboc, im					
90646	N		Hib vaccine, prp-d, im					
90647	N		Hib vaccine, prp-omp, im					
90648	N		Hib vaccine, prp-t, im					
90655	L		Flu vaccine, 6-35 mo, im					
90657	L		Flu vaccine, 6-35 mo, im					
90658	L		Flu vaccine, 3 yrs, im					
90660	E		Flu vaccine, nasal					
90665	K		Lyme disease vaccine, im	0356	0.6483	$37.02		$7.40
90669	E		Pneumococcal vacc, ped <5					
90675	K		Rabies vaccine, im	0356	0.6483	$37.02		$7.40
90676	K		Rabies vaccine, id	0356	0.6483	$37.02		$7.40
90680	N		Rotovirus vaccine, oral					
90690	N		Typhoid vaccine, oral					
90691	N		Typhoid vaccine, im					
90692	N		Typhoid vaccine, h-p, sc/id					
90693	N		Typhoid vaccine, akd, sc					
90698	N		Dtap-hib-ip vaccine, im					
90700	N		Dtap vaccine, im					
90701	N		Dtp vaccine, im					
90702	N		Dt vaccine < 7, im					
90703	N		Tetanus vaccine, im					
90704	N		Mumps vaccine, sc					
90705	N		Measles vaccine, sc					
90706	N		Rubella vaccine, sc					
90707	N		Mmr vaccine, sc					
90708	N		Measles-rubella vaccine, sc					
90710	K		Mmrv vaccine, sc	0355	0.3164	$18.07		$3.61
90712	N		Oral poliovirus vaccine					
90713	N		Poliovirus, ipv, sc					
90715	N		Tdap vaccine >7 im					

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90716	N		Chicken pox vaccine, sc					
90717	N		Yellow fever vaccine, sc					
90718	N		Td vaccine > 7, im					
90719	N		Diphtheria vaccine, im					
90720	N		Dtp/hib vaccine, im					
90721	N		Dtap/hib vaccine, im					
90723	E		Dtap-hep b-ipv vaccine, im					
90725	K		Cholera vaccine, injectable	0356	0.6483	$37.02		$7.40
90727	N		Plague vaccine, im					
90732	L		Pneumococcal vaccine					
90733	N		Meningococcal vaccine, sc					
90734	N		Meningococcal vaccine, im					
90735	K		Encephalitis vaccine, sc	0356	0.6483	$37.02		$7.40
90740	K		Hepb vacc, ill pat 3 dose im	0355	0.3164	$18.07		$3.61
90743	K		Hep b vacc, adol, 2 dose, im	0355	0.3164	$18.07		$3.61
90744	K		Hepb vacc ped/adol 3 dose im	0355	0.3164	$18.07		$3.61
90746	K		Hep b vaccine, adult, im	0355	0.3164	$18.07		$3.61
90747	K		Hepb vacc, ill pat 4 dose im	0356	0.6483	$37.02		$7.40
90748	E		Hep b/hib vaccine, im					
90749	N		Vaccine toxoid					
90780	B		IV infusion therapy, 1 hour					
90781	B		IV infusion, additional hour					
90782	X		Injection, sc/im	0353	0.4013	$22.91		$4.58
90783	X		Injection, ia	0359	0.8744	$49.93		$9.99
90784	X		Injection, iv	0359	0.8744	$49.93		$9.99
90788	X		Injection of antibiotic	0359	0.8744	$49.93		$9.99
90799	X		Ther/prophylactic/dx inject	0352	0.1209	$6.90		$1.38
90801	S		Psy dx interview	0323	1.7705	$101.09	$21.08	$20.22
90802	S		Intac psy dx interview	0323	1.7705	$101.09	$21.08	$20.22
90804	S		Psytx, office, 20-30 min	0322	1.2681	$72.41		$14.48
90805	S		Psytx, off, 20-30 min w/e&m	0322	1.2681	$72.41		$14.48
90806	S		Psytx, off, 45-50 min	0323	1.7705	$101.09	$21.08	$20.22
90807	S		Psytx, off, 45-50 min w/e&m	0323	1.7705	$101.09	$21.08	$20.22
90808	S		Psytx, office, 75-80 min	0323	1.7705	$101.09	$21.08	$20.22
90809	S		Psytx, off, 75-80, w/e&m	0323	1.7705	$101.09	$21.08	$20.22
90810	S		Intac psytx, off, 20-30 min	0322	1.2681	$72.41		$14.48
90811	S		Intac psytx, 20-30, w/e&m	0322	1.2681	$72.41		$14.48
90812	S		Intac psytx, off, 45-50 min	0323	1.7705	$101.09	$21.08	$20.22
90813	S		Intac psytx, 45-50 min w/e&m	0323	1.7705	$101.09	$21.08	$20.22
90814	S		Intac psytx, off, 75-80 min	0323	1.7705	$101.09	$21.08	$20.22
90815	S		Intac psytx, 75-80 w/e&m	0323	1.7705	$101.09	$21.08	$20.22
90816	S		Psytx, hosp, 20-30 min	0322	1.2681	$72.41		$14.48
90817	S		Psytx, hosp, 20-30 min w/e&m	0322	1.2681	$72.41		$14.48
90818	S		Psytx, hosp, 45-50 min	0323	1.7705	$101.09	$21.08	$20.22
90819	S		Psytx, hosp, 45-50 min w/e&m	0323	1.7705	$101.09	$21.08	$20.22
90821	S		Psytx, hosp, 75-80 min	0323	1.7705	$101.09	$21.08	$20.22
90822	S		Psytx, hosp, 75-80 min w/e&m	0323	1.7705	$101.09	$21.08	$20.22
90823	S		Intac psytx, hosp, 20-30 min	0322	1.2681	$72.41		$14.48
90824	S		Intac psytx, hsp 20-30 w/e&m	0322	1.2681	$72.41		$14.48
90826	S		Intac psytx, hosp, 45-50 min	0323	1.7705	$101.09	$21.08	$20.22

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90827	S		Intac psytx, hsp 45-50 w/e&m	0323	1.7705	$101.09	$21.08	$20.22
90828	S		Intac psytx, hosp, 75-80 min	0323	1.7705	$101.09	$21.08	$20.22
90829	S		Intac psytx, hsp 75-80 w/e&m	0323	1.7705	$101.09	$21.08	$20.22
90845	S		Psychoanalysis	0323	1.7705	$101.09	$21.08	$20.22
90846	S		Family psytx w/o patient	0324	2.9372	$167.71		$33.54
90847	S		Family psytx w/patient	0324	2.9372	$167.71		$33.54
90849	S		Multiple family group psytx	0325	1.4790	$84.45	$18.27	$16.89
90853	S		Group psychotherapy	0325	1.4790	$84.45	$18.27	$16.89
90857	S		Intac group psytx	0325	1.4790	$84.45	$18.27	$16.89
90862	X		Medication management	0374	1.1042	$63.05		$12.61
90865	S		Narcosynthesis	0323	1.7705	$101.09	$21.08	$20.22
90870	S		Electroconvulsive therapy	0320	5.3551	$305.77	$80.06	$61.15
90871	E		Electroconvulsive therapy					
90875	E		Psychophysiological therapy					
90876	E		Psychophysiological therapy					
90880	S		Hypnotherapy	0323	1.7705	$101.09	$21.08	$20.22
90882	E		Environmental manipulation					
90885	N		Psy evaluation of records					
90887	N		Consultation with family					
90889	N		Preparation of report					
90899	S		Psychiatric service/therapy	0322	1.2681	$72.41		$14.48
90901	A		Biofeedback train, any meth					
90911	S		Biofeedback peri/uro/rectal	0321	1.4268	$81.47	$21.78	$16.29
90918	E		ESRD related services, month					
90919	E		ESRD related services, month					
90920	E		ESRD related services, month					
90921	E		ESRD related services, month					
90922	E		ESRD related services, day					
90923	E		Esrd related services, day					
90924	E		Esrd related services, day					
90925	E		Esrd related services, day					
90935	S		Hemodialysis, one evaluation	0170	6.6759	$381.18		$76.24
90937	E		Hemodialysis, repeated eval					
90939	N		Hemodialysis study, transcut					
90940	N		Hemodialysis access study					
90945	S		Dialysis, one evaluation	0170	6.6759	$381.18		$76.24
90947	E		Dialysis, repeated eval					
90989	B		Dialysis training, complete					
90993	B		Dialysis training, incompl					
90997	E		Hemoperfusion					
90999	B		Dialysis procedure					
91000	X		Esophageal intubation	0361	3.6851	$210.41	$83.23	$42.08
91010	X		Esophagus motility study	0361	3.6851	$210.41	$83.23	$42.08
91011	X		Esophagus motility study	0361	3.6851	$210.41	$83.23	$42.08
91012	X		Esophagus motility study	0361	3.6851	$210.41	$83.23	$42.08
91020	X		Gastric motility	0361	3.6851	$210.41	$83.23	$42.08
91030	X		Acid perfusion of esophagus	0361	3.6851	$210.41	$83.23	$42.08
91032	X		Esophagus, acid reflux test	0361	3.6851	$210.41	$83.23	$42.08
91033	X		Prolonged acid reflux test	0361	3.6851	$210.41	$83.23	$42.08
91052	X		Gastric analysis test	0361	3.6851	$210.41	$83.23	$42.08

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91055	X		Gastric intubation for smear	0360	1.6842	$96 16	$42.45	$19.23
91060	X		Gastric saline load test	0360	1.6842	$96 16	$42.45	$19.23
91065	X		Breath hydrogen test	0360	1.6842	$96 16	$42.45	$19.23
91100	X		Pass intestine bleeding tube	0360	1.6842	$96.16	$42.45	$19.23
91105	X		Gastric intubation treatment	0360	1.6842	$96.16	$42.45	$19.23
91110	T		Gi tract capsule endoscopy	0141	8.1355	$464.52	$143.38	$92.90
91122	T		Anal pressure record	0156	2.4996	$142.72	$40.52	$28.54
91123	N		Irrigate fecal impaction					
91132	X		Electrogastrography	0360	1.6842	$96.16	$42.45	$19.23
91133	X		Electrogastrography w/test	0360	1.6842	$96.16	$42.45	$19.23
91299	X		Gastroenterology procedure	0360	1.6842	$96.16	$42.45	$19.23
92002	V		Eye exam, new patient	0601	0.9872	$56.37		$11.27
92004	V		Eye exam, new patient	0602	1.4126	$80.66		$16.13
92012	V		Eye exam established pat	0600	0.9153	$52.26		$10.45
92014	V		Eye exam & treatment	0602	1.4126	$80.66		$16.13
92015	E		Refraction					
92018	T		New eye exam & treatment	0699	9.8497	$562.40		$112.48
92019	T		Eye exam & treatment	0699	9.8497	$562.40		$112.48
92020	S		Special eye evaluation	0230	0.8036	$45.88	$14.97	$9.18
92060	S		Special eye evaluation	0230	0.8036	$45.88	$14.97	$9.18
92065	S		Orthoptic/pleoptic training	0230	0.8036	$45.88	$14.97	$9.18
92070	N		Fitting of contact lens					
92081	S		Visual field examination(s)	0230	0.8036	$45.88	$14.97	$9.18
92082	S		Visual field examination(s)	0230	0.8036	$45.88	$14.97	$9.18
92083	S		Visual field examination(s)	0230	0.8036	$45.88	$14.97	$9.18
92100	N		Serial tonometry exam(s)					
92120	S		Tonography & eye evaluation	0230	0.8036	$45 88	$14.97	$9.18
92130	S		Water provocation tonography	0230	0.8036	$45 88	$14.97	$9.18
92135	S		Opthalmic dx imaging	0230	0.8036	$45.88	$14.97	$9.18
92136	S		Ophthalmic biometry	0230	0.8036	$45.88	$14.97	$9.18
92140	S		Glaucoma provocative tests	0698	1.4652	$83.66	$18.72	$16.73
92225	S		Special eye exam, initial	0230	0.8036	$45.88	$14.97	$9.18
92226	S		Special eye exam, subsequent	0230	0.8036	$45.88	$14.97	$9.18
92230	T		Eye exam with photos	0699	9.8497	$562.40		$112.48
92235	S		Eye exam with photos	0231	2 0475	$116.91	$45.60	$23.38
92240	S		Icg angiography	0231	2 0475	$116.91	$45.60	$23.38
92250	S		Eye exam with photos	0230	0 8036	$45.88	$14.97	$9.18
92260	S		Ophthalmoscopy/dynamometry	0230	0 8036	$45.88	$14.97	$9.18
92265	S		Eye muscle evaluation	0230	0 8036	$45.88	$14.97	$9.18
92270	S		Electro-oculography	0230	0.8036	$45.88	$14.97	$9.18
92275	S		Electroretinography	0231	2.0475	$116.91	$45.60	$23.38
92283	S		Color vision examination	0230	0.8036	$45.88	$14.97	$9.18
92284	S		Dark adaptation eye exam	0698	1.4652	$83.66	$18.72	$16.73
92285	S		Eye photography	0230	0.8036	$45.88	$14.97	$9.18
92286	S		Internal eye photography	0698	1.4652	$83.66	$18.72	$16.73
92287	S		Internal eye photography	0698	1.4652	$83.66	$18.72	$16.73
92310	E		Contact lens fitting					
92311	X		Contact lens fitting	0362	1.1152	$63.68		$12.74
92312	X		Contact lens fitting	0362	1.1152	$63.68		$12.74
92313	X		Contact lens fitting	0362	1.1152	$63.68		$12.74

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92314	E		Prescription of contact lens					
92315	X		Prescription of contact lens	0362	1.1152	$63.68		$12.74
92316	X		Prescription of contact lens	0362	1.1152	$63.68		$12.74
92317	X		Prescription of contact lens	0362	1.1152	$63.68		$12.74
92325	X		Modification of contact lens	0362	1.1152	$63.68		$12.74
92326	X		Replacement of contact lens	0362	1.1152	$63.68		$12.74
92330	S		Fitting of artificial eye	0230	0.8036	$45.88	$14.97	$9.18
92335	N		Fitting of artificial eye					
92340	E		Fitting of spectacles					
92341	E		Fitting of spectacles					
92342	E		Fitting of spectacles					
92352	X		Special spectacles fitting	0362	1.1152	$63.68		$12.74
92353	X		Special spectacles fitting	0362	1.1152	$63.68		$12.74
92354	X		Special spectacles fitting	0362	1.1152	$63.68		$12.74
92355	X		Special spectacles fitting	0362	1.1152	$63.68		$12.74
92358	X		Eye prosthesis service	0362	1.1152	$63.68		$12.74
92370	E		Repair & adjust spectacles					
92371	X		Repair & adjust spectacles	0362	1.1152	$63.68		$12.74
92390	E		Supply of spectacles					
92391	E		Supply of contact lenses					
92392	E		Supply of low vision aids					
92393	E		Supply of artificial eye					
92395	E		Supply of spectacles					
92396	E		Supply of contact lenses					
92499	S		Eye service or procedure	0230	0.8036	$45 88	$14.97	$9.18
92502	T		Ear and throat examination	0251	1.9490	$111.28		$22.26
92504	N		Ear microscopy examination					
92506	A		Speech/hearing evaluation					
92507	A		Speech/hearing therapy					
92508	A		Speech/hearing therapy					
92510	E		Rehab for ear implant					
92511	T		Nasopharyngoscopy	0071	0.7525	$42.97	$11.54	$8.59
92512	X		Nasal function studies	0363	0.8634	$49.30	$17.44	$9.86
92516	X		Facial nerve function test	0660	1 6669	$95.18	$30.66	$19.04
92520	X		Laryngeal function studies	0660	1 6669	$95.18	$30.66	$19.04
92526	A		Oral function therapy					
92531	N		Spontaneous nystagmus study					
92532	N		Positional nystagmus test					
92533	N		Caloric vestibular test					
92534	N		Optokinetic nystagmus test					
92541	X		Spontaneous nystagmus test	0363	0.8634	$49.30	$17.44	$9.86
92542	X		Positional nystagmus test	0363	0.8634	$49.30	$17.44	$9.86
92543	X		Caloric vestibular test	0660	1.6669	$95.18	$30.66	$19.04
92544	X		Optokinetic nystagmus test	0363	0.8634	$49.30	$17.44	$9.86
92545	X		Oscillating tracking test	0363	0.8634	$49.30	$17.44	$9.86
92546	X		Sinusoidal rotational test	0660	1.6669	$95.18	$30.66	$19.04
92547	X		Supplemental electrical test	0363	0.8634	$49.30	$17.44	$9.86
92548	X		Posturography	0660	1.6669	$95.18	$30.66	$19.04
92551	E		Pure tone hearing test, air					
92552	X		Pure tone audiometry, air	0364	0.4828	$27.57	$9.06	$5.51

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92553	X		Audiometry, air & bone	0364	0.4828	$27.57	$9.06	$5.51
92555	X		Speech threshold audiometry	0364	0.4828	$27.57	$9.06	$5.51
92556	X		Speech audiometry, complete	0364	0.4828	$27.57	$9.06	$5.51
92557	X		Comprehensive hearing test	0365	1.2835	$73.29	$18.95	$14.66
92559	E		Group audiometric testing					
92560	E		Bekesy audiometry, screen					
92561	X		Bekesy audiometry, diagnosis	0365	1.2835	$73.29	$18.95	$14.66
92562	X		Loudness balance test	0364	0.4828	$27.57	$9.06	$5.51
92563	X		Tone decay hearing test	0364	0.4828	$27.57	$9.06	$5.51
92564	X		Sisi hearing test	0364	0.4828	$27.57	$9.06	$5.51
92565	X		Stenger test, pure tone	0364	0.4828	$27.57	$9.06	$5.51
92567	X		Tympanometry	0364	0.4828	$27.57	$9.06	$5.51
92568	X		Acoustic reflex testing	0364	0.4828	$27.57	$9.06	$5.51
92569	X		Acoustic reflex decay test	0364	0.4828	$27.57	$9.06	$5.51
92571	X		Filtered speech hearing test	0364	0.4828	$27.57	$9.06	$5.51
92572	X		Staggered spondaic word test	0364	0.4828	$27.57	$9.06	$5.51
92573	X		Lombard test	0364	0.4828	$27.57	$9.06	$5.51
92575	X		Sensorineural acuity test	0364	0.4828	$27.57	$9.06	$5.51
92576	X		Synthetic sentence test	0364	0.4828	$27.57	$9.06	$5.51
92577	X		Stenger test, speech	0365	1.2835	$73.29	$18.95	$14.66
92579	X		Visual audiometry (vra)	0365	1.2835	$73.29	$18.95	$14.66
92582	X		Conditioning play audiometry	0365	1.2835	$73.29	$18.95	$14.66
92583	X		Select picture audiometry	0364	0.4828	$27.57	$9.06	$5.51
92584	X		Electrocochleography	0660	1.6669	$95.18	$30.66	$19.04
92585	S		Auditor evoke potent, compre	0216	2.6360	$150.51		$30.10
92586	S		Auditor evoke potent, limit	0218	1.1542	$65.90		$13.18
92587	X		Evoked auditory test	0363	0.8634	$49.30	$17.44	$9.86
92588	X		Evoked auditory test	0363	0.8634	$49.30	$17.44	$9.86
92589	X		Auditory function test(s)	0364	0.4828	$27.57	$9.06	$5.51
92590	E		Hearing aid exam, one ear					
92591	E		Hearing aid exam, both ears					
92592	E		Hearing aid check, one ear					
92593	E		Hearing aid check, both ears					
92594	E		Electro hearng aid test, one					
92595	E		Electro hearng aid tst, both					
92596	X		Ear protector evaluation	0364	0 4828	$27.57	$9.06	$5.51
92597	A		Voice Prosthetic Evaluation					
92601	X		Cochlear implt f/up exam < 7	0365	1.2835	$73.29	$18.95	$14.66
92602	X		Reprogram cochlear implt < 7	0365	1.2835	$73.29	$18.95	$14.66
92603	X		Cochlear implt f/up exam 7 >	0365	1.2835	$73.29	$18.95	$14.66
92604	X		Reprogram cochlear implt 7 >	0365	1.2835	$73.29	$18.95	$14.66
92605	A		Eval for nonspeech device rx					
92606	A		Non-speech device service					
92607	A		Ex for speech device rx, 1hr					
92608	A		Ex for speech device rx addl					
92609	A		Use of speech device service					
92610	A		Evaluate swallowing function					
92611	A		Motion fluoroscopy/swallow					
92612	A		Endoscopy swallow tst (fees)					
92613	E		Endoscopy swallow tst (fees)					

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92614	A		Laryngoscopic sensory test					
92615	E		Eval laryngoscopy sense tst					
92616	A		Fees w/laryngeal sense test					
92617	E		Interprt fees/laryngeal test					
92700	X		Ent procedure/service	0364	0.4828	$27.57	$9.06	$5.51
92950	S		Heart/lung resuscitation cpr	0094	2.7247	$155.57	$48.58	$31.11
92953	S		Temporary external pacing	0094	2.7247	$155.57	$48.58	$31.11
92960	S		Cardioversion electric, ext	0679	5.6465	$322.40	$95.30	$64.48
92961	S		Cardioversion, electric, int	0679	5.6465	$322.40	$95.30	$64.48
92970	C		Cardioassist, internal					
92971	C		Cardioassist, external					
92973	T		Percut coronary thrombectomy	0676	4.3038	$245.74		$49.15
92974	T		Cath place, cardio brachytx	1559		$2,250.00		$450.00
92975	C		Dissolve clot, heart vessel					
92977	T		Dissolve clot, heart vessel	0677	2.5625	$146.31		$29.26
92978	S		Intravasc us, heart add-on	0670	29.7495	$1,698.64	$542.37	$339.73
92979	S		Intravasc us, heart add-on	0416	4.4669	$255.05	$92.37	$51.01
92980	T		Insert intracoronary stent	0104	81.9772	$4,680.73		$936.15
92981	T		Insert intracoronary stent	0104	81.9772	$4,680.73		$936.15
92982	T		Coronary artery dilation	0083	52.8967	$3,020.30		$604.06
92984	T		Coronary artery dilation	0083	52.8967	$3,020.30		$604.06
92986	T		Revision of aortic valve	0083	52.8967	$3,020.30		$604.06
92987	T		Revision of mitral valve	0083	52.8967	$3,020.30		$604.06
92990	T		Revision of pulmonary valve	0083	52.8967	$3,020.30		$604.06
92992	C		Revision of heart chamber					
92993	C		Revision of heart chamber					
92995	T		Coronary atherectomy	0082	98.4762	$5,622.79	$1,209.50	$1,124.56
92996	T		Coronary atherectomy add-on	0082	98.4762	$5,622.79	$1,209.50	$1,124.56
92997	T		Pul art balloon repr, percut	0081	31.2963	$1,786.96		$357.39
92998	T		Pul art balloon repr, percut	0081	31.2963	$1,786.96		$357.39
93000	B		Electrocardiogram, complete					
93005	S		Electrocardiogram, tracing	0099	0.3835	$21.90		$4.38
93010	A		Electrocardiogram report					
93012	N		Transmission of ecg					
93014	B		Report on transmitted ecg					
93015	B		Cardiovascular stress test					
93016	B		Cardiovascular stress test					
93017	X		Cardiovascular stress test	0100	2.5336	$144.66	$41.44	$28.93
93018	B		Cardiovascular stress test					
93024	X		Cardiac drug stress test	0100	2.5336	$144.66	$41.44	$28.93
93025	X		Microvolt t-wave assess	0100	2.5336	$144.66	$41.44	$28.93
93040	B		Rhythm ECG with report					
93041	S		Rhythm ECG, tracing	0099	0.3835	$21.90		$4.38
93042	B		Rhythm ECG, report					
93224	B		ECG monitor/report, 24 hrs					
93225	X		ECG monitor/record, 24 hrs	0097	1.0315	$58.90	$23.80	$11.78
93226	X		ECG monitor/report, 24 hrs	0097	1.0315	$58.90	$23.80	$11.78
93227	B		ECG monitor/review, 24 hrs					
93230	B		ECG monitor/report, 24 hrs					
93231	X		Ecg monitor/record, 24 hrs	0097	1.0315	$58.90	$23.80	$11.78

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93232	X		ECG monitor/report, 24 hrs	0097	1.0315	$58.90	$23.80	$11.78
93233	B		ECG monitor/review, 24 hrs					
93235	B		ECG monitor/report, 24 hrs					
93236	X		ECG monitor/report, 24 hrs	0097	1.0315	$58.90	$23.80	$11.78
93237	B		ECG monitor/review, 24 hrs					
93268	B		ECG record/review					
93270	X		ECG recording	0097	1.0315	$58.90	$23.80	$11.78
93271	X		Ecg/monitoring and analysis	0097	1.0315	$58.90	$23.80	$11.78
93272	B		Ecg/review, interpret only					
93278	S		ECG/signal-averaged	0099	0.3835	$21.90		$4.38
93303	S		Echo transthoracic	0269	3.2844	$187.53	$84.38	$37.51
93304	S		Echo transthoracic	0697	1.5260	$87.13	$39.20	$17.43
93307	S		Echo exam of heart	0269	3.2844	$187.53	$84.38	$37.51
93308	S		Echo exam of heart	0697	1.5260	$87.13	$39.20	$17.43
93312	S		Echo transesophageal	0270	6.1563	$351.51	$146.79	$70.30
93313	S		Echo transesophageal	0270	6.1563	$351.51	$146.79	$70.30
93314	N		Echo transesophageal					
93315	S		Echo transesophageal	0270	6.1563	$351.51	$146.79	$70.30
93316	S		Echo transesophageal	0270	6.1563	$351.51	$146.79	$70.30
93317	N		Echo transesophageal					
93318	S		Echo transesophageal intraop	0270	6.1563	$351.51	$146.79	$70.30
93320	S		Doppler echo exam, heart	0671	1.7247	$98.48	$44.31	$19.70
93321	S		Doppler echo exam, heart	0697	1.5260	$87.13	$39.20	$17.43
93325	S		Doppler color flow add-on	0697	1.5260	$87.13	$39.20	$17.43
93350	S		Echo transthoracic	0269	3.2844	$187.53	$84.38	$37.51
93501	T		Right heart catheterization	0080	36.5106	$2,084.68	$838.92	$416.94
93503	T		Insert/place heart catheter	0103	13.2856	$758.58	$223.63	$151.72
93505	T		Biopsy of heart lining	0103	13 2856	$758.58	$223.63	$151.72
93508	T		Cath placement, angiography	0080	36 5106	$2,084.68	$838.92	$416.94
93510	T		Left heart catheterization	0080	36.5106	$2,084.68	$838.92	$416.94
93511	T		Left heart catheterization	0080	36.5106	$2,084 68	$838.92	$416.94
93514	T		Left heart catheterization	0080	36.5106	$2,084 68	$838.92	$416.94
93524	T		Left heart catheterization	0080	36.5106	$2,084.68	$838.92	$416.94
93526	T		Rt & Lt heart catheters	0080	36 5106	$2,084.68	$838.92	$416.94
93527	T		Rt & Lt heart catheters	0080	36 5106	$2,084.68	$838.92	$416.94
93528	T		Rt & Lt heart catheters	0080	36 5106	$2,084.68	$838.92	$416.94
93529	T		Rt, lt heart catheterization	0080	36 5106	$2,084.68	$838.92	$416.94
93530	T		Rt heart cath, congenital	0080	36 5106	$2,084.68	$838.92	$416.94
93531	T		R & l heart cath, congenital	0080	36 5106	$2,084.68	$838.92	$416.94
93532	T		R & l heart cath, congenital	0080	36 5106	$2,084.68	$838.92	$416.94
93533	T		R & l heart cath, congenital	0080	36 5106	$2,084.68	$838.92	$416.94
93539	N		Injection, cardiac cath					
93540	N		Injection, cardiac cath					
93541	N		Injection for lung angiogram					
93542	N		Injection for heart x-rays					
93543	N		Injection for heart x-rays					
93544	N		Injection for aortography					
93545	N		Inject for coronary x-rays					
93555	N		Imaging, cardiac cath					
93556	N		Imaging, cardiac cath					

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93561	N		Cardiac output measurement					
93562	N		Cardiac output measurement					
93571	S		Heart flow reserve measure	0670	29.7495	$1,698.64	$542.37	$339.73
93572	S		Heart flow reserve measure	0416	4.4669	$255.05	$92.37	$51.01
93580	T		Transcath closure of asd	1559		$2,250.00		$450.00
93581	T		Transcath closure of vsd	1559		$2,250.00		$450.00
93600	T		Bundle of His recording	0087	35.5739	$2,031.20		$406.24
93602	T		Intra-atrial recording	0087	35.5739	$2,031.20		$406.24
93603	T		Right ventricular recording	0087	35.5739	$2,031.20		$406.24
93609	T		Map tachycardia, add-on	0087	35.5739	$2,031.20		$406.24
93610	T		Intra-atrial pacing	0087	35.5739	$2,031.20		$406.24
93612	T		Intraventricular pacing	0087	35.5739	$2,031.20		$406.24
93613	T		Electrophys map 3d, add-on	0087	35.5739	$2,031.20		$406.24
93615	T		Esophageal recording	0087	35.5739	$2,031.20		$406.24
93616	T		Esophageal recording	0087	35.5739	$2,031.20		$406.24
93618	T		Heart rhythm pacing	0087	35.5739	$2,031.20		$406.24
93619	T		Electrophysiology evaluation	0085	35.0395	$2,000.69	$426.25	$400.14
93620	T		Electrophysiology evaluation	0085	35.0395	$2,000.69	$426.25	$400.14
93621	T		Electrophysiology evaluation	0085	35.0395	$2,000.69	$426.25	$400.14
93622	T		Electrophysiology evaluation	0085	35.0395	$2,000.69	$426.25	$400.14
93623	T		Stimulation, pacing heart	0087	35.5739	$2,031.20		$406.24
93624	S		Electrophysiologic study	0084	10.6492	$608.05		$121.61
93631	T		Heart pacing, mapping	0087	35.5739	$2,031.20		$406.24
93640	S		Evaluation heart device	0084	10.6492	$608.05		$121.61
93641	S		Electrophysiology evaluation	0084	10.6492	$608.05		$121.61
93642	S		Electrophysiology evaluation	0084	10.6492	$608.05		$121.61
93650	T		Ablate heart dysrhythm focus	0086	43.9843	$2,511.42	$833.33	$502.28
93651	T		Ablate heart dysrhythm focus	0086	43.9843	$2,511.42	$833.33	$502.28
93652	T		Ablate heart dysrhythm focus	0086	43.9843	$2,511.42	$833.33	$502.28
93660	S		Tilt table evaluation	0101	4.4294	$252.91	$105.27	$50.58
93662	S		Intracardiac ecg (ice)	0670	29.7495	$1,698.64	$542.37	$339.73
93668	E		Peripheral vascular rehab					
93701	S		Bioimpedance, thoracic	0099	0.3835	$21.90		$4.38
93720	B		Total body plethysmography					
93721	X		Plethysmography tracing	0368	0.9544	$54.49	$24.52	$10.90
93722	B		Plethysmography report					
93724	S		Analyze pacemaker system	0690	0.3994	$22.80	$10.26	$4.56
93727	S		Analyze ilr system	0690	0.3994	$22.80	$10.26	$4.56
93731	S		Analyze pacemaker system	0690	0.3994	$22.80	$10.26	$4.56
93732	S		Analyze pacemaker system	0690	0.3994	$22.80	$10.26	$4.56
93733	S		Telephone analy, pacemaker	0690	0.3994	$22.80	$10.26	$4.56
93734	S		Analyze pacemaker system	0690	0.3994	$22.80	$10.26	$4.56
93735	S		Analyze pacemaker system	0690	0.3994	$22.80	$10.26	$4.56
93736	S		Telephonic analy, pacemaker	0690	0.3994	$22.80	$10.26	$4.56
93740	X		Temperature gradient studies	0368	0.9544	$54.49	$24.52	$10.90
93741	S		Analyze ht pace device sngl	0689	0.5894	$33.65		$6.73
93742	S		Analyze ht pace device sngl	0689	0.5894	$33.65		$6.73
93743	S		Analyze ht pace device dual	0689	0.5894	$33.65		$6.73
93744	S		Analyze ht pace device dual	0689	0.5894	$33.65		$6.73
93760	E		Cephalic thermogram					

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93762	E		Peripheral thermogram					
93770	N		Measure venous pressure					
93784	E		Ambulatory BP monitoring					
93786	X		Ambulatory BP recording	0097	1.0315	$58.90	$23.80	$11.78
93788	X		Ambulatory BP analysis	0097	1.0315	$58.90	$23.80	$11.78
93790	B		Review/report BP recording					
93797	S		Cardiac rehab	0095	0.6086	$34.75	$15.63	$6.95
93798	S		Cardiac rehab/monitor	0095	0.6086	$34.75	$15.63	$6.95
93799	S		Cardiovascular procedure	0096	1.7208	$98.25	$44.21	$19.65
93875	S		Extracranial study	0096	1.7208	$98.25	$44.21	$19.65
93880	S		Extracranial study	0267	2.4509	$139.94	$62.97	$27.99
93882	S		Extracranial study	0267	2.4509	$139.94	$62.97	$27.99
93886	S		Intracranial study	0267	2.4509	$139.94	$62.97	$27.99
93888	S		Intracranial study	0266	1.6405	$93.67	$42.15	$18.73
93922	S		Extremity study	0096	1.7208	$98 25	$44.21	$19.65
93923	S		Extremity study	0096	1.7208	$98 25	$44.21	$19.65
93924	S		Extremity study	0096	1 7208	$98 25	$44.21	$19.65
93925	S		Lower extremity study	0267	2 4509	$139.94	$62.97	$27.99
93926	S		Lower extremity study	0267	2.4509	$139.94	$62.97	$27.99
93930	S		Upper extremity study	0267	2.4509	$139.94	$62.97	$27.99
93931	S		Upper extremity study	0266	1.6405	$93.67	$42.15	$18.73
93965	S		Extremity study	0096	1.7208	$98.25	$44.21	$19.65
93970	S		Extremity study	0267	2.4509	$139.94	$62.97	$27.99
93971	S		Extremity study	0267	2.4509	$139.94	$62.97	$27.99
93975	S		Vascular study	0267	2.4509	$139.94	$62.97	$27.99
93976	S		Vascular study	0267	2.4509	$139.94	$62.97	$27.99
93978	S		Vascular study	0267	2.4509	$139.94	$62.97	$27.99
93979	S		Vascular study	0267	2.4509	$139.94	$62.97	$27.99
93980	S		Penile vascular study	0267	2.4509	$139.94	$62.97	$27.99
93981	S		Penile vascular study	0267	2.4509	$139.94	$62.97	$27.99
93990	S		Doppler flow testing	0267	2.4509	$139.94	$62.97	$27.99
94010	X		Breathing capacity test	0368	0.9544	$54.49	$24.52	$10.90
94014	X		Patient recorded spirometry	0368	0.9544	$54.49	$24.52	$10.90
94015	X		Patient recorded spirometry	0367	0.5901	$33.69	$15.16	$6.74
94016	A		Review patient spirometry					
94060	X		Evaluation of wheezing	0368	0 9544	$54.49	$24.52	$10.90
94070	X		Evaluation of wheezing	0369	2 7466	$156.83	$44.18	$31.37
94150	X		Vital capacity test	0367	0 5901	$33.69	$15.16	$6.74
94200	X		Lung function test (MBC/MVV)	0367	0 5901	$33.69	$15.16	$6.74
94240	X		Residual lung capacity	0368	0.9544	$54.49	$24.52	$10.90
94250	X		Expired gas collection	0367	0.5901	$33.69	$15.16	$6 74
94260	X		Thoracic gas volume	0368	0.9544	$54.49	$24.52	$10 90
94350	X		Lung nitrogen washout curve	0368	0.9544	$54.49	$24.52	$10.90
94360	X		Measure airflow resistance	0367	0.5901	$33.69	$15.16	$6.74
94370	X		Breath airway closing volume	0367	0.5901	$33.69	$15.16	$6.74
94375	X		Respiratory flow volume loop	0368	0.9544	$54.49	$24.52	$10.90
94400	X		CO2 breathing response curve	0367	0.5901	$33.69	$15.16	$6.74
94450	X		Hypoxia response curve	0368	0.9544	$54.49	$24.52	$10.90
94620	X		Pulmonary stress test/simple	0368	0.9544	$54.49	$24.52	$10.90
94621	X		Pulm stress test/complex	0369	2.7466	$156.83	$44.18	$31.37

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94640	S		Airway inhalation treatment	0077	0.3092	$17.65	$7.74	$3.53
94642	S		Aerosol inhalation treatment	0078	0.8207	$46.86	$14.55	$9.37
94656	S		Initial ventilator mgmt	0079	2.0455	$116.79		$23.36
94657	S		Continued ventilator mgmt	0079	2.0455	$116.79		$23.36
94660	S		Pos airway pressure, CPAP	0068	1.1723	$66.94	$29.48	$13.39
94662	S		Neg press ventilation, cnp	0079	2.0455	$116.79		$23.36
94664	S		Aerosol or vapor inhalations	0077	0.3092	$17.65	$7.74	$3.53
94667	S		Chest wall manipulation	0077	0.3092	$17.65	$7.74	$3.53
94668	S		Chest wall manipulation	0077	0.3092	$17.65	$7.74	$3.53
94680	X		Exhaled air analysis, o2	0367	0.5901	$33.69	$15.16	$6.74
94681	X		Exhaled air analysis, o2/co2	0368	0.9544	$54.49	$24.52	$10.90
94690	X		Exhaled air analysis	0368	0.9544	$54.49	$24.52	$10.90
94720	X		Monoxide diffusing capacity	0368	0.9544	$54.49	$24.52	$10.90
94725	X		Membrane diffusion capacity	0368	0.9544	$54.49	$24.52	$10.90
94750	X		Pulmonary compliance study	0368	0.9544	$54.49	$24.52	$10.90
94760	N		Measure blood oxygen level					
94761	N		Measure blood oxygen level					
94762	N		Measure blood oxygen level					
94770	X		Exhaled carbon dioxide test	0367	0.5901	$33.69	$15.16	$6.74
94772	X		Breath recording, infant	0369	2.7466	$156.83	$44.18	$31.37
94799	X		Pulmonary service/procedure	0367	0.5901	$33.69	$15.16	$6.74
95004	X		Percut allergy skin tests	0370	1.0088	$57.60	$11.58	$11.52
95010	X		Percut allergy titrate test	0370	1.0088	$57.60	$11.58	$11.52
95015	X		Id allergy titrate-drug/bug	0370	1.0088	$57.60	$11.58	$11.52
95024	X		Id allergy test, drug/bug	0370	1.0088	$57.60	$11.58	$11.52
95027	X		Skin end point titration	0370	1.0088	$57.60	$11.58	$11.52
95028	X		Id allergy test-delayed type	0370	1.0088	$57.60	$11.58	$11.52
95044	X		Allergy patch tests	0370	1.0088	$57.60	$11.58	$11.52
95052	X		Photo patch test	0370	1.0088	$57.60	$11.58	$11.52
95056	X		Photosensitivity tests	0370	1.0088	$57.60	$11.58	$11.52
95060	X		Eye allergy tests	0370	1.0088	$57.60	$11.58	$11.52
95065	X		Nose allergy test	0370	1.0088	$57.60	$11.58	$11.52
95070	X		Bronchial allergy tests	0369	2.7466	$156.83	$44.18	$31.37
95071	X		Bronchial allergy tests	0369	2.7466	$156.83	$44.18	$31.37
95075	X		Ingestion challenge test	0361	3.6851	$210.41	$83.23	$42.08
95078	X		Provocative testing	0370	1.0088	$57.60	$11.58	$11.52
95115	X		Immunotherapy, one injection	0352	0.1209	$6.90		$1.38
95117	X		Immunotherapy injections	0353	0.4013	$22.91		$4.58
95120	B		Immunotherapy, one injection					
95125	B		Immunotherapy, many antigens					
95130	B		Immunotherapy, insect venom					
95131	B		Immunotherapy, insect venoms					
95132	B		Immunotherapy, insect venoms					
95133	B		Immunotherapy, insect venoms					
95134	B		Immunotherapy, insect venoms					
95144	X		Antigen therapy services	0371	0.4238	$24.20		$4.84
95145	X		Antigen therapy services	0371	0.4238	$24.20		$4.84
95146	X		Antigen therapy services	0371	0.4238	$24.20		$4.84
95147	X		Antigen therapy services	0371	0.4238	$24.20		$4.84
95148	X		Antigen therapy services	0371	0.4238	$24.20		$4.84

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95149	X		Antigen therapy services	0371	0.4238	$24.20		$4.84
95165	X		Antigen therapy services	0371	0.4238	$24.20		$4.84
95170	X		Antigen therapy services	0371	0.4238	$24.20		$4.84
95180	X		Rapid desensitization	0370	1.0088	$57.60	$11.58	$11.52
95199	X		Allergy immunology services	0370	1.0088	$57.60	$11.58	$11.52
95250	X		Glucose monitoring, cont	0421	1.8195	$103.89		$20.78
95805	S		Multiple sleep latency test	0209	11.7070	$668.45	$280.58	$133.69
95806	S		Sleep study, unattended	0213	3.4836	$198.91	$65.74	$39.78
95807	S		Sleep study, attended	0209	11.7070	$668.45	$280.58	$133.69
95808	S		Polysomnography, 1-3	0209	11.7070	$668.45	$280.58	$133.69
95810	S		Polysomnography, 4 or more	0209	11.7070	$668.45	$280.58	$133.69
95811	S		Polysomnography w/cpap	0209	11.7070	$668.45	$280.58	$133.69
95812	S		Electroencephalogram (EEG)	0213	3.4836	$198.91	$65.74	$39.78
95813	S		Eeg, over 1 hour	0213	3.4836	$198.91	$65.74	$39.78
95816	S		Electroencephalogram (EEG)	0214	2.2976	$131.19	$58.12	$26.24
95819	S		Electroencephalogram (EEG)	0214	2.2976	$131.19	$58.12	$26.24
95822	S		Sleep electroencephalogram	0214	2.2976	$131.19	$58.12	$26.24
95824	S		Eeg, cerebral death only	0214	2.2976	$131.19	$58.12	$26.24
95827	S		night electroencephalogram	0213	3.4836	$198.91	$65.74	$39.78
95829	S		Surgery electrocorticogram	0214	2.2976	$131.19	$58.12	$26.24
95830	B		Insert electrodes for EEG					
95831	A		Limb muscle testing, manual					
95832	A		Hand muscle testing, manual					
95833	A		Body muscle testing, manual					
95834	A		Body muscle testing, manual					
95851	A		Range of motion measurements					
95852	A		Range of motion measurements					
95857	S		Tensilon test	0218	1.1542	$65.90		$13.18
95858	S		Tensilon test & myogram	0215	0.6655	$38.00	$15.76	$7.60
95860	S		Muscle test, one limb	0218	1.1542	$65.90		$13.18
95861	S		Muscle test, 2 limbs	0218	1.1542	$65.90		$13.18
95863	S		Muscle test, 3 limbs	0218	1.1542	$65.90		$13.18
95864	S		Muscle test, 4 limbs	0218	1.1542	$65.90		$13.18
95867	S		Muscle test, head or neck	0218	1.1542	$65.90		$13.18
95868	S		Muscle test cran nerve bilat	0218	1.1542	$65.90		$13.18
95869	S		Muscle test, thor paraspinal	0215	0.6655	$38.00	$15.76	$7.60
95870	S		Muscle test, nonparaspinal	0215	0.6655	$38.00	$15.76	$7.60
95872	S		Muscle test, one fiber	0218	1.1542	$65.90		$13.18
95875	S		Limb exercise test	0215	0.6655	$38.00	$15.76	$7.60
95900	S		Motor nerve conduction test	0215	0.6655	$38.00	$15.76	$7.60
95903	S		Motor nerve conduction test	0215	0.6655	$38.00	$15.76	$7.60
95904	S		Sense nerve conduction test	0215	0.6655	$38.00	$15.76	$7.60
95920	S		Intraop nerve test add-on	0216	2.6360	$150.51		$30.10
95921	S		Autonomic nerv function test	0218	1.1542	$65.90		$13.18
95922	S		Autonomic nerv function test	0218	1.1542	$65.90		$13.18
95923	S		Autonomic nerv function test	0215	0.6655	$38.00	$15.76	$7.60
95925	S		Somatosensory testing	0216	2.6360	$150.51		$30.10
95926	S		Somatosensory testing	0216	2.6360	$150.51		$30.10
95927	S		Somatosensory testing	0216	2.6360	$150.51		$30.10
95930	S		Visual evoked potential test	0216	2.6360	$150.51		$30.10

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95933	S		Blink reflex test	0215	0.6655	$38.00	$15.76	$7.60
95934	S		H-reflex test	0215	0.6655	$38.00	$15.76	$7.60
95936	S		H-reflex test	0215	0.6655	$38.00	$15.76	$7.60
95937	S		Neuromuscular junction test	0218	1.1542	$65.90		$13.18
95950	S		Ambulatory eeg monitoring	0213	3.4836	$198.91	$65.74	$39.78
95951	S		EEG monitoring/videorecord	0209	11.7070	$668.45	$280.58	$133.69
95953	S		EEG monitoring/computer	0213	3.4836	$198.91	$65.74	$39.78
95954	S		EEG monitoring/giving drugs	0214	2.2976	$131.19	$58.12	$26.24
95955	S		EEG during surgery	0213	3.4836	$198.91	$65.74	$39.78
95956	S		Eeg monitoring, cable/radio	0214	2.2976	$131.19	$58.12	$26.24
95957	S		EEG digital analysis	0214	2.2976	$131.19	$58.12	$26.24
95958	S		EEG monitoring/function test	0213	3.4836	$198.91	$65.74	$39.78
95961	S		Electrode stimulation, brain	0216	2.6360	$150.51		$30.10
95962	S		Electrode stim, brain add-on	0216	2.6360	$150.51		$30.10
95965	S		Meg, spontaneous	1528		$5,250.00		$1,050.00
95966	S		Meg, evoked, single	1516		$1,450.00		$290.00
95967	S		Meg, evoked, each add'l	1511		$950.00		$190.00
95970	S		Analyze neurostim, no prog	0692	2.0004	$114.22	$30.16	$22.84
95971	S		Analyze neurostim, simple	0692	2.0004	$114.22	$30.16	$22.84
95972	S		Analyze neurostim, complex	0692	2.0004	$114.22	$30.16	$22.84
95973	S		Analyze neurostim, complex	0692	2.0004	$114.22	$30.16	$22.84
95974	S		Cranial neurostim, complex	0692	2.0004	$114.22	$30.16	$22.84
95975	S		Cranial neurostim, complex	0692	2.0004	$114.22	$30.16	$22.84
95990	T		Spin/brain pump refil & main	0125	2.0894	$119.30		$23.86
95991	T		Spin/brain pump refil & main	0125	2.0894	$119.30		$23.86
95999	S		Neurological procedure	0215	0.6655	$38.00	$15.76	$7.60
96000	S		Motion analysis, video/3d	0216	2.6360	$150.51		$30.10
96001	S		Motion test w/ft press meas	0216	2.6360	$150.51		$30.10
96002	S		Dynamic surface emg	0218	1.1542	$65.90		$13.18
96003	S		Dynamic fine wire emg	0215	0.6655	$38.00	$15.76	$7.60
96004	E		Phys review of motion tests					
96100	X		Psychological testing	0373	2.3631	$134.93		$26.99
96105	A		Assessment of aphasia					
96110	X		Developmental test, lim	0373	2 3631	$134.93		$26.99
96111	X		Developmental test, extend	0373	2 3631	$134.93		$26.99
96115	X		Neurobehavior status exam	0373	2 3631	$134.93		$26.99
96117	X		Neuropsych test battery	0373	2 3631	$134.93		$26.99
96150	S		Assess lth/behave, init	0322	1 2681	$72.41		$14.48
96151	S		Assess hlth/behave, subseq	0322	1.2681	$72.41		$14.48
96152	S		Intervene hlth/behave, indiv	0322	1.2681	$72.41		$14.48
96153	S		Intervene hlth/behave, group	0322	1.2681	$72.41		$14.48
96154	S		Interv hlth/behav, fam w/pt	0322	1.2681	$72.41		$14.48
96155	E		Interv hlth/behav fam no pt					
96400	B		Chemotherapy, sc/im					
96405	B		Intralesional chemo admin					
96406	B		Intralesional chemo admin					
96408	B		Chemotherapy, push technique					
96410	B		Chemotherapy,infusion method					
96412	B		Chemo, infuse method add-on					
96414	B		Chemo, infuse method add-on					

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96420	B		Chemotherapy, push technique					
96422	B		Chemotherapy,infusion method					
96423	B		Chemo, infuse method add-on					
96425	B		Chemotherapy,infusion method					
96440	B		Chemotherapy, intracavitary					
96445	B		Chemotherapy, intracavitary					
96450	B		Chemotherapy, into CNS					
96520	T		Port pump refill & main	0125	2.0894	$119.30		$23.86
96530	T		Pump refilling, maintenance	0125	2.0894	$119.30		$23.86
96542	B		Chemotherapy injection					
96545	B		Provide chemotherapy agent					
96549	B		Chemotherapy, unspecified					
96567	T		Photodynamic tx, skin	0013	1.1586	$66 15	$14.20	$13.23
96570	T		Photodynamic tx, 30 min	0015	1.7381	$99 24	$20.35	$19.85
96571	T		Photodynamic tx, addl 15 min	0012	0.7559	$43.16	$11.18	$8.63
96900	S		Ultraviolet light therapy	0001	0.4046	$23.10	$7.08	$4.62
96902	N		Trichogram					
96910	S		Photochemotherapy with UV-B	0001	0.4046	$23.10	$7.08	$4.62
96912	S		Photochemotherapy with UV-A	0001	0.4046	$23.10	$7.08	$4.62
96913	S		Photochemotherapy, UV-A or B	0683	2.4306	$138.78	$30.42	$27.76
96920	T		Laser tx, skin < 250 sq cm	0013	1.1586	$66.15	$14.20	$13.23
96921	T		Laser tx, skin 250-500 sq cm	0013	1.1586	$66.15	$14.20	$13.23
96922	T		Laser tx, skin > 500 sq cm	0013	1.1586	$66.15	$14.20	$13.23
96999	T		Dermatological procedure	0010	0.5982	$34.16	$9.74	$6.83
97001	A		Pt evaluation					
97002	A		Pt re-evaluation					
97003	A		Ot evaluation					
97004	A		Ot re-evaluation					
97005	E		Athletic train eval					
97006	E		Athletic train reeval					
97010	A		Hot or cold packs therapy					
97012	A		Mechanical traction therapy					
97014	E		Electric stimulation therapy					
97016	A		Vasopneumatic device therapy					
97018	A		Paraffin bath therapy					
97020	A		Microwave therapy					
97022	A		Whirlpool therapy					
97024	A		Diathermy treatment					
97026	A		Infrared therapy					
97028	A		Ultraviolet therapy					
97032	A		Electrical stimulation					
97033	A		Electric current therapy					
97034	A		Contrast bath therapy					
97035	A		Ultrasound therapy					
97036	A		Hydrotherapy					
97039	A		Physical therapy treatment					
97110	A		Therapeutic exercises					
97112	A		Neuromuscular reeducation					
97113	A		Aquatic therapy/exercises					
97116	A		Gait training therapy					

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97124	A		Massage therapy					
97139	A		Physical medicine procedure					
97140	A		Manual therapy					
97150	A		Group therapeutic procedures					
97504	A		Orthotic training					
97520	A		Prosthetic training					
97530	A		Therapeutic activities					
97532	A		Cognitive skills development					
97533	A		Sensory integration					
97535	A		Self care mngment training					
97537	A		Community/work reintegration					
97542	A		Wheelchair mngment training					
97545	A		Work hardening					
97546	A		Work hardening add-on					
97601	A		Wound(s) care, selective					
97602	N		Wound(s) care non-selective					
97703	A		Prosthetic checkout					
97750	A		Physical performance test					
97755	A		Assistive technology assess					
97780	E		Acupuncture w/o stimul					
97781	E		Acupuncture w/stimul					
97799	A		Physical medicine procedure					
97802	A		Medical nutrition, indiv, in					
97803	A		Med nutrition, indiv, subseq					
97804	A		Medical nutrition, group					
98925	S		Osteopathic manipulation	0060	0.4885	$27.89		$5.58
98926	S		Osteopathic manipulation	0060	0.4885	$27.89		$5.58
98927	S		Osteopathic manipulation	0060	0.4885	$27.89		$5.58
98928	S		Osteopathic manipulation	0060	0.4885	$27.89		$5.58
98929	S		Osteopathic manipulation	0060	0.4885	$27.89		$5.58
98940	S		Chiropractic manipulation	0060	0.4885	$27.89		$5.58
98941	S		Chiropractic manipulation	0060	0.4885	$27.89		$5.58
98942	S		Chiropractic manipulation	0060	0.4885	$27.89		$5.58
98943	E		Chiropractic manipulation					
99000	B		Specimen handling					
99001	B		Specimen handling					
99002	B		Device handling					
99024	B		Postop follow-up visit					
99026	E		In-hospital on call service					
99027	E		Out-of-hosp on call service					
99050	B		Medical services after hrs					
99052	B		Medical services at night					
99054	B		Medical servcs, unusual hrs					
99056	B		Non-office medical services					
99058	B		Office emergency care					
99070	B		Special supplies					
99071	B		Patient education materials					
99075	E		Medical testimony					
99078	N		Group health education					
99080	B		Special reports or forms					

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99082	B		Unusual physician travel					
99090	B		Computer data analysis					
99091	E		Collect/review data from pt					
99100	B		Special anesthesia service					
99116	B		Anesthesia with hypothermia					
99135	B		Special anesthesia procedure					
99140	B		Emergency anesthesia					
99141	N		Sedation, iv/im or inhalant					
99142	N		Sedation, oral/rectal/nasal					
99170	T		Anogenital exam, child	0191	0.1898	$10.84	$2.93	$2.17
99172	E		Ocular function screen					
99173	E		Visual acuity screen					
99175	N		Induction of vomiting					
99183	B		Hyperbaric oxygen therapy					
99185	N		Regional hypothermia					
99186	N		Total body hypothermia					
99190	C		Special pump services					
99191	C		Special pump services					
99192	C		Special pump services					
99195	X		Phlebotomy	0372	0.5720	$32.66	$10.09	$6.53
99199	B		Special service/proc/report					
99201	V		Office/outpatient visit, new	0600	0.9153	$52.26		$10.45
99202	V		Office/outpatient visit, new	0600	0.9153	$52.26		$10.45
99203	V		Office/outpatient visit, new	0601	0.9872	$56.37		$11.27
99204	V		Office/outpatient visit, new	0602	1.4126	$80.66		$16.13
99205	V		Office/outpatient visit, new	0602	1.4126	$80.66		$16.13
99211	V		Office/outpatient visit, est	0600	0.9153	$52.26		$10.45
99212	V		Office/outpatient visit, est	0600	0.9153	$52.26		$10.45
99213	V		Office/outpatient visit, est	0601	0.9872	$56.37		$11.27
99214	V		Office/outpatient visit, est	0602	1.4126	$80.66		$16.13
99215	V		Office/outpatient visit, est	0602	1.4126	$80.66		$16.13
99217	N		Observation care discharge					
99218	N		Observation care					
99219	N		Observation care					
99220	N		Observation care					
99221	E		Initial hospital care					
99222	E		Initial hospital care					
99223	E		Initial hospital care					
99231	E		Subsequent hospital care					
99232	E		Subsequent hospital care					
99233	E		Subsequent hospital care					
99234	N		Observ/hosp same date					
99235	N		Observ/hosp same date					
99236	N		Observ/hosp same date					
99238	E		Hospital discharge day					
99239	E		Hospital discharge day					
99241	V		Office consultation	0600	0.9153	$52.26		$10.45
99242	V		Office consultation	0600	0.9153	$52.26		$10.45
99243	V		Office consultation	0601	0.9872	$56.37		$11.27
99244	V		Office consultation	0602	1.4126	$80.66		$16.13

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99245	V		Office consultation	0602	1.4126	$80.66		$16.13
99251	C		Initial inpatient consult					
99252	C		Initial inpatient consult					
99253	C		Initial inpatient consult					
99254	C		Initial inpatient consult					
99255	C		Initial inpatient consult					
99261	C		Follow-up inpatient consult					
99262	C		Follow-up inpatient consult					
99263	C		Follow-up inpatient consult					
99271	V		Confirmatory consultation	0600	0.9153	$52.26		$10.45
99272	V		Confirmatory consultation	0600	0.9153	$52.26		$10.45
99273	V		Confirmatory consultation	0601	0.9872	$56.37		$11.27
99274	V		Confirmatory consultation	0602	1.4126	$80.66		$16.13
99275	V		Confirmatory consultation	0602	1.4126	$80.66		$16.13
99281	V		Emergency dept visit	0610	1.3646	$77.92	$19.57	$15.58
99282	V		Emergency dept visit	0610	1.3646	$77.92	$19.57	$15.58
99283	V		Emergency dept visit	0611	2.4057	$137.36	$36.16	$27.47
99284	V		Emergency dept visit	0612	4.0940	$233.76	$54.12	$46.75
99285	V		Emergency dept visit	0612	4.0940	$233.76	$54.12	$46.75
99288	B		Direct advanced life support					
99289	N		Pt transport, 30-74 min					
99290	N		Pt transport, addl 30 min					
99291	S		Critical care, first hour	0620	8.9673	$512.01	$142.30	$102.40
99292	N		Critical care, add'l 30 min					
99293	C		Ped critical care, initial					
99294	C		Ped critical care, subseq					
99295	C		Neonatal critical care					
99296	C		Neonatal critical care					
99298	C		Neonatal critical care					
99299	C		Ic, lbw infant 1500-2500 gm					
99301	B		Nursing facility care					
99302	B		Nursing facility care					
99303	B		Nursing facility care					
99311	B		Nursing fac care, subseq					
99312	B		Nursing fac care, subseq					
99313	B		Nursing fac care, subseq					
99315	B		Nursing fac discharge day					
99316	B		Nursing fac discharge day					
99321	B		Rest home visit, new patient					
99322	B		Rest home visit, new patient					
99323	B		Rest home visit, new patient					
99331	B		Rest home visit, est pat					
99332	B		Rest home visit, est pat					
99333	B		Rest home visit, est pat					
99341	B		Home visit, new patient					
99342	B		Home visit, new patient					
99343	B		Home visit, new patient					
99344	B		Home visit, new patient					
99345	B		Home visit, new patient					
99347	B		Home visit, est patient					

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99348	B		Home visit, est patient					
99349	B		Home visit, est patient					
99350	B		Home visit, est patient					
99354	N		Prolonged service, office					
99355	N		Prolonged service, office					
99356	C		Prolonged service, inpatient					
99357	C		Prolonged service, inpatient					
99358	N		Prolonged serv, w/o contact					
99359	N		Prolonged serv, w/o contact					
99360	B		Physician standby services					
99361	E		Physician/team conference					
99362	E		Physician/team conference					
99371	B		Physician phone consultation					
99372	B		Physician phone consultation					
99373	B		Physician phone consultation					
99374	B		Home health care supervision					
99375	E		Home health care supervision					
99377	B		Hospice care supervision					
99378	E		Hospice care supervision					
99379	B		Nursing fac care supervision					
99380	B		Nursing fac care supervision					
99381	E		Prev visit, new, infant					
99382	E		Prev visit, new, age 1-4					
99383	E		Prev visit, new, age 5-11					
99384	E		Prev visit, new, age 12-17					
99385	E		Prev visit, new, age 18-39					
99386	E		Prev visit, new, age 40-64					
99387	E		Prev visit, new, 65 & over					
99391	E		Prev visit, est, infant					
99392	E		Prev visit, est, age 1-4					
99393	E		Prev visit, est, age 5-11					
99394	E		Prev visit, est, age 12-17					
99395	E		Prev visit, est, age 18-39					
99396	E		Prev visit, est, age 40-64					
99397	E		Prev visit, est, 65 & over					
99401	E		Preventive counseling, indiv					
99402	E		Preventive counseling, indiv					
99403	E		Preventive counseling, indiv					
99404	E		Preventive counseling, indiv					
99411	E		Preventive counseling, group					
99412	E		Preventive counseling, group					
99420	E		Health risk assessment test					
99429	E		Unlisted preventive service					
99431	V		Initial care, normal newborn	0600	0.9153	$52.26		$10.45
99432	N		Newborn care, not in hosp					
99433	C		Normal newborn care/hospital					
99435	E		Newborn discharge day hosp					
99436	N		Attendance, birth					
99440	S		Newborn resuscitation	0094	2.7247	$155.57	$48.58	$31.11
99450	E		Life/disability evaluation					

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99455	B		Disability examination					
99456	B		Disability examination					
99499	B		Unlisted e&m service					
99500	E		Home visit, prenatal					
99501	E		Home visit, postnatal					
99502	E		Home visit, nb care					
99503	E		Home visit, resp therapy					
99504	E		Home visit mech ventilator					
99505	E		Home visit, stoma care					
99506	E		Home visit, im injection					
99507	E		Home visit, cath maintain					
99509	E		Home visit day life activity					
99510	E		Home visit, sing/m/fam couns					
99511	E		Home visit, fecal/enema mgmt					
99512	E		Home visit for hemodialysis					
99600	E		Home visit nos					
99601	E		Home infusion/visit, 2 hrs					
99602	E		Home infusion, each addtl hr					
A0021	E		Outside state ambulance serv					
A0080	E		Noninterest escort in non er					
A0090	E		Interest escort in non er					
A0100	E		Nonemergency transport taxi					
A0110	E		Nonemergency transport bus					
A0120	E		Noner transport mini-bus					
A0130	E		Noner transport wheelchi van					
A0140	E		Nonemergency transport air					
A0160	E		Noner transport case worker					
A0170	E		Noner transport parking fees					
A0180	E		Noner transport lodgng recip					
A0190	E		Noner transport meals recip					
A0200	E		Noner transport lodgng escrt					
A0210	E		Noner transport meals escort					
A0225	A		Neonatal emergency transport					
A0380	A		Basic life support mileage					
A0382	A		Basic support routine suppls					
A0384	A		Bls defibrillation supplies					
A0390	A		Advanced life support mileag					
A0392	A		Als defibrillation supplies					
A0394	A		Als IV drug therapy supplies					
A0396	A		Als esophageal intub suppls					
A0398	A		Als routine disposble suppls					
A0420	A		Ambulance waiting 1/2 hr					
A0422	A		Ambulance 02 life sustaining					
A0424	A		Extra ambulance attendant					
A0425	A		Ground mileage					
A0426	A		Als 1					
A0427	A		ALS1-emergency					
A0428	A		bls					
A0429	A		BLS-emergency					
A0430	A		Fixed wing air transport					

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A0431	A		Rotary wing air transport					
A0432	A		PI volunteer ambulance co					
A0433	A		als 2					
A0434	A		Specialty care transport					
A0435	A		Fixed wing air mileage					
A0436	A		Rotary wing air mileage					
A0800	E		Amb trans 7pm-7am					
A0888	E		Noncovered ambulance mileage					
A0999	A		Unlisted ambulance service					
A4206	E		1 CC sterile syringe&needle					
A4207	E		2 CC sterile syringe&needle					
A4208	E		3 CC sterile syringe&needle					
A4209	E		5+ CC sterile syringe&needle					
A4210	E		Nonneedle injection device					
A4211	B		Supp for self-adm injections					
A4212	B		Non coring needle or stylet					
A4213	E		20+ CC syringe only					
A4215	E		Sterile needle					
A4216	A		Sterile water/saline, 10 ml					
A4217	A		Sterile water/saline, 500 ml					
A4220	N		Infusion pump refill kit					
A4221	Y		Maint drug infus cath per wk					
A4222	Y		Drug infusion pump supplies					
A4230	Y		Infus insulin pump non needl					
A4231	Y		Infusion insulin pump needle					
A4232	Y		Syringe w/needle insulin 3cc					
A4244	E		Alcohol or peroxide per pint					
A4245	E		Alcohol wipes per box					
A4246	E		Betadine/phisohex solution					
A4247	E		Betadine/iodine swabs/wipes					
A4248	N		Chlorhexidine antisept					
A4250	E		Urine reagent strips/tablets					
A4253	Y		Blood glucose/reagent strips					
A4254	Y		Battery for glucose monitor					
A4255	Y		Glucose monitor platforms					
A4256	Y		Calibrator solution/chips					
A4257	Y		Replace Lensshield Cartridge					
A4258	Y		Lancet device each					
A4259	Y		Lancets per box					
A4260	E		Levonorgestrel implant					
A4261	E		Cervical cap contraceptive					
A4262	N		Temporary tear duct plug					
A4263	N		Permanent tear duct plug					
A4265	Y		Paraffin					
A4266	E		Diaphragm					
A4267	E		Male condom					
A4268	E		Female condom					
A4269	E		Spermicide					
A4270	A		Disposable endoscope sheath					
A4280	A		Brst prsths adhsv attchmnt					

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A4281	E		Replacement breastpump tube					
A4282	E		Replacement breastpump adpt					
A4283	E		Replacement breastpump cap					
A4284	E		Replcmnt breast pump shield					
A4285	E		Replcmnt breast pump bottle					
A4286	E		Replcmnt breastpump lok ring					
A4290	E		Sacral nerve stim test lead					
A4300	N		Cath impl vasc access portal					
A4301	N		Implantable access syst perc					
A4305	A		Drug delivery system >=50 ML					
A4306	A		Drug delivery system <=5 ML					
A4310	A		Insert tray w/o bag/cath					
A4311	A		Catheter w/o bag 2-way latex					
A4312	A		Cath w/o bag 2-way silicone					
A4313	A		Catheter w/bag 3-way					
A4314	A		Cath w/drainage 2-way latex					
A4315	A		Cath w/drainage 2-way silcne					
A4316	A		Cath w/drainage 3-way					
A4320	A		Irrigation tray					
A4321	A		Cath therapeutic irrig agent					
A4322	A		Irrigation syringe					
A4324	A		Male ext cath w/adh coating					
A4325	A		Male ext cath w/adh strip					
A4326	A		Male external catheter					
A4327	A		Fem urinary collect dev cup					
A4328	A		Fem urinary collect pouch					
A4330	A		Stool collection pouch					
A4331	A		Extension drainage tubing					
A4332	A		Lubricant for cath insertion					
A4333	A		Urinary cath anchor device					
A4334	A		Urinary cath leg strap					
A4335	A		Incontinence supply					
A4338	A		Indwelling catheter latex					
A4340	A		Indwelling catheter special					
A4344	A		Cath indw foley 2 way silicn					
A4346	A		Cath indw foley 3 way					
A4347	A		Male external catheter					
A4348	A		Male ext cath extended wear					
A4351	A		Straight tip urine catheter					
A4352	A		Coude tip urinary catheter					
A4353	A		Intermittent urinary cath					
A4354	A		Cath insertion tray w/bag					
A4355	A		Bladder irrigation tubing					
A4356	A		Ext ureth clmp or compr dvc					
A4357	A		Bedside drainage bag					
A4358	A		Urinary leg or abdomen bag					
A4359	A		Urinary suspensory w/o leg b					
A4361	A		Ostomy face plate					
A4362	A		Solid skin barrier					
A4364	A		Adhesive, liquid or equal					

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A4365	A		Adhesive remover wipes					
A4366	A		Ostomy vent					
A4367	A		Ostomy belt					
A4368	A		Ostomy filter					
A4369	A		Skin barrier liquid per oz					
A4371	A		Skin barrier powder per oz					
A4372	A		Skin barrier solid 4x4 equiv					
A4373	A		Skin barrier with flange					
A4375	A		Drainable plastic pch w fcpl					
A4376	A		Drainable rubber pch w fcplt					
A4377	A		Drainable plstic pch w/o fp					
A4378	A		Drainable rubber pch w/o fp					
A4379	A		Urinary plastic pouch w fcpl					
A4380	A		Urinary rubber pouch w fcplt					
A4381	A		Urinary plastic pouch w/o fp					
A4382	A		Urinary hvy plstc pch w/o fp					
A4383	A		Urinary rubber pouch w/o fp					
A4384	A		Ostomy faceplt/silicone ring					
A4385	A		Ost skn barrier sld ext wear					
A4387	A		Ost clsd pouch w att st barr					
A4388	A		Drainable pch w ex wear barr					
A4389	A		Drainable pch w st wear barr					
A4390	A		Drainable pch ex wear convex					
A4391	A		Urinary pouch w ex wear barr					
A4392	A		Urinary pouch w st wear barr					
A4393	A		Urine pch w ex wear bar conv					
A4394	A		Ostomy pouch liq deodorant					
A4395	A		Ostomy pouch solid deodorant					
A4396	A		Peristomal hernia supprt blt					
A4397	A		Irrigation supply sleeve					
A4398	A		Ostomy irrigation bag					
A4399	A		Ostomy irrig cone/cath w brs					
A4400	A		Ostomy irrigation set					
A4402	A		Lubricant per ounce					
A4404	A		Ostomy ring each					
A4405	A		Nonpectin based ostomy paste					
A4406	A		Pectin based ostomy paste					
A4407	A		Ext wear ost skn barr <=4sq"					
A4408	A		Ext wear ost skn barr >4sq"					
A4409	A		Ost skn barr w flng <=4 sq"					
A4410	A		Ost skn barr w flng >4sq"					
A4413	A		2 pc drainable ost pouch					
A4414	A		Ostomy sknbarr w flng <=4sq"					
A4415	A		Ostomy skn barr w flng >4sq"					
A4416	A		Ost pch clsd w barrier/filtr					
A4417	A		Ost pch w bar/bltinconv/fltr					
A4418	A		Ost pch clsd w/o bar w filtr					
A4419	A		Ost pch for bar w flange/flt					
A4420	A		Ost pch clsd for bar w lk fl					
A4421	E		Ostomy supply misc					

