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DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 922

[Docket No. AMS–FV–07–0031; FV07–922–1 FIR]

Apricots Grown in Designated Counties in Washington; Suspension of Container Regulations

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 suspending the container regulations prescribed under the Washington apricot marketing order. This rule continues in effect the action that indefinitely extended the temporary 2006 season container regulation suspension. The marketing order regulates the handling of fresh apricots grown in designated counties in the State of Washington, and is administered locally by the Washington Apricot Marketing Committee (Committee). This relaxation in the regulatory requirements allows handlers to pack and ship apricots in any size, shape, or type of container, thus providing the apricot industry with increased marketing flexibility.

DATES: *Effective Date:* August 13, 2007.

FOR FURTHER INFORMATION CONTACT: Robert J. Curry or Gary D. Olson, 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: *Robert.Curry@usda.gov* or *GaryD.Olson@usda.gov.*

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. 922 (7 CFR part 922) regulating the handling of apricots grown in designated counties in 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. This rule is not intended to have retroactive effect. This rule will not preempt any State of 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 the indefinite suspension of the order's container regulations. This regulatory suspension provides additional flexibility to the apricot industry by allowing handlers to pack apricots in any type, shape, or size container. The container regulations prescribed under § 922.306 will remain suspended for the 2007 and future seasons unless the Committee recommends, and USDA approves, action to reinstate the regulations.

For the 2006 season only, the Committee recommended a temporary suspension of the container regulations to help ensure that a thorough analysis of that season would be completed prior to any possible future action regarding the container regulations. After reviewing the effects of the temporary suspension on the 2006 apricot shipping season, the Committee determined that the industry could successfully market its fresh apricot crop without the container regulations in place. The Committee consequently concluded that the Washington apricot industry would be best served by an open-ended suspension of § 922.306. To facilitate prompt reinstatement of the container regulations should future market conditions warrant such, the Committee recommended that the 2006 temporary regulation suspension be extended indefinitely rather than replaced by a permanent removal of the regulations from the order.

Section 922.52 of the order authorizes the issuance of regulations for grade, size, quality, maturity, pack, and container for any variety of apricots grown in the production area. Section 922.52(a)(3) specifically authorizes the establishment of the container regulations found in § 922.306. Section 922.53 authorizes the modification, suspension, or termination of regulations issued pursuant to § 922.52.

Authority to regulate the size, weight, dimension, and pack of containers used in the marketing of fresh apricots was included in the order when promulgated in 1957. Container regulatory authority was included in the order to provide container standardization, to enhance orderly marketing conditions, and to provide for increased producer returns.

The Committee meets prior to each season to consider recommendations for modification, suspension, or termination of any regulatory requirements for Washington apricots that are issued on a continuing basis. Committee meetings are open to the public and interested persons may express their views at these meetings. The USDA reviews the Committee recommendations along with any

supportive information submitted by the Committee, as well as information from other available resources, and determines whether modification, suspension, or termination of the regulatory requirements would tend to effectuate the declared policy of the Act.

During such a review at its February 15, 2007, meeting, the Committee determined, and unanimously recommended, that the 2006 season container regulation suspension (71 FR 16979; effective from April 1, 2006, through March 31, 2007) be extended indefinitely. For a seamless extension of the suspension, the Committee recommended that this rule be effective by April 1, 2007.

When effective, § 922.306 provides that apricots must be handled domestically in (1) Open containers or telescopic fiberboard cartons weighing 28 pounds or greater; (2) closed containers with 14 pounds or more of apricots packed in a row-faced or tray-pack configuration; (3) closed containers with 12 pounds (or more) of random sized, non-row-faced apricots; or (4) closed containers with 24 pounds or more of loose-packed apricots.

In reaching a consensus to extend the 2006 regulatory suspension into the 2007 and future seasons, Committee members noted that, although container standardization had contributed to orderly marketing in the past, buyers today are increasingly interested in non-traditional packaging options designed for better handling and greater consumer acceptance. In addition, with the regulations suspended, handler members concurred that they now enjoy greater latitude in choosing the optimum container weight for a particular pack or customer. Committee members were unanimous in the opinion that this indefinite container regulation suspension provides the industry with the flexibility needed to meet the challenges of marketing fresh apricots.

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 rule 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.

There are approximately 300 apricot producers within the regulated production area and approximately 22 regulated handlers. Small agricultural producers are defined by the Small Business Administration (SBA)(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 $6,500,000.

Data from the Washington Agricultural Statistics Service shows that the total 5,900 ton Washington apricot utilization sold for an average of $969 per ton in 2005 with a total value of $5,715,000. Based on the number of producers in the production area (300), the average annual producer revenue from the sale of apricots in 2005 can thus be estimated at approximately $19,050. In addition, based on information from the Committee and USDA's Market News Service, 2005 f.o.b. prices ranged from $15.00 to $20.00 per 24-pound loose-pack container, and from $14.00 to $24.00 for 2-layer tray pack containers. Assuming that equal quantities of the 2005 season fresh apricot pack-out of 4,471 tons went into loose-pack (24-pound) containers and tray-pack containers (weighing an average of about 20 pounds each), average gross receipts per handler from the sale of fresh apricots would have been approximately one-half of the annual sales figure that the SBA uses to define the minimum size of a large agricultural service business ($750,000). Thus, the majority of producers and handlers of Washington apricots may be classified as small entities.

At its February 15, 2007, meeting the Committee recommended that the temporary suspension of the order's container regulations (§ 922.306)—effective from April 1, 2006, through March 31, 2007—be indefinitely extended to cover the 2007 shipping season as well as all future seasons. Section 922.52(a)(3) of the order specifically authorizes the establishment of container regulations. Further, § 922.53 authorizes the modification, suspension, or termination of regulations issued pursuant to § 922.52. This indefinite extension of the container regulation suspension is expected to continue to provide the apricot industry with increased marketing flexibility by allowing handlers to pack and ship apricots in any size, shape, or type of container. Container regulations have been utilized in past seasons to provide a degree of standardization and thus have helped in providing the industry with orderly marketing conditions. However, changing market dynamics and the experience gained through the 2006 suspension have convinced the Committee that container standardization is no longer necessary to ensure orderly marketing. Last year, rather than seeking an indefinite suspension of the regulations, the Committee recommended a temporary suspension so that it could conduct a thorough evaluation of the impact the relaxation would have on the industry during the 2006 shipping season prior to taking any further action for subsequent seasons. In reviewing the 2006 season at the February 15, 2007, meeting, the Committee easily reached a consensus that an indefinite continuation of the container regulation suspension would best fit the industry's marketing needs.

The Committee anticipates that this rule will not negatively impact small businesses. This rule extends the suspension of the container requirements found under § 922.306 of the order's rules and regulations and should continue to provide enhanced marketing opportunities.

The Committee discussed—and subsequently rejected—alternatives to its recommendation to extend the container regulation suspension. These included allowing the reinstatement of the regulations (by not taking any action) and continuing with annual and temporary regulatory suspensions such as recommended for the 2006 season. With a successful season behind them, Committee members were unanimous in their decision to recommend to USDA an extension of the container regulations suspension for an indefinite period.

This rule will not impose any additional reporting or recordkeeping requirements on either small or large apricot 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. In addition, USDA has not identified any relevant Federal rules that duplicate, overlap or conflict with this rule.

AMS is committed to complying with the E-Government Act, to promote the use of the Internet and other information technologies to provide increased opportunities for citizen access to Government information and services, and for other purposes.

The Committee's meeting was widely publicized throughout the Washington apricot industry and all interested persons were invited to attend the meeting and participate in Committee

deliberations. Like all Committee meetings, the February 15, 2007, meeting was a public meeting and all entities, both large and small, were able to express their views on this issue.

An interim final rule concerning this action was published in the **Federal Register** on April 4, 2007. Copies of the rule were made available to the Washington apricot industry by Committee staff, as well as through the Internet by the USDA and the Office of the Federal Register. That rule provided a 60-day comment period which ended June 4, 2007. 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** (72 FR 16263, April 4, 2007) will tend to effectuate the declared policy of the Act.

List of Subjects in 7 CFR Part 922

Apricots, Marketing agreements, Reporting and recordkeeping requirements.

PART 922—APRICOTS GROWN IN DESIGNATED COUNTIES IN WASHINGTON

■ Accordingly, the interim final rule amending 7 CFR part 922 that was published at 72 FR 16263 on April 4, 2007, is adopted as a final rule without change.

Dated: July 9, 2007.

Lloyd C. Day,

Administrator, Agricultural Marketing Service.

[FR Doc. E7–13538 Filed 7–11–07; 8:45 am]

BILLING CODE 3410–02–P

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 959

[Docket No. AMS–FV–07–0043; FV07–959–2 FIR]

Onions Grown in South Texas; Exemption of Onions for Export

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 exempting onions being shipped to export markets from regulations prescribed under the South Texas onion marketing order. The marketing order regulates the handling of onions grown in South Texas, and is administered locally by the South Texas Onion Committee (Committee). This rule continues in effect the action that provides a special purpose shipment exemption for onions being shipped to export markets. Under this change, onion shipments for export will continue to be exempt from the grade, size, quality, and inspection requirements of the marketing order.

This rule continues in effect the action that provides handlers additional flexibility in marketing onions of different grades and quality in various markets outside of the U.S. This change helps the South Texas onion industry develop additional markets for its onions, while increasing returns to producers and providing an increased supply of onions to help satisfy a rapidly developing export market.

DATES: *Effective Date:* August 13, 2007.

FOR FURTHER INFORMATION CONTACT: Belinda G. Garza, Regional Manager, Texas Marketing Field Office, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA; Telephone: (956) 682–2833, Fax: (956) 682–5942, or E-mail: *Belinda.Garza@usda.gov*.

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. 143 and Order No. 959, both as amended (7 CFR part 959), regulating the handling of onions grown in South Texas, 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, unanimously recommended by the Committee at its March 16, 2007, meeting, continues in effect the action that exempts onion export shipments from the grade, size, quality and inspection requirements prescribed under the South Texas onion marketing order. To effectuate the exemption, paragraphs (e)(1) and (f) of § 959.322 were modified by adding the term ''export'' to the list of authorized special purpose shipment categories.

Section 959.52 of the order authorizes the issuance, amendment, modification, suspension, or termination of regulations for grade, size, quality, maturity, pack, and container for any variety of onions grown in the production area. Section 959.53 provides that regulations in effect pursuant to §§ 959.42, 959.52, or 959.60 may be modified, suspended or terminated to facilitate the handling of onions for specified special purpose shipments, including export. Section 959.60 provides that whenever onions are regulated pursuant to § 959.52, such onions must be inspected by the Federal-State Inspection Service, and

certified as meeting the applicable requirements of such regulations.

Section 959.322 contains the order's handling regulations and includes provisions for grade, size, and inspection requirements, as well as a minimum quantity exemption, certain special purpose shipment exemptions, and experimental shipments. The handling regulations also provide safeguards to ensure that onions being shipped for special purposes are handled in accordance with order provisions.

The Committee meets prior to and during each season to consider recommendations for modification, suspension, or termination of the regulatory requirements for South Texas onions which have been issued on a continuing basis. Committee meetings are open to the public and interested persons may express their views at these meetings. The USDA reviews Committee recommendations and information submitted by the Committee and other available information, and determines whether modification, suspension, or termination of the regulatory requirements would tend to effectuate the declared policy of the Act.

Based on discussion at the March 16, 2007, meeting, the Committee conveyed to USDA that there was an extremely short supply of onions in Mexico and other countries. This shortage fueled a greater demand for all grades of onions. The Committee indicated that there was a great deal of interest in various foreign markets for onions of varying grade, size, and quality. Texas producers and handlers were characterized by the Committee as eager to supply this demand and were thus fully in support of relaxing the handling regulations in an effort to provide onions for the developing export markets.

The Committee also reported that the onion supply situation in Texas was hampered by a very short onion crop—approximately 12,500 acres this year compared with approximately 18,000 acres in past seasons—and cold weather had caused some quality issues in certain areas of the South Texas onion production area.

By exempting onions for export from the handling regulations, this rule continues in effect the action that provides handlers additional flexibility in marketing onions of different grades and quality in various markets outside of the U.S. This change helps the South Texas onion industry develop additional markets for its onions, while increasing returns to producers and provides an increased supply of onions to help satisfy a rapidly developing export market.

All handlers making onion shipments for relief, charity, processing, or experimental purposes are required to apply for and obtain a Certificate of Privilege from the Committee to make such shipments. Once handlers are approved for such shipments, a Report of Special Purpose Onion Shipment form must be submitted to the Committee for each such onion shipment in order to ensure that the shipments are in accordance with Committee requirements. This rule continues in effect the action that allows all shipments to export markets to also be exempt from grade, size, quality, and inspection requirements and tracked through the use of the Report of Special Purpose Onion Shipment form.

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. Small agricultural producers are defined by the Small Business Administration (SBA) (13 CFR 121.201) as those having annual receipts of less than $750,000. Small agricultural service firms are defined as those with annual receipts of less than $6,500,000.

There are approximately 114 producers of onions in the production area and approximately 38 handlers subject to regulation under the order. Most of the handlers are vertically integrated corporations involved in producing, shipping, and marketing onions. For the 2005–06 marketing year, the industry's 38 handlers shipped onions produced on 17,694 acres with the average and median volume handled being 182,148 and 174,437 fifty-pound equivalents, respectively. In terms of production value, total revenues for the 38 handlers were estimated to be $44.2 million, with average and median revenues being $1.6 million and $1.12 million, respectively.

The South Texas onion industry is characterized by producers and handlers whose farming operations generally involve more than one commodity, and whose income from farming operations is not exclusively dependent on the production of onions. Alternative crops provide an opportunity to utilize many of the same facilities and equipment not in use when the onion production season is complete. For this reason, typical onion producers and handlers either produce multiple crops or alternate crops within a single year.

Based on the SBA's definition of small entities, the Committee estimates that all of the 38 handlers regulated by the order would be considered small entities if only their onion revenues are considered. However, revenues from other farming enterprises could result in a number of these handlers being above the $6,500,000 annual receipt threshold. All of the 114 producers may be classified as small entities based on the SBA definition if only their revenue from onions is considered.

This rule continues in effect the action that exempts onion export shipments from the grade, size, quality and inspection requirements prescribed under the South Texas onion marketing order. To realize the exemption, paragraphs (e) and (f) of § 959.322 are modified by adding the term ''export'' to the list of authorized special purpose shipment categories.

Section 959.52 of the order authorizes the issuance of regulations for grade, size, quality, maturity, pack, and container for any variety of onions grown in the production area. Section 959.53 provides for the exemption from the handling regulations certain kinds of onion shipments, including export.

The Committee anticipates that this rule will not negatively impact small businesses. This rule continues in effect the action that exempts onions being shipped to export markets from the order's handling regulations, and thus provides enhanced marketing opportunities for all handlers, increased income for South Texas onion producers, and increased purchasing flexibility for foreign consumers.

The Committee considered alternatives to this recommendation. One consideration would have relaxed the minimum quality requirements of all onion shipments, both domestic and export, from U.S. No. 1 to U.S. No. 2. Although this option may have taken care of the export market demands, it was rejected early in the discussion due to the problems associated with trying to market onions that grade less than U.S. No. 1 to U.S. consumers. Also briefly considered was the option of suspending the entire handling

regulation, either on a temporary basis or indefinitely. The Committee also rejected this option as being too extreme for the current situation.

In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the information collection requirements that are contained in this rule are currently approved by the Office of Management and Budget (OMB), under OMB No. 0581–0178, Vegetable and Specialty Crops. This rule will impose minimal additional reporting or recordkeeping requirements, deemed to be insignificant, on both small and large onion handlers that export onions.

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 AMS is committed to complying with the E-Government Act, to promote the use of the Internet and other information technologies to provide increased opportunities for citizen access to Government information and services, and for other purposes.

The Committee's meeting was widely publicized throughout the South Texas onion industry and all interested persons were invited to attend the meeting and participate in Committee deliberations. Like all Committee meetings, the March 16, 2007, meeting was a public meeting and all entities, both large and small, were able to express their views on this issue. Furthermore, interested persons were invited to submit information on the regulatory and informational impacts of this action on small businesses.

An interim final rule concerning this action was published in the **Federal Register** on April 9, 2007. Copies of the rule were mailed by the Committee's staff to all Committee members, onion handlers, and interested persons. In addition, the rule was made available through the Internet by USDA and the Office of the Federal Register. That rule provided for a 60-day comment period, which ended June 8, 2007. 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.

This rule continues in effect the action that exempts onions for export from the handling regulations prescribed under the South Texas onion marketing order.

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** (72 FR 17360, April 9, 2007) will tend to effectuate the declared policy of the Act.

List of Subjects in 7 CFR Part 959

Onions, Marketing agreements, Reporting and recordkeeping requirements.

PART 959—ONIONS GROWN IN SOUTH TEXAS

■ Accordingly, the interim final rule amending 7 CFR part 959 which was published at 72 FR 17360 on April 9, 2007, is adopted as a final rule without change.

Dated: July 9, 2007.

Lloyd C. Day,

Administrator, Agricultural Marketing Service.

[FR Doc. E7–13547 Filed 7–11–07; 8:45 am]

BILLING CODE 3410–02–P

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 1220

[Docket No. AMS–LS–07–0084; LS–05–07]

Soybean Promotion and Research Program; Section 610 Review

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Confirmation of regulations.

SUMMARY: This document summarizes the results of an Agricultural Marketing Service (AMS) review of the Soybean Promotion, Research, and Consumer Information Program under the criteria contained in section 610 of the Regulatory Flexibility Act (RFA). Based upon its review, AMS has determined that the Soybean Research and Promotion Order (Order) should be continued without change.

ADDRESSES: Interested persons may obtain a copy of the review. Requests for copies should be sent to Kenneth R. Payne, Chief, Marketing Programs, Livestock and Seed Program, AMS, USDA, Room 2628–S, STOP 0251, 1400 Independence Avenue, SW., Washington, DC 20250–0251; Phone: (202) 720–1115; Fax: (202) 720–1125; or, online at *www.regulations.gov.*

FOR FURTHER INFORMATION CONTACT: Kenneth R. Payne, Chief, Marketing Programs Branch, Livestock and Seed Program, AMS, USDA, Room 2638–S, STOP 0251, 1400 Independence Avenue, SW., Washington, DC 20250–0251 or e-mail *Kenneth.Payne@usda.gov.*

SUPPLEMENTARY INFORMATION: The Order (7 CFR 1220) is authorized under the Soybean Promotion, Research, and Consumer Information Act (Act) (7 U.S.C. 6301 *et seq.*). This program is a national producer program for soybean and soybean product promotion, research, consumer information, and industry information as part of a comprehensive strategy to strengthen the soybean industry's position in the marketplace by maintaining and expanding existing domestic and foreign markets and uses for soybeans and soybean products, and to develop new markets and uses for soybean and soybean products. Soybean producers fund this program through a mandatory assessment of one-half of one percent (0.5 percent) of the net market price per bushel on soybeans marketed. Assessments collected under this program are used for promotion, research, consumer information, and industry information.

The national program is administered by the United Soybean Board (Board), which has 64 producer members. Board members serve 3-year terms and represent 28 states and 2 geographic units.

On February 18, 1999, AMS published in the **Federal Register** (64 FR 8014), a plan to review certain regulations, including the Soybean Promotion, Research, and Consumer Information Program, known as the Soybean Checkoff Program (Program), under criteria contained in section 610 of the Regulatory Flexibility Act (RFA) (U.S.C. 601–612). Updated plans were published in the **Federal Register** on January 4, 2002 (67 FR 525), August 14, 2003 (68 FR 48574), and March 24, 2006 (71 FR 14827). The reviews are being conducted over the next 10 years under section 610 of the RFA. Because many AMS regulations impact small entities, AMS decided, as a matter of policy, to review certain regulations which, although they may not meet the threshold requirement under section 610 of the RFA, warranted review.

As part of its review of the Program, AMS published a notice of review and request for written comments on the Soybean Research and Promotion Order in the December 2, 2005 issue of the

Federal Register (70 FR 72257). Comments were due January 31, 2006. Comments were received from 18 various State soybean associations, a national trade association, and several soybean producers.

The review was undertaken to determine whether the Order should be continued without change, amended, or rescinded (consistent with the objectives of the Act) to minimize the impacts on small entities. In conducting this review, AMS considered the following factors: (1) The continued need for the Order; (2) the nature of complaints or comments from the public concerning the Order; (3) the complexity of the Order; (4) the extent to which the Order overlaps, duplicates, or conflicts with other Federal rules and, to the extent feasible, with state and local governmental rules; and (5) the length of time since the Order has been evaluated or the degree to which technology, economic conditions, or other factors have changed in the area affected by the Order.

Comments: USDA received comments from 18 various State soybean associations, national trade associations, and soybean producers regarding the Order and/or the regulations in response to the published notice of review.

A comment from the chairman of the United Soybean Board discussed background information about the Program as well as rationale for the continuation of the Order. The comment from the Board chairman addressed the intent of the 610 review. The chairman also referenced the results of the 2004 request for a referendum, in which only 3,206 valid requests for a referendum were cast. A total of 66,388 valid votes were required to prompt a referendum. Additionally, the comment referred to the recent return on investment study, which evaluated Program activities from 1995–2001, and determined that for every $1 invested, producers received $6.75 in returns.

Thirteen comments addressed the process used by the Board for selecting contractors. To obtain contractors, the Board periodically announces Request for Proposals (RFP) for potential contractors who provide specific services for the Board. As part of the oversight responsibility, USDA reviews and approves all contracts between the Board and contractors. The Board continually evaluates the work of all contractors, who are subject to audits. Competitive bidding is used by the Board and subcontractors, when deemed necessary.

Eighteen comments received questioned how the Board manages the Program's finances. The Board's financial records are audited on an annual basis by an independent auditor. Through the Board's compliance program and auditing authority, Qualified State Soybean Boards (QSSB) are periodically reviewed to ensure proper accounting procedures are in place so that checkoff dollars are not commingled with non-checkoff dollars and are spent on authorized activities. AMS also reviews and approves the annual financial audit of the Board, the operating and administrative budgets of the Board, and amendments made to either budget as the fiscal year progresses. Producers and organizations representing soybean producers are encouraged to attend State meetings and provide input during the decision-making process.

For budgeting purposes, the Board has adopted the use of a Budget Allocation Model, which allows all producers the opportunity to direct programs and funding. This model is used in conjunction with the Board's committee structure to allocate checkoff funds for Board activity. The Board is required under the Order to have its financial records annually reviewed by an independent certified public accountant. To date, the audits have not reflected any substantive reasons for concern and have indicated that the Board does adhere to the administrative cap set forth in the Act. Board financial information and meeting minutes are available to QSSBs and the general public upon request to the Board and are distributed to Board members.

The Board, by representation of producers nominated by State boards and appointed by the Secretary, is responsible for decisions that impact the entire soybean industry. Therefore, AMS understands the value of transparency of the Board's decisions and actions. In fiscal year 2006, Beyond the Bean magazine was distributed quarterly to producers to communicate educational, action-oriented checkoff activities of the Board. Additionally, Board and committee meetings are open to the public. The public, which includes QSSB representatives and producers, are afforded the opportunity to participate in Board and committee meetings and are encouraged to provide input in the decision-making process.

Fifteen comments made recommendations that include changes to the Act, such as: Doubling the assessment rate, changing how Board members are selected, the removal of legislation authorizing the Coordinating Committee, allowing for the payment of membership dues with checkoff dollars, and allowing checkoff funds generated in States to remain under the sole discretion and control of the each respective State. However, implementation of these suggestions would require changes to language in the Act itself, which would require congressional action.

Fourteen comments recommended changes to the Order, including suggestions on how referendums are conducted and a request to correct an erroneously eliminated section that allows State checkoff programs to pay refunds and mandate that producers requesting a refund direct their total assessment to the Board. The Order was amended in January 2007 to add the eliminated section back into the Order. The Order currently allows for soybean producers to petition for a referendum every five years. Suggestions received from the public on how the Order can be revised concerning change the referendum process have been forwarded to the Board for further consideration.

Five comments addressed the Board's decision to establish the United States Soybean Export Council (USSEC). AMS has reviewed all agreements and contracts to ensure that all activities were performed and permissible under the Act and Order. Preliminary information pertaining to the creation of USSEC and impact upon ASA are anticipated and will be distributed to Board members. Such information will also be made available to the public upon request.

Five comments addressed the method used for calculating eligible soybean producers. According to the Act, the term ''producer'' is defined as ''any person engaged in the growing of soybeans in the United States, who owns or shares the ownership and risk of loss of such soybeans.'' USDA periodically reviews data available from the Farm Service Agency to determine the total number of producers eligible to participate in a request for referendum.

Two comments indicated that the period used for Minimum Assessment Provision by the Board should begin either September or October instead of the beginning of the calendar year. The calendar year is used in order to provide consistency among the various accounting periods used by the QSSBs.

Based upon this review, the USDA has determined that the Order is not unduly complex. The USDA has not identified any relevant Federal rules or State and local regulations that duplicate, overlap, or conflict with the Order's requirements. While there are organizations that exist to conduct soybean research, the Board works with these organizations complementarily. In many cases, the work being done by

these research institutions is either fully or partially funded by the Board.

There are State programs that promote generic soybeans and soybean products. These State programs are, in most cases, affiliated with the Board as the QSSBs in their respective States or geographic units. Assessments are collected by QSSBs, portions of which are retained by their respective geographic units for local generic soybean promotion, research, and information.

Additionally, these are some organizations that exist solely to represent soybean producers. These organizations are voluntary in nature and serve different functions. The activities of these organizations concentrate in areas not covered by the Order, and therefore do not duplicate or conflict with the Order

Based upon the review, AMS has determined that the Order should continue without change. AMS plans to continue working with the soybean industry in maintaining an effective Program.

Authority: 7 U.S.C. 6301–6311.

Dated: July 9, 2007.

Lloyd C. Day,

Administrator, Agricultural Marketing Service.

[FR Doc. E7–13548 Filed 7–11–07; 8:45 am]

BILLING CODE 3410–02–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. FAA–2007–27863 Directorate Identifier 2007–CE–037–AD; Amendment 39–15126; AD 2007–14–04]

RIN 2120–AA64

Airworthiness Directives; Pacific Aerospace Corporation, Ltd Model 750XL Airplanes

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

ACTION: Final rule.

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

To prevent the rudder trim tab upper pivot hole in the rudder rib flogging out, which may lead to aerodynamic flutter and possible loss of aircraft control * * *

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

DATES: This AD becomes effective August 16, 2007.

On August 16, 2007, the Director of the Federal Register approved the incorporation by reference of certain publications listed in this AD.

ADDRESSES: You may examine the AD docket on the Internet at *http://dms.dot.gov* or in person at Document Management Facility, U.S. Department of Transportation, Docket Operations, M–30, West Building Ground Floor, Room W12–140, 1200 New Jersey Avenue, SE., Washington, DC 20590.

FOR FURTHER INFORMATION CONTACT: Karl Schletzbaum, Aerospace Engineer, FAA, Small Airplane Directorate, 901 Locust, Room 301, Kansas City, Missouri 64106; telephone: (816) 329–4146; fax: (816) 329–4090.

SUPPLEMENTARY INFORMATION:

Discussion

We issued a notice of proposed rulemaking (NPRM) to amend 14 CFR part 39 to include an AD that would apply to the specified products. That NPRM was published in the **Federal Register** on May 18, 2007 (72 FR 28003). That NPRM proposed to correct an unsafe condition for the specified products. The MCAI states:

To prevent the rudder trim tab upper pivot hole in the rudder rib flogging out, which may lead to aerodynamic flutter and possible loss of aircraft control * * *

To correct the unsafe condition, you must inspect the rudder trim tab upper pivot for any lateral movement of the bush. If you find any lateral movement of the bush, install modification PAC/XL/0267.

Comments

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

Conclusion

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

Differences Between This AD and the MCAI or Service Information

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

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

Costs of Compliance

We estimate that this AD will affect 7 products of U.S. registry. We also estimate that it will take about 16 work-hours per product to comply with basic requirements of this AD. The average labor rate is $80 per work-hour. Required parts will cost about $1,000 per product. Where the service information lists required parts costs that are covered under warranty, we have assumed that there will be no charge for these parts. As we do not control warranty coverage for affected parties, some parties may incur costs higher than estimated here.

Based on these figures, we estimate the cost of this AD to the U.S. operators to be $15,960 or $2,280 per product.

Authority for This Rulemaking

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

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

Regulatory Findings

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

For the reasons discussed above, I certify this AD:

(1) Is not a ''significant regulatory action'' under Executive Order 12866;

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

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

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

Examining the AD Docket

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

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

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

2007–14–04 Pacific Aerospace Corporation, Ltd: Amendment 39–15126; Docket No. FAA–2007–27863; Directorate Identifier 2007–CE–037–AD.

Effective Date

(a) This airworthiness directive (AD) becomes effective August 16, 2007.

Affected ADs

(b) None.

Applicability

(c) This AD applies to Model 750XL airplanes, all serial numbers, that are:

(1) Not fitted with modification PAC/XL/0267 (upper bearing part number (P/N) 11–33121–1); and

(2) certificated in any category.

Subject

(d) Air Transport Association of America (ATA) Code 55: Stabilizers.

Reason

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

To prevent the rudder trim tab upper pivot hole in the rudder rib flogging out, which may lead to aerodynamic flutter and possible loss of aircraft control * * *

To correct the unsafe condition, you must inspect the rudder trim tab upper pivot for any lateral movement of the bush. If you find any lateral movement of the bush, install modification PAC/XL/0267.

Actions and Compliance

(f) Unless already done, do the following actions:

(1) Within the next 150 hours time-in-service (TIS) after August 16, 2007 (the effective date of this AD) and thereafter at intervals not to exceed 150 hours TIS, inspect the rudder trim tab upper pivot following the instructions in Pacific Aerospace Limited Mandatory Service Bulletin PACSB/XL/023, dated February 15, 2007.

(i) If there is any lateral movement of the bush found in any inspection required in paragraph (f)(1) of this AD, before further flight, install modification PAC/XL/0267 following Pacific Aerospace Limited Mandatory Service Bulletin PACSB/XL/023, dated February 15, 2007; and Pacific Aerospace Ltd Drawing No. 11–03131, Drawing Approved Date: February 17, 2007.

(ii) Modification PAC/XL/0267 comprises removing the upper bush P/N 11–33119–1 and installing upper bearing P/N 11–33121–1 following Pacific Aerospace Ltd Drawing No. 11–03131, Drawing Approved Date: February 17, 2007. Modification PAC/XL/0267 is a terminating action to the requirements of this AD.

(2) Within the next 450 hours TIS after August 16, 2007 (the effective date of this AD) or within the next 24 months after August 16, 2007 (the effective date of this AD), whichever occurs first, modify the rudder trim tab upper pivot with modification PAC/XL/0267 following Pacific Aerospace Limited Mandatory Service Bulletin PACSB/XL/023, dated February 15, 2007; and Pacific Aerospace Ltd Drawing No. 11–03131, Drawing Approved Date: February 17, 2007.

FAA AD Differences

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

Other FAA AD Provisions

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

(1) *Alternative Methods of Compliance (AMOCs):* The Manager, Standards Staff, FAA, has the authority to approve AMOCs for this AD, if requested using the procedures found in 14 CFR 39.19. Send information to ATTN: Karl Schletzbaum, Aerospace Engineer, FAA, Small Airplane Directorate, 901 Locust, Room 301, Kansas City, Missouri 64106; telephone: (816) 329–4146; fax: (816) 329–4090. Before using any approved AMOC on any airplane to which the AMOC applies, notify your appropriate principal inspector (PI) in the FAA Flight Standards District Office (FSDO), or lacking a PI, your local FSDO.

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

(3) *Reporting Requirements:* For any reporting requirement in this AD, under the provisions of the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*), the Office of Management and Budget (OMB) has approved the information collection requirements and has assigned OMB Control Number 2120–0056.

Related Information

(h) Refer to MCAI Civil Aviation Authority of New Zealand AD DCA/750XL/11, dated March 29, 2007; Pacific Aerospace Limited Mandatory Service Bulletin PACSB/XL/023, dated February 15, 2007; and Pacific Aerospace Ltd Drawing No. 11–03131, Drawing Approved Date: February 17, 2007, for related information.

Material Incorporated by Reference

(i) You must use Pacific Aerospace Limited Mandatory Service Bulletin PACSB/XL/023, dated February 15, 2007; and Pacific Aerospace Ltd Drawing No. 11–03131, Drawing Approved Date: February 17, 2007, to do the actions required by this AD, unless the AD specifies otherwise.

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

(2) For service information identified in this AD, contact Pacific Aerospace Corporation Ltd., Hamilton Airport, Private Bag HN 3027, Hamilton, New Zealand; telephone: 011 (64) 7–843–6144; fax: 011 (64) 7–843–6134.

(3) You may review copies at the FAA, Central Region, Office of the Regional Counsel, 901 Locust, Room 506, Kansas City, Missouri 64106; or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202–741–6030, or go to: *http://www.archives.gov/federal-register/cfr/ibr-locations.html.*

Issued in Kansas City, Missouri, on June 29, 2007.

Kim Smith,

Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. E7–13242 Filed 7–11–07; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. FAA–2007–27976; Directorate Identifier 2007–CE–042–AD; Amendment 39–15125; AD 2007–14–03]

RIN 2120–AA64

Airworthiness Directives; Cirrus Design Corporation Models SR20 and SR22 Airplanes

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

ACTION: Final rule.

SUMMARY: We are adopting a new airworthiness directive (AD) for certain Cirrus Design Corporation (CDC) Models SR20 and SR22 airplanes. This AD requires you to replace the pick-up collar support and nylon screws, of the Cirrus Airplane Parachute System (CAPS), with a new design pick-up collar support and custom tension screws. This AD results from a CDC report of an in-flight CAPS activation where the parachute failed to successfully deploy. We are issuing this AD to correct pick-up collar support fasteners of the CAPS, which could result in the premature separation of the collar. This condition, if not corrected, could result in the parachute failing to successfully deploy (CAPS failure).

DATES: This AD becomes effective on August 16, 2007.

On August 16, 2007, the Director of the Federal Register approved the incorporation by reference of certain publications listed in this AD.

ADDRESSES: For service information identified in this AD, contact Cirrus Design Corporation, 4515 Taylor Circle, Duluth, Minnesota 55811; telephone: (218) 727–2737; Internet address: *http://www.cirrusdesign.com.*

To view the AD docket, go to U.S. Department of Transportation, Docket Operations, M–30, West Building Ground Floor, Room W12–140, 1200 New Jersey Avenue, SE., Washington, DC 20590, or on the Internet at *http://dms.dot.gov.* The docket number is FAA–2007–27976; Directorate Identifier 2007–CE–042–AD.

FOR FURTHER INFORMATION CONTACT: Wess Rouse, Aerospace Engineer, 2300 East Devon Avenue, Room 107, Des Plaines, Illinois 60018; telephone: (847) 294–8113; fax: (847) 297–7834.

SUPPLEMENTARY INFORMATION:

Discussion

On May 11, 2007, we issued a proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) to include an AD that would apply to certain CDC Models SR20 and SR22 airplanes. This proposal was published in the **Federal Register** as a notice of proposed rulemaking (NPRM) on May 17, 2007 (72 FR 27766). The NPRM proposed to require you to replace the pick-up collar support and nylon screws, of the CAPS, with a new design pick-up collar support and custom tension screws.

Comments

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

Conclusion

We have carefully reviewed the available data and determined that air safety and the public interest require adopting the AD as proposed except for minor editorial corrections. We have determined that these minor corrections:

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

Costs of Compliance

We estimate that this AD affects 2,677 airplanes in the U.S. registry.

We estimate the following costs to do the replacement of the pick-up collar support of the CAPS:

Labor cost	Parts cost	Total cost per airplane	Total cost on U.S. operators
2 work-hours × $80 per hour = $160	$17	$177	$473,829

Note: CDC will provide warranty credit to the extent noted in Cirrus Alert Service Bulletin No. SB A2X–95–10 R2, Issued April 2, 2007, Revised: April 24, 2007.

Authority for This Rulemaking

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

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

Regulatory Findings

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

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

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

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

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

We prepared a summary of the costs to comply with this AD (and other information as included in the Regulatory Evaluation) and placed it in the AD Docket. You may get a copy of this summary by sending a request to us at the address listed under **ADDRESSES**. Include ''Docket No. FAA–2007–27976; Directorate Identifier 2007–CE–042–AD'' in your request.

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

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

2007–14–03 Cirrus Design Corporation: Amendment 39–15125; Docket No. FAA–2007–27976; Directorate Identifier 2007–CE–042–AD.

Effective Date

(a) This AD becomes effective on August 16, 2007.

Affected ADs

(b) None.