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A4422	A		Ost pouch absorbent material					
A4423	A		Ost pch for bar w lk fl/fltr					
A4424	A		Ost pch drain w bar & filter					
A4425	A		Ost pch drain for barrier fl					
A4426	A		Ost pch drain 2 piece system					
A4427	A		Ost pch drain/barr lk flng/f					
A4428	A		Urine ost pouch w faucet/tap					
A4429	A		Urine ost pch bar w lock fln					
A4430	A		Ost pch urine w lock flng/ft					
A4431	A		Urine ost pch bar w lock fln					
A4432	A		Ost pch urine w lock flng/ft					
A4433	A		Urine ost pch bar w lock fln					
A4434	A		Ost pch urine w lock flng/ft					
A4450	A		Non-waterproof tape					
A4452	A		Waterproof tape					
A4455	A		Adhesive remover per ounce					
A4458	E		Reusable enema bag					
A4462	A		Abdmnl drssng holder/binder					
A4465	A		Non-elastic extremity binder					
A4470	A		Gravlee jet washer					
A4480	A		Vabra aspirator					
A4481	A		Tracheostoma filter					
A4483	A		Moisture exchanger					
A4490	E		Above knee surgical stocking					
A4495	E		Thigh length surg stocking					
A4500	E		Below knee surgical stocking					
A4510	E		Full length surg stocking					
A4521	E		Adult size diaper sm each					
A4522	E		Adult size diaper med each					
A4523	E		Adult size diaper lg each					
A4524	E		Adult size diaper xl each					
A4525	E		Adult size brief sm each					
A4526	E		Adult size brief med each					
A4527	E		Adult size brief lg each					
A4528	E		Adult size brief xl each					
A4529	E		Child size diaper sm/med ea					
A4530	E		Child size diaper lg each					
A4531	E		Child size brief sm/med each					
A4532	E		Child size brief lg each					
A4533	E		Youth size diaper each					
A4534	E		Youth size brief each					
A4535	E		Disp incont liner/shield ea					
A4536	E		Prot underwr wshbl any sz ea					
A4537	E		Under pad reusable any sz ea					
A4538	E		Reusable diaper from dpr svc					
A4550	B		Surgical trays					
A4554	E		Disposable underpads					
A4556	Y		Electrodes, pair					
A4557	Y		Lead wires, pair					
A4558	Y		Conductive paste or gel					

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A4561	N		Pessary rubber, any type					
A4562	N		Pessary, non rubber,any type					
A4565	A		Slings					
A4570	E		Splint					
A4575	E		Hyperbaric o2 chamber disps					
A4580	E		Cast supplies (plaster)					
A4590	E		Special casting material					
A4595	Y		TENS suppl 2 lead per month					
A4606	A		Oxygen probe used w oximeter					
A4608	Y		Transtracheal oxygen cath					
A4609	Y		Trach suction cath clsed sys					
A4610	Y		Trach sctn cath 72h clsedsys					
A4611	Y		Heavy duty battery					
A4612	Y		Battery cables					
A4613	Y		Battery charger					
A4614	A		Hand-held PEFR meter					
A4615	Y		Cannula nasal					
A4616	Y		Tubing (oxygen) per foot					
A4617	Y		Mouth piece					
A4618	Y		Breathing circuits					
A4619	Y		Face tent					
A4620	Y		Variable concentration mask					
A4623	A		Tracheostomy inner cannula					
A4624	Y		Tracheal suction tube					
A4625	A		Trach care kit for new trach					
A4626	A		Tracheostomy cleaning brush					
A4627	E		Spacer bag/reservoir					
A4628	Y		Oropharyngeal suction cath					
A4629	A		Tracheostomy care kit					
A4630	Y		Repl bat t.e.n.s. own by pt					
A4632	Y		Infus pump rplcemnt battery					
A4633	Y		Uvl replacement bulb					
A4634	A		Replacement bulb th lightbox					
A4635	Y		Underarm crutch pad					
A4636	Y		Handgrip for cane etc					
A4637	Y		Repl tip cane/crutch/walker					
A4638	Y		Repl batt pulse gen sys					
A4639	Y		Infrared ht sys replcmnt pad					
A4640	Y		Alternating pressure pad					
A4641	N		Diagnostic imaging agent					
A4642	K		Satumomab pendetide per dose	0704		$1,390.25		$278.05
A4643	K		High dose contrast MRI	9026	0.4645	$26.52		$5.30
A4644	N		Contrast 100-199 MGs iodine					
A4645	N		Contrast 200-299 MGs iodine					
A4646	N		Contrast 300-399 MGs iodine					
A4647	K		Supp- paramagnetic contr mat	9027	0.6484	$37.02		$7.40
A4649	A		Surgical supplies					
A4651	A		Calibrated microcap tube					
A4652	A		Microcapillary tube sealant					
A4653	A		PD catheter anchor belt					

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A4656	A		Dialysis needle					
A4657	A		Dialysis syringe w/wo needle					
A4660	A		Sphyg/bp app w cuff and stet					
A4663	A		Dialysis blood pressure cuff					
A4670	E		Automatic bp monitor, dial					
A4671	B		Disposable cycler set					
A4672	B		Drainage ext line, dialysis					
A4673	B		Ext line w easy lock connect					
A4674	B		Chem/antisept solution, 8oz					
A4680	A		Activated carbon filter, ea					
A4690	A		Dialyzer, each					
A4706	A		Bicarbonate conc sol per gal					
A4707	A		Bicarbonate conc pow per pac					
A4708	A		Acetate conc sol per gallon					
A4709	A		Acid conc sol per gallon					
A4714	A		Treated water per gallon					
A4719	A		"Y set" tubing					
A4720	A		Dialysat sol fld vol > 249cc					
A4721	A		Dialysat sol fld vol > 999cc					
A4722	A		Dialys sol fld vol > 1999cc					
A4723	A		Dialys sol fld vol > 2999cc					
A4724	A		Dialys sol fld vol > 3999cc					
A4725	A		Dialys sol fld vol > 4999cc					
A4726	A		Dialys sol fld vol > 5999cc					
A4728	B		Dialysate solution, non-dex					
A4730	A		Fistula cannulation set, ea					
A4736	A		Topical anesthetic, per gram					
A4737	A		Inj anesthetic per 10 ml					
A4740	A		Shunt accessory					
A4750	A		Art or venous blood tubing					
A4755	A		Comb art/venous blood tubing					
A4760	A		Dialysate sol test kit, each					
A4765	A		Dialysate conc pow per pack					
A4766	A		Dialysate conc sol add 10 ml					
A4770	A		Blood collection tube/vacuum					
A4771	A		Serum clotting time tube					
A4772	A		Blood glucose test strips					
A4773	A		Occult blood test strips					
A4774	A		Ammonia test strips					
A4802	A		Protamine sulfate per 50 mg					
A4860	A		Disposable catheter tips					
A4870	A		Plumb/elec wk hm hemo equip					
A4890	A		Repair/maint cont hemo equip					
A4911	A		Drain bag/bottle					
A4913	A		Misc dialysis supplies noc					
A4918	A		Venous pressure clamp					
A4927	A		Non-sterile gloves					
A4928	A		Surgical mask					
A4929	A		Tourniquet for dialysis, ea					
A4930	A		Sterile, gloves per pair					

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A4931	A		Reusable oral thermometer					
A4932	E		Reusable rectal thermometer					
A5051	A		Pouch clsd w barr attached					
A5052	A		Clsd ostomy pouch w/o barr					
A5053	A		Clsd ostomy pouch faceplate					
A5054	A		Clsd ostomy pouch w/flange					
A5055	A		Stoma cap					
A5061	A		Pouch drainable w barrier at					
A5062	A		Drnble ostomy pouch w/o barr					
A5063	A		Drain ostomy pouch w/flange					
A5071	A		Urinary pouch w/barrier					
A5072	A		Urinary pouch w/o barrier					
A5073	A		Urinary pouch on barr w/flng					
A5081	A		Continent stoma plug					
A5082	A		Continent stoma catheter					
A5093	A		Ostomy accessory convex inse					
A5102	A		Bedside drain btl w/wo tube					
A5105	A		Urinary suspensory					
A5112	A		Urinary leg bag					
A5113	A		Latex leg strap					
A5114	A		Foam/fabric leg strap					
A5119	A		Skin barrier wipes box pr 50					
A5121	A		Solid skin barrier 6x6					
A5122	A		Solid skin barrier 8x8					
A5126	A		Disk/foam pad +or- adhesive					
A5131	A		Appliance cleaner					
A5200	A		Percutaneous catheter anchor					
A5500	Y		Diab shoe for density insert					
A5501	Y		Diabetic custom molded shoe					
A5503	Y		Diabetic shoe w/roller/rockr					
A5504	Y		Diabetic shoe with wedge					
A5505	Y		Diab shoe w/metatarsal bar					
A5506	Y		Diabetic shoe w/off set heel					
A5507	Y		Modification diabetic shoe					
A5508	Y		Diabetic deluxe shoe					
A5509	E		Direct heat form shoe insert					
A5510	E		Compression form shoe insert					
A5511	E		Custom fab molded shoe inser					
A6000	E		Wound warming wound cover					
A6010	A		Collagen based wound filler					
A6011	A		Collagen gel/paste wound fil					
A6021	A		Collagen dressing <=16 sq in					
A6022	A		Collagen drsg>6<=48 sq in					
A6023	A		Collagen dressing >48 sq in					
A6024	A		Collagen dsg wound filler					
A6025	E		Silicone gel sheet, each					
A6154	A		Wound pouch each					
A6196	A		Alginate dressing <=16 sq in					
A6197	A		Alginate drsg >16 <=48 sq in					
A6198	A		alginate dressing > 48 sq in					

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A6199	A		Alginate drsg wound filler					
A6200	A		Compos drsg <=16 no border					
A6201	A		Compos drsg >16<=48 no bdr					
A6202	A		Compos drsg >48 no border					
A6203	A		Composite drsg <= 16 sq in					
A6204	A		Composite drsg >16<=48 sq in					
A6205	A		Composite drsg > 48 sq in					
A6206	A		Contact layer <= 16 sq in					
A6207	A		Contact layer >16<= 48 sq in					
A6208	A		Contact layer > 48 sq in					
A6209	A		Foam drsg <=16 sq in w/o bdr					
A6210	A		Foam drg >16<=48 sq in w/o b					
A6211	A		Foam drg > 48 sq in w/o brdr					
A6212	A		Foam drg <=16 sq in w/border					
A6213	A		Foam drg >16<=48 sq in w/bdr					
A6214	A		Foam drg > 48 sq in w/border					
A6215	A		Foam dressing wound filler					
A6216	A		Non-sterile gauze<=16 sq in					
A6217	A		Non-sterile gauze>16<=48 sq					
A6218	A		Non-sterile gauze > 48 sq in					
A6219	A		Gauze <= 16 sq in w/border					
A6220	A		Gauze >16 <=48 sq in w/bordr					
A6221	A		Gauze > 48 sq in w/border					
A6222	A		Gauze <=16 in no w/sal w/o b					
A6223	A		Gauze >16<=48 no w/sal w/o b					
A6224	A		Gauze > 48 in no w/sal w/o b					
A6228	A		Gauze <= 16 sq in water/sal					
A6229	A		Gauze >16<=48 sq in watr/sal					
A6230	A		Gauze > 48 sq in water/salne					
A6231	A		Hydrogel dsg<=16 sq in					
A6232	A		Hydrogel dsg>16<=48 sq in					
A6233	A		Hydrogel dressing >48 sq in					
A6234	A		Hydrocolld drg <=16 w/o bdr					
A6235	A		Hydrocolld drg >16<=48 w/o b					
A6236	A		Hydrocolld drg > 48 in w/o b					
A6237	A		Hydrocolld drg <=16 in w/bdr					
A6238	A		Hydrocolld drg >16<=48 w/bdr					
A6239	A		Hydrocolld drg > 48 in w/bdr					
A6240	A		Hydrocolld drg filler paste					
A6241	A		Hydrocolloid drg filler dry					
A6242	A		Hydrogel drg <=16 in w/o bdr					
A6243	A		Hydrogel drg >16<=48 w/o bdr					
A6244	A		Hydrogel drg >48 in w/o bdr					
A6245	A		Hydrogel drg <= 16 in w/bdr					
A6246	A		Hydrogel drg >16<=48 in w/b					
A6247	A		Hydrogel drg > 48 sq in w/b					
A6248	A		Hydrogel drsg gel filler					
A6250	A		Skin seal protect moisturizr					
A6251	A		Absorpt drg <=16 sq in w/o b					
A6252	A		Absorpt drg >16 <=48 w/o bdr					

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A6253	A		Absorpt drg > 48 sq in w/o b					
A6254	A		Absorpt drg <=16 sq in w/bdr					
A6255	A		Absorpt drg >16<=48 in w/bdr					
A6256	A		Absorpt drg > 48 sq in w/bdr					
A6257	A		Transparent film <= 16 sq in					
A6258	A		Transparent film >16<=48 in					
A6259	A		Transparent film > 48 sq in					
A6260	A		Wound cleanser any type/size					
A6261	A		Wound filler gel/paste /oz					
A6262	A		Wound filler dry form / gram					
A6266	A		Impreg gauze no h20/sal/yard					
A6402	A		Sterile gauze <= 16 sq in					
A6403	A		Sterile gauze>16 <= 48 sq in					
A6404	A		Sterile gauze > 48 sq in					
A6407	A		Packing strips, non-impreg					
A6410	A		Sterile eye pad					
A6411	A		Non-sterile eye pad					
A6412	E		Occlusive eye patch					
A6441	A		Pad band w>=3" <5"/yd					
A6442	A		Conform band n/s w<3"/yd					
A6443	A		Conform band n/s w>=3"<5"/yd					
A6444	A		Conform band n/s w>=5"/yd					
A6445	A		Conform band s w <3"/yd					
A6446	A		Conform band s w>=3" <5"/yd					
A6447	A		Conform band s w >=5"/yd					
A6448	A		Lt compres band <3"/yd					
A6449	A		Lt compres band >=3" <5"/yd					
A6450	A		Lt compres band >=5"/yd					
A6451	A		Mod compres band w>=3"<5"/yd					
A6452	A		High compres band w>=3"<5"yd					
A6453	A		Self-adher band w <3"/yd					
A6454	A		Self-adher band w>=3" <5"/yd					
A6455	A		Self-adher band >=5"/yd					
A6456	A		Zinc paste band w >=3"<5"/yd					
A6501	A		Compres burngarment bodysuit					
A6502	A		Compres burngarment chinstrp					
A6503	A		Compres burngarment facehood					
A6504	A		Cmprsburngarment glove-wrist					
A6505	A		Cmprsburngarment glove-elbow					
A6506	A		Cmprsburngrmnt glove-axilla					
A6507	A		Cmprs burngarment foot-knee					
A6508	A		Cmprs burngarment foot-thigh					
A6509	A		Compres burn garment jacket					
A6510	A		Compres burn garment leotard					
A6511	A		Compres burn garment panty					
A6512	A		Compres burn garment, noc					
A6550	Y		Neg pres wound ther drsg set					
A6551	Y		Neg press wound ther canistr					
A7000	Y		Disposable canister for pump					
A7001	Y		Nondisposable pump canister					

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A7002	Y		Tubing used w suction pump					
A7003	Y		Nebulizer administration set					
A7004	Y		Disposable nebulizer sml vol					
A7005	Y		Nondisposable nebulizer set					
A7006	Y		Filtered nebulizer admin set					
A7007	Y		Lg vol nebulizer disposable					
A7008	Y		Disposable nebulizer prefill					
A7009	Y		Nebulizer reservoir bottle					
A7010	Y		Disposable corrugated tubing					
A7011	Y		Nondispos corrugated tubing					
A7012	Y		Nebulizer water collec devic					
A7013	Y		Disposable compressor filter					
A7014	Y		Compressor nondispos filter					
A7015	Y		Aerosol mask used w nebulize					
A7016	Y		Nebulizer dome & mouthpiece					
A7017	Y		Nebulizer not used w oxygen					
A7018	Y		Water distilled w/nebulizer					
A7025	Y		Replace chest compress vest					
A7026	Y		Replace chst cmprss sys hose					
A7030	Y		CPAP full face mask					
A7031	Y		Replacement facemask interfa					
A7032	Y		Replacement nasal cushion					
A7033	Y		Replacement nasal pillows					
A7034	Y		Nasal application device					
A7035	Y		Pos airway press headgear					
A7036	Y		Pos airway press chinstrap					
A7037	Y		Pos airway pressure tubing					
A7038	Y		Pos airway pressure filter					
A7039	Y		Filter, non disposable w pap					
A7042	A		Implanted pleural catheter					
A7043	A		Vacuum drainagebottle/tubing					
A7044	Y		PAP oral interface					
A7046	Y		Repl water chamber, PAP dev					
A7501	A		Tracheostoma valve w diaphra					
A7502	A		Replacement diaphragm/fplate					
A7503	A		HMES filter holder or cap					
A7504	A		Tracheostoma HMES filter					
A7505	A		HMES or trach valve housing					
A7506	A		HMES/trachvalve adhesivedisk					
A7507	A		Integrated filter & holder					
A7508	A		Housing & Integrated Adhesiv					
A7509	A		Heat & moisture exchange sys					
A7520	A		Trach/laryn tube non-cuffed					
A7521	A		Trach/laryn tube cuffed					
A7522	A		Trach/laryn tube stainless					
A7523	A		Tracheostomy shower protect					
A7524	A		Tracheostoma stent/stud/bttn					
A7525	A		Tracheostomy mask					
A7526	A		Tracheostomy tube collar					
A9150	B		Misc/exper non-prescript dru					

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A9270	E		Non-covered item or service					
A9280	E		Alert device, noc					
A9300	E		Exercise equipment					
A9500	K		Technetium TC 99m sestamibi	1600	1.8612	$106.32		$21.26
A9502	K		Technetium TC99M tetrofosmin	0705		$104.58		$20.92
A9503	N		Technetium TC 99m medronate					
A9504	K		Technetium tc 99m apcitide	1602	7.2650	$415.00		$83.00
A9505	K		Thallous chloride TL 201/mci	1603		$18.29		$3.66
A9507	K		Indium/111 capromab pendetid	1604		$1,915.23		$383.05
A9508	K		Iobenguane sulfate I-131, pe	1045		$996.00		$199.20
A9510	N		Technetium TC99m Disofenin					
A9511	K		Technetium TC 99m depreotide	1095		$38.00		$7.60
A9512	N		Technetiumtc99mpertechnetate					
A9513	N		Technetium tc-99m mebrofenin					
A9514	N		Technetiumtc99mpyrophosphate					
A9515	N		Technetium tc-99m pentetate					
A9516	N		I-123 sodium iodide capsule					
A9517	K		Th I131 so iodide cap millic	1064	0.1156	$6.60		$1.32
A9519	N		Technetiumtc-99mmacroag albu					
A9520	N		Technetiumtc-99m sulfur clld					
A9521	K		Technetiumtc-99m exametazine	1096		$778.13		$155.63
A9522	B		Indium111ibritumomabtiuxetan					
A9523	B		Yttrium90ibritumomabtiuxetan					
A9524	N		Iodinated I-131 serumalbumin					
A9525	E		Low/iso-osmolar contrast mat					
A9526	K		Ammonia N-13, per dose	0737		$111.91		$22.38
A9528	K		Dx I131 so iodide cap millic	1064	0.1156	$6.60		$1.32
A9529	K		Dx I131 so iodide sol millic	1065	0.1723	$9.84		$1.97
A9530	K		Th I131 so iodide sol millic	1065	0.1723	$9.84		$1.97
A9531	N		Dx I131 so iodide microcurie					
A9532	N		I-125 serum albumin micro					
A9533	B		I-131 tositumomab diagnostic					
A9534	B		I-131 tositumomab therapeut					
A9600	K		Strontium-89 chloride	0701	7.1886	$410.45		$82.09
A9605	K		Samarium sm153 lexidronamm	0702	16.0584	$916.90		$183.38
A9699	N		Noc therapeutic radiopharm					
A9700	E		Echocardiography Contrast					
A9900	A		Supply/accessory/service					
A9901	A		Delivery/set up/dispensing					
A9999	Y		DME supply or accessory, nos					
B4034	A		Enter feed supkit syr by day					
B4035	A		Enteral feed supp pump per d					
B4036	A		Enteral feed sup kit grav by					
B4081	A		Enteral ng tubing w/ stylet					
B4082	A		Enteral ng tubing w/o stylet					
B4083	A		Enteral stomach tube levine					
B4086	A		Gastrostomy/jejunostomy tube					
B4100	E		Food thickener oral					
B4150	A		Enteral formulae category i					
B4151	A		Enteral formulae cat1natural					

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B4152	A		Enteral formulae category ii					
B4153	A		Enteral formulae categoryIII					
B4154	A		Enteral formulae category IV					
B4155	A		Enteral formulae category v					
B4156	A		Enteral formulae category vi					
B4164	A		Parenteral 50% dextrose solu					
B4168	A		Parenteral sol amino acid 3.					
B4172	A		Parenteral sol amino acid 5.					
B4176	A		Parenteral sol amino acid 7-					
B4178	A		Parenteral sol amino acid >					
B4180	A		Parenteral sol carb > 50%					
B4184	A		Parenteral sol lipids 10%					
B4186	A		Parenteral sol lipids 20%					
B4189	A		Parenteral sol amino acid &					
B4193	A		Parenteral sol 52-73 gm prot					
B4197	A		Parenteral sol 74-100 gm pro					
B4199	A		Parenteral sol > 100gm prote					
B4216	A		Parenteral nutrition additiv					
B4220	A		Parenteral supply kit premix					
B4222	A		Parenteral supply kit homemi					
B4224	A		Parenteral administration ki					
B5000	A		Parenteral sol renal-amirosy					
B5100	A		Parenteral sol hepatic-fream					
B5200	A		Parenteral sol stres-brnch c					
B9000	A		Enter infusion pump w/o alrm					
B9002	A		Enteral infusion pump w/ ala					
B9004	A		Parenteral infus pump portab					
B9006	A		Parenteral infus pump statio					
B9998	A		Enteral supp not otherwise c					
B9999	A		Parenteral supp not othrws c					
C1079	K		CO 57/58 per 0.5 uCi	1079		$221.78		$44.36
C1080	K		I-131 tositumomab, dx	1080		$2,241.00		$448.20
C1081	K		I-131 tositumomab, tx	1081		$19,422.00		$3,884.40
C1082	K		In-111 ibritumomab tiuxetan	9118		$2,419.78		$483.96
C1083	K		Yttrium 90 ibritumomab tiuxe	9117		$20,948.20		$4,189.65
C1091	K		IN111 oxyquinoline,per0.5mCi	1091		$373.50		$74.70
C1092	K		IN 111 pentetate per 0.5 mCi	1092		$224.10		$44.82
C1122	K		Tc 99M ARCITUMOMAB PER VIAL	1122		$1,079.00		$215.80
C1178	K		BUSULFAN IV, 6 Mg	1178		$27.87		$5.57
C1200	N		TC 99M Sodium Glucoheptonat					
C1201	K		TC 99M SUCCIMER, PER Vial	1201		$118.52		$23.70
C1300	S		HYPERBARIC Oxygen	0659	1.4279	$81.53		$16.31
C1305	K		Apligraf	1305		$1,130.88		$226.18
C1713	N		Anchor/screw bn/bn,tis/bn					
C1714	N		Cath, trans atherectomy, dir					
C1715	N		Brachytherapy needle					
C1716	H		Brachytx source, Gold 198	1716				
C1717	H		Brachytx source, HDR Ir-192	1717				
C1718	H		Brachytx source, Iodine 125	1718				
C1719	H		Brachytx sour,Non-HDR Ir-192	1719				

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C1720	H		Brachytx sour, Palladium 103	1720				
C1721	N		AICD, dual chamber					
C1722	N		AICD, single chamber					
C1724	N		Cath, trans atherec,rotation					
C1725	N		Cath, translumin non-laser					
C1726	N		Cath, bal dil, non-vascular					
C1727	N		Cath, bal tis dis, non-vas					
C1728	N		Cath, brachytx seed adm					
C1729	N		Cath, drainage					
C1730	N		Cath, EP, 19 or few elect					
C1731	N		Cath, EP, 20 or more elec					
C1732	N		Cath, EP, diag/abl, 3D/vect					
C1733	N		Cath, EP, othr than cool-tip					
C1750	N		Cath, hemodialysis,long-term					
C1751	N		Cath, inf, per/cent/midline					
C1752	N		Cath,hemodialysis,short-term					
C1753	N		Cath, intravas ultrasound					
C1754	N		Catheter, intradiscal					
C1755	N		Catheter, intraspinal					
C1756	N		Cath, pacing, transesoph					
C1757	N		Cath, thrombectomy/embolect					
C1758	N		Catheter, ureteral					
C1759	N		Cath, intra echocardiography					
C1760	N		Closure dev, vasc					
C1762	N		Conn tiss, human(inc fascia)					
C1763	N		Conn tiss, non-human					
C1764	N		Event recorder, cardiac					
C1765	N		Adhesion barrier					
C1766	N		Intro/sheath,strble,non-peel					
C1767	N		Generator, neurostim, imp					
C1768	N		Graft, vascular					
C1769	N		Guide wire					
C1770	N		Imaging coil, MR, insertable					
C1771	N		Rep dev, urinary, w/sling					
C1772	N		Infusion pump, programmable					
C1773	N		Ret dev, insertable					
C1775	K		FDG, per dose (4-40 mCi/ml)	1775		$220.50		$44.10
C1776	N		Joint device (implantable)					
C1777	N		Lead, AICD, endo single coil					
C1778	N		Lead, neurostimulator					
C1779	N		Lead, pmkr, transvenous VDD					
C1780	N		Lens, intraocular (new tech)					
C1781	N		Mesh (implantable)					
C1782	N		Morcellator					
C1783	N		Ocular imp, aqueous drain de					
C1784	N		Ocular dev, intraop, det ret					
C1785	N		Pmkr, dual, rate-resp					
C1786	N		Pmkr, single, rate-resp					
C1787	N		Patient progr, neurostim					
C1788	N		Port, indwelling, imp					

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C1789	N		Prosthesis, breast, imp					
C1813	N		Prosthesis, penile, inflatab					
C1814	H		Retinal tamp, silicone oil	1814				
C1815	N		Pros, urinary sph, imp					
C1816	N		Receiver/transmitter, neuro					
C1817	N		Septal defect imp sys					
C1818	H		Integrated keratoprosthesis	1818				
C1819	H		Tissue localization-excision	1819				
C1874	N		Stent, coated/cov w/del sys					
C1875	N		Stent, coated/cov w/o del sy					
C1876	N		Stent, non-coa/non-cov w/del					
C1877	N		Stent, non-coat/cov w/o del					
C1878	N		Matrl for vocal cord					
C1879	N		Tissue marker, implantable					
C1880	N		Vena cava filter					
C1881	N		Dialysis access system					
C1882	N		AICD, other than sing/dual					
C1883	N		Adapt/ext, pacing/neuro lead					
C1884	N		Embolization Protect syst					
C1885	N		Cath, translumin angio laser					
C1887	N		Catheter, guiding					
C1888	N		Catheter, ablation, non-card					
C1891	N		Infusion pump,non-prog, perm					
C1892	N		Intro/sheath,fixed,peel-away					
C1893	N		Intro/sheath, fixed,non-peel					
C1894	N		Intro/sheath, non-laser					
C1895	N		Lead, AICD, endo dual coil					
C1896	N		Lead, AICD, non sing/dual					
C1897	N		Lead, neurostim test kit					
C1898	N		Lead, pmkr, other than trans					
C1899	N		Lead, pmkr/AICD combination					
C1900	N		Lead coronary venous					
C2614	N		Probe, perc lumb disc					
C2615	N		Sealant, pulmonary, liquid					
C2616	H		Brachytx source, Yttrium-90	2616				
C2617	N		Stent, non-cor, tem w/o del					
C2618	N		Probe, cryoablation					
C2619	N		Pmkr, dual, non rate-resp					
C2620	N		Pmkr, single, non rate-resp					
C2621	N		Pmkr, other than sing/dual					
C2622	N		Prosthesis, penile, non-inf					
C2625	N		Stent, non-cor, tem w/del sy					
C2626	N		Infusion pump, non-prog,temp					
C2627	N		Cath, suprapubic/cystoscopic					
C2628	N		Catheter, occlusion					
C2629	N		Intro/sheath, laser					
C2630	N		Cath, EP, cool-tip					
C2631	N		Rep dev, urinary, w/o sling					
C2632	H		Brachytx sol, I-125, per mCi	2632				
C2633	H		Brachytx source, Cesium-131	2633				

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C8900	S		MRA w/cont, abd	0284	6.8635	$391.89	$176.35	$78.38
C8901	S		MRA w/o cont, abd	0336	6.3742	$363.95	$163.77	$72.79
C8902	S		MRA w/o fol w/cont, abd	0337	9.2199	$526.44	$236.89	$105.29
C8903	S		MRI w/cont, breast,	0284	6.8635	$391.89	$176.35	$78.38
C8904	S		MRI w/o cont, breast, uni	0336	6.3742	$363.95	$163.77	$72.79
C8905	S		MRI w/o fol w/cont, brst, un	0337	9.2199	$526.44	$236.89	$105.29
C8906	S		MRI w/cont, breast,	0284	6.8635	$391.89	$176.35	$78.38
C8907	S		MRI w/o cont, breast, bi	0336	6.3742	$363.95	$163.77	$72.79
C8908	S		MRI w/o fol w/cont, breast,	0337	9.2199	$526.44	$236.89	$105.29
C8909	S		MRA w/cont, chest	0284	6.8635	$391.89	$176.35	$78.38
C8910	S		MRA w/o cont, chest	0336	6.3742	$363.95	$163.77	$72.79
C8911	S		MRA w/o fol w/cont, chest	0337	9.2199	$526.44	$236.89	$105.29
C8912	S		MRA w/cont, lwr ext	0284	6.8635	$391.89	$176.35	$78.38
C8913	S		MRA w/o cont, lwr ext	0336	6.3742	$363.95	$163.77	$72.79
C8914	S		MRA w/o fol w/cont, lwr ext	0337	9.2199	$526.44	$236.89	$105.29
C8918	S		MRA w/cont, pelvis	0284	6.8635	$391.89	$176.35	$78.38
C8919	S		MRA w/o cont, pelvis	0336	6.3742	$363.95	$163.77	$72.79
C8920	S		MRA w/o fol w/cont, pelvis	0337	9.2199	$526.44	$236.89	$105.29
C9000	N		Na chromateCr51, per 0.25mCi					
C9003	K		Palivizumab, per 50 mg	9003		$576.51		$115.30
C9007	N		Baclofen Intrathecal kit-1am					
C9008	K		Baclofen Refill Kit-500mcg	9008		$10.21		$2.04
C9009	K		Baclofen Refill Kit-2000mcg	9009		$37.64		$7.53
C9013	K		Co 57 cobaltous chloride	9013	2.5212	$143.96		$28.79
C9102	N		51 Na Chromate, 50mCi					
C9103	N		Na Iothalamate I-125, 10 uCi					
C9105	K		Hep B imm glob, per 1 ml	9105		$118.32		$23.66
C9109	K		Tirofiban hcl, 6.25 mg	9109		$205.92		$41.18
C9112	K		Perflutren lipid micro, 2ml	9112		$129.69		$25.94
C9113	N		Inj pantoprazole sodium, via					
C9121	K		Injection, argatroban	9121		$12.45		$2.49
C9123	G		Transcyte, per 247 sq cm	9123		$705.55		
C9124	G		Injection, daptomycin	9124		$0.28		
C9125	G		Injection, risperidone	9125		$113.63		
C9200	K		Orcel, per 36 cm2	9200		$991.85		$198.37
C9201	K		Dermagraft, per 37.5 sq cm	9201		$529.54		$105.91
C9202	K		Octafluoropropane	9202		$129.48		$25.90
C9203	G		Perflexane lipid micro	9203		$153.90		
C9205	G		Oxaliplatin	9205		$81.98		
C9207	G		Injection, bortezomib	9207		$946.57		
C9208	G		Injection, agalsidase beta	9208		$115.08		
C9209	G		Injection, laronidase	9209		$598.90		
C9210	G		Injection, palonosetron HCL	9210		$194.91		
C9211	G		Inj, alefacept, IV	9211		$665.00		
C9212	G		Inj, alefacept, IM	9212		$405.66		
C9213	G		Injection, Pemetrexed	9213		$40.02		
C9214	G		Injection, Bevacizumab	9214		$57.13		
C9215	G		Injection, Cetuximab	9215		$51.98		
C9216	G		Abarelix, Inject Suspension	9216		$66.82		
C9217	G		Injection, Omalizumab	9300		$15.19		

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C9399	A		Unclassified drugs or biolog					
C9400	K		Thallous chloride, brand	9400	0.3654	$20.86		$4.17
C9401	K		Strontium-89 chloride, brand	9401	7.1885	$410.45		$82.09
C9402	K		Th I131 so iodide cap, brand	9402	0.1155	$6.60		$1.32
C9403	K		Dx I131 so iodide cap, brand	9403	0.1155	$6.60		$1.32
C9404	K		Dx I131 so iodide sol, brand	9404	0.1723	$9.84		$1.97
C9405	K		Th I131 so iodide sol, brand	9405	0.1723	$9.84		$1.97
C9410	K		Dexrazoxane HCl inj, brand	9410	2.1935	$125.24		$25.05
C9411	K		Pamidronate disodium, brand	9411	2.8488	$162.66		$32.53
C9412	N		Ganciclovir implant, brand					
C9413	K		Sodium hyaluronate inj, bran	9413	0.9516	$54.33		$10.87
C9414	K		Etoposide oral, brand	9414	0.4854	$27.72		$5.54
C9415	K		Doxorubic hcl chemo, brand	9415		$6.94		$1.39
C9417	K		Bleomycin sulfate inj, brand	9417		$130.56		$26.11
C9418	K		Cisplatin inj, brand	9418		$11.42		$2.28
C9419	K		Inj cladribine, brand	9419		$36.72		$7.34
C9420	K		Cyclophosphamide inj, brand	9420		$4.10		$0.82
C9421	K		Cyclophosphamide lyo, brand	9421		$3.50		$0.70
C9422	K		Cytarabine hcl inj, brand	9422		$2.28		$0.46
C9423	K		Dacarbazine inj, brand	9423	0.1443	$8.24		$1.65
C9424	K		Daunorubicin, brand	9424		$53.14		$10.63
C9425	K		Etoposide inj, brand	9425		$1.22		$0.24
C9426	K		Floxuridine inj, brand	9426		$97.92		$19.58
C9427	K		Ifosfomide inj, brand	9427	1.7769	$101.46		$20.29
C9428	K		Mesna injection, brand	9428	0.4391	$25.07		$5.01
C9429	K		Idarubicin hcl inj, brand	9429	0.2356	$13.45		$2.69
C9430	K		Leuprolide acetate inj, bran	9430		$21.41		$4.28
C9431	K		Paclitaxel inj, brand	9431	1.6785	$95.84		$19.17
C9432	K		Mitomycin inj, brand	9432		$45.70		$9.14
C9433	K		Thiotepa inj, brand	9433		$66.96		$13.40
C9435	K		Gonadorelin hydroch, brand	9435	0.2817	$16.08		$3.22
C9436	K		Azathioprine parenteral,bmd	9436		$44.61		$8.92
C9438	K		Cyclosporine oral, brand	9438	0.0317	$1.81		$0.36
C9701	T		Stretta System	0422	22.3214	$1,274.51		$254.98
C9703	T		Bard Endoscopic Suturing Sys	0422	22.3214	$1,274.51		$254.98
C9704	T		Inj inert subs upper GI	1556		$1,750.00		$350.00
C9712	S		Insert pH capsule, GERD	1506		$450.00		$90.00
C9713	S		Non-contact laser vap prosta	1525		$3,750.00		$750.00
C9714	S		Breast inters rad tx, immed	1523		$2,750.00		$550.00
C9715	S		Breast inters rad tx, delay	1524		$3,250.00		$650.00
C9716	S		RF Energy to Anus	1519		$1,750.00		$350.00
D0120	E		Periodic oral evaluation					
D0140	E		Limit oral eval problm focus					
D0150	S		Comprehensve oral evaluation	0330	11.7764	$672.41		$134.48
D0160	E		Extensv oral eval prob focus					
D0170	E		Re-eval,est pt.problem focus					
D0180	E		Comp periodontal evaluation					
D0210	E		Intraor complete film series					
D0220	E		Intraoral periapical first f					
D0230	E		Intraoral periapical ea add					

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D0240	S		Intraoral occlusal film	0330	11.7764	$672.41		$134.48
D0250	S		Extraoral first film	0330	11.7764	$672.41		$134.48
D0260	S		Extraoral ea additional film	0330	11.7764	$672.41		$134.48
D0270	S		Dental bitewing single film	0330	11.7764	$672.41		$134.48
D0272	S		Dental bitewings two films	0330	11.7764	$672.41		$134.48
D0274	S		Dental bitewings four films	0330	11.7764	$672.41		$134.48
D0277	S		Vert bitewings-sev to eight	0330	11.7764	$672.41		$134.48
D0290	E		Dental film skull/facial bon					
D0310	E		Dental saliography					
D0320	E		Dental tmj arthrogram incl i					
D0321	E		Dental other tmj films					
D0322	E		Dental tomographic survey					
D0330	E		Dental panoramic film					
D0340	E		Dental cephalometric film					
D0350	E		Oral/facial images					
D0415	E		Bacteriologic study					
D0425	E		Caries susceptibility test					
D0460	S		Pulp vitality test	0330	11.7764	$672.41		$134.48
D0470	E		Diagnostic casts					
D0472	S		Gross exam, prep & report	0330	11.7764	$672.41		$134.48
D0473	S		Micro exam, prep & report	0330	11.7764	$672.41		$134.48
D0474	S		Micro w exam of surg margins	0330	11.7764	$672.41		$134.48
D0480	S		Cytopath smear prep & report	0330	11.7764	$672.41		$134.48
D0502	S		Other oral pathology procedu	0330	11.7764	$672.41		$134.48
D0999	S		Unspecified diagnostic proce	0330	11.7764	$672.41		$134.48
D1110	E		Dental prophylaxis adult					
D1120	E		Dental prophylaxis child					
D1201	E		Topical fluor w prophy child					
D1203	E		Topical fluor w/o prophy chi					
D1204	E		Topical fluor w/o prophy adu					
D1205	E		Topical fluoride w/ prophy a					
D1310	E		Nutri counsel-control caries					
D1320	E		Tobacco counseling					
D1330	E		Oral hygiene instruction					
D1351	E		Dental sealant per tooth					
D1510	S		Space maintainer fxd unilat	0330	11.7764	$672.41		$134.48
D1515	S		Fixed bilat space maintainer	0330	11.7764	$672.41		$134.48
D1520	S		Remove unilat space maintain	0330	11.7764	$672.41		$134.48
D1525	S		Remove bilat space maintain	0330	11.7764	$672.41		$134.48
D1550	S		Recement space maintainer	0330	11.7764	$672.41		$134.48
D2140	E		Amalgam one surface permanen					
D2150	E		Amalgam two surfaces permane					
D2160	E		Amalgam three surfaces perma					
D2161	E		Amalgam 4 or > surfaces perm					
D2330	E		Resin one surface-anterior					
D2331	E		Resin two surfaces-anterior					
D2332	E		Resin three surfaces-anterio					
D2335	E		Resin 4/> surf or w incis an					
D2390	E		Ant resin-based cmpst crown					
D2391	E		Post 1 srfc resinbased cmpst					

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D2392	E		Post 2 srfc resinbased cmpst					
D2393	E		Post 3 srfc resinbased cmpst					
D2394	E		Post >=4srfc resinbase cmpst					
D2410	E		Dental gold foil one surface					
D2420	E		Dental gold foil two surface					
D2430	E		Dental gold foil three surfa					
D2510	E		Dental inlay metalic 1 surf					
D2520	E		Dental inlay metallic 2 surf					
D2530	E		Dental inlay metl 3/more sur					
D2542	E		Dental onlay metallic 2 surf					
D2543	E		Dental onlay metallic 3 surf					
D2544	E		Dental onlay metl 4/more sur					
D2610	E		Inlay porcelain/ceramic 1 su					
D2620	E		Inlay porcelain/ceramic 2 su					
D2630	E		Dental onlay porc 3/more sur					
D2642	E		Dental onlay porcelin 2 surf					
D2643	E		Dental onlay porcelin 3 surf					
D2644	E		Dental onlay porc 4/more sur					
D2650	E		Inlay composite/resin one su					
D2651	E		Inlay composite/resin two su					
D2652	E		Dental inlay resin 3/mre sur					
D2662	E		Dental onlay resin 2 surface					
D2663	E		Dental onlay resin 3 surface					
D2664	E		Dental onlay resin 4/mre sur					
D2710	E		Crown resin laboratory					
D2720	E		Crown resin w/ high noble me					
D2721	E		Crown resin w/ base metal					
D2722	E		Crown resin w/ noble metal					
D2740	E		Crown porcelain/ceramic subs					
D2750	E		Crown porcelain w/ h noble m					
D2751	E		Crown porcelain fused base m					
D2752	E		Crown porcelain w/ noble met					
D2780	E		Crown 3/4 cast hi noble met					
D2781	E		Crown 3/4 cast base metal					
D2782	E		Crown 3/4 cast noble metal					
D2783	E		Crown 3/4 porcelain/ceramic					
D2790	E		Crown full cast high noble m					
D2791	E		Crown full cast base metal					
D2792	E		Crown full cast noble metal					
D2799	E		Provisional crown					
D2910	E		Dental recement inlay					
D2920	E		Dental recement crown					
D2930	E		Prefab stnlss steel crwn pri					
D2931	E		Prefab stnlss steel crown pe					
D2932	E		Prefabricated resin crown					
D2933	E		Prefab stainless steel crown					
D2940	E		Dental sedative filling					
D2950	E		Core build-up incl any pins					
D2951	E		Tooth pin retention					
D2952	E		Post and core cast + crown					

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D2953	E		Each addtnl cast post					
D2954	E		Prefab post/core + crown					
D2955	E		Post removal					
D2957	E		Each addtnl prefab post					
D2960	E		Laminate labial veneer					
D2961	E		Lab labial veneer resin					
D2962	E		Lab labial veneer porcelain					
D2970	S		Temporary- fractured tooth	0330	11.7764	$672.41		$134.48
D2980	E		Crown repair					
D2999	S		Dental unspec restorative pr	0330	11.7764	$672.41		$134.48
D3110	E		Pulp cap direct					
D3120	E		Pulp cap indirect					
D3220	E		Therapeutic pulpotomy					
D3221	E		Gross pulpal debridement					
D3230	E		Pulpal therapy anterior prim					
D3240	E		Pulpal therapy posterior pri					
D3310	E		Anterior					
D3320	E		Root canal therapy 2 canals					
D3330	E		Root canal therapy 3 canals					
D3331	E		Non-surg tx root canal obs					
D3332	E		Incomplete endodontic tx					
D3333	E		Internal root repair					
D3346	E		Retreat root canal anterior					
D3347	E		Retreat root canal bicuspid					
D3348	E		Retreat root canal molar					
D3351	E		Apexification/recalc initial					
D3352	E		Apexification/recalc interim					
D3353	E		Apexification/recalc final					
D3410	E		Apicoect/perirad surg anter					
D3421	E		Root surgery bicuspid					
D3425	E		Root surgery molar					
D3426	E		Root surgery ea add root					
D3430	E		Retrograde filling					
D3450	E		Root amputation					
D3460	S		Endodontic endosseous implan	0330	11.7764	$672.41		$134.48
D3470	E		Intentional replantation					
D3910	E		Isolation- tooth w rubb dam					
D3920	E		Tooth splitting					
D3950	E		Canal prep/fitting of dowel					
D3999	S		Endodontic procedure	0330	11.7764	$672.41		$134.48
D4210	E		Gingivectomy/plasty per quad					
D4211	E		Gingivectomy/plasty per toot					
D4240	E		Gingival flap proc w/ planin					
D4241	E		Gngvl flap w rootplan 1-3 th					
D4245	E		Apically positioned flap					
D4249	E		Crown lengthen hard tissue					
D4260	S		Osseous surgery per quadrant	0330	11.7764	$672.41		$134.48
D4261	E		Osseous surgl-3teethperquad					
D4263	S		Bone replce graft first site	0330	11.7764	$672.41		$134.48
D4264	S		Bone replce graft each add	0330	11.7764	$672.41		$134.48

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D4265	E		Bio mtrls to aid soft/os reg					
D4266	E		Guided tiss regen resorble					
D4267	E		Guided tiss regen nonresorb					
D4268	S		Surgical revision procedure	0330	11.7764	$672.41		$134.48
D4270	S		Pedicle soft tissue graft pr	0330	11.7764	$672.41		$134.48
D4271	S		Free soft tissue graft proc	0330	11.7764	$672.41		$134.48
D4273	S		Subepithelial tissue graft	0330	11.7764	$672.41		$134.48
D4274	E		Distal/proximal wedge proc					
D4275	E		Soft tissue allograft					
D4276	E		Con tissue w dble ped graft					
D4320	E		Provision splnt intracoronal					
D4321	E		Provisional splint extracoro					
D4341	E		Periodontal scaling & root					
D4342	E		Periodontal scaling 1-3teeth					
D4355	S		Full mouth debridement	0330	11.7764	$672.41		$134.48
D4381	S		Localized chemo delivery	0330	11.7764	$672.41		$134.48
D4910	E		Periodontal maint procedures					
D4920	E		Unscheduled dressing change					
D4999	E		Unspecified periodontal proc					
D5110	E		Dentures complete maxillary					
D5120	E		Dentures complete mandible					
D5130	E		Dentures immediat maxillary					
D5140	E		Dentures immediat mandible					
D5211	E		Dentures maxill part resin					
D5212	E		Dentures mand part resin					
D5213	E		Dentures maxill part metal					
D5214	E		Dentures mandibl part metal					
D5281	E		Removable partial denture					
D5410	E		Dentures adjust cmplt maxil					
D5411	E		Dentures adjust cmplt mand					
D5421	E		Dentures adjust part maxill					
D5422	E		Dentures adjust part mandbl					
D5510	E		Dentur repr broken compl bas					
D5520	E		Replace denture teeth complt					
D5610	E		Dentures repair resin base					
D5620	E		Rep part denture cast frame					
D5630	E		Rep partial denture clasp					
D5640	E		Replace part denture teeth					
D5650	E		Add tooth to partial denture					
D5660	E		Add clasp to partial denture					
D5670	E		Replc tth&acrlc on mtl frmwk					
D5671	E		Replc tth&acrlc mandibular					
D5710	E		Dentures rebase cmplt maxil					
D5711	E		Dentures rebase cmplt mand					
D5720	E		Dentures rebase part maxill					
D5721	E		Dentures rebase part mandbl					
D5730	E		Denture reln cmplt maxil ch					
D5731	E		Denture reln cmplt mand chr					
D5740	E		Denture reln part maxil chr					
D5741	E		Denture reln part mand chr					

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D5750	E		Denture reln cmplt max lab					
D5751	E		Denture reln cmplt mand lab					
D5760	E		Denture reln part maxil lab					
D5761	E		Denture reln part mand lab					
D5810	E		Denture interm cmplt maxill					
D5811	E		Denture interm cmplt mandbl					
D5820	E		Denture interm part maxill					
D5821	E		Denture interm part mandbl					
D5850	E		Denture tiss conditn maxill					
D5851	E		Denture tiss condtin mandbl					
D5860	E		Overdenture complete					
D5861	E		Overdenture partial					
D5862	E		Precision attachment					
D5867	E		Replacement of precision att					
D5875	E		Prosthesis modification					
D5899	E		Removable prosthodontic proc					
D5911	S		Facial moulage sectional	0330	11.7764	$672.41		$134.48
D5912	S		Facial moulage complete	0330	11.7764	$672.41		$134.48
D5913	E		Nasal prosthesis					
D5914	E		Auricular prosthesis					
D5915	E		Orbital prosthesis					
D5916	E		Ocular prosthesis					
D5919	E		Facial prosthesis					
D5922	E		Nasal septal prosthesis					
D5923	E		Ocular prosthesis interim					
D5924	E		Cranial prosthesis					
D5925	E		Facial augmentation implant					
D5926	E		Replacement nasal prosthesis					
D5927	E		Auricular replacement					
D5928	E		Orbital replacement					
D5929	E		Facial replacement					
D5931	E		Surgical obturator					
D5932	E		Postsurgical obturator					
D5933	E		Refitting of obturator					
D5934	E		Mandibular flange prosthesis					
D5935	E		Mandibular denture prosth					
D5936	E		Temp obturator prosthesis					
D5937	E		Trismus appliance					
D5951	E		Feeding aid					
D5952	E		Pediatric speech aid					
D5953	E		Adult speech aid					
D5954	E		Superimposed prosthesis					
D5955	E		Palatal lift prosthesis					
D5958	E		Intraoral con def inter plt					
D5959	E		Intraoral con def mod palat					
D5960	E		Modify speech aid prosthesis					
D5982	E		Surgical stent					
D5983	S		Radiation applicator	0330	11.7764	$672.41		$134.48
D5984	S		Radiation shield	0330	11.7764	$672.41		$134.48
D5985	S		Radiation cone locator	0330	11.7764	$672.41		$134.48

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D5986	E		Fluoride applicator					
D5987	S		Commissure splint	0330	11.7764	$672.41		$134.48
D5988	E		Surgical splint					
D5999	E		Maxillofacial prosthesis					
D6010	E		Odontics endosteal implant					
D6020	E		Odontics abutment placement					
D6040	E		Odontics eposteal implant					
D6050	E		Odontics transosteal implnt					
D6053	E		Implnt/abtmnt spprt remv dnt					
D6054	E		Implnt/abtmnt spprt remvprtl					
D6055	E		Implant connecting bar					
D6056	E		Prefabricated abutment					
D6057	E		Custom abutment					
D6058	E		Abutment supported crown					
D6059	E		Abutment supported mtl crown					
D6060	E		Abutment supported mtl crown					
D6061	E		Abutment supported mtl crown					
D6062	E		Abutment supported mtl crown					
D6063	E		Abutment supported mtl crown					
D6064	E		Abutment supported mtl crown					
D6065	E		Implant supported crown					
D6066	E		Implant supported mtl crown					
D6067	E		Implant supported mtl crown					
D6068	E		Abutment supported retainer					
D6069	E		Abutment supported retainer					
D6070	E		Abutment supported retainer					
D6071	E		Abutment supported retainer					
D6072	E		Abutment supported retainer					
D6073	E		Abutment supported retainer					
D6074	E		Abutment supported retainer					
D6075	E		Implant supported retainer					
D6076	E		Implant supported retainer					
D6077	E		Implant supported retainer					
D6078	E		Implnt/abut suprtd fixd dent					
D6079	E		Implnt/abut suprtd fixd dent					
D6080	E		Implant maintenance					
D6090	E		Repair implant					
D6095	E		Odontics repr abutment					
D6100	E		Removal of implant					
D6199	E		Implant procedure					
D6210	E		Prosthodont high noble metal					
D6211	E		Bridge base metal cast					
D6212	E		Bridge noble metal cast					
D6240	E		Bridge porcelain high noble					
D6241	E		Bridge porcelain base metal					
D6242	E		Bridge porcelain nobel metal					
D6245	E		Bridge porcelain/ceramic					
D6250	E		Bridge resin w/high noble					
D6251	E		Bridge resin base metal					
D6252	E		Bridge resin w/noble metal					

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D6253	E		Provisional pontic					
D6545	E		Dental retainr cast metl					
D6548	E		Porcelain/ceramic retainer					
D6600	E		Porcelain/ceramic inlay 2srf					
D6601	E		Porc/ceram inlay >= 3 surfac					
D6602	E		Cst hgh nble mtl inlay 2 srf					
D6603	E		Cst hgh nble mtl inlay >=3sr					
D6604	E		Cst bse mtl inlay 2 surfaces					
D6605	E		Cst bse mtl inlay >= 3 surfa					
D6606	E		Cast noble metal inlay 2 sur					
D6607	E		Cst noble mtl inlay >=3 surf					
D6608	E		Onlay porc/crmc 2 surfaces					
D6609	E		Onlay porc/crmc >=3 surfaces					
D6610	E		Onlay cst hgh nbl mtl 2 srfc					
D6611	E		Onlay cst hgh nbl mtl >=3srf					
D6612	E		Onlay cst base mtl 2 surface					
D6613	E		Onlay cst base mtl >=3 surfa					
D6614	E		Onlay cst nbl mtl 2 surfaces					
D6615	E		Onlay cst nbl mtl >=3 surfac					
D6720	E		Retain crown resin w hi nble					
D6721	E		Crown resin w/base metal					
D6722	E		Crown resin w/noble metal					
D6740	E		Crown porcelain/ceramic					
D6750	E		Crown porcelain high noble					
D6751	E		Crown porcelain base metal					
D6752	E		Crown porcelain noble metal					
D6780	E		Crown 3/4 high noble metal					
D6781	E		Crown 3/4 cast based metal					
D6782	E		Crown 3/4 cast noble metal					
D6783	E		Crown 3/4 porcelain/ceramic					
D6790	E		Crown full high noble metal					
D6791	E		Crown full base metal cast					
D6792	E		Crown full noble metal cast					
D6793	E		Provisional retainer crown					
D6920	S		Dental connector bar	0330	11.7764	$672.41		$134.48
D6930	E		Dental recement bridge					
D6940	E		Stress breaker					
D6950	E		Precision attachment					
D6970	E		Post & core plus retainer					
D6971	E		Cast post bridge retainer					
D6972	E		Prefab post & core plus reta					
D6973	E		Core build up for retainer					
D6975	E		Coping metal					
D6976	E		Each addtnl cast post					
D6977	E		Each addtl prefab post					
D6980	E		Bridge repair					
D6985	E		Pediatric partial denture fx					
D6999	E		Fixed prosthodontic proc					
D7111	S		Coronal remnants deciduous t	0330	11.7764	$672.41		$134.48
D7140	S		Extraction erupted tooth/exr	0330	11.7764	$672.41		$134.48

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D7210	S		Rem imp tooth w mucoper flp	0330	11.7764	$672.41		$134.48
D7220	S		Impact tooth remov soft tiss	0330	11.7764	$672.41		$134.48
D7230	S		Impact tooth remov part bony	0330	11.7764	$672.41		$134.48
D7240	S		Impact tooth remov comp bony	0330	11.7764	$672.41		$134.48
D7241	S		Impact tooth rem bony w/comp	0330	11.7764	$672.41		$134.48
D7250	S		Tooth root removal	0330	11.7764	$672.41		$134.48
D7260	S		Oral antral fistula closure	0330	11.7764	$672.41		$134.48
D7261	S		Primary closure sinus perf	0330	11.7764	$672.41		$134.48
D7270	E		Tooth reimplantation					
D7272	E		Tooth transplantation					
D7280	E		Exposure impact tooth orthod					
D7281	E		Exposure tooth aid eruption					
D7282	E		Mobilize erupted/malpos toot					
D7285	E		Biopsy of oral tissue hard					
D7286	E		Biopsy of oral tissue soft					
D7287	E		Cytology sample collection					
D7290	E		Repositioning of teeth					
D7291	S		Transseptal fiberotomy	0330	11.7764	$672.41		$134.48
D7310	E		Alveoplasty w/ extraction					
D7320	E		Alveoplasty w/o extraction					
D7340	E		Vestibuloplasty ridge extens					
D7350	E		Vestibuloplasty exten graft					
D7410	E		Rad exc lesion up to 1.25 cm					
D7411	E		Excision benign lesion>1.25c					
D7412	E		Excision benign lesion compl					
D7413	E		Excision malig lesion<=1.25c					
D7414	E		Excision malig lesion>1.25cm					
D7415	E		Excision malig les complicat					
D7440	E		Malig tumor exc to 1.25 cm					
D7441	E		Malig tumor > 1.25 cm					
D7450	E		Rem odontogen cyst to 1.25cm					
D7451	E		Rem odontogen cyst > 1.25 cm					
D7460	E		Rem nonodonto cyst to 1.25cm					
D7461	E		Rem nonodonto cyst > 1.25 cm					
D7465	E		Lesion destruction					
D7471	E		Rem exostosis any site					
D7472	E		Removal of torus palatinus					
D7473	E		Remove torus mandibularis					
D7485	E		Surg reduct osseoustuberosit					
D7490	E		Mandible resection					
D7510	E		I&d absc intraoral soft tiss					
D7520	E		I&d abscess extraoral					
D7530	E		Removal fb skin/areolar tiss					
D7540	E		Removal of fb reaction					
D7550	E		Removal of sloughed off bone					
D7560	E		Maxillary sinusotomy					
D7610	E		Maxilla open reduct simple					
D7620	E		Clsd reduct simpl maxilla fx					
D7630	E		Open red simpl mandible fx					
D7640	E		Clsd red simpl mandible fx					

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D7650	E		Open red simp malar/zygom fx					
D7660	E		Clsd red simp malar/zygom fx					
D7670	E		Closd rductn splint alveolus					
D7671	E		Alveolus open reduction					
D7680	E		Reduct simple facial bone fx					
D7710	E		Maxilla open reduct compound					
D7720	E		Clsd reduct compd maxilla fx					
D7730	E		Open reduct compd mandble fx					
D7740	E		Clsd reduct compd mandble fx					
D7750	E		Open red comp malar/zygma fx					
D7760	E		Clsd red comp malar/zygma fx					
D7770	E		Open reduc compd alveolus fx					
D7771	E		Alveolus clsd reduc stblz te					
D7780	E		Reduct compnd facial bone fx					
D7810	E		Tmj open reduct-dislocation					
D7820	E		Closed tmp manipulation					
D7830	E		Tmj manipulation under anest					
D7840	E		Removal of tmj condyle					
D7850	E		Tmj meniscectomy					
D7852	E		Tmj repair of joint disc					
D7854	E		Tmj excisn of joint membrane					
D7856	E		Tmj cutting of a muscle					
D7858	E		Tmj reconstruction					
D7860	E		Tmj cutting into joint					
D7865	E		Tmj reshaping components					
D7870	E		Tmj aspiration joint fluid					
D7871	E		Lysis + lavage w catheters					
D7872	E		Tmj diagnostic arthroscopy					
D7873	E		Tmj arthroscopy lysis adhesn					
D7874	E		Tmj arthroscopy disc reposit					
D7875	E		Tmj arthroscopy synovectomy					
D7876	E		Tmj arthroscopy discectomy					
D7877	E		Tmj arthroscopy debridement					
D7880	E		Occlusal orthotic appliance					
D7899	E		Tmj unspecified therapy					
D7910	E		Dent sutur recent wnd to 5cm					
D7911	E		Dental suture wound to 5 cm					
D7912	E		Suture complicate wnd > 5 cm					
D7920	E		Dental skin graft					
D7940	S		Reshaping bone orthognathic	0330	11.7764	$672.41		$134.48
D7941	E		Bone cutting ramus closed					
D7943	E		Cutting ramus open w/graft					
D7944	E		Bone cutting segmented					
D7945	E		Bone cutting body mandible					
D7946	E		Reconstruction maxilla total					
D7947	E		Reconstruct maxilla segment					
D7948	E		Reconstruct midface no graft					
D7949	E		Reconstruct midface w/graft					
D7950	E		Mandible graft					
D7955	E		Repair maxillofacial defects					

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D7960	E		Frenulectomy/frenulotomy					
D7970	E		Excision hyperplastic tissue					
D7971	E		Excision pericoronal gingiva					
D7972	E		Surg redct fibrous tuberosit					
D7980	E		Sialolithotomy					
D7981	E		Excision of salivary gland					
D7982	E		Sialodochoplasty					
D7983	E		Closure of salivary fistula					
D7990	E		Emergency tracheotomy					
D7991	E		Dental coronoidectomy					
D7995	E		Synthetic graft facial bones					
D7996	E		Implant mandible for augment					
D7997	E		Appliance removal					
D7999	E		Oral surgery procedure					
D8010	E		Limited dental tx primary					
D8020	E		Limited dental tx transition					
D8030	E		Limited dental tx adolescent					
D8040	E		Limited dental tx adult					
D8050	E		Intercep dental tx primary					
D8060	E		Intercep dental tx transitn					
D8070	E		Compre dental tx transition					
D8080	E		Compre dental tx adolescent					
D8090	E		Compre dental tx adult					
D8210	E		Orthodontic rem appliance tx					
D8220	E		Fixed appliance therapy habt					
D8660	E		Preorthodontic tx visit					
D8670	E		Periodic orthodontc tx visit					
D8680	E		Orthodontic retention					
D8690	E		Orthodontic treatment					
D8691	E		Repair ortho appliance					
D8692	E		Replacement retainer					
D8999	E		Orthodontic procedure					
D9110	N		Tx dental pain minor proc					
D9210	E		Dent anesthesia w/o surgery					
D9211	E		Regional block anesthesia					
D9212	E		Trigeminal block anesthesia					
D9215	E		Local anesthesia					
D9220	E		General anesthesia					
D9221	E		General anesthesia ea ad 15m					
D9230	N		Analgesia					
D9241	E		Intravenous sedation					
D9242	E		IV sedation ea ad 30 m					
D9248	N		Sedation (non-iv)					
D9310	E		Dental consultation					
D9410	E		Dental house call					
D9420	E		Hospital call					
D9430	E		Office visit during hours					
D9440	E		Office visit after hours					
D9450	E		Case presentation tx plan					
D9610	E		Dent therapeutic drug inject					

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D9630	S		Other drugs/medicaments	0330	11.7764	$672.41		$134.48
D9910	E		Dent appl desensitizing med					
D9911	E		Appl desensitizing resin					
D9920	E		Behavior management					
D9930	S		Treatment of complications	0330	11.7764	$672.41		$134.48
D9940	S		Dental occlusal guard	0330	11.7764	$672.41		$134.48
D9941	E		Fabrication athletic guard					
D9950	S		Occlusion analysis	0330	11.7764	$672.41		$134.48
D9951	S		Limited occlusal adjustment	0330	11.7764	$672.41		$134.48
D9952	S		Complete occlusal adjustment	0330	11.7764	$672.41		$134.48
D9970	E		Enamel microabrasion					
D9971	E		Odontoplasty 1-2 teeth					
D9972	E		Extrnl bleaching per arch					
D9973	E		Extrnl bleaching per tooth					
D9974	E		Intrnl bleaching per tooth					
D9999	E		Adjunctive procedure					
E0100	Y		Cane adjust/fixed with tip					
E0105	Y		Cane adjust/fixed quad/3 pro					
E0110	Y		Crutch forearm pair					
E0111	Y		Crutch forearm each					
E0112	Y		Crutch underarm pair wood					
E0113	Y		Crutch underarm each wood					
E0114	Y		Crutch underarm pair no wood					
E0116	Y		Crutch underarm each no wood					
E0117	Y		Underarm springassist crutch					
E0118	E		Crutch substitute					
E0130	Y		Walker rigid adjust/fixed ht					
E0135	Y		Walker folding adjust/fixed					
E0140	Y		Walker w trunk support					
E0141	Y		Rigid wheeled walker adj/fix					
E0143	Y		Walker folding wheeled w/o s					
E0144	Y		Enclosed walker w rear seat					
E0147	Y		Walker variable wheel resist					
E0148	Y		Heavyduty walker no wheels					
E0149	Y		Heavy duty wheeled walker					
E0153	Y		Forearm crutch platform atta					
E0154	Y		Walker platform attachment					
E0155	Y		Walker wheel attachment,pair					
E0156	Y		Walker seat attachment					
E0157	Y		Walker crutch attachment					
E0158	Y		Walker leg extenders set of4					
E0159	Y		Brake for wheeled walker					
E0160	Y		Sitz type bath or equipment					
E0161	Y		Sitz bath/equipment w/faucet					
E0162	Y		Sitz bath chair					
E0163	Y		Commode chair stationry fxd					
E0164	Y		Commode chair mobile fixed a					
E0166	Y		Commode chair mobile detach					
E0167	Y		Commode chair pail or pan					
E0168	Y		Heavyduty/wide commode chair					

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E0169	Y		Seatlift incorp commodechair					
E0175	Y		Commode chair foot rest					
E0176	E		Air pressre pad/cushion nonp					
E0177	E		Water press pad/cushion nonp					
E0178	E		Gel pressre pad/cushion nonp					
E0179	E		Dry pressre pad/cushion nonp					
E0180	Y		Press pad alternating w pump					
E0181	Y		Press pad alternating w/ pum					
E0182	Y		Pressure pad alternating pum					
E0184	Y		Dry pressure mattress					
E0185	Y		Gel pressure mattress pad					
E0186	Y		Air pressure mattress					
E0187	Y		Water pressure mattress					
E0188	Y		Synthetic sheepskin pad					
E0189	Y		Lambswool sheepskin pad					
E0190	E		Positioning cushion					
E0191	Y		Protector heel or elbow					
E0192	E		Pad wheelchr low press/posit					
E0193	Y		Powered air flotation bed					
E0194	Y		Air fluidized bed					
E0196	Y		Gel pressure mattress					
E0197	Y		Air pressure pad for mattres					
E0198	Y		Water pressure pad for mattr					
E0199	Y		Dry pressure pad for mattres					
E0200	Y		Heat lamp without stand					
E0202	Y		Phototherapy light w/ photom					
E0203	A		Therapeutic lightbox tabletp					
E0205	Y		Heat lamp with stand					
E0210	Y		Electric heat pad standard					
E0215	Y		Electric heat pad moist					
E0217	Y		Water circ heat pad w pump					
E0218	Y		Water circ cold pad w pump					
E0220	Y		Hot water bottle					
E0221	Y		Infrared heating pad system					
E0225	Y		Hydrocollator unit					
E0230	Y		Ice cap or collar					
E0231	E		Wound warming device					
E0232	E		Warming card for NWT					
E0235	Y		Paraffin bath unit portable					
E0236	Y		Pump for water circulating p					
E0238	Y		Heat pad non-electric moist					
E0239	Y		Hydrocollator unit portable					
E0240	E		Bath/shower chair					
E0241	E		Bath tub wall rail					
E0242	E		Bath tub rail floor					
E0243	E		Toilet rail					
E0244	E		Toilet seat raised					
E0245	E		Tub stool or bench					
E0246	E		Transfer tub rail attachment					
E0247	E		Trans bench w/wo comm open					

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E0248	E		HDtrans bench w/wo comm open					
E0249	Y		Pad water circulating heat u					
E0250	Y		Hosp bed fixed ht w/ mattres					
E0251	Y		Hosp bed fixd ht w/o mattres					
E0255	Y		Hospital bed var ht w/ mattr					
E0256	Y		Hospital bed var ht w/o matt					
E0260	Y		Hosp bed semi-electr w/ matt					
E0261	Y		Hosp bed semi-electr w/o mat					
E0265	Y		Hosp bed total electr w/ mat					
E0266	Y		Hosp bed total elec w/o matt					
E0270	E		Hospital bed institutional t					
E0271	Y		Mattress innerspring					
E0272	Y		Mattress foam rubber					
E0273	E		Bed board					
E0274	E		Over-bed table					
E0275	Y		Bed pan standard					
E0276	Y		Bed pan fracture					
E0277	Y		Powered pres-redu air mattrs					
E0280	Y		Bed cradle					
E0290	Y		Hosp bed fx ht w/o rails w/m					
E0291	Y		Hosp bed fx ht w/o rail w/o					
E0292	Y		Hosp bed var ht w/o rail w/o					
E0293	Y		Hosp bed var ht w/o rail w/					
E0294	Y		Hosp bed semi-elect w/ mattr					
E0295	Y		Hosp bed semi-elect w/o matt					
E0296	Y		Hosp bed total elect w/ matt					
E0297	Y		Hosp bed total elect w/o mat					
E0300	Y		Enclosed ped crib hosp grade					
E0301	Y		HD hosp bed, 350-600 lbs					
E0302	Y		Ex hd hosp bed > 600 lbs					
E0303	Y		Hosp bed hvy dty xtra wide					
E0304	Y		Hosp bed xtra hvy dty x wide					
E0305	Y		Rails bed side half length					
E0310	Y		Rails bed side full length					
E0315	E		Bed accessory brd/tbl/supprt					
E0316	Y		Bed safety enclosure					
E0325	Y		Urinal male jug-type					
E0326	Y		Urinal female jug-type					
E0350	E		Control unit bowel system					
E0352	E		Disposable pack w/bowel syst					
E0370	E		Air elevator for heel					
E0371	Y		Nonpower mattress overlay					
E0372	Y		Powered air mattress overlay					
E0373	Y		Nonpowered pressure mattress					
E0424	Y		Stationary compressed gas 02					
E0425	E		Gas system stationary compre					
E0430	E		Oxygen system gas portable					
E0431	Y		Portable gaseous 02					
E0434	Y		Portable liquid 02					
E0435	E		Oxygen system liquid portabl					

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E0439	Y		Stationary liquid 02					
E0440	E		Oxygen system liquid station					
E0441	Y		Oxygen contents, gaseous					
E0442	Y		Oxygen contents, liquid					
E0443	Y		Portable 02 contents, gas					
E0444	Y		Portable 02 contents, liquid					
E0445	A		Oximeter non-invasive					
E0450	Y		Volume vent stationary/porta					
E0454	Y		Pressure ventilator					
E0455	Y		Oxygen tent excl croup/ped t					
E0457	Y		Chest shell					
E0459	Y		Chest wrap					
E0460	Y		Neg press vent portabl/statn					
E0461	Y		Vol vent noninvasive interfa					
E0462	Y		Rocking bed w/ or w/o side r					
E0470	Y		RAD w/o backup non-inv intfc					
E0471	Y		RAD w/backup non inv intrfc					
E0472	Y		RAD w backup invasive intrfc					
E0480	Y		Percussor elect/pneum home m					
E0481	E		Intrpulmnry percuss vent sys					
E0482	Y		Cough stimulating device					
E0483	Y		Chest compression gen system					
E0484	Y		Non-elec oscillatory pep dvc					
E0500	Y		Ippb all types					
E0550	Y		Humidif extens supple w ippb					
E0555	Y		Humidifier for use w/ regula					
E0560	Y		Humidifier supplemental w/ i					
E0561	Y		Humidifier nonheated w PAP					
E0562	Y		Humidifier heated used w PAP					
E0565	Y		Compressor air power source					
E0570	Y		Nebulizer with compression					
E0571	Y		Aerosol compressor for svneb					
E0572	Y		Aerosol compressor adjust pr					
E0574	Y		Ultrasonic generator w svneb					
E0575	Y		Nebulizer ultrasonic					
E0580	Y		Nebulizer for use w/ regulat					
E0585	Y		Nebulizer w/ compressor & he					
E0590	Y		Dispensing fee dme neb drug					
E0600	Y		Suction pump portab hom modl					
E0601	Y		Cont airway pressure device					
E0602	Y		Manual breast pump					
E0603	A		Electric breast pump					
E0604	A		Hosp grade elec breast pump					
E0605	Y		Vaporizer room type					
E0606	Y		Drainage board postural					
E0607	Y		Blood glucose monitor home					
E0610	Y		Pacemaker monitr audible/vis					
E0615	Y		Pacemaker monitr digital/vis					
E0616	N		Cardiac event recorder					
E0617	Y		Automatic ext defibrillator					