Applicability

(c) This AD applies to Model SR20 airplanes, serial numbers (SN) 1005 through 1798, and Model SR22 airplanes, SN 0002 through 2437, that:

(1) Are certificated in any category; and

(2) have not incorporated the actions in their entirety of Cirrus Alert Service Bulletin No. SB A2X–95–10 R1, Issued April 2, 2007, Revised: April 10, 2007.

Unsafe Condition

(d) This AD results from a Cirrus Design Corporation (CDC) report of an in-flight Cirrus Airplane Parachute System (CAPS) activation where the parachute failed to successfully deploy. We are issuing this AD to correct pick-up collar support fasteners of the CAPS, which could result in the premature separation of the collar. This condition, if not corrected, could result in the parachute failing to successfully deploy (CAPS failure).

Compliance

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

Actions	Compliance	Procedures
Replace the pick-up collar support of the CAPS with the new design pick-up collar support and the two nylon collar support screws with new custom aluminum tension screws. One of the following must do the replacement: (1) A CDC trained and authorized parachute system technician who also holds an Airframe and Powerplant (A&P) mechanic certificate; or (2) A CDC trained and authorized parachute system technician who is supervised by an A&P mechanic.	Within the next 25 hours time-in-service (TIS) after August 16, 2007 (the effective date of this AD) or within 60 days after August 16, 2007 (the effective date of this AD), whichever occurs first.	Follow Cirrus Alert Service Bulletin No. SB A2X–95–10 R2, Issued April 2, 2007, Revised: April 24, 2007.

Alternative Methods of Compliance (AMOCs)

(f) The Manager, Chicago Aircraft Certification Office (ACO), FAA, has the authority to approve AMOCs for this AD, if requested using the procedures found in 14 CFR 39.19. Send information to ATTN: Wess Rouse, Aerospace Engineer, FAA, 2300 East Devon Avenue, Room 107, Des Plaines, Illinois 60018; telephone: (847) 294–8113; fax: (847) 297–7834. Before using any approved AMOC on any airplane to which the AMOC applies, notify your appropriate principal inspector (PI) in the FAA Flight Standards District Office (FSDO), or lacking a PI, your local FSDO.

Material Incorporated by Reference

(g) You must use Cirrus Alert Service Bulletin No. SB A2X–95–10 R2, Issued April 2, 2007, Revised: April 24, 2007, or Cirrus Alert Service Bulletin No. SB A2X–95–10 R1, Issued April 2, 2007, Revised: April 10, 2007, to do the actions required by this AD, unless the AD specifies otherwise.

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

(2) For service information identified in this AD, contact Cirrus Design Corporation, 4515 Taylor Circle, Duluth, Minnesota 55811; telephone: (218) 727–2737; Internet address: *www.cirrusdesign.com.*

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

Issued in Kansas City, Missouri, on June 29, 2007.

Kim Smith,

Manager, Small Airplane Directorate,Aircraft Certification Service.

[FR Doc. E7–13248 Filed 7–11–07; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. FAA–2007–27680 Directorate Identifier 2007–CE–026–AD; Amendment 39–15128; AD 2007–14–06]

RIN 2120–AA64

Airworthiness Directives; AEROTECHNIC Vertiebs-u. Service GmbH Model Honeywell CAS67A ACAS II Systems Appliances

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

ACTION: Final rule.

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

It was detected by the STC holder that in earlier installations of the ACASII system there were no isolation diodes installed in the Heading and Attitude Valid lines. The absence of an isolation diode in the valid lines can prevent the valid flag to come up even if a gyro fault exists. The problem has only been detected for Heading Valid lines but could equally affect the Attitude Valid lines.

With installation of the ACASII, the heading and attitude valid lines have to be connected to the TPU67A. On valid state, the signals are +28VDC. On invalid, the signals are open. This condition of direct connection (without an isolation diode installed) of the valid lines to the TPU67A, if not corrected, could cause the TPU67A to feed current into the open stated valid lines. This prevents the flag to appear even if the gyro is invalid, providing the flight crew with erroneous navigation information.

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

DATES: This AD becomes effective August 16, 2007.

On August 16, 2007, the Director of the Federal Register approved the incorporation by reference of certain publications listed in this AD.

ADDRESSES: You may examine the AD docket on the Internet at *http://dms.dot.gov* or in person at Document Management Facility, U.S. Department

of Transportation, Docket Operations, M–30, West Building Ground Floor, Room W12–140, 1200 New Jersey Avenue, SE., Washington, DC 20590.

FOR FURTHER INFORMATION CONTACT: Karl Schletzbaum, Aerospace Engineer, FAA, Small Airplane Directorate, 901 Locust, Room 301, Kansas City, Missouri 64106; telephone: (816) 329–4146; fax: (816) 329–4090.

SUPPLEMENTARY INFORMATION:

Discussion

We issued a notice of proposed rulemaking (NPRM) to amend 14 CFR part 39 to include an AD that would apply to the specified products. That NPRM was published in the **Federal Register** on April 26, 2007 (72 FR 20780). That NPRM proposed to correct an unsafe condition for the specified products. The MCAI states:

> It was detected by the STC holder that in earlier installations of the ACASII system there were no isolation diodes installed in the Heading and Attitude Valid lines. The absence of an isolation diode in the valid lines can prevent the valid flag to come up even if a gyro fault exists. The problem has only been detected for Heading Valid lines but could equally affect the Attitude Valid lines.
>
> With installation of the ACASII, the heading and attitude valid lines have to be connected to the TPU67A. On valid state, the signals are +28VDC. On invalid, the signals are open. This condition of direct connection (without an isolation diode installed) of the valid lines to the TPU67A, if not corrected, could cause the TPU67A to feed current into the open stated valid lines. This prevents the flag to appear even if the gyro is invalid, providing the flight crew with erroneous navigation information.
>
> For the reasons stated above, this Airworthiness Directive (AD) requires the installation of isolation diodes into the signal lines to the TPU67A to prevent reverse feed of the valid lines.

Comments

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

Conclusion

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

Differences Between This AD and the MCAI or Service Information

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

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

Costs of Compliance

The FAA is not aware of any airplanes on the U.S. Registry that have the affected equipment installed. All airplanes with this equipment included in the applicability of this rule currently are operated by non-U.S. operators under foreign registry; therefore, they are not directly affected by this AD action at this time. However, the FAA considers this rule necessary to ensure that the unsafe condition is addressed in the event that any of these subject airplanes are imported and placed on the U.S. Registry.

Should an affected airplane be imported and placed on the U.S. Registry, accomplishment of the required action will take approximately 8 work-hours at an average labor rate of $80 per work-hour. Required parts will cost about $50 per product. Where the service information lists required parts costs that are covered under warranty, we have assumed that there will be no charge for these costs. As we do not control warranty coverage for affected parties, some parties may incur costs higher than estimated here.

Based on these figures, the total cost impact of this AD will be $690 per airplane.

Authority for This Rulemaking

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

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

Regulatory Findings

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

For the reasons discussed above, I certify this AD:

(1) Is not a ''significant regulatory action'' under Executive Order 12866;

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

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

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

Examining the AD Docket

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

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

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

2007–14–06 AEROTECHNIC Vertiebs -u. Service GmbH: Amendment 39–15128; Docket No. FAA–2007–27680; Directorate Identifier 2007–CE–026–AD.

Effective Date

(a) This airworthiness directive (AD) becomes effective August 16, 2007.

Affected ADs

(b) None.

Applicability

(c) This AD applies to Honeywell CAS67A ACAS II systems that are installed on, but not limited to, DORNIER LUFTFAHRT GmbH Models Dornier 228–100, Dornier 228–101, Dornier 228–200, Dornier 228–201, and Dornier 228–212 airplanes that:

(1) Had Supplemental Type Certificate No. SA1310 installed prior to January 31, 2005; and

(2) are certificated in any category.

Subject

(d) Air Transport Association of America (ATA) Code 34: Navigation.

Reason

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

It was detected by the STC holder that in earlier installations of the ACASII system there were no isolation diodes installed in the Heading and Attitude Valid lines. The absence of an isolation diode in the valid lines can prevent the valid flag to come up even if a gyro fault exists. The problem has only been detected for Heading Valid lines but could equally affect the Attitude Valid lines.

With installation of the ACASII, the heading and attitude valid lines have to be connected to the TPU67A. On valid state, the signals are +28VDC. On invalid, the signals are open. This condition of direct connection (without an isolation diode installed) of the valid lines to the TPU67A, if not corrected, could cause the TPU67A to feed current into the open stated valid lines. This prevents the flag to appear even if the gyro is invalid, providing the flight crew with erroneous navigation information.

For the reasons stated above, this Airworthiness Directive (AD) requires the installation of isolation diodes into the signal lines to the TPU67A to prevent reverse feed of the valid lines.

Actions and Compliance

(f) Unless already done, within the next 100 hours time-in-service (TIS) after August 16, 2007 (the effective date of this AD), modify the Honeywell CAS67A ACASII System Installation following Aerotechnic Vertiebs -u. Service GmbH Service Bulletin No. DO228–119780–0104, Revision 2, dated December 21, 2006.

FAA AD Differences

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

Other FAA AD Provisions

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

(1) *Alternative Methods of Compliance (AMOCs):* The Manager, Standards Staff, FAA, ATTN: Karl Schletzbaum, Aerospace Engineer, FAA, Small Airplane Directorate, 901 Locust, Room 301, Kansas City, Missouri 64106; telephone: (816) 329–4146; fax: (816) 329–4090, has the authority to approve AMOCs for this AD, if requested using the procedures found in 14 CFR 39.19. Before using any approved AMOC on any airplane to which the AMOC applies, notify your appropriate principal inspector (PI) in the FAA Flight Standards District Office (FSDO), or lacking a PI, your local FSDO.

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

(3) *Reporting Requirements:* For any reporting requirement in this AD, under the provisions of the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*), the Office of Management and Budget (OMB) has approved the information collection requirements and has assigned OMB Control Number 2120–0056.

Related Information

(h) Refer to MCAI European Aviation Safety Agency (EASA) AD No. 2007–0059, dated March 5, 2007, and Aerotechnic Vertiebs -u. Service GmbH Service Bulletin No. DO228–119780–0104, Revision 2, dated December 21, 2006, for related information.

Material Incorporated by Reference

(i) You must use Aerotechnic Vertiebs -u. Service GmbH Service Bulletin No. DO228–119780–0104 Revision 2, dated December 21, 2006, to do the actions required by this AD, unless the AD specifies otherwise.

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

(2) For service information identified in this AD, contact AEROTECHNIC Vertriebs-und Service GmbH, Baden Airpark, Montreal Avenue D425, 77836 Rheinmuenster; telephone: +49 7229 66 2400; facsimile: +49 7229 66 2409.

(3) You may review copies at the FAA, Central Region, Office of the Regional Counsel, 901 Locust, Room 506, Kansas City, Missouri 64106; or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202–741–6030, or go to: *http://www.archives.gov/federal-register/cfr/ibr-locations.html.*

Issued in Kansas City, Missouri, on June 29, 2007.

Kim Smith,

Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. E7–13249 Filed 7–11–07; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. FAA–2006–24325; Directorate Identifier 2006–NE–10–AD; Amendment 39–15129; AD 2007–14–07]

RIN 2120–AA64

Airworthiness Directives; Rolls-Royce plc RB211–524 and –535 Series Turbofan Engines

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

ACTION: Final rule.

SUMMARY: The FAA is adopting a new airworthiness directive (AD) for certain Rolls-Royce plc (RR) RB211–524 and –535 series turbofan engines. This AD requires initial and repetitive fluorescent penetrant inspections (FPI) of the high pressure (HP) compressor stage 1 and 2 rotor discs for cracks. This AD results from reports of low-cycle-fatigue cracks found at overhaul in the interface weld between the HP compressor stage 1 and 2 rotor disc. We are issuing this AD to prevent uncontained engine failure and damage to the airplane.

DATES: This AD becomes effective August 16, 2007. The Director of the Federal Register approved the incorporation by reference of certain publications listed in the regulations as of August 16, 2007.

ADDRESSES: You can get the service information identified in this AD from Rolls-Royce plc, PO Box 31, Derby, England, DE248BJ; telephone: 011–44–1332–242424; fax: 011–44–1332–249936.

The Docket Operations office is located at the U.S. Department of Transportation, Docket Operations, M–30, West Building Ground Floor, Room W12–140, 1200 New Jersey Avenue, SE., Washington, DC 20590.

FOR FURTHER INFORMATION CONTACT: Ian Dargin, Aerospace Engineer, Engine Certification Office, FAA, Engine And Propeller Directorate, 12 New England Executive Park; Burlington, MA 01803; telephone (781) 238–7178; fax (781) 238–7199.

SUPPLEMENTARY INFORMATION: The FAA proposed to amend 14 CFR part 39 with a proposed AD. The proposed AD applies to certain RR RB211–524 and –535 series turbofan engines. We published the proposed AD in the **Federal Register** on September 25, 2006 (71 FR 57449). That action proposed to require initial and repetitive FPI and

borescope inspections of the HP compressor stage 1 and 2 rotor discs for cracks.

Examining the AD Docket

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

Comments

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

Unrealistic Compliance Time

Rolls-Royce plc states that the compliance time of 30 days after the effective date of the AD as specified in the proposed AD, is unrealistic and would be an unacceptable burden to operators. We agree. We changed paragraph (f) to read ''At the next shop visit after the effective date of this AD, perform an initial fluorescent penetrant inspection (FPI) and borescope inspection of the HP compressor stage 1 and 2 discs for cracks.''

Borescope Inspection Requirement

Rolls-Royce plc also states that in their Alert Service Bulletin (ASB) No. RB.211–72–AE359, Revision 1, dated November 17, 2005, there is no requirement for performing borescope inspections. We do not agree. That ASB requires borescope inspections per paragraphs 3A(3) through 3A(4)(o)(i). We did not change the AD.

Correction to the Applicability

Since we issued the proposed AD, we found that we overlooked listing an applicable engine model, model RB211–524D4–B–19. We investigated and found that no U. S. operators currently operate airplanes with this engine model. We added this model number to this AD to complete the applicability listing.

Conclusion

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

Costs of Compliance

We estimate that this AD will affect 884 RB211–524 and –535 series turbofan engines installed on airplanes of U.S. registry. We also estimate that it will take about 2 work-hours per engine to perform the inspections, and that the average labor rate is $80 per work-hour. Based on these figures, we estimate the total cost to U.S. operators of performing one inspection on all of the engines, to be $141,440.

Authority for This Rulemaking

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

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

Regulatory Findings

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

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

(1) Is not a ''significant regulatory action'' under Executive Order 12866;

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

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

We prepared a 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, Safety.

Adoption of the Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

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

2007–14–07 Rolls-Royce plc: Amendment 39–15129; Docket No. FAA–2006–24325; Directorate Identifier 2006–NE–10–AD.

Effective Date

(a) This airworthiness directive (AD) becomes effective August 16, 2007.

Affected ADs

(b) None.

Applicability

(c) This AD applies to the following Rolls-Royce plc (RR) RB211–524 and –535 series turbofan engines:

–524B2–19	–524C2–B–19
–524B–02	–524D4X–19
–524B3–02	–524D4X–B–19
–524C2–19	–524G2–19
–524B4–02	–524G3–19
–524B4–D–02	–524H–36
–524D4–19	–524H2–19
–524D4–39	–535E4–37
–524B–B–02	–535E4–B–37
–524B2–B–19	–535E4–C–37
–524D4–B–19	–535E4–B–75
–524D4–B–39	–535C–37

These engines are installed on, but not limited to, Boeing 747, 757, 767 series, Lockheed L–1011 series, and Tupolev Tu204 airplanes.

Unsafe Condition

(d) This AD results from reports of low-cycle fatigue cracks found at overhaul in the interface weld between the high pressure (HP) compressor stage 1 and 2 rotor discs. We are issuing this AD to prevent 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.

Initial and Repetitive Inspections

(f) At the next shop visit after the effective date of this AD, perform an initial fluorescent penetrant inspection (FPI) and borescope inspection of the HP compressor stage 1 and 2 discs for cracks.

(g) Thereafter, at every engine shop visit, perform repetitive FPIs and borescope inspections of HP compressor stage 1 and 2 rotor discs for cracks.

(h) Use paragraphs 3.A.(1) through 3.A.(4)(o) of the Accomplishment Instructions of RR Alert Service Bulletin (ASB) No. RB.211–72–AE359, Revision 1, dated November 17, 2005, to do the inspections.

(i) Accept or reject as necessary, HP compressor stage 1 and 2 rotor discs using inspection criteria paragraphs 3.A.(5)(a) through 3.A.(5)(f) of the Accomplishment Instructions of RR ASB No. RB.211–72–AE359, Revision 1, dated November 17, 2005.

Definition

(j) For the purpose of this AD, an engine shop visit is defined as anytime the HP compressor stage 1 and 2 rotor discs are removed from the HP compressor stage 3 disc.

Reporting Requirements

(k) Within 10 days, report inspection findings of cracks to the RR local field service office representative. The Office of Management and Budget has approved the reporting requirements specified in paragraph 3.A.(6)(b) of the Accomplishment Instructions of RR ASB No. RB.211–72–AE359, Revision 1, dated November 17, 2005, and assigned OMB control number 2120–0056.

Alternative Methods of Compliance

(l) 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.

Related Information

(m) United Kingdom Civil Aviation Authority airworthiness directive No. G–2005–0028 R1, dated October 18, 2005, also addresses the subject of this AD.

Material Incorporated by Reference

(n) You must use Rolls-Royce plc Alert Service Bulletin No. RB.211–72–AE359, Revision 1, dated November 17, 2005, to perform the inspections required by this AD. The Director of the Federal Register approved the incorporation by reference of this service bulletin in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Contact Rolls-Royce plc, PO Box 31, Derby, England, DE248BJ; telephone: 011–44–1332–242424; fax: 011–44–1332–249936, for a copy of this service information. You may review copies at the FAA, New England Region, Office of the Regional Counsel, 12 New England Executive Park, Burlington, MA; or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202–741–6030, or go to: *http://www.archives.gov/federal-register/cfr/ibr-locations.html.*

Issued in Burlington, Massachusetts, on July 3, 2007.

Peter A. White,

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

[FR Doc. E7–13410 Filed 7–11–07; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. FAA–2006–26353; Directorate Identifier 2006–NM–189–AD; Amendment 39–15124; AD 2007–14–02]

RIN 2120–AA64

Airworthiness Directives; Bombardier Model CL–600–1A11 (CL–600), CL–600–2A12 (CL–601), CL–600–2B16 (CL–601–3A, CL–601–3R, and CL–604) Airplanes

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

ACTION: Final rule.

SUMMARY: The FAA is adopting a new airworthiness directive (AD) for certain Bombardier Model CL–600–1A11 (CL–600), CL–600–2A12 (CL–601), and CL–600–2B16 (CL–601–3A, CL–601–3R, and CL–604) airplanes. This AD requires inspecting to identify the part number and serial number of the selector valves of the nose landing gear (NLG) and the nose gear door, and doing related investigative and corrective actions if necessary. This AD results from reports of uncommanded partial retractions of the NLG. We are issuing this AD to prevent internal leakage of the selector valve, which, under certain conditions, could result in an uncommanded retraction of the NLG with consequent damage to the airplane and possible serious injury to ground personnel.

DATES: This AD becomes effective August 16, 2007.

The Director of the Federal Register approved the incorporation by reference of certain publications listed in the AD as of August 16, 2007.

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

Contact Bombardier, Inc., Canadair, Aerospace Group, P.O. Box 6087, Station Centre-ville, Montreal, Quebec H3C 3G9, Canada, for service information identified in this AD.

FOR FURTHER INFORMATION CONTACT: Daniel Parrillo, Aerospace Engineer, Systems and Flight Test Branch, ANE–172, FAA, New York Aircraft Certification Office, 1600 Stewart Avenue, Suite 410, Westbury, New York 11590; telephone (516) 228–7305; fax (516) 794–5531.

SUPPLEMENTARY INFORMATION:

Examining the Docket

You may examine the AD docket on the Internet at *http://dms.dot.gov* or in person at the Docket Operations office between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The Docket Operations office (telephone (800) 647–5527) is located on the ground floor of the West Building at the street address stated in the **ADDRESSES** section.

Discussion

The FAA issued a supplemental notice of proposed rulemaking (NPRM) to amend 14 CFR part 39 to include an AD that would apply to certain Bombardier Model CL–600–1A11 (CL–600), CL–600–2A12 (CL–601), and CL–600–2B16 (CL–601–3A, CL–601–3R, and CL–604) airplanes. That supplemental NPRM was published in the **Federal Register** on April 26, 2007 (72 FR 20777). That supplemental NPRM proposed to require inspecting to identify the part number and serial number of the selector valves of the nose landing gear (NLG) and the nose gear door, and doing related investigative and corrective actions if necessary. That supplemental NPRM also proposed to add airplanes to the applicability.

Comments

We provided the public the opportunity to participate in the development of this AD. No comments have been received on the supplemental NPRM or on the determination of the cost to the public.

Clarification of Alternative Method of Compliance (AMOC) Paragraph

We have revised this action to clarify the appropriate procedure for notifying the principal inspector before using any approved AMOC on any airplane to which the AMOC applies.

Conclusion

We have carefully reviewed the available data and determined that air safety and the public interest require adopting the AD with the change described previously. We have determined that this change will neither increase the economic burden on any

operator nor increase the scope of the AD.

Costs of Compliance

This AD affects about 502 airplanes of U.S. registry.

The inspection to determine the manufacturer part number and serial number of the selector valve(s) takes about 1 work hour per airplane, at an average labor rate of $80 per work hour. Based on these figures, the estimated cost of the required inspection for U.S. operators is $40,160, or $80 per airplane.

The general visual inspection of the selector valve(s), if accomplished, takes about 1 work hour per airplane, at an average labor rate of $80 per work hour. Based on these figures, the estimated cost of that inspection for U.S. operators is $80 per airplane.

Authority for This Rulemaking

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

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

Regulatory Findings

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

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

(1) Is not a ''significant regulatory action'' under Executive Order 12866;

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

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

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

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

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

2007–14–02 Bombardier, Inc. (Formerly Canadair): Amendment 39–15124. Docket No. FAA–2006–26353; Directorate Identifier 2006–NM–189–AD.

Effective Date

(a) This AD becomes effective August 16, 2007.

Affected ADs

(b) None.

Applicability

(c) This AD applies to Bombardier Model CL–600–1A11 (CL–600), CL–600–2A12 (CL–601), and CL–600–2B16 (CL–601–3A, CL–601–3R, and CL–604) airplanes; certificated in any category; having serial numbers (S/Ns) as identified in the service bulletins specified in Table 1 of this AD, as applicable.

TABLE 1.—BOMBARDIER SERVICE BULLETINS

Service bulletin	Revision level	Date
600–0721 (for Model CL–600–1A11 (CL–600) airplanes)	01	February 20, 2006.
601–0558 (for Model CL–600–2A12 (CL–601), and CL–600–2B16 (CL–601–3A and CL–601–3R) airplanes).	01	February 20, 2006.
604–32–021 (for Model CL–600–2B16 (CL–604) airplanes)	02	February 20, 2007.

Unsafe Condition

(d) This AD results from reports of uncommanded partial retractions of the nose landing gear (NLG). We are issuing this AD to prevent internal leakage of the selector valve, which, under certain conditions, could result in an uncommanded retraction of the NLG with consequent damage to the airplane and possible serious injury to ground personnel.

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.

Inspection and Corrective Actions

(f) Within 500 flight hours or 12 months after the effective date of this AD, whichever occurs first, inspect to determine the manufacturer part numbers (P/Ns) and serial numbers of the selector valves of the NLG and nose gear door. A review of airplane maintenance records is acceptable in lieu of this inspection if the serial numbers of the selector valves can be conclusively determined from that review. For any subject selector valve having Tactair Fluid Controls P/N 750006000 and a S/N from 0001 through 0767 inclusive, before further flight, do related investigative (including a general visual inspection for proper installation of the lock wire of the end cap) and corrective actions; in accordance with the applicable service bulletin identified in Table 1 of this AD.

Note 1: Operators should be aware that selector valves having Bombardier P/N 601R75146–1 may be supplied by different manufacturers and have different manufacturer part numbers. Only airplanes having selector valves manufactured by Tactair Fluid Controls, having P/N 750006000, are subject to the investigative and corrective actions specified in paragraph (f) of this AD.

Note 2: For the purposes of this AD, a general visual inspection is: ''A visual examination of an interior or exterior area, installation, or assembly to detect obvious damage, failure, or irregularity. This level of inspection is made from within touching distance unless otherwise specified. A mirror may be necessary to ensure visual access to all surfaces in the inspection area. This level of inspection is made under normally available lighting conditions such as daylight, hangar lighting, flashlight, or

droplight and may require removal or opening of access panels or doors. Stands, ladders, or platforms may be required to gain proximity to the area being checked.''

Note 3: The service bulletins identified in Table 1 of this AD refer to Tactair Fluid Controls Service Bulletin SB750006000–1, Revision A, dated September 6, 2005, as an additional source of service information for doing the related investigative and corrective actions required by this AD.

Actions Accomplished According to Previous Issue of Service Bulletin

(g) Actions accomplished before the effective date of this AD in accordance with Bombardier Service Bulletin 604–32–021, Revision 01, dated February 20, 2006 (for Model CL–600–2B16 (CL–604) airplanes), are considered acceptable for compliance with the corresponding actions specified in this AD.

Alternative Methods of Compliance (AMOCs)

(h)(1) The Manager, New York 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.

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

Related Information

(i) Canadian airworthiness directive CF–2006–16, dated July 6, 2006, also addresses the subject of this AD.

Material Incorporated by Reference

(j) You must use the applicable service bulletins identified in Table 2 of this AD to perform the actions that are required by this AD, unless the AD specifies otherwise. The Director of the Federal Register approved the incorporation by reference of these documents in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Contact Bombardier, Inc., Canadair, Aerospace Group, P.O. Box 6087, Station Centre-ville, Montreal, Quebec H3C 3G9, Canada, for a copy of this service information. You may review copies at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202–741–6030, or go to: *http://www.archives.gov/federal-register/cfr/ibr-locations.html.*

TABLE 2.—MATERIAL INCORPORATED BY REFERENCE

Bombardier Service Bulletin	Revision level	Date
600–0721	01	February 20, 2006.
601–0558	01	February 20, 2006.
604–32–021	02	February 20, 2007.

Issued in Renton, Washington, on June 25, 2007.

Ali Bahrami,

Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. E7–13081 Filed 7–11–07; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. FAA–2007–27768; Directorate Identifier 2006–NM–174–AD; Amendment 39–15123; AD 2007–14–01]

RIN 2120–AA64

Airworthiness Directives; Airbus Model A330 and A340 Airplanes

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

ACTION: Final rule.

SUMMARY: The FAA is adopting a new airworthiness directive (AD) for all Airbus Model A330 and A340 airplanes. This AD requires revising the Airworthiness Limitations Section of the Instructions for Continued Airworthiness to incorporate new limitations for fuel tank systems. This AD results from fuel system reviews conducted by the manufacturer. We are issuing this AD to prevent the potential of ignition sources inside fuel tanks, which, in combination with flammable fuel vapors caused by latent failures, alterations, repairs, or maintenance actions, could result in fuel tank explosions and consequent loss of the airplane.

DATES: This AD becomes effective August 16, 2007. The Director of the Federal Register approved the incorporation by reference of certain publications listed in the AD as of August 16, 2007.

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

Contact Airbus, 1 Rond Point Maurice Bellonte, 31707 Blagnac Cedex, France, for service information identified in this AD.

FOR FURTHER INFORMATION CONTACT: Tim Backman, Aerospace Engineer, International Branch, ANM–116, FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington 98057–3356; telephone (425) 227–2797; fax (425) 227–1149.

SUPPLEMENTARY INFORMATION:

Examining the Docket

You may examine the airworthiness directive (AD) docket on the Internet at *http://dms.dot.gov* or in person at the Docket Operations office between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The Docket Operations office (telephone (800) 647–5527) is located on the ground floor of the West Building at the street address stated in the **ADDRESSES** section.

Discussion

The FAA issued a notice of proposed rulemaking (NPRM) to amend 14 CFR part 39 to include an AD that would apply to all Airbus Model A330 and A340 airplanes. That NPRM was published in the **Federal Register** on April 5, 2007 (72 FR 16741). That NPRM proposed to require revising the Airworthiness Limitations section of the Instructions for Continued Airworthiness to incorporate new limitations for fuel tank systems.

Comments

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

Changes to This AD

We have removed Model A330–302, A330–303, and A340–643 airplanes from the applicability of this AD, since we have not yet certificated those airplane models for operation in the U.S. If these airplane models are certificated, the airworthiness

limitations required by this AD will be included as airworthiness limitations in the FAA-approved type design.

In the NPRM, we referred to Airbus A340 Fuel Airworthiness Limitations, Document 95A.1933/05, Issue 1, dated December 19, 2005 (approved by the EASA on April 28, 2006), as the appropriate source of service information for revising the Airworthiness Limitations section of the Instructions for Continued Airworthiness for Model A340 airplanes. We have revised paragraphs (g)(1) and (g)(2) of this AD to also refer to Issue 2, dated October 26, 2006 (approved by the EASA on November 22, 2006); and Issue 3, dated November 23, 2006 (approved by the EASA on February 26, 2007), of the Airbus A340 Fuel Airworthiness Limitations, Document 95A.1933/05, as appropriate sources of service information.

Airbus issued Operator Information Telex (OIT) SE 999.0076/06, dated June 20, 2006, to identify the applicable sections of the Airbus A330 Airplane Maintenance Manual (AMM) necessary for accomplishing the tasks specified in Section 1 of Document 95A.1932/05 and to identify the applicable sections of the Airbus A340 AMM necessary for accomplishing the tasks specified in Section 1 of Document 95A.1933/05. We have added a note to paragraphs (f)(1) and (g)(1) of this AD to refer to that OIT.

Conclusion

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

Costs of Compliance

This AD affects about 27 airplanes of U.S. registry. The required actions take about 2 work hours per airplane, at an average labor rate of $80 per work hour. Based on these figures, the estimated cost of the AD for U.S. operators is $4,320, or $160 per airplane.

Authority for This Rulemaking

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

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

Regulatory Findings

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

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

(1) Is not a ''significant regulatory action'' under Executive Order 12866;

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

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

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

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

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

2007–14–01 Airbus: Amendment 39–15123. Docket No. FAA–2007–27768; Directorate Identifier 2006–NM–174–AD.

Effective Date

(a) This AD becomes effective August 16, 2007.

Affected ADs

(b) None.

Applicability

(c) This AD applies to all Airbus Model A330–201, A330–202, A330–203, A330–223, A330–243, A330–301, A330–321, A330–322, A330–323, A330–341, A330–342, and A330–343 airplanes; and Model A340–211, A340–212, A340–213, A340–311, A340–312, A340–313, A340–541, and A340–642 airplanes; certificated in any category.

Note 1: This AD requires revisions to certain operator maintenance documents to include a new inspection and critical design configuration control limitations (CDCCLs). Compliance with the operator maintenance documents is required by 14 CFR 91.403(c). For airplanes that have been previously modified, altered, or repaired in the areas addressed by these inspections and CDCCLs, the operator may not be able to accomplish the inspection and CDCCLs described in the revisions. In this situation, to comply with 14 CFR 91.403(c), the operator must request approval for an alternative method of compliance according to paragraph (i) of this AD. The request should include a description of changes to the required inspections and CDCCLs that will preserve the critical ignition source prevention feature of the affected fuel system.

Unsafe Condition

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

Compliance

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

Revise Airworthiness Limitations Section (ALS) for Model A330 Airplanes

(f) For Model A330–201, A330–202, A330–203, A330–223, A330–243, A330–301, A330–321, A330–322, A330–323, A330–341, A330–342, and A330–343 airplanes: Do the actions specified in paragraphs (f)(1) and (f)(2) of this AD.

(1) Within 3 months after the effective date of this AD, revise the ALS of the Instructions for Continued Airworthiness to incorporate Airbus A330 ALS Part 5—Fuel Airworthiness Limitations, dated April 11, 2006, as defined in Airbus A330 Fuel Airworthiness Limitations, Document 95A.1932/05, Issue 2, dated October 26, 2006 (approved by the European Aviation Safety Agency (EASA) on November 17, 2006), Section 1, ''Maintenance/Inspection Tasks'' (hereafter referred to as ''Section 1 of Document 95A.1932/05''). For the task identified in Section 1 of Document 95A.1932/05, the

initial compliance time starts from the later of the times specified in paragraphs (f)(1)(i) and (f)(1)(ii) of this AD, and the repetitive inspection must be accomplished thereafter at the interval specified in Section 1 of Document 95A.1932/05.

(i) The effective date of this AD.

(ii) The date of issuance of the original French standard airworthiness certificate or the date of issuance of the original French export certificate of airworthiness.

Note 2: Airbus Operator Information Telex (OIT) SE 999.0076/06, dated June 20, 2006, identifies the applicable sections of the Airbus A330 airplane maintenance manual (AMM) necessary for accomplishing the tasks specified in Section 1 of Document 95A.1932/05.

(2) Within 12 months after the effective date of this AD, revise the ALS of the Instructions for Continued Airworthiness to incorporate Airbus A330 ALS Part 5—Fuel Airworthiness Limitations, dated April 11, 2006, as defined in Airbus A330 Fuel Airworthiness Limitations, Document 95A.1932/05, Issue 2, dated October 26, 2006 (approved by the EASA on November 17, 2006), Section 2, ''Critical Design Configuration Control Limitations.''

Revise ALS for Model A340 Airplanes

(g) For Model A340–211, A340–212, A340–213, A340–311, A340–312, A340–313, A340–541, and A340–642 airplanes: Do the actions specified in paragraphs (g)(1) and (g)(2) of this AD.

(1) Within 3 months after the effective date of this AD, revise the ALS of the Instructions for Continued Airworthiness to incorporate Airbus A340 ALS Part 5—Fuel Airworthiness Limitations, dated April 11, 2006, as defined in Section 1, ''Maintenance/Inspection Tasks,'' of Airbus A340 Fuel Airworthiness Limitations, Document 95A.1933/05, Issue 1, dated December 19, 2005 (approved by the EASA on April 28, 2006); Issue 2, dated October 26, 2006 (approved by the EASA on November 22, 2006); or Issue 3, dated November 23, 2006 (approved by the EASA on February 26, 2007) (all of these issues are hereafter referred to as ''Section 1 of Document 95A.1933/05,'' as applicable). For the task identified in Section 1 of Document 95A.1933/05, the initial compliance time starts from the effective date of this AD, and the repetitive inspection must be accomplished thereafter at the interval specified in Section 1 of Document 95A.1933/05.

Note 3: Airbus OIT SE 999.0076/06, dated June 20, 2006, identifies the applicable sections of the Airbus A340 AMM necessary for accomplishing the tasks specified in Section 1 of Document 95A.1933/05.

(2) Within 12 months after the effective date of this AD, revise the ALS of the Instructions for Continued Airworthiness to incorporate Airbus A340 ALS Part 5—Fuel Airworthiness Limitations, dated April 11, 2006, as defined in Section 2, ''Critical Design Configuration Control Limitations,'' of Airbus A340 Fuel Airworthiness Limitations, Document 95A.1933/05, Issue 1, dated December 19, 2005 (approved by the EASA on April 28, 2006); Issue 2, dated October 26, 2006 (approved by the EASA on November 22, 2006); or Issue 3, dated November 23, 2006 (approved by the EASA on February 26, 2007).

No Alternative Inspections, Inspection Intervals, or CDCCLs

(h) Except as provided by paragraph (i) of this AD: After accomplishing the actions specified in paragraph (f) or (g) of this AD, as applicable, no alternative inspections, inspection intervals, or CDCCLs may be used.

Alternative Methods of Compliance (AMOCs)

(i)(1) The Manager, International Branch, ANM–116, Transport Airplane Directorate, FAA, has the authority to approve AMOCs for this AD, if requested in accordance with the procedures found in 14 CFR 39.19.

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

Related Information

(j) EASA airworthiness directive 2006–0205, dated July 11, 2006; and EASA airworthiness directive 2007–0023, dated January 25, 2007; also address the subject of this AD.