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E0618	A		Apnea monitor					
E0619	A		Apnea monitor w recorder					
E0620	Y		Cap bld skin piercing laser					
E0621	Y		Patient lift sling or seat					
E0625	E		Patient lift bathroom or toi					
E0627	Y		Seat lift incorp lift-chair					
E0628	Y		Seat lift for pt furn-electr					
E0629	Y		Seat lift for pt furn-non-el					
E0630	Y		Patient lift hydraulic					
E0635	Y		Patient lift electric					
E0636	Y		PT support & positioning sys					
E0637	Y		Sit-stand w seatlift wheeled					
E0638	Y		Standing frame sys wheeled					
E0650	Y		Pneuma compresor non-segment					
E0651	Y		Pneum compressor segmental					
E0652	Y		Pneum compres w/cal pressure					
E0655	Y		Pneumatic appliance half arm					
E0660	Y		Pneumatic appliance full leg					
E0665	Y		Pneumatic appliance full arm					
E0666	Y		Pneumatic appliance half leg					
E0667	Y		Seg pneumatic appl full leg					
E0668	Y		Seg pneumatic appl full arm					
E0669	Y		Seg pneumatic appli half leg					
E0671	Y		Pressure pneum appl full leg					
E0672	Y		Pressure pneum appl full arm					
E0673	Y		Pressure pneum appl half leg					
E0675	Y		Pneumatic compression device					
E0691	Y		Uvl pnl 2 sq ft or less					
E0692	Y		Uvl sys panel 4 ft					
E0693	Y		Uvl sys panel 6 ft					
E0694	Y		Uvl md cabinet sys 6 ft					
E0700	E		Safety equipment					
E0701	Y		Helmet w face guard prefab					
E0710	E		Restraints any type					
E0720	Y		Tens two lead					
E0730	Y		Tens four lead					
E0731	Y		Conductive garment for tens/					
E0740	Y		Incontinence treatment systm					
E0744	Y		Neuromuscular stim for scoli					
E0745	Y		Neuromuscular stim for shock					
E0746	E		Electromyograph biofeedback					
E0747	Y		Elec osteogen stim not spine					
E0748	Y		Elec osteogen stim spinal					
E0749	N		Elec osteogen stim implanted					
E0752	N		Neurostimulator electrode					
E0754	A		Pulsegenerator pt programmer					
E0755	E		Electronic salivary reflex s					
E0756	N		Implantable pulse generator					
E0757	N		Implantable RF receiver					
E0758	A		External RF transmitter					

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E0759	A		Replace rdfrquncy transmittr					
E0760	Y		Osteogen ultrasound stimltor					
E0761	E		Nontherm electromgntc device					
E0765	Y		Nerve stimulator for tx n&v					
E0776	Y		Iv pole					
E0779	Y		Amb infusion pump mechanical					
E0780	Y		Mech amb infusion pump <8hrs					
E0781	Y		External ambulatory infus pu					
E0782	N		Non-programble infusion pump					
E0783	N		Programmable infusion pump					
E0784	Y		Ext amb infusn pump insulin					
E0785	N		Replacement impl pump cathet					
E0786	N		Implantable pump replacement					
E0791	Y		Parenteral infusion pump sta					
E0830	N		Ambulatory traction device					
E0840	Y		Tract frame attach headboard					
E0850	Y		Traction stand free standing					
E0855	Y		Cervical traction equipment					
E0860	Y		Tract equip cervical tract					
E0870	Y		Tract frame attach footboard					
E0880	Y		Trac stand free stand extrem					
E0890	Y		Traction frame attach pelvic					
E0900	Y		Trac stand free stand pelvic					
E0910	Y		Trapeze bar attached to bed					
E0920	Y		Fracture frame attached to b					
E0930	Y		Fracture frame free standing					
E0935	Y		Exercise device passive moti					
E0940	Y		Trapeze bar free standing					
E0941	Y		Gravity assisted traction de					
E0942	Y		Cervical head harness/halter					
E0944	Y		Pelvic belt/harness/boot					
E0945	Y		Belt/harness extremity					
E0946	Y		Fracture frame dual w cross					
E0947	Y		Fracture frame attachmnts pe					
E0948	Y		Fracture frame attachmnts ce					
E0950	E		Tray					
E0951	E		Loop heel					
E0952	E		Toe loop/holder, each					
E0953	E		Pneumatic tire					
E0954	E		Wheelchair semi-pneumatic ca					
E0955	Y		Cushioned headrest					
E0956	Y		W/c lateral trunk/hip suppor					
E0957	Y		W/c medial thigh support					
E0958	A		Whlchr att- conv 1 arm drive					
E0959	B		Amputee adapter					
E0960	Y		W/c shoulder harness/straps					
E0961	B		Wheelchair brake extension					
E0962	E		Wheelchair 1 inch cushion					
E0963	E		Wheelchair 2 inch cushion					
E0964	E		Wheelchair 3 inch cushion					

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E0965	E		Wheelchair 4 inch cushion					
E0966	B		Wheelchair head rest extensi					
E0967	Y		Wheelchair hand rims					
E0968	Y		Wheelchair commode seat					
E0969	Y		Wheelchair narrowing device					
E0970	B		Wheelchair no. 2 footplates					
E0971	B		Wheelchair anti-tipping devi					
E0972	A		Transfer board or device					
E0973	B		W/Ch access det adj armrest					
E0974	B		W/Ch access anti-rollback					
E0977	Y		Wheelchair wedge cushion					
E0978	B		W/C acc,saf belt pelv strap					
E0980	Y		Wheelchair safety vest					
E0981	Y		Seat upholstery, replacement					
E0982	Y		Back upholstery, replacement					
E0983	Y		Add pwr joystick					
E0984	Y		Add pwr tiller					
E0985	Y		W/c seat lift mechanism					
E0986	Y		Man w/c push-rim pow assist					
E0990	B		Whellchair elevating leg res					
E0992	B		Wheelchair solid seat insert					
E0994	Y		Wheelchair arm rest					
E0995	B		Wheelchair calf rest					
E0996	B		Wheelchair tire solid					
E0997	Y		Wheelchair caster w/ a fork					
E0998	Y		Wheelchair caster w/o a fork					
E0999	Y		Wheelchr pneumatic tire w/wh					
E1000	B		Wheelchair tire pneumatic ca					
E1001	Y		Wheelchair wheel					
E1002	Y		Pwr seat tilt					
E1003	Y		Pwr seat recline					
E1004	Y		Pwr seat recline mech					
E1005	Y		Pwr seat recline pwr					
E1006	Y		Pwr seat combo w/o shear					
E1007	Y		Pwr seat combo w/shear					
E1008	Y		Pwr seat combo pwr shear					
E1009	Y		Add mech leg elevation					
E1010	Y		Add pwr leg elevation					
E1011	Y		Ped wc modify width adjustm					
E1012	E		Int seat sys planar ped w/c					
E1013	E		Int seat sys contour ped w/c					
E1014	Y		Reclining back add ped w/c					
E1015	Y		Shock absorber for man w/c					
E1016	Y		Shock absorber for power w/c					
E1017	Y		HD shck absrbr for hd man wc					
E1018	Y		HD shck absrber for hd powwc					
E1019	Y		HD feature power seat					
E1020	Y		Residual limb support system					
E1021	Y		Ex hd feature power seat					
E1025	Y		Pedwc lat/thor sup nocontour					

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E1026	Y		Pedwc contoured lat/thor sup					
E1027	Y		Ped wc lat/ant support					
E1028	Y		W/c manual swingaway					
E1029	Y		W/c vent tray fixed					
E1030	Y		W/c vent tray gimbaled					
E1031	Y		Rollabout chair with casters					
E1035	Y		Patient transfer system					
E1037	Y		Transport chair, ped size					
E1038	Y		Transport chair, adult size					
E1050	A		Whelchr fxd full length arms					
E1060	A		Wheelchair detachable arms					
E1070	A		Wheelchair detachable foot r					
E1083	A		Hemi-wheelchair fixed arms					
E1084	A		Hemi-wheelchair detachable a					
E1085	A		Hemi-wheelchair fixed arms					
E1086	A		Hemi-wheelchair detachable a					
E1087	A		Wheelchair lightwt fixed arm					
E1088	A		Wheelchair lightweight det a					
E1089	A		Wheelchair lightwt fixed arm					
E1090	A		Wheelchair lightweight det a					
E1092	A		Wheelchair wide w/ leg rests					
E1093	A		Wheelchair wide w/ foot rest					
E1100	A		Whchr s-recl fxd arm leg res					
E1110	A		Wheelchair semi-recl detach					
E1130	A		Whlchr stand fxd arm ft rest					
E1140	A		Wheelchair standard detach a					
E1150	Y		Wheelchair standard w/ leg r					
E1160	A		Wheelchair fixed arms					
E1161	A		Manual adult wc w tiltinspac					
E1170	A		Whlchr ampu fxd arm leg rest					
E1171	A		Wheelchair amputee w/o leg r					
E1172	A		Wheelchair amputee detach ar					
E1180	A		Wheelchair amputee w/ foot r					
E1190	A		Wheelchair amputee w/ leg re					
E1195	A		Wheelchair amputee heavy dut					
E1200	A		Wheelchair amputee fixed arm					
E1210	Y		Whlchr moto ful arm leg rest					
E1211	Y		Wheelchair motorized w/ det					
E1212	A		Wheelchair motorized w full					
E1213	A		Wheelchair motorized w/ det					
E1220	A		Whlchr special size/constrc					
E1221	A		Wheelchair spec size w foot					
E1222	A		Wheelchair spec size w/ leg					
E1223	A		Wheelchair spec size w foot					
E1224	A		Wheelchair spec size w/ leg					
E1225	Y		Wheelchair spec sz semi-recl					
E1226	B		W/C access fully reclineback					
E1227	Y		Wheelchair spec sz spec ht a					
E1228	Y		Wheelchair spec sz spec ht b					
E1230	Y		Power operated vehicle					

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E1231	Y		Rigid ped w/c tilt-in-space					
E1232	Y		Folding ped wc tilt-in-space					
E1233	Y		Rig ped wc tltnspc w/o seat					
E1234	Y		Fld ped wc tltnspc w/o seat					
E1235	Y		Rigid ped wc adjustable					
E1236	Y		Folding ped wc adjustable					
E1237	Y		Rgd ped wc adjstabl w/o seat					
E1238	Y		Fld ped wc adjstabl w/o seat					
E1240	A		Whchr litwt det arm leg rest					
E1250	A		Wheelchair lightwt fixed arm					
E1260	A		Wheelchair lightwt foot rest					
E1270	A		Wheelchair lightweight leg r					
E1280	A		Whchr h-duty det arm leg res					
E1285	A		Wheelchair heavy duty fixed					
E1290	A		Wheelchair hvy duty detach a					
E1295	A		Wheelchair heavy duty fixed					
E1296	Y		Wheelchair special seat heig					
E1297	Y		Wheelchair special seat dept					
E1298	Y		Wheelchair spec seat depth/w					
E1300	E		Whirlpool portable					
E1310	Y		Whirlpool non-portable					
E1340	Y		Repair for DME, per 15 min					
E1353	Y		Oxygen supplies regulator					
E1355	Y		Oxygen supplies stand/rack					
E1372	Y		Oxy suppl heater for nebuliz					
E1390	Y		Oxygen concentrator					
E1391	Y		Oxygen concentrator, dual					
E1399	N		Durable medical equipment mi					
E1405	Y		O2/water vapor enrich w/heat					
E1406	Y		O2/water vapor enrich w/o he					
E1500	A		Centrifuge					
E1510	A		Kidney dialysate delivry sys					
E1520	A		Heparin infusion pump					
E1530	A		Replacement air bubble detec					
E1540	A		Replacement pressure alarm					
E1550	A		Bath conductivity meter					
E1560	A		Replace blood leak detector					
E1570	A		Adjustable chair for esrd pt					
E1575	A		Transducer protect/fld bar					
E1580	A		Unipuncture control system					
E1590	A		Hemodialysis machine					
E1592	A		Auto interm peritoneal dialy					
E1594	A		Cycler dialysis machine					
E1600	A		Deli/install chrg hemo equip					
E1610	A		Reverse osmosis h2o puri sys					
E1615	A		Deionizer H2O puri system					
E1620	A		Replacement blood pump					
E1625	A		Water softening system					
E1630	A		Reciprocating peritoneal dia					
E1632	A		Wearable artificial kidney					

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E1634	B		Peritoneal dialysis clamp					
E1635	A		Compact travel hemodialyzer					
E1636	A		Sorbent cartridges per 10					
E1637	A		Hemostats for dialysis, each					
E1639	A		Dialysis scale					
E1699	A		Dialysis equipment noc					
E1700	Y		Jaw motion rehab system					
E1701	Y		Repl cushions for jaw motion					
E1702	Y		Repl measr scales jaw motion					
E1800	Y		Adjust elbow ext/flex device					
E1801	Y		SPS elbow device					
E1802	Y		Adjst forearm pro/sup device					
E1805	Y		Adjust wrist ext/flex device					
E1806	Y		SPS wrist device					
E1810	Y		Adjust knee ext/flex device					
E1811	Y		SPS knee device					
E1815	Y		Adjust ankle ext/flex device					
E1816	Y		SPS ankle device					
E1818	Y		SPS forearm device					
E1820	Y		Soft interface material					
E1821	Y		Replacement interface SPSD					
E1825	Y		Adjust finger ext/flex devc					
E1830	Y		Adjust toe ext/flex device					
E1840	Y		Adj shoulder ext/flex device					
E1902	A		AAC non-electronic board					
E2000	Y		Gastric suction pump hme mdl					
E2100	Y		Bld glucose monitor w voice					
E2101	Y		Bld glucose monitor w lance					
E2120	Y		Pulse gen sys tx endolymp fl					
E2201	Y		Man w/ch acc seat w>=20"<24"					
E2202	Y		Seat width 24-27 in					
E2203	Y		Frame depth less than 22 in					
E2204	Y		Frame depth 22 to 25 in					
E2300	Y		Pwr seat elevation sys					
E2301	Y		Pwr standing					
E2310	Y		Electro connect btw control					
E2311	Y		Electro connect btw 2 sys					
E2320	Y		Hand chin control					
E2321	Y		Hand interface joystick					
E2322	Y		Mult mech switches					
E2323	Y		Special joystick handle					
E2324	Y		Chin cup interface					
E2325	Y		Sip and puff interface					
E2326	Y		Breath tube kit					
E2327	Y		Head control interface mech					
E2328	Y		Head/extremity control inter					
E2329	Y		Head control nonproportional					
E2330	Y		Head control proximity switc					
E2331	Y		Attendant control					
E2340	Y		W/c wdth 20-23 in seat frame					

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E2341	Y		W/c wdth 24-27 in seat frame					
E2342	Y		W/c dpth 20-21 in seat frame					
E2343	Y		W/c dpth 22-25 in seat frame					
E2351	Y		Electronic SGD interface					
E2360	Y		22nf nonsealed leadacid					
E2361	Y		22nf sealed leadacid battery					
E2362	Y		Gr24 nonsealed leadacid					
E2363	Y		Gr24 sealed leadacid battery					
E2364	Y		U1nonsealed leadacid battery					
E2365	Y		U1 sealed leadacid battery					
E2366	Y		Battery charger, single mode					
E2367	Y		Battery charger, dual mode					
E2399	Y		Noc interface					
E2402	Y		Neg press wound therapy pump					
E2500	Y		SGD digitized pre-rec <=8min					
E2502	Y		SGD prerec msg >8min <=20min					
E2504	Y		SGD prerec msg>20min <=40min					
E2506	Y		SGD prerec msg > 40 min					
E2508	Y		SGD spelling phys contact					
E2510	Y		SGD w multi methods msg/accs					
E2511	Y		SGD sftwre prgrm for PC/PDA					
E2512	Y		SGD accessory, mounting sys					
E2599	Y		SGD accessory noc					
G0001	A		Drawing blood for specimen					
G0008	L		Admin influenza virus vac					
G0009	L		Admin pneumococcal vaccine					
G0010	K		Admin hepatitis b vaccine	0355	0.3164	$18.07		$3.61
G0027	A		Semen analysis					
G0030	S		PET imaging prev PET single	0285	12.0951	$690.61	$299.16	$138.12
G0031	S		PET imaging prev PET multple	0285	12.0951	$690.61	$299.16	$138.12
G0032	S		PET follow SPECT 78464 singl	0285	12.0951	$690.61	$299.16	$138.12
G0033	S		PET follow SPECT 78464 mult	0285	12.0951	$690.61	$299.16	$138.12
G0034	S		PET follow SPECT 76865 singl	0285	12.0951	$690.61	$299.16	$138.12
G0035	S		PET follow SPECT 78465 mult	0285	12.0951	$690.61	$299.16	$138.12
G0036	S		PET follow cornry angio sing	0285	12.0951	$690.61	$299.16	$138.12
G0037	S		PET follow cornry angio mult	0285	12.0951	$690.61	$299.16	$138.12
G0038	S		PET follow myocard perf sing	0285	12.0951	$690.61	$299.16	$138.12
G0039	S		PET follow myocard perf mult	0285	12.0951	$690.61	$299.16	$138.12
G0040	S		PET follow stress echo singl	0285	12.0951	$690.61	$299.16	$138.12
G0041	S		PET follow stress echo mult	0285	12.0951	$690.61	$299.16	$138.12
G0042	S		PET follow ventriculogm sing	0285	12.0951	$690.61	$299.16	$138.12
G0043	S		PET follow ventriculogm mult	0285	12.0951	$690.61	$299.16	$138.12
G0044	S		PET following rest ECG singl	0285	12.0951	$690.61	$299.16	$138.12
G0045	S		PET following rest ECG mult	0285	12.0951	$690.61	$299.16	$138.12
G0046	S		PET follow stress ECG singl	0285	12.0951	$690.61	$299.16	$138.12
G0047	S		PET follow stress ECG mult	0285	12.0951	$690.61	$299.16	$138.12
G0101	V		CA screen;pelvic/breast exam	0600	0.9153	$52.26		$10.45
G0102	N		Prostate ca screening; dre					
G0103	A		Psa, total screening					
G0104	S		CA screen;flexi sigmoidscope	0159	2.8560	$163.07		$40.77

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G0105	T		Colorectal scrn; hi risk ind	0158	7.7973	$445.21		$111.30
G0106	S		Colon CA screen;barium enema	0157	2.5594	$146.14		$29.23
G0107	A		CA screen; fecal blood test					
G0108	A		Diab manage trn per					
G0109	A		Diab manage trn ind/group					
G0110	A		Nett pulm-rehab educ; ind					
G0111	A		Nett pulm-rehab educ; group					
G0112	A		Nett;nutrition guid, initial					
G0113	A		Nett;nutrition guid,subseqnt					
G0114	A		Nett; psychosocial consult					
G0115	A		Nett; psychological testing					
G0116	A		Nett; psychosocial counsel					
G0117	S		Glaucoma scrn hgh risk direc	0230	0.8036	$45.88	$14.97	$9.18
G0118	S		Glaucoma scrn hgh risk direc	0230	0.8036	$45.88	$14.97	$9.18
G0120	S		Colon ca scrn; barium enema	0157	2.5594	$146.14		$29.23
G0121	T		Colon ca scrn not hi rsk ind	0158	7.7973	$445.21		$111.30
G0122	E		Colon ca scrn; barium enema					
G0123	A		Screen cerv/vag thin layer					
G0124	A		Screen c/v thin layer by MD					
G0125	S		PET img WhBD sgl pulm ring	1513		$1,150.00		$230.00
G0127	T		Trim nail(s)	0009	0.6955	$39.71	$8.34	$7.94
G0128	B		CORF skilled nursing service					
G0129	P		Partial hosp prog service	0033	5.1174	$292.19		$58.44
G0130	X		Single energy x-ray study	0260	0.7772	$44.38	$19.97	$8.88
G0141	E		Scr c/v cyto,autosys and md					
G0143	A		Scr c/v cyto,thinlayer,rescr					
G0144	A		Scr c/v cyto,thinlayer,rescr					
G0145	A		Scr c/v cyto,thinlayer,rescr					
G0147	A		Scr c/v cyto, automated sys					
G0148	A		Scr c/v cyto, autosys, rescr					
G0151	B		HHCP-serv of pt,ea 15 min					
G0152	B		HHCP-serv of ot,ea 15 min					
G0153	B		HHCP-svs of s/l path,ea 15mn					
G0154	B		HHCP-svs of rn,ea 15 min					
G0155	B		HHCP-svs of csw,ea 15 min					
G0156	B		HHCP-svs of aide,ea 15 min					
G0166	T		Extrnl counterpulse, per tx	0678	1.8456	$105.38		$21.08
G0168	N		Wound closure by adhesive					
G0173	S		Stereo radoisurgery,complete	1528		$5,250.00		$1,050.00
G0175	V		OPPS Service,sched team conf	0602	1.4126	$80.66		$16.13
G0176	P		OPPS/PHP;activity therapy	0033	5.1174	$292.19		$58.44
G0177	P		OPPS/PHP; train & educ serv	0033	5.1174	$292.19		$58.44
G0179	E		MD recertification HHA PT					
G0180	E		MD certification HHA patient					
G0181	E		Home health care supervision					
G0182	E		Hospice care supervision					
G0186	T		Dstry eye lesn,fdr vssl tech	0235	5.1522	$294.18	$72.04	$58.84
G0202	A		Screeningmammographydigital					
G0204	A		Diagnosticmammographydigital					
G0206	A		Diagnosticmammographydigital					

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G0210*	S		PET img wholebody dxlung	1516		$1,450.00		$290.00
G0210*	S		PET img wholebody dxlung	0420	15.7385	$898.64		$179.73
G0210*	S		PET img wholebody dxlung	1513		$1,150.00		$230.00
G0211*	S		PET img whbd ring init lung	1516		$1,450.00		$290.00
G0211*	S		PET img whbd ring init lung	0420	15.7385	$898.64		$179.73
G0211*	S		PET img whbd ring init lung	1513		$1,150.00		$230.00
G0212*	S		PET img whbd ring restag lun	1516		$1,450.00		$290.00
G0212*	S		PET img whbd ring restag lun	0420	15.7385	$898.64		$179.73
G0212*	S		PET img whbd ring restag lun	1513		$1,150.00		$230.00
G0213*	S		PET img wholbody dx	1516		$1,450.00		$290.00
G0213*	S		PET img wholbody dx	0420	15.7385	$898.64		$179.73
G0213*	S		PET img wholbody dx	1513		$1,150.00		$230.00
G0214*	S		PET img wholebod init	1516		$1,450.00		$290.00
G0214*	S		PET img wholebod init	1513		$1,150.00		$230.00
G0214*	S		PET img wholebod init	0420	15.7385	$898.64		$179.73
G0215*	S		PETimg wholebod restag	1516		$1,450.00		$290.00
G0215*	S		PETimg wholebod restag	0420	15.7385	$898.64		$179.73
G0215*	S		PETimg wholebod restag	1513		$1,150.00		$230.00
G0216*	S		PET img whbd ring dx melanom	1513		$1,150.00		$230.00
G0216*	S		PET img whbd ring dx melanom	1516		$1,450.00		$290.00
G0216*	S		PET img whbd ring dx melanom	0420	15.7385	$898.64		$179.73
G0217*	S		PET img whbd ring init melan	1513		$1,150.00		$230.00
G0217*	S		PET img whbd ring init melan	1516		$1,450.00		$290.00
G0217*	S		PET img whbd ring init melan	0420	15.7385	$898.64		$179.73
G0218*	S		PET img whbd ring restag mel	1516		$1,450.00		$290.00
G0218*	S		PET img whbd ring restag mel	0420	15.7385	$898.64		$179.73
G0218*	S		PET img whbd ring restag mel	1513		$1,150.00		$230.00
G0219	E		PET img whbd ring noncov ind					
G0220*	S		PET img whbd ring dx lymphom	1513		$1,150.00		$230.00
G0220*	S		PET img whbd ring dx lymphom	0420	15.7385	$898.64		$179.73
G0220*	S		PET img whbd ring dx lymphom	1516		$1,450.00		$290.00
G0221*	S		PET img whbd ring init lymph	0420	15.7385	$898.64		$179.73
G0221*	S		PET img whbd ring init lymph	1513		$1,150.00		$230.00
G0221*	S		PET img whbd ring init lymph	1516		$1,450.00		$290.00
G0222*	S		PET img whbd ring resta lymp	1516		$1,450.00		$290.00
G0222*	S		PET img whbd ring resta lymp	0420	15.7385	$898.64		$179.73
G0222*	S		PET img whbd ring resta lymp	1513		$1,150.00		$230.00
G0223*	S		PET img whbd reg ring dx hea	0420	15.7385	$898.64		$179.73
G0223*	S		PET img whbd reg ring dx hea	1513		$1,150.00		$230.00
G0223*	S		PET img whbd reg ring dx hea	1516		$1,450.00		$290.00
G0224*	S		PETimg whbd reg ring ini hea	0420	15.7385	$898.64		$179.73
G0224*	S		PETimg whbd reg ring ini hea	1513		$1,150.00		$230.00
G0224*	S		PETimg whbd reg ring ini hea	1516		$1,450.00		$290.00
G0225*	S		PET img whbd ring restag hea	1516		$1,450.00		$290.00
G0225*	S		PET img whbd ring restag hea	0420	15.7385	$898.64		$179.73
G0225*	S		PET img whbd ring restag hea	1513		$1,150.00		$230.00
G0226*	S		PET img whbd dx esophag	0420	15.7385	$898.64		$179.73
G0226*	S		PET img whbd dx esophag	1513		$1,150.00		$230.00
G0226*	S		PET img whbd dx esophag	1516		$1,450.00		$290.00
G0227*	S		PET img whbd ring ini esopha	1516		$1,450.00		$290.00

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G0227*	S		PET img whbd ring ini esopha	0420	15.7385	$898.64		$179.73
G0227*	S		PET img whbd ring ini esopha	1513		$1,150.00		$230.00
G0228*	S		PET img whbd ring restg esop	1516		$1,450.00		$290.00
G0228*	S		PET img whbd ring restg esop	0420	15.7385	$898.64		$179.73
G0228*	S		PET img whbd ring restg esop	1513		$1,150.00		$230.00
G0229*	S		PET img metabolic brain ring	0420	15.7385	$898.64		$179.73
G0229*	S		PET img metabolic brain ring	1513		$1,150.00		$230.00
G0229*	S		PET img metabolic brain ring	1516		$1,450.00		$290.00
G0230*	S		PET myocard viability post	0420	15.7385	$898.64		$179.73
G0230*	S		PET myocard viability post	1513		$1,150.00		$230.00
G0230*	S		PET myocard viability post	1516		$1,450.00		$290.00
G0231*	S		PET WhBD colorec; gamma cam	1516		$1,450.00		$290.00
G0231*	S		PET WhBD colorec; gamma cam	0420	15.7385	$898.64		$179.73
G0231*	S		PET WhBD colorec; gamma cam	1513		$1,150.00		$230.00
G0232*	S		PET whbd lymphoma; gamma cam	0420	15.7385	$898.64		$179.73
G0232*	S		PET whbd lymphoma; gamma cam	1513		$1,150.00		$230.00
G0232*	S		PET whbd lymphoma; gamma cam	1516		$1,450.00		$290.00
G0233*	S		PET whbd melanoma; gamma cam	1516		$1,450.00		$290.00
G0233*	S		PET whbd melanoma; gamma cam	0420	15.7385	$898.64		$179.73
G0233*	S		PET whbd melanoma; gamma cam	1513		$1,150.00		$230.00
G0234*	S		PET WhBD pulm nod; gamma cam	1516		$1,450.00		$290.00
G0234*	S		PET WhBD pulm nod; gamma cam	0420	15.7385	$898.64		$179.73
G0234*	S		PET WhBD pulm nod; gamma cam	1513		$1,150.00		$230.00
G0237	S		Therapeutic procd strg endur	0411	0.4299	$24.55		$4.91
G0238	S		Oth resp proc, indiv	0411	0.4299	$24.55		$4.91
G0239	S		Oth resp proc, group	0411	0.4299	$24.55		$4.91
G0242	S		Multisource photon ster plan	1516		$1,450.00		$290.00
G0243	S		Multisour photon stero treat	1528		$5,250.00		$1,050.00
G0244	S		Observ care by facility topt	0339	7.0750	$403.97		$80.79
G0245	V		Initial Foot Exam PTLOPS	0600	0.9153	$52.26		$10.45
G0246	V		Followup eval of foot pt lop	0600	0.9153	$52.26		$10.45
G0247	T		Routine footcare pt w lops	0009	0.6955	$39.71	$8.34	$7.94
G0248	S		Demonstrate use home inr mon	1503		$150.00		$30.00
G0249	S		Provide test material,equipm	1503		$150.00		$30.00
G0250	E		MD review interpret of test					
G0251	S		Linear acc based stero radio	1513		$1,150.00		$230.00
G0252	E		PET imaging initial dx					
G0253	S		PET image brst dection recur	1516		$1,450.00		$290.00
G0254	S		PET image brst eval to tx	1516		$1,450.00		$290.00
G0255	E		Current percep threshold tst					
G0257	S		Unsched dialysis ESRD pt hos	0170	6.6759	$381.18		$76.24
G0259	N		Inject for sacroiliac joint					
G0260	T		Inj for sacroiliac jt anesth	0206	5.4794	$312.86	$75.55	$62.57
G0263	N		Adm with CHF, CP, asthma					
G0264	V		Assmt otr CHF, CP, asthma	0600	0.9153	$52.26		$10.45
G0265	A		Cryopresevation Freeze+stora					
G0266	A		Thawing + expansion froz cel					
G0267	S		Bone marrow or psc harvest	0110	3.7794	$215.80		$43.16
G0268	X		Removal of impacted wax md	0340	0.6454	$36.85		$7.37
G0269	N		Occlusive device in vein art					

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G0270	A		MNT subs tx for change dx					
G0271	A		Group MNT 2 or more 30 mins					
G0275	N		Renal angio, cardiac cath					
G0278	N		Iliac art angio,cardiac cath					
G0279	A		Excorp shock tx, elbow epi					
G0280	A		Excorp shock tx other than					
G0281	A		Elec stim unattend for press					
G0282	E		Elect stim wound care not pd					
G0283	A		Elec stim other than wound					
G0288	S		Recon, CTA for pre & post su	0417	4.3258	$246.99		$49.40
G0289	N		Arthro, loose body + chondro					
G0290	T		Drug-eluting stents, single	0656	104.5062	$5,967.10		$1,193.42
G0291	T		Drug-eluting stents,each add	0656	104.5062	$5,967.10		$1,193.42
G0292	S		Adm exp drugs,clinical trial	0424	3.2393	$184.96		$36.99
G0293	S		Non-cov surg proc,clin trial	1505		$350.00		$70.00
G0294	S		Non-cov proc, clinical trial	1502		$75.00		$15.00
G0295	E		Electromagnetic therapy onc					
G0296*	S		PET imge restag thyrod cance	1513		$1,150.00		$230.00
G0296*	S		PET imge restag thyrod cance	0420	15.7385	$898.64		$179.73
G0296*	S		PET imge restag thyrod cance	1516		$1,450.00		$290.00
G0297	T		Insert single chamber/cd	0107	301.2105	$17,198.50	$3,458.69	$3,439.70
G0298	T		Insert dual chamber/cd	0107	301.2105	$17,198.50	$3,458.69	$3,439.70
G0299	T		Inser/repos single icd+leads	0108	404.4663	$23,094.20		$4,618.84
G0300	T		Insert reposit lead dual+gen	0108	404.4663	$23,094.20		$4,618.84
G0302	S		Pre-op service LVRS complete	1509		$750.00		$150.00
G0303	S		Pre-op service LVRS 10-15dos	1507		$550.00		$110.00
G0304	S		Pre-op service LVRS 1-9 dos	1504		$250.00		$50.00
G0305	S		Post op service LVRS min 6	1504		$250.00		$50.00
G0306	A		CBC/diffwbc w/o platelet					
G0307	A		CBC without platelet					
G0308	A		ESRD related svc 4+mo<2yrs					
G0309	A		ESRD related svc 2-3mo<2yrs					
G0310	A		ESRD related svc 1vst<2yr					
G0311	A		ESRD related svs 4+mo 2-11 y					
G0312	A		ESRD relate svs 2-3 mo 2-11					
G0313	A		ESRD related svs 1 mon 2-11					
G0314	A		ESRD related svs 4+mo 12-19					
G0315	A		ESRD related svs 2-3 mo 12-1					
G0316	A		ESRD related svs 1 vst 12-19					
G0317	A		ESRD related svs 4+mo 20+yrs					
G0318	A		ESRD related svs 2-3 mo 20+y					
G0319	A		ESRD related svs 1 visit 20+					
G0320	A		ESRD related svs home under					
G0321	A		ESRDrelatedsvs home mo 2-11y					
G0322	A		ESRD related svs home mo12-1					
G0323	A		ESRD related svs home mo 20+					
G0324	A		ESRD related svs home/dy/2y					
G0325	A		ESRD relate home/dy 2-11yr					
G0326	A		ESRD relate home/dy 12-19y					
G0327	A		ESRD relate home/dy 20+yrs					

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G0328	A		Fecal blood scrn immunoassay					
G0329	A		Electromagntic tx for ulcers					
G0338	S		Linear accelerator stero pln	1516		$1,450.00		$290.00
G0339	S		Robot lin-radsurg com, first	1528		$5,250.00		$1,050.00
G0340	S		Robt lin-radsurg fractx 2-5	1525		$3,750.00		$750.00
G3001	S		Admin + supply, tositumomab	1522		$2,250.00		$450.00
G9001	B		MCCD, initial rate					
G9002	B		MCCD,maintenance rate					
G9003	B		MCCD, risk adj hi, initial					
G9004	B		MCCD, risk adj lo, initial					
G9005	B		MCCD, risk adj, maintenance					
G9006	B		MCCD, Home monitoring					
G9007	B		MCCD, sch team conf					
G9008	B		Mccd,phys coor-care ovrsght					
G9009	E		MCCD, risk adj, level 3					
G9010	E		MCCD, risk adj, level 4					
G9011	E		MCCD, risk adj, level 5					
G9012	E		Other Specified Case Mgmt					
G9016	E		Demo-smoking cessation coun					
J0120	K		Tetracyclin injection	9028	1.7697	$101.05		$20.21
J0130	K		Abciximab injection	1605		$448.22		$89.64
J0150	K		Injection adenosine 6 MG	0379	0.2175	$12.42		$2.48
J0152	K		Adenosine injection	0917	0.3599	$20.46		$4.11
J0170	N		Adrenalin epinephrin inject					
J0190	N		Inj biperiden lactate/5 mg					
J0200	N		Alatrofloxacin mesylate					
J0205	K		Alglucerase injection	0900		$37.53		$7.51
J0207	K		Amifostine	7000		$395.75		$79.15
J0210	N		Methyldopate hcl injection					
J0215	B		Alefacept					
J0256	K		Alpha 1 proteinase inhibitor	0901		$2.46		$0.49
J0270	B		Alprostadil for injection					
J0275	B		Alprostadil urethral suppos					
J0280	N		Aminophyllin 250 MG inj					
J0282	K		Amiodarone HCl	9029	0.2112	$12.06		$2.41
J0285	K		Amphotericin B	9030	1.1173	$63.80		$12.76
J0287	K		Amphotericin b lipid complex	9024		$19.09		$3.82
J0288	K		Ampho b cholesteryl sulfate	0735		$15.20		$3.04
J0289	K		Amphotericin b liposome inj	0736		$31.27		$6.25
J0290	N		Ampicillin 500 MG inj					
J0295	N		Ampicillin sodium per 1.5 gm					
J0300	N		Amobarbital 125 MG inj					
J0330	N		Succinycholine chloride inj					
J0350	K		Injection anistreplase 30 u	1606		$2,353.53		$470.71
J0360	N		Hydralazine hcl injection					
J0380	N		Inj metaraminol bitartrate					
J0390	N		Chloroquine injection					
J0395	K		Arbutamine HCl injection	9031	1.2049	$68.80		$13.76
J0456	N		Azithromycin					
J0460	N		Atropine sulfate injection					

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J0470	N		Dimecaprol injection					
J0475	K		Baclofen 10 MG injection	9032	0.1492	$8.52		$1.70
J0476	B		Baclofen intrathecal trial					
J0500	N		Dicyclomine injection					
J0515	N		Inj benztropine mesylate					
J0520	N		Bethanechol chloride inject					
J0530	N		Penicillin g benzathine inj					
J0540	N		Penicillin g benzathine inj					
J0550	N		Penicillin g benzathine inj					
J0560	N		Penicillin g benzathine inj					
J0570	N		Penicillin g benzathine inj					
J0580	N		Penicillin g benzathine inj					
J0583	K		Bivalirudin	9111		$1.52		$0.30
J0585	K		Botulinum toxin a per unit	0902		$4.32		$0.86
J0587	K		Botulinum toxin type B	9018		$7.68		$1.54
J0592	N		Buprenorphine hydrochloride					
J0595	N		Butorphanol tartrate 1 mg					
J0600	N		Edetate calcium disodium inj					
J0610	N		Calcium gluconate injection					
J0620	N		Calcium glycer & lact/10 ML					
J0630	N		Calcitonin salmon injection					
J0636	N		Inj calcitriol per 0.1 mcg					
J0637	K		Caspofungin acetate	9019	0.5717	$32.65		$6.53
J0640	N		Leucovorin calcium injection					
J0670	N		Inj mepivacaine HCL/10 ml					
J0690	N		Cefazolin sodium injection					
J0692	N		Cefepime HCl for injection					
J0694	N		Cefoxitin sodium injection					
J0696	N		Ceftriaxone sodium injection					
J0697	N		Sterile cefuroxime injection					
J0698	N		Cefotaxime sodium injection					
J0702	N		Betamethasone acet&sod phosp					
J0704	N		Betamethasone sod phosp/4 MG					
J0706	N		Caffeine citrate injection					
J0710	N		Cephapirin sodium injection					
J0713	N		Inj ceftazidime per 500 mg					
J0715	N		Ceftizoxime sodium / 500 MG					
J0720	N		Chloramphenicol sodium injec					
J0725	N		Chorionic gonadotropin/1000u					
J0735	N		Clonidine hydrochloride					
J0740	K		Cidofovir injection	9033	6.1929	$353.60		$70.72
J0743	N		Cilastatin sodium injection					
J0744	N		Ciprofloxacin iv					
J0745	N		Inj codeine phosphate /30 MG					
J0760	N		Colchicine injection					
J0770	N		Colistimethate sodium inj					
J0780	N		Prochlorperazine injection					
J0800	N		Corticotropin injection					
J0835	N		Inj cosyntropin per 0.25 MG					
J0850	K		Cytomegalovirus imm IV /vial	0903		$622.13		$124.43

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J0880	E		Darbepoetin alfa injection					
J0895	N		Deferoxamine mesylate inj					
J0900	N		Testosterone enanthate inj					
J0945	K		Brompheniramine maleate inj	9034	1.0444	$59.63		$11.93
J0970	N		Estradiol valerate injection					
J1000	N		Depo-estradiol cypionate inj					
J1020	N		Methylprednisolone 20 MG inj					
J1030	N		Methylprednisolone 40 MG inj					
J1040	N		Methylprednisolone 80 MG inj					
J1051	K		Medroxyprogesterone inj	9035	0.3109	$17.75		$3.55
J1055	E		Medrxyprogester acetate inj					
J1056	E		MA/EC contraceptiveinjection					
J1060	N		Testosterone cypionate 1 ML					
J1070	N		Testosterone cypionat 100 MG					
J1080	N		Testosterone cypionat 200 MG					
J1094	N		Inj dexamethasone acetate					
J1100	N		Dexamethasone sodium phos					
J1110	N		Inj dihydroergotamine mesylt					
J1120	N		Acetazolamid sodium injectio					
J1160	N		Digoxin injection					
J1165	N		Phenytoin sodium injection					
J1170	N		Hydromorphone injection					
J1180	N		Dyphylline injection					
J1190	K		Dexrazoxane HCl injection	0726		$113.28		$22.66
J1200	N		Diphenhydramine hcl injectio					
J1205	N		Chlorothiazide sodium inj					
J1212	K		Dimethyl sulfoxide 50% 50 ML	9036	0.9158	$52.29		$10.46
J1230	K		Methadone injection	9037	0.2357	$13.46		$2.69
J1240	N		Dimenhydrinate injection					
J1245	K		Dipyridamole injection	0380	0.2075	$11.85		$2.37
J1250	N		Inj dobutamine HCL/250 mg					
J1260	K		Dolasetron mesylate	0750		$14.38		$2.88
J1270	N		Injection, doxercalciferol					
J1320	N		Amitriptyline injection					
J1325	N		Epoprostenol injection					
J1327	K		Eptifibatide injection	1607		$11.21		$2.24
J1330	N		Ergonovine maleate injection					
J1335	N		Ertapenem injection					
J1364	N		Erythro lactobionate /500 MG					
J1380	N		Estradiol valerate 10 MG inj					
J1390	N		Estradiol valerate 20 MG inj					
J1410	K		Inj estrogen conjugate 25 MG	9038	0.6946	$39.66		$7.93
J1435	N		Injection estrone per 1 MG					
J1436	N		Etidronate disodium inj					
J1438	K		Etanercept injection	1608		$135.56		$27.11
J1440	K		Filgrastim 300 mcg injection	0728		$162.41		$32.48
J1441	K		Filgrastim 480 mcg injection	7049		$274.40		$54.88
J1450	K		Fluconazole	9039	0.4117	$23.51		$4.70
J1452	K		Intraocular Fomivirsen na	9040	16.6329	$949.71		$189.94
J1455	N		Foscarnet sodium injection					

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J1460	K		Gamma globulin 1 CC inj	9041	0.5598	$31.96		$6.39
J1470	B		Gamma globulin 2 CC inj					
J1480	B		Gamma globulin 3 CC inj					
J1490	B		Gamma globulin 4 CC inj					
J1500	B		Gamma globulin 5 CC inj					
J1510	B		Gamma globulin 6 CC inj					
J1520	B		Gamma globulin 7 CC inj					
J1530	B		Gamma globulin 8 CC inj					
J1540	B		Gamma globulin 9 CC inj					
J1550	B		Gamma globulin 10 CC inj					
J1560	B		Gamma globulin > 10 CC inj					
J1563	K		IV immune globulin	0905		$68.48		$13.70
J1564	K		Immune globulin 10 mg	9021		$0.75		$0.15
J1565	K		RSV-ivig	0906		$16.55		$3.31
J1570	N		Ganciclovir sodium injection					
J1580	N		Garamycin gentamicin inj					
J1590	N		Gatifloxacin injection					
J1595	N		Injection glatiramer acetate					
J1600	N		Gold sodium thiomaleate inj					
J1610	K		Glucagon hydrochloride/1 MG	9042	0.8163	$46.61		$9.32
J1620	K		Gonadorelin hydroch/ 100 mcg	7005		$16.09		$3.22
J1626	K		Granisetron HCl injection	0764		$16.20		$3.24
J1630	N		Haloperidol injection					
J1631	N		Haloperidol decanoate inj					
J1642	N		Inj heparin sodium per 10 u					
J1644	N		Inj heparin sodium per 1000u					
J1645	N		Dalteparin sodium					
J1650	N		Inj enoxaparin sodium					
J1652	N		Fondaparinux sodium					
J1655	N		Tinzaparin sodium injection					
J1670	N		Tetanus immune globulin inj					
J1700	N		Hydrocortisone acetate inj					
J1710	N		Hydrocortisone sodium ph inj					
J1720	N		Hydrocortisone sodium succ i					
J1730	K		Diazoxide injection	9043	0.2713	$15.49		$3.10
J1742	K		Ibutilide fumarate injection	9044	2.2912	$130.82		$26.16
J1745	K		Infliximab injection	7043		$57.40		$11.48
J1750	K		Iron dextran	9045	0.2577	$14.71		$2.94
J1756	K		Iron sucrose injection	9046	0.0091	$0.52		$0.10
J1785	K		Injection imiglucerase /unit	0916		$3.75		$0.75
J1790	N		Droperidol injection					
J1800	N		Propranolol injection					
J1810	E		Droperidol/fentanyl inj					
J1815	N		Insulin injection					
J1817	N		Insulin for insulin pump use					
J1825	E		Interferon beta-1a					
J1830	K		Interferon beta-1b / .25 MG	0910		$58.73		$11.75
J1835	K		Itraconazole injection	9047	0.7453	$42.56		$8.51
J1840	N		Kanamycin sulfate 500 MG inj					
J1850	N		Kanamycin sulfate 75 MG inj					

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J1885	N		Ketorolac tromethamine inj					
J1890	N		Cephalothin sodium injection					
J1940	N		Furosemide injection					
J1950	K		Leuprolide acetate /3.75 MG	0800		$451.98		$90.40
J1955	B		Inj levocarnitine per 1 gm					
J1956	N		Levofloxacin injection					
J1960	N		Levorphanol tartrate inj					
J1980	N		Hyoscyamine sulfate inj					
J1990	N		Chlordiazepoxide injection					
J2001	N		Lidocaine injection					
J2010	N		Lincomycin injection					
J2020	K		Linezolid injection	9001		$32.15		$6.43
J2060	N		Lorazepam injection					
J2150	N		Mannitol injection					
J2175	N		Meperidine hydrochl /100 MG					
J2180	N		Meperidine/promethazine inj					
J2185	N		Meropenem					
J2210	N		Methylergonovin maleate inj					
J2250	N		Inj midazolam hydrochloride					
J2260	K		Inj milrinone lactate / 5 MG	7007	0.1411	$8.06		$1.61
J2270	N		Morphine sulfate injection					
J2271	N		Morphine so4 injection 100mg					
J2275	N		Morphine sulfate injection					
J2280	N		Inj, moxifloxacin 100 mg					
J2300	N		Inj nalbuphine hydrochloride					
J2310	N		Inj naloxone hydrochloride					
J2320	N		Nandrolone decanoate 50 MG					
J2321	N		Nandrolone decanoate 100 MG					
J2322	N		Nandrolone decanoate 200 MG					
J2324	K		Nesiritide	9114		$132.47		$26.49
J2353	K		Octreotide injection, depot	1207	1.2552	$71.66		$14.33
J2354	K		Octreotide inj, non-depot	7031		$3.72		$0.74
J2355	K		Oprelvekin injection	7011		$248.16		$49.63
J2360	N		Orphenadrine injection					
J2370	N		Phenylephrine hcl injection					
J2400	N		Chloroprocaine hcl injection					
J2405	K		Ondansetron hcl injection	0768		$5.54		$1.11
J2410	N		Oxymorphone hcl injection					
J2430	K		Pamidronate disodium /30 MG	0730		$128.74		$25.75
J2440	N		Papaverin hcl injection					
J2460	N		Oxytetracycline injection					
J2501	N		Paricalcitol					
J2505	K		Injection, pegfilgrastim 6mg	9119		$2,448.50		$489.70
J2510	N		Penicillin g procaine inj					
J2515	N		Pentobarbital sodium inj					
J2540	N		Penicillin g potassium inj					
J2543	N		Piperacillin/tazobactam					
J2545	Y		Pentamidine isethionte/300mg					
J2550	N		Promethazine hcl injection					
J2560	N		Phenobarbital sodium inj					

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J2590	N		Oxytocin injection					
J2597	K		Inj desmopressin acetate	9048	0.0825	$4.71		$0.94
J2650	N		Prednisolone acetate inj					
J2670	N		Totazoline hcl injection					
J2675	N		Inj progesterone per 50 MG					
J2680	N		Fluphenazine decanoate 25 MG					
J2690	N		Procainamide hcl injection					
J2700	N		Oxacillin sodium injeciton					
J2710	N		Neostigmine methylslfte inj					
J2720	N		Inj protamine sulfate/10 MG					
J2725	K		Inj protirelin per 250 mcg	9049	0.7222	$41.24		$8.25
J2730	N		Pralidoxime chloride inj					
J2760	N		Phentolaine mesylate inj					
J2765	N		Metoclopramide hcl injection					
J2770	N		Quinupristin/dalfopristin					
J2780	N		Ranitidine hydrochloride inj					
J2783	G		Rasburicase	0738		$105.87		
J2788	K		Rho d immune globulin 50 mcg	9023		$30.38		$6.08
J2790	N		Rho d immune globulin inj					
J2792	K		Rho(D) immune globulin h, sd	1609		$17.95		$3.59
J2795	N		Ropivacaine HCl injection					
J2800	N		Methocarbamol injection					
J2810	N		Inj theophylline per 40 MG					
J2820	K		Sargramostim injection	0731		$25.39		$5.08
J2910	N		Aurothioglucose injeciton					
J2912	N		Sodium chloride injection					
J2916	K		Na ferric gluconate complex	9050	0.1101	$6.29		$1.26
J2920	N		Methylprednisolone injection					
J2930	N		Methylprednisolone injection					
J2940	N		Somatrem injection					
J2941	K		Somatropin injection	7034		$280.87		$56.17
J2950	N		Promazine hcl injection					
J2993	K		Reteplase injection	9005		$1,192.09		$238.42
J2995	K		Inj streptokinase /250000 IU	0911	0.7864	$43.87		$8.77
J2997	K		Alteplase recombinant	7048	0.3128	$17.86		$3.57
J3000	N		Streptomycin injection					
J3010	N		Fentanyl citrate injeciton					
J3030	N		Sumatriptan succinate / 6 MG					
J3070	N		Pentazocine hcl injection					
J3100	K		Tenecteplase injection	9002		$2,350.98		$470.20
J3105	N		Terbutaline sulfate inj					
J3120	N		Testosterone enanthate inj					
J3130	N		Testosterone enanthate inj					
J3140	N		Testosterone suspension inj					
J3150	N		Testosteron propionate inj					
J3230	N		Chlorpromazine hcl injection					
J3240	K		Thyrotropin injection	9108	10.8100	$617.50		$123.50
J3245	K		Tirofiban hydrochloride	7041		$411.85		$82.37
J3250	N		Trimethobenzamide hcl inj					
J3260	N		Tobramycin sulfate injection					

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J3265	N		Injection torsemide 10 mg/ml					
J3280	N		Thiethylperazine maleate inj					
J3301	N		Triamcinolone acetonide inj					
J3302	N		Triamcinolone diacetate inj					
J3303	N		Triamcinolone hexacetonl inj					
J3305	K		Inj trimetrexate glucoronate	7045		$142.50		$28.50
J3310	N		Perphenazine injeciton					
J3315	K		Triptorelin pamoate	9122		$362.78		$72.56
J3320	N		Spectinomycn di-hcl inj					
J3350	K		Urea injection	9051	1.2343	$70.48		$14.10
J3360	N		Diazepam injection					
J3364	N		Urokinase 5000 IU injection					
J3365	K		Urokinase 250,000 IU inj	7036	2.2060	$125.96		$25.19
J3370	N		Vancomycin hcl injection					
J3395	K		Verteporfin injection	1203		$1,274.05		$254.81
J3400	K		Triflupromazine hcl inj	9052	1.2974	$74.08		$14.82
J3410	N		Hydroxyzine hcl injection					
J3411	N		Thiamine hcl 100 mg					
J3415	N		Pyridoxine hcl 100 mg					
J3420	N		Vitamin b12 injection					
J3430	N		Vitamin k phytonadione inj					
J3465	N		Injection, voriconazole					
J3470	N		Hyaluronidase injection					
J3475	N		Inj magnesium sulfate					
J3480	N		Inj potassium chloride					
J3485	N		Zidovudine					
J3486	G		Ziprasidone mesylate	9204		$18.93		
J3487	K		Zoledronic acid	9115		$197.87		$39.57
J3490	N		Drugs unclassified injection					
J3520	E		Edetate disodium per 150 mg					
J3530	K		Nasal vaccine inhalation	9053	1.6356	$93.39		$18.68
J3535	E		Metered dose inhaler drug					
J3570	E		Laetrile amygdalin vit B17					
J3590	N		Unclassified biologics					
J7030	N		Normal saline solution infus					
J7040	N		Normal saline solution infus					
J7042	N		5% dextrose/normal saline					
J7050	N		Normal saline solution infus					
J7051	N		Sterile saline/water					
J7060	N		5% dextrose/water					
J7070	N		D5w infusion					
J7100	N		Dextran 40 infusion					
J7110	N		Dextran 75 infusion					
J7120	N		Ringers lactate infusion					
J7130	N		Hypertonic saline solution					
J7190	K		Factor viii	0925		$0.76		$0.15
J7191	K		Factor VIII (porcine)	0926		$1.78		$0.36
J7192	K		Factor viii recombinant	0927		$1.10		$0.22
J7193	K		Factor IX non-recombinant	0931		$0.98		$0.20
J7194	K		Factor ix complex	0928		$0.32		$0.06

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J7195	K		Factor IX recombinant	0932		$0.98		$0.20
J7197	N		Antithrombin iii injection					
J7198	K		Anti-inhibitor	0929		$1.25		$0.25
J7199	B		Hemophilia clot factor noc					
J7300	E		Intraut copper contraceptive					
J7302	E		Levonorgestrel iu contracept					
J7303	E		Contraceptive vaginal ring					
J7308	K		Aminolevulinic acid hcl top	7308		$88.86		$17.77
J7310	N		Ganciclovir long act implant					
J7317	K		Sodium hyaluronate injection	7316		$54.33		$10.87
J7320	K		Hylan G-F 20 injection	1611		$203.70		$40.74
J7330	B		Cultured chondrocytes implnt					
J7340	E		Metabolic active D/E tissue					
J7342	K		Metabolically active tissue	9054	0.1266	$7.23		$1.45
J7350	K		Injectable human tissue	9055	0.1425	$8.14		$1.63
J7500	N		Azathioprine oral 50mg					
J7501	K		Azathioprine parenteral	0887		$30.18		$6.04
J7502	K		Cyclosporine oral 100 mg	0888	0.0317	$1.81		$0.36
J7504	K		Lymphocyte immune globulin	0890		$243.50		$48.70
J7505	N		Monoclonal antibodies					
J7506	N		Prednisone oral					
J7507	K		Tacrolimus oral per 1 MG	0891		$3.05		$0.61
J7509	N		Methylprednisolone oral					
J7510	N		Prednisolone oral per 5 mg					
J7511	K		Antithymocyte globuln rabbit	9104		$312.41		$62.48
J7513	K		Daclizumab, parenteral	1612		$393.78		$78.76
J7515	N		Cyclosporine oral 25 mg					
J7516	N		Cyclosporin parenteral 250mg					
J7517	K		Mycophenolate mofetil oral	9015		$2.46		$0.49
J7520	K		Sirolimus, oral	9020		$6.23		$1.25
J7525	N		Tacrolimus injection					
J7599	N		Immunosuppressive drug noc					
J7608	Y		Acetylcysteine inh sol u d					
J7618	Y		Albuterol inh sol con					
J7619	Y		Albuterol inh sol u d					
J7621	Y		(Levo)albuterol/Ipra-bromide					
J7622	A		Beclomethasone inhalatn sol					
J7624	A		Betamethasone inhalation sol					
J7626	A		Budesonide inhalation sol					
J7628	Y		Bitolterol mes inhal sol con					
J7629	Y		Bitolterol mes inh sol u d					
J7631	Y		Cromolyn sodium inh sol u d					
J7633	N		Budesonide concentrated sol					
J7635	Y		Atropine inhal sol con					
J7636	Y		Atropine inhal sol unit dose					
J7637	Y		Dexamethasone inhal sol con					
J7638	Y		Dexamethasone inhal sol u d					
J7639	Y		Dornase alpha inhal sol u d					
J7641	A		Flunisolide, inhalation sol					
J7642	Y		Glycopyrrolate inhal sol con					

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J7643	Y		Glycopyrrolate inhal sol u d					
J7644	Y		Ipratropium brom inh sol u d					
J7648	Y		Isoetharine hcl inh sol con					
J7649	Y		Isoetharine hcl inh sol u d					
J7658	Y		Isoproterenolhcl inh sol con					
J7659	Y		Isoproterenol hcl inh sol ud					
J7668	Y		Metaproterenol inh sol con					
J7669	Y		Metaproterenol inh sol u d					
J7680	Y		Terbutaline so4 inh sol con					
J7681	Y		Terbutaline so4 inh sol u d					
J7682	Y		Tobramycin inhalation sol					
J7683	Y		Triamcinolone inh sol con					
J7684	Y		Triamcinolone inh sol u d					
J7699	Y		Inhalation solution for DME					
J7799	Y		Non-inhalation drug for DME					
J8499	E		Oral prescrip drug non chemo					
J8510	K		Oral busulfan	7015		$2.08		$0.42
J8520	K		Capecitabine, oral, 150 mg	7042		$2.96		$0.59
J8521	E		Capecitabine, oral, 500 mg					
J8530	N		Cyclophosphamide oral 25 MG					
J8560	K		Etoposide oral 50 MG	0802		$21.91		$4.38
J8600	N		Melphalan oral 2 MG					
J8610	N		Methotrexate oral 2.5 MG					
J8700	K		Temozolomide	1086		$6.42		$1.28
J8999	B		Oral prescription drug chemo					
J9000	K		Doxorubic hcl 10 MG vl chemo	0847		$4.69		$0.94
J9001	K		Doxorubicin hcl liposome inj	7046		$343.78		$68.76
J9010	K		Alemtuzumab injection	9110		$510.70		$102.14
J9015	K		Aldesleukin/single use vial	0807		$680.35		$136.07
J9017	K		Arsenic trioxide	9012		$34.32		$6.86
J9020	K		Asparaginase injection	0814		$54.71		$10.94
J9031	K		Bcg live intravesical vac	0809		$139.90		$27.98
J9040	K		Bleomycin sulfate injection	0857		$88.32		$17.66
J9045	K		Carboplatin injection	0811		$129.96		$25.99
J9050	N		Carmus bischl nitro inj					
J9060	K		Cisplatin 10 MG injection	0813		$7.73		$1.55
J9062	B		Cisplatin 50 MG injection					
J9065	K		Inj cladribine per 1 MG	0858		$24.84		$4.97
J9070	K		Cyclophosphamide 100 MG inj	0815		$2.77		$0.55
J9080	B		Cyclophosphamide 200 MG inj					
J9090	B		Cyclophosphamide 500 MG inj					
J9091	B		Cyclophosphamide 1.0 grm inj					
J9092	B		Cyclophosphamide 2.0 grm inj					
J9093	K		Cyclophosphamide lyophilized	0816		$2.36		$0.47
J9094	B		Cyclophosphamide lyophilized					
J9095	B		Cyclophosphamide lyophilized					
J9096	B		Cyclophosphamide lyophilized					
J9097	B		Cyclophosphamide lyophilized					
J9098	N		Cytarabine liposome					
J9100	K		Cytarabine hcl 100 MG inj	0817		$1.55		$0.31

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J9110	B		Cytarabine hcl 500 MG inj					
J9120	N		Dactinomycin actinomycin d					
J9130	K		Dacarbazine 100 mg inj	0819		$6.14		$1.23
J9140	B		Dacarbazine 200 MG inj					
J9150	K		Daunorubicin	0820		$35.94		$7.19
J9151	K		Daunorubicin citrate liposom	0821		$64.60		$12.92
J9160	K		Denileukin diftitox, 300 mcg	1084		$1,232.88		$246.58
J9165	N		Diethylstilbestrol injection					
J9170	K		Docetaxel	0823		$312.69		$62.54
J9178	K		Inj, epirubicin hcl, 2 mg	1167		$24.14		$4.83
J9181	K		Etoposide 10 MG inj	0824		$0.83		$0.17
J9182	B		Etoposide 100 MG inj					
J9185	K		Fludarabine phosphate inj	0842		$311.09		$62.22
J9190	N		Fluorouracil injection					
J9200	K		Floxuridine injection	0827		$66.24		$13.25
J9201	K		Gemcitabine HCl	0828		$105.73		$21.15
J9202	K		Goserelin acetate implant	0810		$390.09		$78.02
J9206	K		Irinotecan injection	0830		$127.33		$25.47
J9208	K		Ifosfomide injection	0831		$72.81		$14.56
J9209	K		Mesna injection	0732		$17.66		$3.53
J9211	K		Idarubicin hcl injection	0832	0.2357	$13.46		$2.69
J9212	N		Interferon alfacon-1					
J9213	K		Interferon alfa-2a inj	0834		$30.48		$6.10
J9214	K		Interferon alfa-2b inj	0836		$13.00		$2.60
J9215	K		Interferon alfa-n3 inj	0865		$8.17		$1.63
J9216	K		Interferon gamma 1-b inj	0838	3 3927	$193.80		$38.76
J9217	K		Leuprolide acetate suspnsion	9217		$543.72		$108.74
J9218	K		Leuprolide acetate injeciton	0861		$14.48		$2.90
J9219	K		Leuprolide acetate implant	7051		$4,717.72		$943.54
J9230	N		Mechlorethamine hcl inj					
J9245	K		Inj melphalan hydrochl 50 MG	0840		$367.03		$73.41
J9250	N		Methotrexate sodium inj					
J9260	B		Methotrexate sodium inj					
J9263	B		Oxaliplatin					
J9265	K		Paclitaxel injection	0863		$79.04		$15.81
J9266	N		Pegaspargase/singl dose vial					
J9268	K		Pentostatin injection	0844		$1,683.24		$336.65
J9270	K		Plicamycin (mithramycin) inj	0860		$93.80		$18.76
J9280	K		Mitomycin 5 MG inj	0862		$30.91		$6.18
J9290	B		Mitomycin 20 MG inj					
J9291	B		Mitomycin 40 MG inj					
J9293	K		Mitoxantrone hydrochl / 5 MG	0864		$313.96		$62.79
J9300	K		Gemtuzumab ozogamicin	9004		$2,183.81		$436.76
J9310	K		Rituximab cancer treatment	0849		$437.83		$87.57
J9320	N		Streptozocin injection					
J9340	K		Thiotepa injection	0851		$45.31		$9.06
J9350	K		Topotecan	0852		$697.76		$139.55
J9355	K		Trastuzumab	1613		$50.79		$10.16
J9357	N		Valrubicin, 200 mg					
J9360	N		Vinblastine sulfate inj					

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J9370	N		Vincristine sulfate 1 MG inj					
J9375	B		Vincristine sulfate 2 MG inj					
J9380	B		Vincristine sulfate 5 MG inj					
J9390	K		Vinorelbine tartrate/10 mg	0855		$95.23		$19.05
J9395	K		Injection, Fulvestrant	9120		$79.65		$15.93
J9600	K		Porfimer sodium	0856		$2,274.78		$454.96
J9999	N		Chemotherapy drug					
K0001	Y		Standard wheelchair					
K0002	Y		Stnd hemi (low seat) whlchr					
K0003	Y		Lightweight wheelchair					
K0004	Y		High strength ltwt whlchr					
K0005	Y		Ultralightweight wheelchair					
K0006	Y		Heavy duty wheelchair					
K0007	Y		Extra heavy duty wheelchair					
K0009	Y		Other manual wheelchair/base					
K0010	Y		Stnd wt frame power whlchr					
K0011	Y		Stnd wt pwr whlchr w control					
K0012	Y		Ltwt portbl power whlchr					
K0014	Y		Other power whlchr base					
K0015	Y		Detach non-adjus hght armrst					
K0017	Y		Detach adjust armrest base					
K0018	Y		Detach adjust armrst upper					
K0019	Y		Arm pad each					
K0020	Y		Fixed adjust armrest pair					
K0023	Y		Planr back insrt foam w/strp					
K0024	Y		Plnr back insrt foam w/hrdwr					
K0037	Y		High mount flip-up footrest					
K0038	Y		Leg strap each					
K0039	Y		Leg strap h style each					
K0040	Y		Adjustable angle footplate					
K0041	Y		Large size footplate each					
K0042	Y		Standard size footplate each					
K0043	Y		Ftrst lower extension tube					
K0044	Y		Ftrst upper hanger bracket					
K0045	Y		Footrest complete assembly					
K0046	Y		Elevat legrst low extension					
K0047	Y		Elevat legrst up hangr brack					
K0050	Y		Ratchet assembly					
K0051	Y		Cam relese assem ftrst/lgrst					
K0052	Y		Swingaway detach footrest					
K0053	Y		Elevate footrest articulate					
K0056	Y		Seat ht <17 or >=21 ltwt wc					
K0059	Y		Plastic coated handrim each					
K0060	Y		Steel handrim each					
K0061	Y		Aluminum handrim each					
K0064	Y		Zero pressure tube flat free					
K0065	Y		Spoke protectors					
K0066	Y		Solid tire any size each					
K0067	Y		Pneumatic tire any size each					
K0068	Y		Pneumatic tire tube each					

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K0069	Y		Rear whl complete solid tire					
K0070	Y		Rear whl compl pneum tire					
K0071	Y		Front castr compl pneum tire					
K0072	Y		Frnt cstr cmpl sem-pneum tir					
K0073	Y		Caster pin lock each					
K0074	Y		Pneumatic caster tire each					
K0075	Y		Semi-pneumatic caster tire					
K0076	Y		Solid caster tire each					
K0077	Y		Front caster assem complete					
K0078	Y		Pneumatic caster tire tube					
K0081	Y		Wheel lock assembly complete					
K0090	Y		Rear tire power wheelchair					
K0091	Y		Rear tire tube power whlchr					
K0092	Y		Rear assem cmplt powr whlchr					
K0093	Y		Rear zero pressure tire tube					
K0094	Y		Wheel tire for power base					
K0095	Y		Wheel tire tube each base					
K0096	Y		Wheel assem powr base complt					
K0097	Y		Wheel zero presure tire tube					
K0098	Y		Drive belt power wheelchair					
K0099	Y		Pwr wheelchair front					
K0102	Y		Crutch and cane holder					
K0104	Y		Cylinder tank carrier					
K0105	Y		Iv hanger					
K0106	Y		Arm trough each					
K0108	Y		W/c component-accessory NOS					
K0114	Y		Whlchr back suprt inr frame					
K0115	Y		Back module orthotic system					
K0116	Y		Back & seat modul orthot sys					
K0195	Y		Elevating whlchair leg rests					
K0415	B		RX antiemetic drg, oral NOS					
K0416	B		Rx antiemetic drg,rectal NOS					
K0452	Y		Wheelchair bearings					
K0455	Y		Pump uninterrupted infusion					
K0462	Y		Temporary replacement eqpmnt					
K0552	Y		Supply/Ext inf pump syr type					
K0600	Y		Functional neuromuscularstim					
K0601	Y		Repl batt silver oxide 1.5 v					
K0602	Y		Repl batt silver oxide 3 v					
K0603	Y		Repl batt alkaline 1.5 v					
K0604	Y		Repl batt lithium 3.6 v					
K0605	Y		Repl batt lithium 4.5 v					
K0606	Y		AED garment w/elec analysis					
K0607	Y		Repl batt for AED					
K0608	Y		Repl garment for AED					
K0609	Y		Repl electrode for AED					
K0618	A		TLSO 2 piece rigid shell					
K0619	A		TLSO 3 piece rigid shell					
K0620	A		Tubular elastic dressing					
K0627	A		Cervical pneum trac equip					

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K0628	A		Mult dens insert direct form					
K0629	A		Mult dens insert custom mold					
K0630	A		SIO flex pelvisacral prefab					
K0631	A		SIO flex pelvisacral custom					
K0632	A		SIO panel prefab					
K0633	A		SIO panel custom					
K0634	A		LO flexibl L1 - below L5 pre					
K0635	A		LO sag stays/panels pre-fab					
K0636	A		LO sagitt rigid panel prefab					
K0637	A		LO flex w/o rigid stays pre					
K0638	A		LSO flex w/rigid stays cust					
K0639	A		LSO post rigid panel pre					
K0640	A		LSO sag-coro rigid frame pre					
K0641	A		LSO sag-cor rigid frame cust					
K0642	A		LSO flexion control prefab					
K0643	A		LSO flexion control custom					
K0644	A		LSO sagit rigid panel prefab					
K0645	A		LSO sagittal rigid panel cus					
K0646	A		LSO sag-coronal panel prefab					
K0647	A		LSO sag-coronal panel custom					
K0648	A		LSO s/c shell/panel prefab					
K0649	A		LSO s/c shell/panel custom					
K0650	Y		Gen w/c cushion width <22					
K0651	Y		Gen w/c cushion width >=22					
K0652	Y		Skin protect w/c cus wd <22					
K0653	Y		Skin protect w/c cus wd >=22					
K0654	Y		Position w/c cush width <22"					
K0655	Y		Position w/c cush width >=22					
K0656	Y		Skin pro/pos w/c cus wd<22"					
K0657	Y		Skin pro/pos w/c cus wd >=22					
K0658	Y		Custom fabricate w/c cushion					
K0659	Y		Powered w/c cushion					
K0660	Y		Gen use back cush width <22"					
K0661	Y		Gen use back cush width >=22					
K0662	Y		Position back cush wdth <22"					
K0663	Y		Position back cush wdth >=22					
K0664	Y		Pos back post/lat width <22"					
K0665	Y		Pos back post/lat width >=22					
K0666	Y		Custom fab w/c back cushion					
K0667	Y		Mt hardwre man/light pwr w/c					
K0668	Y		Rep ace cover w/c seat cush					
K0669	Y		W/c seat/back no CVR SADMERC					
L0100	A		Cranial orthosis/helmet mold					
L0110	A		Cranial orthosis/helmet nonm					
L0112	A		Cranial cervical orthosis					
L0120	A		Cerv flexible non-adjustable					
L0130	A		Flex thermoplastic collar mo					
L0140	A		Cervical semi-rigid adjustab					
L0150	A		Cerv semi-rig adj molded chn					
L0160	A		Cerv semi-rig wire occ/mand					

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L0170	A		Cervical collar molded to pt					
L0172	A		Cerv col thermplas foam 2 pi					
L0174	A		Cerv col foam 2 piece w thor					
L0180	A		Cer post col occ/man sup adj					
L0190	A		Cerv collar supp adj cerv ba					
L0200	A		Cerv col supp adj bar & thor					
L0210	A		Thoracic rib belt					
L0220	A		Thor rib belt custom fabrica					
L0450	A		TLSO flex prefab thoracic					
L0452	A		tlso flex custom fab thoraci					
L0454	A		TLSO flex prefab sacrococ-T9					
L0456	A		TLSO flex prefab					
L0458	A		TLSO 2Mod symphis-xipho pre					
L0460	A		TLSO2Mod symphysis-stern pre					
L0462	A		TLSO 3Mod sacro-scap pre					
L0464	A		TLSO 4Mod sacro-scap pre					
L0466	A		TLSO rigid frame pre soft ap					
L0468	A		TLSO rigid frame prefab pelv					
L0470	A		TLSO rigid frame pre subclav					
L0472	A		TLSO rigid frame hyperex pre					
L0476	E		TLSO flexion compres jac pre					
L0478	E		TLSO flexion compres jac cus					
L0480	A		TLSO rigid plastic custom fa					
L0482	A		TLSO rigid lined custom fab					
L0484	A		TLSO rigid plastic cust fab					
L0486	A		TLSO rigidlined cust fab two					
L0488	A		TLSO rigid lined pre one pie					
L0490	A		TLSO rigid plastic pre one					
L0500	E		Lso flex surgical support					
L0510	E		Lso flexible custom fabricat					
L0515	A		Lso flex elas w/ rig post pa					
L0520	E		Lso a-p-l control with apron					
L0530	E		Lso ant-pos control w apron					
L0540	E		Lso lumbar flexion a-p-l					
L0550	E		Lso a-p-l control molded					
L0560	E		Lso a-p-l w interface					
L0561	E		Prefab lso					
L0565	E		Lso a-p-l control custom					
L0600	E		Sacroiliac flex surg support					
L0610	E		Sacroiliac flexible custm fa					
L0620	E		Sacroiliac semi-rig w apron					
L0700	A		Ctlso a-p-l control molded					
L0710	A		Ctlso a-p-l control w/ inter					
L0810	A		Halo cervical into jckt vest					
L0820	A		Halo cervical into body jack					
L0830	A		Halo cerv into milwaukee typ					
L0860	A		Magnetic resonanc image comp					
L0861	A		Halo repl liner/interface					
L0960	E		Post surgical support pads					
L0970	A		Tlso corset front					