Material Incorporated by Reference

(k) You must use the service information listed in Table 1 of this AD, as applicable, to perform the actions that are required by this AD, unless the AD specifies otherwise. The Director of the Federal Register approved the incorporation by reference of these documents in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Contact Airbus, 1 Rond Point Maurice Bellonte, 31707 Blagnac Cedex, France, for a copy of this service information. You may review copies at the FAA, Transport Airplane Directorate, 1601 Lind Avenue SW., Renton, Washington; or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202–741–6030, or go to: *http://www.archives.gov/federal-register/cfr/ibr-locations.html.*

TABLE 1.—MATERIAL INCORPORATED BY REFERENCE

Service information	Issue level	Date
Airbus A330 ALS Part 5—Fuel Airworthiness Limitations	Original	April 11, 2006.
Airbus A330 Fuel Airworthiness Limitations, Document 95A.1932/05	Issue 2	October 26, 2006.
Airbus A340 ALS Part 5—Fuel Airworthiness Limitations	Original	April 11, 2006.
Airbus A340 Fuel Airworthiness Limitations, Document 95A.1933/05	Issue 1	December 19, 2005.
Airbus A340 Fuel Airworthiness Limitations, Document 95A.1933/05	Issue 2	October 26, 2006.
Airbus A340 Fuel Airworthiness Limitations, Document 95A.1933/05	Issue 3	November 23, 2006.

Issued in Renton, Washington, on June 25, 2007.

Ali Bahrami,

Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. E7–13117 Filed 7–11–07; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF COMMERCE

Bureau of Industry and Security

15 CFR Part 744

[Docket No. 070615200–7202–01]

RIN 0694–AE06

Addition of Entities to the Entity List

AGENCY: Bureau of Industry and Security, Commerce.

ACTION: Final rule.

SUMMARY: The Bureau of Industry and Security (BIS) is amending the Export Administration Regulations (EAR) to add five (5) entities located in Iran to the Entity List. The Entity List is a compilation of end-users that present an unacceptable risk of using or diverting certain items to activities related to weapons of mass destruction. BIS requires a license for most exports or reexports to these entities and maintains the Entity List to inform the public of these license requirements.

DATES: *Effective Date:* This rule is effective: July 12, 2007. Although there is no formal comment period, public comments on this regulation are welcome on a continuing basis.

ADDRESSES: You may submit comments, identified by RIN 0694–AE06, by any of the following methods:

E-mail: publiccomments@bis.doc.gov Include ''RIN 0694–AE06'' in the subject line of the message.

Fax: (202) 482–3355. Please alert the Regulatory Policy Division, by calling (202) 482–2440, if you are faxing comments.

Mail or Hand Delivery/Courier: Timothy Mooney, U.S. Department of Commerce, Bureau of Industry and Security, Regulatory Policy Division, 14th St. & Pennsylvania Avenue, NW., Room 2705, Washington, DC 20230, *Attn:* RIN 0694–AE06.

Send comments regarding the collection of information associated with this rule, including suggestions for reducing the burden, to David Rostker, Office of Management and Budget (OMB), by e-mail to *David_Rostker@omb.eop.gov*, or by fax to (202) 395–7285; and to the Regulatory Policy Division, Bureau of Industry and Security, Department of Commerce, P.O. Box 273, Washington, DC 20044. Comments on this collection of information should be submitted separately from comments on the final rule (*i.e.* RIN 0694–AE06)—all comments on the latter should be submitted by one of the three methods outlined above.

FOR FURTHER INFORMATION CONTACT: Michael Rithmire, Chairman, End-User Review Committee, Bureau of Industry and Security, Department of Commerce, P.O. Box 273, Washington, DC 20044; by telephone (202) 482–6105; or by e-mail to *mrithmir@bis.doc.gov*.

SUPPLEMENTARY INFORMATION:

Background

The End-User Review Committee (ERC) is a U.S. Government interagency group whose activities include reviewing and making recommendations related to end-users of concern to the U.S. Government for export control purposes. The ERC is a part of the ''inform by'' process. The ''inform by'' process is an interagency activity to review candidates for addition to the Entity List. This process was established December 10, 1996 by the National Security Council as a reformation of the Enhanced Proliferation Control Initiatives (EPCI). This interagency committee, the ERC, is responsible for reviewing potential additions or deletions from the Entity List.

This rule implements a decision made by the ERC on May 1, 2007 to add five (5) entities in Iran to Supplement No. 4 to part 744 (the Entity List) to inform the public of three (3) of these entities' involvement in prohibited nuclear activities described in § 744.2 of the EAR and two (2) of these entities' involvement in prohibited rocket systems and unmanned aerial vehicle activities described in § 744.3 of the EAR based upon the sanctions imposed on these entities pursuant to United Nations Security Council Resolution 1737 and Executive Order 13382 (70 FR 38567, July 1, 2005). The ERC determined that for the three (3) entities listed pursuant to § 744.2(b) of the EAR, there is an unacceptable risk of use in, or diversion to, any of the activities described in § 744.2(a) of the EAR, and that for the two (2) entities listed pursuant to § 744.3(b) of the EAR, there is an unacceptable risk of use in, or diversion to, activities described in § 744.3(a)(1) or (a)(2).

To implement the May 1, 2007 ERC decision, this rule makes the following revisions to the Export Administration Regulations (EAR):

Additions to the Entity List

Pursuant to 15 CFR 744.2(b), this rule amends Supplement No. 4 to part 744 (the Entity List) by adding three (3) entities located in Iran to the Entity List. This notifies the public that a license is required for the export or reexport of all items subject to the EAR to: Atomic Energy Organization of Iran (a.k.a. Sazeman-E Energy Atomi), P.O. Box 14144–1339, End of North Karegar Avenue, Tehran, Iran; Kala Electric Company (a.k.a. Kalaye Electric Company), 33 Fifteenth (15th) Street, Seyed-Jamal-Eddin-Assad Abadi Avenue, Tehran, Iran; and, Mesbah Energy Company (a.k.a. ''MEC''), 77 Armaghan Gharbi Street, Valiasr Blve,Tehran, Iran.

Also in Supplement No. 4, pursuant to 15 CFR 744.3(b), this rule adds two (2) entities in Iran to the Entity List. This notifies the public that a license is required for the export or reexport of all items subject to the EAR to: Shahid Bakeri Industrial Group (a.k.a. ''SBIG''), Tehran, Iran; and, Shahid Hemmat Industrial Group (a.k.a. ''SHIG''), Damavand Tehran Highway, Tehran, Iran. License applications for these five entities will be considered with a presumption of denial for all items subject to the EAR.

Savings Clause

Shipments of items removed from eligibility for a License Exception or for export or reexport without a license (NLR) as a result of this regulatory action that were on dock for loading, on lighter, laden aboard an exporting or reexporting carrier, or en route aboard a carrier to a port of export or reexport on July 12, 2007, pursuant to actual orders for export or reexport to a foreign destination, may proceed to that destination under the previous eligibility for a License Exception or export or reexport without a license (NLR) so long as they are exported or reexported before August 13, 2007. Any such items not actually exported or reexported before midnight on August 13, 2007 require a license in accordance with this rule.

Since August 21, 2001, the Export Administration Act has been in lapse and the President, through Executive Order 13222 of August 17, 2001 (3 CFR, 2001 Comp. 783 (2002)), as extended most recently by the Notice of August 3, 2006, 71 FR 44551 (Aug. 7, 2006), has continued the EAR in effect under the International Emergency Economic Powers Act. BIS continues to carry out the provisions of the Act, as appropriate and to the extent permitted by law, pursuant to Executive Order 13222.

Rulemaking Requirements

1. This final rule has been determined to be not significant for purposes of Executive Order 12866.

2. Notwithstanding any other provision of law, no person is required to respond to nor be subject to a penalty for failure to comply with a collection of information, subject to the requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*) (PRA), unless that collection of information displays a currently valid Office of Management and Budget (OMB) Control Number. This regulation involves collections previously approved by the OMB under control numbers 0694–0088, ''Multi-Purpose Application,'' which carries a burden hour estimate of 58 minutes to prepare and submit form BIS–748. Miscellaneous and recordkeeping activities account for 12 minutes per submission. Total burden hours associated with the Paperwork Reduction Act and Office Management and Budget control number 0694–0088 are expected to increase slightly as a result of this rule.

3. This rule does not contain policies with Federalism implications as that term is defined under Executive Order 13132.

4. The provisions of the Administrative Procedure Act requiring notice of proposed rulemaking, the opportunity for public participation, and a delay in effective date, are inapplicable because this regulation involves a military and foreign affairs function of the UnitedStates (5 U.S.C. 553(a)(1)). Further, no other law

requires that a notice of proposed rulemaking and an opportunity for public comment be given for this final rule. Because a notice of proposed rulemaking and an opportunity for public comment are not required to be given for this rule under the Administrative Procedure Act or by any other law, the analytical requirements of the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*) are not applicable. Therefore, this regulation is issued in final form.

List of Subjects in 15 CFR Part 744

Exports, Reporting and recordkeeping requirements, Terrorism.

■ Accordingly, part 744 of the Export Administration Regulations (15 CFR parts 730–774) is amended as follows:

PART 744—[AMENDED]

■ 1. The authority citation for 15 CFR part 744 continues to read as follows:

Authority: 50 U.S.C. app. 2401 *et seq.*; 50 U.S.C. 1701 *et seq.*; 22 U.S.C. 3201 *et seq.*; 42 U.S.C. 2139a; Sec. 901–911, Pub. L. 106–387; Sec. 221, Pub. L. 107–56; E.O. 12058, 43 FR 20947, 3 CFR, 1978 Comp., p. 179; E.O. 12851, 58 FR 33181, 3 CFR, 1993 Comp., p. 608; E.O. 12938, 59 FR 59099, 3 CFR, 1994 Comp., p. 950; E.O. 12947, 60 FR 5079, 3 CFR, 1995 Comp., p. 356; E.O. 13026, 61 FR 58767, 3 CFR, 1996 Comp., p. 228; E.O. 13099, 63 FR 45167, 3 CFR, 1998 Comp., p. 208; E.O. 13222, 66 FR 44025, 3 CFR, 2001 Comp., p. 783; E.O. 13224, 66 FR 49079, 3 CFR, 2001 Comp., p. 786; Notice of August 3, 2006, 71 FR 44551 (August 7, 2006); Notice of October 27, 2006, 71 FR 64109 (October 31, 2006).

■ 2. Supplement No. 4 to part 744 is amended immediately following the country of India, by adding, in alphabetical order, the country of Iran and Iranian entities: ''Atomic Energy Organization of Iran (a.k.a. Sazeman-E Energy Atomi), P.O. Box 14144–1339, End of North Karegar Avenue, Tehran, Iran''; ''Kala Electric Company (a.k.a. Kalaye Electric Company), 33 Fifteenth (15th) Street, Seyed-Jamal-Eddin-Assad Abadi Avenue, Tehran, Iran''; ''Mesbah Energy Company (a.k.a. 'MEC'), 77 Armaghan Gharbi Street, Valiasr Blve,Tehran, Iran''; ''Shahid Bakeri Industrial Group (a.k.a. 'SBIG'), Tehran, Iran''; and, ''Shahid Hemmat Industrial Group (a.k.a. 'SHIG'), Damavand Tehran Highway, Tehran, Iran''; and the License Requirement column, License Review Policy column and **Federal Register** Citation column for these entities, to read as follows.

SUPPLEMENT NO. 4 TO PART 744.—ENTITY LIST

Country	Entity	License requirement	License review policy	Federal Register citation
*	*	*	*	*
IRAN	Atomic Energy Organization of Iran (a.k.a. Sazeman-E Energy Atomi), P.O. Box 14144–1339, End of North Karegar Avenue, Tehran, Iran.	For all items subject to the EAR. (See § 744.2 of the EAR).	Presumption of denial	72 FR [INSERT FR PAGE NUMBER], 07/12/07.
	Kala Electric Company (a.k.a. Kalaye Electric Company), 33 Fifteenth (15th) Street, Seyed-Jamal-Eddin-Assad Abadi Avenue, Tehran, Iran.	For all items subject to the EAR. (See § 744.2 of the EAR).	Presumption of denial	72 FR [INSERT FR PAGE NUMBER], 07/12/07.
	Mesbah Energy Company (a.k.a. ''MEC''), 77 Armaghan Gharbi Street, Valiasr Blve,Tehran, Iran.	For all items subject to the EAR. (See § 744.2 of the EAR).	Presumption of denial	72 FR [INSERT FR PAGE NUMBER], 07/12/07.
	Shahid Bakeri Industrial Group (a.k.a. ''SBIG''), Tehran, Iran.	For all items subject to the EAR. (See § 744.3 of the EAR).	Presumption of denial	72 FR [INSERT FR PAGE NUMBER], 07/12/07.
	Shahid Hemmat Industrial Group (a.k.a. ''SHIG''), Damavand Tehran Highway, Tehran, Iran.	For all items subject to the EAR. (See § 744.3 of the EAR).	Presumption of denial	72 FR [INSERT FR PAGE NUMBER], 07/12/07.
*	*	*	*	*

* * * * *

Dated: July 9, 2007.

Christopher A. Padilla,

Assistant Secretary for Export Administration.

[FR Doc. E7–13551 Filed 7–11–07; 8:45 am]

BILLING CODE 3510–33–P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

33 CFR Part 165

[CGD09–07–062]

RIN 1625–AA00

Safety Zone; USA Wakeboard Nationals, Onondaga Lake, Liverpool, NY

AGENCY: Coast Guard, DHS.

ACTION: Temporary final rule.

SUMMARY: The Coast Guard is establishing a temporary safety zone encompassing the navigable waters of Onondaga Lake, Liverpool, NY. This safety zone is necessary to ensure the safety of spectators and vessels from the hazards associated with a Power Boat Race. This safety zone restricts vessel traffic from a portion of Onondaga Lake, Liverpool, NY.

DATES: This rule is in effect from 8 a.m. July 11, 2007 to 5:30 p.m. July 15, 2007.

ADDRESSES: Documents indicated in this preamble as being available in the docket are part of the docket CGD09–07–062, and are available for inspection

or copying at U.S. Coast Guard Sector Buffalo, 1 Fuhrmann Blvd., Buffalo, New York 14203 between 8 a.m. and 3:30 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: LT Tracy Wirth, U.S. Coast Guard Sector Buffalo; (716) 843–9573.

SUPPLEMENTARY INFORMATION:

Regulatory Information

We did not publish a notice of proposed rulemaking (NPRM) for this regulation. Under 5 U.S.C. 553(b)(B), the Coast Guard finds that good cause exists for not publishing an NPRM. The permit application was not received in time to publish an NPRM followed by a final rule before the effective date. Under 5 U.S.C. 553(d)(3), good cause exists for making this rule effective less than 30 days after publication in the **Federal Register**. Delaying this rule would be contrary to the public interest or ensuring the safety of spectators and vessels during this event and immediate action is necessary to prevent possible loss of life or property.

Background and Purpose

This temporary safety zone is necessary to ensure the safety of vessels and spectators from the hazards associated with Power Boat Races. Based on recent accidents that have occurred in other Captain of the Port zones, the Captain of the Port Buffalo has determined Power Boat Races pose significant risks to public safety and property. The likely combination of large numbers of recreational vessels, congested waterways, and alcohol use could easily result in serious injuries or fatalities.

Discussion of Rule

The proposed safety zone consists of all navigable waters of Onondaga Lake, Liverpool, NY starting at position 43°05′00″ N, 076°11′15″ W, South East to 43°04′15″ N, 076°12′12″ W, South to 43°03′42″ N, 076°11′16″ W, West to 43°04′22″ N, 076°10′36″ W [Datum: NAD 83]; one and a half miles from Marina Basin. The size of this zone was determined using the location of the race course approved by the Captain of the Port Buffalo and local knowledge concerning wind, waves, and currents.

All persons and vessels shall comply with the instructions of the Coast Guard Captain of the Port or the designated on-scene representative. Entry into, transiting, or anchoring within this safety zone is prohibited unless authorized by the Captain of the Port Buffalo or his designated on-scene representative. The Captain of the Port or his designated on-scene representative may be contacted via VHF Channel 16.

Regulatory Evaluation

This rule is not a ''significant regulatory action'' under section 3(f) of Executive Order 12866 Regulatory Planning and Review, and does not require an assessment of potential costs and benefits under section 6(a)(3) of that Order. The Office of Management and Budget has not reviewed this rule under that Order.

This determination is based on the minimal time that vessels will be restricted from the zone, and the zone is in areas where the Coast Guard expects insignificant adverse impact to mariners from the zone's activation.

Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601–612), we have considered whether this rule will have a significant economic impact on a substantial number of small entities. The term ''small entities'' comprises small businesses, not-for-profit organizations that are independently owned and operated and are not dominant in their fields, and governmental jurisdictions with populations of less than 50,000.

The Coast Guard certifies under 5 U.S.C. 605(b) that this rule will not have a significant economic impact on a substantial number of small entities.

This rule may affect the following entities, some of which might be small entities: The owners or operators of vessels intending to transit or anchor in a portion of the Onondaga Lake, Liverpool, NY between 8 a.m. and 5:30 p.m. on July 11–15, 2007.

This safety zone will not have a significant economic impact on a substantial number of small entities for the following reasons: This rule will be in effect for nine and a half hours for five days. Vessel traffic can safely pass outside the safety zone during the event. In the event that this temporary safety zone affects shipping, commercial vessels may request permission from the Captain of the Port Buffalo to transit through the safety zone. The Coast Guard will give notice to the public via a Broadcast to Mariners that the regulation is in effect.

Assistance for Small Entities

Under section 213(a) of the Small Business Regulatory Enforcement Fairness Act of 1996 (Pub. L. 104–121), we offered to assist small entities in understanding this rule so that they can better evaluate its effects on them and participate in the rulemaking process. Small businesses may send comments on the actions of Federal employees who enforce, or otherwise determine compliance with, Federal regulations to the Small Business and Agriculture Regulatory Enforcement Ombudsman and the Regional Small Business Regulatory Fairness Boards. The Ombudsman evaluates these actions annually and rates each agency's responsiveness to small business. If you wish to comment on actions by employees of the Coast Guard, call 1–888–REG–FAIR (1–888–734–3247). The Coast Guard will not retaliate against small entities that question or complain about this rule or any policy or action of the Coast Guard.

Collection of Information

This rule calls for no new collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520).

Federalism

A rule has implications for federalism under Executive Order 13132, Federalism, if it has a substantial direct effect on State or local governments and would either preempt State law or impose a substantial direct cost of compliance on them. We have analyzed this rule under that Order and have determined that it does not have implications for federalism.

Unfunded Mandates Reform Act

The Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1531–1538) requires Federal agencies to assess the effects of their discretionary regulatory actions. In particular, the Act addresses actions that may result in the expenditure by a State, local, or tribal government, in the aggregate, or by the private sector of $100,000,000 or more in any one year. Though this rule will not result in such expenditure, we do discuss the effects of this rule elsewhere in this preamble.

Taking of Private Property

This rule will not effect a taking of private property or otherwise have taking implications under Executive Order 12630, Governmental Actions and Interference with Constitutionally Protected Property Rights.

Civil Justice Reform

This rule meets applicable standards in sections 3(a) and 3(b)(2) of Executive Order 12988, Civil Justice Reform, to minimize litigation, eliminate ambiguity, and reduce burden.

Protection of Children

We have analyzed this rule under Executive Order 13045, Protection of Children from Environmental Health Risks and Safety Risks. This rule is not

an economically significant rule and does not concern an environmental risk to health or risk to safety that may disproportionately affect children.

Indian Tribal Governments

The Coast Guard recognizes the treaty rights of Native American Tribes. Moreover, the Coast Guard is committed to working with Tribal Governments to implement local policies and to mitigate tribal concerns. We have determined that this safety zone and fishing rights protection need not be incompatible. We have also determined that this rule does not have tribal implications under Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, because it does not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes. Nevertheless, Indian tribes that have questions concerning the provisions of this rule or options for compliance are encouraged to contact the point of contact listed under **FOR FURTHER INFORMATION CONTACT**.

Energy Effects

We have analyzed this rule under Executive Order 13211, Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use. We have determined that it is not a ''significant energy action'' under that Order because it is not a ''significant regulatory action'' under Executive Order 12866 and is not likely to have a significant adverse effect on the supply, distribution, or use of energy. The Administrator of the Office of Information and Regulatory Affairs has not designated it as a significant energy action. Therefore, it does not require a Statement of Energy Effects under Executive Order 13211.

Technical Standards

The National Technology Transfer and Advancement Act (NTTAA) (15 U.S.C. 272 note) directs agencies to use voluntary consensus standards in their regulatory activities unless the agency provides Congress, through the Office of Management and Budget, with an explanation of why using these standards would be inconsistent with applicable law or otherwise impractical. Voluntary consensus standards are technical standards (*e.g.*, specifications of materials, performance, design, or operation; test methods; sampling procedures; and related management system practices) that are developed or adopted by voluntary consensus standards bodies.

This rule does not use technical standards. Therefore, we did not consider the use of voluntary consensus standards.

Environment

We have analyzed this rule under Commandant Instruction M16475.lD and Department of Homeland Security Management Directive 5100.1, which guide the Coast Guard in complying with the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. 4321–4370f), and have concluded that there are no factors in this case that would limit the use of a categorical exclusion under section 2.B.2 of the Instruction. Therefore, this rule is categorically excluded, under figure 2–1, paragraph (34)(g), of the Instruction, from further environmental documentation. This event establishes a safety zone; therefore paragraph (34)(g) of the Instruction applies.

A final ''Environmental Analysis Check List'' and a final ''Categorical Exclusion Determination'' are available in the docket where indicated under **ADDRESSES**.

List of Subjects in 33 CFR Part 165

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

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

PART 165—REGULATED NAVIGATION AREAS AND LIMITED ACCESS AREAS

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

Authority: 33 U.S.C. 1226, 1231; 46 U.S.C. Chapter 701; 50 U.S.C. 191, 195; 33 CFR 1.05–1, 6.04–1, 6.04–6, and 160.5; Pub. L. 107–295, 116 Stat. 2064; Department of Homeland Security Delegation No. 0170.1.

■ 2. A new temporary § 165.T09–062 is added to read as follows

§ 165.T09–062 Safety Zone; USA Wakeboard Nationals, Onondaga Lake, Liverpool, NY.

(a) *Location*. The following area is a temporary safety zone: all waters of the Onondaga Lake, Liverpool, NY 43°05′00″ N, 076°11′15″ W, South East to 43°04′15″ N, 076°12′12″ W, South to 43°03′42″ N, 076°11′16″ W, West to 43°04′22″ N, 076°10′36″ W [DATUM: NAD 83]; one and a half miles from Marina Basin.

(b) *Enforcement period*. This rule will be enforced from 8 a.m. to 5:30 p.m. July 11–15, 2007.

(c) *Regulations*. (1) In accordance with the general regulations in section 165.23 of this part, entry into, transiting, or anchoring within this safety zone is prohibited unless authorized by the Captain of the Port Buffalo, or the on-scene representative.

(2) This safety zone is closed to all vessel traffic, except as may be permitted by the Captain of the Port Buffalo or his on-scene representative.

(3) The ''on-scene representative'' of the Captain of the Port Buffalo is any Coast Guard commissioned, warrant or petty officer who has been designated by the Captain of the Port to act on his behalf.

(4) Vessel operators desiring to enter or operate within the safety zone shall contact the Captain of the Port Buffalo or the on-scene representative to obtain permission to do so. The Captain of the Port or his on-scene representative may be contacted via VHF Channel 16.

(5) Vessel operators given permission to enter or operate in the safety zone must comply with all direction given to them by the Captain of the Port Buffalo or his on-scene representative.

Dated: June 28, 2007.

S.J. Ferguson,

Captain, U.S. Coast Guard, Captain of the Port Buffalo.

[FR Doc. E7–13501 Filed 7–11–07; 8:45 am]

BILLING CODE 4910–15–P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

33 CFR Part 165

[CGD09–07–060]

RIN 1625–AA00

Safety Zone; Mackinac Bridge 50th Anniversary Celebration, Lake Huron, Mackinaw City, MI

AGENCY: Coast Guard, DHS.

ACTION: Temporary final rule.

SUMMARY: The Coast Guard is establishing a temporary safety zone on Lake Huron, Mackinaw City, MI. This zone is intended to restrict vessels from a portion of Lake Huron during the Mackinac Bridge 50th Anniversary Celebration July 28, 2007 fireworks display. This temporary safety zone is necessary to protect spectators and vessels from the hazards associated with fireworks displays.

DATES: This rule is effective from 9 p.m. to 11:59 p.m. on July 28, 2007.

ADDRESSES: Documents indicated in this preamble as being available in the

docket, are part of docket CGD09–07–060 and are available for inspection or copying at U.S. Coast Guard Sector Sault Ste MT, 337 Water St., Sault Ste Marie, MI 49783 between 7:30 a.m. and 4 p.m., (Monday through Friday, except Federal holidays).

FOR FURTHER INFORMATION CONTACT: LT. John Peterson, Prevention Department, Sector Sault Ste Marie, MI 337 Water St., Sault Ste Marie, MI 49783; (906) 635–3341.

SUPPLEMENTARY INFORMATION:

Regulatory Information

We did not publish a notice of proposed rulemaking (NPRM) for this regulation. Under 5 U.S.C. 553(b)(B), the Coast Guard finds that good cause exists for not publishing an NPRM. The permit application was not received in time to publish an NPRM followed by a final rule before the effective date. Under 5 U.S.C. 553(d)(3), good cause exists for making this rule effective less than 30 days after publication in the **Federal Register**. Delaying this rule would be contrary to the public interest of ensuring the safety of spectators and vessels during this event and immediate action is necessary to prevent possible loss of life or property.

Background and Purpose

This temporary safety zone is necessary to ensure the safety of vessels and spectators from hazards associated with a fireworks display. Based on accidents that have occurred in other Captain of the Port zones, and the explosive hazards of fireworks, the Captain of the Port Sault Ste Marie has determined that fireworks launches proximate to watercraft pose significant risk to public safety and property. The likely combination of large numbers of recreation vessels, congested waterways, darkness punctuated by bright flashes of light, alcohol use, and debris falling into the water could easily result in serious injuries or fatalities. Establishing a safety zone to control vessel movement around the location of the launch platform will help ensure the safety of persons and property at these events and help minimize the associated risks.

Discussion of Rule

A temporary safety zone is necessary to ensure the safety of spectators and vessels during the setup, loading and launching of a fireworks display in conjunction with the Mackinac Bridge 50th Anniversary Celebration fireworks display. The fireworks display will occur between 9 p.m. and 11:59 p.m. on July 28, 2007.

The safety zone for the fireworks will encompass all waters of Lake Huron within a 2000 ft. radius around Mackinaw City Colonial Park, Mackinaw City, MI at position 45–47.26N 084–43.783W. [DATUM: NAD 83].

All persons and vessels shall comply with the instructions of the Coast Guard Captain of the Port or the designated on-scene representative. Entry into, transiting, or anchoring within the safety zone is prohibited unless authorized by the Captain of the Port Sault Ste Marie or his designated on-scene representative. The Captain of the Port or his designated on-scene representative may be contacted via VHF Channel 16.

Regulatory Evaluation

This rule is not a ''significant regulatory action'' under section 3(f) of Executive Order 12866, Regulatory Planning and Review, and does not require an assessment of potential costs and benefits under section 6(a)(3) of that Order. The Office of Management and Budget has not reviewed it under that Order.

This determination is based on the minimal time that vessels will be restricted from the zone and the zone is an area where the Coast Guard expects insignificant adverse impact to mariners from the zones' activation.

Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601–612), we have considered whether this rule would have a significant economic impact on a substantial number of small entities. The term ''small entities'' comprises small businesses, not-for-profit organizations that are independently owned and operated and are not dominant in their fields, and governmental jurisdictions with populations of less than 50,000.

The Coast Guard certifies under 5 U.S.C. 605(b) that this rule will not have a significant economic impact on a substantial number of small entities.

This rule will affect the following entities, some of which may be small entities: The owners and operators of vessels intending to transit or anchor in a portion of Lake Huron off Mackinaw City, between 9 p.m. and 11:59 p.m. on July 28, 2007.

This safety zone will not have a significant economic impact on a substantial number of small entities for the following reasons: This rule will be in effect for only three hours for one event. Vessel traffic can safely pass outside the safety zone during the event. In the event that this temporary safety zone affects shipping, commercial vessels may request permission from the Captain of the Port Sault Ste Marie to transit through the safety zone. The Coast Guard will give notice to the public via a Broadcast to Mariners that the regulation is in effect.

Assistance for Small Entities

Under section 213(a) of the Small Business Regulatory Enforcement Fairness Act of 1996 (Pub. L. 104–121), we offered to assist small entities in understanding the rule so that they could better evaluate its effects on them and participate in the rulemaking process. Small businesses may send comments on the actions of Federal employees who enforce, or otherwise determine compliance with, Federal regulations to the Small Business and Agriculture Regulatory Enforcement Ombudsman and the Regional Small Business Regulatory Fairness Boards. The Ombudsman evaluates these actions annually and rates each agency's responsiveness to small business. If you wish to comment on actions by employees of the Coast Guard, call 1–888–REG–FAIR (1–888–734–3247). The Coast Guard will not retaliate against small entities that question or complain about this rule or any policy or action of the Coast Guard.

Collection of Information

This rule calls for no new collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520).

Federalism

A rule has implications for federalism under Executive Order 13132, Federalism, if it has substantial direct effect on State or local governments and would either preempt State law or impose a substantial direct cost of compliance on them. We have analyzed this rule under that Order and have determined that it does not have implications for federalism.

Unfunded Mandates Reform Act

The Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1531–1538) requires Federal agencies to assess the effects of their discretionary regulatory actions. In particular, the Act addresses actions that may result in the expenditure by a State, local, or tribal government, in the aggregate, or by the private sector of $100,000,000 or more in any one year. Though this rule would not result in such expenditure, we do discuss the effects of this rule elsewhere in this preamble.

Taking of Private Property

This rule will not effect a taking of private property or otherwise have

taking implications under Executive Order 12630, Governmental Actions and Interference with Constitutionally Protected Property Rights.

Civil Justice Reform

This rule meets applicable standards in sections 3(a) and 3(b)(2) of Executive Order 12988, Civil Justice Reform, to minimize litigation, eliminate ambiguity, and reduce burden.

Protection of Children

We have analyzed this rule under Executive Order 13045, Protection of Children from Environmental Health Risks and Safety Risks. This rule is not an economically significant rule and does not concern an environmental risk to health or risk to safety that may disproportionately affect children.

Indian Tribal Governments

The Coast Guard recognizes the treaty rights of Native American Tribes. Moreover, the Coast Guard is committed to working with Tribal Governments to implement local policies and to mitigate tribal concerns. We have determined that this safety zone and fishing rights protection need not be incompatible. We have also determined that this rule does not have tribal implications under Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, because it does not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes. Nevertheless, Indian Tribes that have questions concerning the provisions of this rule or options for compliance are encouraged to contact the point of contact listed under **FOR FURTHER INFORMATION CONTACT**.

Energy Effects

We have analyzed this rule under Executive order 13211, Actions Concerning Regulations that Significantly Affect Energy Supply, Distribution, or Use. We have determined that it is not a ''significant energy action'' under that order because it is not a ''significant regulatory action'' under Executive Order 12866 and is not likely to have a significant adverse effect on the supply, distribution, or use of energy. The Administrator of the Office of Information and Regulatory Affairs has not designated it as a significant energy action. Therefore, it does not require a statement of Energy Effects under Executive Order 13211.

Technical Standards

The National Technology Transfer and Advancement Act (NTTAA) (15 U.S.C. 272 note) directs agencies to use voluntary consensus standards in their regulatory activities unless the agency provides Congress, through the Office of Management and Budget, with an explanation of why using these standards would be inconsistent with applicable law or otherwise impractical. Voluntary consensus standards are technical standards (*e.g.*, specifications of materials, performance, design, or operation; test methods; sampling procedure; and related management system practices) that are developed or adopted by voluntary consensus standards bodies.

This rule does not use technical standards. Therefore, we did not consider the use of voluntary consensus standards.

Environment

We have analyzed this rule under Commandant Instruction M16475.lD and Department of Homeland Security Management Directive 5100.1, which guide the Coast Guard in complying with the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. 4321–4370f), and have concluded that there are no factors in this case that would limit the use of a categorical exclusion under section 2.B.2 of the Instruction. Therefore, this rule is categorically excluded, under figure 2–1, paragraph (34)(g), of the Instruction, from further environmental documentation. This event establishes a safety zone therefore paragraph (34)(g) of the Instruction applies.

A final ''Environmental Analysis Check List'' and a final ''Categorical Exclusion Determination'' are available in the docket where indicated under **ADDRESSES**.

List of Subjects in 33 CFR Part 165

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

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

PART 165—REGULATED NAVIGATION AREAS AND LIMITED ACCESS AREAS

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

Authority: 33 U.S.C. 1226, 1231; 46 U.S.C. Chapter 701; 50 U.S.C. 191, 195; 33 CFR 1.05–1, 6.04–1, 6.04–6, and 160.5; Pub. L. 107–295, 116 Stat. 2064; Department of Homeland Security Delegation No. 0170.1.

■ 2. A new temporary § 165.T09–060 is added to read as follows:

§ 165.T09–060 Safety zone; Mackinac Bridge 50th Anniversary Celebration, Lake Huron, Mackinaw City, MI.

(a) *Location.* The following area is a temporary safety zone: all waters of Lake Huron within a 2000 ft. radius around Mackinaw City Colonial Park, Mackinaw City, MI at position 45–47.26N, 084–43.783W [DATUM: NAD 83].

(b) *Effective period.* This regulation is effective from 9 p.m. to 11:59 p.m. on July 28, 2007.

(c) *Regulations.* (1) In accordance with the general regulations in section 165.23 of this part, entry into, transiting, or anchoring within this safety zone is prohibited unless authorized by the Captain of the Port Sault Ste Marie, or his designated on-scene representative.

(2) This safety zone is closed to all vessel traffic, except as may be permitted by the Captain of the Port Sault Ste Marie or his designated on-scene representative.

(3) The ''on-scene representative'' of the Captain of the Port is any Coast Guard commissioned, warrant or petty officer who has been designated by the Captain of the Port to act on his behalf. The on-scene representative of the Captain of the Port will be aboard either a Coast Guard or Coast Guard Auxiliary vessel. The Captain of the Port or his designated on-scene representative may be contacted via VHF Channel 16.

(4) Vessel operators desiring to enter or operate within the safety zone shall contact the Captain of the Port Sault Ste Marie or his on-scene representative to obtain permission to do so. Vessel operators given permission to enter or operate in the safety zone must comply with all directions given to them by the Captain of the Port Sault Ste Marie or his on-scene representative.

Dated: June 25, 2007.

L.W. Hewett,

Commander, U.S. Coast Guard, Alternate Captain of the Port Sault Ste Marie.

[FR Doc. E7–13503 Filed 7–11–07; 8:45 am]

BILLING CODE 4910–15–P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

33 CFR Part 165

[CGD09–07–061]

RIN 1625–AA00

Safety Zone; Mackinac Bridge 50th Anniversary Celebration, Lake Huron, St. Ignace, MI

AGENCY: Coast Guard, DHS.

ACTION: Temporary final rule.

SUMMARY: The Coast Guard is establishing a temporary safety zone on Lake Huron, St. Ignace, MI. This zone is intended to restrict vessels from a portion of Lake Huron during the Mackinac Bridge 50th Anniversary Celebration July 28, 2007 fireworks display. This temporary safety zone is necessary to protect spectators and vessels from the hazards associated with fireworks displays.

DATES: This rule is effective from 9 p.m. to 11:59 p.m. on July 28, 2007.

ADDRESSES: Documents indicated in this preamble as being available in the docket, are part of docket CGD09–07–061 and are available for inspection or copying at U.S. Coast Guard Sector Sault Ste Marie, 337 Water St., Sault Ste Marie, Michigan, 49783 between 7:30 a.m. (local) and 4 p.m. (local), Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: LT. John Peterson, Prevention Department, Sector Sault Ste Marie, MI, 337 Water St., Sault Ste Marie, MI 49783; (906) 635–3341.

SUPPLEMENTARY INFORMATION:

Regulatory Information

We did not publish a notice of proposed rulemaking (NPRM) for this regulation. Under 5 U.S.C. 553(b)(B), the Coast Guard finds that good cause exists for not publishing an NPRM. The permit application was not received in time to publish an NPRM followed by a final rule before the effective date. Under 5 U.S.C. 553(d)(3), good cause exists for making this rule effective less than 30 days after publication in the **Federal Register**. Delaying this rule would be contrary to the public interest of ensuring the safety of spectators and vessels during this event and immediate action is necessary to prevent possible loss of life or property.

Background and Purpose

This temporary safety zone is necessary to ensure the safety of vessels and spectators from hazards associated with a fireworks display. Based on accidents that have occurred in other Captain of the Port zones, and the explosive hazards of fireworks, the Captain of the Port Sault Ste Marie has determined that fireworks launches proximate to watercraft pose significant risk to public safety and property. The likely combination of large numbers of recreation vessels, congested waterways, darkness punctuated by bright flashes of light, alcohol use, and debris falling into the water could easily result in serious injuries or fatalities. Establishing a safety zone to control vessel movement around the location of the launch platform will help ensure the safety of persons and property at these events and help minimize the associated risks.

Discussion of Rule

A temporary safety zone is necessary to ensure the safety of spectators and vessels during the setup, loading and launching of a fireworks display in conjunction with the Mackinac Bridge 50th Anniversary Celebration fireworks display. The fireworks display will occur between 9 p.m. and 11:59 p.m. on July 28, 2007.

The safety zone for the fireworks will encompass all waters of Lake Huron within a 2000 ft. radius around the Mackinac Bridge Authority Pier, St. Ignace, MI at position 45–50.78N, 084–43.285W. [DATUM: NAD 83].

All persons and vessels shall comply with the instructions of the Coast Guard Captain of the Port or the designated on-scene representative. Entry into, transiting, or anchoring within the safety zone is prohibited unless authorized by the Captain of the Port Sault Ste Marie or his designated on-scene representative. The Captain of the Port or his designated on-scene representative may be contacted via VHF Channel 16.

Regulatory Evaluation

This rule is not a ''significant regulatory action'' under section 3(f) of Executive Order 12866, Regulatory Planning and Review, and does not require an assessment of potential costs and benefits under section 6(a)(3) of that Order. The Office of Management and Budget has not reviewed it under that Order.

This determination is based on the minimal time that vessels will be restricted from the zone and the zone is an area where the Coast Guard expects insignificant adverse impact to mariners from the zones' activation.

Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601–612), we have considered whether this rule would have a significant economic impact on a substantial number of small entities. The term ''small entities'' comprises small businesses, not-for-profit organizations that are independently owned and operated and are not dominant in their fields, and governmental jurisdictions with populations of less than 50,000.

The Coast Guard certifies under 5 U.S.C. 605(b) that this rule will not have a significant economic impact on a substantial number of small entities.

This rule will affect the following entities, some of which may be small entities: The owners and operators of vessels intending to transit or anchor in a portion of Lake Huron off St. Ignace, between 9 p.m. and 11:59 p.m. on July 28, 2007.

This safety zone will not have a significant economic impact on a substantial number of small entities for the following reasons: This rule will be in effect for only three hours for one event. Vessel traffic can safely pass outside the safety zone during the event. In the event that this temporary safety zone affects shipping, commercial vessels may request permission from the Captain of the Port Sault Ste Marie to transit through the safety zone. The Coast Guard will give notice to the public via a Broadcast to Mariners that the regulation is in effect.

Assistance for Small Entities

Under section 213(a) of the Small Business Regulatory Enforcement Fairness Act of 1996 (Pub. L. 104–121), we offered to assist small entities in understanding the rule so that they could better evaluate its effects on them and participate in the rulemaking process. Small businesses may send comments on the actions of Federal employees who enforce, or otherwise determine compliance with, Federal regulations to the Small Business and Agriculture Regulatory Enforcement Ombudsman and the Regional Small Business Regulatory Fairness Boards. The Ombudsman evaluates these actions annually and rates each agency's responsiveness to small business. If you wish to comment on actions by employees of the Coast Guard, call 1–888–REG–FAIR (1–888–734–3247). The Coast Guard will not retaliate against small entities that question or complain about this rule or any policy or action of the Coast Guard.

Collection of Information

This rule calls for no new collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520).

Federalism

A rule has implications for federalism under Executive Order 13132, Federalism, if it has substantial direct effect on State or local governments and would either preempt State law or impose a substantial direct cost of compliance on them. We have analyzed this rule under that Order and have determined that it does not have implications for federalism.

Unfunded Mandates Reform Act

The Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1531–1538) requires Federal agencies to assess the effects of their discretionary regulatory actions. In particular, the Act addresses actions that may result in the expenditure by a State, local, or tribal government, in the aggregate, or by the private sector of $100,000,000 or more in any one year. Though this rule would not result in such expenditure, we do discuss the effects of this rule elsewhere in this preamble.

Taking of Private Property

This rule will not effect a taking of private property or otherwise have taking implications under Executive Order 12630, Governmental Actions and Interference with Constitutionally Protected Property Rights.

Civil Justice Reform

This rule meets applicable standards in sections 3(a) and 3(b)(2) of Executive Order 12988, Civil Justice Reform, to minimize litigation, eliminate ambiguity, and reduce burden.

Protection of Children

We have analyzed this rule under Executive Order 13045, Protection of Children from Environmental Health Risks and Safety Risks. This rule is not an economically significant rule and does not concern an environmental risk to health or risk to safety that may disproportionately affect children.

Indian Tribal Governments

The Coast Guard recognizes the treaty rights of Native American Tribes. Moreover, the Coast Guard is committed to working with Tribal Governments to implement local policies and to mitigate tribal concerns. We have determined that this safety zone and fishing rights protection need not be incompatible. We have also determined that this rule does not have tribal implications under Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, because it does not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes. Nevertheless, Indian Tribes that have questions concerning the provisions of this rule or options for compliance are encouraged to contact the point of contact listed under **FOR FURTHER INFORMATION CONTACT**.

Energy Effects

We have analyzed this rule under Executive order 13211, Actions Concerning Regulations that Significantly Affect Energy Supply, Distribution, or Use. We have determined that it is not a ''significant energy action'' under that order because it is not a ''significant regulatory action'' under Executive Order 12866 and is not likely to have a significant adverse effect on the supply, distribution, or use of energy. The Administrator of the office of Information and Regulatory Affairs has not designated it as a significant energy action. Therefore, it does not require a statement of Energy Effects under Executive Order 13211.

Technical Standards

The National Technology Transfer and Advancement Act (NTTAA) (15 U.S.C. 272 note) directs agencies to use voluntary consensus standards in their regulatory activities unless the agency provides Congress, through the Office of Management and Budget, with an explanation of why using these standards would be inconsistent with applicable law or otherwise impractical. Voluntary consensus standards are technical standards (*e.g.*, specifications of materials, performance, design, or operation; test methods; sampling procedure; and related management system practices) that are developed or adopted by voluntary consensus standards bodies.

This rule does not use technical standards. Therefore, we did not consider the use of voluntary consensus standards.

Environment

We have analyzed this rule under Commandant Instruction M16475.lD and Department of Homeland Security Management Directive 5100.1, which guide the Coast Guard in complying with the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. 4321–4370f), and have concluded that there are no factors in this case that would limit the use of a categorical exclusion under section 2.B.2 of the Instruction. Therefore, this rule is categorically excluded, under figure 2–1, paragraph (34)(g), of the Instruction, from further environmental documentation. This event establishes a safety zone therefore paragraph (34)(g) of the Instruction applies.

A final ''Environmental Analysis Check List'' and a final ''Categorical Exclusion Determination'' are available in the docket where indicated under **ADDRESSES**.

List of Subjects in 33 CFR Part 165

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

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

PART 165—REGULATED NAVIGATION AREAS AND LIMITED ACCESS AREAS

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

Authority: 33 U.S.C. 1226, 1231; 46 U.S.C. Chapter 701; 50 U.S.C. 191, 195; 33 CFR 1.05–1, 6.04–1, 6.04–6, and 160.5; Pub. L. 107–295, 116 Stat. 2064; Department of Homeland Security Delegation No. 0170.1.

■ 2. A new temporary § 165.T09–061 is added to read as follows:

§ 165.T09–061 Safety zone; Mackinac Bridge 50th Anniversary Celebration, Lake Huron, St. Ignace, MI.

(a) *Location*. The following area is a temporary safety zone: waters of Lake Huron within a 2000 ft. radius around the Mackinac Bridge Authority Pier, St. Ignace, MI at position 45–50.78N, 084–43.285W [DATUM: NAD 83].

(b) *Effective period*. This regulation is from 9 p.m. to 11:59 a.m. on July 28, 2007.

(c) *Regulations*. (1) In accordance with the general regulations in section 165.23 of this part, entry into, transiting, or anchoring within this safety zone is prohibited unless authorized by the Captain of the Port Sault Ste Marie, or his designated on-scene representative.

(2) This safety zone is closed to all vessel traffic, except as may be permitted by the Captain of the Port Sault Ste Marie or his designated on-scene representative.

(3) The ''on-scene representative'' of the Captain of the Port is any Coast Guard commissioned, warrant or petty officer who has been designated by the Captain of the Port to act on his behalf. The on-scene representative of the Captain of the Port will be aboard either a Coast Guard or Coast Guard Auxiliary vessel. The Captain of the Port or his designated on-scene representative may be contacted via VHF Channel 16.

(4) Vessel operators desiring to enter or operate within the safety zone shall contact the Captain of the Port Sault Ste

Marie or his on-scene representative to obtain permission to do so. Vessel operators given permission to enter or operate in the safety zone must comply with all directions given to them by the Captain of the Port Sault Ste Marie or his on-scene representative.

Dated: June 25, 2007.

L.W. Hewett,

Commander, U.S. Coast Guard, Alternate Captain of the Port Sault Ste Marie.

[FR Doc. E7–13504 Filed 7–11–07; 8:45 am]

BILLING CODE 4910–15–P

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

49 CFR Part 571

[Docket No. NHTSA 2007–28694, Notice 1]

RIN 2127–AJ90

Federal Motor Vehicle Safety Standards; Tire Pressure Monitoring Systems

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

ACTION: Final rule; partial response to petitions for reconsideration.

SUMMARY: This document responds in part to petitions for reconsideration of our statutorily-mandated rulemaking establishing a new Federal motor vehicle safety standard (FMVSS) requiring installation in new light vehicles of a tire pressure monitoring system (TPMS) capable of detecting when one or more of a vehicle's tires is significantly under-inflated. We established the standard in a final rule published in April 2005. We responded to petitions for reconsideration of that final rule in a final rule published in September 2005. This final rule responds to the petition for reconsideration of our September 2005 final rule submitted by the Alliance of Automobile Manufacturers, which raised a number of technical issues pertaining to the combined low tire pressure/TPMS malfunction indicator lamp. (The agency will respond subsequently in a separate notice to a second petition for reconsideration submitted by ETV Corporation Pty Limited.) We are granting the Alliance's petition, and through this document, we are amending the standard accordingly. We anticipate that today's amendments, which are of a minor technical nature, will not necessitate redesign of current TPMSs nor appreciably change the costs of compliance with the safety standard.

DATES: *Effective Date:* The amendments made in this final rule are effective August 13, 2007. Voluntary compliance is permitted immediately.

Petitions for Reconsideration: If you wish to submit a petition for reconsideration for this rule, your petition must be received by August 27, 2007. The agency will not consider redundant petitions.

ADDRESSES: Petitions for reconsideration should refer to the docket number above and be submitted to: Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Avenue, SE., West Building, 4th Floor, Washington, DC 20590.

See the **SUPPLEMENTARY INFORMATION** portion of this document (Section VI; Rulemaking Analyses and Notices) for DOT's Privacy Act Statement regarding documents submitted to the agency's dockets.

FOR FURTHER INFORMATION CONTACT: For non-legal issues, you may call Mr. George Soodoo or Mr. Samuel Daniel, Office of Crash Avoidance Standards (Telephone: 202–366–2720) (Fax: 202–366–4329).

For legal issues, you may call Ms. Rebecca Schade, Office of Chief Counsel (Telephone: 202–366–2992) (Fax: 202–366–3820).

You may send mail to these officials at the National Highway Traffic Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE., West Building, 4th Floor, Washington, DC 20590.

SUPPLEMENTARY INFORMATION:

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I. Summary of Decision

This document responds to a petition for reconsideration submitted by the Alliance of Automobile Manufacturers (Alliance) related to our rulemaking establishing FMVSS No. 138, *Tire Pressure Monitoring Systems,* which was adopted in a final rule published in the **Federal Register** on April 8, 2005.[1] The petitioner sought further amendments to the standard pertaining to matters that it deemed either to be insufficiently addressed by or newly arising from our September 2005 final rule[2] responding to petitions for reconsideration of the April 2005 final rule. Specifically, the petitioner requested changes to the specifications for the TPMS malfunction warning provided by a combined low tire pressure/TPMS malfunction warning telltale (*see* section IV of this document for a complete discussion of issues raised in the petition and their resolution). We have decided to grant the petition for the reasons below. (We further note that a second petition for reconsideration was submitted by ETV Corporation Pty Limited (ETV), in response to which the agency is currently analyzing additional data. In order to prevent unnecessary delay in responding to the separate and distinct requests for amendment set forth in the Alliance's petition, we have decided to bifurcate our response to this latest round of petitions for reconsideration of the TPMS rulemaking. Accordingly, we have decided to respond to the ETV petition subsequently, as part of a separate document.)

After careful consideration of the Alliance's request and available data, the agency has decided to amend FMVSS No. 138 in response to one technical matter raised in this latest round of petitions for reconsideration, which involves the standard's requirements and test procedures related to operation of the combined low tire pressure/TPMS malfunction indicator lamp (MIL) telltale. Specifically, we have decided to retain the requirement for the system to detect a system malfunction and to initiate a 60–90 second flashing sequence by the combined TPMS telltale (followed by continuous illumination) within 20 minutes of occurrence of that malfunction. However, we are amending the standard to provide that if the TPMS subsequently encounters additional, separate malfunctions, the TPMS may (but is not required to) initiate another flashing sequence for each distinct malfunction condition.

As a related matter, we are amending the standard's test procedures to provide that only one malfunction will be simulated during each malfunction detection test (*i.e.*, one per ignition cycle). Under the standard, the agency may still test for more than one malfunction, although each additional malfunction would be simulated in a

[1] 70 FR 18136 (April 8, 2005) (Docket No. NHTSA–2005–20586–1).

[2] 70 FR 53079 (Sept. 7, 2005) (Docket No. NHTSA–2005–22251–1).

separate test during a different ignition cycle, rather than simulating multiple TPMS malfunctions simultaneously during the same ignition cycle.

Effective Date

In light of the fact that the phase-in for FMVSS No. 138 commenced on October 5, 2005, we find that there is good cause to make these amendments effective 30 days after publication. The changes resulting from this final rule responding to the Alliance's petition for reconsideration generally involve requested technical modifications and clarifications to the standard. We believe that vehicle manufacturers and other interested stakeholders would benefit from rapid implementation of these amendments. We note, however, that vehicle manufacturers may voluntarily comply with the requirements of this final rule immediately.

II. Background

A. The TREAD Act

Congress enacted the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act of 2000 [3] on November 1, 2000. Section 13 of that Act [4] required the Secretary of Transportation, within one year of the statute's enactment, to complete a rulemaking ''to require a warning system in new motor vehicles to indicate to the operator when a tire is significantly under inflated.'' Section 13 also required the regulation to take effect within two years of the completion of the rulemaking. Responsibility for this rulemaking was delegated to NHTSA.

B. Rulemaking History Prior to the April 2005 Final Rule

Since passage of the TREAD Act, FMVSS No. 138 has had a protracted regulatory history. In summary, the agency published a notice of proposed rulemaking (NPRM) [5] on July 26, 2001, which was followed by a final rule [6] published on June 5, 2002.

After issuance of the June 2002 final rule, Public Citizen, Inc., New York Public Interest Research Group, and the Center for Auto Safety filed a lawsuit challenging certain aspects of the TPMS regulation. The Court of Appeals for the Second Circuit (Second Circuit) issued its opinion in *Public Citizen, Inc.* v. *Mineta* [7] on August 6, 2003, holding that the TREAD Act unambiguously mandates TPMSs capable of monitoring each tire up to a total of four tires. The Court's decision effectively precluded the one-tire, 30-percent under-inflation detection option in the June 5, 2002 final rule, or any similar option for a system that cannot detect under-inflation in any combination of tires up to four tires.

We note, however, that the Second Circuit was presented with a final rule that did not specify a requirement for TPMS operability with a spare tire, but the Court did not find fault with that aspect of the safety standard. Moreover, the petitioners in *Public Citizen, Inc.* v. *Mineta* did not object to that aspect of the TPMS final rule in their litigation filings.[8] Instead, the Court's opinion explicitly sanctioned the agency's four-tire, 25 percent under-inflation detection option (without any provision requiring TPMS operability with spare tires), stating, ''We conclude that the agency's adoption of a one-tire, 30 percent option was both contrary to law and arbitrary and capricious, and that the agency's adoption of the phase-in period and the four-tire, 25 percent option were not.'' [9]

Ultimately, the Court vacated the standard in its entirety and directed the agency to conduct further rulemaking. NHTSA published a final rule in the **Federal Register** on November 20, 2003, vacating FMVSS No. 138.[10]

The agency commenced rulemaking efforts to re-establish FMVSS No. 138 in a manner consistent with the Court's opinion and responsive to issues raised in earlier petitions for reconsideration, the majority of which remained relevant. To this end, the agency published a new NPRM [11] on September 16, 2004, obtained and considered public comments, and published a final rule [12] in the **Federal Register** on April 8, 2005. (For a more complete discussion of the regulatory history of the TPMS rulemaking, readers should consult the June 5, 2002 final rule, the September 16, 2004 NPRM, and the April 2005 final rule.)

C. The April 2005 Final Rule

In re-establishing FMVSS No. 138, the April 2005 final rule required passenger cars, multi-purpose passenger vehicles, trucks, and buses with a GVWR of 4,536 kg (10,000 pounds) or less, except those with dual wheels on an axle, to be equipped with a TPMS to alert the driver when one or more of the vehicle's tires, up to all four of its tires, is significantly under-inflated.[13] Subject to the phase-in schedule and the exceptions below, the final rule mandated compliance with the requirements of the standard, commencing with covered vehicles manufactured on or after October 5, 2005 (*i.e.*, model year (MY) 2006). The standard is intended to be technology-neutral, so as to permit compliance with any available TPMS technology that meets the standard's performance requirements.

The following points highlight the key provisions of the April 2005 final rule.

- The TPMS is required to detect and to provide a warning to the driver within 20 minutes of when the pressure of one or more of the vehicle's tires, up to a total of four tires, is 25 percent or more below the vehicle manufacturer's recommended cold inflation pressure for the tires, or a minimum level of pressure specified in the standard, whichever pressure is higher. These minimum activation pressures are included in Table 1 of FMVSS No. 138.
- The TPMS is not required to monitor the spare tire (if provided), either when it is stowed or when it is installed on the vehicle.
- The TPMS must include a low tire pressure warning telltale [14] (yellow) that must detect (within 20 minutes) and remain illuminated as long as any of the vehicle's tires remain under-inflated (*i.e.*, at a level below the standard's detection level for low tire pressure) and

[3] Pub. L. 106–414, 114 Stat. 1800 (2000).

[4] *See* 49 U.S.C. 30123 note (2003).

[5] 66 FR 38982 (July 26, 2001) (Docket No. NHTSA–2000–8572–30).

[6] 67 FR 38704 (June 5, 2002) (Docket No. NHTSA–2000–8572–219).

[7] 340 F.3d 39 (2d Cir. 2003).

[8] The only reference to TPMS operability with spare tires was provided at page 7 of the petitioners' brief, which, in a description of different types of TPMSs, merely stated, ''Direct systems can also work with a spare tire.''

[9] *Id.* at 62.

[10] 68 FR 65404 (Nov. 20, 2003) (Docket No. NHTSA–2003–16524–1).

[11] 69 FR 55896 (Sept. 16, 2004) (Docket No. NHTSA–2004–19054–1).

[12] 70 FR 18136 (April 5, 2005) (Docket No. NHTSA–2005–20586–1).

[13] There are two types of TPMSs currently available, direct TPMSs and indirect TPMSs. Direct TPMSs have a pressure sensor in each wheel that transmits pressure information to a receiver. In contrast, indirect TPMSs do not have tire pressure sensors, but instead rely on the wheel speed sensors, typically a component of an anti-lock braking system, to detect and compare differences in the rotational speed of a vehicle's wheels, which correlate to differences in tire pressure.

We anticipate that new types of TPMS technology may be developed in the future that will be capable of meeting the standard's requirements. For example, such systems might incorporate aspects of both direct and indirect TPMSs (*i.e.*, hybrid systems). In concert with TPMS suppliers, tire manufacturers might be able to incorporate TPMS sensors directly into the tires themselves. In issuing a performance standard, NHTSA is cognizant of and seeks to encourage technological innovation.

[14] As part of the final rule, we added two versions of the TPMS low tire pressure telltale and a TPMS malfunction telltale to Table 2 of FMVSS No. 101, *Controls and Displays* (since changed to Table 1).

the vehicle's ignition locking system is in the ''On'' (''Run'') position.[15] The TPMS's low tire pressure warning telltale must perform a bulb-check at vehicle start-up.

• The TPMS is required to be certified as meeting the standard's performance requirements with the tires originally installed on the vehicle at the time of initial vehicle sale. This requirement reflects a change from the June 2002 final rule, which required vehicle manufacturers to certify compliance with any optional or replacement tires of the size(s) recommended by the vehicle manufacturer. This modification to the standard was because of new information demonstrating that a small number of aftermarket and replacement tires have construction characteristics that may prevent the continued proper functioning of the TPMS when original equipment tires are replaced and because of the difficulty in identifying those problematic tires.[16]

The agency acknowledged the practicability concerns associated with vehicle manufacturers' trying to identify existing and future replacement tires which could negatively impact the performance of TPMSs, particularly given that tire production is outside the vehicle manufacturers' control. Although we agreed that this situation could pose substantial difficulties in terms of compliance certification, we also stated our continued belief that a typical vehicle will outlast its original set of tires and that drivers should continue to have the opportunity to receive the benefits of the TPMS after the vehicle's original tires are replaced. Accordingly, the agency decided on a new approach intended to accommodate both concerns, specifically through a requirement for a TPMS malfunction indicator (discussed immediately below) that can detect when tires installed on the vehicle are incompatible with the TPMS.

• The TPMS must also include a TPMS malfunction indicator to alert the driver when the system is non-operational, and thus unable to provide the required low tire pressure warning.[17] The TPMS malfunction indicator must detect a malfunction within 20 minutes of occurrence of a system malfunction and provide a warning to the driver. This final rule provided two options by which vehicle manufacturers may indicate a TPMS malfunction:

(1) Installation of a separate, dedicated telltale (yellow) that illuminates upon detection of the malfunction and remains continuously illuminated as long as the ignition locking system is in the ''On'' (''Run'') position and the situation causing the malfunction remains uncorrected, or

(2) Designing the low tire pressure telltale so that it flashes for a period of at least 60 seconds and no longer than 90 seconds when a malfunction is detected, after which the telltale must remain continuously illuminated as long as the ignition locking system is in the ''On'' (''Run'') position. This flashing and illumination sequence must be repeated upon each subsequent vehicle start-up until the situation causing the malfunction has been corrected.

If the option for a separate telltale is selected, the TPMS malfunction telltale must perform a bulb-check at vehicle start-up.

In implementing FMVSS No. 138, NHTSA adopted a two-year phase-in as part of the April 2005 final rule, with a schedule as follows: 20 percent of a vehicle manufacturer's light vehicles are required to comply with the standard during the period from October 5, 2005 to August 31, 2006; 70 percent during the period from September 1, 2006 to August 31, 2007, and all light vehicles thereafter. The final rule also included provisions for carry-forward and carry-backward credits at the manufacturer's option, as well as special timing provisions for small volume manufacturers, final-stage manufacturers, and alterers.

Vehicle manufacturers are not required to comply with the requirements related to the TPMS malfunction indicator (including associated owner's manual requirements) until September 1, 2007; however, at that point, all covered vehicles must meet all relevant requirements of the standard (*i.e.*, no additional phase-in for MIL requirements). The final rule also included phase-in reporting requirements consistent with the phase-in schedule discussed above.

D. The September 2005 Final Rule; Response to Petitions for Reconsideration

NHTSA received a total of 17 petitions for reconsideration of the April 2005 final rule (two of which were subsequently withdrawn prior to issuance of the agency's decision). All of these petitions may be found in Docket No. NHTSA–2005–20586.

The petitioners requested further amendments to the TPMS standard, most of which involved technical matters. These issues related to certain requirements of the April 2005 final rule, including: (1) The under-inflation detection level; (2) the under-inflation and malfunction detection times; (3) functioning of the TPMS with spare tires; (4) tire reserve load; (5) compliance testing conditions and procedures; (6) system disablement and reprogrammability; (7) telltale issues; (8) breadth of the malfunction detection requirement; (9) minimum activation pressure; (10) owner's manual requirements; (11) sharing of TPMS servicing information, and (12) phase-in calculations.

In response to this first set of petitions, the agency published a final

[15] We note that if a vehicle manufacturer elects to install a low tire pressure telltale that indicates which tire is under-inflated, the telltale must correctly identify the under-inflated tire. (*See* S4.3.2, as contained in the April 2005 final rule.)

[16] Available information at the time of the April 2005 final rule showed that a very small number of replacement tires (estimated at less than 0.5 percent of production) may have characteristics and material content that cause the vehicle's TPMS to exhibit functional problems. Specifically, the Rubber Manufacturers Association submitted information on the prevalence of tires with characteristics identified as potentially being incompatible with proper TPMS functioning, at least in some cases. These problems are primarily related to the tires' construction (*e.g.*, high carbon content in low aspect-ratio tires, thicker sidewall, or steel body ply sidewall). According to the RMA, in 2002, light vehicle tires having either steel body ply cords (steel casing tires) or run-flat capability accounted for less than 0.5 percent of tires distributed in the United States. (*See* letter from Steven Butcher, Vice President, Rubber Manufacturers Association, to NHTSA (October 31, 2003) (Docket No. NHTSA–2000–8572–282)).

At that time, the agency also noted information showing that there were over four million TPMS-equipped vehicles. (*See* letter from Robert Strassburger, Vice President, Alliance of Automobile Manufacturers, to NHTSA (October 20, 2003) (Docket No. NHTSA–2000–8572–277)). As discussed in the April 2005 final rule, neither the agency nor vehicle manufacturers had received reports indicating any significant performance problems with those TPMSs when replacement tires are installed on the vehicle (*see* 70 FR 18136, 18159 (April 8, 2005)), and the agency is similarly unaware of any significant compatibility problems between aftermarket TPMSs and replacement tires (*see* 67 FR 38704, 38731 (June 5, 2002)). This information was generally consistent with the information above suggesting that the magnitude of the compatibility problem between TPMSs and replacement tires is likely to be a small one.

However, neither the agency nor the commenters were able to identify a clear design solution for this problem, one which would pose an insurmountable certification challenge for vehicle manufacturers if the agency were to require ongoing TPMS operability with all replacement tires. However, in light of the agency's concern that TPMSs should continue to provide safety benefits in the foreseeable event of replacement tires subsequently being installed on the vehicle, the agency adopted its present approach requiring a TPMS malfunction indicator lamp, which can also detect the presence of replacement tires that are not compatible with the TPMS.

[17] We note that the TPMS telltale(s) may be incorporated as part of a reconfigurable display, provided that all requirements of the standard are met.

rule in the **Federal Register** on September 7, 2005 that made a number of technical amendments to Standard No. 138, of which the following are relevant to the current petitions:

- While retaining the final rule's requirement for the TPMS malfunction indicator lamp to illuminate whenever there is a malfunction that affects the generation or transmission of control or response signals in the vehicle's tire pressure monitoring system, the agency decided to amend the standard's test procedures to clarify that telltale lamps will not be disconnected because such malfunctions will be indicated during the bulb check(s) required under the standard.
- The rule amended the regulatory text in FMVSS No. 138 to clarify that for a combined low tire pressure/TPMS malfunction indicator telltale, the same flashing/continuous illumination sequence is required for one or more malfunctions that may affect the system simultaneously (*i.e.*, no more than one flashing sequence per ignition cycle).

III. New Petitions for Reconsideration

NHTSA received two petitions for reconsideration submitted in response to the September 2005 final rule for TPMS from ETV Corporation [18] and the Alliance of Automobile Manufacturers.[19] These petitions may be found in Docket No. NHTSA–2005–22251. (As explained above, the agency will respond in a separate rulemaking document to the petition submitted by ETV Corporation; the amendments requested in the ETV petition will be discussed and addressed in that document. Accordingly, the balance of the discussion in this document will focus on the matters raised in the Alliance's petition for reconsideration.)

As noted above, the Alliance's petition requested further amendments to FMVSS No. 138, primarily related to the specifications for the TPMS malfunction warning provided by a combined low tire pressure/TPMS malfunction telltale. All of the issues raised in the Alliance's petition for reconsideration presently before us are addressed in the Discussion and Analysis section immediately below.

IV. Discussion and Analysis

TPMS Malfunction Indicator Lamp Telltale Requirements

FMVSS No. 138 requires each TPMS to include a low tire pressure warning telltale that is mounted inside the occupant compartment in front of and in clear view of the driver and which is identified by one of the symbols for the ''Low Tire Pressure Telltale'' in Table 1 of FMVSS No. 101, *Controls and Displays.* The low tire pressure warning telltale is required to illuminate under the conditions specified in S4.2 of FMVSS No. 138, and it must also perform a check of lamp function when the ignition locking system is activated to the ''On'' (''Run'') position or a position between ''On'' (''Run'') and ''Start'' that is designated by the manufacturer as a check position. (*See* S4.3, as contained in the April 2005 final rule.)

Under the final rule, the TPMS-equipped vehicle is also required to be equipped with a TPMS malfunction indicator (beginning September 1, 2007). This malfunction indicator may be provided either through a separate, dedicated telltale or through a combined low tire pressure/TPMS malfunction telltale. For the separate TPMS MIL, the telltale must be mounted inside the occupant compartment in front of and in clear view of the driver and be identified by the word ''TPMS,'' as described under ''TPMS Malfunction Telltale'' in Table 1 of FMVSS No. 101. The dedicated TPMS malfunction telltale is required to illuminate under the conditions specified in S4.4 of FMVSS No. 138 for as long as the malfunction exists, and it must also perform a check of lamp function when the ignition locking system is activated to the ''On'' (''Run'') position or a position between ''On'' (''Run'') and ''Start'' that is designated by the manufacturer as a check position. (*See* S4.4(b), as contained in the April 2005 final rule.)

If the vehicle manufacturer elects to provide a combination telltale, it must meet the requirements of S4.2 and S4.3, as discussed above, and paragraph S4.4(c)(2) of the standard in the April 2005 final rule, which required a TPMS malfunction to be indicated as follows:

> (2) Flashes for a period of at least 60 seconds but no longer than 90 seconds upon detection of any condition specified in S4.4(a) after the ignition locking system is activated to the ''On'' (''Run'') position. After this period of prescribed flashing, the telltale must remain continuously illuminated as long as the malfunction exists and the ignition locking system is in the ''On'' (''Run'') position. This flashing and illumination sequence must be repeated each time the ignition locking system is placed in the ''On'' (''Run'') position until the situation causing the malfunction has been corrected.

As discussed below, the Alliance's initial petition for rulemaking requested amendments related to the operation of the TPMS related telltale(s), one of which involved seeking clarification regarding how a combined TPMS telltale should operate when multiple malfunctions occur. The Alliance identified the following potential approaches: (1) Have one flashing sequence cover all TPMS malfunctions; (2) Have each malfunction trigger a separate warning, or (3) Extend the length of the flashing sequence to indicate more than one malfunction. The recommendation of the Alliance was to leave the choice among these approaches to vehicle manufacturer discretion.

Regarding the issue of multiple malfunctions, we decided, in the September 2005 final rule, that for vehicles with a combined low tire pressure/TPMS malfunction warning indicator, the telltale must flash for a single period of at least 60 seconds, but no longer than 90 seconds and then remain continuously illuminated. In that rule, we expressed our concern that permitting multiple flashing sequences could lead to consumer confusion and would undermine the consistency of the message provided across the vehicle fleet. We further stated that this flashing sequence is intended to alert the driver to any and all TPMS malfunctions detected by the system, and we expressed our belief that once a consumer is warned that a TPMS malfunction exists, that person would be expected to take the vehicle to a service professional to diagnose and correct the problem(s). This reaction is not likely to change depending upon the number of malfunctions, and we further stated that we anticipate that all conditions impairing operation of the TPMS would be resolved at that time. Accordingly, we amended the regulatory text of the standard to specify how multiple malfunctions would be indicated.

Thus, in the September 2005 final rule, we made minor technical changes to S4.4(c)(2) of the standard to clarify this matter, which reads as follows:

> (2) When the ignition locking system is activated to the ''On'' (''Run'') position, flashes for a period of at least 60 seconds but no longer than 90 seconds upon detection of any condition(s) specified in S4.4(a). After this period of prescribed flashing, the telltale must remain continuously illuminated as long as a malfunction exists and the ignition locking system is in the ''On'' (''Run'') position. This flashing and illumination sequence must be repeated each time the ignition locking system is placed in the ''On'' (''Run'') position until the situation(s) causing the malfunction(s) has (have) been corrected.

[18] Docket No. NHTSA–2005–22251–2.

[19] Docket No. NHTSA–2005–22251–3.

In its second petition for reconsideration,[20] the Alliance asked the agency to further clarify S4.4(c)(2). The Alliance asserted that that provision does not appear, on its face, to preclude initiation of a second flashing sequence during the same ignition cycle if the system detects a subsequent TPMS malfunction. However, as the Alliance stated in its petition, the preamble to the September 2005 final rule made clear the agency's intention to permit only a single flashing sequence per ignition cycle for the combined low tire pressure/TPMS malfunction telltale. The Alliance's second petition provided new information which more fully explained the nature of its concerns with S4.4(c)(2) and the anticipated impact that the agency's current provision would have on the automobile industry, if NHTSA were to continue to limit the TPMS malfunction indicator in a combined telltale to a single flashing sequence in one ignition cycle, even if subsequent TPMS malfunctions are detected.

According to the Alliance, the agency's current approach is unduly restrictive and would prevent a number of current system design architectures from complying with the standard's TPMS malfunction indicator requirements. The Alliance stated that many current vehicle architectures utilize ''distributed logic,'' in which the TPMS telltale can be independently commanded from different parts of the system. In terms of the system's operation, the Alliance further explained that the combined TPMS telltale, which is located in the instrument cluster, may be commanded to flash by the multi-function control module, or, if it loses communications with the multi-function control module, the telltale recognizes the loss and initiates a flash sequence.

The Alliance stated that in most cases, a TPMS fault detected by a multi-function control module will initiate a flash sequence per the current requirements of S4.4(c)(2), but in extremely rare instances, communication between the multi-function control module and the telltale may be lost, which would result in a second flashing sequence during the same ignition cycle. However, the Alliance acknowledged that in such situations, subsequent ignition cycles would produce only a single flashing sequence due to such lost communications. (General Motors North America (General Motors) submitted supplemental information in support of the Alliance's petition intended to illustrate instances in which sequential faults in the TPMS could trigger the MIL to flash more than once during an ignition cycle.[21])

The Alliance argued that a requirement that a second flashing sequence never occur during the same ignition cycle would prohibit the use of a distributed logic and could, in effect, require all fault detection and control logic to be located at the telltale location. According to the Alliance, such system redesigns would not be practicable prior to the September 1, 2007 mandatory compliance date for the TPMS malfunction indicator requirements.

In addition, the Alliance argued that no additional safety benefits would result from requiring system redesigns to ensure that combined TPMS malfunction indicators are limited to a single flashing sequence during each ignition cycle. The Alliance stated that the agency did not provide any data or study to show that multiple telltale flashing sequences resulting from multiple malfunctions would cause consumer confusion. Instead, the Alliance countered that current, voluntary TPMS malfunction systems operating in the manner described above have been in production for more than two years, and there has been no apparent consumer confusion.

Furthermore, the Alliance argued that consumer confusion is unlikely, because multiple TPMS malfunctions during the same ignition cycle are expected to be highly infrequent events. (We note that Ford Motor Company (Ford) submitted confidential data showing the frequency of multiple TPMS malfunctions that would trigger a second MIL flashing sequence, an occurrence which the data showed to be an extremely rare event.[22])

Based upon the above reasoning, the Alliance's petition requested that the agency permit, but not require, subsequent flash sequences when the initial malfunction is followed by others in the same ignition cycle, and it urged the agency to amend S4.4(c)(2) to read as follows:

> (2) When the ignition locking system is activated to the ''On'' (''Run'') position, flashes for a period of at least 60 seconds but no longer than 90 seconds upon detection of any *singular condition* specified in S4.4(a). After this period of prescribed flashing, the telltale must remain continuously illuminated as long as a malfunction exists and the ignition locking system is in the ''On'' (''Run'') position. This flashing and illumination sequence must be repeated each time the ignition locking system is placed in the ''On'' (''Run'') position until the situation(s) causing the malfunction(s) has (have) been corrected. *Subsequent malfunctions occurring during any key cycle may, but are not required to, reinitiate the prescribed flashing sequence at any time.*

(Emphasis in original)

After carefully considering the new information presented in the Alliance's second petition and the supporting information provided by General Motors and Ford, we have decided to amend the standard's requirements and test procedures related to operation of the combined low tire pressure/TPMS malfunction indicator telltale. Specifically, we have decided to retain the requirement for the system to detect a system malfunction and to initiate a 60–90 second flashing sequence for the TPMS combined telltale (followed by continuous illumination) within 20 minutes of occurrence of that malfunction. However, we are amending the standard to provide that if the TPMS subsequently encounters additional, separate malfunctions, the TPMS may, but is not required to, initiate another flashing sequence for each distinct malfunction condition. As a related matter, we are amending the standard's test procedures to provide that only one malfunction will be simulated during each malfunction detection test (*i.e.*, one per ignition cycle). Under the standard, the agency may still test for more than one malfunction, although this would be in separate tests during different ignition cycles, rather than simulating multiple TPMS malfunctions during the same ignition cycle. We are adopting this approach for the reasons that follow.