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L0972	A		Lso corset front					
L0974	A		Tlso full corset					
L0976	A		Lso full corset					
L0978	A		Axillary crutch extension					
L0980	A		Peroneal straps pair					
L0982	A		Stocking supp grips set of f					
L0984	A		Protective body sock each					
L0999	A		Add to spinal orthosis NOS					
L1000	A		Ctlso milwauke initial model					
L1005	A		Tension based scoliosis orth					
L1010	A		Ctlso axilla sling					
L1020	A		Kyphosis pad					
L1025	A		Kyphosis pad floating					
L1030	A		Lumbar bolster pad					
L1040	A		Lumbar or lumbar rib pad					
L1050	A		Sternal pad					
L1060	A		Thoracic pad					
L1070	A		Trapezius sling					
L1080	A		Outrigger					
L1085	A		Outrigger bil w/ vert extens					
L1090	A		Lumbar sling					
L1100	A		Ring flange plastic/leather					
L1110	A		Ring flange plas/leather mol					
L1120	A		Covers for upright each					
L1200	A		Furnsh initial orthosis only					
L1210	A		Lateral thoracic extension					
L1220	A		Anterior thoracic extension					
L1230	A		Milwaukee type superstructur					
L1240	A		Lumbar derotation pad					
L1250	A		Anterior asis pad					
L1260	A		Anterior thoracic derotation					
L1270	A		Abdominal pad					
L1280	A		Rib gusset (elastic) each					
L1290	A		Lateral trochanteric pad					
L1300	A		Body jacket mold to patient					
L1310	A		Post-operative body jacket					
L1499	A		Spinal orthosis NOS					
L1500	A		Thkao mobility frame					
L1510	A		Thkao standing frame					
L1520	A		Thkao swivel walker					
L1600	A		Abduct hip flex frejka w cvr					
L1610	A		Abduct hip flex frejka covr					
L1620	A		Abduct hip flex pavlik harne					
L1630	A		Abduct control hip semi-flex					
L1640	A		Pelv band/spread bar thigh c					
L1650	A		HO abduction hip adjustable					
L1652	A		HO bi thighcuffs w sprdr bar					
L1660	A		HO abduction static plastic					
L1680	A		Pelvic & hip control thigh c					
L1685	A		Post-op hip abduct custom fa					

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L1686	A		HO post-op hip abduction					
L1690	A		Combination bilateral HO					
L1700	A		Leg perthes orth toronto typ					
L1710	A		Legg perthes orth newington					
L1720	A		Legg perthes orthosis trilat					
L1730	A		Legg perthes orth scottish r					
L1750	A		Legg perthes sling					
L1755	A		Legg perthes patten bottom t					
L1800	A		Knee orthoses elas w stays					
L1810	A		Ko elastic with joints					
L1815	A		Elastic with condylar pads					
L1820	A		Ko elas w/ condyle pads & jo					
L1825	A		Ko elastic knee cap					
L1830	A		Ko immobilizer canvas longit					
L1831	A		Knee orth pos locking joint					
L1832	A		KO adj jnt pos rigid support					
L1834	A		Ko w/0 joint rigid molded to					
L1836	A		Rigid KO wo joints					
L1840	A		Ko derot ant cruciate custom					
L1843	A		KO single upright custom fit					
L1844	A		Ko w/adj jt rot cntrl molded					
L1845	A		Ko w/ adj flex/ext rotat cus					
L1846	A		Ko w adj flex/ext rotat mold					
L1847	A		KO adjustable w air chambers					
L1850	A		Ko swedish type					
L1855	A		Ko plas doub upright jnt mol					
L1858	A		Ko polycentric pneumatic pad					
L1860	A		Ko supracondylar socket mold					
L1870	A		Ko doub upright lacers molde					
L1880	A		Ko doub upright cuffs/lacers					
L1900	A		Afo sprng wir drsflx calf bd					
L1901	A		Prefab ankle orthosis					
L1902	A		Afo ankle gauntlet					
L1904	A		Afo molded ankle gauntlet					
L1906	A		Afo multiligamentus ankle su					
L1907	A		AFO supramalleolar custom					
L1910	A		Afo sing bar clasp attach sh					
L1920	A		Afo sing upright w/ adjust s					
L1930	A		Afo plastic					
L1940	A		Afo molded to patient plasti					
L1945	A		Afo molded plas rig ant tib					
L1950	A		Afo spiral molded to pt plas					
L1951	A		AFO spiral prefabricated					
L1960	A		Afo pos solid ank plastic mo					
L1970	A		Afo plastic molded w/ankle j					
L1971	A		AFO w/ankle joint, prefab					
L1980	A		Afo sing solid stirrup calf					
L1990	A		Afo doub solid stirrup calf					
L2000	A		Kafo sing fre stirr thi/calf					
L2010	A		Kafo sng solid stirrup w/o j					

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L2020	A		Kafo dbl solid stirrup band/					
L2030	A		Kafo dbl solid stirrup w/o j					
L2035	A		KAFO plastic pediatric size					
L2036	A		Kafo plas doub free knee mol					
L2037	A		Kafo plas sing free knee mol					
L2038	A		Kafo w/o joint multi-axis an					
L2039	A		KAFO,plstic,medlat rotat con					
L2040	A		Hkafo torsion bil rot straps					
L2050	A		Hkafo torsion cable hip pelv					
L2060	A		Hkafo torsion ball bearing j					
L2070	A		Hkafo torsion unilat rot str					
L2080	A		Hkafo unilat torsion cable					
L2090	A		Hkafo unilat torsion ball br					
L2106	A		Afo tib fx cast plaster mold					
L2108	A		Afo tib fx cast molded to pt					
L2112	A		Afo tibial fracture soft					
L2114	A		Afo tib fx semi-rigid					
L2116	A		Afo tibial fracture rigid					
L2126	A		Kafo fem fx cast thermoplas					
L2128	A		Kafo fem fx cast molded to p					
L2132	A		Kafo femoral fx cast soft					
L2134	A		Kafo fem fx cast semi-rigid					
L2136	A		Kafo femoral fx cast rigid					
L2180	A		Plas shoe insert w ank joint					
L2182	A		Drop lock knee					
L2184	A		Limited motion knee joint					
L2186	A		Adj motion knee jnt lerman t					
L2188	A		Quadrilateral brim					
L2190	A		Waist belt					
L2192	A		Pelvic band & belt thigh fla					
L2200	A		Limited ankle motion ea jnt					
L2210	A		Dorsiflexion assist each joi					
L2220	A		Dorsi & plantar flex ass/res					
L2230	A		Split flat caliper stirr & p					
L2240	A		Round caliper and plate atta					
L2250	A		Foot plate molded stirrup at					
L2260	A		Reinforced solid stirrup					
L2265	A		Long tongue stirrup					
L2270	A		Varus/valgus strap padded/li					
L2275	A		Plastic mod low ext pad/line					
L2280	A		Molded inner boot					
L2300	A		Abduction bar jointed adjust					
L2310	A		Abduction bar-straight					
L2320	A		Non-molded lacer					
L2330	A		Lacer molded to patient mode					
L2335	A		Anterior swing band					
L2340	A		Pre-tibial shell molded to p					
L2350	A		Prosthetic type socket molde					
L2360	A		Extended steel shank					
L2370	A		Patten bottom					

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L2375	A		Torsion ank & half solid sti					
L2380	A		Torsion straight knee joint					
L2385	A		Straight knee joint heavy du					
L2390	A		Offset knee joint each					
L2395	A		Offset knee joint heavy duty					
L2397	A		Suspension sleeve lower ext					
L2405	A		Knee joint drop lock ea jnt					
L2415	A		Knee joint cam lock each joi					
L2425	A		Knee disc/dial lock/adj flex					
L2430	A		Knee jnt ratchet lock ea jnt					
L2435	A		Knee joint polycentric joint					
L2492	A		Knee lift loop drop lock rin					
L2500	A		Thi/glut/ischia wgt bearing					
L2510	A		Th/wght bear quad-lat brim m					
L2520	A		Th/wght bear quad-lat brim c					
L2525	A		Th/wght bear nar m-l brim mo					
L2526	A		Th/wght bear nar m-l brim cu					
L2530	A		Thigh/wght bear lacer non-mo					
L2540	A		Thigh/wght bear lacer molded					
L2550	A		Thigh/wght bear high roll cu					
L2570	A		Hip clevis type 2 posit jnt					
L2580	A		Pelvic control pelvic sling					
L2600	A		Hip clevis/thrust bearing fr					
L2610	A		Hip clevis/thrust bearing lo					
L2620	A		Pelvic control hip heavy dut					
L2622	A		Hip joint adjustable flexion					
L2624	A		Hip adj flex ext abduct cont					
L2627	A		Plastic mold recipro hip & c					
L2628	A		Metal frame recipro hip & ca					
L2630	A		Pelvic control band & belt u					
L2640	A		Pelvic control band & belt b					
L2650	A		Pelv & thor control gluteal					
L2660	A		Thoracic control thoracic ba					
L2670	A		Thorac cont paraspinal uprig					
L2680	A		Thorac cont lat support upri					
L2750	A		Plating chrome/nickel pr bar					
L2755	A		Carbon graphite lamination					
L2760	A		Extension per extension per					
L2768	A		Ortho sidebar disconnect					
L2770	A		Low ext orthosis per bar/jnt					
L2780	A		Non-corrosive finish					
L2785	A		Drop lock retainer each					
L2795	A		Knee control full kneecap					
L2800	A		Knee cap medial or lateral p					
L2810	A		Knee control condylar pad					
L2820	A		Soft interface below knee se					
L2830	A		Soft interface above knee se					
L2840	A		Tibial length sock fx or equ					
L2850	A		Femoral lgth sock fx or equa					
L2860	A		Torsion mechanism knee/ankle					

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L2999	A		Lower extremity orthosis NOS					
L3000	B		Ft insert ucb berkeley shell					
L3001	B		Foot insert remov molded spe					
L3002	B		Foot insert plastazote or eq					
L3003	B		Foot insert silicone gel eac					
L3010	B		Foot longitudinal arch suppo					
L3020	B		Foot longitud/metatarsal sup					
L3030	B		Foot arch support remov prem					
L3031	E		Foot lamin/prepreg composite					
L3040	B		Ft arch suprt premold longit					
L3050	B		Foot arch supp premold metat					
L3060	B		Foot arch supp longitud/meta					
L3070	B		Arch suprt att to sho longit					
L3080	B		Arch supp att to shoe metata					
L3090	B		Arch supp att to shoe long/m					
L3100	B		Hallus-valgus nght dynamic s					
L3140	B		Abduction rotation bar shoe					
L3150	B		Abduct rotation bar w/o shoe					
L3160	B		Shoe styled positioning dev					
L3170	B		Foot plastic heel stabilizer					
L3201	B		Oxford w supinat/pronat inf					
L3202	B		Oxford w/ supinat/pronator c					
L3203	B		Oxford w/ supinator/pronator					
L3204	B		Hightop w/ supp/pronator inf					
L3206	B		Hightop w/ supp/pronator chi					
L3207	B		Hightop w/ supp/pronator jun					
L3208	B		Surgical boot each infant					
L3209	B		Surgical boot each child					
L3211	B		Surgical boot each junior					
L3212	B		Benesch boot pair infant					
L3213	B		Benesch boot pair child					
L3214	B		Benesch boot pair junior					
L3215	B		Orthopedic ftwear ladies oxf					
L3216	B		Orthoped ladies shoes dpth i					
L3217	B		Ladies shoes hightop depth i					
L3219	B		Orthopedic mens shoes oxford					
L3221	B		Orthopedic mens shoes dpth i					
L3222	B		Mens shoes hightop depth inl					
L3224	A		Womans shoe oxford brace					
L3225	A		UNKNOWN					
L3230	B		Custom shoes depth inlay					
L3250	B		Custom mold shoe remov prost					
L3251	B		Shoe molded to pt silicone s					
L3252	B		Shoe molded plastazote cust					
L3253	B		Shoe molded plastazote cust					
L3254	B		Orth foot non-stndard size/w					
L3255	B		Orth foot non-standard size/					
L3257	B		Orth foot add charge split s					
L3260	B		Ambulatory surgical boot eac					
L3265	B		Plastazote sandal each					

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L3300	B		Sho lift taper to metatarsal					
L3310	B		Shoe lift elev heel/sole neo					
L3320	B		Shoe lift elev heel/sole cor					
L3330	B		Lifts elevation metal extens					
L3332	B		Shoe lifts tapered to one-ha					
L3334	B		Shoe lifts elevation heel /i					
L3340	B		Shoe wedge sach					
L3350	B		Shoe heel wedge					
L3360	B		Shoe sole wedge outside sole					
L3370	B		Shoe sole wedge between sole					
L3380	B		Shoe clubfoot wedge					
L3390	B		Shoe outflare wedge					
L3400	B		Shoe metatarsal bar wedge ro					
L3410	B		Shoe metatarsal bar between					
L3420	B		Full sole/heel wedge btween					
L3430	B		Sho heel count plast reinfor					
L3440	B		Heel leather reinforced					
L3450	B		Shoe heel sach cushion type					
L3455	B		Shoe heel new leather standa					
L3460	B		Shoe heel new rubber standar					
L3465	B		Shoe heel thomas with wedge					
L3470	B		Shoe heel thomas extend to b					
L3480	B		Shoe heel pad & depress for					
L3485	B		Shoe heel pad removable for					
L3500	B		Ortho shoe add leather insol					
L3510	B		Orthopedic shoe add rub insl					
L3520	B		O shoe add felt w leath insl					
L3530	B		Ortho shoe add half sole					
L3540	B		Ortho shoe add full sole					
L3550	B		O shoe add standard toe tap					
L3560	B		O shoe add horseshoe toe tap					
L3570	B		O shoe add instep extension					
L3580	B		O shoe add instep velcro clo					
L3590	B		O shoe convert to sof counte					
L3595	B		Ortho shoe add march bar					
L3600	B		Trans shoe calip plate exist					
L3610	B		Trans shoe caliper plate new					
L3620	B		Trans shoe solid stirrup exi					
L3630	B		Trans shoe solid stirrup new					
L3640	B		Shoe dennis browne splint bo					
L3649	B		Orthopedic shoe modifica NOS					
L3650	A		Shlder fig 8 abduct restrain					
L3651	A		Prefab shoulder orthosis					
L3652	A		Prefab dbl shoulder orthosis					
L3660	A		Abduct restrainer canvas&web					
L3670	A		Acromio/clavicular canvas&we					
L3675	A		Canvas vest SO					
L3677	E		SO hard plastic stabilizer					
L3700	A		Elbow orthoses elas w stays					
L3701	A		Prefab elbow orthosis					

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L3710	A		Elbow elastic with metal joi					
L3720	A		Forearm/arm cuffs free motio					
L3730	A		Forearm/arm cuffs ext/flex a					
L3740	A		Cuffs adj lock w/ active con					
L3760	A		EO withjoint, Prefabricated					
L3762	A		Rigid EO wo joints					
L3800	A		Whfo short opponen no attach					
L3805	A		Whfo long opponens no attach					
L3807	A		WHFO,no joint, prefabricated					
L3810	A		Whfo thumb abduction bar					
L3815	A		Whfo second m.p. abduction a					
L3820	A		Whfo ip ext asst w/ mp ext s					
L3825	A		Whfo m.p. extension stop					
L3830	A		Whfo m.p. extension assist					
L3835	A		Whfo m.p. spring extension a					
L3840	A		Whfo spring swivel thumb					
L3845	A		Whfo thumb ip ext ass w/ mp					
L3850	A		Action wrist w/ dorsiflex as*					
L3855	A		Whfo adj m.p. flexion contro					
L3860	A		Whfo adj m.p. flex ctrl & i.					
L3890	B		Torsion mechanism wrist/elbo					
L3900	A		Hinge extension/flex wrist/f					
L3901	A		Hinge ext/flex wrist finger					
L3902	E		Whfo ext power compress gas					
L3904	A		Whfo electric custom fitted					
L3906	A		Wrist gauntlet molded to pt					
L3907	A		Whfo wrst gauntlt thmb spica					
L3908	A		Wrist cock-up non-molded					
L3909	A		Prefab wrist orthosis					
L3910	A		Whfo swanson design					
L3911	A		Prefab hand finger orthosis					
L3912	A		Flex glove w/elastic finger					
L3914	A		WHO wrist extension cock-up					
L3916	A		Whfo wrist extens w/ outrigg					
L3917	A		Prefab metacarpl fx orthosis					
L3918	A		HFO knuckle bender					
L3920	A		Knuckle bender with outrigge					
L3922	A		Knuckle bend 2 seg to flex j					
L3923	A		HFO, no joint, prefabricated					
L3924	A		Oppenheimer					
L3926	A		Thomas suspension					
L3928	A		Finger extension w/ clock sp					
L3930	A		Finger extension with wrist					
L3932	A		Safety pin spring wire					
L3934	A		Safety pin modified					
L3936	A		Palmer					
L3938	A		Dorsal wrist					
L3940	A		Dorsal wrist w/ outrigger at					
L3942	A		Reverse knuckle bender					
L3944	A		Reverse knuckle bend w/ outr					

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L3946	A		HFO composite elastic					
L3948	A		Finger knuckle bender					
L3950	A		Oppenheimer w/ knuckle bend					
L3952	A		Oppenheimer w/ rev knuckle 2					
L3954	A		Spreading hand					
L3956	A		Add joint upper ext orthosis					
L3960	A		Sewho airplan desig abdu pos					
L3962	A		Sewho erbs palsey design abd					
L3963	A		Molded w/ articulating elbow					
L3964	Y		Seo mobile arm sup att to wc					
L3965	Y		Arm supp att to wc rancho ty					
L3966	Y		Mobile arm supports reclinin					
L3968	Y		Friction dampening arm supp					
L3969	Y		Monosuspension arm/hand supp					
L3970	Y		Elevat proximal arm support					
L3972	Y		Offset/lat rocker arm w/ ela					
L3974	Y		Mobile arm support supinator					
L3980	A		Upp ext fx orthosis humeral					
L3982	A		Upper ext fx orthosis rad/ul					
L3984	A		Upper ext fx orthosis wrist					
L3985	A		Forearm hand fx orth w/ wr h					
L3986	A		Humeral rad/ulna wrist fx or					
L3995	A		Sock fracture or equal each					
L3999	A		Upper limb orthosis NOS					
L4000	A		Repl girdle milwaukee orth					
L4010	A		Replace trilateral socket br					
L4020	A		Replace quadlat socket brim					
L4030	A		Replace socket brim cust fit					
L4040	A		Replace molded thigh lacer					
L4045	A		Replace non-molded thigh lac					
L4050	A		Replace molded calf lacer					
L4055	A		Replace non-molded calf lace					
L4060	A		Replace high roll cuff					
L4070	A		Replace prox & dist upright					
L4080	A		Repl met band kafo-afo prox					
L4090	A		Repl met band kafo-afo calf/					
L4100	A		Repl leath cuff kafo prox th					
L4110	A		Repl leath cuff kafo-afo cal					
L4130	A		Replace pretibial shell					
L4205	A		Ortho dvc repair per 15 min					
L4210	A		Orth dev repair/repl minor p					
L4350	A		Ankle control orthosi prefab					
L4360	A		Pneumati walking boot prefab					
L4370	A		Pneumatic full leg splint					
L4380	A		Pneumatic knee splint					
L4386	A		Non-pneum walk boot prefab					
L4392	A		Replace AFO soft interface					
L4394	A		Replace foot drop spint					
L4396	A		Static AFO					
L4398	A		Foot drop splint recumbent					

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L5000	A		Sho insert w arch toe filler					
L5010	A		Mold socket ank hgt w/ toe f					
L5020	A		Tibial tubercle hgt w/ toe f					
L5050	A		Ank symes mold sckt sach ft					
L5060	A		Symes met fr leath socket ar					
L5100	A		Molded socket shin sach foot					
L5105	A		Plast socket jts/thgh lacer					
L5150	A		Mold sckt ext knee shin sach					
L5160	A		Mold socket bent knee shin s					
L5200	A		Kne sing axis fric shin sach					
L5210	A		No knee/ankle joints w/ ft b					
L5220	A		No knee joint with artic ali					
L5230	A		Fem focal defic constant fri					
L5250	A		Hip canad sing axi cons fric					
L5270	A		Tilt table locking hip sing					
L5280	A		Hemipelvect canad sing axis					
L5301	A		BK mold socket SACH ft endo					
L5311	A		Knee disart, SACH ft, endo					
L5321	A		AK open end SACH					
L5331	A		Hip disart canadian SACH ft					
L5341	A		Hemipelvectomy canadian SACH					
L5400	A		Postop dress & 1 cast chg bk					
L5410	A		Postop dsg bk ea add cast ch					
L5420	A		Postop dsg & 1 cast chg ak/d					
L5430	A		Postop dsg ak ea add cast ch					
L5450	A		Postop app non-wgt bear dsg					
L5460	A		Postop app non-wgt bear dsg					
L5500	A		Init bk ptb plaster direct					
L5505	A		Init ak ischal plstr direct					
L5510	A		Prep BK ptb plaster molded					
L5520	A		Perp BK ptb thermopls direct					
L5530	A		Prep BK ptb thermopls molded					
L5535	A		Prep BK ptb open end socket					
L5540	A		Prep BK ptb laminated socket					
L5560	A		Prep AK ischial plast molded					
L5570	A		Prep AK ischial direct form					
L5580	A		Prep AK ischial thermo mold					
L5585	A		Prep AK ischial open end					
L5590	A		Prep AK ischial laminated					
L5595	A		Hip disartic sach thermopls					
L5600	A		Hip disart sach laminat mold					
L5610	A		Above knee hydracadence					
L5611	A		Ak 4 bar link w/fric swing					
L5613	A		Ak 4 bar ling w/hydraul swig					
L5614	A		4-bar link above knee w/swng					
L5616	A		Ak univ multiplex sys frict					
L5617	A		AK/BK self-aligning unit ea					
L5618	A		Test socket symes					
L5620	A		Test socket below knee					
L5622	A		Test socket knee disarticula					

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L5624	A		Test socket above knee					
L5626	A		Test socket hip disarticulat					
L5628	A		Test socket hemipelvectomy					
L5629	A		Below knee acrylic socket					
L5630	A		Syme typ expandabl wall sckt					
L5631	A		Ak/knee disartic acrylic soc					
L5632	A		Symes type ptb brim design s					
L5634	A		Symes type poster opening so					
L5636	A		Symes type medial opening so					
L5637	A		Below knee total contact					
L5638	A		Below knee leather socket					
L5639	A		Below knee wood socket					
L5640	A		Knee disarticulat leather so					
L5642	A		Above knee leather socket					
L5643	A		Hip flex inner socket ext fr					
L5644	A		Above knee wood socket					
L5645	A		Bk flex inner socket ext fra					
L5646	A		Below knee cushion socket					
L5647	A		Below knee suction socket					
L5648	A		Above knee cushion socket					
L5649	A		Isch containmt/narrow m-l so					
L5650	A		Tot contact ak/knee disart s					
L5651	A		Ak flex inner socket ext fra					
L5652	A		Suction susp ak/knee disart					
L5653	A		Knee disart expand wall sock					
L5654	A		Socket insert symes					
L5655	A		Socket insert below knee					
L5656	A		Socket insert knee articulat					
L5658	A		Socket insert above knee					
L5661	A		Multi-durometer symes					
L5665	A		Multi-durometer below knee					
L5666	A		Below knee cuff suspension					
L5668	A		Socket insert w/o lock lower					
L5670	A		Bk molded supracondylar susp					
L5671	A		BK/AK locking mechanism					
L5672	A		Bk removable medial brim sus					
L5673	A		Socket insert w lock mech					
L5674	A		Bk suspension sleeve					
L5675	A		Bk heavy duty susp sleeve					
L5676	A		Bk knee joints single axis p					
L5677	A		Bk knee joints polycentric p					
L5678	A		Bk joint covers pair					
L5679	A		Socket insert w/o lock mech					
L5680	A		Bk thigh lacer non-molded					
L5681	A		Intl custm cong/latyp insert					
L5682	A		Bk thigh lacer glut/ischia m					
L5683	A		Initial custom socket insert					
L5684	A		Bk fork strap					
L5686	A		Bk back check					
L5688	A		Bk waist belt webbing					

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L5690	A		Bk waist belt padded and lin					
L5692	A		Ak pelvic control belt light					
L5694	A		Ak pelvic control belt pad/l					
L5695	A		Ak sleeve susp neoprene/equa					
L5696	A		Ak/knee disartic pelvic join					
L5697	A		Ak/knee disartic pelvic band					
L5698	A		Ak/knee disartic silesian ba					
L5699	A		Shoulder harness					
L5700	A		Replace socket below knee					
L5701	A		Replace socket above knee					
L5702	A		Replace socket hip					
L5704	A		Custom shape cover BK					
L5705	A		Custom shape cover AK					
L5706	A		Custom shape cvr knee disart					
L5707	A		Custom shape cvr hip disart					
L5710	A		Kne-shin exo sng axi mnl loc					
L5711	A		Knee-shin exo mnl lock ultra					
L5712	A		Knee-shin exo frict swg & st					
L5714	A		Knee-shin exo variable frict					
L5716	A		Knee-shin exo mech stance ph					
L5718	A		Knee-shin exo frct swg & sta					
L5722	A		Knee-shin pneum swg frct exo					
L5724	A		Knee-shin exo fluid swing ph					
L5726	A		Knee-shin ext jnts fld swg e					
L5728	A		Knee-shin fluid swg & stance					
L5780	A		Knee-shin pneum/hydra pneum					
L5781	A		Lower limb pros vacuum pump					
L5782	A		HD low limb pros vacuum pump					
L5785	A		Exoskeletal bk ultralt mater					
L5790	A		Exoskeletal ak ultra-light m					
L5795	A		Exoskel hip ultra-light mate					
L5810	A		Endoskel knee-shin mnl lock					
L5811	A		Endo knee-shin mnl lck ultra					
L5812	A		Endo knee-shin frct swg & st					
L5814	A		Endo knee-shin hydral swg ph					
L5816	A		Endo knee-shin polyc mch sta					
L5818	A		Endo knee-shin frct swg & st					
L5822	A		Endo knee-shin pneum swg frc					
L5824	A		Endo knee-shin fluid swing p					
L5826	A		Miniature knee joint					
L5828	A		Endo knee-shin fluid swg/sta					
L5830	A		Endo knee-shin pneum/swg pha					
L5840	A		Multi-axial knee/shin system					
L5845	A		Knee-shin sys stance flexion					
L5846	A		Knee-shin sys microprocessor					
L5847	A		Microprocessor cntrl feature					
L5848	A		Knee-shin sys hydraul stance					
L5850	A		Endo ak/hip knee extens assi					
L5855	A		Mech hip extension assist					
L5910	A		Endo below knee alignable sy					

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L5920	A		Endo ak/hip alignable system					
L5925	A		Above knee manual lock					
L5930	A		High activity knee frame					
L5940	A		Endo bk ultra-light material					
L5950	A		Endo ak ultra-light material					
L5960	A		Endo hip ultra-light materia					
L5962	A		Below knee flex cover system					
L5964	A		Above knee flex cover system					
L5966	A		Hip flexible cover system					
L5968	A		Multiaxial ankle w dorsiflex					
L5970	A		Foot external keel sach foot					
L5972	A		Flexible keel foot					
L5974	A		Foot single axis ankle/foot					
L5975	A		Combo ankle/foot prosthesis					
L5976	A		Energy storing foot					
L5978	A		Ft prosth multiaxial ankl/ft					
L5979	A		Multi-axial ankle/ft prosth					
L5980	A		Flex foot system					
L5981	A		Flex-walk sys low ext prosth					
L5982	A		Exoskeletal axial rotation u					
L5984	A		Endoskeletal axial rotation					
L5985	A		Lwr ext dynamic prosth pylon					
L5986	A		Multi-axial rotation unit					
L5987	A		Shank ft w vert load pylon					
L5988	A		Vertical shock reducing pylo					
L5989	A		Pylon w elctrnc force sensor					
L5990	A		User adjustable heel height					
L5995	A		Lower ext pros heavyduty fea					
L5999	A		Lowr extremity prosthes NOS					
L6000	A		Par hand robin-aids thum rem					
L6010	A		Hand robin-aids little/ring					
L6020	A		Part hand robin-aids no fing					
L6025	A		Part hand disart myoelectric					
L6050	A		Wrst MLd sck flx hng tri pad					
L6055	A		Wrst mold sock w/exp interfa					
L6100	A		Elb mold sock flex hinge pad					
L6110	A		Elbow mold sock suspension t					
L6120	A		Elbow mold doub splt soc ste					
L6130	A		Elbow stump activated lock h					
L6200	A		Elbow mold outsid lock hinge					
L6205	A		Elbow molded w/ expand inter					
L6250	A		Elbow inter loc elbow forarm					
L6300	A		Shlder disart int lock elbow					
L6310	A		Shoulder passive restor comp					
L6320	A		Shoulder passive restor cap					
L6350	A		Thoracic intern lock elbow					
L6360	A		Thoracic passive restor comp					
L6370	A		Thoracic passive restor cap					
L6380	A		Postop dsg cast chg wrst/elb					
L6382	A		Postop dsg cast chg elb dis/					

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L6384	A		Postop dsg cast chg shlder/t					
L6386	A		Postop ea cast chg & realign					
L6388	A		Postop applicat rigid dsg on					
L6400	A		Below elbow prosth tiss shap					
L6450	A		Elb disart prosth tiss shap					
L6500	A		Above elbow prosth tiss shap					
L6550	A		Shldr disar prosth tiss shap					
L6570	A		Scap thorac prosth tiss shap					
L6580	A		Wrist/elbow bowden cable mol					
L6582	A		Wrist/elbow bowden cbl dir f					
L6584	A		Elbow fair lead cable molded					
L6586	A		Elbow fair lead cable dir fo					
L6588	A		Shdr fair lead cable molded					
L6590	A		Shdr fair lead cable direct					
L6600	A		Polycentric hinge pair					
L6605	A		Single pivot hinge pair					
L6610	A		Flexible metal hinge pair					
L6615	A		Disconnect locking wrist uni					
L6616	A		Disconnect insert locking wr					
L6620	A		Flexion/extension wrist unit					
L6623	A		Spring-ass rot wrst w/ latch					
L6625	A		Rotation wrst w/ cable lock					
L6628	A		Quick disconn hook adapter o					
L6629	A		Lamination collar w/ couplin					
L6630	A		Stainless steel any wrist					
L6632	A		Latex suspension sleeve each					
L6635	A		Lift assist for elbow					
L6637	A		Nudge control elbow lock					
L6638	A		Elec lock on manual pw elbow					
L6640	A		Shoulder abduction joint pai					
L6641	A		Excursion amplifier pulley t					
L6642	A		Excursion amplifier lever ty					
L6645	A		Shoulder flexion-abduction j					
L6646	A		Multipo locking shoulder jnt					
L6647	A		Shoulder lock actuator					
L6648	A		Ext pwrd shlder lock/unlock					
L6650	A		Shoulder universal joint					
L6655	A		Standard control cable extra					
L6660	A		Heavy duty control cable					
L6665	A		Teflon or equal cable lining					
L6670	A		Hook to hand cable adapter					
L6672	A		Harness chest/shlder saddle					
L6675	A		Harness figure of 8 sing con					
L6676	A		Harness figure of 8 dual con					
L6680	A		Test sock wrist disart/bel e					
L6682	A		Test sock elbw disart/above					
L6684	A		Test socket shldr disart/tho					
L6686	A		Suction socket					
L6687	A		Frame typ socket bel elbow/w					
L6688	A		Frame typ sock above elb/dis					

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L6689	A		Frame typ socket shoulder di					
L6690	A		Frame typ sock interscap-tho					
L6691	A		Removable insert each					
L6692	A		Silicone gel insert or equal					
L6693	A		Lockingelbow forearm cntrbal					
L6700	A		Terminal device model #3					
L6705	A		Terminal device model #5					
L6710	A		Terminal device model #5x					
L6715	A		Terminal device model #5xa					
L6720	A		Terminal device model #6					
L6725	A		Terminal device model #7					
L6730	A		Terminal device model #7lo					
L6735	A		Terminal device model #8					
L6740	A		Terminal device model #8x					
L6745	A		Terminal device model #88x					
L6750	A		Terminal device model #10p					
L6755	A		Terminal device model #10x					
L6765	A		Terminal device model #12p					
L6770	A		Terminal device model #99x					
L6775	A		Terminal device model#555					
L6780	A		Terminal device model #ss555					
L6790	A		Hooks-accu hook or equal					
L6795	A		Hooks-2 load or equal					
L6800	A		Hooks-aprl vc or equal					
L6805	A		Modifier wrist flexion unit					
L6806	A		Trs grip vc or equal					
L6807	A		Term device grip1/2 or equal					
L6808	A		Term device infant or child					
L6809	A		Trs super sport passive					
L6810	A		Pincher tool otto bock or eq					
L6825	A		Hands dorrance vo					
L6830	A		Hand aprl vc					
L6835	A		Hand sierra vo					
L6840	A		Hand becker imperial					
L6845	A		Hand becker lock grip					
L6850	A		Term dvc-hand becker plylite					
L6855	A		Hand robin-aids vo					
L6860	A		Hand robin-aids vo soft					
L6865	A		Hand passive hand					
L6867	A		Hand detroit infant hand					
L6868	A		Passive inf hand steeper/hos					
L6870	A		Hand child mitt					
L6872	A		Hand nyu child hand					
L6873	A		Hand mech inf steeper or equ					
L6875	A		Hand bock vc					
L6880	A		Hand bock vo					
L6881	A		Autograsp feature ul term dv					
L6882	A		Microprocessor control uplmb					
L6890	A		Production glove					
L6895	A		Custom glove					

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L6900	A		Hand restorat thumb/1 finger					
L6905	A		Hand restoration multiple fi					
L6910	A		Hand restoration no fingers					
L6915	A		Hand restoration replacmnt g					
L6920	A		Wrist disarticul switch ctrl					
L6925	A		Wrist disart myoelectronic c					
L6930	A		Below elbow switch control					
L6935	A		Below elbow myoelectronic ct					
L6940	A		Elbow disarticulation switch					
L6945	A		Elbow disart myoelectronic c					
L6950	A		Above elbow switch control					
L6955	A		Above elbow myoelectronic ct					
L6960	A		Shldr disartic switch contro					
L6965	A		Shldr disartic myoelectronic					
L6970	A		Interscapular-thor switch ct					
L6975	A		Interscap-thor myoelectronic					
L7010	A		Hand otto back steeper/eq sw					
L7015	A		Hand sys teknik village swit					
L7020	A		Electronic greifer switch ct					
L7025	A		Electron hand myoelectronic					
L7030	A		Hand sys teknik vill myoelec					
L7035	A		Electron greifer myoelectro					
L7040	A		Prehensile actuator hosmer s					
L7045	A		Electron hook child michigan					
L7170	A		Electronic elbow hosmer swit					
L7180	A		Electronic elbow utah myoele					
L7185	A		Electron elbow adolescent sw					
L7186	A		Electron elbow child switch					
L7190	A		Elbow adolescent myoelectron					
L7191	A		Elbow child myoelectronic ct					
L7260	A		Electron wrist rotator otto					
L7261	A		Electron wrist rotator utah					
L7266	A		Servo control steeper or equ					
L7272	A		Analogue control unb or equa					
L7274	A		Proportional ctl 12 volt uta					
L7360	A		Six volt bat otto bock/eq ea					
L7362	A		Battery chrgr six volt otto					
L7364	A		Twelve volt battery utah/equ					
L7366	A		Battery chrgr 12 volt utah/e					
L7367	A		Replacemnt lithium ionbatter					
L7368	A		Lithium ion battery charger					
L7499	A		Upper extremity prosthes NOS					
L7500	A		Prosthetic dvc repair hourly					
L7510	A		Prosthetic device repair rep					
L7520	A		Repair prosthesis per 15 min					
L7900	A		Male vacuum erection system					
L8000	A		Mastectomy bra					
L8001	A		Breast prosthesis bra & form					
L8002	A		Brst prsth bra & bilat form					
L8010	A		Mastectomy sleeve					

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L8015	A		Ext breastprosthesis garment					
L8020	A		Mastectomy form					
L8030	A		Breast prosthesis silicone/e					
L8035	A		Custom breast prosthesis					
L8039	A		Breast prosthesis NOS					
L8040	A		Nasal prosthesis					
L8041	A		Midfacial prosthesis					
L8042	A		Orbital prosthesis					
L8043	A		Upper facial prosthesis					
L8044	A		Hemi-facial prosthesis					
L8045	A		Auricular prosthesis					
L8046	A		Partial facial prosthesis					
L8047	A		Nasal septal prosthesis					
L8048	A		Unspec maxillofacial prosth					
L8049	A		Repair maxillofacial prosth					
L8100	E		Compression stocking BK18-30					
L8110	A		Compression stocking BK30-40					
L8120	A		Compression stocking BK40-50					
L8130	E		Gc stocking thighlngth 18-30					
L8140	E		Gc stocking thighlngth 30-40					
L8150	E		Gc stocking thighlngth 40-50					
L8160	E		Gc stocking full lngth 18-30					
L8170	E		Gc stocking full lngth 30-40					
L8180	E		Gc stocking full lngth 40-50					
L8190	E		Gc stocking waistlngth 18-30					
L8195	E		Gc stocking waistlngth 30-40					
L8200	E		Gc stocking waistlngth 40-50					
L8210	E		Gc stocking custom made					
L8220	E		Gc stocking lymphedema					
L8230	E		Gc stocking garter belt					
L8239	E		G compression stocking					
L8300	A		Truss single w/ standard pad					
L8310	A		Truss double w/ standard pad					
L8320	A		Truss addition to std pad wa					
L8330	A		Truss add to std pad scrotal					
L8400	A		Sheath below knee					
L8410	A		Sheath above knee					
L8415	A		Sheath upper limb					
L8417	A		Pros sheath/sock w gel cushn					
L8420	A		Prosthetic sock multi ply BK					
L8430	A		Prosthetic sock multi ply AK					
L8435	A		Pros sock multi ply upper lm					
L8440	A		Shrinker below knee					
L8460	A		Shrinker above knee					
L8465	A		Shrinker upper limb					
L8470	A		Pros sock single ply BK					
L8480	A		Pros sock single ply AK					
L8485	A		Pros sock single ply upper l					
L8490	A		Air seal suction reten systm					
L8499	A		Unlisted misc prosthetic ser					

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L8500	A		Artificial larynx					
L8501	A		Tracheostomy speaking valve					
L8505	A		Artificial larynx, accessory					
L8507	A		Trach-esoph voice pros pt in					
L8509	A		Trach-esoph voice pros md in					
L8510	A		Voice amplifier					
L8511	A		Indwelling trach insert					
L8512	A		Gel cap for trach voice pros					
L8513	A		Trach pros cleaning device					
L8514	A		Repl trach puncture dilator					
L8600	N		Implant breast silicone/eq					
L8603	N		Collagen imp urinary 2.5 ml					
L8606	N		Synthetic implnt urinary 1ml					
L8610	N		Ocular implant					
L8612	N		Aqueous shunt prosthesis					
L8613	N		Ossicular implant					
L8614	N		Cochlear device/system					
L8619	A		Replace cochlear processor					
L8630	N		Metacarpophalangeal implant					
L8631	A		MCP joint repl 2 pc or more					
L8641	N		Metatarsal joint implant					
L8642	N		Hallux implant					
L8658	N		Interphalangeal joint spacer					
L8659	A		Interphalangeal joint repl					
L8670	N		Vascular graft, synthetic					
L8699	N		Prosthetic implant NOS					
L9900	A		O&P supply/accessory/service					
M0064	X		Visit for drug monitoring	0374	1.1042	$63.05		$12.61
M0075	E		Cellular therapy					
M0076	E		Prolotherapy					
M0100	E		Intragastric hypothermia					
M0300	E		IV chelationtherapy					
M0301	E		Fabric wrapping of aneurysm					
P2028	A		Cephalin floculation test					
P2029	A		Congo red blood test					
P2031	E		Hair analysis					
P2033	A		Blood thymol turbidity					
P2038	A		Blood mucoprotein					
P3000	A		Screen pap by tech w md supv					
P3001	B		Screening pap smear by phys					
P7001	E		Culture bacterial urine					
P9010	K		Whole blood for transfusion	0950		$114.05		$22.81
P9011	K		Blood split unit	0967		$83.58		$16.72
P9012	K		Cryoprecipitate each unit	0952		$50.59		$10.12
P9016	K		RBC leukocytes reduced	0954		$167.17		$33.43
P9017	K		Plasma 1 donor frz w/in 8 hr	9508		$63.32		$12.66
P9019	K		Platelets, each unit	0957		$48.92		$9.78
P9020	K		Plaelet rich plasma unit	0958		$144.28		$28.86
P9021	K		Red blood cells unit	0959		$113.09		$22.62
P9022	K		Washed red blood cells unit	0960		$163.49		$32.70

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P9023	K		Frozen plasma, pooled, sd	0949		$99.44		$19.89
P9031	K		Platelets leukocytes reduced	1013		$87.30		$17.46
P9032	K		Platelets, irradiated	9500		$89.59		$17.92
P9033	K		Platelets leukoreduced irrad	0968		$155.87		$31.17
P9034	K		Platelets, pheresis	9507		$439.35		$87.87
P9035	K		Platelet pheres leukoreduced	9501		$468.65		$93.73
P9036	K		Platelet pheresis irradiated	9502		$330.57		$66.11
P9037	K		Plate pheres leukoredu irrad	1019		$594.05		$118.81
P9038	K		RBC irradiated	9505		$124.11		$24.82
P9039	K		RBC deglycerolized	9504		$297.71		$59.54
P9040	K		RBC leukoreduced irradiated	0969		$207.17		$41.43
P9041	K		Albumin (human),5%, 50ml	0961	0.3410	$19.47		$3.89
P9043	K		Plasma protein fract,5%,50ml	0956		$55.38		$11.08
P9044	K		Cryoprecipitatereducedplasma	1009		$56.92		$11.38
P9045	K		Albumin (human), 5%, 250 ml	0963	1.0386	$59.30		$11.86
P9046	K		Albumin (human), 25%, 20 ml	0964	0.2304	$13.16		$2.63
P9047	K		Albumin (human), 25%, 50ml	0965	0.9798	$55.94		$11.19
P9048	K		Plasmaprotein fract,5%,250ml	0966		$142.75		$28.55
P9050	K		Granulocytes, pheresis unit	9506		$790.73		$158.15
P9051	K		Blood, l/r, cmv-neg	1010		$169.50		$33.90
P9052	K		Platelets, hla-m, l/r, unit	1011		$599.37		$119.87
P9053	K		Plt, pher, l/r cmv-neg, irr	1020		$504.62		$100.92
P9054	K		Blood, l/r, froz/degly/wash	1016		$130.66		$26.13
P9055	K		Plt, aph/pher, l/r, cmv-neg	1017		$481.35		$96.27
P9056	K		Blood, l/r, irradiated	1018		$178.64		$35.73
P9057	K		RBC, frz/deg/wsh, l/r, irrad	1021		$232.27		$46.45
P9058	K		RBC, l/r, cmv-neg, irrad	1022		$276.29		$55.26
P9059	K		Plasma, frz between 8-24hour	0955		$49.19		$9.84
P9060	K		Fr frz plasma donor retested	9503		$70.89		$14.18
P9603	A		One-way allow prorated miles					
P9604	A		One-way allow prorated trip					
P9612	N		Catheterize for urine spec					
P9615	N		Urine specimen collect mult					
Q0035	X		Cardiokymography	0100	2.5336	$144.66	$41.44	$28.93
Q0081	T		Infusion ther other than che	0120	1.9428	$110.93	$28.21	$22.19
Q0083	S		Chemo by other than infusion	0116	1.0913	$62.31		$12.46
Q0084	S		Chemotherapy by infusion	0117	2.9002	$165.60	$42.53	$33.12
Q0085	E		Chemo by both infusion and o					
Q0091	T		Obtaining screen pap smear	0191	0.1898	$10.84	$2.93	$2.17
Q0092	N		Set up port xray equipment					
Q0111	A		Wet mounts/ w preparations					
Q0112	A		Potassium hydroxide preps					
Q0113	A		Pinworm examinations					
Q0114	A		Fern test					
Q0115	A		Post-coital mucous exam					
Q0136	K		Non esrd epoetin alpha inj	0733		$11.09		$2.22
Q0137	K		Darbepoetin alfa, non esrd	0734		$4.14		$0.83
Q0144	E		Azithromycin dihydrate, oral					
Q0163	N		Diphenhydramine HCl 50mg					
Q0164	N		Prochlorperazine maleate 5mg					

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Q0165	B		Prochlorperazine maleate10mg					
Q0166	K		Granisetron HCl 1 mg oral	0765		$39.04		$7.81
Q0167	N		Dronabinol 2.5mg oral					
Q0168	B		Dronabinol 5mg oral					
Q0169	N		Promethazine HCl 12.5mg oral					
Q0170	B		Promethazine HCl 25 mg oral					
Q0171	N		Chlorpromazine HCl 10mg oral					
Q0172	B		Chlorpromazine HCl 25mg oral					
Q0173	N		Trimethobenzamide HCl 250mg					
Q0174	N		Thiethylperazine maleate10mg					
Q0175	N		Perphenazine 4mg oral					
Q0176	B		Perphenazine 8mg oral					
Q0177	N		Hydroxyzine pamoate 25mg					
Q0178	B		Hydroxyzine pamoate 50mg					
Q0179	K		Ondansetron HCl 8mg oral	0769		$26.12		$5.22
Q0180	K		Dolasetron mesylate oral	0763		$63.28		$12.66
Q0181	E		Unspecified oral anti-emetic					
Q0182	B		Nonmetabolic act d/e tissue					
Q0183	N		Nonmetabolic active tissue					
Q0187	K		Factor viia recombinant	1409		$1,410.34		$282.07
Q1001	N		Ntiol category 1					
Q1002	N		Ntiol category 2					
Q1003	N		Ntiol category 3					
Q1004	N		Ntiol category 4					
Q1005	N		Ntiol category 5					
Q2001	E		Oral cabergoline 0.5 mg					
Q2002	K		Elliotts b solution per ml	7022		$1.50		$0.30
Q2003	K		Aprotinin, 10,000 kiu	7019		$12.51		$2.50
Q2004	N		Bladder calculi irrig sol					
Q2005	K		Corticorelin ovine triflutat	7024		$353.70		$70.74
Q2006	K		Digoxin immune fab (ovine)	7025		$332.00		$66.40
Q2007	K		Ethanolamine oleate 100 mg	7026		$63.29		$12.66
Q2008	K		Fomepizole, 15 mg	7027		$10.04		$2.01
Q2009	K		Fosphenytoin, 50 mg	7028		$5.31		$1.06
Q2011	K		Hemin, per 1 mg	7030		$6.47		$1.29
Q2012	N		Pegademase bovine, 25 iu					
Q2013	K		Pentastarch 10% solution	7040		$131.99		$26.40
Q2014	N		Sermorelin acetate, 0.5 mg					
Q2017	K		Teniposide, 50 mg	7035		$224.94		$44.99
Q2018	K		Urofollitropin, 75 iu	7037		$56.59		$11.32
Q2019	K		Basiliximab	1615		$1,425.06		$285.01
Q2020	E		Histrelin acetate					
Q2021	K		Lepirudin	9057		$130.30		$26.06
Q2022	K		VonWillebrandFactrCmplxperIU	1618		$0.83		$0.17
Q3000	K		Rubidium-Rb-82	9025		$111.91		$22.38
Q3001	N		Brachytherapy Radioelements					
Q3002	K		Gallium ga 67	1619		$27.10		$5.42
Q3003	K		Technetium tc99m bicisate	1620		$370.60		$74.12
Q3004	N		Xenon xe 133					
Q3005	K		Technetium tc99m mertiatide	1622		$31.13		$6.23

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
Q3006	N		Technetium tc99m glucepatate					
Q3007	K		Sodium phosphate p32	1624		$94.98		$19.00
Q3008	K		Indium 111-in pentetreotide	1625		$1,079.00		$215.80
Q3009	N		Technetium tc99m oxidronate					
Q3010	N		Technetium tc99mlabeledrbcs					
Q3011	K		Chromic phosphate p32	1628		$146.64		$29.33
Q3012	K		Cyanocobalamin cobalt co57	1089		$85.49		$17.10
Q3014	A		Telehealth facility fee					
Q3019	A		ALS emer trans no ALS serv					
Q3020	A		ALS nonemer trans no ALS se					
Q3025	K		IM inj interferon beta 1-a	9022		$74.44		$14.89
Q3026	E		Subc inj interferon beta-1a					
Q3031	N		Collagen skin test					
Q4001	B		Cast sup body cast plaster					
Q4002	B		Cast sup body cast fiberglas					
Q4003	B		Cast sup shoulder cast plstr					
Q4004	B		Cast sup shoulder cast fbrgl					
Q4005	B		Cast sup long arm adult plst					
Q4006	B		Cast sup long arm adult fbrg					
Q4007	B		Cast sup long arm ped plster					
Q4008	B		Cast sup long arm ped fbrgls					
Q4009	B		Cast sup sht arm adult plstr					
Q4010	B		Cast sup sht arm adult fbrgl					
Q4011	B		Cast sup sht arm ped plaster					
Q4012	B		Cast sup sht arm ped fbrglas					
Q4013	B		Cast sup gauntlet plaster					
Q4014	B		Cast sup gauntlet fiberglass					
Q4015	B		Cast sup gauntlet ped plster					
Q4016	B		Cast sup gauntlet ped fbrgls					
Q4017	B		Cast sup lng arm splint plst					
Q4018	B		Cast sup lng arm splint fbrg					
Q4019	B		Cast sup lng arm splnt ped p					
Q4020	B		Cast sup lng arm splnt ped f					
Q4021	B		Cast sup sht arm splint plst					
Q4022	B		Cast sup sht arm splint fbrg					
Q4023	B		Cast sup sht arm splnt ped p					
Q4024	B		Cast sup sht arm splnt ped f					
Q4025	B		Cast sup hip spica plaster					
Q4026	B		Cast sup hip spica fiberglas					
Q4027	B		Cast sup hip spica ped plstr					
Q4028	B		Cast sup hip spica ped fbrgl					
Q4029	B		Cast sup long leg plaster					
Q4030	B		Cast sup long leg fiberglass					
Q4031	B		Cast sup lng leg ped plaster					
Q4032	B		Cast sup lng leg ped fbrgls					
Q4033	B		Cast sup lng leg cylinder pl					
Q4034	B		Cast sup lng leg cylinder fb					
Q4035	B		Cast sup lngleg cylndr ped p					
Q4036	B		Cast sup lngleg cylndr ped f					
Q4037	B		Cast sup shrt leg plaster					

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
Q4038	B		Cast sup shrt leg fiberglass					
Q4039	B		Cast sup shrt leg ped plster					
Q4040	B		Cast sup shrt leg ped fbrgls					
Q4041	B		Cast sup lng leg splnt plstr					
Q4042	B		Cast sup lng leg splnt fbrgl					
Q4043	B		Cast sup lng leg splnt ped p					
Q4044	B		Cast sup lng leg splnt ped f					
Q4045	B		Cast sup sht leg splnt plstr					
Q4046	B		Cast sup sht leg splnt fbrgl					
Q4047	B		Cast sup sht leg splnt ped p					
Q4048	B		Cast sup sht leg splnt ped f					
Q4049	B		Finger splint, static					
Q4050	B		Cast supplies unlisted					
Q4051	B		Splint supplies misc					
Q4054	A		Darbepoetin alfa, esrd use					
Q4055	A		Epoetin alfa, esrd use					
Q4075	N		Acyclovir, 5 mg					
Q4076	N		Dopamine hcl, 40 mg					
Q4077	N		Treprostinil, 1 mg					
R0070	N		Transport portable x-ray					
R0075	N		Transport port x-ray multipl					
R0076	N		Transport portable EKG					
V2020	A		Vision svcs frames purchases					
V2025	E		Eyeglasses delux frames					
V2100	A		Lens spher single plano 4.00					
V2101	A		Single visn sphere 4.12-7.00					
V2102	A		Singl visn sphere 7.12-20.00					
V2103	A		Spherocylindr 4.00d/12-2.00d					
V2104	A		Spherocylindr 4.00d/2.12-4d					
V2105	A		Spherocylinder 4.00d/4.25-6d					
V2106	A		Spherocylinder 4.00d/>6.00d					
V2107	A		Spherocylinder 4.25d/12-2d					
V2108	A		Spherocylinder 4.25d/2.12-4d					
V2109	A		Spherocylinder 4.25d/4.25-6d					
V2110	A		Spherocylinder 4.25d/over 6d					
V2111	A		Spherocylindr 7.25d/.25-2.25					
V2112	A		Spherocylindr 7.25d/2.25-4d					
V2113	A		Spherocylindr 7.25d/4.25-6d					
V2114	A		Spherocylinder over 12.00d					
V2115	A		Lens lenticular bifocal					
V2118	A		Lens aniseikonic single					
V2121	A		Lenticular lens, single					
V2199	A		Lens single vision not oth c					
V2200	A		Lens spher bifoc plano 4.00d					
V2201	A		Lens sphere bifocal 4.12-7.0					
V2202	A		Lens sphere bifocal 7.12-20.					
V2203	A		Lens sphcyl bifocal 4.00d/.1					
V2204	A		Lens sphcy bifocal 4.00d/2.1					
V2205	A		Lens sphcy bifocal 4.00d/4.2					
V2206	A		Lens sphcy bifocal 4.00d/ove					

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
V2207	A		Lens sphcy bifocal 4.25-7d/.					
V2208	A		Lens sphcy bifocal 4.25-7/2.					
V2209	A		Lens sphcy bifocal 4.25-7/4.					
V2210	A		Lens sphcy bifocal 4.25-7/ov					
V2211	A		Lens sphcy bifo 7.25-12/.25-					
V2212	A		Lens sphcyl bifo 7.25-12/2.2					
V2213	A		Lens sphcyl bifo 7.25-12/4.2					
V2214	A		Lens sphcyl bifocal over 12.					
V2215	A		Lens lenticular bifocal					
V2218	A		Lens aniseikonic bifocal					
V2219	A		Lens bifocal seg width over					
V2220	A		Lens bifocal add over 3.25d					
V2221	A		Lenticular lens, bifocal					
V2299	A		Lens bifocal speciality					
V2300	A		Lens sphere trifocal 4.00d					
V2301	A		Lens sphere trifocal 4.12-7.					
V2302	A		Lens sphere trifocal 7.12-20					
V2303	A		Lens sphcy trifocal 4.0/.12-					
V2304	A		Lens sphcy trifocal 4.0/2.25					
V2305	A		Lens sphcy trifocal 4.0/4.25					
V2306	A		Lens sphcyl trifocal 4.00/>6					
V2307	A		Lens sphcy trifocal 4.25-7/.					
V2308	A		Lens sphc trifocal 4.25-7/2.					
V2309	A		Lens sphc trifocal 4.25-7/4.					
V2310	A		Lens sphc trifocal 4.25-7/>6					
V2311	A		Lens sphc trifo 7.25-12/.25-					
V2312	A		Lens sphc trifo 7.25-12/2.25					
V2313	A		Lens sphc trifo 7.25-12/4.25					
V2314	A		Lens sphcyl trifocal over 12					
V2315	A		Lens lenticular trifocal					
V2318	A		Lens aniseikonic trifocal					
V2319	A		Lens trifocal seg width > 28					
V2320	A		Lens trifocal add over 3.25d					
V2321	A		Lenticular lens, trifocal					
V2399	A		Lens trifocal speciality					
V2410	A		Lens variab asphericity sing					
V2430	A		Lens variable asphericity bi					
V2499	A		Variable asphericity lens					
V2500	A		Contact lens pmma spherical					
V2501	A		Cntct lens pmma-toric/prism					
V2502	A		Contact lens pmma bifocal					
V2503	A		Cntct lens pmma color vision					
V2510	A		Cntct gas permeable sphericl					
V2511	A		Cntct toric prism ballast					
V2512	A		Cntct lens gas permbl bifocl					
V2513	A		Contact lens extended wear					
V2520	A		Contact lens hydrophilic					
V2521	A		Cntct lens hydrophilic toric					
V2522	A		Cntct lens hydrophil bifocl					
V2523	A		Cntct lens hydrophil extend					

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
V2530	A		Contact lens gas impermeable					
V2531	A		Contact lens gas permeable					
V2599	A		Contact lens/es other type					
V2600	A		Hand held low vision aids					
V2610	A		Single lens spectacle mount					
V2615	A		Telescop/othr compound lens					
V2623	A		Plastic eye prosth custom					
V2624	A		Polishing artifical eye					
V2625	A		Enlargemnt of eye prosthesis					
V2626	A		Reduction of eye prosthesis					
V2627	A		Scleral cover shell					
V2628	A		Fabrication & fitting					
V2629	A		Prosthetic eye other type					
V2630	N		Anter chamber intraocul lens					
V2631	N		Iris support intraoclr lens					
V2632	N		Post chmbr intraocular lens					
V2700	A		Balance lens					
V2710	A		Glass/plastic slab off prism					
V2715	A		Prism lens/es					
V2718	A		Fresnell prism press-on lens					
V2730	A		Special base curve					
V2744	A		Tint photochromatic lens/es					
V2745	A		Tint, any color/solid/grad					
V2750	A		Anti-reflective coating					
V2755	A		UV lens/es					
V2756	E		Eye glass case					
V2760	A		Scratch resistant coating					
V2761	B		Mirror coating					
V2762	A		Polarization, any lens					
V2770	A		Occluder lens/es					
V2780	A		Oversize lens/es					
V2781	B		Progressive lens per lens					
V2782	A		Lens, 1.54-1.65 p/1.60-1.79g					
V2783	A		Lens, >= 1.66 p/>=1.80 g					
V2784	A		Lens polycarb or equal					
V2785	F		Corneal tissue processing					
V2786	A		Occupational multifocal lens					
V2790	N		Amniotic membrane					
V2797	A		Vis item/svc in other code					
V2799	A		Miscellaneous vision service					
V5008	E		Hearing screening					
V5010	E		Assessment for hearing aid					
V5011	E		Hearing aid fitting/checking					
V5014	E		Hearing aid repair/modifying					
V5020	E		Conformity evaluation					
V5030	E		Body-worn hearing aid air					
V5040	E		Body-worn hearing aid bone					
V5050	E		Hearing aid monaural in ear					
V5060	E		Behind ear hearing aid					
V5070	E		Glasses air conduction					

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
V5080	E		Glasses bone conduction					
V5090	E		Hearing aid dispensing fee					
V5095	E		Implant mid ear hearing pros					
V5100	E		Body-worn bilat hearing aid					
V5110	E		Hearing aid dispensing fee					
V5120	E		Body-worn binaur hearing aid					
V5130	E		In ear binaural hearing aid					
V5140	E		Behind ear binaur hearing ai					
V5150	E		Glasses binaural hearing aid					
V5160	E		Dispensing fee binaural					
V5170	E		Within ear cros hearing aid					
V5180	E		Behind ear cros hearing aid					
V5190	E		Glasses cros hearing aid					
V5200	E		Cros hearing aid dispens fee					
V5210	E		In ear bicros hearing aid					
V5220	E		Behind ear bicros hearing ai					
V5230	E		Glasses bicros hearing aid					
V5240	E		Dispensing fee bicros					
V5241	E		Dispensing fee, monaural					
V5242	E		Hearing aid, monaural, cic					
V5243	E		Hearing aid, monaural, itc					
V5244	E		Hearing aid, prog, mon, cic					
V5245	E		Hearing aid, prog, mon, itc					
V5246	E		Hearing aid, prog, mon, ite					
V5247	E		Hearing aid, prog, mon, bte					
V5248	E		Hearing aid, binaural, cic					
V5249	E		Hearing aid, binaural, itc					
V5250	E		Hearing aid, prog, bin, cic					
V5251	E		Hearing aid, prog, bin, itc					
V5252	E		Hearing aid, prog, bin, ite					
V5253	E		Hearing aid, prog, bin, bte					
V5254	E		Hearing id, digit, mon, cic					
V5255	E		Hearing aid, digit, mon, itc					
V5256	E		Hearing aid, digit, mon, ite					
V5257	E		Hearing aid, digit, mon, bte					
V5258	E		Hearing aid, digit, bin, cic					
V5259	E		Hearing aid, digit, bin, itc					
V5260	E		Hearing aid, digit, bin, ite					
V5261	E		Hearing aid, digit, bin, bte					
V5262	E		Hearing aid, disp, monaural					
V5263	E		Hearing aid, disp, binaural					
V5264	E		Ear mold/insert					
V5265	E		Ear mold/insert, disp					
V5266	E		Battery for hearing device					
V5267	E		Hearing aid supply/accessory					
V5268	E		ALD Telephone Amplifier					
V5269	E		Alerting device, any type					
V5270	E		ALD, TV amplifier, any type					
V5271	E		ALD, TV caption decoder					
V5272	E		Tdd					

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CPT / HCPCS	Status Indicator	Comment Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
V5273	E		ALD for cochlear implant					
V5274	E		ALD unspecified					
V5275	E		Ear impression					
V5298	E		Hearing aid noc					
V5299	B		Hearing service					
V5336	E		Repair communication device					
V5362	E		Speech screening					
V5363	E		Language screening					
V5364	E		Dysphagia screening					

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ADDENDUM D1.--PAYMENT STATUS INDICATORS FOR HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

Indicator	Item/code/service	Status
A	Services furnished to a Hospital Outpatient that are paid under a Fee Schedule/Payment System other than OPPS, e.g.: • Ambulance Services • Clinical Diagnostic Laboratory Services • Non-Implantable Prosthetic and Orthotic Devices • EPO for ESRD Patients • Physical, Occupational, and Speech Therapy • Routine Dialysis Services for ESRD Patients Provided in a Certified Dialysis Unit of a Hospital. • Diagnostic Mammography • Screening Mammography	Not paid under OPPS. Paid by Intermediaries under a Fee Schedule/Payment System other than OPPS.
B	Codes that are not recognized by OPPS when submitted on an Outpatient Hospital Part B bill type (12x,13x, and 14x).	Not paid under OPPS. • May be paid by Intermediaries when submitted on a different bill type, e.g., 75x (CORF), but not paid under OPPS. • An alternate code that is recognized by OPPS when submitted on an Outpatient Hospital Part B bill type (12x, 13x, and 14x) may be available.
C	Inpatient Procedures	Not Paid under OPPS. Admit patient; Bill as inpatient.
D	Discontinued Codes	Not paid under OPPS. Not paid under Medicare.
E	Items, Codes, and Services: • That are not covered by Medicare based on Statutory Exclusion. • That are not recognized by Medicare but for which an alternate code for the same item or service may be available. • For which separate payment is not provided by Medicare.	Not Covered under OPPS.

Indicator	Item/code/service	Status
F	Corneal Tissue Acquisition; Certain CRNA Services	Not paid under OPPS. Paid at reasonable cost.
G	Pass-through Drugs, Biologicals, and Radiopharmaceutical Agents	Paid under OPPS; Separate APC payment includes Pass-Through amount.
H	Pass-through Device Category; Brachytherapy Sources Paid at Cost	Paid under OPPS; (a) Separate cost-based Pass-Through payment; (b) Separate cost-based NonPass-Through payment.
K	NonPass-Through Drugs, Biologicals, and Radiopharmaceuticals Agents	Paid under OPPS; Separate APC payment.
L	Influenza Vaccine; Pneumococcal Pneumonia Vaccine	Not paid under OPPS. Paid at reasonable cost; Not subject to deductible or coinsurance.
N	Items and Services packaged into APC Rates	Paid under OPPS. However, payment is packaged into payment for other services, including Outliers. Therefore, there is no separate APC payment.
P	Partial Hospitalization	Paid under OPPS; Per diem APC payment.
S	Significant Procedure, Not Discounted when Multiple	Paid under OPPS; Separate APC payment.
T	Significant Procedure, Multiple Reduction Applies	Paid under OPPS; Separate APC payment.
V	Clinic or Emergency Department Visit	Paid under OPPS; Separate APC payment.
Y	Non-Implantable Durable Medical Equipment	Not paid under OPPS. All institutional providers other than Home Health Agencies bill to DMERC.
X	Ancillary Service	Paid under OPPS; Separate APC payment.

ADDENDUM D2.--COMMENT INDICATORS

Comment Indicator	Descriptor
NF	New code, final APC assignment; Comments were accepted on a proposed APC assignment in the Proposed Rule; APC assignment is no longer open to comment.
NI	New code, 7/12/2004 interim APC assignment; Comments will be accepted on the interim APC assignment for the new code.