Based upon the latest information provided by the Alliance and certain of its members, the agency now better understands the technical difficulties associated with requiring TPMSs with a combined telltale to limit the MIL flashing sequence to once per ignition cycle in the event of multiple, independent malfunctions. Redesigning affected TPMSs to overcome this technical limitation may not be

[20] The Alliance raised this issue in an October 24, 2005 letter to the agency, which it alternatively asked to be treated as a request for a letter of interpretation pertaining to S4.4(c)(2) or a petition for rulemaking (Docket No. NHTSA–2005–22251–3). In a letter dated December 21, 2005, NHTSA responded that the language of the regulation and the portion of the preamble dealing with S4.4(c)(2), when read together, left little ambiguity in terms of how the agency would interpret that provision, so the agency stated its intention to treat the Alliance's letter as a petition for reconsideration of the September 2005 final rule (*see* Docket No. NHTSA–2005–22251–9).

[21] The General Motors submission explained the fault scenarios discussed in the Alliance's petition through a series of block diagrams of a generic TPMS showing a tire pressure sensor, a TPMS receiver, and a display controller. (*See* Docket No. NHTSA–2005–22251–13.)

[22] Docket No. NHTSA–2005–20586–15.

practicable prior to the September 1, 2007 compliance deadline for the MIL.

Furthermore, the new information provided by Ford suggests that a second TPMS malfunction within an ignition cycle is likely to be an extremely rare event. A third TPMS malfunction within a given ignition cycle is likely to be a matter of only theoretical concern. Accordingly, we believe that the occurrence of more than one flashing sequence would be highly infrequent and, therefore, would not pose a nuisance to drivers or lead to considerable confusion. Although operation of the combined telltale may not be entirely uniform across the vehicle fleet, the message will nonetheless remain highly consistent, given the expected rarity of multiple TPMS malfunctions. Thus, in light of the data provided, we do not believe the potential delay that might accompany a strict limitation to one MIL flashing sequence for a combined telltale is warranted.

Because we have decided to grant the request in the Alliance's petition to permit more than one MIL flash sequence during a given ignition cycle, it is no longer necessary to retain that aspect of S6(k) which provides for simulation of multiple TPMS malfunctions at the same time (*i.e.*, to ensure that the combined TPMS telltale is limited to a single flashing sequence per ignition cycle). The system is still required to detect any TPMS malfunction, as required under S4.4(a). Accordingly, we have decided to amend the standard's test procedures to limit simulation of TPMS malfunctions to one per ignition cycle, which is consistent with the methodology employed in other Federal motor vehicle safety standards (*e.g.*, FMVSS No. 105, *Hydraulic and Electric Brake Systems* (S7.9, *Service brake system test—partial failure*), FMVSS No. 135, *Light Vehicle Brake Systems* (S7.10, *Hydraulic circuit failure*)). This modification will also simplify testing under the standard. However, the agency reiterates its intention to preserve its ability to test for more than one type of TPMS malfunction. We believe that such a provision is necessary to ensure the robustness of the system, although this objective will now be achieved by simulating different malfunctions during different ignition cycles, rather than multiple malfunctions during the same ignition cycle.

V. Benefits and Costs

Section VI of the April 2005 final rule summarized the costs associated with the TPMS standard, as more fully described in the Final Regulatory Impact Analysis (FRIA)[23] accompanying the final rule. The FRIA addresses the full range of anticipated costs related to TPMSs, including the cost of different TPMS technologies, overall vehicle costs, maintenance costs, testing costs, and opportunity costs.

In summary, the FRIA estimated that the average incremental cost for all vehicles to meet the standard's requirements would range from $48.44–$69.89 per vehicle, depending upon the specific technology chosen for compliance. Since approximately 17 million vehicles are produced for sale in the U.S. each year, the total annual vehicle cost is expected to range from approximately $823–$1,188 million per year. The agency estimated that the net cost per vehicle would be $26.63–$100.25 (assuming a one-percent TPMS malfunction rate for replacement tires) and that the total annual net cost would be approximately $453–$1,704 million.

The agency has determined that the technical amendments resulting from this final rule responding to the Alliance's petition for reconsideration will not appreciably change the costs and benefits reported in the FRIA. Accordingly, the agency has decided that the estimates in that document remain valid and that additional analysis is not required.

VI. Rulemaking Analyses and Notices

A. Vehicle Safety Act

Under 49 U.S.C. Chapter 301, *Motor Vehicle Safety* (49 U.S.C. 30101 *et seq.*), the Secretary of Transportation is responsible for prescribing motor vehicle safety standards that are practicable, meet the need for motor vehicle safety, and are stated in objective terms.[24] These motor vehicle safety standards set the minimum level of performance for a motor vehicle or motor vehicle equipment to be considered safe.[25] When prescribing such standards, the Secretary must consider all relevant, available motor vehicle safety information.[26] The Secretary also must consider whether a proposed standard is reasonable, practicable, and appropriate for the type of motor vehicle or motor vehicle equipment for which it is prescribed and the extent to which the standard will further the statutory purpose of reducing traffic accidents and associated deaths.[27] The responsibility for promulgation of Federal motor vehicle safety standards has been delegated to NHTSA.[28]

As noted previously, section 13 of the TREAD Act mandated a regulation to require a tire pressure monitoring system in new vehicles. In satisfaction of this congressional directive, NHTSA established FMVSS No. 138, *Tire Pressure Monitoring Systems,* in a final rule published in the **Federal Register** on April 8, 2005. The agency received 17 petitions for reconsideration of the final rule (two of which were subsequently withdrawn), the agency published a final rule responding to petitions for reconsideration in the **Federal Register** on September 7, 2005, and the agency received two additional petitions for reconsideration in response to this latest TPMS rulemaking (one of which is addressed here). Most of these petitions requested amendments involving technical modifications. In this final rule partially responding to petitions for reconsideration, the agency carefully considered the statutory requirements of both the TREAD Act and 49 U.S.C. Chapter 301.

First, this final rule reflects the agency's careful consideration and analysis of all issues raised in the Alliance's petition for reconsideration. In responding to the issues raised in the petition, the agency considered all relevant motor vehicle safety information. In preparing this document, the agency carefully evaluated relevant, available research, testing results, and other information related to various TPMS technologies. In sum, this document reflects our consideration of all relevant, available motor vehicle safety information.

Second, to ensure that the TPMS requirements remain practicable, the agency evaluated the potential impacts of the petition's requested actions in light of the cost, availability, and suitability of various TPMSs, consistent with our safety objectives and the requirements of the TREAD Act. As noted above, most of the changes contained in this final rule involve relatively minor modifications to the April 2005 and September 2005 final rules for TPMS. In sum, we believe that this final rule partially responding to petitions for reconsideration is practicable and will maintain the benefits of the TPMS standard, including prevention of deaths and injuries associated with significantly under-inflated tires, increased tread life, fuel economy savings, and savings associated with avoidance of property

[23] Docket No. NHTSA–2005–20586–2.

[24] 49 U.S.C. 30111(a).

[25] 49 U.S.C. 30102(a)(9).

[26] 49 U.S.C. 30111(b).

[27] *Id.*

[28] 49 U.S.C. 105 and 322; delegation of authority at 49 CFR 1.50.

damage and travel delays (*i.e.*, from crashes prevented by the TPMS).

Third, the regulatory text following this preamble is stated in objective terms in order to specify precisely what performance is required and how performance will be tested to ensure compliance with the standard. Specifically, this final rule makes minor modifications to the performance requirements for operation of the TPMS, in terms of providing warnings related to system malfunction. The standard's test procedures continues to carefully delineate how testing will be conducted, including malfunction testing. The agency continues to believe that this test procedure is sufficiently objective and would not result in any uncertainty as to whether a given vehicle satisfies the requirements of the TPMS standard.

Fourth, we believe that this final rule partially responding to petitions for reconsideration will meet the need for motor vehicle safety by making certain modifications that will enhance the ability of the TPMS standard to provide a warning to the driver when the system becomes non-operational, thereby permitting the driver to take corrective action in a timely fashion and potentially averting crash-related injuries.

Finally, we believe that this final rule partially responding to petitions for reconsideration is reasonable and appropriate for motor vehicles subject to the applicable requirements. As discussed elsewhere in this notice, the modifications to the standard resulting from this final rule will further the agency's efforts to address Congress' concern that significantly under-inflated tires could lead to tire failures resulting in fatalities and serious injuries. Under the TREAD Act, Congress mandated installation of a system in new vehicles to alert the driver when a tire is significantly under-inflated, and NHTSA has determined that TPMSs meeting the requirements of this final rule offer an effective countermeasure in these situations. Accordingly, we believe that this final rule is appropriate for covered vehicles that are or would become subject to these provisions of FMVSS No. 138 because it furthers the agency's objective of preventing deaths and serious injuries associated with significantly under-inflated tires.

B. Executive Order 12866 and DOT Regulatory Policies and Procedures

Executive Order 12866, ''Regulatory Planning and Review'' (58 FR 51735, October 4, 1993), provides for making determinations whether a regulatory action is ''significant'' and therefore subject to OMB review and to the requirements of the Executive Order. The Order defines a ''significant regulatory action'' as one that is likely to result in a rule that may:

(1) Have an annual effect on the economy of $100 million or more or adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or Tribal governments or communities;

(2) Create a serious inconsistency or otherwise interfere with an action taken or planned by another agency;

(3) Materially alter the budgetary impact of entitlements, grants, user fees, or loan programs or the rights and obligations of recipients thereof; or

(4) Raise novel legal or policy issues arising out of legal mandates, the President's priorities, or the principles set forth in the Executive Order.

Although the April 2005 final rule was determined to be economically significant, this final rule partially responding to petitions for reconsideration involves only relatively minor technical amendments to FMVSS No. 138. Accordingly, this rulemaking document was not reviewed under E.O. 12866. Further, this action has been determined to be ''not significant'' under the Department of Transportation's Regulatory Policies and Procedures. The agency has estimated that the incremental costs associated with the minor modifications to the standard resulting from this final rule will not appreciably change the costs of compliance with FMVSS No. 138. Accordingly, the figures presented in the Final Regulatory Impact Analysis, docketed along with the April 2005 final rule, remain apposite without modification.

C. Regulatory Flexibility Act

Pursuant to the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*, as amended by the Small Business Regulatory Enforcement Fairness Act (SBREFA) of 1996), whenever an agency is required to publish a notice of rulemaking for any proposed or final rule, it must prepare and make available for public comment a regulatory flexibility analysis that describes the effect of the rule on small entities (*i.e.*, small businesses, small organizations, and small governmental jurisdictions). The Small Business Administration's regulations at 13 CFR Part 121 define a small business, in part, as a business entity ''which operates primarily within the United States.'' (13 CFR 121.105(a)). No regulatory flexibility analysis is required if the head of an agency certifies the rule will not have a significant economic impact on a substantial number of small entities. SBREFA amended the Regulatory Flexibility Act to require Federal agencies to provide a statement of the factual basis for certifying that a rule will not have a significant economic impact on a substantial number of small entities.

NHTSA has considered the effects of this final rule under the Regulatory Flexibility Act. I certify that this final rule would not have a significant economic impact on a substantial number of small entities. The rationale for this certification is that the present final rule partially responding to petitions for reconsideration only makes minor technical modifications to the safety standard for TPMS. As discussed in detail in the April 2005 final rule establishing FMVSS No. 138, we do not anticipate that the TPMS standard will have a significant economic impact on a substantial number of small entities, and nothing in this final rule would change either that assessment or its underlying reasoning.

D. Executive Order 13132 (Federalism)

NHTSA has examined today's final rule pursuant to Executive Order 13132 (64 FR 43255, August 10, 1999) and concluded that no additional consultation with States, local governments, or their representatives is mandated beyond the rulemaking process. The agency has concluded that the rule does not have federalism implications, because the rule does not have ''substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and the responsibilities among the various levels of government.''

Further, no consultation is needed to discuss the preemptive effect of today's rule. NHTSA rules can have preemptive effect in at least two ways. First, the National Traffic and Motor Vehicle Safety Act contains an express preemptive provision: ''When a motor vehicle safety standard is in effect under this chapter, a State or a political subdivision of a State may prescribe or continue in effect a standard applicable to the same aspect of performance of a motor vehicle or motor vehicle equipment only if the standard is identical to the standard prescribed under this chapter.'' 49 U.S.C. 30102(b)(1). In addition, we note that the final rule establishing a safety standard for tire pressure monitoring systems was mandated by Congress, pursuant to section 13 of the TREAD Act. It is this statutory commands that preempts State law, not today's

rulemaking, so consultation would be inappropriate.

In addition to the express pre-emption noted above, the Supreme Court has also recognized that State requirements imposed on motor vehicle manufacturers, including sanctions imposed by State tort law, can stand as an obstacle to the accomplishment and execution of a NHTSA safety standard. When such a conflict is discerned, the Supremacy Clause of the Constitution makes their State requirements unenforceable. *See Geier* v. *American Honda Motor Co.,* 529 U.S. 861 (2000). NHTSA has not outlined such potential State requirements in today's rulemaking, however, in part because such conflicts can arise in varied contexts, but it is conceivable that such a conflict may become clear through subsequent experience with today's standard and test regime. NHTSA may opine on such conflicts in the future, if warranted. *See id.* at 883–86.

E. Executive Order 12988 (Civil Justice Reform)

With respect to the review of the promulgation of a new regulation, section 3(b) of Executive Order 12988, ''Civil Justice Reform'' (61 FR 4729, February 7, 1996) requires that Executive agencies make every reasonable effort to ensure that the regulation: (1) Clearly specifies the pre-emptive effect; (2) clearly specifies the effect on existing Federal law or regulation; (3) provides a clear legal standard for affected conduct, while promoting simplification and burden reduction; (4) clearly specifies the retroactive effect, if any; (5) adequately defines key terms; and (6) addresses other important issues affecting clarity and general draftsmanship under any guidelines issued by the Attorney General. This document is consistent with that requirement. Pursuant to this Order, NHTSA notes as follows. The pre-emptive effect of this rule is discussed above. NHTSA notes further that there is no requirement that individuals submit a petition for reconsideration or pursue other administrative proceeding before they may file suit in court.

F. Executive Order 13045 (Protection of Children From Environmental Health and Safety Risks)

Executive Order 13045, ''Protection of Children from Environmental Health and Safety Risks'' (62 FR 19855, April 23, 1997), applies to any rule that: (1) Is determined to be ''economically significant'' as defined under Executive Order 12866, and (2) concerns an environmental, health, or safety risk that the agency has reason to believe may have a disproportionate effect on children. If the regulatory action meets both criteria, the agency must evaluate the environmental health or safety effects of the planned rule on children, and explain why the planned regulation is preferable to other potentially effective and reasonably feasible alternatives considered by the agency.

This final rule partially responding to petitions for reconsideration is not an economically significant regulatory action under Executive Order 12866, and furthermore, the problems associated with underinflated tires equally impact all persons riding in a vehicle, regardless of age. Consequently, this final rule does not involve decisions based upon health and safety risks that disproportionately affect children, as would necessitate further analysis under Executive Order 13045.

G. Paperwork Reduction Act

Under the Paperwork Reduction Act of 1995 (PRA), a person is not required to respond to a collection of information by a Federal agency unless the collection displays a valid OMB control number. As part of the April 2005 final rule, each of the estimated 21 affected vehicle manufacturers is required to provide one phase-in report for each of two years, beginning in the fall of 2006.

Pursuant to the June 5, 2002 TPMS final rule, the OMB approved the collection of information ''Phase-In Production Reporting Requirements for Tire Pressure Monitoring Systems,'' assigning it Control No. 2127–0631 (expiration 6/30/06). NHTSA has been given OMB clearance to collect a total of 42 hours a year (2 hours per respondent) for the TPMS phase-in reporting. NHTSA subsequently requested and was granted an OMB extension of this clearance (expiration 9/30/09).

However, the present final rule partially responding to petitions for reconsideration does not contain any additional information collection requirements beyond those contained in the April 2005 final rule.

H. National Technology Transfer and Advancement Act

Section 12(d) of the National Technology Transfer and Advancement Act of 1995 (NTTAA), Public Law 104–113, (15 U.S.C. 272) directs the agency to evaluate and use voluntary consensus standards in its regulatory activities unless doing so would be inconsistent with applicable law or is otherwise impractical. Voluntary consensus standards are technical standards (*e.g.*, materials specifications, test methods, sampling procedures, and business practices) that are developed or adopted by voluntary consensus standards bodies, such as the Society of Automotive Engineers. The NTTAA directs us to provide Congress (through OMB) with explanations when we decide not to use available and applicable voluntary consensus standards. The NTTAA does not apply to symbols.

There are no voluntary consensus standards related to TPMS available at this time. However, NHTSA will consider any such standards as they become available.

I. Unfunded Mandates Reform Act

Section 202 of the Unfunded Mandates Reform Act of 1995 (UMRA) requires federal agencies to prepare a written assessment of the costs, benefits, and other effects of proposed or final rules that include a Federal mandate likely to result in the expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of more than $100 million annually (adjusted for inflation with base year of 1995 (so currently about $118 million in 2004 dollars)). Before promulgating a NHTSA rule for which a written statement is needed, section 205 of the UMRA generally requires the agency to identify and consider a reasonable number of regulatory alternatives and adopt the least costly, most cost-effective, or least burdensome alternative that achieves the objectives of the rule. The provisions of section 205 do not apply when they are inconsistent with applicable law. Moreover, section 205 allows the agency to adopt an alternative other than the least costly, most cost-effective, or least burdensome alternative if the agency publishes with the final rule an explanation of why that alternative was not adopted.

As discussed in that notice, the April 2005 final rule establishing FMVSS No. 138 is not expected to result in the expenditure by State, local, or tribal governments, in the aggregate, of more than $118 million annually, but it is expected to result in an expenditure of that magnitude by vehicle manufacturers and/or their suppliers. In that final rule, NHTSA adopted a performance requirement for a system with a four-tire, 25-percent under-inflation detection capability; we believe that this approach is consistent with safety and the mandate in the TREAD Act, and it should provide a number of technological choices, thereby offering broad flexibility to minimize costs of compliance with the standard.

In contrast, the present final rule partially responding to petitions for reconsideration only makes technical modifications to the standard. Therefore, we do not believe that this final rule will appreciably change the costs of compliance with FMVSS No. 138. Therefore, the agency has not prepared an economic assessment pursuant to the Unfunded Mandates Reform Act.

J. National Environmental Policy Act

NHTSA has analyzed this rulemaking action for the purposes of the National Environmental Policy Act. The agency has determined that implementation of this action will not have any significant impact on the quality of the human environment.

K. Regulatory Identifier Number (RIN)

The Department of Transportation assigns a regulation identifier number (RIN) 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. You may use the RIN contained in the heading at the beginning of this document to find this action in the Unified Agenda.

L. Privacy Act

Please note that 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 in 49 CFR part 571

Motor vehicle safety, Reporting and recordkeeping requirements, Tires.

■ In consideration of the foregoing, NHTSA is amending 49 CFR part 571 as follows:

PART 571—FEDERAL MOTOR VEHICLE SAFETY STANDARDS

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

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

■ 2. Section 571.138 is amended by revising paragraphs S4.4(c)(2) and S6(k), and adding paragraph S6(o) to read as follows:

§ 571.138 Standard No. 138; Tire pressure monitoring systems.

* * * * *

S4.4 *TPMS malfunction.*

* * * * *

(c) *Combination low tire pressure/TPMS malfunction telltale.* * * *

* * * * *

(2) Flashes for a period of at least 60 seconds but no longer than 90 seconds upon detection of any condition specified in S4.4(a) after the ignition locking system is activated to the ''On'' (''Run'') position. After each period of prescribed flashing, the telltale must remain continuously illuminated as long as a malfunction exists and the ignition locking system is in the ''On'' (''Run'') position. This flashing and illumination sequence must be repeated each time the ignition locking system is placed in the ''On'' (''Run'') position until the situation causing the malfunction has been corrected. Multiple malfunctions occurring during any ignition cycle may, but are not required to, reinitiate the prescribed flashing sequence.

* * * * *

S6 *Test procedures.*

* * * * *

(k) Simulate one TPMS malfunction by disconnecting the power source to any TPMS component, disconnecting any electrical connection between TPMS components, or installing a tire or wheel on the vehicle that is incompatible with the TPMS. When simulating a TPMS malfunction, the electrical connections for the telltale lamps are not to be disconnected.

* * * * *

(o) The test may be repeated using the test procedures in paragraphs S6(k)–(n), with each such test limited to simulation of a single malfunction.

* * * * *

Issued: July 5, 2007.

Nicole R. Nason,

Administrator.

[FR Doc. 07–3382 Filed 7–6–07; 4:34 pm]

BILLING CODE 4910–59–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 648

[Docket No. 061020273–6321–02]

RIN 0648–XA94

Fisheries of the Northeastern United States; Summer Flounder, Scup, and Black Sea Bass Fisheries; Adjustments to the 2007 Black Sea Bass, and Total Allowable Landings (TAL) and Loligo Squid Initial Optimum Yield (IOY)

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

ACTION: Temporary rule; restoration to the 2007 black sea bass TAL and *Loligo* squid IOY.

SUMMARY: NMFS restores 18,142 lb (8.23 mt) of unused research set-aside (RSA) to the 2007 black sea bass TAL and 151,235 lb (68.60 mt) of unused RSA to the *Loligo* squid IOY, and makes corresponding adjustments to the 2007 black sea bass commercial quota, the 2007 black sea bass recreational harvest limit, and the 2007 *Loligo* squid commercial Trimester II and III quotas. The adjustments are intended to return unallocated RSA quotas to the respective fisheries.

DATES: Effective July 12, 2007 through December 31, 2007.

FOR FURTHER INFORMATION CONTACT: Paul Perra, Policy Analyst, (978) 281–9153, fax (978) 281–9135, e-mail: *paul.perra@noaa.gov*

SUPPLEMENTARY INFORMATION: In December 2006, proposals for research projects requested more summer flounder RSA than was available through the annual 2007 summer flounder specification process (71 FR 240, December 14, 2006), and, therefore, NMFS offered the projects increased amounts of *Loligo* squid and black sea bass RSA, within the amounts authorized under the respective fishery management plans (FMPs), to offset the summer flounder shortfalls. The respective 2007 FMP specifications allotted RSA to the four projects as follows: 389,490 lb (176.67 mt) of summer flounder; 1,124,356 lb (510 mt) of *Loligo* squid; 360,000 lb (163.29 mt) of scup; 150,000 lb (68.04 mt) of black sea bass; and 363,677 lb (164.96 mt) of bluefish. Following the 2007 specification process, NMFS, in January 2007, through emergency rulemaking

(72 FR 12, January 19, 2007), increased the 2007 summer flounder TAL from 12.98 million lb (5,887.63 mt) to 17.11 million lb (7711.07 mt). However, to insure the timely issuance of grants and exempted fishing permits required for the projects, the summer flounder RSA assigned to the project grants and specifications was not increased. Therefore, the RSA summer flounder amounts under the 2007 specifications remained lower than the amounts requested for the projects. The lower than expected summer flounder RSA amount resulted in the NOAA Grant Office negotiations that increased *Loligo* squid and black sea bass RSA to the projects to compensate for the summer flounder shortfall. However, the increases of black sea bass and *Loligo* squid to the projects did not utilize all of the 3 percent RSA allocation assigned to the projects in the 2007 specifications. Specifically, in January 2007, NOAA grant negotiations altered the projects' allocations of black sea bass and *Loligo* squid to 131,858 lb (59.8 mt) and 973,121 lb (441.4 mt), respectively, resulting in 18,142 lb (8.23 mt) of black sea bass and 151,235 lb (68.56 mt) of *Loligo* squid no longer being assigned to the RSA allocation, or to the commercial or recreational TAL or IOY. These remaining unused amounts of 18,142 lb (8.23 mt) of black sea bass and 151,235 lb (68.56 mt) of *Loligo* squid are being returned to their respective fishing sectors to provide the fisheries the opportunity to harvest all available TAL and IOY.

Framework Adjustment 1 to the Atlantic Mackerel, Squid, and Butterfish; Summer Flounder, Scup, and Black Sea Bass; and Atlantic Bluefish FMPs; and the RSA provisions of the Tilefish FMP implemented procedures for setting aside up to 3 percent of the annual TAL or IOY to fund research activities for summer flounder, scup, black sea bass, Atlantic mackerel, squid, and butterfish. The regulations at 50 CFR 648.21(g)(5) stipulate that, if a proposal is disapproved by the Regional Administrator, or the NOAA Grants Office, or if the allocated research quota cannot be utilized by a project, the Regional Administrator shall reallocate the unallocated or unused amount of research quota to the respective commercial and recreational fisheries by publication of a notice in the **Federal Register**.

Under procedures in the Summer Flounder, Scup and Black Sea Bass FMP, the resulting unused black sea bass TAL is allocated 49 percent to the commercial sector and 51 percent to the recreational sector. Therefore, this action restores 18,142 lb (8.23 mt) of black sea bass to the 2007 fishery, with 8,890 lb (4.03 mt) provided to the commercial sector and 9,252 lb (4.20 mt) provided to the recreational sector. The resulting 2007 black sea bass TAL is 4,868,142 lb (2,208.23 mt). The new commercial quota is 2,385,390 lb (1,083 mt), and the new recreational harvest limit is 2,482,752 lb (1,126.20 mt) (Table 1).

TABLE 1. RESTORATION OF BLACK SEA BASS RSA TO TAL, BY FISHING SECTORS

Fishing Sector	Initial TAL		Restored Amounts		New TAL	
	4,850,000 lb (220 mt)		18,142 lb (8.23 mt)		4,868,142 lb (2,208.23 mt)	
	lb	mt	lb	mt	lb	mt
Commercial TAL	2,376,500	1,078	8,890	4.032	2,385,390	1,083
Recreational TAL	2,473,500	1,122	9,252	4.197	2,482,752	1,126.2

Although 9,252 lb (4.20 mt) of black sea bass are being restored to the recreational harvest limit, this action does not alter the existing recreational management measures that have been established to ensure that the recreational harvest limit is not exceeded.

The Atlantic Mackerel, Squid, and Butterfish FMP only regulates *Loligo* squid IOY for the commercial sector, and the *Loligo* squid commercial fishing season operates on a trimester allocation scheme. The unused amount of 68.56 mt of *Loligo* squid is thus restored proportionally to the 2007 second and third trimesters. The resulting IOY is 16,558.56 mt, with the 68.56 mt restored 29.8 percent (20.43 mt) to the Trimester II allocation, and 70.2 percent (48.13 mt) to the Trimester III allocation. The new Trimester II allocation is 2,823.73 mt, and the new Trimester III allocation is 6,644.13 mt (Table 2).

TABLE 2. RESTORATION OF *Loligo* SQUID RSA TO IOY BY TRIMESTER SEASONS (METRIC TONS)

2007 Trimesters	Initial IOY 16,490	Restored Amount 68.56	New IOY 16,558.56
Trimester I (Jan-Apr)	7,090.7	0	7,090.7
Trimester II (May-Aug)	2,803.3	20.43	2,823.73
Trimester III (Sep-Dec)	6,596.00	48.13	6,644.13

Classification

This action is required by 50 CFR part 648 and is exempt from review under Excutive Order 12866.

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

Dated: July 6, 2007.

Alan D. Risenhoover,

Director, Office of Sustainable Fisheries, National Marine Fisheries Service.

[FR Doc. E7–13555 Filed 7–11–07; 8:45 am]

BILLING CODE 3510–22–S

Proposed Rules

Federal Register
Vol. 72, No. 133
Thursday, July 12, 2007

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 915

[Docket No. AO–254–A10; AMS–FV–06–0220; FV06–915–2]

Avocados Grown in South Florida; Secretary's Decision and Referendum Order on Proposed Amendment of Marketing Agreement No. 121 and Order No. 915

AGENCY: Agricultural Marketing Service (AMS), USDA.

ACTION: Proposed rule and referendum order.

SUMMARY: This decision proposes amendments to Marketing Agreement No. 121 and Order No. 915 (order), which regulate avocados grown in South Florida, and provides growers with the opportunity to vote in a referendum to determine if they favor the changes. The amendments are based on those proposed by the Florida Avocado Administrative Committee (Committee), which is responsible for local administration of the order. The amendments would: Add authority for the Committee to borrow funds; revise voting requirements for changing the assessment rate; allow for District 1 nominations to be conducted by mail; and add authority for the Committee to accept voluntary contributions. The proposed amendments are intended to improve the operation and functioning of the marketing order program.

DATES: The referendum will be conducted from July 23 through August 6, 2007. The representative period for the purpose of the referendum is April 1, 2006, through March 31, 2007.

FOR FURTHER INFORMATION CONTACT: Marc McFetridge or Melissa Schmaedick, Marketing Specialists, Fruit and Vegetable Programs, Marketing Order Administration Branch (MOAB), AMS, USDA, 1400 Independence Ave., SW., Washington, DC 20250–0237; Telephone: (202) 720–2491, Fax: (202) 720–8938, or e-mail: *Marc.McFetridge@usda.gov* or *Melissa.Schmaedick@usda.gov.*

Small businesses may request information on this proceeding 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: Prior documents in this proceeding: Notice of Hearing issued on July 18, 2006, and published in the July 24, 2006, issue of the **Federal Register** (71 FR 41740), and a Recommended Decision issued on March 23, 2007, and published in the March 30, 2007, issue of the **Federal Register** (72 FR 15056).

This action is governed by the provisions of sections 556 and 557 of Title 5 of the United States Code and is therefore excluded from the requirements of Executive Order 12866.

Preliminary Statement

The proposed amendments are based on the record of a public hearing held August 16, 2006, in Homestead, Florida. The hearing was held to consider such amendments to the order. The hearing was held pursuant to the provisions of the Agricultural Marketing Agreement Act of 1937, as amended (7 U.S.C. 601 *et seq.*), hereinafter referred to as the ''Act,'' and the applicable rules of practice and procedure governing the formulation of marketing agreements and marketing orders (7 CFR part 900). The Notice of Hearing was published in the **Federal Register** on July 24, 2006 (71 FR 41740), and contained amendment proposals submitted by the Committee.

The amendments included in this decision would:

1. Add the authority for the Committee to borrow funds;
2. Revise the voting requirements for changing the assessment rate;
3. Allow the District 1 nominations to be conducted by mail; and
4. Add the authority for the Committee to accept voluntary contributions.

In addition, AMS proposed to make changes as may be necessary to the order, if any of the proposed changes are adopted, so that all of the order's provisions conform to the effectuated amendments. To the extent necessary, conforming changes have been identified and made to the amendments.

Upon the basis of evidence introduced at the hearing and the record thereof, the Administrator of AMS on March 23, 2007, filed with the Hearing Clerk, U.S. Department of Agriculture, a Recommended Decision and Opportunity to File Written Exceptions thereto by April 30, 2007. That document also announced AMS's intent to request approval of new information collection requirements to implement the program. Written exceptions on the proposed information collection requirements were due by May 29, 2007. None were filed.

Small Business Consideration

Pursuant to the requirements set forth in the Regulatory Flexibility Act (RFA), 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 so that small businesses will not be unduly or disproportionately burdened. Marketing orders and amendments thereto are unique in that they are normally brought about through group action of essentially small entities for their own benefit.

Small agricultural producers have been defined by the Small Business Administration (SBA) (13 CFR 121.201) as those having annual receipts of less than $750,000. Small agricultural service firms, which include handlers regulated under the order, are defined as those with annual receipts of less than $6,500,000.

Avocado Industry Background and Overview

The record indicates that there are an estimated 352 producers of avocados in the production area and 32 handlers subject to regulation under the order.

According to the National Agricultural Statistics Service (NASS) and Committee data, the average price for Florida avocados during the 2005–06 season was around $46.75 per 55-pound bushel container, and total shipments were near 470,000 55-pound bushel equivalent. Using this average price and shipment information, the majority of avocado handlers could be considered

small businesses under the SBA definition. In addition, based on avocado production, grower prices, and the total number of Florida avocado growers, the average annual grower revenue is less than $750,000. Thus, the majority of Florida avocado producers may also be classified as small entities.

The NASS reported that in 2005, total Florida avocado bearing acres were 5,300 and the average yield per acre was 2.26 tons. The total Florida production reported in 2005 was 12,000 tons, with growers receiving an average (farm gate) price of $940/ton. The estimated total value of 2005 Florida avocado production was $11.28 million.

Over the past 30 years the U.S. avocado industry has seen many changes. According to NASS, the total U.S. production acres for avocados have decreased by 13 percent, from 78,000 acres in 1982 to 67,600 acres in 2005. Prices have trended upward from 1959 to 2005, although there has been significant variability in prices from year to year. The average grower price for the U.S. in 1959 was $109 per ton and in 2005 the average grower price was $1,280 per ton. The total value of U.S. avocado production has increased dramatically since 1959, reaching a peak of $394 million in 2003. The per capital consumption of fresh avocados has risen significantly since 1970. Between 1970 and 2004, per capital consumption increased almost five-fold to 2.9 pounds per person in 2004. According to the hearing record, one of the factors that may be contributing to this increase is the new year-round availability of avocados due to the volume of imported avocados in addition to domestically produced avocados.

Comparatively, Florida's avocado industry has seen similar trends. According to NASS, the production acreage has decreased by 53 percent over the last three decades. According to record evidence, the rapid decrease in Florida production acreage compared to that of U.S. acreage can be directly associated with crop damage resulting from recent hurricanes. Florida's production trended upward to 34,700 tons in the early 1980's and has shown great variability since. Production in 2005 was at a 10 year low of 12,000 tons. After Hurricane Andrew, which affected the value of production in 1992 and 1993, the value of Florida's production has ranged from a high of $17.2 million in 2003 to a low of $11.3 million in 2005.

Material Issues

The amendments included in this decision would: Add authority for the Committee to borrow funds; revise voting requirements for changing the assessment rate; allow for District 1 nominations to be conducted by mail; and add authority for the Committee to accept voluntary contributions.

The proposals set forth in this Decision would streamline program organization, but are not expected to result in a significant change in industry production, handling or distribution activities. In discussing the impacts of the proposed amendments on growers and handlers, record evidence indicates that the changes are expected to be positive because the administration of the programs would be more efficient, and therefore more effective, in executing Committee duties and responsibilities. There would be no significant cost impact on either small or large growers or handlers.

Interested persons were invited to present evidence at the hearing on the probable regulatory and informational impact of the proposed amendments to the order on small entities. In addition, the Recommended Decision invited exceptions from interested persons on the information collection burden. None were received. The record evidence is that the amendments are designed to increase efficiency in the functioning of the order.

USDA has not identified any relevant Federal rules that duplicate, overlap or conflict with this proposed rule. These amendments are designed to enhance the administration and functioning of the order to benefit the South Florida avocado industry.

Paperwork Reduction Act

In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), this notice announces that AMS is seeking approval from OMB for a new information collection request for Avocados Grown in South Florida, Marketing Order No. 915, under OMB No. 0581-NEW. Upon OMB approval, the additional burden will be merged into the information collection currently approved under OMB No. 0581–0189, ''Generic OMB Fruit Crops.''

Title: Avocados Grown in South Florida, Marketing Order No. 915.

OMB No.: 0581-NEW.

Expiration Date of Approval: Three years from OMB date of approval.

Type of Request: New collection.

Abstract: The information collection requirement in this request is essential to provide growers and handlers with ballots so that nominations for the Committee can be conducted by mail.

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

Grower Ballot To Nominate Members and Alternate Members for District 1 or District 2

Avocado growers would use this ballot to nominate members and alternative members, either for District 1 or District 2 (whichever is applicable), to serve on the Committee. The ballot would be used when voting by mail.

Estimate of Burden: Public reporting burden for this collection of information is estimated to average 0.083 hour per response.

Respondents: Avocado growers.

Estimated Number of Respondents: 352.

Estimated Number of Responses per Respondent: 1.

Estimated Total Annual Burden on Respondents: 29 hours.

Handler Ballot To Nominate Members and Alternate Members for District 1 or District 2

Avocado handlers would use this ballot to nominate members and alternate members for either District 1 or District 2 (whichever is applicable), to serve on the Committee. This ballot would be used when voting by mail.

Estimate of Burden: Public reporting burden for this collection of information is estimated to average 0.083 hour per response.

Respondents: Avocado handlers.

Estimated Number of Respondents: 32.

Estimated Number of Responses per Respondent: 1.

Estimated Total Annual Burden on Respondents: 3 hours.

The Committee recommended amending the nomination process to allow for District 1 nominations to be conducted by mail.

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.

AMS is committed to complying with the Government Paperwork Elimination Act (GPEA), which requires Government agencies in general to provide the public the option of submitting information or transacting business electronically to the maximum extent possible.

AMS is committed to complying with the E-Government Act, to promote the use of the Internet and other information technologies to provide

increased opportunities for citizen access to Government information and services, and for other purposes.

Civil Justice Reform

The amendments to Marketing Order 915 proposed herein have been reviewed under Executive Order 12988, Civil Justice Reform. They are not intended to have retroactive effect. If adopted, the proposed amendments would not preempt any State or local laws, regulations, or policies, unless they present an irreconcilable conflict with this proposal.

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 no later than 20 days after the date of the entry of the ruling.

Findings and Conclusions

The findings and conclusions, rulings, and general findings and determinations included in the Recommended Decision set forth in the March 30, 2007 issue of the **Federal Register** are hereby approved and adopted.

Marketing Agreement and Order

Annexed hereto and made a part hereof is the document entitled ''Order Amending the Order Regulating the Handling of Avocados Grown in Florida.'' This document has been decided upon as the detailed and appropriate means of effectuating the foregoing findings and conclusions.

It is hereby ordered, That this entire decision be published in the **Federal Register**.

Referendum Order

It is hereby directed that a referendum be conducted in accordance with the procedure for the conduct of referenda (7 CFR part 900.400 *et seq.*) to determine whether the annexed order amending the order regulating the handling of avocados grown in Florida is approved or favored by growers, as defined under the terms of the order, who during the representative period were engaged in the production of avocados in the production area.

The representative period for the conduct of such referendum is hereby determined to be April 1, 2006, through March 31, 2007.

The agents of the Secretary to conduct such referendum are hereby designated to be William G. Pimental and Christian D. Nissen, Southeast Marketing Field Office, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA; Telephone: (863) 324–3375, Fax: (863) 325–8793, or E-mail: *William.Pimental@usda.gov* or *Christian.Nissen@usda.gov,* respectively.

List of Subjects in 7 CFR Part 915

Avocados, Marketing agreements, Reporting and recordkeeping requirements.

Dated: July 9, 2007.

Lloyd C. Day,

Administrator, Agricultural Marketing Service.

Order Amending the Order Regulating the Handling of Avocados Grown in Florida [1]

Findings and Determinations

The findings and determinations hereinafter set forth are supplementary to the findings and determinations which were previously made in connection with the issuance of the marketing agreement and order; and all said previous findings and determinations are hereby ratified and affirmed, except insofar as such findings and determinations may be in conflict with the findings and determinations set forth herein.

(a) *Findings and Determinations Upon the Basis of the Hearing Record.*

Pursuant to the provisions of the Agricultural Marketing Agreement Act of 1937, as amended (7 U.S.C. 601 *et seq.*), and the applicable rules of practice and procedure effective thereunder (7 CFR part 900), a public hearing was held upon the proposed amendments to the Marketing Agreement No. 121 and Order No. 915 (7 CFR part 915), regulating the handling of avocados grown in Florida. Upon the basis of the evidence introduced at such hearing and the record thereof, it is found that:

(1) The marketing agreement and order, as amended, and as hereby proposed to be further amended, and all of the terms and conditions thereof, would tend to effectuate the declared policy of the Act;

(2) The marketing agreement and order, as amended, and as hereby proposed to be further amended, regulate the handling of avocados grown in the production area in the same manner as, and are applicable only to, persons in the respective classes of commercial and industrial activity specified in the marketing agreement and order upon which a hearing has been held;

(3) The marketing agreement and order, as amended, and as hereby proposed to be further amended, are limited to their application to the smallest regional production area which is practicable, consistent with carrying out the declared policy of the Act, and the issuance of several orders applicable to subdivisions of the production area would not effectively carry out the declared policy of the Act;

(4) The marketing agreement and order, as amended, and as hereby proposed to be further amended, prescribe, insofar as practicable, such different terms applicable to different parts of the production area as are necessary to give due recognition to the differences in the production and marketing of avocados grown in the production area; and

(5) All handling of avocados grown in the production area as defined in the marketing agreement and order, is in the current of interstate or foreign commerce or directly burdens, obstructs, or affects such commerce.

Order Relative to Handling

It is therefore ordered, That on and after the effective date hereof, all handling of avocados grown in Florida shall be in conformity to, and in compliance with, the terms and conditions of the said order as hereby proposed to be amended as follows:

The provisions of the proposed marketing agreement and order amending the order contained in the Recommended Decision issued by the Administrator on March 23, 2007, and published in the **Federal Register** (72 FR 15056) on March 30, 2007, will be and are the terms and provisions of this order amending the order and are set forth in full herein.

PART 915—AVOCADOS GROWN IN SOUTH FLORIDA

1. The authority citation for 7 CFR part 915 continues to read as follows:

Authority: 7 U.S.C. 601–674.

2. In § 915.11, paragraphs (a) and (b) are revised to read as follows:

[1] This order shall not become effective unless and until the requirements of § 900.14 of the rules of practice and procedure governing proceeding to formulate marketing agreements and marketing orders have been met.

§ 915.11 District.

* * * * *

(a) *District 1* shall include Miami-Dade County.

(b) *District 2* shall include all of the production area except Miami-Dade County.

3. In § 915.22, paragraph (b)(1) is revised to read as follows:

§ 915.22 Nomination.

(a) * * *

(b) *Successor members.* (1) The Committee shall hold or cause to be held a meeting or meetings of growers and handlers in each district to designate nominees for successor members and alternate members of the Committee; or the Committee may conduct nominations in Districts 1 and 2 by mail in a manner recommended by the Committee and approved by the Secretary. Such nominations shall be submitted to the Secretary by the Committee not later than March 1 of each year. The Committee shall prescribe procedural rules, not inconsistent with the provisions of this section, for the conduct of nomination.

* * * * *

4. In § 915.30, paragraph (c) is revised to read as follows:

§ 915.30 Procedure.

* * * * *

(c) For any recommendation of the Committee for an assessment rate change, a quorum of seven Committee members and a two-thirds majority vote of approval of those in attendance is required.

5. In § 915.41, paragraph (b) is revised to read as follows:

§ 915.41 Assessments.

* * * * *

(b) The Secretary shall fix the rate of assessment per 55-pounds of fruit or equivalent in any container or in bulk, to be paid by each such handler. At any time during or after a fiscal year, the Secretary may increase the rate of assessment, in order to secure sufficient funds to cover any later finding by the Secretary relative to the expense which may be incurred. Such increase shall be applied to all fruit handled during the applicable fiscal year. In order to provide funds for the administration of the provisions of this part, the Committee may accept the payment of assessments in advance, or borrow money on an emergency short-term basis. The authority of the Committee to borrow money is subject to approval of the Secretary and may be used only to meet financial obligations as the obligations occur or to allow the Committee to adjust its reserve funds to meet such obligations.

6. Add a new § 915.43 to read as follows:

§ 915.43 Contributions.

The Committee may accept voluntary contributions. Such contributions shall be free from any encumbrances by the donor and the Committee shall retain complete control of their use.

7. Revise § 915.45 to read as follows:

§ 915.45 Production research, marketing research and development.

The committee may, with the approval of the Secretary, establish or provide for the establishment of production research, marketing research and development projects designed to assist, improve or promote the marketing, distribution, and consumption or efficient production of avocados. Such products may provide for any form of marketing promotion, including paid advertising. The expenses of such projects shall be paid from funds collected pursuant to the applicable provisions of § 915.41, or from such other funds as approved by the USDA.

[FR Doc. 07–3408 Filed 7–9–07; 4:32 pm]

BILLING CODE 3410–02–P

NUCLEAR REGULATORY COMMISSION

10 CFR Part 50

[Docket No. PRM–50–87]

Raymond A. Crandall; Receipt of Petition for Rulemaking

AGENCY: Nuclear Regulatory Commission.

ACTION: Petition for rulemaking; notice of receipt.

SUMMARY: The Nuclear Regulatory Commission (NRC) has received and requests public comment on a petition for rulemaking dated May 17, 2007, filed by Raymond A. Crandall (petitioner). The petition was docketed by the NRC and has been assigned Docket No. PRM–50–87. The petitioner is requesting that the NRC amend the regulations that govern domestic licensing of production and utilization facilities to eliminate the specific criteria related to the radiological doses for control room habitability at nuclear power plants. The petitioner believes that the current deterministic radiological dose requirements for control room habitability have resulted in several negative safety consequences, including an increased risk to public safety.

DATES: Submit comments by September 25, 2007. Comments received after this date will be considered if it is practical to do so, but assurance of consideration cannot be given except as to comments received on or before this date.

ADDRESSES: You may submit comments by any one of the following methods. Please include the following number (PRM–50–87) in the subject line of your comments. Comments on petitions submitted in writing or in electronic form will be made available for public inspection. Because your comments will not be edited to remove any identifying or contact information, the NRC cautions you against including personal information such as social security numbers and birth dates in your submission.

Mail comments to: Secretary, U.S. Nuclear Regulatory Commission, Washington, DC 20555. Attention: Rulemaking and Adjudications staff.

E-mail comments to: SECY@nrc.gov. If you do not receive a reply e-mail confirming that we have received your comments, contact us directly at (301) 415–1966. You may also submit comments via the NRC's rulemaking website at *http://ruleforum.llnl.gov.* Address comments about our rulemaking website to Carol Gallagher, (301) 415–5905; (e-mail *cag@nrc.gov*). Comments can also be submitted via the Federal eRulemaking Portal *http://www.regulations.gov.*

Hand deliver comments to 11555 Rockville Pike, Rockville, Maryland, between 7:30 am and 4:15 pm on Federal workdays.

Publicly available documents related to this petition may be viewed electronically on the public computers located at the NRC Public Document Room (PDR), O1 F21, One White Flint North, 11555 Rockville Pike, Rockville, Maryland. The PDR reproduction contractor will copy documents for a fee. Selected documents, including comments, may be viewed and downloaded electronically via the NRC rulemaking Web site at *http://ruleforum.llnl.gov.*

Publicly available documents created or received at the NRC after November 1, 1999 are also available electronically at the NRC's Electronic Reading Room at *http://www.nrc.gov/reading-rm/adams.html.* From this site, the public can gain entry into the NRC's Agencywide Documents Access and Management System (ADAMS), which provides text and image files of NRC's public documents. If you do not have access to ADAMS or if there are

problems in accessing the documents located in ADAMS, contact the NRC PDR Reference staff at 1–800–397–4209, 301–415–4737 or by e-mail to *pdr@nrc.gov.*

For a copy of the petition, write to Michael T. Lesar, Chief, Rulemaking, Directives and Editing Branch, Division of Administrative Services, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001. The petition is also available electronically in ADAMS at ML071490250.

FOR FURTHER INFORMATION CONTACT: Michael T. Lesar, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, DC 20555. Telephone: 301–415–7163 or Toll-Free: 1–800–368–5642 or E-mail: *MTL@NRC.Gov.*

SUPPLEMENTARY INFORMATION:

Background

The NRC has received a petition for rulemaking dated May 17, 2007, submitted by Raymond A Crandall (petitioner). The petitioner requests that the NRC amend 10 CFR Part 50, ''Domestic Licensing of Production and Utilization Facilities.'' Specifically, the petitioner requests that 10 CFR 50.67, ''Accident source term'' and ''Criterion 19—Control room'' in Appendix A to Part 50, ''General Design Criteria for Nuclear Power Plants'' be amended by eliminating the specific criteria related to the radiological doses for control room habitability at nuclear power plants.

The NRC has determined that the petition meets the threshold sufficiency requirements for a petition for rulemaking under 10 CFR 2.802. The petition was docketed by the NRC as PRM–50–87 on May 25, 2007. The NRC is soliciting public comment on the petition for rulemaking.

Discussion of the Petition

The petitioner notes that the current regulations provide specific dose criteria, based on deterministic radiological dose analyses performed by the licensee and reviewed by the NRC staff for demonstrating the acceptability of the control room design for radiological release events. NRC regulatory guides and standard review plans provide the methodologies used to perform dose analyses that are incorporated into a licensee's site-specific technical specifications (TS). However, the petitioner believes that the deterministic dose analysis methodology and associated regulatory process has resulted in several negative safety consequences. The petitioner states that these consequences include:

(1) Control designs that are not optimum for ensuring continued control room habitability and may increase the probability of control room evacuation.

(2) Site procedures for mitigation of dose consequences to control room personnel that are not optimum for ensuring control room habitability and are inconsistent with more effective mitigation strategies.

(3) Unnecessary challenges to safety systems, such as increased challenges to the Emergency Diesel Generators if control room ventilation system fans are used early in an accident to meet analysis assumptions.

(4) TS action statement requirements that require a plant shutdown for failure to meet a control room dose analysis input assumption and result in a net increase in the risk to the public.

(5) TS surveillance requirements that cannot be cost-justified based on the risk significance that results in expenditures that could be used on risk-significant improvements.

The petitioner believes the suggested amendments would eliminate the specific radiological dose acceptance criteria; the need for deterministic dose analyses; and the need for the associated regulatory process, including the TS imposed to ensure compliance. The petitioner also states that the proposed change does not eliminate the requirement for the control room to be designed to ensure safe conditions under accident conditions, but would eliminate what he believes are safety concerns with the current regulation.

The petitioner states that because the primary objective of control room habitability is to ensure continuous occupancy, the primary focus should be on minimization of whole body doses from noble gases. The petitioner believes that the current regulation is inconsistent with the goal of allowing the control room operator to remain in the control room to mitigate accident consequences. He states that some common designs focus on compliance with existing criteria, such as a filtered air-intake pressurization design, and increase the probability that the control room will have to be evacuated. The petitioner has concluded that the current requirements and operational criteria are established to minimize the thyroid dose at the expense of increasing the whole body dose. The petitioner notes that the dose from increased iodine concentration can be mitigated by use of potassium iodide (KI) or respiratory protection, but that the current requirements do not permit these mitigating techniques for radiological releases to be used in design analyses. The petitioner believes it is inconsistent that credit for respiratory protection is permitted in control room habitability toxic gas release evaluations, but not for design analyses.

The petitioner also states that current procedures for dose mitigation are simplified to be consistent with the licensing basis hypothetical analysis and that these analyses have resulted in procedures that may not be an optimum mitigation strategy for more likely conditions. The petitioner believes that mitigation strategies should be based on overall risk reduction that would involve strategies for more likely conditions. The petitioner has concluded that the current mitigation strategies are based on one set of fixed hypothetical conditions that are unlikely as a result of the required deterministic dose analysis specified in the existing regulation.

The petitioner states that procedures for dose mitigation must be consistent with the licensing basis and may not be the optimum mitigation strategy for the more likely conditions. The petitioner states that control room dose models do not model dispersion as a period during the day with higher concentrations while the plume is blowing towards the control room and then a period of zero concentration for the rest of the day. Instead, analysis methods simplify this effect by assuming that a lower concentration is present continuously. The petitioner states that if procedures were revised to include a purge mode strategy, a calculated increase in consequences in the simplistic design basis analysis would result.

The petitioner states that the design requirements in the current regulations result in unnecessary challenges to safety systems. The petitioner cites an example during an assumed loss-of-coolant accident (LOCA) and states that a common design requirement specifies that the normal control room ventilation must isolate when a safety injection or containment isolation signal occurs. The petitioner believes it would be more logical to delay control room isolation until radioactivity is detected in the control room or it is known that a radioactive plume is blowing towards the control room. The petitioner suggests that mitigating design strategies should be based on overall risk reduction designed for more likely conditions, not on one set of fixed hypothetical conditions that the petitioner believes is unlikely.

The petitioner states that current radiological dose mitigation analyses also result in inappropriate TS action

statements. The petitioner explains that radiological dose analyses differ from other types of engineering calculations. The petitioner states that even though most engineering analyses involve some amount of uncertainty, the results reasonably match what can be expected during a real event. The petitioner cites the thermal hydraulic analyses for an assumed LOCA event and explains that conservatism is built into the model, and that numerous assumptions go into the analysis to demonstrate that fuel damage will not occur due to overheating. The petitioner states that for other assumptions such as the temperature of the safety injection water or the flow rate of the safety injection pump, uncertainty is limited by specifying an acceptable value for such a parameter in the TS. The petitioner believes that TS requirements for a safety injection system that cannot meet design requirements impose a shutdown requirement.

The petitioner states that a large break LOCA is usually the limiting accident for control room habitability design and that the associated radiological analysis requires multiple inputs, including the source term, which is the amount of radioactivity released from the reactor core that can reach the environment. The petitioner explains that the source term assumption can vary by many orders of magnitude and that total curies released is not the only consideration. The calculated and actual dose during an event depends on the nuclide mix of the release, decay time since reactor shutdown, the fraction of particulate nuclides that become airborne, and the chemical form of the source term. The petitioner also states that many uncertainties are considered in these models that include the removal mechanism for the various nuclides; the release pathway and forces that cause a release by that pathway; atmospheric dispersion; and dose modeling that depends on the size of an exposed individual, their breathing rate, biological removal mechanisms, etc.

The petitioner believes that the combined probability of all assumptions being at the high end of uncertainty is so small that the design basis event will not be realistic and makes each assumption meaningless for predicting actual results. The petitioner cites the Three Mile Island accident as an example when the dose analysis input assumptions had no significance in predicting the actual consequences of the event. The petitioner states that for control room habitability TS, the analyses assumptions and results are even further removed from any significance because there is no direct public impact from not meeting control room habitability system requirements, any dose an operator receives can be mitigated by KI, and the dose limit is overly restrictive. The petitioner states that the potential indirect impact on public safety of having to evacuate the control room can be easily avoided, regardless of the control room habitability system status. The petitioner has concluded that this means ''there is insignificant safety significance to the TS associated with control room habitability and yet there are shutdown requirements.''

The petitioner notes that in the past, the NRC has specified on numerous occasions that the inability to meet the assumptions or criteria of control room habitability analyses has low safety significance. The petitioner states that the primary basis for the low safety significance was usually due to the existence of mitigating actions such as the issuance of KI tablets to ensure continued occupancy of the control room and to justify continued operation. The petitioner believes that to evaluate the net public safety risk associated with these TS shutdown requirements, small but quantifiable public risks associated with the shutdown of a nuclear power plant must be considered that include but are not limited to the:

(1) Risk associated with bringing the plant through a transient and another thermal cycle;

(2) Airborne pollutants released by the fossil units required to operate to make up for lost power; and

(3) Potential for challenging electric power grid stability with the public risk associated with the possibility of rolling blackouts or brownouts, or under the worst conditions of grid stability, the potential for a loss of offsite power at multiple nuclear power facilities.

The petitioner states that the shutdown requirement increases the net public risk and has concluded that the shutdown requirement needs to be eliminated because it is only imposed as a ''matter of compliance'' that he believes results from the way the input assumptions are treated when using deterministic calculations.

The petitioner also states that ''individual input assumptions for radiological dose analyses have no significance in predicting reality or the acceptability of results. Even if actual conditions were such that one of the assumptions was non-conservative by a couple orders of magnitude, the ultimate result (in this case habitability of the control room) would still be acceptable due to the significant conservatisms in the other assumptions and the simplicity of effective mitigating actions such as the use of KI.''

The petitioner states that although most control room habitability surveillances can be performed with minimal resources, licensees have been required to demonstrate the accuracy of the assumption on unfiltered inleakage using a tracer gas testing method that costs approximately $100,000 per test and cannot be justified. The petitioner believes these tests have demonstrated that although inleakage values assumed in the analyses were non-conservative, there was no safety significance and continued operation was justified. The petitioner has concluded that the expenditure for tracer gas testing could be better used for improvements that would likely be more beneficial to plant safety and, therefore, the required performance of this test could have a net negative safety consequence. The petitioner states that previous surveillances, such as a pressurization test, combined with lessons learned from tracer gas testing results in an effective preventative maintenance program to provide a cost-justified approach to ensure that there are no significant failures of the control room habitability boundary and an insignificant potential for control room evacuation.

The Petitioner's Proposed Actions

The petitioner suggests that the regulations should be revised to eliminate the specific radiological criteria for control room habitability. The petitioner believes this would result in the ability to revise the industry guidelines to eliminate the specified guidelines for performing deterministic dose analyses and eliminate all negative safety consequences discussed in the petition. Specifically, the petitioner recommends that 10 CFR 50.67(b)(2)(iii) and the second sentence of Criterion 19 of Appendix A to Part 50 that contain specific criteria for control room habitability be removed from the regulations.

The petitioner suggests that the current guidelines be replaced with guidelines that he believes would ensure that the control room remains habitable under most postulated conditions, such as:

(1) The control room ventilation system should isolate on the detection of high radiation or toxic gas intake.

(2) The control room should have a minimum of one foot of concrete shielding (or equivalent) on all surfaces.

(3) Self Contained Breathing Apparatus (SCBAs) and KI tablets should be readily available for operator

use. Operators should maintain training in SCBAs.

(4) Procedural controls to maintain a low leakage boundary, such as preventive maintenance/routine inspection of door seals and dampers should be implemented.

(5) Procedures should be developed to ensure control room purging is considered when the outside concentration is less than the inside concentration.

(6) Existing emergency filtration systems should be maintained to practical performance criteria.

The petitioner also states that current TS for system performance would be eliminated and that the administrative portion of the TS could include a requirement to have a Control Room Habitability Program. The petitioner believes that because of the low public risk significance of being outside design guidelines in a Control Room Habitability Program, a plant shutdown would not be required if it is outside of the guidelines. Rather, the petitioner believes that the program could specify that timely actions should be taken to return the plant within the guidelines. If not complete within 30 days, the petitioner suggests that a special report would be sent to the NRC with a justification for continued operation and a proposed schedule for meeting the guidelines.

The petitioner states that removing the specific dose criteria would not eliminate the need to perform quantitative analyses as required to demonstrate the acceptability for certain conditions. The petitioner also states that although the current regulation has no specific quantitative limits for toxic gases, the guidelines require quantitative analyses for toxic gas habitability assessments under certain conditions. The petitioner suggests that as an alternative to total removal of dose guidelines from the regulations, most of his concerns could be resolved if the dose criteria were based solely on the whole body dose from noble gases that he believes is the only possible dose impact that may result in control room evacuation. The petitioner suggests, as another option, that most of his concerns would be resolved if credit for SCBAs and/or KI was allowed in the analysis of the dose from iodine and particulates. The petitioner also proposes that the TS be revised to eliminate shutdown requirements for failure to meet control room habitability requirements.

Dated at Rockville, Maryland, this 6th day of July 2007.

For the Nuclear Regulatory Commission.

J. Samuel Walker,

Acting Secretary of the Commission.

[FR Doc. E7–13539 Filed 7–11–07; 8:45 am]

BILLING CODE 7590–01–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

26 CFR Part 1

[REG–147171–05]

RIN 1545–BF34

Deductions for Entertainment Use of Business Aircraft; Correction

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Correction to notice of proposed rulemaking.

SUMMARY: This document contains corrections to notice of proposed rulemaking that was published in the **Federal Register** on Friday, June 15, 2007 (72 FR 33169) relating to the use of business aircraft for entertainment.

FOR FURTHER INFORMATION CONTACT: Michael A. Nixon at (202) 622–4930 or Lynne A. Camillo at (202) 622–6040 (not toll-free numbers).

SUPPLEMENTARY INFORMATION:

Background

The notice of proposed rulemaking (REG–147171–05) that is the subject of this correction is under section 274(e) of the Internal Revenue Code.

Need for Correction

As published, the notice of proposed rulemaking (REG–147171–05) contains an error that may prove to be misleading and is in need of clarification.

Correction of Publication

Accordingly, the notice of proposed rulemaking (REG–147171–05) that was the subject of FR Doc. E7–11445 is corrected as follows:

§ 1.274–10 [Corrected]

On page 33176, § 1.274–10(e)(1), column 2, lines 2 and 3 of the fourth full paragraph of the column, the language ''General rule. Except as provided in paragraph (f)(4) of this section, for '' is corrected to read ''General rule. For''.

Lanita Van Dyke,

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

[FR Doc. E7–13498 Filed 7–11–07; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF JUSTICE

28 CFR Part 75

[Docket No. CRM 104; AG Order No. 2888–2007]

RIN 1105–AB18

Revised Regulations for Records Relating to Visual Depictions of Sexually Explicit Conduct

AGENCY: Department of Justice.

ACTION: Proposed rule.

SUMMARY: This rule proposes to amend the record-keeping, labeling, and inspection requirements to account for changes in the underlying statute made by Congress in enacting the Adam Walsh Child Protection and Safety Act of 2006.

DATES: Written comments must be received by September 10, 2007.

ADDRESSES: Written comments may be submitted to: Andrew Oosterbaan, Chief, Child Exploitation and Obscenity Section, Criminal Division, United States Department of Justice, Washington, DC 20530; Attn: ''Docket No. CRM 104.''

Comments may be submitted electronically to: *Admin.ceos@usdoj.gov* or to *www.regulations.gov* by using the electronic comment form provided on that site. Comments submitted electronically must include Docket No. CRM 104 in the subject box. You may also view an electronic version of this rule at the *www.regulations.gov site.*

Facsimile comments may be submitted to: (202) 514–1793. This is not a toll-free number. Comments submitted by facsimile must include Docket No. CRM 104 on the cover sheet.

FOR FURTHER INFORMATION CONTACT: Andrew Oosterbaan, Chief, Child Exploitation and Obscenity Section, Criminal Division, United States Department of Justice, Washington, DC 20530; (202) 514–5780. This is not a toll-free number.

SUPPLEMENTARY INFORMATION: The Child Protection and Obscenity Enforcement Act of 1988, Public Law 100–690, codified at 18 U.S.C. 2257, imposes certain name- and age-verification, record-keeping, and labeling requirements on producers of visual depictions of actual human beings engaged in actual sexually explicit conduct. Specifically, section 2257 requires producers of such material to ''ascertain, by examination of an identification document containing such information, the performer's name and date of birth,'' to ''ascertain any name, other than the performer's present and correct name, ever used by

the performer including maiden name, alias, nickname, stage, or professional name,'' and to record and maintain this information. 18 U.S.C. 2257(b). Violations of these record-keeping requirements are criminal offenses punishable by imprisonment for not more than five years for a first offense and not more than 10 years for subsequent offenses. *See id.* 2257(i). Any matter containing such visual depictions must be labeled with a statement indicating where the records are located, and those records are subject to inspection by the government. *See id.* 2257(c), (e). These provisions supplement the federal statutory provisions criminalizing the production and distribution of materials visually depicting minors engaged in sexually explicit conduct. *See id.* 2251, 2252.

The regulations in 28 CFR part 75 implement section 2257. On May 24, 2005, the Department of Justice (''the Department'') published a final rule that updated those regulations to account for changes in technology, particularly the Internet, and to implement the Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today (PROTECT) Act of 2003, Public Law 108–21. *See* 70 FR 29607 (May 24, 2005).

On July 27, 2006, President George W. Bush signed into law the Adam Walsh Child Safety and Protection Act, Public Law 109–248 (''the Act''). As described in more detail below, the Act made a number of changes to section 2257. This proposed rule amends the regulations in part 75 to comport with these statutory changes.

Need for the Rule

In publishing the May 24, 2005, regulations, the Department explained the urgency of protecting children against sexual exploitation and, consequently, the need for more specific and clear regulations detailing the records and inspection process for sexually explicit materials to ensure the accurate identity and age of performers.

The identity of every performer is critical to determining and ensuring that no performer is a minor. The key congressional concern, evidenced by the child exploitation statutory scheme, is that all such performers verifiably not be minors, *i.e.*, not be younger than 18. *See* 18 U.S.C. 2256(1), 2257(b)(1). Congress has recognized that minors warrant special concern in this area. Children are incapable of giving voluntary and knowing consent to perform, or to enter into contracts to perform, in visual depictions of sexually explicit conduct. In addition, children often are involuntarily forced to engage in sexually explicit conduct. For these reasons, visual depictions of sexually explicit conduct that involve persons under the age of 18 constitute child pornography. *See id.* 2256(8).

The current regulations and this revised proposed rule provide greater details for the record-keeping and inspection process in order to ensure that minors are not exploited in visual depictions of actual sexually explicit conduct. Neither the current regulations nor this revised proposed rule restrict in any way the content of the depictions themselves. Instead, the rules clarify the identity verification, record-keeping, and labeling requirements pertaining to the depictions.

By requiring producers to ascertain the age of performers in their depictions, and maintain records evidencing such compliance, the statute helps to ensure that producers will not exploit minors, either through carelessness, recklessness, or deliberate indifference. As for those who intentionally produce material depicting minors engaged in sexually explicit conduct, the statute and regulations either require them to maintain records of their crimes or provide an additional basis for prosecuting such individuals besides the applicable child-exploitation statutes. In addition, by confirming that the statute and regulations apply to ''secondary producers,'' the revised proposed rule will make it more difficult for the purveyors of such material to access the market. As the U.S. Court of Appeals for the DC Circuit explained in partially upholding the constitutionality of an earlier version of the regulations, one of the reasons for the regulations is ''to deprive child pornographers of access to commercial markets by requiring secondary producers to inspect (and keep a record of) the primary producers' proof that the persons depicted were adults at the time they were photographed or videotaped.'' *American Library Ass'n* v. *Reno,* 33 F.3d 78, 86 (DC Cir. 1994).

The proposed revision of the existing regulations also reflect several significant changes to section 2257 made by the Act.

First, the Act corrected an anomaly in the definition of ''sexually explicit conduct'' to which section 2257's requirements apply. Prior to the enactment of the Act, section 2257 referenced the definition of ''sexually explicit conduct'' for purposes of Chapter 110 of the U.S. Code in section 2256(2)(A) and listed four of the five categories of conduct included in that section. Section 2257 did not include ''lascivious exhibition of the genitals or pubic area of a person.'' 18 U.S.C. 2256(2)(A)(v). The Act revised section 2257 to include that category along with the others. *See* Adam Walsh Child Safety and Protection Act, Public Law 109–248, section 502(a)(4). Because part 75 defines ''sexually explicit conduct'' by referencing that term in section 2256(2)(A), part 75 will apply to depictions of the ''lascivious exhibition of the genitals or pubic area of a person.''

The proposed rule reflects this change by adding to the definitional section of the regulations at § 75.1(n). Although proposed part 75 applies to the ''lascivious exhibition of the genitals or pubic area of a person,'' it does not define this term beyond the language of section 2256(2)(A). Case law provides guidance as to the types of depictions that federal courts have considered as lascivious exhibition of the genitals or pubic area (hereinafter, ''lascivious exhibition''), and the Department will rely on such precedent in the context of section 2257 investigations and prosecutions.

The leading case is *United States* v. *Dost,* 636 F. Supp. 828 (S.D. Cal. 1986), *aff'd sub nom. United States* v. *Weigand,* 812 F.2d 1239 (9th Cir. 1987), which provides a list of factors for determining whether a visual depiction constitutes lascivious exhibition:

(1) Whether the focal point of the visual depiction is on the child's genitalia or pubic area;

(2) Whether the setting of the visual depiction is sexually suggestive, *i.e.*, in a place or pose generally associated with sexual activity;

(3) Whether the child is depicted in an unnatural pose, or in inappropriate attire, considering the age of the child;

(4) Whether the child is fully or partially clothed, or nude;

(5) Whether the visual depiction suggests sexual coyness or a willingness to engage in sexual activity;

(6) Whether the visual depiction is intended or designed to elicit a sexual response in the viewer.

Dost, 636 F. Supp. at 832. Several courts of appeals have relied upon the *Dost* factors. *See, e.g., United States* v. *Knox,* 32 F.3d 733 (3d Cir. 1994); *United States* v. *Grimes,* 244 F. 3d 375 (5th Cir. 2001); *United States* v. *Wolf,* 890 F.2d 241 (10th Cir. 1989).

It should be noted that, although these factors have been used to determine whether visual depictions of children constituted lascivious exhibition for purposes of criminal prosecution for violations of sections 2251, 2252, and 2252A of title 18, only the third factor is necessarily dependent on the age of the person depicted. The other factors provide guidance as to the types of

depictions that would constitute lascivious exhibition for purposes of section 2257 and part 75, as well, even though those sections apply to any performers regardless of age.

The applicability of part 75 to lascivious exhibition is prospective from the effective date of the Act. The rule therefore applies only to depictions whose original production date is on or after July 27, 2006. That is, records are not required to be maintained either by a primary producer or by a secondary producer for a visual depiction of lascivious exhibition, the original production date of which was prior to July 27, 2006. In the case of a secondary producer, this means that even if the secondary producer ''produces'' (as defined in the regulation) such a depiction on or after July 27, 2006, he need not maintain records if the original production date of the depiction is prior to that date.

Along with adding the requirement that producers of lascivious exhibition maintain records under section 2257, the Act created a new section of the Federal criminal code, 18 U.S.C. 2257A. See Adam Walsh Child Safety and Protection Act, Public Law 109–248, section 503. Section 2257A requires that producers of visual depictions of simulated sexually explicit conduct maintain records documenting that performers in those depictions not be minors. It thus brings the record-keeping requirements in line with the definition of sexually explicit conduct in section 2256(2)(A), which includes both actual and simulated conduct. *See* 18 U.S.C. 2256(2)(A). The Department is preparing a separate rule to implement this section.

In section 503, the Act also created an exemption from the record-keeping requirements of section 2257, to the extent it applies to lascivious exhibition, and of section 2257A. One part of this exemption states that section 2257 (to the extent it applies to lascivious exhibition) and section 2257A do not apply to matter that is (i) Intended for commercial distribution, (ii) is created as a part of a commercial enterprise by a person who certifies to the Attorney General that he regularly and in the normal course of business collects and maintains individually identifiable name and age information regarding all performers for purposes such as Federal and State tax, labor, and other laws, and (iii) is not produced, marketed, or otherwise made available in circumstances such that an ordinary person would conclude that it is child pornography. *See* 18 U.S.C. 2257A(h)(1)(A). The other part of this exemption states that section 2257 (to the extent it applies to lascivious exhibition) and section 2257A do not apply to matter that is produced by someone subject to the Federal Communications Commission's authority to enforce federal bans on the broadcast of obscene, indecent, or profane programming, and is created as a part of a commercial enterprise by a person who certifies to the Attorney General that he regularly and in the normal course of business collects and maintains individually identifiable name and age information regarding all performers, for purposes such as Federal and State tax, labor, and other laws. See id. 2257A(h)(1)(B). The rule to implement section 2257A will also implement this exemption and the associated certification regime, which, as noted, will also apply to matter and producers covered by this proposed rule.

Second, the Act revised the exclusions in the statute for the operations of Internet companies. Specifically, the Act amended section 2257 by excluding from the definition of ''produces'' the ''provision of a telecommunications service, or of an Internet access service or Internet information location tool * * * or the transmission, storage, retrieval, hosting, formatting, or translation (or any combination thereof) of a communication, without selection or alteration of the content of the communication.'' These exclusions are based on the definitions in section 231 of the Communications Act of 1934, 47 U.S.C. 231.

Third, the Act made several changes in the terminology of the statute. In subsection 2257(e)(1), it added at the end the following: ''In this paragraph, the term 'copy' includes every page of a Web site on which matter described in subsection (a) appears.'' That change is reflected in the proposed rule at §§ 75.1(e)(3), 75.6(a), and 75.8(d). The change materially affects the regulations' labeling requirement as applied to Web sites. Section 75.8(d) of the current regulations permits a producer of a computer site of service or Web site to affix the label stating where the records required under the regulations are located ''on its homepage, any known major entry points, or principal URL (including the principal URL of a subdomain), or in a separate window that opens upon the viewer's clicking a hypertext link that states, '18 U.S.C. 2257 Record-Keeping Requirements Compliance Statement.''' Because of the change in the statute, the proposed rule eliminates this portion of the current regulations. The proposed rule requires, per the statute, that the statement describing the location of the records required by this part be affixed to every page of a Web site (controlled by the producer) on which visual depictions of sexually explicit conduct appear.

Finally, the Act confirmed that the statute applies to secondary producers as currently (and previously) defined in the regulations. Specifically, the Act defines any of the following activities as ''produces'' for purposes of section 2257:

> (i) Actually filming, videotaping, photographing, creating a picture, digital image, or digitally- or computer-manipulated image of an actual human being;
> (ii) Digitizing an image, of a visual depiction of sexually explicit conduct; or, assembling, manufacturing, publishing, duplicating, reproducing, or reissuing a book, magazine, periodical, film, videotape, digital image, or picture, or other matter intended for commercial distribution, that contains a visual depiction of sexually explicit conduct; or
> (iii) Inserting on a computer site or service a digital image of, or otherwise managing the sexually explicit content, of a computer site or service that contains a visual depiction of, sexually explicit conduct * * *.