Addendum E.--CPT Codes that Are Only Paid as Inpatient Procedures

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
0001T	C	Endovas repr abdo ao aneurys
0005T	C	Perc cath stent/brain cv art
0006T	C	Perc cath stent/brain cv art
0007T	C	Perc cath stent/brain cv art
00176	C	Anesth, pharyngeal surgery
00192	C	Anesth, facial bone surgery
00214	C	Anesth, skull drainage
00215	C	Anesth, skull repair/fract
0021T	C	Fetal oximetry, trnsvag/cerv
0024T	C	Transcath cardiac reduction
0033T	C	Endovasc taa repr incl subcl
0034T	C	Endovasc taa repr w/o subcl
0035T	C	Insert endovasc prosth, taa
0036T	C	Endovasc prosth, taa, add-on
0037T	C	Artery transpose/endovas taa
0038T	C	Rad endovasc taa rpr w/cover
0039T	C	Rad s/i, endovasc taa repair
00404	C	Anesth, surgery of breast
00406	C	Anesth, surgery of breast
0040T	C	Rad s/i, endovasc taa prosth
00452	C	Anesth, surgery of shoulder
00474	C	Anesth, surgery of rib(s)
0048T	C	Implant ventricular device
0049T	C	External circulation assist
0050T	C	Removal circulation assist
0051T	C	Implant total heart system
00524	C	Anesth, chest drainage
0052T	C	Replace component heart syst
0053T	C	Replace component heart syst
00540	C	Anesth, chest surgery
00542	C	Anesth, release of lung
00546	C	Anesth, lung,chest wall surg
00560	C	Anesth, open heart surgery
00562	C	Anesth, open heart surgery
00580	C	Anesth, heart/lung transplnt
00604	C	Anesth, sitting procedure
00622	C	Anesth, removal of nerves
00632	C	Anesth, removal of nerves
00634	C	Anesth for chemonucleolysis
00670	C	Anesth, spine, cord surgery

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
00792	C	Anesth, hemorr/excise liver
00794	C	Anesth, pancreas removal
00796	C	Anesth, for liver transplant
00802	C	Anesth, fat layer removal
00844	C	Anesth, pelvis surgery
00846	C	Anesth, hysterectomy
00848	C	Anesth, pelvic organ surg
00864	C	Anesth, removal of bladder
00865	C	Anesth, removal of prostate
00866	C	Anesth, removal of adrenal
00868	C	Anesth, kidney transplant
00882	C	Anesth, major vein ligation
00904	C	Anesth, perineal surgery
00908	C	Anesth, removal of prostate
00932	C	Anesth, amputation of penis
00934	C	Anesth, penis, nodes removal
00936	C	Anesth, penis, nodes removal
00944	C	Anesth, vaginal hysterectomy
01140	C	Anesth, amputation at pelvis
01150	C	Anesth, pelvic tumor surgery
01190	C	Anesth, pelvis nerve removal
01212	C	Anesth, hip disarticulation
01214	C	Anesth, hip arthroplasty
01232	C	Anesth, amputation of femur
01234	C	Anesth, radical femur surg
01272	C	Anesth, femoral artery surg
01274	C	Anesth, femoral embolectomy
01402	C	Anesth, knee arthroplasty
01404	C	Anesth, amputation at knee
01442	C	Anesth, knee artery surg
01444	C	Anesth, knee artery repair
01486	C	Anesth, ankle replacement
01502	C	Anesth, lwr leg embolectomy
01632	C	Anesth, surgery of shoulder
01634	C	Anesth, shoulder joint amput
01636	C	Anesth, forequarter amput
01638	C	Anesth, shoulder replacement
01652	C	Anesth, shoulder vessel surg
01654	C	Anesth, shoulder vessel surg
01656	C	Anesth, arm-leg vessel surg
01756	C	Anesth, radical humerus surg
01990	C	Support for organ donor

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
15756	C	Free muscle flap, microvasc
15757	C	Free skin flap, microvasc
15758	C	Free fascial flap, microvasc
16035	C	Incision of burn scab, initi
16036	C	Escharotomy; add'l incision
19200	C	Removal of breast
19220	C	Removal of breast
19271	C	Revision of chest wall
19272	C	Extensive chest wall surgery
19361	C	Breast reconstruction
19364	C	Breast reconstruction
19367	C	Breast reconstruction
19368	C	Breast reconstruction
19369	C	Breast reconstruction
20660	C	Apply, rem fixation device
20661	C	Application of head brace
20662	C	Application of pelvis brace
20663	C	Application of thigh brace
20664	C	Halo brace application
20802	C	Replantation, arm, complete
20805	C	Replant forearm, complete
20808	C	Replantation hand, complete
20816	C	Replantation digit, complete
20822	C	Replantation digit, complete
20824	C	Replantation thumb, complete
20827	C	Replantation thumb, complete
20838	C	Replantation foot, complete
20930	C	Spinal bone allograft
20931	C	Spinal bone allograft
20936	C	Spinal bone autograft
20937	C	Spinal bone autograft
20938	C	Spinal bone autograft
20955	C	Fibula bone graft, microvasc
20956	C	Iliac bone graft, microvasc
20957	C	Mt bone graft, microvasc
20962	C	Other bone graft, microvasc
20969	C	Bone/skin graft, microvasc
20970	C	Bone/skin graft, iliac crest
20972	C	Bone/skin graft, metatarsal
20973	C	Bone/skin graft, great toe
21045	C	Extensive jaw surgery
21141	C	Reconstruct midface, lefort

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
21142	C	Reconstruct midface, lefort
21143	C	Reconstruct midface, lefort
21145	C	Reconstruct midface, lefort
21146	C	Reconstruct midface, lefort
21147	C	Reconstruct midface, lefort
21150	C	Reconstruct midface, lefort
21151	C	Reconstruct midface, lefort
21154	C	Reconstruct midface, lefort
21155	C	Reconstruct midface, lefort
21159	C	Reconstruct midface, lefort
21160	C	Reconstruct midface, lefort
21172	C	Reconstruct orbit/forehead
21175	C	Reconstruct orbit/forehead
21179	C	Reconstruct entire forehead
21180	C	Reconstruct entire forehead
21182	C	Reconstruct cranial bone
21183	C	Reconstruct cranial bone
21184	C	Reconstruct cranial bone
21188	C	Reconstruction of midface
21193	C	Reconst lwr jaw w/o graft
21194	C	Reconst lwr jaw w/graft
21195	C	Reconst lwr jaw w/o fixation
21196	C	Reconst lwr jaw w/fixation
21247	C	Reconstruct lower jaw bone
21255	C	Reconstruct lower jaw bone
21256	C	Reconstruction of orbit
21268	C	Revise eye sockets
21343	C	Treatment of sinus fracture
21344	C	Treatment of sinus fracture
21346	C	Treat nose/jaw fracture
21347	C	Treat nose/jaw fracture
21348	C	Treat nose/jaw fracture
21360	C	Treat cheek bone fracture
21365	C	Treat cheek bone fracture
21366	C	Treat cheek bone fracture
21385	C	Treat eye socket fracture
21386	C	Treat eye socket fracture
21387	C	Treat eye socket fracture
21395	C	Treat eye socket fracture
21408	C	Treat eye socket fracture
21422	C	Treat mouth roof fracture
21423	C	Treat mouth roof fracture

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
21431	C	Treat craniofacial fracture
21432	C	Treat craniofacial fracture
21433	C	Treat craniofacial fracture
21435	C	Treat craniofacial fracture
21436	C	Treat craniofacial fracture
21495	C	Treat hyoid bone fracture
21510	C	Drainage of bone lesion
21615	C	Removal of rib
21616	C	Removal of rib and nerves
21620	C	Partial removal of sternum
21627	C	Sternal debridement
21630	C	Extensive sternum surgery
21632	C	Extensive sternum surgery
21705	C	Revision of neck muscle/rib
21740	C	Reconstruction of sternum
21750	C	Repair of sternum separation
21810	C	Treatment of rib fracture(s)
21825	C	Treat sternum fracture
22110	C	Remove part of neck vertebra
22112	C	Remove part, thorax vertebra
22114	C	Remove part, lumbar vertebra
22116	C	Remove extra spine segment
22210	C	Revision of neck spine
22212	C	Revision of thorax spine
22214	C	Revision of lumbar spine
22216	C	Revise, extra spine segment
22220	C	Revision of neck spine
22224	C	Revision of lumbar spine
22226	C	Revise, extra spine segment
22318	C	Treat odontoid fx w/o graft
22319	C	Treat odontoid fx w/graft
22325	C	Treat spine fracture
22326	C	Treat neck spine fracture
22327	C	Treat thorax spine fracture
22328	C	Treat each add spine fx
22532	C	Lat thorax spine fusion
22533	C	Lat lumbar spine fusion
22534	C	Lat thor/lumb, add'l seg
22548	C	Neck spine fusion
22554	C	Neck spine fusion
22556	C	Thorax spine fusion
22558	C	Lumbar spine fusion

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
22585	C	Additional spinal fusion
22590	C	Spine & skull spinal fusion
22595	C	Neck spinal fusion
22600	C	Neck spine fusion
22610	C	Thorax spine fusion
22630	C	Lumbar spine fusion
22632	C	Spine fusion, extra segment
22800	C	Fusion of spine
22802	C	Fusion of spine
22804	C	Fusion of spine
22808	C	Fusion of spine
22810	C	Fusion of spine
22812	C	Fusion of spine
22818	C	Kyphectomy, 1-2 segments
22819	C	Kyphectomy, 3 or more
22830	C	Exploration of spinal fusion
22840	C	Insert spine fixation device
22841	C	Insert spine fixation device
22842	C	Insert spine fixation device
22843	C	Insert spine fixation device
22844	C	Insert spine fixation device
22845	C	Insert spine fixation device
22846	C	Insert spine fixation device
22847	C	Insert spine fixation device
22848	C	Insert pelv fixation device
22849	C	Reinsert spinal fixation
22850	C	Remove spine fixation device
22851	C	Apply spine prosth device
22852	C	Remove spine fixation device
22855	C	Remove spine fixation device
23200	C	Removal of collar bone
23210	C	Removal of shoulder blade
23220	C	Partial removal of humerus
23221	C	Partial removal of humerus
23222	C	Partial removal of humerus
23332	C	Remove shoulder foreign body
23472	C	Reconstruct shoulder joint
23900	C	Amputation of arm & girdle
23920	C	Amputation at shoulder joint
24900	C	Amputation of upper arm
24920	C	Amputation of upper arm
24930	C	Amputation follow-up surgery

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
24931	C	Amputate upper arm & implant
24940	C	Revision of upper arm
25900	C	Amputation of forearm
25905	C	Amputation of forearm
25909	C	Amputation follow-up surgery
25915	C	Amputation of forearm
25920	C	Amputate hand at wrist
25924	C	Amputation follow-up surgery
25927	C	Amputation of hand
25931	C	Amputation follow-up surgery
26551	C	Great toe-hand transfer
26553	C	Single transfer, toe-hand
26554	C	Double transfer, toe-hand
26556	C	Toe joint transfer
26992	C	Drainage of bone lesion
27005	C	Incision of hip tendon
27006	C	Incision of hip tendons
27025	C	Incision of hip/thigh fascia
27030	C	Drainage of hip joint
27036	C	Excision of hip joint/muscle
27054	C	Removal of hip joint lining
27070	C	Partial removal of hip bone
27071	C	Partial removal of hip bone
27075	C	Extensive hip surgery
27076	C	Extensive hip surgery
27077	C	Extensive hip surgery
27078	C	Extensive hip surgery
27079	C	Extensive hip surgery
27090	C	Removal of hip prosthesis
27091	C	Removal of hip prosthesis
27120	C	Reconstruction of hip socket
27122	C	Reconstruction of hip socket
27125	C	Partial hip replacement
27130	C	Total hip arthroplasty
27132	C	Total hip arthroplasty
27134	C	Revise hip joint replacement
27137	C	Revise hip joint replacement
27138	C	Revise hip joint replacement
27140	C	Transplant femur ridge
27146	C	Incision of hip bone
27147	C	Revision of hip bone
27151	C	Incision of hip bones

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
27156	C	Revision of hip bones
27158	C	Revision of pelvis
27161	C	Incision of neck of femur
27165	C	Incision/fixation of femur
27170	C	Repair/graft femur head/neck
27175	C	Treat slipped epiphysis
27176	C	Treat slipped epiphysis
27177	C	Treat slipped epiphysis
27178	C	Treat slipped epiphysis
27179	C	Revise head/neck of femur
27181	C	Treat slipped epiphysis
27185	C	Revision of femur epiphysis
27187	C	Reinforce hip bones
27215	C	Treat pelvic fracture(s)
27217	C	Treat pelvic ring fracture
27218	C	Treat pelvic ring fracture
27222	C	Treat hip socket fracture
27226	C	Treat hip wall fracture
27227	C	Treat hip fracture(s)
27228	C	Treat hip fracture(s)
27232	C	Treat thigh fracture
27236	C	Treat thigh fracture
27240	C	Treat thigh fracture
27244	C	Treat thigh fracture
27245	C	Treat thigh fracture
27248	C	Treat thigh fracture
27253	C	Treat hip dislocation
27254	C	Treat hip dislocation
27258	C	Treat hip dislocation
27259	C	Treat hip dislocation
27280	C	Fusion of sacroiliac joint
27282	C	Fusion of pubic bones
27284	C	Fusion of hip joint
27286	C	Fusion of hip joint
27290	C	Amputation of leg at hip
27295	C	Amputation of leg at hip
27303	C	Drainage of bone lesion
27365	C	Extensive leg surgery
27445	C	Revision of knee joint
27447	C	Total knee arthroplasty
27448	C	Incision of thigh
27450	C	Incision of thigh

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
27454	C	Realignment of thigh bone
27455	C	Realignment of knee
27457	C	Realignment of knee
27465	C	Shortening of thigh bone
27466	C	Lengthening of thigh bone
27468	C	Shorten/lengthen thighs
27470	C	Repair of thigh
27472	C	Repair/graft of thigh
27475	C	Surgery to stop leg growth
27477	C	Surgery to stop leg growth
27479	C	Surgery to stop leg growth
27485	C	Surgery to stop leg growth
27486	C	Revise/replace knee joint
27487	C	Revise/replace knee joint
27488	C	Removal of knee prosthesis
27495	C	Reinforce thigh
27506	C	Treatment of thigh fracture
27507	C	Treatment of thigh fracture
27511	C	Treatment of thigh fracture
27513	C	Treatment of thigh fracture
27514	C	Treatment of thigh fracture
27519	C	Treat thigh fx growth plate
27535	C	Treat knee fracture
27536	C	Treat knee fracture
27540	C	Treat knee fracture
27556	C	Treat knee dislocation
27557	C	Treat knee dislocation
27558	C	Treat knee dislocation
27580	C	Fusion of knee
27590	C	Amputate leg at thigh
27591	C	Amputate leg at thigh
27592	C	Amputate leg at thigh
27596	C	Amputation follow-up surgery
27598	C	Amputate lower leg at knee
27645	C	Extensive lower leg surgery
27646	C	Extensive lower leg surgery
27702	C	Reconstruct ankle joint
27703	C	Reconstruction, ankle joint
27712	C	Realignment of lower leg
27715	C	Revision of lower leg
27720	C	Repair of tibia
27722	C	Repair/graft of tibia

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
27724	C	Repair/graft of tibia
27725	C	Repair of lower leg
27727	C	Repair of lower leg
27880	C	Amputation of lower leg
27881	C	Amputation of lower leg
27882	C	Amputation of lower leg
27886	C	Amputation follow-up surgery
27888	C	Amputation of foot at ankle
28800	C	Amputation of midfoot
28805	C	Amputation thru metatarsal
31225	C	Removal of upper jaw
31230	C	Removal of upper jaw
31290	C	Nasal/sinus endoscopy, surg
31291	C	Nasal/sinus endoscopy, surg
31293	C	Nasal/sinus endoscopy, surg
31294	C	Nasal/sinus endoscopy, surg
31360	C	Removal of larynx
31365	C	Removal of larynx
31367	C	Partial removal of larynx
31368	C	Partial removal of larynx
31370	C	Partial removal of larynx
31375	C	Partial removal of larynx
31380	C	Partial removal of larynx
31382	C	Partial removal of larynx
31390	C	Removal of larynx & pharynx
31395	C	Reconstruct larynx & pharynx
31584	C	Treat larynx fracture
31587	C	Revision of larynx
31725	C	Clearance of airways
31760	C	Repair of windpipe
31766	C	Reconstruction of windpipe
31770	C	Repair/graft of bronchus
31775	C	Reconstruct bronchus
31780	C	Reconstruct windpipe
31781	C	Reconstruct windpipe
31786	C	Remove windpipe lesion
31800	C	Repair of windpipe injury
31805	C	Repair of windpipe injury
32035	C	Exploration of chest
32036	C	Exploration of chest
32095	C	Biopsy through chest wall
32100	C	Exploration/biopsy of chest

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
32110	C	Explore/repair chest
32120	C	Re-exploration of chest
32124	C	Explore chest free adhesions
32140	C	Removal of lung lesion(s)
32141	C	Remove/treat lung lesions
32150	C	Removal of lung lesion(s)
32151	C	Remove lung foreign body
32160	C	Open chest heart massage
32200	C	Drain, open, lung lesion
32215	C	Treat chest lining
32220	C	Release of lung
32225	C	Partial release of lung
32310	C	Removal of chest lining
32320	C	Free/remove chest lining
32402	C	Open biopsy chest lining
32440	C	Removal of lung
32442	C	Sleeve pneumonectomy
32445	C	Removal of lung
32480	C	Partial removal of lung
32482	C	Bilobectomy
32484	C	Segmentectomy
32486	C	Sleeve lobectomy
32488	C	Completion pneumonectomy
32491	C	Lung volume reduction
32500	C	Partial removal of lung
32501	C	Repair bronchus add-on
32520	C	Remove lung & revise chest
32522	C	Remove lung & revise chest
32525	C	Remove lung & revise chest
32540	C	Removal of lung lesion
32650	C	Thoracoscopy, surgical
32651	C	Thoracoscopy, surgical
32652	C	Thoracoscopy, surgical
32653	C	Thoracoscopy, surgical
32654	C	Thoracoscopy, surgical
32655	C	Thoracoscopy, surgical
32656	C	Thoracoscopy, surgical
32657	C	Thoracoscopy, surgical
32658	C	Thoracoscopy, surgical
32659	C	Thoracoscopy, surgical
32660	C	Thoracoscopy, surgical
32661	C	Thoracoscopy, surgical

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
32662	C	Thoracoscopy, surgical
32663	C	Thoracoscopy, surgical
32664	C	Thoracoscopy, surgical
32665	C	Thoracoscopy, surgical
32800	C	Repair lung hernia
32810	C	Close chest after drainage
32815	C	Close bronchial fistula
32820	C	Reconstruct injured chest
32850	C	Donor pneumonectomy
32851	C	Lung transplant, single
32852	C	Lung transplant with bypass
32853	C	Lung transplant, double
32854	C	Lung transplant with bypass
32900	C	Removal of rib(s)
32905	C	Revise & repair chest wall
32906	C	Revise & repair chest wall
32940	C	Revision of lung
32997	C	Total lung lavage
33015	C	Incision of heart sac
33020	C	Incision of heart sac
33025	C	Incision of heart sac
33030	C	Partial removal of heart sac
33031	C	Partial removal of heart sac
33050	C	Removal of heart sac lesion
33120	C	Removal of heart lesion
33130	C	Removal of heart lesion
33140	C	Heart revascularize (tmr)
33141	C	Heart tmr w/other procedure
33200	C	Insertion of heart pacemaker
33201	C	Insertion of heart pacemaker
33236	C	Remove electrode/thoracotomy
33237	C	Remove electrode/thoracotomy
33238	C	Remove electrode/thoracotomy
33243	C	Remove eltrd/thoracotomy
33245	C	Insert epic eltrd pace-defib
33246	C	Insert epic eltrd/generator
33250	C	Ablate heart dysrhythm focus
33251	C	Ablate heart dysrhythm focus
33253	C	Reconstruct atria
33261	C	Ablate heart dysrhythm focus
33300	C	Repair of heart wound
33305	C	Repair of heart wound

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
33310	C	Exploratory heart surgery
33315	C	Exploratory heart surgery
33320	C	Repair major blood vessel(s)
33321	C	Repair major vessel
33322	C	Repair major blood vessel(s)
33330	C	Insert major vessel graft
33332	C	Insert major vessel graft
33335	C	Insert major vessel graft
33400	C	Repair of aortic valve
33401	C	Valvuloplasty, open
33403	C	Valvuloplasty, w/cp bypass
33404	C	Prepare heart-aorta conduit
33405	C	Replacement of aortic valve
33406	C	Replacement of aortic valve
33410	C	Replacement of aortic valve
33411	C	Replacement of aortic valve
33412	C	Replacement of aortic valve
33413	C	Replacement of aortic valve
33414	C	Repair of aortic valve
33415	C	Revision, subvalvular tissue
33416	C	Revise ventricle muscle
33417	C	Repair of aortic valve
33420	C	Revision of mitral valve
33422	C	Revision of mitral valve
33425	C	Repair of mitral valve
33426	C	Repair of mitral valve
33427	C	Repair of mitral valve
33430	C	Replacement of mitral valve
33460	C	Revision of tricuspid valve
33463	C	Valvuloplasty, tricuspid
33464	C	Valvuloplasty, tricuspid
33465	C	Replace tricuspid valve
33468	C	Revision of tricuspid valve
33470	C	Revision of pulmonary valve
33471	C	Valvotomy, pulmonary valve
33472	C	Revision of pulmonary valve
33474	C	Revision of pulmonary valve
33475	C	Replacement, pulmonary valve
33476	C	Revision of heart chamber
33478	C	Revision of heart chamber
33496	C	Repair, prosth valve clot
33500	C	Repair heart vessel fistula

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
33501	C	Repair heart vessel fistula
33502	C	Coronary artery correction
33503	C	Coronary artery graft
33504	C	Coronary artery graft
33505	C	Repair artery w/tunnel
33506	C	Repair artery, translocation
33510	C	CABG, vein, single
33511	C	CABG, vein, two
33512	C	CABG, vein, three
33513	C	CABG, vein, four
33514	C	CABG, vein, five
33516	C	Cabg, vein, six or more
33517	C	CABG, artery-vein, single
33518	C	CABG, artery-vein, two
33519	C	CABG, artery-vein, three
33521	C	CABG, artery-vein, four
33522	C	CABG, artery-vein, five
33523	C	Cabg, art-vein, six or more
33530	C	Coronary artery, bypass/reop
33533	C	CABG, arterial, single
33534	C	CABG, arterial, two
33535	C	CABG, arterial, three
33536	C	Cabg, arterial, four or more
33542	C	Removal of heart lesion
33545	C	Repair of heart damage
33572	C	Open coronary endarterectomy
33600	C	Closure of valve
33602	C	Closure of valve
33606	C	Anastomosis/artery-aorta
33608	C	Repair anomaly w/conduit
33610	C	Repair by enlargement
33611	C	Repair double ventricle
33612	C	Repair double ventricle
33615	C	Repair, modified fontan
33617	C	Repair single ventricle
33619	C	Repair single ventricle
33641	C	Repair heart septum defect
33645	C	Revision of heart veins
33647	C	Repair heart septum defects
33660	C	Repair of heart defects
33665	C	Repair of heart defects
33670	C	Repair of heart chambers

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
33681	C	Repair heart septum defect
33684	C	Repair heart septum defect
33688	C	Repair heart septum defect
33690	C	Reinforce pulmonary artery
33692	C	Repair of heart defects
33694	C	Repair of heart defects
33697	C	Repair of heart defects
33702	C	Repair of heart defects
33710	C	Repair of heart defects
33720	C	Repair of heart defect
33722	C	Repair of heart defect
33730	C	Repair heart-vein defect(s)
33732	C	Repair heart-vein defect
33735	C	Revision of heart chamber
33736	C	Revision of heart chamber
33737	C	Revision of heart chamber
33750	C	Major vessel shunt
33755	C	Major vessel shunt
33762	C	Major vessel shunt
33764	C	Major vessel shunt & graft
33766	C	Major vessel shunt
33767	C	Major vessel shunt
33770	C	Repair great vessels defect
33771	C	Repair great vessels defect
33774	C	Repair great vessels defect
33775	C	Repair great vessels defect
33776	C	Repair great vessels defect
33777	C	Repair great vessels defect
33778	C	Repair great vessels defect
33779	C	Repair great vessels defect
33780	C	Repair great vessels defect
33781	C	Repair great vessels defect
33786	C	Repair arterial trunk
33788	C	Revision of pulmonary artery
33800	C	Aortic suspension
33802	C	Repair vessel defect
33803	C	Repair vessel defect
33813	C	Repair septal defect
33814	C	Repair septal defect
33820	C	Revise major vessel
33822	C	Revise major vessel
33824	C	Revise major vessel

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
33840	C	Remove aorta constriction
33845	C	Remove aorta constriction
33851	C	Remove aorta constriction
33852	C	Repair septal defect
33853	C	Repair septal defect
33860	C	Ascending aortic graft
33861	C	Ascending aortic graft
33863	C	Ascending aortic graft
33870	C	Transverse aortic arch graft
33875	C	Thoracic aortic graft
33877	C	Thoracoabdominal graft
33910	C	Remove lung artery emboli
33915	C	Remove lung artery emboli
33916	C	Surgery of great vessel
33917	C	Repair pulmonary artery
33918	C	Repair pulmonary atresia
33919	C	Repair pulmonary atresia
33920	C	Repair pulmonary atresia
33922	C	Transect pulmonary artery
33924	C	Remove pulmonary shunt
33930	C	Removal of donor heart/lung
33935	C	Transplantation, heart/lung
33940	C	Removal of donor heart
33945	C	Transplantation of heart
33960	C	External circulation assist
33961	C	External circulation assist
33967	C	Insert ia percut device
33968	C	Remove aortic assist device
33970	C	Aortic circulation assist
33971	C	Aortic circulation assist
33973	C	Insert balloon device
33974	C	Remove intra-aortic balloon
33975	C	Implant ventricular device
33976	C	Implant ventricular device
33977	C	Remove ventricular device
33978	C	Remove ventricular device
33979	C	Insert intracorporeal device
33980	C	Remove intracorporeal device
34001	C	Removal of artery clot
34051	C	Removal of artery clot
34151	C	Removal of artery clot
34401	C	Removal of vein clot

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
34451	C	Removal of vein clot
34502	C	Reconstruct vena cava
34800	C	Endovasc abdo repair w/tube
34802	C	Endovasc abdo repr w/device
34804	C	Endovasc abdo repr w/device
34805	C	Endovasc abdo repair w/pros
34808	C	Endovasc abdo occlud device
34812	C	Xpose for endoprosth, aortic
34813	C	Femoral endovas graft add-on
34820	C	Xpose for endoprosth, iliac
34825	C	Endovasc extend prosth, init
34826	C	Endovasc exten prosth, add'l
34830	C	Open aortic tube prosth repr
34831	C	Open aortoiliac prosth repr
34832	C	Open aortofemor prosth repr
34833	C	Xpose for endoprosth, iliac
34834	C	Xpose, endoprosth, brachial
34900	C	Endovasc iliac repr w/graft
35001	C	Repair defect of artery
35002	C	Repair artery rupture, neck
35005	C	Repair defect of artery
35013	C	Repair artery rupture, arm
35021	C	Repair defect of artery
35022	C	Repair artery rupture, chest
35045	C	Repair defect of arm artery
35081	C	Repair defect of artery
35082	C	Repair artery rupture, aorta
35091	C	Repair defect of artery
35092	C	Repair artery rupture, aorta
35102	C	Repair defect of artery
35103	C	Repair artery rupture, groin
35111	C	Repair defect of artery
35112	C	Repair artery rupture,spleen
35121	C	Repair defect of artery
35122	C	Repair artery rupture, belly
35131	C	Repair defect of artery
35132	C	Repair artery rupture, groin
35141	C	Repair defect of artery
35142	C	Repair artery rupture, thigh
35151	C	Repair defect of artery
35152	C	Repair artery rupture, knee
35161	C	Repair defect of artery

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
35162	C	Repair artery rupture
35182	C	Repair blood vessel lesion
35189	C	Repair blood vessel lesion
35211	C	Repair blood vessel lesion
35216	C	Repair blood vessel lesion
35221	C	Repair blood vessel lesion
35241	C	Repair blood vessel lesion
35246	C	Repair blood vessel lesion
35251	C	Repair blood vessel lesion
35271	C	Repair blood vessel lesion
35276	C	Repair blood vessel lesion
35281	C	Repair blood vessel lesion
35301	C	Rechanneling of artery
35311	C	Rechanneling of artery
35331	C	Rechanneling of artery
35341	C	Rechanneling of artery
35351	C	Rechanneling of artery
35355	C	Rechanneling of artery
35361	C	Rechanneling of artery
35363	C	Rechanneling of artery
35371	C	Rechanneling of artery
35372	C	Rechanneling of artery
35381	C	Rechanneling of artery
35390	C	Reoperation, carotid add-on
35400	C	Angioscopy
35450	C	Repair arterial blockage
35452	C	Repair arterial blockage
35454	C	Repair arterial blockage
35456	C	Repair arterial blockage
35480	C	Atherectomy, open
35481	C	Atherectomy, open
35482	C	Atherectomy, open
35483	C	Atherectomy, open
35501	C	Artery bypass graft
35506	C	Artery bypass graft
35507	C	Artery bypass graft
35508	C	Artery bypass graft
35509	C	Artery bypass graft
35510	C	Artery bypass graft
35511	C	Artery bypass graft
35512	C	Artery bypass graft
35515	C	Artery bypass graft

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
35516	C	Artery bypass graft
35518	C	Artery bypass graft
35521	C	Artery bypass graft
35522	C	Artery bypass graft
35525	C	Artery bypass graft
35526	C	Artery bypass graft
35531	C	Artery bypass graft
35533	C	Artery bypass graft
35536	C	Artery bypass graft
35541	C	Artery bypass graft
35546	C	Artery bypass graft
35548	C	Artery bypass graft
35549	C	Artery bypass graft
35551	C	Artery bypass graft
35556	C	Artery bypass graft
35558	C	Artery bypass graft
35560	C	Artery bypass graft
35563	C	Artery bypass graft
35565	C	Artery bypass graft
35566	C	Artery bypass graft
35571	C	Artery bypass graft
35582	C	Vein bypass graft
35583	C	Vein bypass graft
35585	C	Vein bypass graft
35587	C	Vein bypass graft
35600	C	Harvest artery for cabg
35601	C	Artery bypass graft
35606	C	Artery bypass graft
35612	C	Artery bypass graft
35616	C	Artery bypass graft
35621	C	Artery bypass graft
35623	C	Bypass graft, not vein
35626	C	Artery bypass graft
35631	C	Artery bypass graft
35636	C	Artery bypass graft
35641	C	Artery bypass graft
35642	C	Artery bypass graft
35645	C	Artery bypass graft
35646	C	Artery bypass graft
35647	C	Artery bypass graft
35650	C	Artery bypass graft
35651	C	Artery bypass graft

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
35654	C	Artery bypass graft
35656	C	Artery bypass graft
35661	C	Artery bypass graft
35663	C	Artery bypass graft
35665	C	Artery bypass graft
35666	C	Artery bypass graft
35671	C	Artery bypass graft
35681	C	Composite bypass graft
35682	C	Composite bypass graft
35683	C	Composite bypass graft
35691	C	Arterial transposition
35693	C	Arterial transposition
35694	C	Arterial transposition
35695	C	Arterial transposition
35697	C	Reimplant artery each
35700	C	Reoperation, bypass graft
35701	C	Exploration, carotid artery
35721	C	Exploration, femoral artery
35741	C	Exploration popliteal artery
35800	C	Explore neck vessels
35820	C	Explore chest vessels
35840	C	Explore abdominal vessels
35870	C	Repair vessel graft defect
35901	C	Excision, graft, neck
35905	C	Excision, graft, thorax
35907	C	Excision, graft, abdomen
36510	C	Insertion of catheter, vein
36660	C	Insertion catheter, artery
36822	C	Insertion of cannula(s)
36823	C	Insertion of cannula(s)
37140	C	Revision of circulation
37145	C	Revision of circulation
37160	C	Revision of circulation
37180	C	Revision of circulation
37181	C	Splice spleen/kidney veins
37182	C	Insert hepatic shunt (tips)
37183	C	Remove hepatic shunt (tips)
37195	C	Thrombolytic therapy, stroke
37616	C	Ligation of chest artery
37617	C	Ligation of abdomen artery
37618	C	Ligation of extremity artery
37660	C	Revision of major vein

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
37788	C	Revascularization, penis
38100	C	Removal of spleen, total
38101	C	Removal of spleen, partial
38102	C	Removal of spleen, total
38115	C	Repair of ruptured spleen
38380	C	Thoracic duct procedure
38381	C	Thoracic duct procedure
38382	C	Thoracic duct procedure
38562	C	Removal, pelvic lymph nodes
38564	C	Removal, abdomen lymph nodes
38724	C	Removal of lymph nodes, neck
38746	C	Remove thoracic lymph nodes
38747	C	Remove abdominal lymph nodes
38765	C	Remove groin lymph nodes
38770	C	Remove pelvis lymph nodes
38780	C	Remove abdomen lymph nodes
39000	C	Exploration of chest
39010	C	Exploration of chest
39200	C	Removal chest lesion
39220	C	Removal chest lesion
39499	C	Chest procedure
39501	C	Repair diaphragm laceration
39502	C	Repair paraesophageal hernia
39503	C	Repair of diaphragm hernia
39520	C	Repair of diaphragm hernia
39530	C	Repair of diaphragm hernia
39531	C	Repair of diaphragm hernia
39540	C	Repair of diaphragm hernia
39541	C	Repair of diaphragm hernia
39545	C	Revision of diaphragm
39560	C	Resect diaphragm, simple
39561	C	Resect diaphragm, complex
39599	C	Diaphragm surgery procedure
41130	C	Partial removal of tongue
41135	C	Tongue and neck surgery
41140	C	Removal of tongue
41145	C	Tongue removal, neck surgery
41150	C	Tongue, mouth, jaw surgery
41153	C	Tongue, mouth, neck surgery
41155	C	Tongue, jaw, & neck surgery
42426	C	Excise parotid gland/lesion
42845	C	Extensive surgery of throat

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
42894	C	Revision of pharyngeal walls
42953	C	Repair throat, esophagus
42961	C	Control throat bleeding
42971	C	Control nose/throat bleeding
43045	C	Incision of esophagus
43100	C	Excision of esophagus lesion
43101	C	Excision of esophagus lesion
43107	C	Removal of esophagus
43108	C	Removal of esophagus
43112	C	Removal of esophagus
43113	C	Removal of esophagus
43116	C	Partial removal of esophagus
43117	C	Partial removal of esophagus
43118	C	Partial removal of esophagus
43121	C	Partial removal of esophagus
43122	C	Partial removal of esophagus
43123	C	Partial removal of esophagus
43124	C	Removal of esophagus
43135	C	Removal of esophagus pouch
43300	C	Repair of esophagus
43305	C	Repair esophagus and fistula
43310	C	Repair of esophagus
43312	C	Repair esophagus and fistula
43313	C	Esophagoplasty congenital
43314	C	Tracheo-esophagoplasty cong
43320	C	Fuse esophagus & stomach
43324	C	Revise esophagus & stomach
43325	C	Revise esophagus & stomach
43326	C	Revise esophagus & stomach
43330	C	Repair of esophagus
43331	C	Repair of esophagus
43340	C	Fuse esophagus & intestine
43341	C	Fuse esophagus & intestine
43350	C	Surgical opening, esophagus
43351	C	Surgical opening, esophagus
43352	C	Surgical opening, esophagus
43360	C	Gastrointestinal repair
43361	C	Gastrointestinal repair
43400	C	Ligate esophagus veins
43401	C	Esophagus surgery for veins
43405	C	Ligate/staple esophagus
43410	C	Repair esophagus wound

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
43415	C	Repair esophagus wound
43420	C	Repair esophagus opening
43425	C	Repair esophagus opening
43460	C	Pressure treatment esophagus
43496	C	Free jejunum flap, microvasc
43500	C	Surgical opening of stomach
43501	C	Surgical repair of stomach
43502	C	Surgical repair of stomach
43520	C	Incision of pyloric muscle
43605	C	Biopsy of stomach
43610	C	Excision of stomach lesion
43611	C	Excision of stomach lesion
43620	C	Removal of stomach
43621	C	Removal of stomach
43622	C	Removal of stomach
43631	C	Removal of stomach, partial
43632	C	Removal of stomach, partial
43633	C	Removal of stomach, partial
43634	C	Removal of stomach, partial
43635	C	Removal of stomach, partial
43638	C	Removal of stomach, partial
43639	C	Removal of stomach, partial
43640	C	Vagotomy & pylorus repair
43641	C	Vagotomy & pylorus repair
43800	C	Reconstruction of pylorus
43810	C	Fusion of stomach and bowel
43820	C	Fusion of stomach and bowel
43825	C	Fusion of stomach and bowel
43832	C	Place gastrostomy tube
43840	C	Repair of stomach lesion
43842	C	Gastroplasty for obesity
43843	C	Gastroplasty for obesity
43846	C	Gastric bypass for obesity
43847	C	Gastric bypass for obesity
43848	C	Revision gastroplasty
43850	C	Revise stomach-bowel fusion
43855	C	Revise stomach-bowel fusion
43860	C	Revise stomach-bowel fusion
43865	C	Revise stomach-bowel fusion
43880	C	Repair stomach-bowel fistula
44005	C	Freeing of bowel adhesion
44010	C	Incision of small bowel

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
44015	C	Insert needle cath bowel
44020	C	Explore small intestine
44021	C	Decompress small bowel
44025	C	Incision of large bowel
44050	C	Reduce bowel obstruction
44055	C	Correct malrotation of bowel
44110	C	Excise intestine lesion(s)
44111	C	Excision of bowel lesion(s)
44120	C	Removal of small intestine
44121	C	Removal of small intestine
44125	C	Removal of small intestine
44126	C	Enterectomy w/o taper, cong
44127	C	Enterectomy w/taper, cong
44128	C	Enterectomy cong, add-on
44130	C	Bowel to bowel fusion
44132	C	Enterectomy, cadaver donor
44133	C	Enterectomy, live donor
44135	C	Intestine transplnt, cadaver
44136	C	Intestine transplant, live
44139	C	Mobilization of colon
44140	C	Partial removal of colon
44141	C	Partial removal of colon
44143	C	Partial removal of colon
44144	C	Partial removal of colon
44145	C	Partial removal of colon
44146	C	Partial removal of colon
44147	C	Partial removal of colon
44150	C	Removal of colon
44151	C	Removal of colon/ileostomy
44152	C	Removal of colon/ileostomy
44153	C	Removal of colon/ileostomy
44155	C	Removal of colon/ileostomy
44156	C	Removal of colon/ileostomy
44160	C	Removal of colon
44202	C	Lap resect s/intestine singl
44203	C	Lap resect s/intestine, addl
44204	C	Laparo partial colectomy
44205	C	Lap colectomy part w/ileum
44210	C	Laparo total proctocolectomy
44211	C	Laparo total proctocolectomy
44212	C	Laparo total proctocolectomy
44300	C	Open bowel to skin

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
44310	C	Ileostomy/jejunostomy
44314	C	Revision of ileostomy
44316	C	Devise bowel pouch
44320	C	Colostomy
44322	C	Colostomy with biopsies
44345	C	Revision of colostomy
44346	C	Revision of colostomy
44602	C	Suture, small intestine
44603	C	Suture, small intestine
44604	C	Suture, large intestine
44605	C	Repair of bowel lesion
44615	C	Intestinal stricturoplasty
44620	C	Repair bowel opening
44625	C	Repair bowel opening
44626	C	Repair bowel opening
44640	C	Repair bowel-skin fistula
44650	C	Repair bowel fistula
44660	C	Repair bowel-bladder fistula
44661	C	Repair bowel-bladder fistula
44680	C	Surgical revision, intestine
44700	C	Suspend bowel w/prosthesis
44800	C	Excision of bowel pouch
44820	C	Excision of mesentery lesion
44850	C	Repair of mesentery
44899	C	Bowel surgery procedure
44900	C	Drain app abscess, open
44950	C	Appendectomy
44955	C	Appendectomy add-on
44960	C	Appendectomy
45110	C	Removal of rectum
45111	C	Partial removal of rectum
45112	C	Removal of rectum
45113	C	Partial proctectomy
45114	C	Partial removal of rectum
45116	C	Partial removal of rectum
45119	C	Remove rectum w/reservoir
45120	C	Removal of rectum
45121	C	Removal of rectum and colon
45123	C	Partial proctectomy
45126	C	Pelvic exenteration
45130	C	Excision of rectal prolapse
45135	C	Excision of rectal prolapse

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
45136	C	Excise ileoanal reservior
45540	C	Correct rectal prolapse
45550	C	Repair rectum/remove sigmoid
45562	C	Exploration/repair of rectum
45563	C	Exploration/repair of rectum
45800	C	Repair rect/bladder fistula
45805	C	Repair fistula w/colostomy
45820	C	Repair rectourethral fistula
45825	C	Repair fistula w/colostomy
46705	C	Repair of anal stricture
46715	C	Repair of anovaginal fistula
46716	C	Repair of anovaginal fistula
46730	C	Construction of absent anus
46735	C	Construction of absent anus
46740	C	Construction of absent anus
46742	C	Repair of imperforated anus
46744	C	Repair of cloacal anomaly
46746	C	Repair of cloacal anomaly
46748	C	Repair of cloacal anomaly
46751	C	Repair of anal sphincter
47010	C	Open drainage, liver lesion
47015	C	Inject/aspirate liver cyst
47100	C	Wedge biopsy of liver
47120	C	Partial removal of liver
47122	C	Extensive removal of liver
47125	C	Partial removal of liver
47130	C	Partial removal of liver
47133	C	Removal of donor liver
47135	C	Transplantation of liver
47136	C	Transplantation of liver
47140	C	Partial removal, donor liver
47141	C	Partial removal, donor liver
47142	C	Partial removal, donor liver
47300	C	Surgery for liver lesion
47350	C	Repair liver wound
47360	C	Repair liver wound
47361	C	Repair liver wound
47362	C	Repair liver wound
47380	C	Open ablate liver tumor rf
47381	C	Open ablate liver tumor cryo
47400	C	Incision of liver duct
47420	C	Incision of bile duct

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
47425	C	Incision of bile duct
47460	C	Incise bile duct sphincter
47480	C	Incision of gallbladder
47550	C	Bile duct endoscopy add-on
47570	C	Laparo cholecystoenterostomy
47600	C	Removal of gallbladder
47605	C	Removal of gallbladder
47610	C	Removal of gallbladder
47612	C	Removal of gallbladder
47620	C	Removal of gallbladder
47700	C	Exploration of bile ducts
47701	C	Bile duct revision
47711	C	Excision of bile duct tumor
47712	C	Excision of bile duct tumor
47715	C	Excision of bile duct cyst
47716	C	Fusion of bile duct cyst
47720	C	Fuse gallbladder & bowel
47721	C	Fuse upper gi structures
47740	C	Fuse gallbladder & bowel
47741	C	Fuse gallbladder & bowel
47760	C	Fuse bile ducts and bowel
47765	C	Fuse liver ducts & bowel
47780	C	Fuse bile ducts and bowel
47785	C	Fuse bile ducts and bowel
47800	C	Reconstruction of bile ducts
47801	C	Placement, bile duct support
47802	C	Fuse liver duct & intestine
47900	C	Suture bile duct injury
48000	C	Drainage of abdomen
48001	C	Placement of drain, pancreas
48005	C	Resect/debride pancreas
48020	C	Removal of pancreatic stone
48100	C	Biopsy of pancreas, open
48120	C	Removal of pancreas lesion
48140	C	Partial removal of pancreas
48145	C	Partial removal of pancreas
48146	C	Pancreatectomy
48148	C	Removal of pancreatic duct
48150	C	Partial removal of pancreas
48152	C	Pancreatectomy
48153	C	Pancreatectomy
48154	C	Pancreatectomy

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
48155	C	Removal of pancreas
48180	C	Fuse pancreas and bowel
48400	C	Injection, intraop add-on
48500	C	Surgery of pancreatic cyst
48510	C	Drain pancreatic pseudocyst
48520	C	Fuse pancreas cyst and bowel
48540	C	Fuse pancreas cyst and bowel
48545	C	Pancreatorrhaphy
48547	C	Duodenal exclusion
48556	C	Removal, allograft pancreas
49000	C	Exploration of abdomen
49002	C	Reopening of abdomen
49010	C	Exploration behind abdomen
49020	C	Drain abdominal abscess
49040	C	Drain, open, abdom abscess
49060	C	Drain, open, retrop abscess
49062	C	Drain to peritoneal cavity
49201	C	Remove abdom lesion, complex
49215	C	Excise sacral spine tumor
49220	C	Multiple surgery, abdomen
49255	C	Removal of omentum
49425	C	Insert abdomen-venous drain
49428	C	Ligation of shunt
49605	C	Repair umbilical lesion
49606	C	Repair umbilical lesion
49610	C	Repair umbilical lesion
49611	C	Repair umbilical lesion
49900	C	Repair of abdominal wall
49904	C	Omental flap, extra-abdom
49905	C	Omental flap
49906	C	Free omental flap, microvasc
50010	C	Exploration of kidney
50040	C	Drainage of kidney
50045	C	Exploration of kidney
50060	C	Removal of kidney stone
50065	C	Incision of kidney
50070	C	Incision of kidney
50075	C	Removal of kidney stone
50100	C	Revise kidney blood vessels
50120	C	Exploration of kidney
50125	C	Explore and drain kidney
50130	C	Removal of kidney stone

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
50135	C	Exploration of kidney
50205	C	Biopsy of kidney
50220	C	Remove kidney, open
50225	C	Removal kidney open, complex
50230	C	Removal kidney open, radical
50234	C	Removal of kidney & ureter
50236	C	Removal of kidney & ureter
50240	C	Partial removal of kidney
50280	C	Removal of kidney lesion
50290	C	Removal of kidney lesion
50300	C	Removal of donor kidney
50320	C	Removal of donor kidney
50340	C	Removal of kidney
50360	C	Transplantation of kidney
50365	C	Transplantation of kidney
50370	C	Remove transplanted kidney
50380	C	Reimplantation of kidney
50400	C	Revision of kidney/ureter
50405	C	Revision of kidney/ureter
50500	C	Repair of kidney wound
50520	C	Close kidney-skin fistula
50525	C	Repair renal-abdomen fistula
50526	C	Repair renal-abdomen fistula
50540	C	Revision of horseshoe kidney
50545	C	Laparo radical nephrectomy
50546	C	Laparoscopic nephrectomy
50547	C	Laparo removal donor kidney
50548	C	Laparo remove w/ ureter
50580	C	Kidney endoscopy & treatment
50600	C	Exploration of ureter
50605	C	Insert ureteral support
50610	C	Removal of ureter stone
50620	C	Removal of ureter stone
50630	C	Removal of ureter stone
50650	C	Removal of ureter
50660	C	Removal of ureter
50700	C	Revision of ureter
50715	C	Release of ureter
50722	C	Release of ureter
50725	C	Release/revise ureter
50727	C	Revise ureter
50728	C	Revise ureter

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
50740	C	Fusion of ureter & kidney
50750	C	Fusion of ureter & kidney
50760	C	Fusion of ureters
50770	C	Splicing of ureters
50780	C	Reimplant ureter in bladder
50782	C	Reimplant ureter in bladder
50783	C	Reimplant ureter in bladder
50785	C	Reimplant ureter in bladder
50800	C	Implant ureter in bowel
50810	C	Fusion of ureter & bowel
50815	C	Urine shunt to intestine
50820	C	Construct bowel bladder
50825	C	Construct bowel bladder
50830	C	Revise urine flow
50840	C	Replace ureter by bowel
50845	C	Appendico-vesicostomy
50860	C	Transplant ureter to skin
50900	C	Repair of ureter
50920	C	Closure ureter/skin fistula
50930	C	Closure ureter/bowel fistula
50940	C	Release of ureter
51060	C	Removal of ureter stone
51525	C	Removal of bladder lesion
51530	C	Removal of bladder lesion
51535	C	Repair of ureter lesion
51550	C	Partial removal of bladder
51555	C	Partial removal of bladder
51565	C	Revise bladder & ureter(s)
51570	C	Removal of bladder
51575	C	Removal of bladder & nodes
51580	C	Remove bladder/revise tract
51585	C	Removal of bladder & nodes
51590	C	Remove bladder/revise tract
51595	C	Remove bladder/revise tract
51596	C	Remove bladder/create pouch
51597	C	Removal of pelvic structures
51800	C	Revision of bladder/urethra
51820	C	Revision of urinary tract
51840	C	Attach bladder/urethra
51841	C	Attach bladder/urethra
51845	C	Repair bladder neck
51860	C	Repair of bladder wound

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
51865	C	Repair of bladder wound
51900	C	Repair bladder/vagina lesion
51920	C	Close bladder-uterus fistula
51925	C	Hysterectomy/bladder repair
51940	C	Correction of bladder defect
51960	C	Revision of bladder & bowel
51980	C	Construct bladder opening
53415	C	Reconstruction of urethra
53448	C	Remov/replc ur sphinctr comp
54125	C	Removal of penis
54130	C	Remove penis & nodes
54135	C	Remove penis & nodes
54332	C	Revise penis/urethra
54336	C	Revise penis/urethra
54390	C	Repair penis and bladder
54411	C	Remov/replc penis pros, comp
54417	C	Remv/replc penis pros, compl
54430	C	Revision of penis
54535	C	Extensive testis surgery
54560	C	Exploration for testis
54650	C	Orchiopexy (Fowler-Stephens)
55600	C	Incise sperm duct pouch
55605	C	Incise sperm duct pouch
55650	C	Remove sperm duct pouch
55801	C	Removal of prostate
55810	C	Extensive prostate surgery
55812	C	Extensive prostate surgery
55815	C	Extensive prostate surgery
55821	C	Removal of prostate
55831	C	Removal of prostate
55840	C	Extensive prostate surgery
55842	C	Extensive prostate surgery
55845	C	Extensive prostate surgery
55862	C	Extensive prostate surgery
55865	C	Extensive prostate surgery
55866	C	Laparo radical prostatectomy
56630	C	Extensive vulva surgery
56631	C	Extensive vulva surgery
56632	C	Extensive vulva surgery
56633	C	Extensive vulva surgery
56634	C	Extensive vulva surgery
56637	C	Extensive vulva surgery

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
56640	C	Extensive vulva surgery
57110	C	Remove vagina wall, complete
57111	C	Remove vagina tissue, compl
57112	C	Vaginectomy w/nodes, compl
57270	C	Repair of bowel pouch
57280	C	Suspension of vagina
57282	C	Repair of vaginal prolapse
57292	C	Construct vagina with graft
57305	C	Repair rectum-vagina fistula
57307	C	Fistula repair & colostomy
57308	C	Fistula repair, transperine
57311	C	Repair urethrovaginal lesion
57335	C	Repair vagina
57531	C	Removal of cervix, radical
57540	C	Removal of residual cervix
57545	C	Remove cervix/repair pelvis
58140	C	Removal of uterus lesion
58146	C	Myomectomy abdom complex
58150	C	Total hysterectomy
58152	C	Total hysterectomy
58180	C	Partial hysterectomy
58200	C	Extensive hysterectomy
58210	C	Extensive hysterectomy
58240	C	Removal of pelvis contents
58260	C	Vaginal hysterectomy
58262	C	Vag hyst including t/o
58263	C	Vag hyst w/t/o & vag repair
58267	C	Vag hyst w/urinary repair
58270	C	Vag hyst w/enterocele repair
58275	C	Hysterectomy/revise vagina
58280	C	Hysterectomy/revise vagina
58285	C	Extensive hysterectomy
58290	C	Vag hyst complex
58291	C	Vag hyst incl t/o, complex
58292	C	Vag hyst t/o & repair, compl
58293	C	Vag hyst w/uro repair, compl
58294	C	Vag hyst w/enterocele, compl
58400	C	Suspension of uterus
58410	C	Suspension of uterus
58520	C	Repair of ruptured uterus
58540	C	Revision of uterus
58605	C	Division of fallopian tube

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
58611	C	Ligate oviduct(s) add-on
58700	C	Removal of fallopian tube
58720	C	Removal of ovary/tube(s)
58740	C	Revise fallopian tube(s)
58750	C	Repair oviduct
58752	C	Revise ovarian tube(s)
58760	C	Remove tubal obstruction
58805	C	Drainage of ovarian cyst(s)
58822	C	Drain ovary abscess, percut
58825	C	Transposition, ovary(s)
58940	C	Removal of ovary(s)
58943	C	Removal of ovary(s)
58950	C	Resect ovarian malignancy
58951	C	Resect ovarian malignancy
58952	C	Resect ovarian malignancy
58953	C	Tah, rad dissect for debulk
58954	C	Tah rad debulk/lymph remove
58960	C	Exploration of abdomen
59100	C	Remove uterus lesion
59120	C	Treat ectopic pregnancy
59121	C	Treat ectopic pregnancy
59130	C	Treat ectopic pregnancy
59135	C	Treat ectopic pregnancy
59136	C	Treat ectopic pregnancy
59140	C	Treat ectopic pregnancy
59325	C	Revision of cervix
59350	C	Repair of uterus
59514	C	Cesarean delivery only
59525	C	Remove uterus after cesarean
59620	C	Attempted vbac delivery only
59830	C	Treat uterus infection
59850	C	Abortion
59851	C	Abortion
59852	C	Abortion
59855	C	Abortion
59856	C	Abortion
59857	C	Abortion
60254	C	Extensive thyroid surgery
60270	C	Removal of thyroid
60271	C	Removal of thyroid
60502	C	Re-explore parathyroids
60505	C	Explore parathyroid glands

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
60520	C	Removal of thymus gland
60521	C	Removal of thymus gland
60522	C	Removal of thymus gland
60540	C	Explore adrenal gland
60545	C	Explore adrenal gland
60600	C	Remove carotid body lesion
60605	C	Remove carotid body lesion
60650	C	Laparoscopy adrenalectomy
61105	C	Twist drill hole
61107	C	Drill skull for implantation
61108	C	Drill skull for drainage
61120	C	Burr hole for puncture
61140	C	Pierce skull for biopsy
61150	C	Pierce skull for drainage
61151	C	Pierce skull for drainage
61154	C	Pierce skull & remove clot
61156	C	Pierce skull for drainage
61210	C	Pierce skull, implant device
61250	C	Pierce skull & explore
61253	C	Pierce skull & explore
61304	C	Open skull for exploration
61305	C	Open skull for exploration
61312	C	Open skull for drainage
61313	C	Open skull for drainage
61314	C	Open skull for drainage
61315	C	Open skull for drainage
61316	C	Implt cran bone flap to abdo
61320	C	Open skull for drainage
61321	C	Open skull for drainage
61322	C	Decompressive craniotomy
61323	C	Decompressive lobectomy
61332	C	Explore/biopsy eye socket
61333	C	Explore orbit/remove lesion
61334	C	Explore orbit/remove object
61340	C	Relieve cranial pressure
61343	C	Incise skull (press relief)
61345	C	Relieve cranial pressure
61440	C	Incise skull for surgery
61450	C	Incise skull for surgery
61458	C	Incise skull for brain wound
61460	C	Incise skull for surgery
61470	C	Incise skull for surgery

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
61480	C	Incise skull for surgery
61490	C	Incise skull for surgery
61500	C	Removal of skull lesion
61501	C	Remove infected skull bone
61510	C	Removal of brain lesion
61512	C	Remove brain lining lesion
61514	C	Removal of brain abscess
61516	C	Removal of brain lesion
61517	C	Implt brain chemotx add-on
61518	C	Removal of brain lesion
61519	C	Remove brain lining lesion
61520	C	Removal of brain lesion
61521	C	Removal of brain lesion
61522	C	Removal of brain abscess
61524	C	Removal of brain lesion
61526	C	Removal of brain lesion
61530	C	Removal of brain lesion
61531	C	Implant brain electrodes
61533	C	Implant brain electrodes
61534	C	Removal of brain lesion
61535	C	Remove brain electrodes
61536	C	Removal of brain lesion
61537	C	Removal of brain tissue
61538	C	Removal of brain tissue
61539	C	Removal of brain tissue
61540	C	Removal of brain tissue
61541	C	Incision of brain tissue
61542	C	Removal of brain tissue
61543	C	Removal of brain tissue
61544	C	Remove & treat brain lesion
61545	C	Excision of brain tumor
61546	C	Removal of pituitary gland
61548	C	Removal of pituitary gland
61550	C	Release of skull seams
61552	C	Release of skull seams
61556	C	Incise skull/sutures
61557	C	Incise skull/sutures
61558	C	Excision of skull/sutures
61559	C	Excision of skull/sutures
61563	C	Excision of skull tumor
61564	C	Excision of skull tumor
61566	C	Removal of brain tissue

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
61567	C	Incision of brain tissue
61570	C	Remove foreign body, brain
61571	C	Incise skull for brain wound
61575	C	Skull base/brainstem surgery
61576	C	Skull base/brainstem surgery
61580	C	Craniofacial approach, skull
61581	C	Craniofacial approach, skull
61582	C	Craniofacial approach, skull
61583	C	Craniofacial approach, skull
61584	C	Orbitocranial approach/skull
61585	C	Orbitocranial approach/skull
61586	C	Resect nasopharynx, skull
61590	C	Infratemporal approach/skull
61591	C	Infratemporal approach/skull
61592	C	Orbitocranial approach/skull
61595	C	Transtemporal approach/skull
61596	C	Transcochlear approach/skull
61597	C	Transcondylar approach/skull
61598	C	Transpetrosal approach/skull
61600	C	Resect/excise cranial lesion
61601	C	Resect/excise cranial lesion
61605	C	Resect/excise cranial lesion
61606	C	Resect/excise cranial lesion
61607	C	Resect/excise cranial lesion
61608	C	Resect/excise cranial lesion
61609	C	Transect artery, sinus
61610	C	Transect artery, sinus
61611	C	Transect artery, sinus
61612	C	Transect artery, sinus
61613	C	Remove aneurysm, sinus
61615	C	Resect/excise lesion, skull
61616	C	Resect/excise lesion, skull
61618	C	Repair dura
61619	C	Repair dura
61624	C	Occlusion/embolization cath
61680	C	Intracranial vessel surgery
61682	C	Intracranial vessel surgery
61684	C	Intracranial vessel surgery
61686	C	Intracranial vessel surgery
61690	C	Intracranial vessel surgery
61692	C	Intracranial vessel surgery
61697	C	Brain aneurysm repr, complx

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
61698	C	Brain aneurysm repr, complx
61700	C	Brain aneurysm repr, simple
61702	C	Inner skull vessel surgery
61703	C	Clamp neck artery
61705	C	Revise circulation to head
61708	C	Revise circulation to head
61710	C	Revise circulation to head
61711	C	Fusion of skull arteries
61720	C	Incise skull/brain surgery
61735	C	Incise skull/brain surgery
61750	C	Incise skull/brain biopsy
61751	C	Brain biopsy w/ ct/mr guide
61760	C	Implant brain electrodes
61770	C	Incise skull for treatment
61850	C	Implant neuroelectrodes
61860	C	Implant neuroelectrodes
61863	C	Implant neuroelectrode
61864	C	Implant neuroelectrde, add'l
61867	C	Implant neuroelectrode
61868	C	Implant neuroelectrde, add'l
61870	C	Implant neuroelectrodes
61875	C	Implant neuroelectrodes
62000	C	Treat skull fracture
62005	C	Treat skull fracture
62010	C	Treatment of head injury
62100	C	Repair brain fluid leakage
62115	C	Reduction of skull defect
62116	C	Reduction of skull defect
62117	C	Reduction of skull defect
62120	C	Repair skull cavity lesion
62121	C	Incise skull repair
62140	C	Repair of skull defect
62141	C	Repair of skull defect
62142	C	Remove skull plate/flap
62143	C	Replace skull plate/flap
62145	C	Repair of skull & brain
62146	C	Repair of skull with graft
62147	C	Repair of skull with graft
62148	C	Retr bone flap to fix skull
62160	C	Neuroendoscopy add-on
62161	C	Dissect brain w/scope
62162	C	Remove colloid cyst w/scope

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
62163	C	Neuroendoscopy w/fb removal
62164	C	Remove brain tumor w/scope
62165	C	Remove pituit tumor w/scope
62180	C	Establish brain cavity shunt
62190	C	Establish brain cavity shunt
62192	C	Establish brain cavity shunt
62200	C	Establish brain cavity shunt
62201	C	Establish brain cavity shunt
62220	C	Establish brain cavity shunt
62223	C	Establish brain cavity shunt
62256	C	Remove brain cavity shunt
62258	C	Replace brain cavity shunt
63043	C	Laminotomy, add'l cervical
63044	C	Laminotomy, add'l lumbar
63075	C	Neck spine disk surgery
63076	C	Neck spine disk surgery
63077	C	Spine disk surgery, thorax
63078	C	Spine disk surgery, thorax
63081	C	Removal of vertebral body
63082	C	Remove vertebral body add-on
63085	C	Removal of vertebral body
63086	C	Remove vertebral body add-on
63087	C	Removal of vertebral body
63088	C	Remove vertebral body add-on
63090	C	Removal of vertebral body
63091	C	Remove vertebral body add-on
63101	C	Removal of vertebral body
63102	C	Removal of vertebral body
63103	C	Remove vertebral body add-on
63170	C	Incise spinal cord tract(s)
63172	C	Drainage of spinal cyst
63173	C	Drainage of spinal cyst
63180	C	Revise spinal cord ligaments
63182	C	Revise spinal cord ligaments
63185	C	Incise spinal column/nerves
63190	C	Incise spinal column/nerves
63191	C	Incise spinal column/nerves
63194	C	Incise spinal column & cord
63195	C	Incise spinal column & cord
63196	C	Incise spinal column & cord
63197	C	Incise spinal column & cord
63198	C	Incise spinal column & cord

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
63199	C	Incise spinal column & cord
63200	C	Release of spinal cord
63250	C	Revise spinal cord vessels
63251	C	Revise spinal cord vessels
63252	C	Revise spinal cord vessels
63265	C	Excise intraspinal lesion
63266	C	Excise intraspinal lesion
63267	C	Excise intraspinal lesion
63268	C	Excise intraspinal lesion
63270	C	Excise intraspinal lesion
63271	C	Excise intraspinal lesion
63272	C	Excise intraspinal lesion
63273	C	Excise intraspinal lesion
63275	C	Biopsy/excise spinal tumor
63276	C	Biopsy/excise spinal tumor
63277	C	Biopsy/excise spinal tumor
63278	C	Biopsy/excise spinal tumor
63280	C	Biopsy/excise spinal tumor
63281	C	Biopsy/excise spinal tumor
63282	C	Biopsy/excise spinal tumor
63283	C	Biopsy/excise spinal tumor
63285	C	Biopsy/excise spinal tumor
63286	C	Biopsy/excise spinal tumor
63287	C	Biopsy/excise spinal tumor
63290	C	Biopsy/excise spinal tumor
63300	C	Removal of vertebral body
63301	C	Removal of vertebral body
63302	C	Removal of vertebral body
63303	C	Removal of vertebral body
63304	C	Removal of vertebral body
63305	C	Removal of vertebral body
63306	C	Removal of vertebral body
63307	C	Removal of vertebral body
63308	C	Remove vertebral body add-on
63700	C	Repair of spinal herniation
63702	C	Repair of spinal herniation
63704	C	Repair of spinal herniation
63706	C	Repair of spinal herniation
63707	C	Repair spinal fluid leakage
63709	C	Repair spinal fluid leakage
63710	C	Graft repair of spine defect
63740	C	Install spinal shunt

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
64752	C	Incision of vagus nerve
64755	C	Incision of stomach nerves
64760	C	Incision of vagus nerve
64763	C	Incise hip/thigh nerve
64766	C	Incise hip/thigh nerve
64804	C	Remove sympathetic nerves
64809	C	Remove sympathetic nerves
64818	C	Remove sympathetic nerves
64866	C	Fusion of facial/other nerve
64868	C	Fusion of facial/other nerve
65273	C	Repair of eye wound
69155	C	Extensive ear/neck surgery
69535	C	Remove part of temporal bone
69554	C	Remove ear lesion
69950	C	Incise inner ear nerve
69970	C	Remove inner ear lesion
75900	C	Arterial catheter exchange
75952	C	Endovasc repair abdom aorta
75953	C	Abdom aneurysm endovas rpr
75954	C	Iliac aneurysm endovas rpr
92970	C	Cardioassist, internal
92971	C	Cardioassist, external
92975	C	Dissolve clot, heart vessel
92992	C	Revision of heart chamber
92993	C	Revision of heart chamber
99190	C	Special pump services
99191	C	Special pump services
99192	C	Special pump services
99251	C	Initial inpatient consult
99252	C	Initial inpatient consult
99253	C	Initial inpatient consult
99254	C	Initial inpatient consult
99255	C	Initial inpatient consult
99261	C	Follow-up inpatient consult
99262	C	Follow-up inpatient consult
99263	C	Follow-up inpatient consult
99293	C	Ped critical care, initial
99294	C	Ped critical care, subseq
99295	C	Neonatal critical care
99296	C	Neonatal critical care
99298	C	Neonatal critical care
99299	C	Ic, lbw infant 1500-2500 gm

CPT/ HCPCS	CY 2005 Proposed Status Indicator	Description
99356	C	Prolonged service, inpatient
99357	C	Prolonged service, inpatient
99433	C	Normal newborn care/hospital

ADDENDUM H.—WAGE INDEX FOR URBAN AREAS

CBSA code	Urban area (Constituent counties)	Wage index
10180	[2]Abilene, TX Callahan County, TX Jones County, TX Taylor County, TX	0.8011
10380	Aguadilla-Isabela-San Sebastián, PR Aguada Municipio, PR Aguadilla Municipio, PR Añasco Municipio, PR Isabela Municipio, PR Lares Municipio, PR Moca Municipio, PR Rincón Municipio, PR San Sebastián Municipio, PR	0.4285
10420	Akron, OH Portage County, OH Summit County, OH	0.9065
10500	Albany, GA Baker County, GA Dougherty County, GA Lee County, GA Terrell County, GA Worth County, GA	1.1306
10580	Albany-Schenectady-Troy, NY Albany County, NY Rensselaer County, NY Saratoga County, NY Schenectady County, NY Schoharie County, NY	0.8685
10740	Albuquerque, NM Bernalillo County, NM Sandoval County, NM Torrance County, NM Valencia County, NM	1.0167
10780	Alexandria, LA Grant Parish, LA Rapides Parish, LA	0.8198

CBSA code	Urban area (Constituent counties)	Wage index
10900	Allentown-Bethlehem-Easton, PA-NJ Warren County, NJ Carbon County, PA Lehigh County, PA Northampton County, PA	0.9539
11020	Altoona, PA Blair County, PA	0.8472
11100	Amarillo, TX Armstrong County, TX Carson County, TX Potter County, TX Randall County, TX	0.9209
11180	Ames, IA Story County, IA	0.9503
11260	Anchorage, AK Anchorage Municipality, AK Matanuska-Susitna Borough, AK	1.2195
11300	Anderson, IN Madison County, IN	0.8790
11340	Anderson, SC Anderson County, SC	0.8689
11460	Ann Arbor, MI Washtenaw County, MI	1.1065
11500	Anniston-Oxford, AL Calhoun County, AL	0.7967
11540	[2]Appleton, WI Calumet County, WI Outagamie County, WI	0.9485
11700	Asheville, NC Buncombe County, NC Haywood County, NC Henderson County, NC Madison County, NC	0.9217
12020	Athens-Clarke County, GA Clarke County, GA Madison County, GA Oconee County, GA Oglethorpe County, GA	1.0010

CBSA code	Urban area (Constituent counties)	Wage index
12060	[1]Atlanta-Sandy Springs-Marietta, GA	
	Barrow County, GA	
	Bartow County, GA	
	Butts County, GA	
	Carroll County, GA	
	Cherokee County, GA	
	Clayton County, GA	
	Cobb County, GA	
	Coweta County, GA	
	Dawson County, GA	
	DeKalb County, GA	
	Douglas County, GA	
	Fayette County, GA	
	Forsyth County, GA	
	Fulton County, GA	
	Gwinnett County, GA	
	Haralson County, GA	
	Heard County, GA	
	Henry County, GA	
	Jasper County, GA	
	Lamar County, GA	
	Meriwether County, GA	
	Newton County, GA	
	Paulding County, GA	
	Pickens County, GA	
	Pike County, GA	
	Rockdale County, GA	
	Spalding County, GA	
	Walton County, GA	0.9926
12100	Atlantic City, NJ	
	Atlantic County, NJ	1.0723
12220	Auburn-Opelika, AL	
	Lee County, AL	0.8231
12260	Augusta-Richmond County, GA-SC	
	Burke County, GA	
	Columbia County, GA	
	McDuffie County, GA	
	Richmond County, GA	
	Aiken County, SC	
	Edgefield County, SC	0.9169

CBSA code	Urban area (Constituent counties)	Wage index
12420	[1]Austin-Round Rock, TX Bastrop County, TX Caldwell County, TX Hays County, TX Travis County, TX Williamson County, TX	0.9619
12540	[2]Bakersfield, CA Kern County, CA	1.0440
12580	[1]Baltimore-Towson, MD Anne Arundel County, MD Baltimore County, MD Carroll County, MD Harford County, MD Howard County, MD Queen Anne's County, MD Baltimore City, MD	0.9904
12620	Bangor, ME Penobscot County, ME	0.9960
12700	Barnstable Town, MA Barnstable County, MA	1.1965
12940	Baton Rouge, LA Ascension Parish, LA East Baton Rouge Parish, LA East Feliciana Parish, LA Iberville Parish, LA Livingston Parish, LA Pointe Coupee Parish, LA St. Helena Parish, LA West Baton Rouge Parish, LA West Feliciana Parish, LA	0.8344
12980	Battle Creek, MI Calhoun County, MI	0.9132
13020	Bay City, MI Bay County, MI	0.9601
13140	Beaumont-Port Arthur, TX Hardin County, TX Jefferson County, TX Orange County, TX	0.8564
13380	Bellingham, WA Whatcom County, WA	1.1695
13460	Bend, OR Deschutes County, OR	1.0623

CBSA code	Urban area (Constituent counties)	Wage index
13644	[1]Bethesda-Frederick-Gaithersburg, MD Frederick County, MD Montgomery County, MD	1.0993
13740	Billings, MT Carbon County, MT Yellowstone County, MT	0.8993
13780	Binghamton, NY Broome County, NY Tioga County, NY	0.8484
13820	[1]Birmingham-Hoover, AL Bibb County, AL Blount County, AL Chilton County, AL Jefferson County, AL St. Clair County, AL Shelby County, AL Walker County, AL	0.9111
13900	[2]Bismarck, ND Burleigh County, ND Morton County, ND	0.7741
13980	[2]Blacksburg-Christiansburg-Radford, VA Giles County, VA Montgomery County, VA Pulaski County, VA Radford City, VA	0.8065
14020	[2]Bloomington, IN Greene County, IN Monroe County, IN Owen County, IN	0.8675
14060	Bloomington-Normal, IL McLean County, IL	0.9099
14260	Boise City-Nampa, ID Ada County, ID Boise County, ID Canyon County, ID Gem County, ID Owyhee County, ID	0.9360
14484	[1]Boston-Quincy, MA Norfolk County, MA Plymouth County, MA Suffolk County, MA	1.1649

CBSA code	Urban area (Constituent counties)	Wage index
14500	Boulder, CO Boulder County, CO	1.0072
14540	Bowling Green, KY Edmonson County, KY Warren County, KY	0.8162
14740	Bremerton-Silverdale, WA Kitsap County, WA	1.0636
14860	Bridgeport-Stamford-Norwalk, CT Fairfield County, CT	1.2876
14980	[2]Bristol, VA Washington County, VA Bristol City, VA	0.8065
15180	Brownsville-Harlingen, TX Cameron County, TX	1.0178
15260	Brunswick, GA Brantley County, GA Glynn County, GA McIntosh County, GA	1.1988
15380	[1]Buffalo-Niagara Falls, NY Erie County, NY Niagara County, NY	0.9351
15500	Burlington, NC Alamance County, NC	0.8881
15540	[2]Burlington-South Burlington, VT Chittenden County, VT Franklin County, VT Grand Isle County, VT	0.9469
15764	[1]Cambridge-Newton-Framingham, MA Middlesex County, MA	1.1199
15804	[1]Camden, NJ Burlington County, NJ Camden County, NJ Gloucester County, NJ	1.0683
15940	Canton-Massillon, OH Carroll County, OH Stark County, OH	0.8917
15980	Cape Coral-Fort Myers, FL Lee County, FL	0.9380
16180	Carson City, NV Carson City, NV	1.0362

CBSA code	Urban area (Constituent counties)	Wage index
16220	Casper, WY Natrona County, WY	0.9367
16300	Cedar Rapids, IA Benton County, IA Jones County, IA Linn County, IA	0.8987
16580	Champaign-Urbana, IL Champaign County, IL Ford County, IL Piatt County, IL	0.9597
16620	Charleston, WV Boone County, WV Clay County, WV Kanawha County, WV Lincoln County, WV Putnam County, WV	0.8875
16700	Charleston-North Charleston, SC Berkeley County, SC Charleston County, SC Dorchester County, SC	0.9379
16740	[1]Charlotte-Gastonia-Concord, NC-SC Anson County, NC Cabarrus County, NC Gaston County, NC Mecklenburg County, NC Union County, NC York County, SC	0.9750
16820	Charlottesville, VA Albemarle County, VA Fluvanna County, VA Greene County, VA Nelson County, VA Charlottesville City, VA	1.0317
16860	Chattanooga, TN-GA Catoosa County, GA Dade County, GA Walker County, GA Hamilton County, TN Marion County, TN Sequatchie County, TN	0.9233
16940	[2]Cheyenne, WY Laramie County, WY	0.9190

CBSA code	Urban area (Constituent counties)	Wage index
16974	[1]Chicago-Naperville-Joliet, IL	
	Cook County, IL	
	DeKalb County, IL	
	DuPage County, IL	
	Grundy County, IL	
	Kane County, IL	
	Kendall County, IL	
	McHenry County, IL	
	Will County, IL	1.0819
17020	Chico, CA	
	Butte County, CA	1.0575
17140	[1]Cincinnati-Middletown, OH-KY-IN	
	Dearborn County, IN	
	Franklin County, IN	
	Ohio County, IN	
	Boone County, KY	
	Bracken County, KY	
	Campbell County, KY	
	Gallatin County, KY	
	Grant County, KY	
	Kenton County, KY	
	Pendleton County, KY	
	Brown County, OH	
	Butler County, OH	
	Clermont County, OH	
	Hamilton County, OH	
	Warren County, OH	0.9533
17300	Clarksville, TN-KY	
	Christian County, KY	
	Trigg County, KY	
	Montgomery County, TN	
	Stewart County, TN	0.8131
17420	[2]Cleveland, TN	
	Bradley County, TN	
	Polk County, TN	0.7911
17460	[1]Cleveland-Elyria-Mentor, OH	
	Cuyahoga County, OH	
	Geauga County, OH	
	Lake County, OH	
	Lorain County, OH	
	Medina County, OH	0.9667