18 U.S.C. 2257(h)(2)(A), as amended.

It excludes from the definition of ''produces,'' however, the following activities, in pertinent part:

> (i) Photo or film processing, including digitization of previously existing visual depictions, as part of a commercial enterprise, with no other commercial interest in the sexually explicit material, printing, and video duplication;
> (ii) Distribution;
> (iii) Any activity, other than those activities identified in subparagraph (A), that does not involve the hiring, contracting for, managing, or otherwise arranging for the participation of the depicted performers * * *.

Id. 2257(h)(2)(B), as amended.

This language replaced the previous definition of ''produces'' in the statute, which stated, in pertinent part, as follows:

> [T]he term 'produces' means to produce, manufacture, or publish any book, magazine, periodical, film, video tape, computer generated image, digital image, or picture, or other similar matter and includes the duplication, reproduction, or reissuing of any such matter, but does not include mere distribution or any other activity which does not involve hiring, contracting for managing, or otherwise arranging for the participation of the performers depicted * * *.

In enacting this language, Congress upheld the Department's consistently held position that the rule's requirements for secondary producers have been in effect since the rule's original publication. As explained by

the sponsor of the Act in the House of Representatives:

> Congress previously enacted the PROTECT Act of 2003 against the background of Department of Justice regulations applying section 2257 to both primary and secondary producers. That fact, along with the Act's specific reference to the regulatory definition that existed at the time, reflected Congress' agreement with the Department of Justice's view that it already had the authority to regulate secondary procedures under the applicable law.
>
> A federal court in Colorado, however, recently enjoined the Department from enforcing the statute against secondary producers, relying on an earlier Tenth Circuit precedent holding that Congress had not authorized the Department to regulate secondary producers. These decisions conflicted with an earlier D.C. Circuit decision upholding Congress' authority to regulate secondary producers. Section 502 of the bill is meant to eliminate any doubt that section 2257 applies both to primary and secondary producers, and to reflect Congress' agreement with the regulatory approach adopted by the Department of Justice in enforcing the statute.

Congressional Record, 109th Cong., 2d Sess., July 25, 2006, at H5725.

Congress thus rejected the interpretation adopted by the court in *Sundance Assocs., Inc.* v. *Reno,* 139 F.3d 804 (10th Cir. 1998), in favor of the DC Circuit's decision upholding the application of the statute to secondary producers, *Am. Library Ass'n* v. *Reno,* 33 F.3d 78 (DC Cir. 1994). In upholding the constitutionality of the secondary-producer requirements, the DC Circuit both recognized the importance of these requirements and effectively rejected the argument that Congress lacked the authority to regulate secondary producers.

In accordance with current law, the proposed rule retains July 3, 1995, as the effective date of the rule's requirements for secondary producers. (The current regulations, published in 2005, adopted July 3, 1995, as the effective date of enforcement of section 2257 based on the Court's order in *American Library Association* v. *Reno,* No. 91–0394 (SS) (D.D.C. July 28, 1995)). The one exception is that the proposed rule would not penalize secondary producers for failing to maintain required records in connection with those acts of production that occurred prior to the effective date of the Act. While the law would permit the Department to apply the statute and regulations to actions that occurred prior to that date, the Department has determined that the rule shall not apply in such circumstances to avoid any conceivable *ex post facto* concern.

In addition to implementing the changes in the statute described above, the proposed rule clarifies several other issues. First, it clarifies that primary producers may redact non-essential information from copies of records provided to secondary producers, including addresses, phone numbers, social security numbers, and other information not necessary to confirm the name and age of the performer. However, the identification number of the picture identification card presented to confirm name and age—such as drivers' license number or passport number—may not be redacted, so that its validity may be confirmed. Second, the proposed rule clarifies that producers of visual depictions performed live on the Internet need not maintain a copy of the full running-time of every such depiction. Rather, they may maintain a copy that contains running-time sufficient to identify each and every performer in the depiction and associate each and every performer with the records needed to confirm his or her age.

Third, the proposed rule clarifies that, with regard to the government-issued photo identification required for records, a foreign-government-issued picture identification card is acceptable if the performer providing it is a foreign citizen and the producer maintaining the records produces the visual depiction of the performer in a foreign country, no matter whether the producer is a U.S. or foreign citizen. That is, a U.S. producer who produces a depiction of sexually explicit conduct while located in a foreign country may rely on a foreign-government-issued picture identification card of a performer in that depiction who is a foreign citizen. All other requirements of the regulations continue to apply *mutatis mutandis—i.e.*, the producer must examine and maintain a legible copy of the foreign-government-issued picture identification card in his records. Furthermore, a foreign-government-issued picture identification card is not sufficient to comply with the regulations for U.S. citizens, even when abroad. That is, if a U.S. producer travels to a foreign country to produce a depiction of sexually explicit conduct, all U.S. citizens performing in the depiction must have a U.S.-government-issued picture identification card, even though a foreign citizen performing in the same depiction may provide a foreign-government-issued picture identification card. And, as is the case in the current regulation, only a U.S.-government-issued picture identification card complies with the regulations in the United States, no matter whether a performer is a U.S. or foreign citizen. The regulation also states that producers of visual depictions made after July 3, 1995, the effective date of the regulations published in 1992, and before June 23, 2005, the effective date of the current regulations published in 2005, may rely on picture identification cards issued by private entities such as schools or private employers that were valid forms of required identification documentation under the provisions of part 75 in effect on the original production date.

Finally, although it is not necessary to change the text of the regulations for this purpose, the Department hereby clarifies that a producer need not keep a copy of a URL hosting a depiction that the producer produced but over which he exercises no control.

Regulatory Procedures

Regulatory Flexibility Act

The Department has drafted this proposed rule in accordance with the Regulatory Flexibility Act, 5 U.S.C. 601–612. The Department drafted the rule to minimize its effect on small businesses while meeting its intended objectives. Based upon the preliminary information available to the Department through past investigations and enforcement actions involving the affected industry, the Department is unable to state with certainty that this rule, if promulgated as a final rule, will not have any effect on small businesses of the type described in 5 U.S.C. 601(3). Accordingly, the Department has prepared a preliminary Regulatory Flexibility Act analysis in accordance with 5 U.S.C. 604, as follows:

A. Need for and Objectives of This Rule

The identity of every performer is critical to determining and assuring that no performer is a minor. The key congressional concern, evidenced by the child exploitation statutory scheme, is that all such performers verifiably not be minors, *i.e.*, not younger than 18 years of age. *See* 18 U.S.C. 2256(1), 2257(b)(1). As discussed above, Congress has recognized that minors warrant special concern in this area. Children themselves are incapable of giving voluntary and knowing consent to perform or to enter into contracts to perform. In addition, children often are involuntarily forced to engage in sexually explicit conduct. For these reasons, visual depictions of sexually explicit conduct that involve persons under the age of 18 constitute unlawful child pornography. *See* 18 U.S.C. 2256(8).

This proposed rule amends certain provisions of the existing regulations to conform to the Act, as described above.

B. Description and Estimates of the Number of Small Entities Affected by This Rule

A ''small business'' is defined by the Regulatory Flexibility Act (''RFA'') to be the same as a ''small business concern'' under the Small Business Act (''SBA''), 15 U.S.C. 632. Under the SBA, a ''small-business concern'' is one that: (1) Is independently owned and operated; (2) is not dominant in its field of operation; and (3) meets any additional criteria established by the SBA. *See* 5 U.S.C. 601(3) (incorporating by reference the definition of ''small business concern'' in 15 U.S.C. 632).

Based upon the information available to the Department through past investigations and enforcement actions involving the affected industry, there are likely to be a number of small businesses that are producers of visual depictions of sexually explicit conduct as defined in the statute, as amended by the Act.

Pursuant to the RFA, the Department requests affected small businesses to estimate what these regulations will cost as a percentage of their total revenues in order to enable the Department to ensure that small businesses are not unduly burdened.

The proposed rule has no effect on State or local governmental agencies.

C. Specific Requirements Imposed That Would Affect Private Companies

The proposed rule modifies existing requirements for private companies with regard to visual depictions of sexually explicit conduct to ensure that minors are not used in such depictions. One of these requirements that would specifically affect private companies is Congress's expansion of the coverage of the definition of ''sexually explicit conduct'' to cover lascivious exhibition.

Executive Order 12866

This proposed rule has been drafted and reviewed in accordance with Executive Order 12866, section 1(b), Principles of Regulation. The Department has determined that this rule is a ''significant regulatory action'' under Executive Order 12866, section 3(f). Accordingly this rule has been reviewed by the Office of Management and Budget.

The benefit of the rule is that children will be better protected from exploitation in the production of visual depictions of sexually explicit conduct by ensuring that only those who are at least 18 years of age perform in such depictions. The costs to the industry include slightly higher record-keeping costs. The Department encourages all affected commercial entities to provide specific estimates, wherever possible, of the economic costs that this rule will impose on them.

Executive Order 13132

This rule will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 13132, it is determined that this rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

Executive Order 12988

This rule meets the applicable standards set forth in § 3(a) and 3(b)(2) of Executive Order 12988.

Unfunded Mandates Reform Act of 1995

This rule will not result in the expenditure by State, local and tribal governments, in the aggregate, or by the private sector, of $100,000,000 or more in any one year, and it will not significantly or uniquely affect small governments. Therefore, no actions were deemed necessary under the provisions of the Unfunded Mandates Reform Act of 1995, 2 U.S.C. 1501 *et seq.*

Small Business Regulatory Enforcement Fairness Act of 1996

This rule is not a major rule as defined by section 251 of the Small Business Regulatory Enforcement Fairness Act of 1996, codified at 5 U.S.C. 804. This rule will not result in an annual effect on the economy of $100,000,000 or more; a major increase in costs or prices; or significant adverse effects on competition, employment, investment, productivity, innovation, or the ability of United States-based companies to compete with foreign-based companies in domestic and export markets.

Paperwork Reduction Act

This proposed rule modifies existing requirements to conform to newly enacted legislation. It contains a revised information collection that satisfies the requirements of existing regulations to clarify the means of maintaining and organizing the required documents. This information collection will be submitted to the Office of Management and Budget for regular approval and comments from the public, in accordance with the Paperwork Reduction Act of 1995. Any comments received during the comment period should address one or more of the following four points: (1) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) how to enhance 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 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.

The Department of Justice has no way of estimating the annual cost burden because of the multitude of variables within the control of producers of depictions of actual sexually explicit conduct. In publishing the proposed rule for the current part 75, the Department estimated that there were 100,000 Web sites and 200 producers of DVDs, videos, and other images containing visual depictions of actually explicit conduct (as defined by the language of section 2257 at that time), constituting 2000 businesses. The Department invited comments on these estimates but received none. The Department estimates currently that there are 500,000 Web sites and at least 200 producers of DVDs, videos, and other images containing visual depictions of actually explicit conduct (as defined by the revised section 2257), constituting 5000 businesses. Again, the Department invites comments on these numbers. The Department also invites comments on the total number of visual depictions that will be subject to the proposed rule and the cost of compliance of the rule for each visual depiction.

All comments and suggestions, or questions regarding additional information, should be directed to Andrew Oosterbaan, Chief, Child Exploitation and Obscenity Section, Criminal Division, United States Department of Justice, Washington, DC 20530; (202) 514–5780. This is not a toll-free number. Comments should also be sent to: Lynn Bryant, Clearance Officer, United States Department of Justice, Policy and Planning Staff, Justice Management Division, Patrick Henry Building, 601 D Street, NW., Washington, DC 20530.

List of Subjects in 28 CFR Part 75

Crime, Infants and children, Reporting and recordkeeping requirements.

Accordingly, for the reasons set forth in the preamble, part 75 of chapter I of title 28 of the Code of Federal Regulations is proposed to be amended as follows:

PART 75—CHILD PROTECTION RESTORATION AND PENALTIES ENHANCEMENT ACT OF 1990 AND PROTECT ACT; RECORDKEEPING AND RECORD INSPECTION PROVISIONS

1. The authority citation for part 75 continues to read as follows:

Authority: 18 U.S.C. 2257.

2. Amend § 75.1 by revising paragraphs (b), (c)(4), and (e), and adding new paragraphs (m) and (n), to read as follows:

§ 75.1 Definitions.

* * * * *

(b) *Picture identification card* means a document issued by the United States, a State government or a political subdivision thereof, or a United States territory, that bears the photograph and the name of the individual identified, and provides sufficient specific information that the issuing authority can confirm its validity, such as a passport, Permanent Resident Card (commonly known as a ''Green Card''), or other employment authorization document issued by the United States, a driver's license issued by a State or the District of Columbia, or another form of identification issued by a State or the District of Columbia; or, a foreign government-issued equivalent of any of the documents listed above when the person who is the subject of the picture identification card is a non-U.S. citizen located outside the United States at the time of original production and the producer maintaining the required records, whether a U.S. citizen or non-U.S. citizen, is located outside the United States on the original production date.

(c) * * *

(4) *Producer* does not include persons whose activities relating to the visual depiction of actual sexually explicit conduct are limited to the following:

(i) Photo or film processing, including digitization of previously existing visual depictions, as part of a commercial enterprise, with no other commercial interest in the sexually explicit material, printing, and video duplication;

(ii) Distribution;

(iii) Any activity, other than those activities identified in pargraphs (c)(1) and (2) of this section, that does not involve the hiring, contracting for, managing, or otherwise arranging for the participation of the depicted performers;

(iv) The provision of a telecommunications service, or of an Internet access service or Internet information location tool (as those terms are defined in section 231 of the Communications Act of 1934 (47 U.S.C. 231)); or

(v) The transmission, storage, retrieval, hosting, formatting, or translation (or any combination thereof) of a communication, without selection or alteration of the content of the communication, except that deletion of a particular communication or material made by another person in a manner consistent with section 230(c) of the Communications Act of 1934 (47 U.S.C. 230(c)) shall not constitute such selection or alteration of the content of the communication; and

* * * * *

(e) *Copy,* when used:

(1) In reference to an identification document or a picture identification card, means a photocopy, photograph, or digitally scanned reproduction;

(2) In reference to a visual depiction of sexually explicit conduct, means a duplicate of the depiction itself (*e.g.*, the film, the image on a Web site, the image taken by a webcam, the photo in a magazine);

(3) In reference to an image on a webpage for purposes of §§ 75.6(a) and 75.8(d), means every page of a Web site on which the image appears.

* * * * *

(m) *Date of original production* or *original production date* means the date the primary producer actually filmed, videotaped, or photographed, or created a digitally or computer-manipulated image, digital image, or picture, of the visual depiction of an actual human being engaged in actual sexually explicit conduct.

(n) *Sexually explicit conduct* has the meaning set forth in 18 U.S.C. 2256(2)(A).

3. Amend § 75.2 by revising paragraph (a)(1), adding two new sentences to the end of paragraph (b), revising paragraph (c), and adding a new paragraph (g), to read as follows:

§ 75.2 Maintenance of records.

(a) * * *

(1) The legal name and date of birth of each performer, obtained by the producer's examination of a picture identification card prior to production of the depiction. For any performer portrayed in such a depiction made after July 3, 1995, the records shall also include a legible hard copy of the identification document examined and, if that document does not contain a recent and recognizable picture of the performer, a legible hard copy of a picture identification card. For any performer portrayed in such a depiction after June 23, 2005, the records shall include a copy of the depiction and, where the depiction is published on an Internet computer site or service, a copy of any URL associated with the depiction. If no URL is associated with the depiction, the records shall include another uniquely identifying reference associated with the location of the depiction on the Internet. For any performer in a depiction performed live on the Internet, the records shall include a copy of the depiction with running-time sufficient to identify the performer in the depiction and to associate the performer with the records needed to confirm his or her age.

* * * * *

(b) * * * The copies of the records may be redacted to eliminate non-essential information, including addresses, phone numbers, social security numbers, and other information not necessary to confirm the name and age of the performer. However, the identification number of the picture identification card presented to confirm the name and age may not be redacted.

(c) The information contained in the records required to be created and maintained by this part need be current only as of the date of original production of the visual depiction to which the records are associated. If the producer subsequently produces an additional book, magazine, film, videotape, digitally- or computer-manipulated image, digital image, or picture, or other matter (including but not limited to Internet computer site or services) that contains one or more visual depictions of an actual human being engaged in actual sexually explicit conduct made by a performer for whom he maintains records as required by this part, the producer may add the additional title or identifying number and the names of the performer to the existing records maintained pursuant to § 75.2(a)(2). Producers of visual depictions made after July 3, 1995, and before June 23, 2005, may rely on picture identification cards that were valid forms of required identification documentation under the provisions of part 75 in effect during that time period.

* * * * *

(g) Records are not required to be maintained by either a primary producer or by a secondary producer for a visual depiction of sexually explicit

conduct that consists only of lascivious exhibition of the genitals or pubic area of a person, and contains no other sexually explicit conduct, whose original production date was prior to July 27, 2006.

4. Amend § 75.6 by adding a new sentence at the end of paragraph (a) and revising paragraph (b)(2), to read as follows:

§ 75.6 Statement describing location of books and records.

(a) * * * In this paragraph, the term 'copy' includes every page of a Web site on which a visual depiction of an actual human being engaged in actual sexually explicit conduct appears.

(b) * * *

(2) The date of original production of the matter; and,

* * * * *

5. Amend § 75.8 by revising paragraph (d) to read as follows:

§ 75.8 Location of the statement.

* * * * *

(d) A computer site or service or Web address containing a digitally- or computer-manipulated image, digital image, or picture, shall contain the required statement on every page of a Web site on which a visual depiction of an actual human being engaged in actual sexually explicit conduct appears.

* * * * *

Dated: July 5, 2007.

Alberto R. Gonzales,

Attorney General.

[FR Doc. E7–13500 Filed 7–11–07; 8:45 am]

BILLING CODE 4410–14–P

DEPARTMENT OF DEFENSE

Department of the Air Force

32 CFR Part 903

[Docket No. USAF–2007–0001]

RIN: 0701–AA72

Air Force Academy Preparatory School

AGENCY: DoD, USAF.

ACTION: Proposed rule.

SUMMARY: This proposed rule tells how to apply for the Air Force Academy Preparatory School. It also explains the procedures for selection, disenrollment, and assignment. This rule has been updated to identify USAFA's revised mission statement and the authority, add responsibilities, new selection criteria, and updates of associated Air Force Instructions.

DATES: Interested parties should submit written comments on or before September 10, 2007.

ADDRESSES: You may submit comments, identified by docket number and or RIN number and title, by any of the following methods:

- *Federal eRulemaking Portal: http://www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Federal Docket Management System Office, 1160 Defense Pentagon, Washington, DC 20301–1160.

Instructions: All submissions received must include the agency name and docket number or Regulatory Information Number (RIN) for this **Federal Register** document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the Internet at *http://www.regulations.gov* as they are received without change, including any personal identifiers or contact information.

FOR FURTHER INFORMATION CONTACT: Mr. Scotty Ashley at (703) 695–3594, *scotty.Ashley@pentagon.af.mil.*

SUPPLEMENTARY INFORMATION:

Executive Order 12866, "Regulatory Planning and Review"

It has been determined that 32 CFR part 903 is not a significant regulatory action. This rule does not:

(1) Have an annual effect on the economy of $100 million or more or adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or state, local, or tribal governments or communities;

(2) Create a serious inconsistency or otherwise interfere with an action taken or planned by another agency;

(3) Materially alter the budgetary impact of entitlements, grants, user fees, or loan programs, or the rights and obligations of the recipients thereof; or

(4) Raise novel legal or policy issues arising out of legal mandates, the President's priorities, or the principles set forth in this Executive Order.

Unfunded Mandates Reform Act (Sec. 202, Pub. L. 104–4)

It has been certified the 32 CFR part 903 does not contain a Federal Mandate that may result in the expenditure by State, local and tribal governments, in aggregate, or by the private sector, of $100 million or more in any one year.

Public Law 96–354, "Regulatory Flexibility Act" (5 U.S.C. 601)

It has been determined that this rule is not subject to the Regulatory Flexibility Act (5 U.S.C. 601) because it would not, if promulgated, have a significant economic impact on a substantial number of small entities. This rule * * *.

Public Law 95–511, "Paperwork Reduction Act" (44 U.S.C. Chapter 35)

It has been certified that 32 CFR part 903 does not impose any reporting or recordkeeping requirements under the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35).

Federalism (Executive Order 13132)

It has been certified that 32 CFR part 903 does not have federalism implications, as set forth in Executive Order 13132. This rule does not have substantial direct effects on:

(1) The States;

(2) The relationship between the National Government and the States; or

(3) The distribution of power and responsibilities among the various levels of government.

List of Subjects in 32 CFR Part 903

Military academy, Military personnel.

Therefore, for the reasons set forth in the preamble, 32 CFR part 903 is proposed to be revised to read as follows:

PART 903—AIR FORCE ACADEMY PREPARATORY SCHOOL

Sec.
903.1 Mission and responsibilities.
903.2 Eligibility requirements.
903.3 Selection criteria.
903.4 Application process and procedures.
903.5 Reserve enlistment procedures.
903.6 Reassignment of Air Force members to become cadet candidates at the Preparatory School.
903.7 Reassignment of cadet candidates who graduate from the Preparatory School with an appointment to U.S. Air Force Academy (USAFA).
903.8 Cadet candidate disenrollment.
903.9 Cadet records and reassignment forms.
903.10 Information collections, records, and forms or information management tools (IMTS).

Authority: 5 U.S.C. 301, 10 U.S.C. 8013, and 10 U.S.C. 9331 (except as otherwise noted).

Note: This part is derived from AFI 36–2021, September 12, 2006. Part 806 of this chapter states the basic policies and instructions governing the disclosure of records and tells members of the public what they must do to inspect or obtain copies of the material referenced herein.

§ 903.1 Mission and responsibilities.

(a) Mission. To motivate, prepare, and evaluate selected candidates in an educational, military, moral, and physical environment, to perform successfully and enhance diversity at USAFA.

(b) Responsibilities:

(1) Superintendent, USAFA (HQ USAFA/CC). Ensures adequate oversight of HQ USAFA/PL activities, administration, and resources. Means of oversight include but are not limited to:

(i) United States Air Force Academy Instruction (USAFAI) 36–3502, USAFA Assessment Board.

(ii) The Preparatory School Advisory Committee, as established in USAFAI 36–2013, Superintendent's Preparatory School Advisory Committee of the USAF Academy Preparatory School.

(iii) Annual Assessment, as established in Department of Defense (DoD) Directive 1322.22, Service Academies.

(iv) Audits, Eagle Looks, and Unit Compliance Inspections.

(v) Special reviews and investigations as directed by HQ USAF.

(vi) USAFA Board of Visitors (BoV).

(2) HQ USAFA/PL Commander:

(i) Ensures the education and training programs satisfy the school's mission.

(ii) Informs HQ USAFA/RR of candidates' names, including essential categories, when each class enters.

(iii) Administers the disenrollment process. Notifies the Headquarters USAFA Superintendent (HQ USAFA/CC), and HQ USAFA/RR of all disenrollments.

(iv) Responsible, along with ARPC, for administering the oath of enlistment on the date of inprocessing. The effective date of enlistment is the date the applicant took the oath.

(3) Air Reserve Personnel Center (ARPC):

(i) Receives DD Form 1966, Record of Military Processing—Armed Forces of the United States, from select candidates upon inprocessing.

(ii) Reviews the DD Form 1966 for completion/acceptance.

(iii) Completes the DD Form 4, Enlistment/Reenlistment Document Armed Forces of the United States, if DD Form 1966 is in order.

(iv) Responsible, along with USAFA/PL, for administering the oath of enlistment on the date of inprocessing. The effective date of enlistment is the date the applicant took the oath.

(v) Publishes reserve orders placing applicant on active duty for the purpose of attending Preparatory school. Preparatory school determines the date of call to active duty (usually date administered the oath). ARPC provides copies of orders to MPF on the date of inprocessing.

(4) 10th Mission Support Squadron Military Personnel (10 MSS/DPM):

(i) Ensures Regular and Reserve Air Force personnel reassigned to the HQ USAFA/PL enter with the highest grade they had achieved as of their date of enrollment and retain their date of rank or effective date.

(ii) Maintains records on Cadet Candidates.

(iii) Processes separation orders for non-prior service members who complete the HQ USAFA/PL and accept an appointment to a U.S. Service Academy.

(iv) Prepares discharge orders for non-prior service members who are disenrolled or do not accept appointment to a U.S. Service Academy.

(v) Issues ID cards.

(5) Headquarters USAFA Admissions (HQ USAFA/RR):

(i) Notifies cadet candidates of their acceptance into HQ USAFA/PL. Includes an accept-or-decline form with acceptance letter and asks cadet candidates to return the form as soon as possible.

(ii) Issues ''Invitation to Travel'' letters to all accepted cadet candidates (including civilians, reservist and members of other services) inviting them to travel to the HQ USAFA/PL, enlist in the Air Force Reserve (if necessary), and attend the HQ USAFA/PL.

(iii) Sends a notice to non-selected service personnel and their servicing Military Personnel Flight (MPF). **Note:** The Air Force does not typically notify civilian applicants of their non-selection.

(iv) Provides 10 MSS/DPMA with the name, grade, social security number, mailing address, and unit of assignment for reassignment of all applicants on Air Force active duty who are accepted into HQ USAFA/PL.

(v) Sends DODMERB a data file listing all applicants that need a medical examination. DODMERB uses the data file to schedule necessary exams.

(6) Unit commanders of all Regular and Reserve Component Air Force personnel applying to the HQ USAFA/PL:

(i) Review each applicant's completed AF Form 1786, Application for Appointment to the United States Air Force Academy Under Quota Allotted to Enlisted Members of the Regular and Reserve Components of the Air Force, and determine if the applicant meets eligibility requirements.

(ii) Forward an endorsement of all applicants who meet eligibility requirements, together with AF Form 1786, through the MPF to: Headquarters USAFA Admission Selections (HQ USAFA/RRS), 2304 Cadet Drive, USAF Academy CO 80840–5025. The endorsement must include a comprehensive statement of the applicant's character, ability, and motivation to become a career officer. Verify statements in applications regarding service component, length of service, and date of birth from official records.

(iii) Notify HQ USAFA/RR immediately on determining that an applicant is no longer recommended for selection to the HQ USAFA/PL.

(7) Unit commanders of Regular or Reserve members of the Army, Navy, or Marine Corps and unit commanders of Army or Air National Guard members:

(i) Accept letters of application to the HQ USAFA/PL from unit personnel.

(ii) Complete an endorsement for all applicants who meet the eligibility requirements. Include in the endorsement a comprehensive statement of the applicant's character, ability, and motivation to become a career officer. Verify statements in applications regarding service component, length of service, and date of birth from official records. Send the endorsement and letter of application to HQ USAFA/RRS, 2304 Cadet Drive, USAF Academy CO 80840–5025.

(iii) Ensure that each applicant receives a release from active duty to attend the HQ USAFA/PL before sending the endorsement. In order to facilitate the accession of a National Guard (Air or Army) member into USAFA or HQ USAFA/PL, a DD Form 368, Request for Conditional Release, or AF Form 1288, Application for Ready Reserve Assignment, should be accomplished and forwarded to the losing Military Personnel Flight (MPF) service for out-processing. Once the member has enlisted, the 10 MSS/DPM will contact the losing MPF. A copy of the DD Form 4 and orders will be provided to the losing ANG MPF by fax. In turn, the losing MPF will project the member's record in MilPDS based on the gaining PAS provided by the 10 MSS/DPM.

(iv) Notify HQ USAFA/RR immediately on determining that an applicant is no longer recommended for selection to the HQ USAFA/PL.

§ 903.2 Eligibility requirements.

(a) For admission to the HQ USAFA/PL, applicants must be:

(1) At least 17 and no more than 22 years old by 1 July of the year of admission.

(2) A citizen or permanent resident of the United States able to obtain

citizenship (or Secretary of Defense waiver allowed by 10 U.S.C. 532(f)) by projected commissioning date.

(3) Unmarried and have no dependents.

(4) Of high moral character. Applicants must have no record of Uniform Code of Military Justice convictions or civil offenses beyond minor violations; no history of drug or alcohol abuse; and no prior behaviors, activities, or associations incompatible with USAF standards.

(5) Medically qualified for appointment to the U.S. Air Force Academy (USAFA).

(6) A member of the armed services or eligible to enlist in the U.S. Air Force Reserve.

(b) Normally, applicants must not have previously attended college on a full-time basis or attended a U.S. Service Academy or a U.S. Service Academy Preparatory School. The Headquarters USAFA Registrar's Office (HQ USAFA/RR) determines an applicant's status in this regard.

(c) Every applicant must be an active candidate in the USAFA admissions program, normally through one of following:

(1) Nominated by a source specified in public law.

(2) Identified by the USAFA as fulfilling institutional needs.

(d) Members of the Air Force Reserve or Air National Guard (ANG) must agree to active duty service if admitted to the HQ USAFA/PL. Admitted ANG personnel first transfer to the Air Force Reserves before leaving their place of residence and being called to active duty.

(e) Regular and reserve members of the Armed Forces and the National Guard must have completed basic training.

(f) Regular members of the Armed Forces must have at least 1 year retainability when they enter the HQ USAFA/PL.

§ 903.3 Selection criteria.

(a) Cadet candidates for the HQ USAFA/PL are selected on the basis of demonstrated character, test scores, medical examination, prior academic record, recommendation of the organization commander (if prior service), and other similar reports or records. USAFA is authorized to make selections IAW SECAF guidance including but not limited to selection from among enlisted personnel and recruited athletes. Each applicant must:

(1) Achieve satisfactory scores on the Scholastic Aptitude Test (SAT) or the American College Testing Program (ACT).

(2) Take and pass a medical evaluation administered through the Department of Defense Medical Evaluation Review Board (DODMERB).

(3) Have an acceptable academic record as determined by HQ USAFA/RR. Each applicant must furnish a certified transcript from each high school or civilian preparatory school attended. Applicants should send transcripts to HQ USAFA/RR, 2304 Cadet Drive, Suite 200, USAF Academy, CO 80840–5025.

(4) Take the Candidate Fitness Assessment.

(b) HQ USAFA/RR oversees the holistic review of each viable candidate's record by a panel. This holistic review may include consideration of factors that would enhance diversity at USAFA, such as unique academic abilities, language skills, demonstrated leadership skills, foreign cultural knowledge, athletic prowess, flying aptitude, uncommon life experiences, demonstrated moral or physical courage or other performance-based factors.

(c) HQ USAFA/RR also examines reports and records that indicate an applicant's aptitude, achievement, or ability to graduate from the HQ USAFA/PL in the selection process.

(d) HQ USAFA/RR includes Preparatory School selection guidelines in the ''Criteria and Procedures for Air Force Academy Appointment, Class of 20XX'' (Contract) and submits for Superintendent approval.

(e) For members of the Armed Forces and the National Guard, HQ USAFA/RR also considers letters of recommendation from applicants' unit commanders.

§ 903.4 Application process and procedures.

(a) Regular and Reserve members of the Air Force must send their applications to: HQ USAFA/RR, 2304 Cadet Drive, Suite 200, USAF Academy, CO 80840–5025, no later than 31 January for admission the following summer. Those otherwise nominated to the Air Force Academy, must complete all steps of admissions by 15 April.

(b) Regular and Reserve members of the Air Force must complete AF Form 1786 and submit it to their unit commander.

(c) Regular and Reserve members of the Army, Navy, or Marine Corps, as well as members of the National Guard, must submit a letter of application through their unit commander.

(d) Civil Air Patrol (CAP) cadets send their applications to HQ USAFA/RR and must apply to CAP National Headquarters by 31 January for nomination.

(e) HQ USAFA/RR automatically considers civilian candidates for admission who have a nomination to the USAFA, but were not selected.

§ 903.5 Reserve enlistment procedures.

(a) Civilians admitted to the HQ USAFA/PL take the oath of enlistment on the date of their initial in-processing at the HQ USAFA/PL. Their effective date of enlistment is the date they take this oath.

(b) Civilians who enlist for the purpose of attending the HQ USAFA/PL will be awarded the rank of E–1. These cadet candidates are entitled to the monthly student pay at the same rate as USAFA cadets according to United States Code Title 37, Section 203.

§ 903.6 Reassignment of Air Force members to become cadet candidates at the Preparatory School.

USAFA Prepatory School Enrollment for members selected from operational Air Force: Selected Regular Air Force members at technical training schools remain there in casual status until the earliest reporting date for the HQ USAFA/PL. Students must not leave their training school without coordinating with HQ USAFA/RR.

§ 903.7 Reassignment of cadet candidates who graduate from the Preparatory School with an appointment to USAFA.

USAFA Cadet Enrollment for Cadet Candidates who graduate from the Prepatory School with an appointment to the USAFA:

(a) The Air Force releases cadet candidates entering the USAFA from active duty and reassigns them to active duty as Air Force Academy cadets, effective on their date of entry into the USAFA in accordance with one of these authorities:

(1) The Department of Air Force letter entitled Members of the Armed Forces Appointed to a Service Academy, 8 July 1957.

(2) Title 10, United States Code, Sections 516 and 523. Air Force Instruction (AFI) 36–3208, Administrative Separation of Airmen.

(b) The Air Force discharges active Reserve cadet candidates who enlisted for the purpose of attending the HQ USAFA/PL in accordance with AFI 36–3208 and reassigns them to active duty as Air Force Academy cadets, effective on their date of entry into the USAFA.

§ 903.8 Cadet candidate disenrollment.

(a) In accordance with AFI 36–3208, the Commander, HQ USAFA/PL, may disenroll a student who:

(1) Fails to meet and maintain HQ USAFA/PL educational, military, character, or physical fitness standards.

(2) Fails to demonstrate adaptability and suitability for participation in USAFA educational, military, character, or physical training programs.

(3) Displays unsatisfactory conduct.

(4) Fails to meet statutory requirements for admission to the USAFA, for example:

(i) Marriage or acquiring legal dependents.

(ii) Medical disqualification.

(iii) Refusal to serve as a commissioned officer in the U.S. Armed Forces.

(5) Requests disenrollment.

(b) The HQ USAFA/PL commander may also disenroll a student when it is determined that the student's retention is not in the best interest of the Government.

(c) The military personnel flight (10 MSS/DPM) processes Regular Air Force members for reassignment if:

(1) They are disenrolled from the HQ USAFA/PL.

(2) They fail to obtain or accept an appointment to a U.S. Service Academy.

(d) The Air Force reassigns Air Force Reserve cadet candidates who are disenrolled from the HQ USAFA/PL or who fail to obtain or accept an appointment to an U.S. Service Academy in either of two ways under AFI 36–3208:

(1) Discharges them from the United States Air Force without any further military obligation if they were called to active duty solely to attend the HQ USAFA/PL.

(2) Releases them from active duty and reassigns them to the Air Force Reserve Personnel Center if they were released from Reserve units to attend the HQ USAFA/PL.

(e) The National Guard (Army or Air Force) releases cadet candidates from active duty and reassigns them to their State Adjutant General.

(f) The Air Force reassigns Regular and Reserve personnel from other Services back to their unit of origin to complete any prior service obligation if:

(1) They are disenrolled from the HQ USAFA/PL.

(2) They fail to obtain or accept an appointment to the USAFA.

§ 903.9 Cadet records and reassignment forms.

(a) Headquarters USAFA Cadet Personnel (HQ USAFA/DPY) maintains records of cadet candidates who enter the USAFA until they are commissioned or disenrolled.

(b) 10 MSS/DPM will send records of Regular Air Force personnel who enter one of the other Service Academies to HQ Air Force Personnel Center (HQ AFPC) for processing.

§ 903.10 Information collections, records, and forms or information management tools (IMTS).

(a) Information Collections. No information collections are created by this publication.

(b) Records. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 37–123, Management of Records, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at *https://webrims.amc.af.mil*.

(c) Forms or IMTs (Adopted and Prescribed).

(1) Adopted Forms or IMTs: AF IMT 847, Recommendation for Change of Publication. AF Form 1288, Application for Ready Reserve Assignment, AF Form 1786, Application for Appointment to the USAF Academy Under Quota Allotted to Enlisted Members of the Regular and Reserve Components of the Air Force, DD Form 4, Enlistment/Reenlistment Document—Armed Forces of the United States, DD Form 368, Request for Conditional Release, and DD Form 1966, Record of Military Processing—Armed Forces of the United States.

(2) Prescribed Forms or IMTs: No forms or IMTs are prescribed by this publication.

Bao-Anh Trinh,

Air Force Federal Register Liaison Officer, Department of the Air Force.