CBSA code	Urban area (Constituent counties)	Wage index
17660	Coeur d'Alene, ID	
	Kootenai County, ID	0.9346
17780	College Station-Bryan, TX	
	Brazos County, TX	
	Burleson County, TX	
	Robertson County, TX	0.8505
17820	Colorado Springs, CO	
	El Paso County, CO	
	Teller County, CO	0.9799
17860	Columbia, MO	
	Boone County, MO	
	Howard County, MO	0.8352
17900	Columbia, SC	
	Calhoun County, SC	
	Fairfield County, SC	
	Kershaw County, SC	
	Lexington County, SC	
	Richland County, SC	
	Saluda County, SC	0.9071
17980	Columbus, GA-AL	
	Russell County, AL	
	Chattahoochee County, GA	
	Harris County, GA	
	Marion County, GA	
	Muscogee County, GA	0.8711
18020	Columbus, IN	
	Bartholomew County, IN	0.9472
18140	[1]Columbus, OH	
	Delaware County, OH	
	Fairfield County, OH	
	Franklin County, OH	
	Licking County, OH	
	Madison County, OH	
	Morrow County, OH	
	Pickaway County, OH	
	Union County, OH	0.9757
18580	Corpus Christi, TX	
	Aransas County, TX	
	Nueces County, TX	
	San Patricio County, TX	0.8665
18700	Corvallis, OR	
	Benton County, OR	1.0547

CBSA code	Urban area (Constituent counties)	Wage index
19060	[2]Cumberland, MD-WV (MD Hospitals) Allegany County, MD Mineral County, WV	0.9248
19060	Cumberland, MD-WV (WV Hospitals) Allegany County, MD Mineral County, WV	0.8668
19124	Dallas-Plano-Irving, TX Collin County, TX Dallas County, TX Delta County, TX Denton County, TX Ellis County, TX Hunt County, TX Kaufman County, TX Rockwall County, TX	1.0092
19140	Dalton, GA Murray County, GA Whitfield County, GA	0.9320
19180	Danville, IL Vermilion County, IL	0.8418
19260	Danville, VA Pittsylvania County, VA Danville City, VA	0.8792
19340	Davenport-Moline-Rock Island, IA-IL Henry County, IL Mercer County, IL Rock Island County, IL Scott County, IA	0.8776
19380	Dayton, OH Greene County, OH Miami County, OH Montgomery County, OH Preble County, OH	0.9322
19460	Decatur, AL Lawrence County, AL Morgan County, AL	0.8915
19500	[2]Decatur, IL Macon County, IL	0.8364
19660	Deltona-Daytona Beach-Ormond Beach, FL Volusia County, FL	0.8685

CBSA code	Urban area (Constituent counties)	Wage index
19740	[1]Denver-Aurora, CO Adams County, CO Arapahoe County, CO Broomfield County, CO Clear Creek County, CO Denver County, CO Douglas County, CO Elbert County, CO Gilpin County, CO Jefferson County, CO Park County, CO	1.0911
19780	Des Moines, IA Dallas County, IA Guthrie County, IA Madison County, IA Polk County, IA Warren County, IA	0.9288
19804	[1]Detroit-Livonia-Dearborn, MI Wayne County, MI	1.0379
20020	[2]Dothan, AL Geneva County, AL Henry County, AL Houston County, AL	0.7675
20100	[2]Dover, DE Kent County, DE	0.9651
20220	Dubuque, IA Dubuque County, IA	0.8748
20260	Duluth, MN-WI Carlton County, MN St. Louis County, MN Douglas County, WI	1.0449
20500	Durham, NC Chatham County, NC Durham County, NC Orange County, NC Person County, NC	1.0312
20740	[2]Eau Claire, WI Chippewa County, WI Eau Claire County, WI	0.9485

CBSA code	Urban area (Constituent counties)	Wage index
20764	[1]Edison, NJ Middlesex County, NJ Monmouth County, NJ Ocean County, NJ Somerset County, NJ	1.1160
20940	[2]El Centro, CA Imperial County, CA	1.0440
21060	Elizabethtown, KY Hardin County, KY Larue County, KY	0.8713
21140	Elkhart-Goshen, IN Elkhart County, IN	0.9286
21300	Elmira, NY Chemung County, NY	0.8488
21340	El Paso, TX El Paso County, TX	0.9210
21420	Enid, OK Garfield County, OK	0.9034
21500	Erie, PA Erie County, PA	0.8708
21604	Essex County, MA Essex County, MA	1.0666
21660	Eugene-Springfield, OR Lane County, OR	1.0951
21780	[2]Evansville, IN-KY (IN Hospitals) Gibson County, IN Posey County, IN Vanderburgh County, IN Warrick County, IN Henderson County, KY Webster County, KY	0.8675
21780	Evansville, IN-KY (KY Hospitals) Gibson County, IN Posey County, IN Vanderburgh County, IN Warrick County, IN Henderson County, KY Webster County, KY	0.8406
21820	[2]Fairbanks, AK Fairbanks North Star Borough, AK	1.1761

CBSA code	Urban area (Constituent counties)	Wage index
21940	Fajardo, PR Ceiba Municipio, PR Fajardo Municipio, PR Luquillo Municipio, PR	0.4014
22020	[2]Fargo, ND-MN Clay County, MN Cass County, ND	0.9340
22140	[2]Farmington, NM San Juan County, NM	0.8592
22180	Fayetteville, NC Cumberland County, NC Hoke County, NC	0.9387
22220	Fayetteville-Springdale-Rogers, AR-MO Benton County, AR Madison County, AR Washington County, AR McDonald County, MO	0.8687
22380	Flagstaff, AZ Coconino County, AZ	1.0804
22420	Flint, MI Genesee County, MI	1.1187
22460	Florence-Muscle Shoals, AL Colbert County, AL Lauderdale County, AL	0.7917
22500	Florence, SC Darlington County, SC Florence County, SC	0.8540
22540	Fond du Lac, WI Fond du Lac County, WI	0.9921
22660	Fort Collins-Loveland, CO Larimer County, CO	1.0214
22744	[1]Fort Lauderdale-Pompano Beach-Deerfield Beach, FL Broward County, FL	1.0408
22900	Fort Smith, AR-OK Crawford County, AR Franklin County, AR Sebastian County, AR Le Flore County, OK Sequoyah County, OK	0.8311
23020	Fort Walton Beach-Crestview-Destin, FL Okaloosa County, FL	0.8805

CBSA code	Urban area (Constituent counties)	Wage index
23060	Fort Wayne, IN Allen County, IN Wells County, IN Whitley County, IN	0.9825
23104	[1]Fort Worth-Arlington, TX Johnson County, TX Parker County, TX Tarrant County, TX Wise County, TX	0.9515
23420	Fresno, CA Fresno County, CA	1.0656
23460	Gadsden, AL Etowah County, AL	0.8182
23540	[2]Gainesville, FL Alachua County, FL Gilchrist County, FL	0.8581
23580	Gainesville, GA Hall County, GA	0.9584
23844	Gary, IN Jasper County, IN Lake County, IN Newton County, IN Porter County, IN	0.9328
24020	Glens Falls, NY Warren County, NY Washington County, NY	0.8508
24140	Goldsboro, NC Wayne County, NC	0.8796
24220	[2]Grand Forks, ND-MN (MN Hospitals) Polk County, MN Grand Forks County, ND	0.9340
24220	Grand Forks, ND-MN (ND Hospitals) Polk County, MN Grand Forks County, ND	0.9169
24300	Grand Junction, CO Mesa County, CO	0.9949
24340	Grand Rapids-Wyoming, MI Barry County, MI Ionia County, MI Kent County, MI Newaygo County, MI	0.9457

CBSA code	Urban area (Constituent counties)	Wage index
24500	Great Falls, MT Cascade County, MT	0.8908
24540	Greeley, CO Weld County, CO	0.9758
24580	Green Bay, WI Brown County, WI Kewaunee County, WI Oconto County, WI	0.9602
24660	Greensboro-High Point, NC Guilford County, NC Randolph County, NC Rockingham County, NC	0.9228
24780	Greenville, NC Greene County, NC Pitt County, NC	0.9200
24860	Greenville, SC Greenville County, SC Laurens County, SC Pickens County, SC	0.9287
25020	Guayama, PR Arroyo Municipio, PR Guayama Municipio, PR Patillas Municipio, PR	0.4015
25060	Gulfport-Biloxi, MS Hancock County, MS Harrison County, MS Stone County, MS	0.8954
25180	Hagerstown-Martinsburg, MD-WV Washington County, MD Berkeley County, WV Morgan County, WV	0.9765
25260	[2]Hanford-Corcoran, CA Kings County, CA	1.0440
25420	Harrisburg-Carlisle, PA Cumberland County, PA Dauphin County, PA Perry County, PA	0.9377
25500	Harrisonburg, VA Rockingham County, VA Harrisonburg City, VA	0.9300

CBSA code	Urban area (Constituent counties)	Wage index
25620	[2]Hattiesburg, MS Forrest County, MS Lamar County, MS Perry County, MS	0.7665
25860	Hickory-Lenoir-Morganton, NC Alexander County, NC Burke County, NC Caldwell County, NC Catawba County, NC	0.9508
25980	[2]Hinesville-Fort Stewart, GA Liberty County, GA Long County, GA	0.7774
26100	Holland-Grand Haven, MI Ottawa County, MI	0.9482
26180	Honolulu, HI Honolulu County, HI	1.1018
26300	Hot Springs, AR Garland County, AR	0.9286
26380	Houma-Bayou Cane-Thibodaux, LA Lafourche Parish, LA Terrebonne Parish, LA	0.7779
26420	[1]Houston-Baytown-Sugar Land, TX Austin County, TX Brazoria County, TX Chambers County, TX Fort Bend County, TX Galveston County, TX Harris County, TX Liberty County, TX Montgomery County, TX San Jacinto County, TX Waller County, TX	0.9995
26580	Huntington-Ashland, WV-KY-OH Boyd County, KY Greenup County, KY Lawrence County, OH Cabell County, WV Wayne County, WV	0.9585
26620	Huntsville, AL Limestone County, AL Madison County, AL	0.8861

CBSA code	Urban area (Constituent counties)	Wage index
26820	Idaho Falls, ID Bonneville County, ID Jefferson County, ID	0.9062
26900	[1]Indianapolis, IN Boone County, IN Brown County, IN Hamilton County, IN Hancock County, IN Hendricks County, IN Johnson County, IN Marion County, IN Morgan County, IN Putnam County, IN Shelby County, IN	1.0102
26980	Iowa City, IA Johnson County, IA Washington County, IA	0.9663
27060	Ithaca, NY Tompkins County, NY	0.9795
27100	Jackson, MI Jackson County, MI	0.9152
27140	Jackson, MS Copiah County, MS Hinds County, MS Madison County, MS Rankin County, MS Simpson County, MS	0.8305
27180	Jackson, TN Chester County, TN Madison County, TN	0.8912
27260	[1]Jacksonville, FL Baker County, FL Clay County, FL Duval County, FL Nassau County, FL St. Johns County, FL	0.9574
27340	[2]Jacksonville, NC Onslow County, NC	0.8587
27460	Jamestown, NY Chautauqua County, NY	0.8180
27500	Janesville, WI Rock County, WI	0.9618

CBSA code	Urban area (Constituent counties)	Wage index
27620	Jefferson City, MO Callaway County, MO Cole County, MO Moniteau County, MO Osage County, MO	0.8352
27740	Johnson City, TN Carter County, TN Unicoi County, TN Washington County, TN	0.7991
27780	Johnstown, PA Cambria County, PA	0.8397
27860	Jonesboro, AR Craighead County, AR Poinsett County, AR	0.8078
27900	Joplin, MO Jasper County, MO Newton County, MO	0.8746
28020	Kalamazoo-Portage, MI Kalamazoo County, MI Van Buren County, MI	1.0714
28100	Kankakee-Bradley, IL Kankakee County, IL	1.0551
28140	[1]Kansas City, MO-KS Franklin County, KS Johnson County, KS Leavenworth County, KS Linn County, KS Miami County, KS Wyandotte County, KS Bates County, MO Caldwell County, MO Cass County, MO Clay County, MO Clinton County, MO Jackson County, MO Lafayette County, MO Platte County, MO Ray County, MO	0.9625
28420	Kennewick-Richland-Pasco, WA Benton County, WA Franklin County, WA	1.0530

CBSA code	Urban area (Constituent counties)	Wage index
28660	Killeen-Temple-Fort Hood, TX Bell County, TX Coryell County, TX Lampasas County, TX	0.9301
28700	Kingsport-Bristol-Bristol, TN-VA Hawkins County, TN Sullivan County, TN Scott County, VA	0.8257
28740	Kingston, NY Ulster County, NY	0.8874
28940	Knoxville, TN Anderson County, TN Blount County, TN Knox County, TN Loudon County, TN Union County, TN	0.8585
29020	Kokomo, IN Howard County, IN Tipton County, IN	0.9038
29100	[2]La Crosse, WI-MN (MN Hospitals) Houston County, MN La Crosse County, WI	0.9340
29100	[2]La Crosse, WI-MN (WI Hospitals) Houston County, MN La Crosse County, WI	0.9485
29140	Lafayette, IN Benton County, IN Carroll County, IN Tippecanoe County, IN	0.9073
29180	Lafayette, LA Lafayette Parish, LA St. Martin Parish, LA	0.8319
29340	Lake Charles, LA Calcasieu Parish, LA Cameron Parish, LA	0.7921
29404	Lake County-Kenosha County, IL-WI Lake County, IL Kenosha County, WI	1.0342

CBSA code	Urban area (Constituent counties)	Wage index
29460	Lakeland, FL Polk County, FL	0.8964
29540	Lancaster, PA Lancaster County, PA	0.9919
29620	Lansing-East Lansing, MI Clinton County, MI Eaton County, MI Ingham County, MI	0.9675
29700	Laredo, TX Webb County, TX	0.8293
29740	Las Cruces, NM Dona Ana County, NM	0.8783
29820	[1]Las Vegas-Paradise, NV Clark County, NV	1.1380
29940	[2]Lawrence, KS Douglas County, KS	0.8132
30020	Lawton, OK Comanche County, OK	0.8264
30140	Lebanon, PA Lebanon County, PA	0.8592
30300	[2]Lewiston, ID-WA (ID Hospitals) Nez Perce County, ID Asotin County, WA	0.9325
30300	Lewiston, ID-WA (WA Hospitals) Nez Perce County, ID Asotin County, WA	1.0340
30340	Lewiston-Auburn, ME Androscoggin County, ME	0.9613
30460	Lexington-Fayette, KY Bourbon County, KY Clark County, KY Fayette County, KY Jessamine County, KY Scott County, KY Woodford County, KY	0.9074
30620	Lima, OH Allen County, OH	0.9330
30700	Lincoln, NE Lancaster County, NE Seward County, NE	1.0206

CBSA code	Urban area (Constituent counties)	Wage index
30780	Little Rock-North Little Rock, AR	
	Faulkner County, AR	
	Grant County, AR	
	Lonoke County, AR	
	Perry County, AR	
	Pulaski County, AR	
	Saline County, AR	0.9032
30860	Logan, UT-ID	
	Franklin County, ID	
	Cache County, UT	0.9102
30980	Longview, TX	
	Gregg County, TX	
	Rusk County, TX	
	Upshur County, TX	0.8823
31020	[2]Longview, WA	
	Cowlitz County, WA	1.0340
31084	[1]Los Angeles-Long Beach-Glendale, CA	
	Los Angeles County, CA	1.1730
31140	[1]Louisville, KY-IN	
	Clark County, IN	
	Floyd County, IN	
	Harrison County, IN	
	Washington County, IN	
	Bullitt County, KY	
	Henry County, KY	
	Jefferson County, KY	
	Meade County, KY	
	Nelson County, KY	
	Oldham County, KY	
	Shelby County, KY	
	Spencer County, KY	
	Trimble County, KY	0.9146
31180	Lubbock, TX	
	Crosby County, TX	
	Lubbock County, TX	0.8798
31340	Lynchburg, VA	
	Amherst County, VA	
	Appomattox County, VA	
	Bedford County, VA	
	Campbell County, VA	
	Bedford City, VA	
	Lynchburg City, VA	0.9048

CBSA code	Urban area (Constituent counties)	Wage index
31420	Macon, GA Bibb County, GA Crawford County, GA Jones County, GA Monroe County, GA Twiggs County, GA	0.9934
31460	[2]Madera, CA Madera County, CA	1.0440
31540	Madison, WI Columbia County, WI Dane County, WI Iowa County, WI	1.0325
31700	Manchester-Nashua, NH Hillsborough County, NH	1.0573
31900	Mansfield, OH Richland County, OH	0.9224
32420	Mayagüez, PR Hormigueros Municipio, PR Mayagüez Municipio, PR	0.4453
32580	McAllen-Edinburg-Pharr, TX Hidalgo County, TX	0.8624
32780	Medford, OR Jackson County, OR	1.0561
32820	[1]Memphis, TN-MS-AR Crittenden County, AR DeSoto County, MS Marshall County, MS Tate County, MS Tunica County, MS Fayette County, TN Shelby County, TN Tipton County, TN	0.9250
32900	[2]Merced, CA Merced County, CA	1.0440
33124	[1]Miami-Miami Beach-Kendall, FL Miami-Dade County, FL	1.0045
33140	Michigan City-La Porte, IN LaPorte County, IN	0.9351
33260	Midland, TX Midland County, TX	0.9408

CBSA code	Urban area (Constituent counties)	Wage index
33340	[1]Milwaukee-Waukesha-West Allis, WI Milwaukee County, WI Ozaukee County, WI Washington County, WI Waukesha County, WI	1.0106
33460	[1]Minneapolis-St. Paul-Bloomington, MN-WI Anoka County, MN Carver County, MN Chisago County, MN Dakota County, MN Hennepin County, MN Isanti County, MN Ramsey County, MN Scott County, MN Sherburne County, MN Washington County, MN Wright County, MN Pierce County, WI St. Croix County, WI	1.1074
33540	Missoula, MT Missoula County, MT	0.9657
33660	Mobile, AL Mobile County, AL	0.8017
33700	Modesto, CA Stanislaus County, CA	1.2007
33740	Monroe, LA Ouachita Parish, LA Union Parish, LA	0.7928
33780	Monroe, MI Monroe County, MI	0.9517
33860	Montgomery, AL Autauga County, AL Elmore County, AL Lowndes County, AL Montgomery County, AL	0.8312
34060	Morgantown, WV Monongalia County, WV Preston County, WV	0.8720
34100	[2]Morristown, TN Grainger County, TN Hamblen County, TN Jefferson County, TN	0.7911

CBSA code	Urban area (Constituent counties)	Wage index
34580	Mount Vernon-Anacortes, WA Skagit County, WA	1.0581
34620	[2]Muncie, IN Delaware County, IN	0.8675
34740	Muskegon-Norton Shores, MI Muskegon County, MI	0.9770
34820	Myrtle Beach-Conway-North Myrtle Beach, SC Horry County, SC	0.8592
34900	Napa, CA Napa County, CA	1.3537
34940	Naples-Marco Island, FL Collier County, FL	1.0593
34980	Nashville-Davidson--Murfreesboro, TN Cannon County, TN Cheatham County, TN Davidson County, TN Dickson County, TN Hickman County, TN Macon County, TN Robertson County, TN Rutherford County, TN Smith County, TN Sumner County, TN Trousdale County, TN Williamson County, TN Wilson County, TN	1.0115
35084	[1]Newark-Union, NJ-PA Essex County, NJ Hunterdon County, NJ Morris County, NJ Sussex County, NJ Union County, NJ Pike County, PA	1.1708
35300	New Haven-Milford, CT New Haven County, CT	1.1828

CBSA code	Urban area (Constituent counties)	Wage index
35380	[1]New Orleans-Metairie-Kenner, LA	
	Jefferson Parish, LA	
	Orleans Parish, LA	
	Plaquemines Parish, LA	
	St. Bernard Parish, LA	
	St. Charles Parish, LA	
	St. John the Baptist Parish, LA	
	St. Tammany Parish, LA	0.9118
35644	[1]New York-Wayne-White Plains, NY-NJ	
	Bergen County, NJ	
	Hudson County, NJ	
	Passaic County, NJ	
	Bronx County, NY	
	Kings County, NY	
	New York County, NY	
	Putnam County, NY	
	Queens County, NY	
	Richmond County, NY	
	Rockland County, NY	
	Westchester County, NY	1.3324
35660	Niles-Benton Harbor, MI	
	Berrien County, MI	0.8922
35980	Norwich-New London, CT	
	New London County, CT	1.1625
36084	[1]Oakland-Fremont-Hayward, CA	
	Alameda County, CA	
	Contra Costa County, CA	1.5387
36100	Ocala, FL	
	Marion County, FL	0.9194
36140	Ocean City, NJ	
	Cape May County, NJ	1.0841
36220	Odessa, TX	
	Ector County, TX	0.9822
36260	Ogden-Clearfield, UT	
	Davis County, UT	
	Morgan County, UT	
	Weber County, UT	0.9303

CBSA code	Urban area (Constituent counties)	Wage index
36420	[1]Oklahoma City, OK	
	Canadian County, OK	
	Cleveland County, OK	
	Grady County, OK	
	Lincoln County, OK	
	Logan County, OK	
	McClain County, OK	
	Oklahoma County, OK	0.9005
36500	Olympia, WA	
	Thurston County, WA	1.1034
36540	Omaha-Council Bluffs, NE-IA	
	Harrison County, IA	
	Mills County, IA	
	Pottawattamie County, IA	
	Cass County, NE	
	Douglas County, NE	
	Sarpy County, NE	
	Saunders County, NE	
	Washington County, NE	0.9765
36740	[1]Orlando, FL	
	Lake County, FL	
	Orange County, FL	
	Osceola County, FL	
	Seminole County, FL	0.9779
36780	[2]Oshkosh-Neenah, WI	
	Winnebago County, WI	0.9485
36980	Owensboro, KY	
	Daviess County, KY	
	Hancock County, KY	
	McLean County, KY	0.8470
37100	Oxnard-Thousand Oaks-Ventura, CA	
	Ventura County, CA	1.1130
37340	Palm Bay-Melbourne-Titusville, FL	
	Brevard County, FL	0.9630
37460	[2]Panama City-Lynn Haven, FL	
	Bay County, FL	0.8581
37620	[2]Parkersburg-Marietta, WV-OH (OH Hospitals)	
	Washington County, OH	
	Pleasants County, WV	
	Wirt County, WV	
	Wood County, WV	0.8708

CBSA code	Urban area (Constituent counties)	Wage index
37620	Parkersburg-Marietta, WV-OH (WV Hospitals)	
	Washington County, OH	
	Pleasants County, WV	
	Wirt County, WV	
	Wood County, WV	0.8388
37700	Pascagoula, MS	
	George County, MS	
	Jackson County, MS	0.7993
37860	[2]Pensacola-Ferry Pass-Brent, FL	
	Escambia County, FL	
	Santa Rosa County, FL	0.8581
37900	Peoria, IL	
	Marshall County, IL	
	Peoria County, IL	
	Stark County, IL	
	Tazewell County, IL	
	Woodford County, IL	0.8853
37964	[1]Philadelphia, PA	
	Bucks County, PA	
	Chester County, PA	
	Delaware County, PA	
	Montgomery County, PA	
	Philadelphia County, PA	1.0880
38060	[1]Phoenix-Mesa-Scottsdale, AZ	
	Maricopa County, AZ	
	Pinal County, AZ	1.0009
38220	Pine Bluff, AR	
	Cleveland County, AR	
	Jefferson County, AR	
	Lincoln County, AR	0.8724
38300	[1]Pittsburgh, PA	
	Allegheny County, PA	
	Armstrong County, PA	
	Beaver County, PA	
	Butler County, PA	
	Fayette County, PA	
	Washington County, PA	
	Westmoreland County, PA	0.8743
38340	Pittsfield, MA	
	Berkshire County, MA	1.0756

CBSA code	Urban area (Constituent counties)	Wage index
38540	Pocatello, ID Bannock County, ID Power County, ID	0.9615
38660	Ponce, PR Juana Díaz Municipio, PR Ponce Municipio, PR Villalba Municipio, PR	0.5019
38860	Portland-South Portland-Biddeford, ME Cumberland County, ME Sagadahoc County, ME York County, ME	1.0127
38900	[1]Portland-Vancouver-Beaverton, OR-WA Clackamas County, OR Columbia County, OR Multnomah County, OR Washington County, OR Yamhill County, OR Clark County, WA Skamania County, WA	1.1384
38940	Port St. Lucie-Fort Pierce, FL Martin County, FL St. Lucie County, FL	1.0117
39100	Poughkeepsie-Newburgh-Middletown, NY Dutchess County, NY Orange County, NY	1.1395
39140	Prescott, AZ Yavapai County, AZ	0.9922
39300	[1]Providence-New Bedford-Fall River, RI-MA Bristol County, MA Bristol County, RI Kent County, RI Newport County, RI Providence County, RI Washington County, RI	1.0941
39340	Provo-Orem, UT Juab County, UT Utah County, UT	0.9762
39380	[2]Pueblo, CO Pueblo County, CO	0.9374
39460	Punta Gorda, FL Charlotte County, FL	0.9473

CBSA code	Urban area (Constituent counties)	Wage index
39540	[2]Racine, WI	
	Racine County, WI	0.9485
39580	Raleigh-Cary, NC	
	Franklin County, NC	
	Johnston County, NC	
	Wake County, NC	1.0060
39660	Rapid City, SD	
	Meade County, SD	
	Pennington County, SD	0.8947
39740	Reading, PA	
	Berks County, PA	0.9173
39820	Redding, CA	
	Shasta County, CA	1.1856
39900	Reno-Sparks, NV	
	Storey County, NV	
	Washoe County, NV	1.0474
40060	[1]Richmond, VA	
	Amelia County, VA	
	Caroline County, VA	
	Charles City County, VA	
	Chesterfield County, VA	
	Cumberland County, VA	
	Dinwiddie County, VA	
	Goochland County, VA	
	Hanover County, VA	
	Henrico County, VA	
	King and Queen County, VA	
	King William County, VA	
	Louisa County, VA	
	New Kent County, VA	
	Powhatan County, VA	
	Prince George County, VA	
	Sussex County, VA	
	Colonial Heights City, VA	
	Hopewell City, VA	
	Petersburg City, VA	
	Richmond City, VA	0.9422
40140	[1]Riverside-San Bernardino-Ontario, CA	
	Riverside County, CA	
	San Bernardino County, CA	1.0997

CBSA code	Urban area (Constituent counties)	Wage index
40220	Roanoke, VA Botetourt County, VA Craig County, VA Franklin County, VA Roanoke County, VA Roanoke City, VA Salem City, VA	0.8390
40340	Rochester, MN Dodge County, MN Olmsted County, MN Wabasha County, MN	1.1511
40380	[1]Rochester, NY Livingston County, NY Monroe County, NY Ontario County, NY Orleans County, NY Wayne County, NY	0.9307
40420	Rockford, IL Boone County, IL Winnebago County, IL	0.9623
40484	Rockingham County-Strafford County, NH Rockingham County, NH Strafford County, NH	1.0232
40580	Rocky Mount, NC Edgecombe County, NC Nash County, NC	0.9016
40660	Rome, GA Floyd County, GA	0.8877
40900	[1]Sacramento--Arden-Arcade--Roseville, CA El Dorado County, CA Placer County, CA Sacramento County, CA Yolo County, CA	1.1709
40980	Saginaw-Saginaw Township North, MI Saginaw County, MI	0.9879
41060	St. Cloud, MN Benton County, MN Stearns County, MN	1.0193
41100	St. George, UT Washington County, UT	0.9495

CBSA code	Urban area (Constituent counties)	Wage index
41140	[2]St. Joseph, MO-KS (MO Hospitals) Doniphan County, KS Andrew County, MO Buchanan County, MO DeKalb County, MO	0.8011
41140	[2]St. Joseph, MO-KS (KS Hospitals) Doniphan County, KS Andrew County, MO Buchanan County, MO DeKalb County, MO	0.8132
41180	St. Louis, MO-IL Bond County, IL Calhoun County, IL Clinton County, IL Jersey County, IL Macoupin County, IL Madison County, IL Monroe County, IL St. Clair County, IL Crawford County, MO Franklin County, MO Jefferson County, MO Lincoln County, MO St. Charles County, MO St. Louis County, MO Warren County, MO Washington County, MO St. Louis City, MO	0.9067
41420	Salem, OR Marion County, OR Polk County, OR	1.0572
41500	Salinas, CA Monterey County, CA	1.3946
41540	[2]Salisbury, MD Somerset County, MD Wicomico County, MD	0.9248
41620	Salt Lake City, UT Salt Lake County, UT Summit County, UT Tooele County, UT	0.9588

CBSA code	Urban area (Constituent counties)	Wage index
41660	San Angelo, TX Irion County, TX Tom Green County, TX	0.8194
41700	[1]San Antonio, TX Atascosa County, TX Bandera County, TX Bexar County, TX Comal County, TX Guadalupe County, TX Kendall County, TX Medina County, TX Wilson County, TX	0.9021
41740	[1]San Diego-Carlsbad-San Marcos, CA San Diego County, CA	1.1265
41780	Sandusky, OH Erie County, OH	0.9045
41884	[1]San Francisco-San Mateo-Redwood City, CA Marin County, CA San Francisco County, CA San Mateo County, CA	1.4403
41900	San Germán-Cabo Rojo, PR Cabo Rojo Municipio, PR Lajas Municipio, PR Sabana Grande Municipio, PR San Germán Municipio, PR	0.5254
41940	[1]San Jose-Sunnyvale-Santa Clara, CA San Benito County, CA Santa Clara County, CA	1.4543

CBSA code	Urban area (Constituent counties)	Wage index
41980	[1]San Juan-Caguas-Guaynabo, PR	
	Aguas Buenas Municipio, PR	
	Aibonito Municipio, PR	
	Arecibo Municipio, PR	
	Barceloneta Municipio, PR	
	Barranquitas Municipio, PR	
	Bayamón Municipio, PR	
	Caguas Municipio, PR	
	Camuy Municipio, PR	
	Canóvanas Municipio, PR	
	Carolina Municipio, PR	
	Cataño Municipio, PR	
	Cayey Municipio, PR	
	Ciales Municipio, PR	
	Cidra Municipio, PR	
	Comerío Municipio, PR	
	Corozal Municipio, PR	
	Dorado Municipio, PR	
	Florida Municipio, PR	
	Guaynabo Municipio, PR	
	Gurabo Municipio, PR	
	Hatillo Municipio, PR	
	Humacao Municipio, PR	
	Juncos Municipio, PR	
	Las Piedras Municipio, PR	
	Loíza Municipio, PR	
	Manatí Municipio, PR	
	Maunabo Municipio, PR	
	Morovis Municipio, PR	
	Naguabo Municipio, PR	
	Naranjito Municipio, PR	
	Orocovis Municipio, PR	
	Quebradillas Municipio, PR	
	Río Grande Municipio, PR	
	San Juan Municipio, PR	
	San Lorenzo Municipio, PR	
	Toa Alta Municipio, PR	
	Toa Baja Municipio, PR	
	Trujillo Alto Municipio, PR	
	Vega Alta Municipio, PR	
	Vega Baja Municipio, PR	
	Yabucoa Municipio, PR	
		0.4646

CBSA code	Urban area (Constituent counties)	Wage index
42020	San Luis Obispo-Paso Robles, CA San Luis Obispo County, CA	1.1140
42044	[1]Santa Ana-Anaheim-Irvine, CA Orange County, CA	1.1728
42060	Santa Barbara-Santa Maria-Goleta, CA Santa Barbara County, CA	1.0731
42100	Santa Cruz-Watsonville, CA Santa Cruz County, CA	1.4786
42140	Santa Fe, NM Santa Fe County, NM	1.0913
42220	Santa Rosa-Petaluma, CA Sonoma County, CA	1.2958
42260	Sarasota-Bradenton-Venice, FL Manatee County, FL Sarasota County, FL	0.9635
42340	Savannah, GA Bryan County, GA Chatham County, GA Effingham County, GA	0.9470
42540	Scranton--Wilkes-Barre, PA Lackawanna County, PA Luzerne County, PA Wyoming County, PA	0.8529
42644	[1]Seattle-Bellevue-Everett, WA King County, WA Snohomish County, WA	1.1497
43100	[2]Sheboygan, WI Sheboygan County, WI	0.9485
43300	Sherman-Denison, TX Grayson County, TX	0.9645
43340	Shreveport-Bossier City, LA Bossier Parish, LA Caddo Parish, LA De Soto Parish, LA	0.9153
43580	Sioux City, IA-NE-SD Woodbury County, IA Dakota County, NE Dixon County, NE Union County, SD	0.9077

CBSA code	Urban area (Constituent counties)	Wage index
43620	Sioux Falls, SD Lincoln County, SD McCook County, SD Minnehaha County, SD Turner County, SD	0.9438
43780	South Bend-Mishawaka, IN-MI St. Joseph County, IN Cass County, MI	0.9458
43900	Spartanburg, SC Spartanburg County, SC	0.9035
44060	Spokane, WA Spokane County, WA	1.0674
44100	Springfield, IL Menard County, IL Sangamon County, IL	0.8754
44140	[2]Springfield, MA Franklin County, MA Hampden County, MA Hampshire County, MA	1.0432
44180	Springfield, MO Christian County, MO Dallas County, MO Greene County, MO Polk County, MO Webster County, MO	0.8458
44220	Springfield, OH Clark County, OH	0.8763
44300	State College, PA Centre County, PA	0.8486
44700	Stockton, CA San Joaquin County, CA	1.0605
44844	[1]Suffolk-Nassau, NY Nassau County, NY Suffolk County, NY	1.2966
44940	[2]Sumter, SC Sumter County, SC	0.8449
45060	Syracuse, NY Madison County, NY Onondaga County, NY Oswego County, NY	0.9504

CBSA code	Urban area (Constituent counties)	Wage index
45104	Tacoma, WA Pierce County, WA	1.1105
45220	Tallahassee, FL Gadsden County, FL Jefferson County, FL Leon County, FL Wakulla County, FL	0.8690
45300	[1]Tampa-St. Petersburg-Clearwater, FL Hernando County, FL Hillsborough County, FL Pasco County, FL Pinellas County, FL	0.9087
45460	[2]Terre Haute, IN Clay County, IN Sullivan County, IN Vermillion County, IN Vigo County, IN	0.8675
45500	Texarkana, TX-Texarkana, AR Miller County, AR Bowie County, TX	0.8457
45780	Toledo, OH Fulton County, OH Lucas County, OH Ottawa County, OH Wood County, OH	0.9536
45820	Topeka, KS Jackson County, KS Jefferson County, KS Osage County, KS Shawnee County, KS Wabaunsee County, KS	0.8915
45940	Trenton-Ewing, NJ Mercer County, NJ	1.0294
46060	Tucson, AZ Pima County, AZ	0.8971

CBSA code	Urban area (Constituent counties)	Wage index
46140	Tulsa, OK	
	Creek County, OK	
	Okmulgee County, OK	
	Osage County, OK	
	Pawnee County, OK	
	Rogers County, OK	
	Tulsa County, OK	
	Wagoner County, OK	0.8709
46220	Tuscaloosa, AL	
	Greene County, AL	
	Hale County, AL	
	Tuscaloosa County, AL	0.8358
46340	Tyler, TX	
	Smith County, TX	0.9534
46540	Utica-Rome, NY	
	Herkimer County, NY	
	Oneida County, NY	0.8339
46660	Valdosta, GA	
	Brooks County, GA	
	Echols County, GA	
	Lanier County, GA	
	Lowndes County, GA	0.8355
46700	Vallejo-Fairfield, CA	
	Solano County, CA	1.4275
46940	Vero Beach, FL	
	Indian River County, FL	0.9513
47020	Victoria, TX	
	Calhoun County, TX	
	Goliad County, TX	
	Victoria County, TX	0.8491
47220	Vineland-Millville-Bridgeton, NJ	
	Cumberland County, NJ	1.0604

CBSA code	Urban area (Constituent counties)	Wage index
47260	[1]Virginia Beach-Norfolk-Newport News, VA-NC	
	Currituck County, NC	
	Gloucester County, VA	
	Isle of Wight County, VA	
	James City County, VA	
	Mathews County, VA	
	Surry County, VA	
	York County, VA	
	Chesapeake City, VA	
	Hampton City, VA	
	Newport News City, VA	
	Norfolk City, VA	
	Poquoson City, VA	
	Portsmouth City, VA	
	Suffolk City, VA	
	Virginia Beach City, VA	
	Williamsburg City, VA	0.8941
47300	[2]Visalia-Porterville, CA	
	Tulare County, CA	1.0440
47380	Waco, TX	
	McLennan County, TX	0.8167
47580	Warner Robins, GA	
	Houston County, GA	0.8513
47644	[1]Warren-Farmington Hills-Troy, MI	
	Lapeer County, MI	
	Livingston County, MI	
	Macomb County, MI	
	Oakland County, MI	
	St. Clair County, MI	1.0131

CBSA code	Urban area (Constituent counties)	Wage index
47894	[1]Washington-Arlington-Alexandria, DC-VA-MD-WV District of Columbia, DC Calvert County, MD Charles County, MD Prince George's County, MD Arlington County, VA Clarke County, VA Fairfax County, VA Fauquier County, VA Loudoun County, VA Prince William County, VA Spotsylvania County, VA Stafford County, VA Warren County, VA Alexandria City, VA Fairfax City, VA Falls Church City, VA Fredericksburg City, VA Manassas City, VA Manassas Park City, VA Jefferson County, WV	1.1063
47940	Waterloo-Cedar Falls, IA Black Hawk County, IA Bremer County, IA Grundy County, IA	0.8652
48140	Wausau, WI Marathon County, WI	1.0121
48260	[2]Weirton-Steubenville, WV-OH (OH Hospitals) Jefferson County, OH Brooke County, WV Hancock County, WV	0.8708
48260	Weirton-Steubenville, WV-OH (WV Hospitals) Jefferson County, OH Brooke County, WV Hancock County, WV	0.8292
48300	[2]Wenatchee, WA Chelan County, WA Douglas County, WA	1.0340
48424	[1]West Palm Beach-Boca Raton-Boynton Beach, FL Palm Beach County, FL	1.0074

CBSA code	Urban area (Constituent counties)	Wage index
48540	[2]Wheeling, WV-OH (OH Hospitals) Belmont County, OH Marshall County, WV Ohio County, WV	0.8708
48540	[2]Wheeling, WV-OH (WV Hospitals) Belmont County, OH Marshall County, WV Ohio County, WV	0.7903
48620	Wichita, KS Butler County, KS Harvey County, KS Sedgwick County, KS Sumner County, KS	0.9476
48660	Wichita Falls, TX Archer County, TX Clay County, TX Wichita County, TX	0.8379
48700	Williamsport, PA Lycoming County, PA	0.8432
48864	Wilmington, DE-MD-NJ New Castle County, DE Cecil County, MD Salem County, NJ	1.1110
48900	Wilmington, NC Brunswick County, NC New Hanover County, NC Pender County, NC	0.9248
49020	Winchester, VA-WV Frederick County, VA Winchester City, VA Hampshire County, WV	1.0513
49180	Winston-Salem, NC Davie County, NC Forsyth County, NC Stokes County, NC Yadkin County, NC	0.9430
49340	Worcester, MA Worcester County, MA	1.1034
49420	Yakima, WA Yakima County, WA	1.0343

CBSA code	Urban area (Constituent counties)	Wage index
49500	Yauco, PR Guánica Municipio, PR Guayanilla Municipio, PR Peñuelas Municipio, PR Yauco Municipio, PR	0.4505
49620	York-Hanover, PA York County, PA	0.8916
49660	Youngstown-Warren-Boardman, OH-PA Mahoning County, OH Trumbull County, OH Mercer County, PA	0.9257
49700	[2]Yuba City, CA Sutter County, CA Yuba County, CA	1.0440
49740	[2]Yuma, AZ Yuma County, AZ	0.8967

[1]Large urban area

[2] Hospitals geographically located in the area are assigned the statewide rural wage index for FY 2005.

ADDENDUM I.--WAGE INDEX FOR RURAL AREAS

Nonurban Area	Wage index
Alabama	0.7675
Alaska	1.1761
Arizona	0.8967
Arkansas	0.7453
California	1.0440
Colorado	0.9374
Connecticut	1.1312
Delaware	0.9651
Florida	0.8581
Georgia	0.7774
Hawaii	1.0549
Idaho	0.8249
Illinois	0.8364
Indiana	0.8675
Iowa	0.8496
Kansas	0.8132
Kentucky	0.7806
Louisiana	0.7399
Maine	0.9058
Maryland	0.9248
Massachusetts[1]	1.0432
Michigan	0.8792
Minnesota	0.9340
Mississippi	0.7665
Missouri	0.8011
Montana	0.8778

Nonurban Area	Wage index
Nebraska	0.9058
Nevada	0.9311
New Hampshire	1.0116
New Jersey[1]	-------
New Mexico	0.8592
New York	0.8192
North Carolina	0.8587
North Dakota	0.7741
Ohio	0.8708
Oklahoma	0.7721
Oregon	1.0182
Pennsylvania	0.8335
Puerto Rico[1]	-------
Rhode Island[1]	-------
South Carolina	0.8449
South Dakota	0.8409
Tennessee	0.7911
Texas	0.8011
Utah	0.8314
Vermont	0.9469
Virginia	0.8065
Washington	1.0340
West Virginia	0.7903
Wisconsin	0.9485
Wyoming	0.9190

[1]All counties within the State are classified as urban.

ADDENDUM J.--WAGE INDEX FOR HOSPITALS THAT ARE RECLASSIFIED

Area	Wage Index
Abilene, TX	0.8011
Akron, OH	0.9065
Albany-Schenectady-Troy, NY	0.8685
Albuquerque, NM	0.9936
Alexandria, LA	0.8198
Allentown-Bethlehem-Easton, PA	0.9539
Altoona, PA	0.8472
Amarillo, TX	0.9209
Anchorage, AK	1.2195
Anderson, IN	0.8790
Ann Arbor, MI	1.0777
Anniston-Oxford, AL	0.7967
Asheville, NC	0.9217
Athens-Clarke County, GA	0.9835
Atlanta-Sandy Springs-Marietta, GA	0.9819
Auburn-Opelika, AL	0.8080
Augusta-Richmond County, GA-SC	0.8977
Austin-Round Rock, TX	0.9619
Bangor, ME	0.9960
Barnstable Town, MA	1.1965
Baton Rouge, LA	0.8344
Bay City, MI	0.9601
Bethesda-Frederick-Gaithersburg, MD	1.0613
Binghamton, NY	0.8484
Birmingham-Hoover, AL	0.9111
Bloomington-Normal, IL	0.9099
Bowling Green, KY	0.8162
Buffalo-Niagra Falls, NY	0.9351
Burlington, NC	0.9124
Cambridge-Newton-Framingham, MA	1.1199
Carson City, NV	0.9927
Casper, WY	0.9367
Champaign-Urbana, IL	0.9597
Charleston, WV (OH Hospitals)	0.8708
Charleston, WV (WV Hospitals)	0.8581
Charleston-North Charleston, S	0.9379
Charlotte-Gastonia-Concord, NC-SC	0.9620
Charlottesville, VA	0.9955

Area	Wage Index
Chattanooga, TN-GA	0.9233
Chicago-Naperville-Joliet, IL	1.0688
Cincinnati-Middletown, OH-KY-IN	0.9533
Clarksville, TN-KY	0.8131
Cleveland-Elyria-Mentor, OH	0.9667
College Station-Bryan, TX	0.8505
Columbia, MO	0.8352
Columbia, SC	0.8952
Columbus, GA-AL	0.8373
Columbus, OH	0.9627
Corvallis, OR	1.0360
Dallas-Plano-Irving, TX	1.0092
Davenport-Moline-Rock Island, IA-IL	0.8624
Dayton, OH	0.9322
Decatur, AL	0.8915
Deltona-Daytona Beach-Ormond Beach, FL	0.8685
Denver-Aurora, CO	1.0709
Des Moines, IA	0.9160
Duluth, MN-WI	1.0449
Durham, NC	1.0204
Elkhart-Goshen, IN	0.9161
Erie, PA	0.8512
Eugene-Springfield, OR	1.0565
Evansville, IN-KY	0.8229
Fargo, ND-MN (MN Hospitals)	0.9340
Fargo, ND-MN (ND, SD Hospitals)	0.9217
Fayetteville, NC	0.9025
Fayetteville-Springdale-Rogers, AR-MO	0.8687
Flagstaff, AZ	1.0591
Fond du Lac, WI	0.9485
Fort Collins-Loveland, CO	1.0214
Fort Lauderdale-Pompano Beach-Deerfield Beach, FL	1.0408
Fort Smith, AR-OK	0.8076
Fort Walton Beach-Crestview-Destin, FL	0.8621
Fort Worth-Arlington, TX	0.9515
Gadsden, AL	0.8182
Gainesville, FL	0.8581
Grand Rapids-Wyoming, MI	0.9457
Great Falls, MT	0.8908
Greeley, CO	0.9758
Green Bay, WI	0.9602

Area	Wage Index
Greenville, NC	0.9200
Greenville, SC	0.9287
Gulfport-Biloxi, MS	0.8783
Harrisburg-Carlisle, PA	0.9221
Hartford-West Hartford-East Hartford, CT (CT Hospitals)	1.1312
Hartford-West Hartford-East Hartford, CT (MA Hospitals)	1.0981
Hickory-Morganton-Lenoir, NC	0.9346
Holland-Grand Haven, MI	0.9482
Honolulu, HI	1.1018
Houston-Baytown-Sugar Land, TX	0.9995
Huntington-Ashland, WV-KY-OH	0.9032
Huntsville, AL	0.8861
Idaho Falls, ID	0.9062
Indianapolis, IN	1.0102
Iowa City, IA	0.9492
Ithaca, NY	0.9383
Jackson, MS	0.8305
Jackson, TN	0.8727
Jacksonville, FL	0.9574
Jonesboro, AR	0.8078
Joplin, MO	0.8571
Kalamazoo-Portage, MI	1.0714
Kankakee-Bradley, IL	1.0075
Kansas City, MO-KS	0.9625
Kennewick-Richland-Pasco, WA (OR Hospitals)	1.0276
Kennewick-Richland-Pasco, WA (WA Hospitals)	1.0340
Kingsport-Bristol-Bristol, TN-VA	0.8257
Knoxville, TN	0.8585
Lafayette, IN	0.9073
Lafayette, LA	0.8319
Lakeland, FL	0.8964
Lansing-East Lansing, MI	0.9675
Las Vegas-Paradise, NV	1.1227
Lexington-Fayette, KY	0.8755
Lima, OH	0.9330
Lincoln, NE	0.9743
Little Rock-North Little Rock, AR	0.9032
Longview, TX	0.8589
Los Angeles-Long Beach-Glendale, CA	1.1730
Louisville, KY-IN	0.9146
Lubbock, TX	0.8798

Area	Wage Index
Lynchburg, VA	0.8906
Macon, GA	0.9826
Madison, WI	1.0217
Manchester-Nashua, NH	1.0573
Medford, OR	1.0274
Memphis, TN-MS-AR	0.8895
Miami-Miami Beach-Kendall, FL	1.0045
Midland, TX	0.9225
Milwaukee-Waukesha-West Allis, WI	0.9976
Minneapolis-St. Paul-Bloomington, MN-WI	1.1074
Missoula, MT	0.9657
Mobile, AL	0.8017
Modesto, CA	1.2007
Montgomery, AL	0.8312
Muskegon-Norton Shores, MI	0.9770
Napa, CA	1.3537
Nashville-Davidson--Murfreesboro, TN	0.9823
Newark-Union, NJ-PA	1.1708
New Orleans-Metairie-Kenner, LA	0.9118
New York-Wayne-White Plains, NY-NJ	1.3324
San Francisco-Oakland-Fremont,	1.5387
Ocala, FL	0.8981
Ocean City, NJ	1.0049
Odessa, TX	0.9322
Ogden-Clearfield, UT	0.9303
Oklahoma City, OK	0.9005
Olympia, WA	1.1034
Omaha-Council Bluffs, NE-IA	0.9765
Orlando, FL	0.9779
Peoria, IL	0.8853
Phoenix-Mesa-Scottsdale, AZ	1.0009
Pine Bluff, AR	0.8402
Pittsburgh, PA	0.8743
Pittsfield, MA	1.0231
Pocatello, ID	0.9235
Portland-South Portland-Biddeford, ME	0.9842
Portland-Vancouver-Beaverton, OR-WA)	1.1384
Port St. Lucie-Fort Pierce, FL	1.0117
Poughkeepsie-Newburgh-Middleton, NY	1.1063
Provo-Orem, UT	0.9762
Raleigh-Cary, NC	0.9690

Area	Wage Index
Reading, PA	0.9036
Redding, CA	1.1719
Reno-Sparks, NV	1.0474
Roanoke, VA	0.8390
Rochester, MN	1.1511
Rochester, NY	0.9307
Rockford, IL	0.9500
Rockingham County-Strafford County, NH	1.0232
Sacramento--Arden-Arcade--Roseville, CA	1.1709
Saginaw-Saginaw Township North, MI	0.9403
St. Cloud, MN	1.0060
St. Louis, MO-IL	0.8965
San Antonio, TX	0.9021
Santa Ana-Anaheim-Irvine, CA	1.1728
Santa Fe, NM	1.0090
Santa Rosa-Petaluma, CA	1.2958
Savannah, GA	0.9470
Seattle-Bellevue-Everett, WA	1.1497
Sherman-Denison, TX	0.9129
Shreveport-Bossier City, LA	0.8977
Sioux City, IA-NE-SD	0.9058
Sioux Falls, SD	0.9438
South Bend-Mishawaka, IN-MI	0.9458
Spartanburg, SC	0.9035
Spokane, WA	1.0489
Springfield, IL	0.8754
Springfield, MO	0.8188
Springfield, OH	0.8763
State College, PA	0.8335
Sumter, SC	0.8449
Syracuse, NY	0.9290
Texarkana, TX-Texarkana, AR	0.8457
Toledo, OH	0.9536
Topeka, KS	0.8915
Tulsa, OK	0.8709
Tuscaloosa, AL	0.8358
Tyler, TX	0.9349
Virginia Beach-Norfolk-Newport News, VA-NC	0.8941
Waco, TX	0.8167
Warren-Farmington Hills-Troy, MI	1.0131
Washington-Arlington-Alexandria, DC-VA-MD-WV	1.1063

Area	Wage Index
Waterloo-Cedar Falls, IA	0.8652
Wausau, WI	1.0121
Wichita, KS	0.9189
Williamsport, PA	0.8432
Wilmington, DE	1.0817
Wilmington, NC	0.9092
Winchester, VA-WV	1.0034
Winston-Salem, NC	0.9271
Worcester, MA	1.1034
Youngstown-Warren-Boardman, OH	0.9088
Rural Florida	0.8449
Rural Illinois	0.8364
Rural Indiana	0.8675
Rural Massachusetts	0.8921
Rural Minnesota	0.9340
Rural Missouri	0.8011
Rural Nebraska	0.9058
Rural Nevada	0.8801
Rural New Hampshire	1.0116
Rural New York	0.8192
Rural Texas	0.8011
Rural Washington	1.0233
Rural Wyoming	0.9190

ADDENDUM K.--WAGE INDEX ADJUSTMENT FOR COMMUTING HOSPITAL EMPLOYEES

The following hospitals are located in qualifying counties and thus are eligible to have their wage indices adjusted by the increases listed in this table. Hospitals that have not been reclassified will automatically receive this adjustment unless they choose to waive the application of this adjustment. Reclassified hospitals will not automatically receive this adjustment, unless they terminate their reclassification status with the MGCRB.

Provider Number	Wage Index Increase	Qualifying County Name
010005	0.0258	MARSHALL
010008	0.0203	CRENSHAW
010010	0.0258	MARSHALL
010012	0.0204	DE KALB
010022	0.0700	CHEROKEE
010025	0.0196	CHAMBERS
010029	0.0143	LEE
010035	0.0364	CULLMAN
010045	0.0158	FAYETTE
010072	0.0295	TALLADEGA
010101	0.0295	TALLADEGA
010143	0.0364	CULLMAN
040014	0.0178	WHITE
040019	0.0700	ST. FRANCIS
040047	0.0065	RANDOLPH
040066	0.0382	CLARK
040069	0.0130	MISSISSIPPI
040070	0.0130	MISSISSIPPI
040071	0.0057	JEFFERSON
040076	0.1127	HOT SPRING
040100	0.0178	WHITE
050008	0.0058	SAN FRANCISCO
050014	0.0137	AMADOR
050042	0.0228	TEHAMA
050047	0.0058	SAN FRANCISCO
050055	0.0058	SAN FRANCISCO
050065	0.0022	ORANGE
050069	0.0022	ORANGE
050076	0.0058	SAN FRANCISCO
050084	0.0553	SAN JOAQUIN
050090	0.0264	SONOMA
050117	0.0472	MERCED

Provider Number	Wage Index Increase	Qualifying County Name
050118	0.0553	SAN JOAQUIN
050122	0.0553	SAN JOAQUIN
050133	0.0177	YUBA
050136	0.0264	SONOMA
050150	0.0328	NEVADA
050152	0.0058	SAN FRANCISCO
050167	0.0553	SAN JOAQUIN
050168	0.0022	ORANGE
050173	0.0022	ORANGE
050174	0.0264	SONOMA
050193	0.0022	ORANGE
050224	0.0022	ORANGE
050226	0.0022	ORANGE
050228	0.0058	SAN FRANCISCO
050230	0.0022	ORANGE
050253	0.0022	ORANGE
050291	0.0264	SONOMA
050313	0.0553	SAN JOAQUIN
050325	0.0179	TUOLUMNE
050331	0.0264	SONOMA
050335	0.0179	TUOLUMNE
050336	0.0553	SAN JOAQUIN
050348	0.0022	ORANGE
050377	0.00669	MADERA
050385	0.0264	SONOMA
050407	0.0058	SAN FRANCISCO
050426	0.0022	ORANGE
050444	0.0472	MERCED
050454	0.0058	SAN FRANCISCO
050457	0.0058	SAN FRANCISCO
050476	0.0262	LAKE
050491	0.0022	ORANGE
050494	0.0328	NEVADA
050497	0.0472	MERCED
050526	0.0022	ORANGE
050528	0.0472	MERCED
050535	0.0022	ORANGE
050539	0.0262	LAKE
050543	0.0022	ORANGE
050547	0.0264	SONOMA
050548	0.0022	ORANGE

Provider Number	Wage Index Increase	Qualifying County Name
050550	0.0022	ORANGE
050551	0.0022	ORANGE
050567	0.0022	ORANGE
050568	0.0067	MADERA
050570	0.0022	ORANGE
050580	0.0022	ORANGE
050585	0.0022	ORANGE
050589	0.0022	ORANGE
050592	0.0022	ORANGE
050594	0.0022	ORANGE
050603	0.0022	ORANGE
050609	0.0022	ORANGE
050668	0.0058	SAN FRANCISCO
050678	0.0022	ORANGE
050690	0.0264	SONOMA
050693	0.0022	ORANGE
050695	0.0553	SAN JOAQUIN
050720	0.0022	ORANGE
050728	0.0264	SONOMA
052035	0.00215	ORANGE
052039	0.00215	ORANGE
053034	0.00215	ORANGE
053304	0.00215	ORANGE
054123	0.05534	SAN JOAQUIN
060001	0.0288	WELD
060003	0.0203	BOULDER
060027	0.0203	BOULDER
060103	0.0203	BOULDER
070003	0.0055	WINDHAM
070006	0.0045	FAIRFIELD
070010	0.0045	FAIRFIELD
070018	0.0045	FAIRFIELD
070020	0.0150	MIDDLESEX
070021	0.0055	WINDHAM
070028	0.0045	FAIRFIELD
070033	0.0045	FAIRFIELD
070034	0.0045	FAIRFIELD
074000	0.00446	FAIRFIELD
074007	0.01505	MIDDLESEX
074008	0.00546	WINDHAM
074014	0.00446	FAIRFIELD

Provider Number	Wage Index Increase	Qualifying County Name
100014	0.0157	VOLUSIA
100017	0.0157	VOLUSIA
100045	0.0157	VOLUSIA
100047	0.0021	CHARLOTTE
100068	0.0157	VOLUSIA
100072	0.0157	VOLUSIA
100077	0.0021	CHARLOTTE
100118	0.0251	FLAGLER
100232	0.0131	PUTNAM
100236	0.0021	CHARLOTTE
100252	0.0210	OKEECHOBEE
110023	0.0464	GORDON
110027	0.0357	FRANKLIN
110029	0.0054	HALL
110041	0.0772	HABERSHAM
110063	0.0287	LIBERTY
110069	0.0472	HOUSTON
110124	0.0429	WAYNE
110136	0.0260	BALDWIN
110150	0.0260	BALDWIN
110153	0.0472	HOUSTON
110187	0.1157	LUMPKIN
110189	0.0029	FANNIN
110190	0.0181	MACON
110205	0.0743	GILMER
130003	0.0179	NEZ PERCE
130011	0.0334	LATAH
130024	0.0527	BONNER
130049	0.0352	KOOTENAI
140012	0.0215	LEE
140026	0.0337	LA SALLE
140033	0.0136	LAKE
140043	0.0046	WHITESIDE
140084	0.0136	LAKE
140100	0.0136	LAKE
140110	0.0337	LA SALLE
140130	0.0136	LAKE
140160	0.0284	STEPHENSON
140161	0.0142	LIVINGSTON
140173	0.0046	WHITESIDE
140202	0.0136	LAKE

Provider Number	Wage Index Increase	Qualifying County Name
140234	0.0337	LA SALLE
140291	0.0136	LAKE
150002	0.0242	LAKE
150004	0.0242	LAKE
150008	0.0242	LAKE
150030	0.0198	HENRY
150034	0.0242	LAKE
150035	0.0079	PORTER
150062	0.0160	DECATUR
150065	0.0156	JACKSON
150076	0.0191	MARSHALL
150090	0.0242	LAKE
150122	0.0203	RIPLEY
150125	0.0242	LAKE
150126	0.0242	LAKE
150132	0.0242	LAKE
150147	0.0242	LAKE
152012	0.02423	LAKE
160013	0.0218	MUSCATINE
160026	0.0499	BOONE
160080	0.0049	CLINTON
160140	0.0367	PLYMOUTH
170137	0.0560	DOUGLAS
180012	0.0083	HARDIN
180066	0.0562	LOGAN
180127	0.0285	FRANKLIN
180128	0.0280	LAWRENCE
183028	0.00827	HARDIN
190001	0.0641	WASHINGTON
190003	0.0106	IBERIA
190010	0.0398	TANGIPAHOA
190015	0.0398	TANGIPAHOA
190049	0.0641	WASHINGTON
190054	0.0106	IBERIA
190095	0.0641	WASHINGTON
190099	0.0448	AVOYELLES
190147	0.0398	TANGIPAHOA
190148	0.0448	AVOYELLES
193044	0.03984	TANGIPAHOA
200002	0.0128	LINCOLN
200013	0.0185	WALDO

Provider Number	Wage Index Increase	Qualifying County Name
200016	0.0341	OXFORD
200024	0.0066	ANDROSCOGGIN
200032	0.0341	OXFORD
200034	0.0066	ANDROSCOGGIN
200050	0.0139	HANCOCK
210001	0.0133	WASHINGTON
210004	0.0031	MONTGOMERY
210016	0.0031	MONTGOMERY
210018	0.0031	MONTGOMERY
210022	0.0031	MONTGOMERY
210023	0.0214	ANNE ARUNDEL
210043	0.0214	ANNE ARUNDEL
210048	0.0296	HOWARD
210057	0.0031	MONTGOMERY
230003	0.0031	OTTAWA
230015	0.0359	ST. JOSEPH
230037	0.0371	HILLSDALE
230041	0.0125	BAY
230072	0.0031	OTTAWA
230093	0.0083	MECOSTA
230096	0.0359	ST. JOSEPH
230099	0.0360	MONROE
230106	0.0029	NEWAYGO
230121	0.0697	SHIAWASSEE
230174	0.0031	OTTAWA
240011	0.0512	MC LEOD
240013	0.0205	MORRISON
240014	0.0459	RICE
240018	0.1212	GOODHUE
240064	0.0154	ITASCA
240069	0.0422	STEELE
240071	0.0459	RICE
240089	0.1212	GOODHUE
240133	0.0306	MEEKER
240152	0.0743	KANABEC
240154	0.0154	ITASCA
240187	0.0512	MC LEOD
240205	0.0154	ITASCA
240211	0.0742	PINE
250040	0.0294	JACKSON
250045	0.0041	HANCOCK

Provider Number	Wage Index Increase	Qualifying County Name
260074	0.0143	RANDOLPH
260097	0.0427	JOHNSON
260127	0.0156	PIKE
280054	0.0137	GAGE
280077	0.0090	DODGE
280123	0.0137	GAGE
290019	0.0026	CARSON CITY
293029	0.00263	CARSON CITY
300017	0.0327	ROCKINGHAM
300023	0.0327	ROCKINGHAM
300029	0.0327	ROCKINGHAM
303026	0.03272	ROCKINGHAM
310010	0.0278	MERCER
310014	0.0070	CAMDEN
310021	0.0278	MERCER
310022	0.0070	CAMDEN
310029	0.0070	CAMDEN
310032	0.0078	CUMBERLAND
310038	0.0396	MIDDLESEX
310039	0.0396	MIDDLESEX
310044	0.0278	MERCER
310070	0.0396	MIDDLESEX
310086	0.0070	CAMDEN
310092	0.0278	MERCER
310108	0.0396	MIDDLESEX
310110	0.0278	MERCER
313027	0.02784	MERCER
314011	0.03957	MIDDLESEX
314018	0.00701	CAMDEN
320018	0.0059	DONA ANA
320085	0.0059	DONA ANA
330004	0.1014	ULSTER
330008	0.1161	WYOMING
330094	0.0795	COLUMBIA
330191	0.0025	WARREN
330224	0.1014	ULSTER
330276	0.0226	FULTON
330386	0.1140	SULLIVAN
330402	0.1014	ULSTER
340020	0.0240	LEE
340039	0.0175	IREDELL

Provider Number	Wage Index Increase	Qualifying County Name
340069	0.0047	WAKE
340070	0.0475	ALAMANCE
340073	0.0047	WAKE
340088	0.0114	TRANSYLVANIA
340114	0.0047	WAKE
340126	0.0162	WILSON
340127	0.0948	GRANVILLE
340129	0.0175	IREDELL
340138	0.0047	WAKE
340144	0.0175	IREDELL
340173	0.0047	WAKE
344014	0.00470	WAKE
360013	0.0202	SHELBY
360019	0.0107	SUMMIT
360020	0.0107	SUMMIT
360024	0.0087	ERIE
360025	0.0087	ERIE
360027	0.0107	SUMMIT
360034	0.0265	WAYNE
360036	0.0265	WAYNE
360063	0.0142	HURON
360065	0.0142	HURON
360078	0.0159	PORTAGE
360086	0.0167	CLARK
360093	0.0142	DEFIANCE
360095	0.0087	HANCOCK
360099	0.0087	HANCOCK
360107	0.0215	SANDUSKY
360150	0.0107	SUMMIT
360156	0.0215	SANDUSKY
360175	0.0162	CLINTON
360187	0.0167	CLARK
360197	0.0093	LOGAN
360241	0.0107	SUMMIT
360260	0.0107	SUMMIT
362007	0.02146	SANDUSKY
362016	0.01074	SUMMIT
363303	0.01074	SUMMIT
370004	0.0195	OTTAWA
370014	0.0838	BRYAN
370015	0.0455	MAYES

Provider Number	Wage Index Increase	Qualifying County Name
370023	0.0084	STEPHENS
370043	0.0296	MARSHALL
370065	0.0119	CRAIG
370113	0.0205	DELAWARE
370179	0.0446	OKFUSKEE
380002	0.0137	JOSEPHINE
380008	0.0211	LINN
380022	0.0211	LINN
390044	0.0213	BERKS
390052	0.0031	CLEARFIELD
390065	0.0426	ADAMS
390066	0.0339	LEBANON
390086	0.0031	CLEARFIELD
390096	0.0213	BERKS
390138	0.0324	FRANKLIN
390146	0.0051	WARREN
390150	0.0188	GREENE
390151	0.0324	FRANKLIN
390201	0.1056	MONROE
393026	0.02125	BERKS
394020	0.03391	LEBANON
420007	0.0028	SPARTANBURG
420020	0.0017	GEORGETOWN
420027	0.0151	ANDERSON
420030	0.0135	COLLETON
420054	0.0027	MARLBORO
420068	0.0097	ORANGEBURG
420070	0.0089	SUMTER
420083	0.0028	SPARTANBURG
420093	0.0028	SPARTANBURG
440008	0.0667	HENDERSON
440024	0.0389	BRADLEY
440025	0.0026	GREENE
440030	0.0077	HAMBLEN
440035	0.0445	MONTGOMERY
440047	0.0502	GIBSON
440050	0.0026	GREENE
440056	0.0350	JEFFERSON
440060	0.0502	GIBSON
440063	0.0040	WASHINGTON
440067	0.0077	HAMBLEN

Provider Number	Wage Index Increase	Qualifying County Name
440073	0.0520	MAURY
440105	0.0040	WASHINGTON
440114	0.0527	LAUDERDALE
440115	0.0502	GIBSON
440143	0.0454	MARSHALL
440148	0.0575	DE KALB
440174	0.0375	HAYWOOD
440181	0.0411	HARDEMAN
440184	0.0040	WASHINGTON
440185	0.0389	BRADLEY
450039	0.0094	TARRANT
450050	0.0755	WARD
450059	0.0074	COMAL
450064	0.0094	TARRANT
450087	0.0094	TARRANT
450099	0.0182	GRAY
450113	0.0329	ANDERSON
450121	0.0094	TARRANT
450135	0.0094	TARRANT
450137	0.0094	TARRANT
450144	0.0576	ANDREWS
450163	0.0136	KLEBERG
450187	0.0265	WASHINGTON
450194	0.0329	CHEROKEE
450214	0.0370	WHARTON
450224	0.0413	WOOD
450246	0.0436	MATAGORDA
450347	0.0428	WALKER
450362	0.0488	BURNET
450370	0.0259	COLORADO
450395	0.0486	POLK
450419	0.0094	TARRANT
450438	0.0259	COLORADO
450447	0.0359	NAVARRO
450451	0.0624	SOMERVELL
450465	0.0436	MATAGORDA
450547	0.0413	WOOD
450563	0.0094	TARRANT
450597	0.0080	DE WITT
450623	0.0495	FANNIN
450626	0.0307	JACKSON

Provider Number	Wage Index Increase	Qualifying County Name
450639	0.0094	TARRANT
450672	0.0094	TARRANT
450675	0.0094	TARRANT
450677	0.0094	TARRANT
450694	0.0370	WHARTON
450747	0.0329	ANDERSON
450763	0.0240	HUTCHINSON
450779	0.0094	TARRANT
450813	0.0329	ANDERSON
450840	0.0094	TARRANT
452018	0.00941	TARRANT
452019	0.00941	TARRANT
452028	0.00941	TARRANT
453040	0.00941	TARRANT
453041	0.00941	TARRANT
453042	0.00941	TARRANT
453300	0.00941	TARRANT
454012	0.00941	TARRANT
460017	0.0391	BOX ELDER
460036	0.0704	WASATCH
460039	0.0391	BOX ELDER
470015	0.0368	WINDSOR
470018	0.0368	WINDSOR
470023	0.0151	CALEDONIA
490047	0.0201	PAGE
490053	0.0050	WASHINGTON
490084	0.0173	ESSEX
490110	0.0064	MONTGOMERY
500039	0.0173	KITSAP
500041	0.0106	COWLITZ
500118	0.0289	MASON
510018	0.0207	JACKSON
510028	0.0138	FAYETTE
510047	0.0262	MARION
510088	0.0138	FAYETTE
520028	0.0164	GREEN
520059	0.0206	RACINE
520071	0.0250	JEFFERSON
520094	0.0206	RACINE
520096	0.0206	RACINE
520102	0.0302	WALWORTH

Provider Number	Wage Index Increase	Qualifying County Name
520116	0.0250	JEFFERSON
522005	0.02061	RACINE

ADDENDUM L.—PRE-RECLASSIFIED WAGE INDEX FOR URBAN AREAS

CBSA code	Urban area (Constituent counties)	Wage index
10180	Abilene, TX	
	Callahan County, TX	
	Jones County, TX	
	Taylor County, TX	0.8011
10380	Aguadilla-Isabela-San Sebastián, PR	
	Aguada Municipio, PR	
	Aguadilla Municipio, PR	
	Añasco Municipio, PR	
	Isabela Municipio, PR	
	Lares Municipio, PR	
	Moca Municipio, PR	
	Rincón Municipio, PR	
	San Sebastián Municipio, PR	0.4285
10420	Akron, OH	
	Portage County, OH	
	Summit County, OH	0.9065
10500	Albany, GA	
	Baker County, GA	
	Dougherty County, GA	
	Lee County, GA	
	Terrell County, GA	
	Worth County, GA	1.1306
10580	Albany-Schenectady-Troy, NY	
	Albany County, NY	
	Rensselaer County, NY	
	Saratoga County, NY	
	Schenectady County, NY	
	Schoharie County, NY	0.8685
10740	Albuquerque, NM	
	Bernalillo County, NM	
	Sandoval County, NM	
	Torrance County, NM	
	Valencia County, NM	1.0167
10780	Alexandria, LA	
	Grant Parish, LA	
	Rapides Parish, LA	0.8198

CBSA code	Urban area (Constituent counties)	Wage index
10900	Allentown-Bethlehem-Easton, PA-NJ Warren County, NJ Carbon County, PA Lehigh County, PA Northampton County, PA	0.9539
11020	Altoona, PA Blair County, PA	0.8472
11100	Amarillo, TX Armstrong County, TX Carson County, TX Potter County, TX Randall County, TX	0.9209
11180	Ames, IA Story County, IA	0.9503
11260	Anchorage, AK Anchorage Municipality, AK Matanuska-Susitna Borough, AK	1.2195
11300	Anderson, IN Madison County, IN	0.8769
11340	Anderson, SC Anderson County, SC	0.8689
11460	Ann Arbor, MI Washtenaw County, MI	1.1065
11500	Anniston-Oxford, AL Calhoun County, AL	0.7916
11540	Appleton, WI Calumet County, WI Outagamie County, WI	0.9485
11700	Asheville, NC Buncombe County, NC Haywood County, NC Henderson County, NC Madison County, NC	0.9217
12020	Athens-Clarke County, GA Clarke County, GA Madison County, GA Oconee County, GA Oglethorpe County, GA	1.0010

CBSA code	Urban area (Constituent counties)	Wage index
12060	Atlanta-Sandy Springs-Marietta, GA	
	Barrow County, GA	
	Bartow County, GA	
	Butts County, GA	
	Carroll County, GA	
	Cherokee County, GA	
	Clayton County, GA	
	Cobb County, GA	
	Coweta County, GA	
	Dawson County, GA	
	DeKalb County, GA	
	Douglas County, GA	
	Fayette County, GA	
	Forsyth County, GA	
	Fulton County, GA	
	Gwinnett County, GA	
	Haralson County, GA	
	Heard County, GA	
	Henry County, GA	
	Jasper County, GA	
	Lamar County, GA	
	Meriwether County, GA	
	Newton County, GA	
	Paulding County, GA	
	Pickens County, GA	
	Pike County, GA	
	Rockdale County, GA	
	Spalding County, GA	
	Walton County, GA	0.9926
12100	Atlantic City, NJ	
	Atlantic County, NJ	1.0723
12220	Auburn-Opelika, AL	
	Lee County, AL	0.8231
12260	Augusta-Richmond County, GA-SC	
	Burke County, GA	
	Columbia County, GA	
	McDuffie County, GA	
	Richmond County, GA	
	Aiken County, SC	
	Edgefield County, SC	0.9169

CBSA code	Urban area (Constituent counties)	Wage index
12420	Austin-Round Rock, TX Bastrop County, TX Caldwell County, TX Hays County, TX Travis County, TX Williamson County, TX	0.9619
12540	Bakersfield, CA Kern County, CA	1.0440
12580	Baltimore-Towson, MD Anne Arundel County, MD Baltimore County, MD Carroll County, MD Harford County, MD Howard County, MD Queen Anne's County, MD Baltimore City, MD	0.9904
12620	Bangor, ME Penobscot County, ME	0.9960
12700	Barnstable Town, MA Barnstable County, MA	1.1965
12940	Baton Rouge, LA Ascension Parish, LA East Baton Rouge Parish, LA East Feliciana Parish, LA Iberville Parish, LA Livingston Parish, LA Pointe Coupee Parish, LA St. Helena Parish, LA West Baton Rouge Parish, LA West Feliciana Parish, LA	0.8344
12980	Battle Creek, MI Calhoun County, MI	0.9132
13020	Bay City, MI Bay County, MI	0.9601
13140	Beaumont-Port Arthur, TX Hardin County, TX Jefferson County, TX Orange County, TX	0.8564
13380	Bellingham, WA Whatcom County, WA	1.1695
13460	Bend, OR Deschutes County, OR	1.0623

CBSA code	Urban area (Constituent counties)	Wage index
13644	Bethesda-Frederick-Gaithersburg, MD Frederick County, MD Montgomery County, MD	1.0993
13740	Billings, MT Carbon County, MT Yellowstone County, MT	0.8993
13780	Binghamton, NY Broome County, NY Tioga County, NY	0.8484
13820	Birmingham-Hoover, AL Bibb County, AL Blount County, AL Chilton County, AL Jefferson County, AL St. Clair County, AL Shelby County, AL Walker County, AL	0.9111
13900	Bismarck, ND Burleigh County, ND Morton County, ND	0.7741
13980	Blacksburg-Christiansburg-Radford, VA Giles County, VA Montgomery County, VA Pulaski County, VA Radford City, VA	0.8065
14020	Bloomington, IN Greene County, IN Monroe County, IN Owen County, IN	0.8675
14060	Bloomington-Normal, IL McLean County, IL	0.9099
14260	Boise City-Nampa, ID Ada County, ID Boise County, ID Canyon County, ID Gem County, ID Owyhee County, ID	0.9360
14484	Boston-Quincy, MA Norfolk County, MA Plymouth County, MA Suffolk County, MA	1.1649

CBSA code	Urban area (Constituent counties)	Wage index
14500	Boulder, CO Boulder County, CO	1.0072
14540	Bowling Green, KY Edmonson County, KY Warren County, KY	0.8162
14740	Bremerton-Silverdale, WA Kitsap County, WA	1.0636
14860	Bridgeport-Stamford-Norwalk, CT Fairfield County, CT	1.2876
14980	Bristol, VA Washington County, VA Bristol City, VA	0.8065
15180	Brownsville-Harlingen, TX Cameron County, TX	1.0178
15260	Brunswick, GA Brantley County, GA Glynn County, GA McIntosh County, GA	1.1988
15380	Buffalo-Niagara Falls, NY Erie County, NY Niagara County, NY	0.9351
15500	Burlington, NC Alamance County, NC	0.8881
15540	Burlington-South Burlington, VT Chittenden County, VT Franklin County, VT Grand Isle County, VT	0.9378
15764	Cambridge-Newton-Framingham, MA Middlesex County, MA	1.1199
15804	Camden, NJ Burlington County, NJ Camden County, NJ Gloucester County, NJ	1.0683
15940	Canton-Massillon, OH Carroll County, OH Stark County, OH	0.8917
15980	Cape Coral-Fort Myers, FL Lee County, FL	0.9380
16180	Carson City, NV Carson City, NV	1.0362

CBSA code	Urban area (Constituent counties)	Wage index
16220	Casper, WY Natrona County, WY	0.9301
16300	Cedar Rapids, IA Benton County, IA Jones County, IA Linn County, IA	0.8987
16580	Champaign-Urbana, IL Champaign County, IL Ford County, IL Piatt County, IL	0.9539
16620	Charleston, WV Boone County, WV Clay County, WV Kanawha County, WV Lincoln County, WV Putnam County, WV	0.8875
16700	Charleston-North Charleston, SC Berkeley County, SC Charleston County, SC Dorchester County, SC	0.9379
16740	[1]Charlotte-Gastonia-Concord, NC-SC Anson County, NC Cabarrus County, NC Gaston County, NC Mecklenburg County, NC Union County, NC York County, SC	0.9750
16820	Charlottesville, VA Albemarle County, VA Fluvanna County, VA Greene County, VA Nelson County, VA Charlottesville City, VA	1.0317
16860	Chattanooga, TN-GA Catoosa County, GA Dade County, GA Walker County, GA Hamilton County, TN Marion County, TN Sequatchie County, TN	0.9233
16940	Cheyenne, WY Laramie County, WY	0.9190

CBSA code	Urban area (Constituent counties)	Wage index
16974	Chicago-Naperville-Joliet, IL	
	Cook County, IL	
	DeKalb County, IL	
	DuPage County, IL	
	Grundy County, IL	
	Kane County, IL	
	Kendall County, IL	
	McHenry County, IL	
	Will County, IL	1.0819
17020	Chico, CA	
	Butte County, CA	1.0575
17140	Cincinnati-Middletown, OH-KY-IN	
	Dearborn County, IN	
	Franklin County, IN	
	Ohio County, IN	
	Boone County, KY	
	Bracken County, KY	
	Campbell County, KY	
	Gallatin County, KY	
	Grant County, KY	
	Kenton County, KY	
	Pendleton County, KY	
	Brown County, OH	
	Butler County, OH	
	Clermont County, OH	
	Hamilton County, OH	
	Warren County, OH	0.9532
17300	Clarksville, TN-KY	
	Christian County, KY	
	Trigg County, KY	
	Montgomery County, TN	
	Stewart County, TN	0.8027
17420	Cleveland, TN	
	Bradley County, TN	
	Polk County, TN	0.7911
17460	Cleveland-Elyria-Mentor, OH	
	Cuyahoga County, OH	
	Geauga County, OH	
	Lake County, OH	
	Lorain County, OH	
	Medina County, OH	0.9667

CBSA code	Urban area (Constituent counties)	Wage index
17660	Coeur d'Alene, ID	
	Kootenai County, ID	0.9346
17780	College Station-Bryan, TX	
	Brazos County, TX	
	Burleson County, TX	
	Robertson County, TX	0.8505
17820	Colorado Springs, CO	
	El Paso County, CO	
	Teller County, CO	0.9799
17860	Columbia, MO	
	Boone County, MO	
	Howard County, MO	0.8352
17900	Columbia, SC	
	Calhoun County, SC	
	Fairfield County, SC	
	Kershaw County, SC	
	Lexington County, SC	
	Richland County, SC	
	Saluda County, SC	0.9071
17980	Columbus, GA-AL	
	Russell County, AL	
	Chattahoochee County, GA	
	Harris County, GA	
	Marion County, GA	
	Muscogee County, GA	0.8711
18020	Columbus, IN	
	Bartholomew County, IN	0.9472
18140	Columbus, OH	
	Delaware County, OH	
	Fairfield County, OH	
	Franklin County, OH	
	Licking County, OH	
	Madison County, OH	
	Morrow County, OH	
	Pickaway County, OH	
	Union County, OH	0.9757
18580	Corpus Christi, TX	
	Aransas County, TX	
	Nueces County, TX	
	San Patricio County, TX	0.8665
18700	Corvallis, OR	
	Benton County, OR	1.0547

CBSA code	Urban area (Constituent counties)	Wage index
19060	Cumberland, MD-WV Allegany County, MD Mineral County, WV	0.9248
19124	Dallas-Plano-Irving, TX Collin County, TX Dallas County, TX Delta County, TX Denton County, TX Ellis County, TX Hunt County, TX Kaufman County, TX Rockwall County, TX	1.0092
19140	Dalton, GA Murray County, GA Whitfield County, GA	0.9320
19180	Danville, IL Vermilion County, IL	0.8418
19260	Danville, VA Pittsylvania County, VA Danville City, VA	0.8792
19340	Davenport-Moline-Rock Island, IA-IL Henry County, IL Mercer County, IL Rock Island County, IL Scott County, IA	0.8776
19380	Dayton, OH Greene County, OH Miami County, OH Montgomery County, OH Preble County, OH	0.9320
19460	Decatur, AL Lawrence County, AL Morgan County, AL	0.8915
19500	Decatur, IL Macon County, IL	0.8364
19660	Deltona-Daytona Beach-Ormond Beach, FL Volusia County, FL	0.8668

CBSA code	Urban area (Constituent counties)	Wage index
19740	Denver-Aurora, CO	
	Adams County, CO	
	Arapahoe County, CO	
	Broomfield County, CO	
	Clear Creek County, CO	
	Denver County, CO	
	Douglas County, CO	
	Elbert County, CO	
	Gilpin County, CO	
	Jefferson County, CO	
	Park County, CO	1.0911
19780	Des Moines, IA	
	Dallas County, IA	
	Guthrie County, IA	
	Madison County, IA	
	Polk County, IA	
	Warren County, IA	0.9288
19804	Detroit-Livonia-Dearborn, MI	
	Wayne County, MI	1.0379
20020	Dothan, AL	
	Geneva County, AL	
	Henry County, AL	
	Houston County, AL	0.7675
20100	Dover, DE	
	Kent County, DE	0.9579
20220	Dubuque, IA	
	Dubuque County, IA	0.8748
20260	Duluth, MN-WI	
	Carlton County, MN	
	St. Louis County, MN	
	Douglas County, WI	1.0449
20500	Durham, NC	
	Chatham County, NC	
	Durham County, NC	
	Orange County, NC	
	Person County, NC	1.0312
20740	Eau Claire, WI	
	Chippewa County, WI	
	Eau Claire County, WI	0.9485

CBSA code	Urban area (Constituent counties)	Wage index
20764	Edison, NJ Middlesex County, NJ Monmouth County, NJ Ocean County, NJ Somerset County, NJ	1.1160
20940	El Centro, CA Imperial County, CA	1.0440
21060	Elizabethtown, KY Hardin County, KY Larue County, KY	0.8713
21140	Elkhart-Goshen, IN Elkhart County, IN	0.9286
21300	Elmira, NY Chemung County, NY	0.8488
21340	El Paso, TX El Paso County, TX	0.9210
21420	Enid, OK Garfield County, OK	0.9034
21500	Erie, PA Erie County, PA	0.8708
21604	Essex County, MA Essex County, MA	1.0666
21660	Eugene-Springfield, OR Lane County, OR	1.0951
21780	Evansville, IN-KY Gibson County, IN Posey County, IN Vanderburgh County, IN Warrick County, IN Henderson County, KY Webster County, KY	0.8675
21820	Fairbanks, AK Fairbanks North Star Borough, AK	1.1761
21940	Fajardo, PR Ceiba Municipio, PR Fajardo Municipio, PR Luquillo Municipio, PR	0.4014

CBSA code	Urban area (Constituent counties)	Wage index
22020	Fargo, ND-MN Clay County, MN Cass County, ND	0.9340
22140	Farmington, NM San Juan County, NM	0.8592
22180	Fayetteville, NC Cumberland County, NC Hoke County, NC	0.9387
22220	Fayetteville-Springdale-Rogers, AR-MO Benton County, AR Madison County, AR Washington County, AR McDonald County, MO	0.8674
22380	Flagstaff, AZ Coconino County, AZ	1.0804
22420	Flint, MI Genesee County, MI	1.1187
22460	Florence-Muscle Shoals, AL Colbert County, AL Lauderdale County, AL	0.7917
22500	Florence, SC Darlington County, SC Florence County, SC	0.8540
22540	Fond du Lac, WI Fond du Lac County, WI	0.9921
22660	Fort Collins-Loveland, CO Larimer County, CO	1.0142
22744	Fort Lauderdale-Pompano Beach-Deerfield Beach, FL Broward County, FL	1.0180
22900	Fort Smith, AR-OK Crawford County, AR Franklin County, AR Sebastian County, AR Le Flore County, OK Sequoyah County, OK	0.8311
23020	Fort Walton Beach-Crestview-Destin, FL Okaloosa County, FL	0.8805

CBSA code	Urban area (Constituent counties)	Wage index
23060	Fort Wayne, IN Allen County, IN Wells County, IN Whitley County, IN	0.9825
23104	Fort Worth-Arlington, TX Johnson County, TX Parker County, TX Tarrant County, TX Wise County, TX	0.9515
23420	Fresno, CA Fresno County, CA	1.0656
23460	Gadsden, AL Etowah County, AL	0.8090
23540	Gainesville, FL Alachua County, FL Gilchrist County, FL	0.8581
23580	Gainesville, GA Hall County, GA	0.9584
23844	Gary, IN Jasper County, IN Lake County, IN Newton County, IN Porter County, IN	0.9328
24020	Glens Falls, NY Warren County, NY Washington County, NY	0.8508
24140	Goldsboro, NC Wayne County, NC	0.8796
24220	Grand Forks, ND-MN Polk County, MN Grand Forks County, ND	0.9340
24300	Grand Junction, CO Mesa County, CO	0.9949
24340	Grand Rapids-Wyoming, MI Barry County, MI Ionia County, MI Kent County, MI Newaygo County, MI	0.9457
24500	Great Falls, MT Cascade County, MT	0.8894

CBSA code	Urban area (Constituent counties)	Wage index
24540	Greeley, CO Weld County, CO	0.9486
24580	Green Bay, WI Brown County, WI Kewaunee County, WI Oconto County, WI	0.9602
24660	Greensboro-High Point, NC Guilford County, NC Randolph County, NC Rockingham County, NC	0.9228
24780	Greenville, NC Greene County, NC Pitt County, NC	0.9183
24860	Greenville, SC Greenville County, SC Laurens County, SC Pickens County, SC	0.9287
25020	Guayama, PR Arroyo Municipio, PR Guayama Municipio, PR Patillas Municipio, PR	0.4015
25060	Gulfport-Biloxi, MS Hancock County, MS Harrison County, MS Stone County, MS	0.8954
25180	Hagerstown-Martinsburg, MD-WV Washington County, MD Berkeley County, WV Morgan County, WV	0.9765
25260	Hanford-Corcoran, CA Kings County, CA	1.0440
25420	Harrisburg-Carlisle, PA Cumberland County, PA Dauphin County, PA Perry County, PA	0.9377
25500	Harrisonburg, VA Rockingham County, VA Harrisonburg City, VA	0.9300

CBSA code	Urban area (Constituent counties)	Wage index
25540	Hartford-West Hartford-East Hartford, CT Hartford County, CT Middlesex County, CT Tolland County, CT	1.1312
25620	Hattiesburg, MS Forrest County, MS Lamar County, MS Perry County, MS	0.7665
25860	Hickory-Lenoir-Morganton, NC Alexander County, NC Burke County, NC Caldwell County, NC Catawba County, NC	0.9508
25980	Hinesville-Fort Stewart, GA Liberty County, GA Long County, GA	0.7774
26100	Holland-Grand Haven, MI Ottawa County, MI	0.9482
26180	Honolulu, HI Honolulu County, HI	1.0997
26300	Hot Springs, AR Garland County, AR	0.9286
26380	Houma-Bayou Cane-Thibodaux, LA Lafourche Parish, LA Terrebonne Parish, LA	0.7779
26420	Houston-Baytown-Sugar Land, TX Austin County, TX Brazoria County, TX Chambers County, TX Fort Bend County, TX Galveston County, TX Harris County, TX Liberty County, TX Montgomery County, TX San Jacinto County, TX Waller County, TX	0.9995

CBSA code	Urban area (Constituent counties)	Wage index
26580	Huntington-Ashland, WV-KY-OH	
	Boyd County, KY	
	Greenup County, KY	
	Lawrence County, OH	
	Cabell County, WV	
	Wayne County, WV	0.9585
26620	Huntsville, AL	
	Limestone County, AL	
	Madison County, AL	0.8850
26820	Idaho Falls, ID	
	Bonneville County, ID	
	Jefferson County, ID	0.9062
26900	Indianapolis, IN	
	Boone County, IN	
	Brown County, IN	
	Hamilton County, IN	
	Hancock County, IN	
	Hendricks County, IN	
	Johnson County, IN	
	Marion County, IN	
	Morgan County, IN	
	Putnam County, IN	
	Shelby County, IN	1.0102
26980	Iowa City, IA	
	Johnson County, IA	
	Washington County, IA	0.9663
27060	Ithaca, NY	
	Tompkins County, NY	0.9795
27100	Jackson, MI	
	Jackson County, MI	0.9152
27140	Jackson, MS	
	Copiah County, MS	
	Hinds County, MS	
	Madison County, MS	
	Rankin County, MS	
	Simpson County, MS	0.8305
27180	Jackson, TN	
	Chester County, TN	
	Madison County, TN	0.8912

CBSA code	Urban area (Constituent counties)	Wage index
27260	Jacksonville, FL Baker County, FL Clay County, FL Duval County, FL Nassau County, FL St. Johns County, FL	0.9561
27340	Jacksonville, NC Onslow County, NC	0.8587
27460	Jamestown-Dunkirk-Fredonia, NY Chautauqua County, NY	0.8180
27500	Janesville, WI Rock County, WI	0.9618
27620	Jefferson City, MO Callaway County, MO Cole County, MO Moniteau County, MO Osage County, MO	0.8352
27740	Johnson City, TN Carter County, TN Unicoi County, TN Washington County, TN	0.7991
27780	Johnstown, PA Cambria County, PA	0.8397
27860	Jonesboro, AR Craighead County, AR Poinsett County, AR	0.8000
27900	Joplin, MO Jasper County, MO Newton County, MO	0.8746
28020	Kalamazoo-Portage, MI Kalamazoo County, MI Van Buren County, MI	1.0714
28100	Kankakee-Bradley, IL Kankakee County, IL	1.0551

CBSA code	Urban area (Constituent counties)	Wage index
28140	Kansas City, MO-KS	
	Franklin County, KS	
	Johnson County, KS	
	Leavenworth County, KS	
	Linn County, KS	
	Miami County, KS	
	Wyandotte County, KS	
	Bates County, MO	
	Caldwell County, MO	
	Cass County, MO	
	Clay County, MO	
	Clinton County, MO	
	Jackson County, MO	
	Lafayette County, MO	
	Platte County, MO	
	Ray County, MO	0.9625
28420	Kennewick-Richland-Pasco, WA	
	Benton County, WA	
	Franklin County, WA	1.0530
28660	Killeen-Temple-Fort Hood, TX	
	Bell County, TX	
	Coryell County, TX	
	Lampasas County, TX	0.9301
28700	Kingsport-Bristol-Bristol, TN-VA	
	Hawkins County, TN	
	Sullivan County, TN	
	Scott County, VA	0.8257
28740	Kingston, NY	
	Ulster County, NY	0.8874
28940	Knoxville, TN	
	Anderson County, TN	
	Blount County, TN	
	Knox County, TN	
	Loudon County, TN	
	Union County, TN	0.8585
29020	Kokomo, IN	
	Howard County, IN	
	Tipton County, IN	0.9038

CBSA code	Urban area (Constituent counties)	Wage index
29100	La Crosse, WI-MN Houston County, MN La Crosse County, WI	0.9340
29140	Lafayette, IN Benton County, IN Carroll County, IN Tippecanoe County, IN	0.9073
29180	Lafayette, LA Lafayette Parish, LA St. Martin Parish, LA	0.8319
29340	Lake Charles, LA Calcasieu Parish, LA Cameron Parish, LA	0.7921
29404	Lake County-Kenosha County, IL-WI Lake County, IL Kenosha County, WI	1.0342
29460	Lakeland, FL Polk County, FL	0.8964
29540	Lancaster, PA Lancaster County, PA	0.9919
29620	Lansing-East Lansing, MI Clinton County, MI Eaton County, MI Ingham County, MI	0.9675
29700	Laredo, TX Webb County, TX	0.8293
29740	Las Cruces, NM Dona Ana County, NM	0.8783
29820	Las Vegas-Paradise, NV Clark County, NV	1.1380
29940	Lawrence, KS Douglas County, KS	0.8132
30020	Lawton, OK Comanche County, OK	0.8264
30140	Lebanon, PA Lebanon County, PA	0.8592
30300	Lewiston, ID-WA Nez Perce County, ID Asotin County, WA	0.9325

CBSA code	Urban area (Constituent counties)	Wage index
30340	Lewiston-Auburn, ME	
	Androscoggin County, ME	0.9613
30460	Lexington-Fayette, KY	
	Bourbon County, KY	
	Clark County, KY	
	Fayette County, KY	
	Jessamine County, KY	
	Scott County, KY	
	Woodford County, KY	0.9074
30620	Lima, OH	
	Allen County, OH	0.9330
30700	Lincoln, NE	
	Lancaster County, NE	
	Seward County, NE	1.0206
30780	Little Rock-North Little Rock, AR	
	Faulkner County, AR	
	Grant County, AR	
	Lonoke County, AR	
	Perry County, AR	
	Pulaski County, AR	
	Saline County, AR	0.9032
30860	Logan, UT-ID	
	Franklin County, ID	
	Cache County, UT	0.9102
30980	Longview, TX	
	Gregg County, TX	
	Rusk County, TX	
	Upshur County, TX	0.8823
31020	Longview, WA	
	Cowlitz County, WA	1.0340
31084	Los Angeles-Long Beach-Glendale, CA	
	Los Angeles County, CA	1.1730

CBSA code	Urban area (Constituent counties)	Wage index
31140	Louisville, KY-IN	
	Clark County, IN	
	Floyd County, IN	
	Harrison County, IN	
	Washington County, IN	
	Bullitt County, KY	
	Henry County, KY	
	Jefferson County, KY	
	Meade County, KY	
	Nelson County, KY	
	Oldham County, KY	
	Shelby County, KY	
	Spencer County, KY	
	Trimble County, KY	0.9146
31180	Lubbock, TX	
	Crosby County, TX	
	Lubbock County, TX	0.8798
31340	Lynchburg, VA	
	Amherst County, VA	
	Appomattox County, VA	
	Bedford County, VA	
	Campbell County, VA	
	Bedford City, VA	
	Lynchburg City, VA	0.9048
31420	Macon, GA	
	Bibb County, GA	
	Crawford County, GA	
	Jones County, GA	
	Monroe County, GA	
	Twiggs County, GA	0.9934
31460	Madera, CA	
	Madera County, CA	1.0440
31540	Madison, WI	
	Columbia County, WI	
	Dane County, WI	
	Iowa County, WI	1.0325
31700	Manchester-Nashua, NH	
	Hillsborough County, NH	1.0573
31900	Mansfield, OH	
	Richland County, OH	0.9224

CBSA code	Urban area (Constituent counties)	Wage index
32420	Mayagüez, PR Hormigueros Municipio, PR Mayagüez Municipio, PR	0.4453
32580	McAllen-Edinburg-Pharr, TX Hidalgo County, TX	0.8624
32780	Medford, OR Jackson County, OR	1.0561
32820	Memphis, TN-MS-AR Crittenden County, AR DeSoto County, MS Marshall County, MS Tate County, MS Tunica County, MS Fayette County, TN Shelby County, TN Tipton County, TN	0.9250
32900	Merced, CA Merced County, CA	1.0440
33124	Miami-Miami Beach-Kendall, FL Miami-Dade County, FL	1.0045
33140	Michigan City-La Porte, IN LaPorte County, IN	0.9351
33260	Midland, TX Midland County, TX	0.9408
33340	Milwaukee-Waukesha-West Allis, WI Milwaukee County, WI Ozaukee County, WI Washington County, WI Waukesha County, WI	1.0106

CBSA code	Urban area (Constituent counties)	Wage index
33460	Minneapolis-St. Paul-Bloomington, MN-WI	
	Anoka County, MN	
	Carver County, MN	
	Chisago County, MN	
	Dakota County, MN	
	Hennepin County, MN	
	Isanti County, MN	
	Ramsey County, MN	
	Scott County, MN	
	Sherburne County, MN	
	Washington County, MN	
	Wright County, MN	
	Pierce County, WI	
	St. Croix County, WI	1.1074
33540	Missoula, MT	
	Missoula County, MT	0.9610
33660	Mobile, AL	
	Mobile County, AL	0.8017
33700	Modesto, CA	
	Stanislaus County, CA	1.2007
33740	Monroe, LA	
	Ouachita Parish, LA	
	Union Parish, LA	0.7928
33780	Monroe, MI	
	Monroe County, MI	0.9517
33860	Montgomery, AL	
	Autauga County, AL	
	Elmore County, AL	
	Lowndes County, AL	
	Montgomery County, AL	0.8312
34060	Morgantown, WV	
	Monongalia County, WV	
	Preston County, WV	0.8720
34100	Morristown, TN	
	Grainger County, TN	
	Hamblen County, TN	
	Jefferson County, TN	0.7911
34580	Mount Vernon-Anacortes, WA	
	Skagit County, WA	1.0581

CBSA code	Urban area (Constituent counties)	Wage index
34620	Muncie, IN	
	Delaware County, IN	0.8675
34740	Muskegon-Norton Shores, MI	
	Muskegon County, MI	0.9770
34820	Myrtle Beach-Conway-North Myrtle Beach, SC	
	Horry County, SC	0.8592
34900	Napa, CA	
	Napa County, CA	1.2550
34940	Naples-Marco Island, FL	
	Collier County, FL	1.0593
34980	Nashville-Davidson--Murfreesboro, TN	
	Cannon County, TN	
	Cheatham County, TN	
	Davidson County, TN	
	Dickson County, TN	
	Hickman County, TN	
	Macon County, TN	
	Robertson County, TN	
	Rutherford County, TN	
	Smith County, TN	
	Sumner County, TN	
	Trousdale County, TN	
	Williamson County, TN	
	Wilson County, TN	1.0115
35084	Newark-Union, NJ-PA	
	Essex County, NJ	
	Hunterdon County, NJ	
	Morris County, NJ	
	Sussex County, NJ	
	Union County, NJ	
	Pike County, PA	1.1708
35300	New Haven-Milford, CT	
	New Haven County, CT	1.1828

CBSA code	Urban area (Constituent counties)	Wage index
35380	New Orleans-Metairie-Kenner, LA Jefferson Parish, LA Orleans Parish, LA Plaquemines Parish, LA St. Bernard Parish, LA St. Charles Parish, LA St. John the Baptist Parish, LA St. Tammany Parish, LA	0.9118
35644	New York-Wayne-White Plains, NY-NJ Bergen County, NJ Hudson County, NJ Passaic County, NJ Bronx County, NY Kings County, NY New York County, NY Putnam County, NY Queens County, NY Richmond County, NY Rockland County, NY Westchester County, NY	1.3324
35660	Niles-Benton Harbor, MI Berrien County, MI	0.8922
35980	Norwich-New London, CT New London County, CT	1.1625
36084	Oakland-Fremont-Hayward, CA Alameda County, CA Contra Costa County, CA	1.5251
36100	Ocala, FL Marion County, FL	0.9194
36140	Ocean City, NJ Cape May County, NJ	1.0841
36220	Odessa, TX Ector County, TX	0.9822
36260	Ogden-Clearfield, UT Davis County, UT Morgan County, UT Weber County, UT	0.9235

CBSA code	Urban area (Constituent counties)	Wage index
36420	Oklahoma City, OK	
	Canadian County, OK	
	Cleveland County, OK	
	Grady County, OK	
	Lincoln County, OK	
	Logan County, OK	
	McClain County, OK	
	Oklahoma County, OK	0.9005
36500	Olympia, WA	
	Thurston County, WA	1.1034
36540	Omaha-Council Bluffs, NE-IA	
	Harrison County, IA	
	Mills County, IA	
	Pottawattamie County, IA	
	Cass County, NE	
	Douglas County, NE	
	Sarpy County, NE	
	Saunders County, NE	
	Washington County, NE	0.9765
36740	Orlando, FL	
	Lake County, FL	
	Orange County, FL	
	Osceola County, FL	
	Seminole County, FL	0.9779
36780	Oshkosh-Neenah, WI	
	Winnebago County, WI	0.9485
36980	Owensboro, KY	
	Daviess County, KY	
	Hancock County, KY	
	McLean County, KY	0.8470
37100	Oxnard-Thousand Oaks-Ventura, CA	
	Ventura County, CA	1.1130
37340	Palm Bay-Melbourne-Titusville, FL	
	Brevard County, FL	0.9630
37460	Panama City-Lynn Haven, FL	
	Bay County, FL	0.8581

CBSA code	Urban area (Constituent counties)	Wage index
37620	Parkersburg-Marietta, WV-OH Washington County, OH Pleasants County, WV Wirt County, WV Wood County, WV	0.8708
37700	Pascagoula, MS George County, MS Jackson County, MS	0.7993
37860	Pensacola-Ferry Pass-Brent, FL Escambia County, FL Santa Rosa County, FL	0.8581
37900	Peoria, IL Marshall County, IL Peoria County, IL Stark County, IL Tazewell County, IL Woodford County, IL	0.8792
37964	Philadelphia, PA Bucks County, PA Chester County, PA Delaware County, PA Montgomery County, PA Philadelphia County, PA	1.0880
38060	Phoenix-Mesa-Scottsdale, AZ Maricopa County, AZ Pinal County, AZ	1.0009
38220	Pine Bluff, AR Cleveland County, AR Jefferson County, AR Lincoln County, AR	0.8724
38300	Pittsburgh, PA Allegheny County, PA Armstrong County, PA Beaver County, PA Butler County, PA Fayette County, PA Washington County, PA Westmoreland County, PA	0.8743
38340	Pittsfield, MA Berkshire County, MA	1.0756

CBSA code	Urban area (Constituent counties)	Wage index
38540	Pocatello, ID Bannock County, ID Power County, ID	0.9615
38660	Ponce, PR Juana Díaz Municipio, PR Ponce Municipio, PR Villalba Municipio, PR	0.5019
38860	Portland-South Portland-Biddeford, ME Cumberland County, ME Sagadahoc County, ME York County, ME	1.0127
38900	Portland-Vancouver-Beaverton, OR-WA Clackamas County, OR Columbia County, OR Multnomah County, OR Washington County, OR Yamhill County, OR Clark County, WA Skamania County, WA	1.1384
38940	Port St. Lucie-Fort Pierce, FL Martin County, FL St. Lucie County, FL	1.0077
39100	Poughkeepsie-Newburgh-Middletown, NY Dutchess County, NY Orange County, NY	1.1395
39140	Prescott, AZ Yavapai County, AZ	0.9922
39300	Providence-New Bedford-Fall River, RI-MA Bristol County, MA Bristol County, RI Kent County, RI Newport County, RI Providence County, RI Washington County, RI	1.0941
39340	Provo-Orem, UT Juab County, UT Utah County, UT	0.9596
39380	Pueblo, CO Pueblo County, CO	0.9374

CBSA code	Urban area (Constituent counties)	Wage index
39460	Punta Gorda, FL Charlotte County, FL	0.9473
39540	Racine, WI Racine County, WI	0.9485
39580	Raleigh-Cary, NC Franklin County, NC Johnston County, NC Wake County, NC	1.0060
39660	Rapid City, SD Meade County, SD Pennington County, SD	0.8947
39740	Reading, PA Berks County, PA	0.9173
39820	Redding, CA Shasta County, CA	1.1856
39900	Reno-Sparks, NV Storey County, NV Washoe County, NV	1.0474
40060	Richmond, VA Amelia County, VA Caroline County, VA Charles City County, VA Chesterfield County, VA Cumberland County, VA Dinwiddie County, VA Goochland County, VA Hanover County, VA Henrico County, VA King and Queen County, VA King William County, VA Louisa County, VA New Kent County, VA Powhatan County, VA Prince George County, VA Sussex County, VA Colonial Heights City, VA Hopewell City, VA Petersburg City, VA Richmond City, VA	0.9422

CBSA code	Urban area (Constituent counties)	Wage index
40140	Riverside-San Bernardino-Ontario, CA	
	Riverside County, CA	
	San Bernardino County, CA	1.0997
40220	Roanoke, VA	
	Botetourt County, VA	
	Craig County, VA	
	Franklin County, VA	
	Roanoke County, VA	
	Roanoke City, VA	
	Salem City, VA	0.8352
40340	Rochester, MN	
	Dodge County, MN	
	Olmsted County, MN	
	Wabasha County, MN	1.1511
40380	Rochester, NY	
	Livingston County, NY	
	Monroe County, NY	
	Ontario County, NY	
	Orleans County, NY	
	Wayne County, NY	0.9307
40420	Rockford, IL	
	Boone County, IL	
	Winnebago County, IL	0.9623
40484	Rockingham County-Strafford County, NH	
	Rockingham County, NH	
	Strafford County, NH	1.0232
40580	Rocky Mount, NC	
	Edgecombe County, NC	
	Nash County, NC	0.9016
40660	Rome, GA	
	Floyd County, GA	0.8877
40900	Sacramento--Arden-Arcade--Roseville, CA	
	El Dorado County, CA	
	Placer County, CA	
	Sacramento County, CA	
	Yolo County, CA	1.1707
40980	Saginaw-Saginaw Township North, MI	
	Saginaw County, MI	0.9879

CBSA code	Urban area (Constituent counties)	Wage index
41060	St. Cloud, MN	
	Benton County, MN	
	Stearns County, MN	1.0193
41100	St. George, UT	
	Washington County, UT	0.9495
41140	St. Joseph, MO-KS	
	Doniphan County, KS	
	Andrew County, MO	
	Buchanan County, MO	
	DeKalb County, MO	
	Hospitals located in Missouri	0.8010
	Hospitals located in Kansas	0.8132
41180	St. Louis, MO-IL	
	Bond County, IL	
	Calhoun County, IL	
	Clinton County, IL	
	Jersey County, IL	
	Macoupin County, IL	
	Madison County, IL	
	Monroe County, IL	
	St. Clair County, IL	
	Crawford County, MO	
	Franklin County, MO	
	Jefferson County, MO	
	Lincoln County, MO	
	St. Charles County, MO	
	St. Louis County, MO	
	Warren County, MO	
	Washington County, MO	
	St. Louis City, MO	0.9067
41420	Salem, OR	
	Marion County, OR	
	Polk County, OR	1.0572
41500	Salinas, CA	
	Monterey County, CA	1.3946
41540	Salisbury, MD	
	Somerset County, MD	
	Wicomico County, MD	0.9248

CBSA code	Urban area (Constituent counties)	Wage index
41620	Salt Lake City, UT Salt Lake County, UT Summit County, UT Tooele County, UT	0.9588
41660	San Angelo, TX Irion County, TX Tom Green County, TX	0.8194
41700	San Antonio, TX Atascosa County, TX Bandera County, TX Bexar County, TX Comal County, TX Guadalupe County, TX Kendall County, TX Medina County, TX Wilson County, TX	0.9021
41740	San Diego-Carlsbad-San Marcos, CA San Diego County, CA	1.1265
41780	Sandusky, OH Erie County, OH	0.9045
41884	San Francisco-San Mateo-Redwood City, CA Marin County, CA San Francisco County, CA San Mateo County, CA	1.4403
41900	San Germán-Cabo Rojo, PR Cabo Rojo Municipio, PR Lajas Municipio, PR Sabana Grande Municipio, PR San Germán Municipio, PR	0.5254
41940	San Jose-Sunnyvale-Santa Clara, CA San Benito County, CA Santa Clara County, CA	1.4543

CBSA code	Urban area (Constituent counties)	Wage index
41980	San Juan-Caguas-Guaynabo, PR Aguas Buenas Municipio, PR Aibonito Municipio, PR Arecibo Municipio, PR Barceloneta Municipio, PR Barranquitas Municipio, PR Bayamón Municipio, PR Caguas Municipio, PR Camuy Municipio, PR Canóvanas Municipio, PR Carolina Municipio, PR Cataño Municipio, PR Cayey Municipio, PR Ciales Municipio, PR Cidra Municipio, PR Comerío Municipio, PR Corozal Municipio, PR Dorado Municipio, PR Florida Municipio, PR Guaynabo Municipio, PR Gurabo Municipio, PR Hatillo Municipio, PR Humacao Municipio, PR Juncos Municipio, PR Las Piedras Municipio, PR Loíza Municipio, PR Manatí Municipio, PR Maunabo Municipio, PR Morovis Municipio, PR Naguabo Municipio, PR Naranjito Municipio, PR Orocovis Municipio, PR Quebradillas Municipio, PR Río Grande Municipio, PR San Juan Municipio, PR San Lorenzo Municipio, PR Toa Alta Municipio, PR Toa Baja Municipio, PR Trujillo Alto Municipio, PR Vega Alta Municipio, PR Vega Baja Municipio, PR Yabucoa Municipio, PR	0.4646

CBSA code	Urban area (Constituent counties)	Wage index
42020	San Luis Obispo-Paso Robles, CA San Luis Obispo County, CA	1.1140
42044	Santa Ana-Anaheim-Irvine, CA Orange County, CA	1.1628
42060	Santa Barbara-Santa Maria-Goleta, CA Santa Barbara County, CA	1.0731
42100	Santa Cruz-Watsonville, CA Santa Cruz County, CA	1.4786
42140	Santa Fe, NM Santa Fe County, NM	1.0913
42220	Santa Rosa-Petaluma, CA Sonoma County, CA	1.2958
42260	Sarasota-Bradenton-Venice, FL Manatee County, FL Sarasota County, FL	0.9635
42340	Savannah, GA Bryan County, GA Chatham County, GA Effingham County, GA	0.9470
42540	Scranton--Wilkes-Barre, PA Lackawanna County, PA Luzerne County, PA Wyoming County, PA	0.8529
42644	Seattle-Bellevue-Everett, WA King County, WA Snohomish County, WA	1.1497
43100	Sheboygan, WI Sheboygan County, WI	0.9485
43300	Sherman-Denison, TX Grayson County, TX	0.9645
43340	Shreveport-Bossier City, LA Bossier Parish, LA Caddo Parish, LA De Soto Parish, LA	0.9153
43580	Sioux City, IA-NE-SD Woodbury County, IA Dakota County, NE Dixon County, NE Union County, SD	0.9077

CBSA code	Urban area (Constituent counties)	Wage index
43620	Sioux Falls, SD Lincoln County, SD McCook County, SD Minnehaha County, SD Turner County, SD	0.9438
43780	South Bend-Mishawaka, IN-MI St. Joseph County, IN Cass County, MI	0.9458
43900	Spartanburg, SC Spartanburg County, SC	0.9035
44060	Spokane, WA Spokane County, WA	1.0674
44100	Springfield, IL Menard County, IL Sangamon County, IL	0.8754
44140	Springfield, MA Franklin County, MA Hampden County, MA Hampshire County, MA	1.0432
44180	Springfield, MO Christian County, MO Dallas County, MO Greene County, MO Polk County, MO Webster County, MO	0.8458
44220	Springfield, OH Clark County, OH	0.8763
44300	State College, PA Centre County, PA	0.8486
44700	Stockton, CA San Joaquin County, CA	1.0605
44844	Suffolk-Nassau, NY Nassau County, NY Suffolk County, NY	1.2966
44940	Sumter, SC Sumter County, SC	0.8449
45060	Syracuse, NY Madison County, NY Onondaga County, NY Oswego County, NY	0.9504

CBSA code	Urban area (Constituent counties)	Wage index
45104	Tacoma, WA Pierce County, WA	1.1105
45220	Tallahassee, FL Gadsden County, FL Jefferson County, FL Leon County, FL Wakulla County, FL	0.8690
45300	Tampa-St. Petersburg-Clearwater, FL Hernando County, FL Hillsborough County, FL Pasco County, FL Pinellas County, FL	0.9087
45460	Terre Haute, IN Clay County, IN Sullivan County, IN Vermillion County, IN Vigo County, IN	0.8675
45500	Texarkana, TX-Texarkana, AR Miller County, AR Bowie County, TX	0.8432
45780	Toledo, OH Fulton County, OH Lucas County, OH Ottawa County, OH Wood County, OH	0.9536
45820	Topeka, KS Jackson County, KS Jefferson County, KS Osage County, KS Shawnee County, KS Wabaunsee County, KS	0.8915
45940	Trenton-Ewing, NJ Mercer County, NJ	1.0294
46060	Tucson, AZ Pima County, AZ	0.8971

CBSA code	Urban area (Constituent counties)	Wage index
46140	Tulsa, OK Creek County, OK Okmulgee County, OK Osage County, OK Pawnee County, OK Rogers County, OK Tulsa County, OK Wagoner County, OK	0.8709
46220	Tuscaloosa, AL Greene County, AL Hale County, AL Tuscaloosa County, AL	0.8358
46340	Tyler, TX Smith County, TX	0.9534
46540	Utica-Rome, NY Herkimer County, NY Oneida County, NY	0.8339
46660	Valdosta, GA Brooks County, GA Echols County, GA Lanier County, GA Lowndes County, GA	0.8355
46700	Vallejo-Fairfield, CA Solano County, CA	1.4275
46940	Vero Beach, FL Indian River County, FL	0.9513
47020	Victoria, TX Calhoun County, TX Goliad County, TX Victoria County, TX	0.8491
47220	Vineland-Millville-Bridgeton, NJ Cumberland County, NJ	1.0604

CBSA code	Urban area (Constituent counties)	Wage index
47260	Virginia Beach-Norfolk-Newport News, VA-NC	
	Currituck County, NC	
	Gloucester County, VA	
	Isle of Wight County, VA	
	James City County, VA	
	Mathews County, VA	
	Surry County, VA	
	York County, VA	
	Chesapeake City, VA	
	Hampton City, VA	
	Newport News City, VA	
	Norfolk City, VA	
	Poquoson City, VA	
	Portsmouth City, VA	
	Suffolk City, VA	
	Virginia Beach City, VA	
	Williamsburg City, VA	0.8941
47300	Visalia-Porterville, CA	
	Tulare County, CA	1.0440
47380	Waco, TX	
	McLennan County, TX	0.8167
47580	Warner Robins, GA	
	Houston County, GA	0.8513
47644	Warren-Farmington Hills-Troy, MI	
	Lapeer County, MI	
	Livingston County, MI	
	Macomb County, MI	
	Oakland County, MI	
	St. Clair County, MI	1.0131

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CBSA code	Urban area (Constituent counties)	Wage index
47894	Washington-Arlington-Alexandria, DC-VA-MD-WV	
	District of Columbia, DC	
	Calvert County, MD	
	Charles County, MD	
	Prince George's County, MD	
	Arlington County, VA	
	Clarke County, VA	
	Fairfax County, VA	
	Fauquier County, VA	
	Loudoun County, VA	
	Prince William County, VA	
	Spotsylvania County, VA	
	Stafford County, VA	
	Warren County, VA	
	Alexandria City, VA	
	Fairfax City, VA	
	Falls Church City, VA	
	Fredericksburg City, VA	
	Manassas City, VA	
	Manassas Park City, VA	
	Jefferson County, WV	1.1063
47940	Waterloo-Cedar Falls, IA	
	Black Hawk County, IA	
	Bremer County, IA	
	Grundy County, IA	0.8652
48140	Wausau, WI	
	Marathon County, WI	0.9645
48260	Weirton-Steubenville, WV-OH	
	Jefferson County, OH	
	Brooke County, WV	
	Hancock County, WV	0.8708
48300	Wenatchee, WA	
	Chelan County, WA	
	Douglas County, WA	1.0340
48424	West Palm Beach-Boca Raton-Boynton Beach, FL	
	Palm Beach County, FL	1.0074
48540	Wheeling, WV-OH	
	Belmont County, OH	
	Marshall County, WV	
	Ohio County, WV	0.8708

CMS-1427-P (Addendum L) HCDI

CBSA code	Urban area (Constituent counties)	Wage index
48620	Wichita, KS Butler County, KS Harvey County, KS Sedgwick County, KS Sumner County, KS	0.9476
48660	Wichita Falls, TX Archer County, TX Clay County, TX Wichita County, TX	0.8379
48700	Williamsport, PA Lycoming County, PA	0.8432
48864	Wilmington, DE-MD-NJ New Castle County, DE Cecil County, MD Salem County, NJ	1.1110
48900	Wilmington, NC Brunswick County, NC New Hanover County, NC Pender County, NC	0.9248
49020	Winchester, VA-WV Frederick County, VA Winchester City, VA Hampshire County, WV	1.0513
49180	Winston-Salem, NC Davie County, NC Forsyth County, NC Stokes County, NC Yadkin County, NC	0.9430
49340	Worcester, MA Worcester County, MA	1.1034
49420	Yakima, WA Yakima County, WA	1.0343
49500	Yauco, PR Guánica Municipio, PR Guayanilla Municipio, PR Peñuelas Municipio, PR Yauco Municipio, PR	0.4505
49620	York-Hanover, PA York County, PA	0.8916

CMS-1427-P (Addendum L) HCDI

CBSA code	Urban area (Constituent counties)	Wage index
49660	Youngstown-Warren-Boardman, OH-PA Mahoning County, OH Trumbull County, OH Mercer County, PA	0.9257
49700	Yuba City, CA Sutter County, CA Yuba County, CA	1.0440
49740	Yuma, AZ Yuma County, AZ	0.8967

CMS-1427-P (Addendum M) HCDI

ADDENDUM M.—PRE-RECLASSIFIED WAGE INDEX FOR RURAL AREAS

Nonurban Area	Wage Index
Alabama	0.7675
Alaska	1.1761
Arizona	0.8967
Arkansas	0.7453
California	1.0440
Colorado	0.9374
Connecticut	1.1312
Delaware	0.9524
Florida	0.8581
Georgia	0.7774
Hawaii	1.0549
Idaho	0.8249
Illinois	0.8364
Indiana	0.8675
Iowa	0.8496
Kansas	0.8132
Kentucky	0.7806
Louisiana	0.7399
Maine	0.9058
Maryland	0.9248
Massachusetts	1.0432
Michigan	0.8792
Minnesota	0.9340
Mississippi	0.7665
Missouri	0.8010
Montana	0.8778

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Nonurban Area	Wage Index
Nebraska	0.9058
Nevada	0.9311
New Hampshire	1.0116
New Jersey[1]	-------
New Mexico	0.8592
New York	0.8180
North Carolina	0.8587
North Dakota	0.7741
Ohio	0.8708
Oklahoma	0.7721
Oregon	0.9926
Pennsylvania	0.8335
Puerto Rico[1]	-------
Rhode Island[1]	-------
South Carolina	0.8449
South Dakota	0.8409
Tennessee	0.7911
Texas	0.8011
Utah	0.8314
Vermont	0.9378
Virginia	0.8065
Washington	1.0340
West Virginia	0.7903
Wisconsin	0.9485
Wyoming	0.9190

[1]All counties within the State are classified as urban.

CMS-1427-P (Addendum N) HCDI

ADDENDUM N.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL UNDER SECTION 508 of PUB. L. 108-173

Provider Number	Actual MSA or rural area	Wage index MSA 508 Reclassification	Actual CBSA or rural area	Wage index CBSA 508 Reclassification	Nearest County	Own Wage Index
020008			02			1.3157
060075			06			1.1681
070036			25540			1.2954
160064			16			1.0504
330106			44844			1.5152
380090			38			1.2808
410010			39300			1.1702
530015			53			1.0064
010150	01	1800	01	17980		
050494	05	7500	05	42220		
050549	8735	7500	37100	42220		
060057	06	2080	06	19740		
070001	5483	5380	35300	44844		
070005	5483	5380	35300	44844		
070010	5483	5600	14860	35644		
070016	5483	5380	35300	44844		
070017	5483	5380	35300	44844		
070019	5483	5380	35300	44844		
070022	5483	5380	35300	44844		
070028	5483	5600	14860	35644		
070031	5483	5380	35300	44844		
070039	5483	5380	35300	44844		
120025	12	3320	12	26180		
150034	2960	1600	23844	16974	Cook	
160040	8920	1360	47940	16300		
160067	8920	1360	47940	16300		
160110	8920	1360	47940	16300		
190218	19	7680	19	43340	Caddo	
220046	6323	1123	38340	49340	Worcester	
230003	3000	3720	26100	28020	Van Buren	
230004	3000	3720	34740	28020	Van Buren	
230013	2160	2640	47644	22420		
230019	2160	2640	47644	22420		
230020	2160	0440	19804	11460	Washtenaw	
230024	2160	0440	19804	11460	Washtenaw	
230029	2160	2640	47644	22420		
230036	23	2640	23	22420		

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Provider Number	Actual MSA or rural area	Wage index MSA 508 Reclassification	Actual CBSA or rural area	Wage index CBSA 508 Reclassification	Nearest County	Own Wage Index
230038	3000	3720	24340	28020	Kalamazoo	
230053	2160	0440	19804	11460	Washtenaw	
230059	3000	3720	24340	28020	Kalamazoo	
230066	3000	3720	34740	28020	Van Buren	
230071	2160	2640	47644	22420		
230072	3000	3720	26100	28020	Van Buren	
230089	2160	0440	19804	11460	Washtenaw	
230092	3520	3000	27100	24340	Kent	
230097	23	3720	23	28020	Kalamazoo	
230104	2160	0440	19804	11460	Washtenaw	
230106	23	3720	24340	28020	Van Buren	
230119	2160	0440	19804	11460	Washtenaw	
230130	2160	2640	47644	22420		
230135	2160	0440	19804	11460	Washtenaw	
230146	2160	0440	19804	11460	Washtenaw	
230151	2160	2640	47644	22420		
230165	2160	0440	19804	11460	Washtenaw	
230174	3000	3720	26100	28020	Van Buren	
230176	2160	0440	19804	11460	Washtenaw	
230207	2160	2640	47644	22420		
230223	2160	2640	47644	22420		
230236	3000	3720	24340	28020	Kalamazoo	
230254	2160	2640	47644	22420		
230269	2160	2640	47644	22420		
230270	2160	0440	19804	11460	Washtenaw	
230273	2160	0440	19804	11460	Washtenaw	
230277	2160	2640	47644	22420		
250002	25	0920	25	37700	Jackson	
250122	25	0920	25	25060	Hancock	
270014	27	0880	33540	13740		
270021	27	0880	27	13740		
270023	5140	0880	33540	13740		
270032	27	0880	27	13740		
270050	27	0880	27	13740		
270057	27	0880	27	13740		
310021	8480	0875	45940	35644		
310028	5640	5600	35084	35644		
310050	5640	5600	35084	35644		
310051	5640	5600	35084	35644		
310060	5640	5600	10900	35644		
310115	5640	5600	10900	35644		
310120	5640	5600	35084	35644		

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Provider Number	Actual MSA or rural area	Wage index MSA 508 Reclassification	Actual CBSA or rural area	Wage index CBSA 508 Reclassification	Nearest County	Own Wage Index
330049	2281	5600	39100	35644		
330067	2281	5600	39100	35644		
330126	5660	5600	39100	35644		
330135	5660	5600	39100	35644		
330205	5660	5600	39100	35644		
330264	5660	5380	39100	44844		
340002	0480	1520	11700	16740	Gaston	
350002	1010	2520	13900	22020		
350003	1010	2520	35	22020		
350006	1010	2520	35	22020		
350010	1010	2520	35	22020		
350014	1010	2520	35	22020		
350015	1010	2520	13900	22020		
350017	1010	2520	35	22020		
350030	1010	2520	35	22020		
350061	1010	2520	35	22020		
390001	7560	0240	42540	10900		
390003	7560	0240	39	10900		
390054	7560	4000	42540	29540		
390072	7560	0240	39	10900		
390095	7560	0240	42540	10900		
390109	7560	0240	42540	10900		
390119	7560	0240	42540	10900		
390137	7560	0240	42540	10900		
390169	7560	0240	42540	10900		
390185	7560	0240	42540	10900		
390192	7560	0240	42540	10900		
390237	7560	0240	42540	10900		
390270	7560	4000	42540	29540		
430003	43	6660		39660		
430015	43	7760	43	43620		
430048	43	7760	43	43620		
430060	43	7760	43	43620		
430064	43	7760	43	43620		
430077	6660	7760	39660	43620		
430091	6660	7760	39660	43620		
450010	9080	4880	48660	32580		
450072	1145	3360	26420	26420		
450591	1145	3360	26420	26420		
470003	1303	1123	15540	40484	Strafford	
490001	49	4640	49	31340		
490024	6800	1950	40220	19260		

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Federal Register

Monday,
August 16, 2004

Part III

Department of Transportation

Research and Special Programs Administration

49 CFR Parts 171, 172, and 173

Hazardous Materials; Requirements for Lighters and Lighter Refills; Proposed Rule

DEPARTMENT OF TRANSPORTATION

Research and Special Programs Administration

49 CFR Parts 171, 172, and 173

[Docket No. RSPA–2004–18795 (HM–237)]

RIN 2137–AD88

Hazardous Materials; Requirements for Lighters and Lighter Refills

AGENCY: Research and Special Programs Administration (RSPA), DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: RSPA proposes to amend requirements in the Hazardous Materials Regulations for the examination, testing, certification, and transportation of lighters and lighter refills. This action will clarify regulatory requirements and, where appropriate, decrease the regulatory burden without compromising the safe transportation of lighters and lighter refills in commerce.

DATES: Comments must be received by November 15, 2004.

ADDRESSES: You may submit comments identified by the docket number RSPA–2004–18795 (HM–237) by any of the following methods:

- Federal eRulemaking Portal: *http://www.regulations.gov* Follow the instructions for submitting comments.
- Web Site: *http://dms.dot.gov* Follow the instructions for submitting comments on the DOT electronic docket site.
- Fax: 1–202–493–2251.
- Mail: Docket Management System; U.S. Department of Transportation, 400 Seventh Street, SW., Nassif Building, Room PL–401, Washington, DC 20590–001.
- Hand Delivery: To the Docket Management System; Room PL–401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC between 9 a.m. and 5 p.m., Monday through Friday, except Federal Holidays.

Instructions: You must include the agency name and docket number RSPA–2004–18795 (HM–237) or the Regulatory Identification Number (RIN) for this notice at the beginning of your comment. Note that all comments received will be posted without change to *http://dms.dot.gov* including any personal information provided. Please see the Privacy Act section of this document.

Docket: You may view the public docket through the Internet at *http://dms.dot.gov* or in person at the Docket Management System office at the above address.

FOR FURTHER INFORMATION CONTACT: Michael G. Stevens, Office of Hazardous Materials Standards, Research and Special Programs Administration, U.S. Department of Transportation, 400 Seventh Street, SW., Washington, DC 20590–0001, telephone (202) 366–8553.

SUPPLEMENTARY INFORMATION:

I. Background

The Lighter Association, Inc. (Lighter Association) is the national trade association of the U.S. lighter industry (manufacturers and distributors) representing at least 60% of the total lighter market in the U.S. According to information provided by the Lighter Association, more than 900 million lighters are transported in U.S. commerce annually. Fifty percent of these lighters are manufactured outside of the United States and are typically imported into the United States in freight containers transported by vessel.

Lighters and lighter refills containing flammable gases or liquids are regulated as hazardous materials by the Research and Special Programs Administration (RSPA, we or us). Current requirements in the Hazardous Materials Regulations (HMR; 49 CFR parts 171–180) applicable to the transportation of lighters are nearly fifty years old and do not adequately address current industry standards and safety practices. In accordance with § 173.21(i) of the HMR, lighter designs and their inner packagings must be examined by an agency approved by RSPA's Associate Administrator for Hazardous Materials Safety (Associate Administrator). The Associate Administrator reviews each lighter design test report and issues lighter manufacturers or shippers a unique identifier number (approval number, T-number). Lighter designs must conform to the construction, capacity, and integrity requirements in § 173.308 of the HMR. This section specifies the amount of fuel that may be contained in each device; requires each device to be capable of withstanding an internal pressure of at least two times the vapor pressure of the fuel at 55 °C without leakage; and establishes overpack requirements. In addition, § 172.102, Special Provision N10, requires lighters and lighter refills to be packaged in specified UN specification packagings that meet the Packing Group II performance level. Unless excepted by the HMR, any person who offers or transports lighters in commerce must mark the package and annotate the shipping paper with the approval number issued by the Associate Administrator.

The United Nations Recommendations on the Transport of Dangerous Goods, 13th Revised Edition (UN Model Regulations), specify packaging requirements for lighters in greater detail than the HMR. For example, in addition to capacity and pressure limits, the UN Model Regulations require lighters in transportation to be protected against inadvertent discharge and valve mechanisms and their ignition devices to be securely sealed, taped, or otherwise fastened to prevent operation or leakage of the contents during transportation. The UN Model Regulations require lighters to be packaged in rigid outer packagings that meet the Packing Group II performance level, while the HMR specify the types of rigid outer packagings that are authorized.

Since 1995, the U.S. Consumer Product Safety Commission (CPSC) and Health Canada have issued 97 lighter design recalls. Most recalls were due to excessive leakage or defective ignition elements. However, some of these recalls were prompted by incidents that involved fatalities, injuries, explosions, or fires for no apparent reason. Because these incidents were not transportation-related, we do not know at this time how many of the defective lighter designs had been approved by RSPA or CPSC. Although the CPSC approves lighter designs solely for child-safety compliance, product recalls are the only mechanism that they have to remove defective consumer products from the marketplace. According to the Lighter Association, a failure to meet the pressure capability or leakage requirements of the HMR and the construction and structural integrity requirements of accepted industry standards most likely caused the incidents.

We are concerned that these defective designs identified by CPSC could fail in transportation with potentially catastrophic results. We have recently been made aware of transportation incidents outside the United States involving containers of lighters that were found to contain high levels of flammable gas either above or near the lower explosive limit (LEL). It is highly possible that these lighter designs would not conform to the requirements in the HMR, UN Model Regulations, or industry standards. The problems may not stem from deficiencies in the current regulations; however, we believe there is a need to clarify, simplify and update current requirements to better facilitate and promote compliance, thereby enhancing the safe transportation of lighters in commerce. In addition, we believe that the recordkeeping and accountability

requirements proposed in this rule will lead to better enforcement of the regulations where necessary and lower the regulatory burden where appropriate.

II. Summary of Regulatory Changes by Section

Section 171.8

The terms "lighter'' or "lighter refill'' are not currently defined in the HMR. Therefore, in this NPRM, we are proposing to add definitions for "Lighter'' and "Lighter refill'' in § 171.8. Our proposed lighter definition is based on the current definition found in the CPSC regulations, 16 CFR parts 1210 and 1212, the American Society for Testing and Materials (ASTM) F400–00 *Standard Consumer Safety Specification for Lighters,* and the International Organization for Standardization's (ISO) 9994:1995(E) *Lighters—Safety Specification.* As proposed, for purposes of the HMR, "Lighter'' would be defined as a mechanically operated flame-producing device that employs an ignition device, and, contains a Division 2.1 liquefied gas fuel such as butane, isobutane, propane, or mixture thereof, where the vapor pressure of the Division 2.1 material exceeds a gauge pressure of 101.3 kPa (14.7 psia) at 20 °C. Under this definition, a lighter may be refillable or non-refillable, utilize a flint or electronic ignition system, and may be constructed under any style or design meeting the standards. This definition includes "cigarette'' lighters and multi-purpose lighters. A multi-purpose lighter is one that is: (1) A utility lighter, that is, a lighter greater than four inches in length that may be used to light a fireplace or grill; (2) a micro torch or torch lighter or jet turbo lighter, that is, a high-intensity wind-resistant or wind-proof style that has little or no visible flame that may or may not be operated in a hands-free mode; and (3) a portable soldering or brazing torch with self-contained fuel supply. In this proposal, we no longer use the term "and similar devices'' when describing lighters. Consequently, another description most appropriate for a device not meeting the definition of "lighter'' must be chosen.

For the purpose of the HMR, this definition does not include non-pressurized (*i.e.*, gauge vapor pressure of fuel not more than 34.5 kPa (5.0 psi) at 24 °C (75 °F)) "wick'' lighter styles containing absorbed or unabsorbed flammable liquid fuel. Such lighters, when offered for transportation in a fueled condition, must be packaged and described based on the flammable liquid contained therein (*e.g.*, Petroleum distillates, n.o.s. or Solids containing flammable liquids, etc.).

Under this NPRM, a "Lighter refill'' would be defined as a pressurized container of not more than 4 fluid ounces capacity (7.22 cubic inches) that does not contain an ignition device but does contain a release device. The pressurized container may be UN specification or non-specification as authorized under the limited quantity provisions for compressed gases in § 173.306(a)(1). We are proposing that under no circumstance may the description "lighter refill'' be used for containers exceeding 4 fluid ounce (7.22 cubic inches) capacity regardless of whether a specification container is used or not. Containers exceeding 4 fluid ounce (7.22 cubic inches) capacity must be described based on the type of gas contained therein. The definition "lighter refill'' does not include non-pressurized flammable liquid lighter fuel used for "wick'' style lighters. Such fuel would be appropriately described and packaged under the proper shipping name "Petroleum distillates, n.o.s.'' or similar description.

Section 172.101

Section 172.101(c)(11) addresses the offering and transportation of lighter design samples. We propose to amend the note to paragraph (c)(11) by adding the words "lighter samples'' and by adding a section reference for the transportation requirements applicable to these samples.

In addition, we are proposing changes to the § 172.101 Hazardous Materials Table (HMT) for the shipping description "Lighters or Lighter refills.'' Currently, there is only one description in the HMT for both lighters and lighter refills. Despite the use of the same identification number (UN 1057), we are proposing to separate the two articles in the HMT because the approval, special provisions, and packaging requirements are different for lighters and lighter refills. Under this proposal, lighter refills would continue to be authorized in transportation without approval under the conditions specified in § 172.102, Special Provision 169.

Section 172.102

We propose to add two new numerical special provisions, 168 and 169, to specify what may be described under the description "lighters'' and "lighter refills'', respectively. Special Provision 168 would specify that lighter designs must be examined and tested by an authorized person. In addition, it would reference specific paragraphs in § 173.308 for determining what constitutes a "new'' lighter design, procedures for offering and transporting lighter samples for examination and testing, and would provide transitional dates for existing lighter designs. Special Provision 169 would set forth requirements for lighter refills that do not require approval (*i.e.*, certification) under the HMR.

Currently, Special Provision N10 sets forth authorized packagings for lighters and lighter refills. We propose to remove this special provision and relocate the packaging, marking, and shipping paper requirements for lighters to a more appropriate section in the HMR (*see* discussion under § 173.308).

Section 173.21

Currently, § 173.21(i) prohibits the transportation of cigarette lighters and similar devices unless the design of the device and its inner packaging have been examined by the Bureau of Explosives and approved in writing by the Associate Administrator. In this proposal, we are revising this paragraph to permit lighter design samples to be offered and transported to an examination and testing facility under certain conditions set forth in § 173.308(b)(2).

Section 173.306

In § 173.306, paragraph (h) would be redesignated as paragraph (i), and a new paragraph (h) would be added to prescribe requirements for lighter refills. Consequently, current paragraphs (i) and (j) would be redesignated as paragraphs (j) and (k) respectively. We propose to require lighter refills to conform to the current HMR volumetric capacity limit of 4 fluid ounces (7.22 cubic inches) for non-specification pressure vessels containing limited quantities of compressed gas. Because they contain a release device, lighter refills may not be described as "Gas cartridges *(flammable)*'' (UN2037). We are aware the UN Model Regulations specify the maximum quantity of flammable gas that may be contained in a lighter refill is 65 grams and, depending on the type of gas placed in the refill, the volumetric capacity we are proposing may not be sufficient. We are soliciting comments on this particular proposal for potential solutions to this disparity.

Consistent with the UN Model Regulations, the International Civil Aviation Organization's Technical Instructions for the Safe Transport of Dangerous Goods by Air (ICAO Technical Instructions) and the International Maritime Organization's International Maritime Dangerous Goods Code (Amendment 32; IMDG Code), we are proposing to require

lighter refills to be packaged in outer packagings meeting the Packing Group II performance level. This specification packaging requirement is currently prescribed in the ICAO Technical Instructions for transport by aircraft and, under the 13th Revised Edition of the UN Model Regulations and Amendment 32 of the IMDG Code (both effective January 1, 2005), the use of rigid outer packagings at the Packing Group II performance level will be required for lighter refills transported by all modes. Unless otherwise excepted, we propose to continue requiring UN specification outer packaging for lighter refills transported by all modes under the HMR and invite comments on whether, for highway or rail transport, this requirement is overly restrictive.

We propose that, regardless of transport mode, lighter refills are not eligible for the exceptions under the ORM–D hazard class and may not be renamed "Consumer commodity.'' We propose, in paragraph (2), to continue to allow the current exception from subparts C through H of part 172 (*i.e.*, shipping papers, marking, labeling, placarding, emergency response information, and training), and part 177, for no more than 1,500 lighter refills carried aboard a transport vehicle (*see* discussion under § 173.308(e)). In addition, this exception allows the use of non-specification outer packaging meeting the general requirements of subpart B of part 173. We invite comments on whether this exception is necessary, no longer relevant, or if it should be discontinued in the interest of safety.

Section 173.308

Section 173.308 would be revised to add for lighters only: (a) General requirements including a new approval process; (b) examination and testing criteria including provisions for the offering of samples for examination and testing and recordkeeping requirements; (c) packaging requirements; (d) shipping paper and marking requirements; and (e) exceptions.

Proposed paragraph (a) prescribes requirements for the design, capacity, and pressure capability of lighters that are generally consistent with definitions in ASTM F 400, ISO 9994, UN Model Regulations (Twelfth Revised Edition) and the current HMR. One important difference, however, is the adoption of a volumetric capacity limit consistent with the limited quantity of compressed gas provisions in § 173.306(a)(1) of the HMR (4 fluid ounces (7.22 cubic inches)). In the interest of safety, we believe that although we are proposing an upper limit (10 grams (0.35 ounce)) of fuel that may be contained in a device, a maximum volumetric capacity consistent with the limited quantity provisions of the current HMR is also necessary.

In § 173.308(a)(3), the HMR currently require a cigarette lighter or similar device, including closures, to be capable of withstanding without leakage or rupture an internal pressure of at least two times the vapor pressure of the fuel at 55 °C (131 °F). In addition, the HMR currently require each lighter design to be subjected to a leakage test (*see* § 173.308(b)(3) of the regulatory text for actual test procedures). In this rule we are proposing to maintain the pressure capability requirement as a capability and not a required test. We are aware that the ASTM and ISO standards for lighters both prescribe an identical test for determining the pressure capability of a device and an elevated temperature test to determine leakage that appears to be less stringent than the HMR. In addition, we are aware that in Canada and Mexico, ASTM F400–00, *Safety Standard for Lighters* has the force and effect of law, and lighters imported to or manufactured there must conform to the standard. Because the ASTM standard is voluntary in the United States, we believe a significant number of these defective lighters are redirected to the U.S. market.

In 2002, the Lighter Association petitioned the CPSC to require that all lighters manufactured or imported into the United States conform to ASTM F–400. In its petition, the Lighter Association stated that, between 1997 and 2002, there were 256 incidents involving lighters, of which 166 incidents resulted in fires and 69 incidents resulted in explosions. Although the lighters were not in transportation in commerce at the time of the incidents, the Lighter Association believes that the incidents caused by fuel leakage, self-ignition, inadequate pressure capability, and failure to withstand high temperatures and drop tests could occur in transportation under similar conditions. On May 27, 2004, the CPSC denied the Lighter Association petition to adopt ASTM F–400 as a mandatory consumer product standard. In its conclusion, the CPSC stated that, while the cost of compliance to the industry may be low, the risk of death or injury as a result of lighter malfunctions does not warrant a rulemaking action. CPSC recommended that their Office of Compliance send a letter to all known lighter manufacturers and importers urging them to comply with ASTM F–400.

We are soliciting comments on whether the pressure test should remain as a capability test only and what impact or costs would be incurred if it were a required test. Although this regulatory requirement is currently a capability standard, we assume that prototype designs of devices are tested for structural integrity and, therefore, any costs incurred to show proof of compliance with the standard would be minimal if we adopt certain required tests from the ASTM/ISO standards for lighters. We are soliciting comments on whether to incorporate by reference transportation-related portions of the ASTM/ISO standards for lighters, thereby making compliance necessary, or to include them in the HMR as suggested methods by which the performance standard may be met. We are also soliciting comments on whether the leakage test currently required by the HMR is overly restrictive or unnecessary or whether we can adhere the same level of safety by requiring the elevated temperature and sealed fluid fuel reservoir leakage tests prescribed in the ASTM and ISO standards for lighters. Based on the merits of comments received, we may add a requirement for mandatory testing of lighters in accordance with the ASTM or ISO standards.

Under the current regulations, packages of lighters must be marked with, and, shipping papers must be annotated with, the approval number assigned by RSPA. Under this proposal, we will no longer be approving lighter designs. Proposed paragraph (a) specifies who may examine and test a lighter design, that is, a person who is qualified and authorized by the Associate Administrator under the provisions of subpart E of part 107 as limited by the conditions specified in § 173.308(a)(4). Each authorized person would be assigned an identification code by RSPA to examine and test lighter designs and the identification code must appear on the test report with a unique test report identifier for each design tested. The entire "code'' (both parts) would be required to be marked on a package containing lighters and annotated on shipping papers where applicable. The proposal permits testers to use the same design identifier that manufacturers register with CPSC, allowing for increased flexibility and less regulatory burden.

Currently the HMR require all examination and testing facilities to be located in the United States. We invite comments on whether foreign entities should be allowed to examine and test lighter designs on behalf of the Competent Authority of the United States.

Proposed paragraph (b) defines a "new'' lighter design and prescribes the requirements under which a lighter design sample may be offered for transportation and transported for examination and testing. For transportation by aircraft, we are proposing that inner, intermediate, or outer packagings containing lighter samples must meet the pressure differential requirements (95 kPa) in § 173.27(c). Paragraph (b) also prescribes the leakage test that a lighter design must pass (current test required by HMR) and the recordkeeping requirements for each lighter design. Finally, paragraph (b) includes a provision to allow for a five-year transition period for existing lighter approvals based on the life-cycle of current lighter designs. Consistent with CPSC policy, private labelers and distributors of such devices are not required to maintain copies of test reports, provided no changes are made to a device that would affect the ability of the device to pass the specified tests. A private labeler is someone who might place an approved device in a gift set, or someone who places advertisement logos in the form of labels on approved devices for resale. We invite comments on whether our definition of a "new'' lighter design needs further clarification or if it is overly restrictive.

Paragraph (c) prescribes the packaging requirements for successfully tested lighter designs. Currently, both lighters and their inner packagings must be examined, tested, and approved by the Associate Administrator. We propose to allow for a performance-based inner packaging design and would continue to require UN standard outer packaging at the Packing Group II performance level. This specification packaging requirement is currently prescribed in the ICAO Technical Instructions for transport by aircraft and in the 13th Revised Edition of the UN Model Regulations. Effective January 1, 2005, Amendment 32 of the IMDG Code will require the use of rigid outer packagings at the Packing Group II performance level. Therefore, unless otherwise excepted, we propose to continue the specification packaging requirement for lighters transported by all modes under the HMR and invite comments on whether, for highway or rail transport, this requirement is overly restrictive.

Paragraph (d) prescribes the shipping paper and package marking requirements for lighters. Consistent with the current shipping paper and marking requirements in the HMR, we propose to require the identification code and test report identifier to be annotated on a shipping paper, in association with the basic description, and marked on a package, for all designs contained therein. In addition, we propose to continue requiring that, for transportation by vessel, a closed transport vehicle or closed freight container must be marked with the warning statement currently required by the HMR. Because the IMDG Code requires that all quantities of flammable gases be placarded with the Division 2.1 placard, we are soliciting comments as to whether this requirement is redundant or if the additional safeguard is warranted.

Paragraph (e)(1) continues to allow the current exception from subparts C through H of part 172, and part 177, for no more than 1,500 lighters carried aboard a transport vehicle by highway. In addition, it allows the use of non-specification outer packaging meeting the general requirements of subpart B of part 173. This paragraph does not, however, contain an exception from marking the test report identifier on the outer package because of the potential for transportation by common or contract carriage. We invite comments on whether this exception is necessary, no longer relevant, or if its use should be discontinued in the interest of safety.

Based on the minimal level of risk posed by limited numbers of lighters, we are proposing in paragraph (e)(2) to allow additional exceptions for the private carriage of lighters. Under the current regulations, second or third tier distributors of lighters have great difficulty in complying with the UN standard packaging and the approval marking requirements. As proposed in this paragraph, lighters could be transported by private carriers in non-specification rigid outer packagings where the outer package contains 300 or fewer lighters. The total number of lighters that could be transported on a single vehicle would be limited to 1,500. These limits are based on current industry practice. In addition, because the approval number is not always known or may not be readily available at the time of delivery to a retail facility, we propose, that for lighters transported by private carriers, the lighter test report identifier would not be required to be marked on the outer packaging.

III. Regulatory Analyses and Notices

A. Executive Order 12866 and DOT Regulatory Policies and Procedures

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

The proposed rule will not impose increased compliance costs on the regulated industry. Rather, the proposed rule incorporates current approval procedures for the transportation of lighters and lighter refills into the HMR and provides additional flexibility for persons seeking to obtain such approval. In addition, the proposed rule excepts certain shipments from the specification packaging requirements of the HMR; these exception provisions will increase shipping options and reduce shipment costs. Overall, this proposed rule should reduce the compliance burden on the regulated industry without compromising transportation safety.

B. Executive Order 13132

This proposed rule has been analyzed in accordance with the principles and criteria contained in Executive Order 13132 ("federalism''). This proposed rule would preempt State, local, and Indian tribe requirements but does not propose any regulation that has substantial direct effects on the States, the relationship between the national government and the States, or the distribution of power and responsibilities among the various levels of government. Therefore, the consultation and funding requirements of Executive Order 13132 do not apply.

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

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

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

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

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

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

This proposed rule addresses covered subject items (i), (ii), (iii), and (v) above and preempts State, local, and Indian tribe requirements not meeting the

"substantively the same'' standard. This proposed rule is necessary to update, clarify and provide relief from regulatory requirements.

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

C. Executive Order 13084

This proposed rule has been analyzed in accordance with the principles and criteria contained in Executive Order 13084 ("Consultation and Coordination with Indian Tribal Governments''). Because this proposed rule does not significantly or uniquely affect the communities of the Indian tribal governments and does not impose substantial direct compliance costs, the funding and consultation requirements of Executive Order 13084 do not apply.

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

The Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*) requires an agency to review regulations to assess their impact on small entities unless the agency determines that a rule is not expected to have a significant impact on a substantial number of small entities. The proposed rule will not impose increased compliance costs on the regulated industry. Rather, the proposed rule incorporates current approval procedures for the transportation of lighters and lighter refills into the HMR and provides additional flexibility for persons seeking to obtain such approval. In addition, the proposed rule excepts certain shipments from the specification packaging requirements of the HMR; these exception provisions will increase shipping options and reduce shipment costs. Overall, this proposed rule should reduce the compliance burden on the regulated industry without compromising transportation safety. Therefore, I certify that this rule will not have a significant economic impact on a substantial number of small entities.

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

E. Paperwork Reduction Act

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

Title 5, Code of Federal Regulations requires us to provide interested members of the public and affected agencies an opportunity to comment on information collection and recordkeeping requests. Under the Paperwork Reduction Act, no person is required to respond to an information collection unless it has been approved by OMB and displays a valid OMB control number.

Requests for a copy of this information collection should be directed to Deborah Boothe or T. Glenn Foster, Office of Hazardous Materials Standards (DHM–10), Research and Special Programs Administration, Room 8422, 400 Seventh Street, SW., Washington, DC 20590–0001, Telephone (202) 366–8553.

All comments should be addressed to the Dockets Unit as identified in the **ADDRESSES** section, and received prior to the close of the comment period identified in the **DATES** section of this rulemaking. In addition, you may submit comments specifically related to the information collection burden to the RSPA Desk Officer, Office of Management and Budget (OMB) at fax number, 202–395–6974. Under the Paperwork Reduction Act of 1995, no person is required to respond to an information collection unless it displays a valid OMB control number.

F. Regulation Identifier Number (RIN)

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

G. Unfunded Mandates Reform Act

This proposed rule imposes no unfunded mandates and thus does not impose unfunded mandates under the Unfunded Mandates Reform Act of 1995.

H. Privacy Act

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

List of Subjects

49 CFR Part 171

Exports, Hazardous materials transportation, Hazardous waste, Imports, Incorporation by reference, Reporting and recordkeeping requirements.

49 CFR Part 172

Education, Hazardous materials transportation, Hazardous waste, Labeling, Markings, Packaging and containers, Reporting and recordkeeping requirements.

49 CFR Part 173

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

In consideration of the foregoing, 49 CFR Chapter I is proposed to be amended as follows:

PART 171—GENERAL INFORMATION, REGULATIONS, AND DEFINITIONS

1. The authority citation for part 171 continues to read as follows:

Authority: 49 U.S.C. 5101–5127; 44701; 49 CFR 1.45 and 1.53; Pub. L. 101–410 section 4 (28 U.S.C. 2461 note); Pub. L. 104–134 section 31001.

2. In § 171.8, new definitions "Lighter'' and "Lighter refill'' are added, in appropriate alphabetical sequence, to read as follows:

§ 171.8 Definitions and abbreviations.

* * * * *

Lighter means a mechanically operated flame-producing device employing an ignition device and containing a Division 2.1 fuel such as butane, isobutane, propane, or a mixture containing any of these gases whose vapor pressure at 20 °C (68 °F) exceeds a gauge pressure of 101.3 kPa (14.7 psia). See § 173.308 of this subchapter.

Lighter refill means a pressurized container of not more than 4 fluid ounces (7.22 cubic inches) capacity that

does not contain an ignition device but does contain a release device and is intended for use as a replacement cartridge in a lighter or to refill a lighter with a Division 2.1 flammable gas fuel. See § 173.306(h) of this subchapter.

* * * * *

3. In § 171.11, in paragraph (d), a new paragraph (18) is added to read as follows:

§ 171.11 Use of ICAO Technical Instructions.

* * * * *

(d) * * *

(18) Lighters and lighter refills (see § 171.8 of this subchapter) must conform to the requirements of this subchapter.

* * * * *

4. In § 171.12, in paragraph (b), a new paragraph (22) is added to read as follows:

§ 171.12 Import and export shipments.

* * * * *

(b) * * *

(22) Lighters and lighter refills (see § 171.8 of this subchapter) must conform to the requirements of this subchapter.

* * * * *

5. In § 171.12a, in paragraph (b), a new paragraph (21) is added to read as follows:

§ 171.12a Canadian shipments and packagings.

* * * * *

(b) * * *

(21) Lighters and lighter refills (see § 171.8 of this subchapter) must conform to the requirements of this subchapter.

* * * * *

PART 172—HAZARDOUS MATERIALS TABLE, SPECIAL PROVISIONS, HAZARDOUS MATERIALS COMMUNICATIONS, EMERGENCY RESPONSE INFORMATION, AND TRAINING REQUIREMENTS

6. The authority citation for part 172 continues to read as follows:

Authority: 49 U.S.C. 5101–5127; 49 CFR 1.53.

7. In § 172.101, in paragraph (c)(11), the Note to paragraph (c)(11) is revised to read as follows:

§ 172.101 Purpose and use of hazardous materials table.

* * * * *

(c) * * *

(11) * * *

Note to Paragraph (c)(11): For the transportation of samples of self-reactive materials, organic peroxides, explosives or lighters, see §§ 173.224(c)(3), 173.225(c)(2), 173.56(d) or 173.308(b)(2) of this subchapter, respectively.

* * * * *

8. In § 172.101, the Hazardous Materials Table is revised to read as follows:

§ 172.101—HAZARDOUS MATERIALS TABLE

Symbols	Hazardous materials descriptions and proper shipping names	Hazard class or division	Identification numbers	PG	Label codes	Special provisions	(8) Packaging (§ 173.***)			(9) Quantity limitations		(10) Vessel stowage	
							Exceptions	Non-bulk	Bulk	Passenger aircraft/rail	Cargo aircraft only	Location	Other
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8A)	(8B)	(8C)	(9A)	(9B)	(10A)	(10B)
	(REMOVE).												
	* *		*		*	*			*	*			
	Lighter replacement cartridges containing liquefied petroleum gases (and similar devices, each not exceeding 65 grams). See Lighters *or* Lighter refills *etc. containing flammable gas.*												
	Lighters or Lighter refils *containing flammable gas.*												
	* *		*		*	*			*	*			
	(ADD).												
	* *		*		*	*			*	*			
	Lighters *containing flammable gas*	2.1	UN1057		2.1	168	308	308	None	1 kg	15 kg	B	40
	Lighter refills containing flammable gas exceeding 4 fluid ounces capacity (7.22 cubic inches).	.....	.....	.....	.....	169							
	* *		*		*	*			*	*			
	Lighter replacement cartridges containing liquefied petroleum gases (and similar devices) see Lighter refills *containing flammable gas. etc.*												
	* *		*		*	*			*	*			

* * * * *

§ 172.102 [Amended]

9. In § 172.102:

a. In paragraph (c)(1), new Special Provisions 168 and 169 are added.

b. In paragraph (c)(5), Special Provision N10 is removed.

The additions read as follows:

§ 172.102 Special provisions.

* * * * *

(c) * * *

(1) * * *

* * * * *

168 This entry applies to lighters (see § 171.8 of this subchapter). Representative samples of each new lighter design must be examined and successfully tested as specified in § 173.308(b)(3). For criteria in determining what is a new lighter design, see § 173.308(b)(1). For transportation of new lighter design samples for examination and testing, see § 173.308(b)(2). The examination and testing of each lighter design must be performed by a person authorized by the Associate Administrator under the provisions of subpart E of part 107 of this chapter, as specified in § 173.308(a)(4). For continued use of approvals dated prior to [enter date five years after effective date of final rule], see § 173.308(b)(4)(ii).

169 This entry applies to lighter refills (see § 171.8 of this subchapter) that contain a Division 2.1 (flammable) gas but do not contain an ignition device. Lighter refills offered for transportation under this entry may not exceed 4 fluid ounces capacity (7.22 cubic inches). A lighter refill exceeding 4 fluid ounces capacity (7.22 cubic inches) must be classed as a Division 2.1 material, described with the proper shipping name appropriate for the material, and packaged in the packaging specified in part 173 of this subchapter for the flammable gas contained therein. See § 173.306(h) of this subchapter.

* * * * *

PART 173—SHIPPERS—GENERAL REQUIREMENTS FOR SHIPMENTS AND PACKAGINGS

10. The authority citation for part 173 continues to read as follows:

Authority: 49 U.S.C. 5101–5127, 44701; 49 CFR 1.53.

11. In § 173.21, paragraph (i) is revised to read as follows:

§ 173.21 Forbidden materials and packages.

* * * * *

(i) Except for a package containing a lighter design sample that meets the requirements of § 173.308(b)(2), a package containing a lighter (see § 171.8 of this subchapter) of a design that has not been examined and successfully tested by an authorized person under the criteria specified in § 173.308(a)(4).

* * * * *

§ 173.306 [Amended]

12. In § 173.306:

a. In paragraph (a)(1), in the last sentence, the wording "paragraph (h)'' is removed and the wording "paragraph (i)'' is added in its place.

b. In paragraph (a)(3), in the last sentence, the wording "paragraph (h)'' is removed and the wording "paragraph (i)'' is added in its place.

c. In paragraph (b), in the last sentence, the wording "paragraph (h)'' is removed and the wording "paragraph (i)'' is added in its place.

d. Paragraphs (h) through (j) are redesignated as paragraph (i) through (k), and a new paragraph (h) is added to read as follows:

§ 173.306 Limited quantities of compressed gases.

* * * * *

(h) *Lighter refills.* (1)(ii) Lighter refills (see § 171.8 of this subchapter) may not contain an ignition element but must contain a release device. Lighter refills offered for transportation under this section may not exceed 4 fluid ounces capacity (7.22 cubic inches). Lighter refills must be tightly packed and secured against movement in one of the following outer packagings at the Packing Group II performance level:

Wooden box: 4C1 or 4C2
Plywood box: 4D
Reconstituted wood box: 4F
Fiberboard box: 4G
Plastic box: 4H1 or 4H2
Steel box: 4A
Aluminum drum: 1B2
Steel drum: 1A2
Fiber drum: 1G
Plastic 1H2
Metal drum: 1N2

(ii) For transportation by passenger-carrying aircraft, the net mass of flammable gas may not exceed 1 kg per package, and, for cargo-only aircraft, the net mass of flammable gas may not exceed 15 kg per package. A container exceeding 4 fluid ounces volumetric capacity (7.22 cubic inches) may not be connected or manifolded to a lighter or similar device and must be described and packaged according to the fuel contained therein.

(2) *Exceptions.* For highway transportation, when no more than 1,500 lighter refills covered by this paragraph are transported in one motor vehicle, the requirements of subparts C through H of part 172, and Part 177 of this subchapter do not apply. Lighter refills covered under this paragraph must be packaged in rigid, strong outer packagings meeting the general packaging requirements of subpart B of this part. Outer packagings must be plainly and durably marked, on two opposing sides or ends, with the word "LIGHTER REFILLS'' and the number of devices contained therein in letters measuring at least 20 mm (0.79 in) in height. No person may offer for transportation or transport the lighter refills or prepare the lighter refills for shipment unless that person has been specifically informed of the requirements of this section.

* * * * *

13. Section 173.308 is revised to read as follows:

§ 173.308 Lighters.

(a) *General requirements.* No person may offer for transportation or transport a lighter (see § 171.8 of this subchapter) except under the following conditions:

(1) The lighter must contain a fuel reservoir not exceeding 4 fluid ounces capacity (7.22 cubic inches), and must contain not more than 10 grams (0.35 ounce) of flammable gas. A lighter that exceeds these volumetric capacity and weight limitations may be offered for transportation or transported only if specifically approved by the Associate Administrator.

(2) The maximum filling density may not exceed 85 percent of the volumetric capacity of each fluid chamber at 15 °C (59 °F).

(3) Each lighter design, including closures, must be capable of withstanding, without leakage or rupture, an internal pressure of at least two times the pressure of the flammable gas at 55 °C (131 °F).

(4) Each lighter design must be examined and successfully tested by a person or agency (authorized testing agency) who is authorized by the Associate Administrator to perform such examination and testing under the provisions of subpart E of part 107 of this chapter and who—

(i) Has the equipment necessary to perform the testing required to the level of accuracy required;

(ii) Is able to demonstrate, upon request, the knowledge of the testing procedures and requirements of the HMR relative to lighters;

(iii) Does not manufacture or market lighters, is not owned in whole or in part, or is not financially dependent upon any entity that manufactures or markets lighters;

(iv) Is a resident of the United States; and

(v) Performs all examination and testing in accordance with the requirements of paragraphs (b)(3) and (b)(4) of this section.

(5) The Associate Administrator will assign an identification code to each person who is authorized to examine and test lighters. This identification code must be incorporated into a unique test report identifier for each successfully tested lighter design.

(b) *Examination and testing of lighter design types.* (1) *Lighter design type definition.* A new lighter design is one that has never been examined and tested or one that differs from a previous design in any manner that may affect the escape (leakage) of gas. Lighter characteristics that may affect the escape of gas include changes in materials of construction, ignition mechanism, burner valve design, wall thickness, sealing materials, and type of fuel (*e.g.*, vapor pressure differences).

(2) *Lighter samples submitted for examination and testing.* Samples of a new lighter design are excepted from the requirements of paragraph (a)(4) of this section and may be offered for transportation and transported under the following conditions:

(i) The samples must be transported only to an authorized testing agency;

(ii) No more than 12 lighters may be packaged in a single outer packaging;

(iii) Inner packagings must conform to the requirements of paragraph (c)(1) of this section. For transportation by aircraft, intermediate or outer packagings must meet the pressure differential requirements of § 173.27(c) of this part;

(iv) The outer packaging must conform to the requirements of Subpart M of Part 178 of this subchapter at the Packing Group I performance level and to the requirements of § 173.24 of this subpart;

(v) The word "sample'' must appear on the shipping paper as part of the proper shipping name or in association with the basic description; and

(vi) In addition to other required markings and labels, the package must be marked "SAMPLE FOR EXAMINATION AND TESTING.''

(vii) All other applicable requirements of this subchapter must be met.

(3) *Examination and testing of sample lighters by an authorized testing agency.* Each sample lighter must be examined for conformance with paragraph (a) of this section by a person authorized by the Associate Administrator. In addition, lighters must be subjected to the following elevated temperature leakage test:

(i) A minimum of six lighters must be submitted for examination and testing. Store the lighters in a laboratory desiccator for 24 hours. After drying, weigh each lighter on an analytical balance capable of accurately measuring gross mass to within 1/10 of a milligram (0.0001 grams).

(ii) After weighing, place the lighters together in an explosion-proof, controlled-temperature laboratory oven capable of maintaining 38.7 ± 1°C (100 ± 3°F) for 96 continuous hours (4 days). At the end of 96 hours, remove the lighters from the oven and place them in the same laboratory desiccator that was used for initial storage of the lighters. Allow the lighters to cool.

(iii) After cooling, weigh each lighter, subtract the mass after oven exposure from the original mass before the oven exposure, and determine the net weight differences for each lighter tested.

(iv) Weight losses must be assessed to determine the quantity of gas that leaked from the lighters and from the weight change as a result of absorbed moisture. If the net weight has increased, the test facility must run the required test using six empty lighters in parallel with the six filled lighters. The parallel tests are conducted to determine the weight of moisture absorbed in the plastic in order to more accurately determine the weight loss of the lighters from gas leakage.

(v) If the net weight loss for any one of the six lighters exceeds 20 milligrams (0.020 grams), the design must be rejected.

(vi) Lighters manufactured to a rejected lighter design may not be offered for transportation or transported in commerce unless approved in writing by the Associate Administrator.

(4) *Recordkeeping requirements.* (i) Following the examination of each new lighter design, the person or agency that conducted the examination and test must prepare a test report. At a minimum, the test report must contain the following information:

(A) Name and address of test facility;

(B) Name and address of applicant;

(C) A test report identifier, that is, the authorized person or agency identifier code immediately followed by an alpha/numeric identifier of four or more characters assigned to the specific lighter design by the authorized person or agency (*e.g.*, "LAA* * *,'' where, "LAA'' is the identification code assigned to the authorized person or agency by the Associate Administrator and "* * *'' is replaced with the unique test report identifier assigned to the specific lighter design by the authorized person or agency);

(D) Manufacturer of the lighter. For a foreign manufacturer, the U.S. agent or importer must be identified;

(E) Description of the lighter design type (*e.g.*, model, dimensions, ignition mechanism, reservoir capacity, lot/batch number) in sufficient detail to ensure conformance with paragraph (b)(4)(iii) of this section; and

(F) A certification by the authorized testing agency that the lighter design conforms to paragraph (a) of this section and passes or does not pass the required leakage test in paragraph (b) of this section.

(ii) For as long as any lighter design is in production and for at least three years thereafter, a copy of each lighter's test report must be maintained by the authorized testing agency that performed the examination and testing and the manufacturer of the design. For a foreign manufacturer, each test report must be maintained in accordance with this paragraph by the foreign manufacturer's U.S. agent or importer.

(iii) Test reports must be traceable to a specific lighter design and must be made available to a representative of the Department upon request.

(5) *Transitional provisions.* Until [INSERT DATE FIVE YEARS FROM EFFECTIVE DATE OF FINAL RULE], approval numbers (*i.e.*, T-* * *) previously issued by the Associate Administrator may continue to be marked on packages and annotated on shipping papers, where applicable. After that time, previously issued approvals will no longer be valid and each lighter design must be re-examined and tested under the provisions of this section.

(c) *Packaging requirements.* (1) *Inner containment.* Lighters must be placed in an inner packaging that is designed to prevent movement of the lighters and inadvertent ignition or leakage. The ignition device and gas control lever of each lighter must be designed, or securely sealed, taped, or otherwise fastened or packaged to protect against accidental functioning or leakage of the contents during transport. If lighters are packed vertically in a plastic tray, a plastic, fiberboard or paperboard partition must be used to prevent friction between the ignition device and the inner packaging.

(2) *Outer packaging.* Lighters must be packaged in one of the following outer packagings at the Packing Group II performance level:

Wooden box: 4C1 or 4C2
Plywood box: 4D
Reconstituted wood box: 4F
Fiberboard box: 4G
Plastic box: 4H1 or 4H2
Steel box: 4A
Aluminum drum: 1B2
Steel drum: 1A2

Fiber drum: 1G
Plastic 1H2
Metal drum: 1N2

(d) *Shipping paper and marking requirements.* (1) In addition to the requirements of subpart C of part 172, shipping papers must be annotated with the lighter design test report identifier (see paragraph (b)(4)(i)(C) of this section) traceable to the test report assigned to the lighters or, if applicable, the previously issued approval number (*i.e.*, T***), in association with the basic description.

(2) In addition to the requirements of subpart D of part 172, a lighter design test report identifier (see paragraph (b)(4)(i)(C) of this section) or, if applicable, the previously issued approval number (*i.e.*, T***), must be marked on a package containing lighters.

(3) For transportation by vessel in a closed transport vehicle or a closed freight container, the following warning must be affixed to the access doors:

WARNING—MAY CONTAIN EXPLOSIVE MIXTURES WITH AIR—KEEP IGNITION SOURCES AWAY WHEN OPENING.

The warning must be on a contrasting background and must be in letters measuring at least 12.7 mm (0.5 inch) in height.

(e) *Exceptions.* (1) *Common or contract carriage.* For highway transportation by common or contract carrier, when no more than 1,500 lighters covered by this section are transported in one motor vehicle, the requirements of subparts C through H of part 172, and Part 177 of this subchapter do not apply. Inner packagings must conform to paragraph (c)(1) of this section. Lighters must be further packaged in rigid, strong outer packagings meeting the general packaging requirements of subpart B of part 173. Outer packagings must be plainly and durably marked, on two opposing sides or ends, with the word "LIGHTERS'' and the number of devices contained therein in letters measuring at least 20 mm (0.79 in) in height. In addition, outer packagings must be marked with the test report identifier as specified in paragraph (b)(4)(i)(c) of this section or, if applicable, the previously issued approval number (*i.e.*, T***). No person may offer for transportation or transport the lighters or prepare the lighters for shipment unless that person has been specifically informed of the requirements of this section.

(2) *Private carriage.* For highway transportation by a private carrier, lighters that have been examined and successfully tested in accordance with this section are not subject to any other requirements of this subchapter under the following conditions:

(i) No person may offer for transportation or transport the lighters or prepare the lighters for shipment unless that person has been specifically informed of the requirements of this section;

(ii) Lighters must be placed in an inner packaging that is designed to prevent accidental activation of the ignition device or valve, release of gas, and movement of the lighters (*e.g.*, tray, blister pack, etc.);

(iii) Inner packagings must be placed in a securely closed rigid outer packaging that limits movement of the inner packagings and protects them from damage;

(iv) The outer package may contain not more than 300 lighters;

(v) A transport vehicle may carry not more than 1,500 lighters at any one time;

(vi) The lighters may not be placed in an outer packaging with other hazardous materials; and

(vii) Outer packagings must be plainly and durably marked with the words "LIGHTERS, excepted quantity.''

Issued in Washington, DC, on August 3, 2004, under authority delegated in 49 CFR part 106.

Robert A. McGuire,

Associate Administrator for Hazardous Materials Safety.

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Part IV

Department of Transportation

Research and Special Programs Administration

Department of Homeland Security

Transportation Security Administration

Hazardous Materials: Enhancing Rail Transportation Security for Toxic Inhalation Hazard Materials; Notices

DEPARTMENT OF TRANSPORTATION

Research and Special Programs Administration

DEPARTMENT OF HOMELAND SECURITY

Transportation Security Administration

[Docket No. RSPA–2004–18730]

RIN 2137–AE02

Hazardous Materials: Enhancing Rail Transportation Security for Toxic Inhalation Hazard Materials

AGENCY: Research and Special Programs Administration (RSPA), Department of Transportation; and Transportation Security Administration, Department of Homeland Security.

ACTION: Notice; request for comments.

SUMMARY: The Department of Transportation (DOT) and the Department of Homeland Security (DHS) are examining the need for enhanced security requirements for the rail transportation of hazardous materials that pose a toxic inhalation hazard. The two departments are seeking comments on the feasibility of initiating specific security enhancements and the potential costs and benefits of doing so. Security measures being considered include improvements to security plans, modification of methods used to identify shipments, enhanced requirements for temporary storage, strengthened tank car integrity, and implementation of tracking and communication systems.

DATES: Submit comments by October 18, 2004. To the extent possible, we will consider late-filed comments as we make decisions on the issues addressed in this notice.

ADDRESSES: You may submit comments identified by the docket number RSPA–04–18730 by any of the following methods:

- Federal eRulemaking Portal: *http://www.regulations.gov.* Follow the instructions for submitting comments.
- Web site: *http://dms.dot.gov.* Follow the instructions for submitting comments on the DOT electronic docket site.
- Fax: 1–202–493–2251.
- Mail: Docket Management System; U.S. Department of Transportation, 400 Seventh Street, SW., Nassif Building, Room PL–401, Washington, DC 20590–001. If sent by mail, comments are to be submitted in two copies. Persons wishing to receive confirmation of receipt of their comments should include a self-addressed stamped postcard.
- Hand Delivery: Docket Management System; Room PL–401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

Instructions: You must include the agency name and docket number RSPA–04–18730 for this notice at the beginning of your comment. Internet users may access comments received by DOT at *http://dms.dot.gov.*. Note that comments received may be posted without change to *http://dms.dot.gov* including any personal information provided. Please see the Privacy Act section of this document. All comments should be sent to the Docket Management System. Comments or portions of comments that include trade secrets, confidential commercial or financial information, or sensitive security information will not be posted in the public docket. Such information will be placed in a separate file to which the public does not have access, and a note will be placed in the public docket to state that the agency has received such materials from the commenter. RSPA and TSA have established a procedure to review all comments prior to placement in the public docket. See Submission of Comments section of this document for information on the steps you should take if you believe your comments or portions of your comments contain trade secrets, confidential information, or sensitive security information that should be protected.

Docket: You may view the public docket through the Internet at *http://dms.dot.gov* or in person at the Docket Management System office at the above address.

FOR FURTHER INFORMATION CONTACT: Susan Gorsky, (202) 366–8553, Office of Hazardous Materials Standards, Research and Special Programs Administration; Donna O'Berry, (202) 366–4400, Office of the Chief Counsel, Research and Special Programs Administration; Steve Rybicki, Maritime and Land Security, Transportation Security Administration, telephone (571) 227–3606; e-mail: *steve.rybicki@dhs.gov;* or David H. Kasminoff, Office of Chief Counsel, TSA–2, Transportation Security Administration, telephone (571) 227–3583, e-mail: *david.kasminoff@dhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

Under the Hazardous Materials Regulations (HMR; 49 CFR parts 171–180), toxic inhalation hazard materials (TIH materials) are gases or liquids that are known or presumed on the basis of tests to be so toxic to humans as to pose a hazard to health in the event of a release during transportation. See 49 CFR 171.8, 173.115, and 173.132. TIH materials pose special risks during transportation because their uncontrolled release can endanger significant numbers of people. To assure their safe and secure transportation, TIH materials are among the most stringently regulated hazardous materials. TIH materials play a vital role in our society, including purifying water supplies, fertilizing crops, providing fundamental components in manufacturing, and fueling the space shuttle.

The same characteristics of TIH materials that cause concern in the event of an accidental release also make them attractive targets for terrorism or sabotage. About 10 million tons of TIH materials are shipped by rail in the United States every year. While this is only a fraction of the 3.1 billion tons of hazardous materials shipped annually by all modes of transportation, a terrorist attack against the rail transportation of TIH materials in an urbanized area could endanger significant numbers of people. Improving the security of these shipments presents complex challenges.

Under the Aviation and Transportation Security Act (ATSA), Pub. L. 107–71, 115 Stat. 597 (November 19, 2001), and delegated authority from the Secretary of Homeland Security, the TSA Assistant Secretary has broad responsibility and authority for "security in all modes of transportation * * *" [1] In executing those responsibilities and duties, the Assistant Secretary is empowered, among other things, to:

(1) Assess threats to transportation, 49 U.S.C. 114(f)(2);

(2) Develop policies, strategies and plans for dealing with threats to transportation, 49 U.S.C. 114(f)(3);

(3) Make other plans related to transportation security, including coordinating countermeasures with

[1] 49 U.S.C. 114(d). The TSA Assistant Secretary's current authorities under ATSA have been delegated to him by the Secretary of Homeland Security. Under Section 403(2) of the Homeland Security Act of 2002, Pub. L. 107–296, 116 Stat. 2315 (2002) (HSA), all functions of TSA, including those of the Secretary of Transportation and the Undersecretary of Transportation of Security related to TSA, transferred to the Secretary of Homeland Security. Pursuant to DHS Delegation Number 7060.2, the Secretary delegated to the Assistant Secretary) then referred to as the Administrator of TSA), subject to the Secretary's guidance and control, the authority vested in the Secretary respecting TSA, including that in Section 403(2) of the HSA.

appropriate departments, agencies, and instrumentalities of the United States Government, 49 U.S.C. 114(f)(4);

(4) Enforce security-related regulations and requirements, 49 U.S.C. 114(f)(7);

(5) Oversee the implementation, and ensure the adequacy, of security measures at airports and other transportation facilities, 49 U.S.C. 114(f)(11); and

(6) Issue, rescind, and revise such regulations, including issuing regulations and security directives without notice or comment or prior approval of the Secretary, as are necessary to carry out TSA functions, 49 U.S.C. 114(l)(1) and (2).

In sum, the TSA Assistant Secretary's authority with respect to transportation security is comprehensive and supported with specific powers related to the development and enforcement of security plans, regulations, and other requirements. Accordingly, under this authority, the Assistant Secretary may identify a security threat to a mode of transportation, develop a measure for dealing with that threat, and enforce compliance with that measure.

The HMR are promulgated under the mandate in section 5103(b) of Federal hazardous materials transportation law (Federal hazmat law; 49 U.S.C. 5101 *et seq.*, as amended by § 1711 of the Homeland Security Act of 2002, Pub. L. 107–296) that the Secretary of Transportation "prescribe regulations for the safe transportation, including security, of hazardous material in intrastate, interstate, and foreign commerce.'' Section 5103(b)(1)(B) provides that the HMR "shall govern safety aspects, including security, of the transportation of hazardous material the Secretary considers appropriate.''

As is evident from the above discussion, DHS and DOT share responsibility for hazardous materials transportation security. The two agencies consult and coordinate concerning security-related hazardous materials transportation requirements to assure that they are consistent with the overall security policy goals and objectives established by DHS and that the regulated industry is not confronted with inconsistent security regulations promulgated by multiple agencies.

II. Current Security Requirements

On March 25, 2003, RSPA published a final rule under Docket No. RSPA–02–12064 (HM–232; 68 FR 14510). The final rule added a new Subpart I to Part 172 of the HMR to require persons who offer certain hazardous materials for transportation in commerce and persons who transport certain hazardous materials in commerce to develop and implement security plans. The final rule also included new security awareness training requirements for all hazardous materials employees (hazmat employees) and in-depth security training requirements for hazmat employees of persons required to develop and implement security plans.

The security plan regulations adopted under HM–232 require persons who offer for transportation or transport the following hazardous materials to develop and implement security plans:

(1) Materials, including TIH materials, that must be placarded under the HMR;

(2) Shipments in bulk packagings with a capacity equal to or greater than 13,248 L (3,500 gal) for liquids or gases or greater than 13.24 cubic meters (468 cubic feet) for solids; and

(3) Infectious substances listed as select agents by the Centers for Disease Control and Prevention (CDC) in 42 CFR part 73.

In accordance with Subpart I of Part 172 of the HMR, then, persons who offer for transportation or transport TIH materials in commerce must develop and implement security plans. The security plan must include an assessment of possible transportation security risks and appropriate measures to address the assessed risks. Specific measures implemented as part of the plan may vary commensurate with the level of threat at a particular time. At a minimum, the security plan must address personnel security, unauthorized access, and en route security. For personnel security, the plan must include measures to confirm information provided by job applicants for positions that involve access to and handling of the hazardous materials covered by the plan. For unauthorized access, the plan must include measures to address the risk that unauthorized persons may gain access to materials or transport conveyances being prepared for transportation. For en route security, the plan must include measures to address security risks during transportation, including shipments stored temporarily en route to their destinations.

III. Purpose of This Notice

RSPA and the Federal Railroad Administration (FRA) of the Department of Transportation (DOT) and TSA and the Information Analysis and Infrastructure Protection Directorate (IAIP) of DHS are considering measures to enhance the security of rail shipments of TIH materials. We are examining security issues related to security plans, including obscuring the visibility of TIH cargoes, temporary storage of TIH materials in rail tank cars, tank car integrity, and tracking and communications. RSPA, FRA, IAIP, and TSA developed this notice to solicit information from the regulated community, state and local governments, emergency responders, and the public on the feasibility of adopting new security measures and potential impact of the measures being considered on the transportation industry and the U.S. economy as a whole.

DOT and DHS are highly cognizant that the transport of TIH materials is not limited to rail. Currently, TIH is also transported via highway, pipeline and maritime. DOT and DHS's focus on rail is only the first phase in a interdepartmental multiphase effort to assess and secure the transportation of TIH in all transportation modes to create an end-to-end secure TIH supply chain.

A. Security Plans

As indicated above, shipments of TIH materials are subject to the security plan requirements in Subpart I of Part 172 of the HMR. Each person who offers or transports TIH materials must develop and implement a security plan that covers personnel security, unauthorized access, and en route security. The HMR requirement for a security plan sets forth general requirements for a security plan's components rather than a prescriptive list of specific items that must be included. The regulation sets a performance standard that provides shippers and carriers with the flexibility necessary to develop plans that address their individual circumstances and operational environment. Accordingly, each security plan will differ because it will be based on a company's individualized assessment of the security risks associated with the specific materials it ships or transports and its unique circumstances and operational environment.

Shippers and carriers were required to have security plans in place by September 25, 2003. To assist the industry to comply with the security plan requirements, RSPA developed a security plan template to illustrate how risk management methodology can be used to identify points in the transportation process where security procedures should be enhanced within the context of an overall risk management strategy. The security template is posted in the docket and on the RSPA Web site at *http://hazmat.dot.gov/rmsef.htm.* In addition, a number of industry groups and associations have developed guidance material to assist their members to develop appropriate security plans.

DOT and DHS are interested in determining how these security plans might be improved, particularly as they relate to TIH materials. DHS, using its expertise in security matters and working with DOT, including RSPA and FRA, is considering specific criteria for these security plans to adequately address the security risks to TIH materials. DHS is also willing to review security plans to ensure that they properly address these criteria. RSPA is considering revising its security plan rule to incorporate the DHS criteria for TIH materials and establish a process by which DHS would review the security plans of TIH transporters and shippers. DOT and DHS (RSPA, FRA, IAIP, TSA) are considering ways to improve compliance with the RSPA rule, both as currently written and as it may be revised.

In this notice, we are seeking information from shippers and carriers concerning the process by which their security plans were developed, including any problems encountered during either the drafting or implementation phase, recommended "best practices,'' and any additional guidance or assistance that may be appropriate. In addressing these issues, commenters may wish to consider the following questions:

1. What methodology was used to develop your security plan? Did you rely in whole or in part on guidance material provided by DOT or the industry (*e.g.*, the American Chemistry Council, the Chlorine Institute, the Association of American Railroads)? How helpful were the materials you utilized? Should DOT/DHS work with the industry to develop model security plans or "best practices'' for shippers and transporters of TIH materials?

2. Can the methodology that you utilized to develop your security plan be applied generally to some or all shipments of TIH materials? Are there specific measures you have implemented that you would recommend for other shippers/carriers of TIH materials?

3. Does your security plan include "layered'' measures that are tied to specific threat levels? How are these implemented? What difficulties have you experienced in developing such "layered'' measures? Would more definitive guidance from DOT/DHS be helpful?

4. Have you assessed the effectiveness of different types of security measures implemented as part of your security plan? If so, what types of measures did you use and how did you make the assessment?

5. Would it be useful if DOT/DHS provided general guidelines or standards for security measures that would normally be expected for TIH shipments while allowing tailoring for individual circumstances or operational environments? What would be the impact of requiring company certification that these guidelines or required standards are achieved?

6. Should DOT/DHS require submission of security plans for TIH shipments by rail for review and approval to ensure that the plans are adequate?

Note: DOT and DHS recognize that company security plans may contain sensitive information describing newly adopted security measures, and that unregulated public dissemination of the information could defeat these measures. In the event DOT and DHS decide to require companies to submit their security plans, a determination as to whether the information would be covered by regulations governing the protection of sensitive security information (SSI) (see 49 CFR parts 15 and 1520) would be made at that time.

B. Identification of Materials and Hazard Communication

Because of concerns about the potential use of TIH materials as weapons of opportunity or weapons of mass destruction, DOT and DHS are considering whether to require the removal from rail tank cars used to transport TIH materials of identifying marks, names, stenciling, placards, or other markings that could help a terrorist or criminal identify a target. Shippers and transporters of TIH material use a variety of methods to identify the materials contained inside a rail tank car and to communicate the hazard of the material to emergency responders and transport workers. In addition to the hazard communication requirements of the HMR (*see* discussion below), shippers may paint rail tank cars in distinctive colors or patterns to reduce or eliminate the possibility of mishandling the tank car during transportation or in an emergency. Further, shippers may print the name of their company on their rail tank cars; in many instances, the company name can be used to deduce the contents of the tank cars.

In addition to voluntary measures employed by shippers of TIH materials, hazard communication is accomplished using the shipping documents, placards, and markings required under the HMR. In accordance with subpart C of part 172 of the HMR, shipments of TIH materials must be accompanied by appropriate shipping documentation. A shipping paper must include the material's proper shipping name, hazard class, UN identification number, and packing group number, and the total quantity of the material being shipped (*see* § 172.202 of the HMR). The shipping paper helps transport workers and emergency responders identify the material and assess its hazard. The shipping paper must include an emergency response telephone number for use in the event of an emergency involving the hazardous material. The number must be for a person who is knowledgeable about the material and has comprehensive emergency response and incident mitigation information for that material (*see* § 172.604 of the HMR). In addition, the shipping documentation for a specific hazardous materials shipment must include emergency response information that can be used by emergency responders in the mitigation of an incident involving the material (*see* § 172.602 of the HMR).

Placards use colors, symbols, numbers, and text to quickly communicate the hazard of a specific material. Currently, all rail shipments of TIH materials must be placarded in accordance with subpart F of part 172 of the HMR. The primary function of placards is to provide initial warning information in the event of an emergency or accident involving a shipment of hazardous materials. Placards provide first-on-scene emergency responders with the information necessary to quickly assess an accident situation from a distance, reducing the possibility of someone approaching the accident site without wearing protective clothing or equipment. Firefighters, police, and other responders can thus avoid unnecessary exposure to dangerous, perhaps life-threatening, material. In addition, placards provide emergency response personnel with the information necessary to determine whether there is a need to evacuate persons in the vicinity of an accident. Further, placards indicate to emergency responders how to safely and appropriately manage the accident, mitigate the threat of environmental damage, and conduct life-saving operations. In addition to providing critical information to emergency response personnel, placards identify hazardous shipments for transport workers and assure that they are handled safely and efficiently throughout the transportation process. For example, the regulations applicable to rail carriers in part 174 of the HMR include specific handling requirements for placarded railcars, including their placement in a train car sequence,

separation of tank cars containing incompatible materials, and special procedures for switching operations. The regulations also include specific operational controls for placarded freight containers that help to assure safe handling by transport workers during transportation. In addition, by Congressional mandate, the Occupational Safety and Health Administration regulations applicable to facilities that manufacture and handle hazardous materials require placards to remain on rail cars or motor vehicles loaded with hazardous materials and stored at the facility after delivery and prior to unloading.

In addition to placards, rail tank cars loaded with TIH materials are required to have certain identifying markings. As with placards, these markings provide initial warning information in the event of an emergency or accident involving a shipment of hazardous materials and alert transport workers to the presence of a TIH chemical in a specific shipment, assuring that the shipment is handled safely and in conformance with regulatory requirements. For example, packages of TIH materials, such as cylinders, portable tanks, cargo tanks, and rail tank cars, must be marked "INHALATION HAZARD'' (*see* § 172.313(a)); marked with a 4-digit UN identification number (*see* §§ 172.301, 172.302); and marked with the proper shipping name of the material (*see* §§ 172.326, 172.328, and 172.330). Tank cars are also marked with a code related to the specification to which they were built. TIH materials are typically required to be transported in certain high integrity tank cars.

On January 15, 2003, RSPA completed a study of the role placards play for transportation safety and security. (The study can be found on our Web site at *http://hazmat.dot.gov/pubtrain/0803RedactedPlacardingReportSSI.pdf* and will be placed in the docket established to receive comments to this notice.) The study reviewed the use of placards to enhance hazardous materials transportation safety and evaluated both operational and technological alternatives to placarding. The study concluded that the existing placarding system should be retained, but that DOT should continue to review the use of operational procedures and technological developments as security enhancements and as alternatives to placards in specific high-risk situations as well as for broad application. In considering potential changes to the placarding requirements as part of its continuing review, the study further concluded that DOT should consider the impact on costs, training, and international trade that could result from changes in the current placarding requirements.

In addition, DHS is conducting a study to examine alternative methods for communicating the hazards of hazardous materials transported in rail tank cars. The study will identify up to ten alternative methods to rail car placarding. The evaluation of the alternatives will include: (1) Technical considerations (*i.e.*, the speed and accuracy of the identification of a specific hazardous material by first responders and system interoperability with systems currently in use by the emergency response community); (2) international considerations (*i.e.*, the impact on international rail transportation from the United States to Canada and Mexico); (3) costs (*i.e.*, installation, start-up, and system maintenance costs, as well as the costs to train the users, showing particular consideration for small urban and rural volunteer first responders); and (4) speed (*i.e.*, the time required to train first responders to use the new technology). DHS expects to complete the study by the end of 2004.

We encourage commenters to address the potential impacts associated with removing placards and identifying marks from rail tank cars and replacing them with some other hazard communication system. In particular, we invite commenters to address the following questions:

1. Should identifying marks, such as distinctive paint colors or patterns and company names, be prohibited? What would be the practical impact of such a prohibition?

2. If placards and other identifying marks are removed from rail tank cars transporting TIH materials, are there alternative operational procedures or systems that could simply and effectively communicate the hazards of the material to emergency response personnel and transport workers? What are the advantages and disadvantages of the alternative procedures or systems? What costs would be associated with development and implementation of such alternative procedures or systems? What security benefits would be associated with each?

3. If alternative procedures or systems are considered that would allow removal of placards and other identifying marks from rail tank cars transporting TIH materials, what should the criteria be for balancing safety and security considerations and demonstrating that these procedures and systems are viable, practical, and workable? How secure would such systems be? Do these systems have the potential to be used maliciously to identify shipments and locations for attack? How can malicious use of such systems be prevented?

4. What are the impacts on emergency response of a significant change in the way the TIH hazard is communicated? How many emergency responders would be affected? What are the cost implications to the emergency response community of a change in current hazard communication requirements, including costs for new equipment and retraining?

5. What are the impacts for transportation workers of a significant change in the way the TIH hazard is communicated? Do shipping documents provide sufficient information to enable transportation workers to safely handle TIH materials during the course of transportation or would some additional hazard communication mechanism be necessary? What are the cost implications to shippers and carriers of a change in current hazard communication requirements, including costs for new equipment and retraining?

6. Placards depict a hazard type. There are a wide range of materials that may be identified with a similar placard, yet not all of the materials will pose the same security risk. Should DOT/DHS consider the removal of more specific identifying marks on rail tanks cars carrying TIH materials, but leave placards in place? What are the implications for emergency responders of such an approach?

7. Placards are part of an internationally recognized system for communicating the hazards of specific materials in transportation. What are the potential impacts on international transportation of TIH materials of a change to U.S. requirements for communicating the TIH hazard?

In addition, commenters are invited to review the DOT placarding study and comment on its conclusions concernng operational and technological alternatives to placarding and its overall conclusion that the existing placarding system should be retained.

C. Temporary Storage of TIH Materials in Rail Tank Cars

Rail tank cars carrying TIH materials may be stored temporarily at rail yards or other facilities prior to their ultimate delivery. The HMR apply to hazardous materials shipments stored temporarily between the time the shipment is accepted for transportation by a carrier until the time the shipment is delivered to its destination. Such storage is termed "storage incidental to movement.'' Hazardous materials stored incidental to movement are subject to specific HMR

requirements applicable to such storage. For example, such hazardous materials must be accompanied at all times by appropriate shipping documentation, including emergency response information and an emergency response telephone number in accordance with subparts C and G of part 172. Further, package markings, labels, or placards required under subparts D, E, and F of part 172 must remain on the packages or transport vehicles throughout the time that they are stored incidental to movement. In addition, hazardous materials stored incidental to movement are subject to the requirements for security plans in subpart I of part 172. However, the HMR do not currently address the amounts or types of hazardous materials that may be stored at one time in one location nor do the HMR limit the time that hazardous materials may be stored incidental to movement.

DOT and DHS are currently considering whether revisions to the temporary storage requirements applicable to rail cars transporting TIH materials are appropriate. Commenters are invited to address whether such revisions are appropriate and the impact such revisions could have on the costs to transport TIH materials in addition to the impact on recipients and users (*i.e.*, towns, municipalities). Commenters should provide information related to the following specific questions:

1. Are current security requirements applicable to the temporary storage of TIH materials sufficient? If not, what additional requirements should be considered?

2. Should DOT/DHS consider limits on the amount of TIH materials that may be stored temporarily in a single location? If so, how should such a limit be derived? Should a limit take into consideration the type and location of facility at which the materials are stored and the security features in place at the facility? How would such an aggregation limit affect the transportation of TIH materials, including transportation costs?

3. Should DOT/DHS consider limits on the length of time that TIH materials could be stored temporarily in a single location? If so, how should such a time limit be derived? How would such a time limit affect the transportation of TIH materials, including transportation costs?

4. Should DOT/DHS develop specific criteria for facilities at which TIH materials may be stored temporarily (*e.g.*, fencing, lighting, restricted access, security personnel, remote monitoring, and the like)? If so, what specific features would result in the greatest security benefit? Would a requirement for specific security features limit the availability of facilities at which TIH materials could be stored temporarily during transportation? If so, identify which features would limit availability and explain what the impact would be on the transportation of TIH materials, including transportation costs.

5. Is it feasible to prohibit the temporary storage of rail tank cars carrying TIH materials in high-population areas or in response to specific threats or threat levels? What impact would such a prohibition have on the transportation and use of TIH materials?

6. Would requirements for expedited handling and delivery of TIH rail cars serve as a feasible alternative method to limit or reduce temporary storage? If so, how should "expedited handling and delivery'' be defined? What would be the costs and benefits of a requirement for expedited handling and delivery? What actions can or should the Federal government take to facilitate expedited handling and delivery of TIH rail cars?

D. Tank Car Integrity

The first railroad tank car standards were developed by the railroad industry in 1903. Current regulatory requirements for the design and construction of railroad tank car tanks are in Part 179 of the HMR. Part 179 prescribes the specifications for tanks that are to be mounted on or form part of a tank car and that are used for the transportation of hazardous materials in commerce. The Association of American Railroads Tank Car Committee (AAR TCC) is an industry group that is comprised of railroads, shippers, and tank car builders. The AAR TCC reviews and approves tank car designs, tank car facilities, and quality assurance programs. This authority is given to the AAR TCC by RSPA in Part 179 of the HMR. The AAR TCC publishes the M–1002 Manual of Standards and Recommended Practices, which is incorporated by reference in the HMR.

Rail tank cars used to transport TIH materials must meet rigorous design and construction standards and must be thoroughly inspected and tested on a regular basis to assure that the integrity of the tank car is maintained with no deterioration. The design, construction, and maintenance standards help to ensure that a rail tank car can withstand most accident situations, including collisions and derailments, with no release of its contents.

DOT and DHS are considering whether rail tank cars used to transport TIH materials should be modified to enhance shipment security. Modifications could include relatively simple measures to prevent tampering with valves and other accessories to more fundamental revisions to basic designs or materials of construction that would enable the tank car to withstand a terrorist attack. Commenters are encouraged to address the following questions applicable to rail tank car integrity:

1. Are devices commercially available that could be easily installed on rail tank cars to prevent access by unauthorized persons to the contents of the tank car? Are such devices currently in use in the rail industry? How effective are such devices? What costs are associated with the installation of such devices in addition to the cost of the devices themselves—labor costs for installation, time out-of-service for the tank car, etc? Please provide the bases for cost information.

2. What are the current capabilities of rail tank cars carrying TIH materials to survive a terrorist attack? What types of attacks would be survivable? What types of attacks should be survivable? What tests have been conducted or should be conducted to determine these capabilities?

3. What technology is currently available that would strengthen rail tank cars to withstand or mitigate the effects of a terrorist attack? What types of attacks would the technology protect against? Would fundamental redesign of rail tank cars be necessary or could effective modifications be accomplished through changes in construction methods or materials? Would the technology or modifications be applicable to retrofit applications as well as new construction? What types of research and development need to be conducted in conjunction with answering questions related to strengthening rail tank car design? Are there technologies developed for other purposes, such as tank car leak or breach protection, that could play a significant role in enhancing security for TIH materials in addition to or in place of strengthening rail tank cars to withstand or mitigate the effects of a terrorist attack?

4. What are the costs and benefits of modifying rail tank cars used to transport TIH materials to increase the likelihood that they could withstand or mitigate the effects of a terrorist attack? How many tank cars would be affected? Over what period of time could such modifications be accomplished? What would be the impact of such a program on the transportation and use of TIH materials? In responding to these questions, please identify specific

modifications. Please provide the bases for cost and benefit information.

E. Communication and Tracking

Radio frequency identification (RFID) tags are small electronic devices designed to contain information that can be retrieved at a distance using a specialized reader. The railroad industry uses a rail car and locomotive tracking system that employs RFID tags (known in the industry as Automatic Equipment Identification (AEI) tags) on every freight car and locomotive in the United States and Canada. Railroads use AEI information for confirming train consists and are beginning to use the AEI information to identify specific cars that have been flagged by wayside equipment defect detectors. AEI tagging is the industry standard for rail cars.

Tracking and other types of communications systems enable carriers to monitor a shipment while en route to its destination and to identify various service irregularities. Some types of tracking systems employ Global Positioning System (GPS) or GPS-type positioning information and coded or text messaging transmitted over a terrestrial communications system. The railroad industry and FRA are cooperating on the development of Positive Train Control (PTC) systems. PTC systems include digital data link communications networks, positioning systems, on-board computers with digitized maps and in-cab displays, throttle-brake interfaces on locomotives, wayside interface units, and control center computers and displays. PTC systems can track the precise location of all trains and the individual cars that make up the train and will be capable of remote intervention with train operations. In addition, DHS is currently evaluating the feasibility, costs, and benefits of proposals to develop certain communication and tracking capabilities for rail hazardous materials shipments.

The HMR currently do not include communication or tracking requirements for hazardous materials shipments. Offerors and transporters of TIH materials may elect to implement communication or tracking measures as part of security plans developed in accordance with Subpart I of Part 172 of the HMR, but such measures are not mandatory.

DOT and DHS are considering whether communication or tracking requirements should be required for rail shipments of TIH materials, such as near real-time satellite tracking of TIH rail cars and real-time monitoring of tank car or track conditions. In addition, DOT and DHS are considering reporting requirements in the event that TIH shipments are not delivered within specified time periods. We invite commenters to address communication and shipment tracking issues associated with enhanced shipment security and, specifically, to consider the following questions:

1. Do rail carriers currently employ other communications or tracking technology for rail shipments? What are the practical limitations of such systems? Can tracking systems be activated from remote locations? Is it feasible to employ such systems only for certain shipments or certain cars? How are such systems affected by power outages, interference, weather and geographic phenomena, or communications outages? Are there distances beyond which a communications or tracking system will not function? Are there safety or productivity benefits associated with the use of communications and tracking technology that would help offset costs?

2. Is the current system of Automatic Equipment Identification (AEI) tags and readers installed by railroads, coupled with data on the consist of trains, adaptable for wider use by government and industry in determining the approximate real-time location of TIH rail cars? How reliable and how accurate is rail car location information collected by the current system for such an application? More generally, how significant is tracking to enhancing security and what degree of tracking accuracy is optimal?

3. Is it feasible to employ small, self-contained tracking systems on certain shipments or certain cars that provide positioning/status information only when queried from a remote location, or based on an event "tripping'' a sensor? Is it feasible to employ subordinate sensor equipment on shipments or cars that can communicate with a tracking system located on a locomotive at distances potentially in excess of 1,000 feet?

4. How secure are satellite tracking and similar systems? How do rail carriers ensure that only authorized personnel have access to such information? Do these systems have the potential to be used maliciously to identify shipments and locations for attack? How can malicious use of such systems be prevented?

5. Do or should shippers continuously monitor TIH rail car locations while they are in transportation? How do rail shippers and carriers currently address problems associated with missing or undelivered shipments? Should DOT/DHS mandate pre-shipment coordination among shippers, carriers, and consignees? Should DOT/DHS mandate a reporting or notification system for TIH chemical shipments that are not delivered within an agreed-upon timeframe? Could such a reporting or notification system be integrated into current industry programs and practices for handling overdue shipments?

6. Are there measures or incentives that may be appropriate to consider in promoting technology development and adoption in conjunction with or separate from regulatory requirements?

F. Additional Issues

There are a number of additional issues that DOT and DHS will consider in assessing the feasibility and effectiveness of various measures to enhance hazardous materials transportation security. These include the analyses required under the following statutes and executive orders in the event we determine that rulemaking is appropriate:

Executive Order 12866: Regulatory Planning and Review. E.O. 12866 requires agencies to regulate in the "most cost-effective manner,'' to make a "reasoned determination that the benefits of the intended regulation justify its costs,'' and to develop regulations that "impose the least burden on society.'' We therefore request comments, including specific data if possible, concerning the costs and benefits that may be associated with adoption of specific security requirements for rail shipments of TIH materials. A rule that is considered significant under E.O. 12866 must be reviewed and cleared by the Office of Management and Budget before it can be issued.

Executive Order 13132: Federalism. E.O. 13132 requires agencies to assure meaningful and timely input by state and local officials in the development of regulatory policies that may have a substantial, direct effect on the states, on the relationship between the national government and the states, or on the distribution of power and responsibilities among the various levels of government. We invite state and local governments with an interest in this rulemaking to comment on the effect that adoption of specific security requirements for rail shipments of TIH materials may have on state or local safety or security programs.

Executive Order 13175: Consultation and Coordination with Indian Tribal Governments. E.O. 13175 requires agencies to assure meaningful and timely input from Indian tribal government representatives in the development of rules that "significantly or uniquely affect'' Indian communities

and that impose "substantial and direct compliance costs'' on such communities. We invite Indian tribal governments to provide comments as to the effect that adoption of specific security requirements for rail shipments of TIH materials may have on Indian communities.

Regulatory Flexibility Act. Under the Regulatory Flexibility Act of 1980 (5 U.S.C. 601 *et seq.*), we must consider whether a proposed rule would 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 fields, and governmental jurisdictions with populations under 50,000. If you believe that adoption of specific security requirements for rail shipments of TIH materials could have a significant economic impact on small entities, please provide information on such impacts.

IV. Submission of Comments

All comments should be sent to DOT's Docket Management System (DMS). However, comments or those portions of comments that RSPA and TSA have determined to include trade secrets, confidential commercial information, or sensitive security information (SSI) will not be placed in the public docket and will be handled separately.

If you believe that your comments contain trade secrets, confidential commercial information, or SSI, those comments or the relevant portions of those comments should be appropriately marked so that RSPA and TSA may make a determination. RSPA procedures in 49 CFR part 105 establish a mechanism by which commenters may request confidentiality. In accordance with 49 CFR 105.30, you may ask RSPA to keep information confidential using the following procedures: (1) Mark "confidential'' on each page of the original document you would like to keep confidential; (2) send DMS both the original document and a second copy of the original document with the confidential information deleted; and (3) explain why the information is confidential (*e.g.*, trade secret, confidential commercial information, SSI). In your explanation, you should provide enough information to enable a determination to be made as to whether the information provided is protected by law and must be handled separately.

In addition, for comments or portions of comments that you believe contain SSI as defined in 49 CFR 15.7, you should comply with TSA and DOT regulations governing the restrictions on the disclosure of sensitive security information. See 49 CFR 1520.9 and 49 CFR 15.9, Restrictions on the disclosure of sensitive security information. For example, these sections restrict the sharing of SSI to those with a need to know, set out the requirement to mark the information as sensitive security information, and address how the information should be disposed. Note also that when mailing in or using a special delivery service to send comments that contain sensitive security information, comments should be wrapped in a manner that prevents the information from being read.

After reviewing your request for confidentiality and the information provided, RSPA and TSA will analyze applicable laws and regulations to decide whether to treat the information as confidential. RSPA and TSA will notify you of the decision to grant or deny confidentiality. If RSPA and TSA deny confidentiality, you will be provided an opportunity to respond to the denial before the information is publicly disclosed. RSPA and TSA will reconsider its decision to deny confidentiality based on your response.

Regarding comments that have not been marked as confidential, prior to posting comments received in response to this notice in the public docket, RSPA and TSA will review all comments, whether or not they are identified as confidential, to determine if the submission or portions of the submission contain sensitive information that should not be made available to the general public. RSPA and TSA will notify you if the agencies make such a determination relative to your comment.

If, prior to submitting your comment, you have any questions concerning the procedures for determining confidentiality or security sensitivity, you may call one of the individuals listed above under **FOR FURTHER INFORMATION CONTACT** for more information.

V. Privacy Act

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

Issued in Washington, DC, and Arlington, Virginia, on August 9, 2004.

Robert A. McGuire,

Associate Administrator for Hazardous Materials Safety, Research and Special Programs Administration.

Chet Lunner,

Assistant Administrator, Office of Maritime and Land Security, Transportation Security Administration.

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H.R. 3463/P.L. 108–295

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H.R. 4222/P.L. 108–296

To designate the facility of the United States Postal Service located at 550 Nebraska Avenue in Kansas City, Kansas, as the ''Newell George Post Office Building''. (Aug. 9, 2004; 118 Stat. 1094)

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30 Parts:			
1–199	(869–050–00111–0)	57.00	July 1, 2003
200–699	(869–050–00112–8)	50.00	July 1, 2003
700–End	(869–050–00113–6)	57.00	July 1, 2003
31 Parts:			
0–199	(869–050–00114–4)	40.00	July 1, 2003
200–End	(869–050–00115–2)	64.00	July 1, 2003
32 Parts:			
1–39, Vol. I		15.00	[2]July 1, 1984
1–39, Vol. II		19.00	[2]July 1, 1984
1–39, Vol. III		18.00	[2]July 1, 1984
1–190	(869–050–00116–1)	60.00	July 1, 2003
191–399	(869–050–00117–9)	63.00	July 1, 2003
400–629	(869–050–00118–7)	50.00	July 1, 2003
630–699	(869–050–00119–5)	37.00	[7]July 1, 2003
700–799	(869–050–00120–9)	46.00	July 1, 2003
800–End	(869–050–00121–7)	47.00	July 1, 2003
33 Parts:			
1–124	(869–050–00122–5)	55.00	July 1, 2003
125–199	(869–050–00123–3)	61.00	July 1, 2003
200–End	(869–050–00124–1)	50.00	July 1, 2003
34 Parts:			
1–299	(869–050–00125–0)	49.00	July 1, 2003
300–399	(869–050–00126–8)	43.00	[7]July 1, 2003
400–End	(869–050–00127–6)	61.00	July 1, 2003
35	(869–050–00128–4)	10.00	[6]July 1, 2003
36 Parts			
1–199	(869–050–00129–2)	37.00	July 1, 2003
200–299	(869–050–00130–6)	37.00	July 1, 2003
300–End	(869–050–00131–4)	61.00	July 1, 2003
37	(869–050–00132–2)	50.00	July 1, 2003
38 Parts:			
0–17	(869–050–00133–1)	58.00	July 1, 2003
18–End	(869–050–00134–9)	62.00	July 1, 2003
39	(869–050–00135–7)	41.00	July 1, 2003
40 Parts:			
1–49	(869–050–00136–5)	60.00	July 1, 2003
50–51	(869–050–00137–3)	44.00	July 1, 2003
52 (52.01–52.1018)	(869–050–00138–1)	58.00	July 1, 2003
52 (52.1019–End)	(869–050–00139–0)	61.00	July 1, 2003
53–59	(869–050–00140–3)	31.00	July 1, 2003
60 (60.1–End)	(869–050–00141–1)	58.00	July 1, 2003
60 (Apps)	(869–050–00142–0)	51.00	[8]July 1, 2003
61–62	(869–050–00143–8)	43.00	July 1, 2003
63 (63.1–63.599)	(869–050–00144–6)	58.00	July 1, 2003
63 (63.600–63.1199)	(869–050–00145–4)	50.00	July 1, 2003
63 (63.1200–63.1439)	(869–050–00146–2)	50.00	July 1, 2003
63 (63.1440–End)	(869–050–00147–1)	64.00	July 1, 2003
64–71	(869–050–00148–9)	29.00	July 1, 2003
72–80	(869–050–00149–7)	61.00	July 1, 2003
81–85	(869–050–00150–1)	50.00	July 1, 2003
86 (86.1–86.599–99)	(869–050–00151–9)	57.00	July 1, 2003
86 (86.600–1–End)	(869–050–00152–7)	50.00	July 1, 2003
87–99	(869–050–00153–5)	60.00	July 1, 2003
100–135	(869–050–00154–3)	43.00	July 1, 2003
136–149	(869–150–00155–1)	61.00	July 1, 2003
150–189	(869–050–00156–0)	49.00	July 1, 2003
190–259	(869–050–00157–8)	39.00	July 1, 2003
260–265	(869–050–00158–6)	50.00	July 1, 2003
266–299	(869–050–00159–4)	50.00	July 1, 2003
300–399	(869–050–00160–8)	42.00	July 1, 2003
400–424	(869–050–00161–6)	56.00	July 1, 2003
425–699	(869–050–00162–4)	61.00	July 1, 2003
700–789	(869–050–00163–2)	61.00	July 1, 2003
790–End	(869–050–00164–1)	58.00	July 1, 2003
41 Chapters:			
1, 1–1 to 1–10		13.00	[3]July 1, 1984
1, 1–11 to Appendix, 2 (2 Reserved)		13.00	[3]July 1, 1984
3–6		14.00	[3]July 1, 1984
7		6.00	[3]July 1, 1984
8		4.50	[3]July 1, 1984
9		13.00	[3]July 1, 1984
10–17		9.50	[3]July 1, 1984
18, Vol. I, Parts 1–5		13.00	[3]July 1, 1984
18, Vol. II, Parts 6–19		13.00	[3]July 1, 1984
18, Vol. III, Parts 20–52		13.00	[3]July 1, 1984
19–100		13.00	[3]July 1, 1984
1–100	(869–050–00165–9)	23.00	[7]July 1, 2003
101	(869–050–00166–7)	24.00	July 1, 2003
102–200	(869–050–00167–5)	50.00	July 1, 2003
201–End	(869–050–00168–3)	22.00	July 1, 2003
42 Parts:			
1–399	(869–050–00169–1)	60.00	Oct. 1, 2003
400–429	(869–050–00170–5)	62.00	Oct. 1, 2003
430–End	(869–050–00171–3)	64.00	Oct. 1, 2003
43 Parts:			
1–999	(869–050–00172–1)	55.00	Oct. 1, 2003
1000–end	(869–050–00173–0)	62.00	Oct. 1, 2003
44	(869–050–00174–8)	50.00	Oct. 1, 2003
45 Parts:			
1–199	(869–050–00175–6)	60.00	Oct. 1, 2003
200–499	(869–050–00176–4)	33.00	Oct. 1, 2003
500–1199	(869–050–00177–2)	50.00	Oct. 1, 2003
1200–End	(869–050–00178–1)	60.00	Oct. 1, 2003
46 Parts:			
1–40	(869–050–00179–9)	46.00	Oct. 1, 2003
41–69	(869–050–00180–2)	39.00	Oct. 1, 2003
70–89	(869–050–00181–1)	14.00	Oct. 1, 2003
90–139	(869–050–00182–9)	44.00	Oct. 1, 2003
140–155	(869–050–00183–7)	25.00	Oct. 1, 2003
156–165	(869–050–00184–5)	34.00	Oct. 1, 2003
166–199	(869–050–00185–3)	46.00	Oct. 1, 2003
200–499	(869–050–00186–1)	39.00	Oct. 1, 2003
500–End	(869–050–00187–0)	25.00	Oct. 1, 2003
47 Parts:			
0–19	(869–050–00188–8)	61.00	Oct. 1, 2003
20–39	(869–050–00189–6)	45.00	Oct. 1, 2003
40–69	(869–050–00190–0)	39.00	Oct. 1, 2003
70–79	(869–050–00191–8)	61.00	Oct. 1, 2003
80–End	(869–050–00192–6)	61.00	Oct. 1, 2003
48 Chapters:			
1 (Parts 1–51)	(869–050–00193–4)	63.00	Oct. 1, 2003
1 (Parts 52–99)	(869–050–00194–2)	50.00	Oct. 1, 2003
2 (Parts 201–299)	(869–050–00195–1)	55.00	Oct. 1, 2003
3–6	(869–050–00196–9)	33.00	Oct. 1, 2003
7–14	(869–050–00197–7)	61.00	Oct. 1, 2003
15–28	(869–050–00198–5)	57.00	Oct. 1, 2003
29–End	(869–050–00199–3)	38.00	[9]Oct. 1, 2003
49 Parts:			
1–99	(869–050–00200–1)	60.00	Oct. 1, 2003

Title	Stock Number	Price	Revision Date
100–185	(869–050–00201–9)	63.00	Oct. 1, 2003
186–199	(869–050–00202–7)	20.00	Oct. 1, 2003
200–399	(869–050–00203–5)	64.00	Oct. 1, 2003
400–599	(869–050–00204–3)	63.00	Oct. 1, 2003
600–999	(869–050–00205–1)	22.00	Oct. 1, 2003
1000–1199	(869–050–00206–0)	26.00	Oct. 1, 2003
1200–End	(869–048–00207–8)	33.00	Oct. 1, 2003
50 Parts:			
1–16	(869–050–00208–6)	11.00	Oct. 1, 2003
17.1–17.95	(869–050–00209–4)	62.00	Oct. 1, 2003
17.96–17.99(h)	(869–050–00210–8)	61.00	Oct. 1, 2003
17.99(i)–end	(869–050–00211–6)	50.00	Oct. 1, 2003
18–199	(869–050–00212–4)	42.00	Oct. 1, 2003
200–599	(869–050–00213–2)	44.00	Oct. 1, 2003
600–End	(869–050–00214–1)	61.00	Oct. 1, 2003
CFR Index and Findings Aids	(869–052–00049–3)	62.00	Jan. 1, 2004
Complete 2004 CFR set		1,342.00	2004
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Subscription (mailed as issued)		325.00	2004
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Complete set (one-time mailing)		298.00	2002

[1] Because Title 3 is an annual compilation, this volume and all previous volumes should be retained as a permanent reference source.

[2] The July 1, 1985 edition of 32 CFR Parts 1–189 contains a note only for Parts 1–39 inclusive. For the full text of the Defense Acquisition Regulations in Parts 1–39, consult the three CFR volumes issued as of July 1, 1984, containing those parts.

[3] The July 1, 1985 edition of 41 CFR Chapters 1–100 contains a note only for Chapters 1 to 49 inclusive. For the full text of procurement regulations in Chapters 1 to 49, consult the eleven CFR volumes issued as of July 1, 1984 containing those chapters.

[4] No amendments to this volume were promulgated during the period January 1, 2003, through January 1, 2004. The CFR volume issued as of January 1, 2002 should be retained.

[5] No amendments to this volume were promulgated during the period April 1, 2000, through April 1, 2003. The CFR volume issued as of April 1, 2000 should be retained.

[6] No amendments to this volume were promulgated during the period July 1, 2000, through July 1, 2003. The CFR volume issued as of July 1, 2000 should be retained.

[7] No amendments to this volume were promulgated during the period July 1, 2002, through July 1, 2003. The CFR volume issued as of July 1, 2002 should be retained.

[8] No amendments to this volume were promulgated during the period July 1, 2001, through July 1, 2003. The CFR volume issued as of July 1, 2001 should be retained.

[9] No amendments to this volume were promulgated during the period October 1, 2001, through October 1, 2003. The CFR volume issued as of October 1, 2001 should be retained.