[FR Doc. E7–13250 Filed 7–11–07; 8:45 am]

BILLING CODE 5001–05–P

DEPARTMENT OF VETERANS AFFAIRS

38 CFR Part 17

RIN 2900–AM40

Provision of Hospital Care and Medical Services During Certain Disasters or Emergencies

AGENCY: Department of Veterans Affairs (VA).

ACTION: Proposed rule.

SUMMARY: The Department of Veterans Affairs (VA) proposes to establish regulations regarding the provision of hospital care and medical services under the VA Emergency Preparedness Act of 2002 to individuals responding to, involved in, or otherwise affected by certain disasters or emergencies (including individuals who otherwise do not have VA eligibility for such care and services).

DATES: *Comment Date:* Comments must be received on or before September 10, 2007.

ADDRESSES: Written comments may be submitted through *http://www.Regulations.gov*; by mail or hand-delivery to the Director, Regulations Management (00REG), Department of Veterans Affairs, 810 Vermont Ave., NW., Room 1068, Washington, DC 20420; or by fax to (202) 273–9026. Comments should indicate that they are submitted in response to ''RIN 2900–AM40—Provision of Hospital Care and Medical Services During Certain Disasters or Emergencies.'' Copies of comments received will be available for public inspection in the Office of Regulation Policy and Management, Room 1063B, between the hours of 8 a.m. and 4:30 p.m., Monday through Friday (except holidays). Please call (202) 273–9515 for an appointment. In addition, during the comment period, comments may be viewed online in *http://www.Regulations.gov* through the Federal Docket Management System (FDMS).

FOR FURTHER INFORMATION CONTACT: Tony A. Guagliardo, Director, Business Policy, Chief Business Office (163), Veterans Health Administration, Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 254–0384. (This is not a toll free number.)

SUPPLEMENTARY INFORMATION: This document proposes to amend the VA ''Medical'' regulations in 38 CFR part 17 by adding a new § 17.86 and by making technical amendments in § 17.102. As indicated in paragraph (a) of proposed § 17.86, this proposed rule would implement the provisions of Public Law 107–287, the VA Emergency Preparedness Act of 2002, regarding hospital care and medical services provided to individuals responding to, involved in, or otherwise affected by certain disasters or emergencies (including individuals who otherwise do not have VA eligibility for such care and services). These provisions are codified as 38 U.S.C. 1785.

Paragraphs (b) and (c) of proposed § 17.86 would reflect the provisions of 38 U.S.C. 1785, which provide that during and immediately following a disaster or emergency VA may furnish hospital care and medical services to individuals (including those who otherwise do not have VA eligibility for such care and services) responding to, involved in, or otherwise affected by:

• A major disaster or emergency declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 *et seq.*) (''Stafford Act''), or

• A disaster or emergency in which the National Disaster Medical System established pursuant to section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh–11(b)) is activated either by the Secretary of Health and Human Services under paragraph (3)(A) of that section or as otherwise authorized by law.

Paragraph (d) of proposed § 17.86 would define ''hospital care'' and ''medical services'' according to the existing definitions in 38 U.S.C. 1701(5) and 1701(6).

Under paragraph (e) of proposed § 17.86, charges for care and services furnished to an officer or employee of a department or agency of the United States (other than VA) or to a member of the Armed Forces would be calculated in accordance with the provisions of § 17.102(h). Section 1785 states that VA shall be reimbursed for the cost of any care or services furnished to an officer or employee of a department or agency of the United States (other than VA) or to a member of the Armed Forces at rates agreed upon based on the cost of the care or service provided. An established system for charging for care and services provided to beneficiaries of the Department of Defense or other Federal agencies is already in place in § 17.102(c), (e), and (h). The cost of such care is charged at rates agreed upon in a sharing agreement described in § 17.102(e), or pursuant to the cost-based system described in § 17.102(h). In accordance with § 17.102(h), which provides authority to periodically do so, the Office of Management and Budget (OMB) and VA have published a document in the ''Notices'' section of the **Federal Register** entitled ''Cost-Based and Interagency Billing Rates for Medical Care or Services Provided by the Department of Veterans Affairs,'' 70 FR 66,866—66,868 (November 3, 2005). If the head of another Federal agency or the Secretary of a branch of the Armed Forces seeks VA hospital care or medical services for an officer, employee, or member, this cost-based system is the agreed-upon method for calculating the cost of such care or service unless the care provided falls within an existing sharing agreement as described in § 17.102(e).

Section 1785 is silent regarding charges to other individuals (*i.e.*, other than the Federal officers or employees or members of the Armed Forces discussed in the immediately preceding paragraph of this preamble) that are eligible for such care and services under section 1785 but would not otherwise be eligible for such care and services as VA beneficiaries. This issue is discussed in the legislative history of the VA Emergency Preparedness Act of 2002 in S. Rep. No. 107–229 (July 31, 2002), a report of the Senate Committee on Veterans' Affairs. The report states, at 9: ''[Section 1785] would also allow VA to receive reimbursement for the cost of services provided to employees of other Federal agencies or departments, to be credited to the facility that provided care. VA would not be required to charge other individuals for emergency care offered during a disaster.'' The language of the statute, when considered with this legislative history, suggests that Congress did not intend to require VA to seek reimbursement for hospital care or medical services provided to other individuals during a covered disaster or emergency. However, in addition to the statutory language in section 1785, VA's current appropriation act impacts the question of reimbursement for care provided to individuals who are not otherwise eligible for hospital care or medical services at VA expense.

VA appropriation acts (including the appropriation act for fiscal year 2006, Pub. L. 109–114) have historically included a provision stating (with certain exceptions) that no appropriated funds shall be available ''for hospitalization or examination of any persons'' (Pub. L. 109–114, sec. 204) unless reimbursement for such care is made to the medical services account at rates set by the Secretary. In the appropriation act for fiscal year 2006 there are three exceptions. The first exception is care provided to ''beneficiaries entitled under the laws bestowing such benefits to veterans.'' In this preamble we use the phrase ''VA beneficiaries'' to refer to individuals eligible for hospitalization and medical care under the laws bestowing those benefits to veterans. The other two exceptions are persons receiving care under 5 U.S.C. 7901–7904 (employee services) or under the Stafford Act. This means that unless there has been a Presidential declaration under the Stafford Act, VA must seek reimbursement for the hospital care and medical services provided under section 1785 to persons who are not VA beneficiaries.

Not all care authorized under 38 U.S.C. 1785 is provided under the Stafford Act. Section 1785 authorizes VA to provide care during a disaster or emergency declared under the Stafford Act or during activation of the National Disaster Medical System (NDMS) pursuant to section 2811(b) of the Public Health Service Act. Activation of the NDMS may take place without a Presidential declaration of a major disaster or emergency, and in that case would be without a Stafford Act declaration. If the care provided to other individuals (*i.e.*, individuals other than the Federal officers or employees, members of the Armed Forces, or VA beneficiaries) does not fall under the Stafford Act (for example, if NDMS is activated without a Stafford Act declaration), the appropriation language referenced above compels VA to seek reimbursement for the care provided under 38 U.S.C. 1785 to individuals who are not otherwise eligible for hospital care or medical services at VA expense. Other than officers or employees of a non-VA department or agency of the United States, or members of the Armed Forces, those individuals would generally include, *e.g.*, an individual who is not a veteran or a veteran's child, survivor, or dependent; an individual who is a veteran but who is not eligible for enrollment in the VA healthcare system under 38 U.S.C. 1705 and § 17.36; or an individual who is a veteran's child, survivor, or dependent but who is not eligible for such care and services at VA expense under any laws regarding certain categories of those persons. Paragraph (e) of proposed § 17.86 would provide a process for billing such individuals (other than officers or employees of a non-VA department or agency of the United States, or members of the Armed Forces) pursuant to § 17.102(h).

Besides the situation where the care provided to such other individuals does not fall under the Stafford Act, situations arise where the care does fall under the Act but VA does not receive reimbursement from any other-than-VA Federal department or agency. In such situations, VA seeks reimbursement from the individual. This has been long-standing VA practice and we propose to incorporate this practice in paragraph (e) by stating that ''[o]ther individuals who receive hospital care or medical services under this section are responsible for the cost of the hospital care or medical services when charges are mandated by Federal law (including applicable appropriation acts) *or when the cost of care or services is not reimbursed by other-than-VA Federal departments or agencies.''* (Emphasis added.)

Under paragraph (e) of proposed § 17.86, the charges would be calculated in accordance with the provisions of § 17.102(h). (This document proposes to make technical changes to update the

provisions of § 17.102(h) by removing ''Cost Distribution Report'', a report which documented costs through September, 2004, and by adding, in its place, ''Monthly Program Cost Report (MPCR)'', the report that VA currently uses for purposes of § 17.102(h). This document also proposes to make in § 17.102(h) clarifying technical changes in the description of the report's contents regarding outpatient care. Changes that this document is proposing to make to § 17.102 for other reasons are described below in this preamble.) Paragraph (h) of § 17.102 provides a mechanism for charges to be based on the MPCR, which sets forth the actual basic costs and per diem rates by type of inpatient care, and actual basic costs and rates for outpatient care per visit or prescription filled, with additions based on:

- Factors for depreciation of buildings and equipment,
- Central Office overhead,
- Interest on capital investment, and
- Standard fringe benefit costs covering government employee retirement and disability costs.

The formula in § 17.102(h) provides an appropriate method for calculating charges for services provided under 38 U.S.C. 1785 during certain disasters or emergencies. As noted earlier, this formula is already used to charge for care to beneficiaries of the Department of Defense and other Federal agencies. It is also used to calculate charges for individuals who receive emergency hospital care or medical services on a humanitarian basis (38 U.S.C. 1784). Further, it is based on the cost of the care provided to non-otherwise-eligible beneficiaries, thereby ensuring that the medical services account is reimbursed for the cost of care provided, as required by the current appropriation act. The last sentence of paragraph (e) of proposed § 17.86 notes that VA would bill in accordance with § 17.102(h) ''without applying the exception provided in the first paragraph of § 17.102.'' The exception provided in the first paragraph of § 17.102 is a reference to the possible applicability of § 17.101, a regulation covering the collection or recovery by VA for medical care and services described in 38 U.S.C. 1729. The exception in the first sentence of § 17.102 would not be applicable in any situation where care is provided under section 1785, as veterans would be receiving hospital care and medical services pursuant to section 1785 rather than section 1729.

Paragraph (f) of proposed § 17.86 would clarify that VA may furnish care and services under § 17.86 to a veteran without regard to whether he or she is enrolled in the VA healthcare system. Paragraph (f) would reflect the provisions of 38 U.S.C. 1785(c), which state that VA may furnish care and services under section 1785 to an individual who is a veteran without regard to whether the veteran is enrolled in the VA patient enrollment system under 38 U.S.C. 1705. Section 1785(c) concerns the relationship of section 1785 and certain already existing provisions of law. It clarifies the possible impact of section 1705(c)(1) on section 1785. A provision in section 1705(c)(1) states that VA may not provide hospital care or medical services to certain veterans under 38 U.S.C. 1710 (the statutory authorization that is a key basis for VA's provision of hospital care and medical services to veterans through its medical benefits package) unless those veterans have enrolled in the system of patient enrollment mandated by section 1705(a). VA's regulation at 38 CFR 17.36 reflects this requirement and states that except in limited circumstances, a veteran must be enrolled in the VA healthcare system as a condition for receiving hospital care and medical services provided through VA's medical benefits package. The language in 38 U.S.C. 1705(c)(1) and the implementing regulations at 38 CFR 17.36, if the clarifying language in paragraph (c) had not been included in section 1785, could have led to an anomalous situation where VA would have been authorized to provide care to all individuals affected by a Presidentially-declared major disaster or emergency, or a disaster or emergency in which NDMS is activated, except certain veterans who were not previously enrolled for VA healthcare. Section 1785(c) addresses this unique situation, clarifying that a veteran is not ineligible for care or services under section 1785 merely because the veteran (either because his or her priority group is not eligible for enrollment at the time, or because he or she elected not to enroll for VA benefits) is not enrolled in the VA healthcare system.

This proposed rule would make a technical change to the existing regulations in § 17.102 regarding the authority to provide humanitarian care under 38 U.S.C. 1784. The current cross-reference to the regulation authorizing emergency hospital care on a humanitarian basis is incorrect. 38 CFR 17.102(b)(1) refers to care or services rendered as a humanitarian service ''under § 17.43(c)(1).'' There is no § 17.43(c)(1) in title 38 CFR. The cross-reference listed in § 17.102(b)(1) should be to § 17.43(b)(1), rather than to § 17.43(c)(1). The proposed rule reflects this technical correction. In addition, to conform to the provisions of new § 17.86, this proposed rule would amend § 17.102(h) by adding a reference to § 17.86.

Unfunded Mandates

The Unfunded Mandates Reform Act of 1995 requires, at 2 U.S.C. 1532, that agencies prepare an assessment of anticipated costs and benefits before issuing any rule that may result in the expenditure by State, local, and tribal governments, in the aggregate, or by the private sector, of $100 million or more (adjusted annually for inflation) in any given year. This proposed rule would have no such effect on State, local, and tribal governments, or the private sector.

Paperwork Reduction Act of 1995

This document contains no provisions constituting a collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3521).

Executive Order 12866

Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety, and other advantages; distributive impacts; and equity). The Executive Order classifies a ''significant regulatory action,'' requiring review by OMB unless OMB waives such review, as any regulatory action that is likely to result in a rule that may: (1) Have an annual effect on the economy of $100 million or more or adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities; (2) create a serious inconsistency or otherwise interfere with an action taken or planned by another agency; (3) materially alter the budgetary impact of entitlements, grants, user fees, or loan programs or the rights and obligations of recipients thereof; or (4) raise novel legal or policy issues arising out of legal mandates, the President's priorities, or the principles set forth in the Executive Order.

The economic, interagency, budgetary, legal, and policy implications of this proposed rule have been examined and it has been determined to be a significant regulatory action under the Executive Order because it is likely to result in a rule that may raise novel legal or policy issues arising out of legal mandates, the

President's priorities, or the principles set forth in the Executive Order.

Regulatory Flexibility Act

The Secretary hereby certifies that this proposed rule would not have a significant economic impact on a substantial number of small entities as they are defined in the Regulatory Flexibility Act. In addition to affecting individuals, this document would affect mainly large insurance companies. Further, where small entities would be involved, they would not be impacted significantly since an inconsequential portion of their business would be with VA. Accordingly, pursuant to 5 U.S.C. 605(b), this proposed rule is exempt from the initial and final regulatory flexibility analysis requirements of sections 603 and 604.

Catalog of Federal Domestic Assistance

The Catalog of Federal Domestic Assistance numbers and titles for the programs affected by this document are 64.005, Grants to States for the Construction of State Homes; 64.007, Blind Rehabilitation Centers; 64.008, Veterans Domiciliary Care; 64.009, Veterans Medical Care Benefits; 64.010, Veterans Nursing Home Care; 64.011, Veterans Dental Care; 64.012, Veterans Prescription Service; 64.013, Veterans Prosthetic Appliances; 64.014, Veterans State Domiciliary Care; 64.015, Veterans State Nursing Home Care; 64.016, Veterans State Hospital Care; 64.018, Sharing Specialized Medical Resources; 64.019, Veterans Rehabilitation Alcohol and Drug Dependence; and 64.022, Veterans Home Based Primary Care.

List of Subjects in 38 CFR Part 17

Administrative practice and procedure, Alcohol abuse, Alcoholism, Claims, Day care, Dental health, Drug abuse, Foreign relations, Government contracts, Grant programs-health, Grant programs-veterans, Health care, Health facilities, Health professions, Health records, Homeless, Medical and Dental schools, Medical devices, Medical research, Mental health programs, Nursing homes, Philippines, Reporting and recordkeeping requirements, Scholarships and fellowships, Travel and transportation expenses, Veterans.

Approved: March 30, 2007.

Gordon H. Mansfield,

Deputy Secretary of Veterans Affairs.

For the reasons set forth in the preamble, the Department of Veterans Affairs proposes to amend 38 CFR part 17 as follows:

PART 17—MEDICAL

1. The authority citation for part 17 continues to read as follows:

Authority: 38 U.S.C. 501, 1721, and as noted in specific sections.

2. Add an undesignated center heading and § 17.86 to read as follows:

Care During Certain Disasters and Emergencies

§ 17.86 Provision of hospital care and medical services during certain disasters and emergencies under 38 U.S.C. 1785.

(a) This section sets forth regulations regarding the provision of hospital care and medical services under 38 U.S.C. 1785.

(b) During and immediately following a disaster or emergency referred to in paragraph (c) of this section, VA under 38 U.S.C. 1785 may furnish hospital care and medical services to individuals (including those who otherwise do not have VA eligibility for such care and services) responding to, involved in, or otherwise affected by that disaster or emergency.

(c) For purposes of this section, a ''disaster'' or ''emergency'' means:

(1) A major disaster or emergency declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.)(''Stafford Act''); or

(2) A disaster or emergency in which the National Disaster Medical System established pursuant to section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh–11 (b)) is activated either by the Secretary of Health and Human Services under paragraph (3)(A) of that section or as otherwise authorized by law.

(d) For purposes of paragraph (b) of this section, the terms ''hospital care'' and ''medical services'' have the meanings given such terms by 38 U.S.C. 1701(5) and 1701(6).

(e) Unless the cost of care is charged at rates agreed upon in a sharing agreement as described in § 17.102(e), the cost of hospital care and medical services provided under this section to an officer or employee of a department or agency of the United States (other than VA) or to a member of the Armed Forces shall be calculated in accordance with the provisions of § 17.102(c) and (h). Other individuals who receive hospital care or medical services under this section are responsible for the cost of the hospital care or medical services when charges are mandated by Federal law (including applicable appropriation acts) or when the cost of care or services is not reimbursed by other-than-VA Federal departments or agencies. When individuals are responsible under this section for the cost of hospital care or medical services, VA will bill in the amounts calculated in accordance with the provisions of § 17.102(h), without applying the exception provided in the first paragraph of § 17.102.

(f) VA may furnish care and services under this section to a veteran without regard to whether that individual is enrolled in the VA healthcare system under 38 U.S.C. 1705 and § 17.36 of this part.

(Authority: 38 U.S.C. 501, 1785)

§ 17.102 [Amended]

3. Amend § 17.102 by:

a. In paragraph (b)(1), removing ''§ 17.43(c)(1)'' and adding, in its place, ''§ 17.43(b)(1)''.

b. In the first sentence of paragraph (h), adding ''§ 17.86 and under'' after ''charges under''; removing ''Cost Distribution Report'' and adding, in its place, ''Monthly Program Cost Report (MPCR)''; and removing ''and outpatient visit'' and adding, in its place, '', and actual basic costs and rates for outpatient care visits or prescriptions filled''.

c. In the fifth sentence of paragraph (h), removing ''Cost Distribution Report'' and adding, in its place, ''MPCR''.

[FR Doc. E7–13278 Filed 7–11–07; 8:45 am]

BILLING CODE 8320–01–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[EPA–R04–OAR–2007–0359–200716; FRL–8338–8]

Approval of Implementation Plans of Alabama: Clean Air Interstate Rule

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: EPA is proposing to approve a revision to the Alabama State Implementation Plan (SIP) submitted on March 7, 2007. This revision addresses the requirements of EPA's Clean Air Interstate Rule (CAIR), promulgated on May 12, 2005, and subsequently revised on April 28, 2006, and December 13, 2006. The Alabama Department of Environmental Management (ADEM) also previously submitted a final submittal dated June 16, 2006, which was subsequently updated in a prehearing request for parallel processing on November 16, 2006, to comply with EPA's revisions to the

model rule. Alabama's final March 7, 2007, submittal replaces the State's June 16, 2006, and November 16, 2006, submittals. EPA is proposing to determine that the SIP revision fully implements the CAIR requirements for Alabama. Therefore, as a consequence of the SIP approval, EPA will also withdraw the CAIR Federal Implementation Plans (CAIR FIPs) concerning sulfur dioxide (SO_2), nitrogen oxides (NO_X) annual and NO_X ozone season emissions for Alabama. The CAIR FIPs for all states in the CAIR region were promulgated on April 28, 2006, and subsequently revised on December 13, 2006.

CAIR requires states to reduce emissions of SO_2 and NO_X that significantly contribute to nonattainment of, and interfere with maintenance of, the national ambient air quality standards (NAAQS) for fine particulates and/or ozone in any downwind state. CAIR establishes state budgets for SO_2 and NO_X and requires states to submit SIP revisions that implement these budgets in states that EPA concluded did contribute to nonattainment in downwind states. States have the flexibility to choose which control measures to adopt to achieve the budgets, including participating in the EPA-administered cap-and-trade programs. In the SIP revision that EPA is proposing to approve, Alabama would meet CAIR requirements by participating in the EPA-administered cap-and-trade programs addressing SO_2, NO_X annual, and NO_X ozone season emissions.

DATES: Comments must be received on or before August 13, 2007.

ADDRESSES: Submit your comments, identified by Docket ID No. EPA–R04–OAR–2007–0359, by one of the following methods:

1. *www.regulations.gov:* Follow the on-line instructions for submitting comments.
2. E-mail: *harder.stacy@epa.gov.*
3. Fax: 404–562–9019.
4. Mail: ''EPA–R04–OAR–2007–0359,'' Regulatory Development Section, Air Planning Branch, Air, Pesticides and Toxics Management Division, U.S. Environmental Protection Agency, Region 4, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960.
5. Hand Delivery or Courier: Ms. Stacy Harder, Regulatory Development Section, Air Planning Branch, Air, Pesticides and Toxics Management Division, U.S. Environmental Protection Agency, Region 4, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960. Such deliveries are only accepted during the Regional Office's normal hours of operation. The Regional Office's official hours of business are Monday through Friday, 8:30 a.m. to 4:30 p.m., excluding federal holidays.

Instructions: Direct your comments to Docket ID No. ''EPA–R04–OAR–2007–0359.'' EPA's policy is that all comments received will be included in the public docket without change and may be made available online at *www.regulations.gov,* including any personal information provided, unless the comment includes information claimed to be Confidential Business Information (CBI) or other information whose disclosure is restricted by statute. Do not submit through *www.regulations.gov* or e-mail, information that you consider to be CBI or otherwise protected. The *www.regulations.gov* Web site is an ''anonymous access'' system, which means EPA will not know your identity or contact information, unless you provide it in the body of your comment. If you send an e-mail comment directly to EPA without going through *www.regulations.gov,* your e-mail address will be automatically captured and included as part of the comment that is placed in the public docket and made available on the Internet. If you submit an electronic comment, EPA recommends that you include your name and other contact information in the body of your comment and with any disk or CD–ROM you submit. If EPA cannot read your comment due to technical difficulties and cannot contact you for clarification, EPA may not be able to consider your comment. Electronic files should avoid the use of special characters and any form of encryption and should be free of any defects or viruses. For additional information about EPA's public docket visit the EPA Docket Center homepage at *http://www.epa.gov/epahome/dockets.htm.*

Docket: All documents in the electronic docket are listed in the *www.regulations.gov* index. Although listed in the index, some information is not publicly available, *i.e.*, CBI or other information whose disclosure is restricted by statute. Certain other material, such as copyrighted material, is not placed on the Internet and will be publicly available only in hard copy form. Publicly available docket materials are available either electronically in *www.regulations.gov* or in hard copy at the Regulatory Development Section, Air Planning Branch, Air, Pesticides and Toxics Management Division, U.S. Environmental Protection Agency, Region 4, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960. EPA requests that if at all possible, you contact the person listed in the **FOR FURTHER INFORMATION CONTACT** section to schedule your inspection. The Regional Office's official hours of business are Monday through Friday, 8:30 a.m. to 4:30 p.m., excluding federal holidays.

FOR FURTHER INFORMATION CONTACT: Ms. Stacy Harder, Regulatory Development Section, Air Planning Branch, Air, Pesticides and Toxics Management Division, U.S. Environmental Protection Agency, Region 4, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960. The telephone number is (404) 562–9042. Ms. Harder can also be reached via electronic mail at *harder.stacy@epa.gov.*

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I. What Action Is EPA Proposing to Take?

EPA is proposing to approve a revision to Alabama's SIP, submitted on March 7, 2007. In its SIP revision, Alabama would meet CAIR requirements by requiring certain electric generating units (EGUs) to participate in the EPA-administered State CAIR cap-and-trade programs addressing SO_2, NO_X annual, and NO_X ozone season emissions. EPA is proposing to determine that the SIP, as revised, will meet the applicable requirements of CAIR. Any final action approving the SIP will be taken by the Regional Administrator for Region 4. As a consequence of the SIP approval, the Administrator of EPA will also issue a final rule to withdraw the FIPs concerning SO_2, NO_X annual, and NO_X ozone season emissions for Alabama. This action will delete and reserve 40 CFR 52.54 and 40 CFR 52.55. The withdrawal of the CAIR FIPs for Alabama is a conforming amendment that must be made once the SIP is approved because EPA's authority to issue the FIPs was premised on a deficiency in the SIP for Alabama. Once the SIP is fully approved, EPA no longer

has authority for the FIPs. Thus, EPA will not have the option of maintaining the FIPs following the full SIP approval. Accordingly, EPA does not intend to offer an opportunity for a public hearing or an additional opportunity for written public comment on the withdrawal of the FIPs. EPA will take action in a separate rulemaking regarding revisions to Chapters 335–3–1 and 335–3–17.

II. What Is the Regulatory History of CAIR and the CAIR FIPs?

The CAIR rule was published by EPA on May 12, 2005 (70 FR 25162). In this rule, EPA determined that 28 states and the District of Columbia contribute significantly to nonattainment and interfere with maintenance of the national ambient air quality standards (NAAQS) for fine particles ($PM_{2.5}$) and/or 8-hour ozone in downwind states in the eastern part of the country. As a result, EPA required those upwind states to revise their SIPs to include control measures that reduce emissions of SO_2, which is a precursor to $PM_{2.5}$ formation, and/or NO_X, which is a precursor to both ozone and $PM_{2.5}$ formation. For jurisdictions that contribute significantly to downwind $PM_{2.5}$ nonattainment, CAIR sets annual state-wide emission reduction requirements (i.e., budgets) for SO_2 and annual state-wide emission reduction requirements for NO_X. Similarly, for jurisdictions that contribute significantly to 8-hour ozone nonattainment, CAIR sets state-wide emission reduction requirements for NO_X for the ozone season (May 1st to September 30th). Under CAIR, states may implement these reduction requirements by participating in the EPA-administered cap-and-trade programs or by adopting any other control measures.

CAIR explains to subject states what must be included in SIPs to address the requirements of section 110(a)(2)(D) of the Clean Air Act (CAA) with regard to interstate transport with respect to the 8-hour ozone and $PM_{2.5}$ NAAQS. EPA made national findings, effective on May 25, 2005, that the states had failed to submit SIPs meeting the requirements of section 110(a)(2)(D). The SIPs were due in July 2000, three years after the promulgation of the 8-hour ozone and $PM_{2.5}$ NAAQS. These findings started a two-year clock for EPA to promulgate a FIP to address the requirements of section 110(a)(2)(D). Under CAA section 110(c)(1), EPA may issue a FIP anytime after such findings are made and must do so within two years, unless a SIP revision correcting the deficiency is approved by EPA before the FIP is promulgated.

On April 28, 2006, EPA promulgated FIPs for all states covered by CAIR in order to ensure the emissions reductions required by CAIR are achieved on schedule. Each CAIR state is subject to the FIPs until the state fully adopts, and EPA approves, a SIP revision meeting the requirements of CAIR. The CAIR FIPs require EGUs to participate in the EPA-administered CAIR SO_2, NO_X annual, and NO_X ozone season trading programs, as appropriate. The CAIR FIP SO_2, NO_X annual, and NO_X ozone season trading programs impose essentially the same requirements as, and are integrated with, the respective CAIR SIP trading programs. The integration of the FIP and SIP trading programs means that these trading programs will work together to create effectively a single trading program for each regulated pollutant (SO_2, NO_X annual, and NO_X ozone season) in all states covered by the CAIR FIP or SIP trading program for that pollutant. The CAIR FIPs also allow states to submit abbreviated SIP revisions that, if approved by EPA, will automatically replace or supplement certain CAIR FIP provisions (e.g., the methodology for allocating NO_X allowances to sources in the state), while the CAIR FIP remains in place for all other provisions.

On April 28, 2006, EPA published two additional CAIR-related final rules that added the States of Delaware and New Jersey to the list of states subject to CAIR for $PM_{2.5}$ and announced EPA's final decisions on reconsideration of five issues, without making any substantive changes to the CAIR requirements.

III. What Are the General Requirements of CAIR and the CAIR FIPs?

CAIR establishes state-wide emission budgets for SO_2 and NO_X and is to be implemented in two phases. The first phase of NO_X reductions starts in 2009 and continues through 2014, while the first phase of SO_2 reductions starts in 2010 and continues through 2014. The second phase of reductions for both NO_X and SO_2 starts in 2015 and continues thereafter. CAIR requires states to implement the budgets by either: (1) Requiring EGUs to participate in the EPA-administered cap-and-trade programs; or (2) adopting other control measures of the state's choosing and demonstrating that such control measures will result in compliance with the applicable state SO_2 and NO_X budgets.

The May 12, 2005, and April 28, 2006, CAIR rules provide model rules that states must adopt (with certain limited changes, if desired) if they want to participate in the EPA-administered trading programs.

With two exceptions, only states that choose to meet the requirements of CAIR through methods that exclusively regulate EGUs are allowed to participate in the EPA-administered trading programs. One exception is for states that adopt the opt-in provisions of the model rules to allow non-EGUs individually to opt into the EPA-administered trading programs. The other exception is for states that include all non-EGUs from their NO_X SIP Call trading programs in their CAIR NO_X ozone season trading programs.

IV. What Are the Types of CAIR SIP Submittals?

States have the flexibility to choose the type of control measures they will use to meet the requirements of CAIR. EPA anticipates that most states will choose to meet the CAIR requirements by selecting an option that requires EGUs to participate in the EPA-administered CAIR cap-and-trade programs. For such states, EPA has provided two approaches for submitting and obtaining approval for CAIR SIP revisions. States may submit full SIP revisions that adopt the model CAIR cap-and-trade rules. If approved, these SIP revisions will fully replace the CAIR FIPs. Alternatively, states may submit abbreviated SIP revisions. These SIP revisions will not replace the CAIR FIPs; however, the CAIR FIPs provide that, when approved, the provisions in these abbreviated SIP revisions will be used instead of or in conjunction with, as appropriate, the corresponding provisions of the CAIR FIPs (e.g., the NO_X allowance allocation methodology).

A state submitting a full SIP revision may either adopt regulations that are substantively identical to the model rules or incorporate by reference the model rules. CAIR provides that states may only make limited changes to the model rules, if the states want to participate in the EPA-administered trading programs. A full SIP revision may change the model rules only by altering their applicability and allowance allocation provisions to:

1. Include NO_X SIP Call trading sources that are not EGUs under CAIR in the CAIR NO_X ozone season trading program;

2. Provide for state allocation of NO_X annual or ozone season allowances using a methodology chosen by the state;

3. Provide for state allocation of NO_X annual allowances from the compliance supplement pool (CSP) using the state's

choice of allowed, alternative methodologies; or

4. Allow units that are not otherwise CAIR units to opt individually into the CAIR SO_2, NO_X annual, or NO_X ozone season trading programs under the opt-in provisions in the model rules.

An approved CAIR full SIP revision addressing EGUs' SO_2, NO_X annual, or NO_X ozone season emissions will replace the CAIR FIP for that state for the respective EGU emissions.

V. Analysis of Alabama's CAIR SIP Submittal

A. State Budgets for Allowance Allocations

The CAIR NO_X annual and ozone season budgets were developed from historical heat input data for EGUs. Using these data, EPA calculated annual and ozone season regional heat input values, which were multiplied by 0.15 pounds per million British thermal units (lb/mmBtu), for phase 1, and 0.125 lb/mmBtu, for phase 2, to obtain regional NO_X budgets for 2009–2014 and for 2015 and thereafter, respectively. EPA derived the state NO_X annual and ozone season budgets from the regional budgets using state heat input data adjusted by fuel factors.

The CAIR state SO_2 budgets were derived by discounting the tonnage of emissions authorized by annual allowance allocations under the Acid Rain Program under title IV of the CAA. Under CAIR, each allowance allocated in the Acid Rain Program for the years in phase 1 of CAIR (2010 through 2014) authorizes 0.5 ton of SO_2 emissions in the CAIR trading program, and each Acid Rain Program allowance allocated for the years in phase 2 of CAIR (2015 and thereafter) authorizes 0.35 ton of SO_2 emissions in the CAIR trading program.

In this action, EPA is proposing approval of Alabama's SIP revision that adopts the budgets established for the State in CAIR, *i.e.*, 69,020 (2009–2014) and 57,517 (2015-thereafter) tons for NO_X annual emissions, 34,510 (2009–2014) and 29,146 (2015-thereafter) tons for NO_X ozone season emissions, and 157,582 (2010–2014) and 110,307 (2015-thereafter) tons for SO_2 emissions. Alabama's SIP revision sets these budgets as the total amounts of allowances available for allocation for each year under the EPA-administered cap-and-trade programs.

B. CAIR Cap-and-Trade Programs

The CAIR NO_X annual and ozone-season model trading rules both largely mirror the structure of the NO_X SIP Call model trading rule in 40 CFR part 96, subparts A through I. While the provisions of the NO_X annual and ozone-season model rules are similar, there are some differences. For example, the NO_X annual model rule (but not the NO_X ozone season model rule) provides for a compliance supplement pool (CSP), which is discussed below and under which allowances may be awarded for early reductions of NO_X annual emissions. As a further example, the NO_X ozone season model rule reflects the fact that the CAIR NO_X ozone season trading program replaces the NO_X SIP Call trading program after the 2008 ozone season and is coordinated with the NO_X SIP Call program. The NO_X ozone season model rule provides incentives for early emissions reductions by allowing banked, pre-2009 NO_X SIP Call allowances to be used for compliance in the CAIR NO_X ozone-season trading program. In addition, states have the option of continuing to meet their NO_X SIP Call requirement by participating in the CAIR NO_X ozone season trading program and including all their NO_X SIP Call trading sources in that program.

The provisions of the CAIR SO_2 model rule are also similar to the provisions of the NO_X annual and ozone season model rules. However, the SO_2 model rule is coordinated with the ongoing Acid Rain SO_2 cap-and-trade program under CAA title IV. The SO_2 model rule uses the title IV allowances for compliance, with each allowance allocated for 2010–2014 authorizing only 0.50 ton of emissions and each allowance allocated for 2015 and thereafter authorizing only 0.35 ton of emissions. Banked title IV allowances allocated for years before 2010 can be used at any time in the CAIR SO_2 cap-and-trade program, with each such allowance authorizing 1 ton of emissions. Title IV allowances are to be freely transferable among sources covered by the Acid Rain Program and sources covered by the CAIR SO_2 cap-and-trade program.

EPA also used the CAIR model trading rules as the basis for the trading programs in the CAIR FIPs. The CAIR FIP trading rules are virtually identical to the CAIR model trading rules, with changes made to account for federal rather than state implementation. The CAIR model SO_2, NO_X annual, and NO_X ozone season trading rules and the respective CAIR FIP trading rules are designed to work together as integrated SO_2, NO_X annual, and NO_X ozone season trading programs.

In the SIP revision, Alabama chooses to implement its CAIR budgets by requiring EGUs to participate in EPA-administered cap-and-trade programs for SO_2, NO_X annual, and NO_X ozone season emissions. Alabama has adopted a full SIP revision that adopts, with certain allowed changes discussed below, the CAIR model cap-and-trade rules for SO_2, NO_X annual, and NO_X ozone season emissions.

C. Applicability Provisions for non-EGU NO_X SIP Call Sources

In general, the CAIR model trading rules apply to any stationary, fossil-fuel-fired boiler or stationary, fossil-fuel-fired combustion turbine serving at any time, since the later of November 15, 1990, or the start-up of the unit's combustion chamber, a generator with nameplate capacity of more than 25 Megawatt electrical (MWe) producing electricity for sale.

States have the option of bringing in, for the CAIR NO_X ozone season program only, those units in the state's NO_X SIP Call trading program that are not EGUs as defined under CAIR. EPA advises states exercising this option to add the applicability provisions in the state's NO_X SIP Call trading rule for non-EGUs to the applicability provisions in 40 CFR 96.304 in order to include in the CAIR NO_X ozone season trading program all units required to be in the state's NO_X SIP Call trading program that are not already included under 40 CFR 96.304. Under this option, the CAIR NO_X ozone season program must cover all large industrial boilers and combustion turbines, as well as any small EGUs (*i.e.* units serving a generator with a nameplate capacity of 25 MWe or less) that the state currently requires to be in the NO_X SIP Call trading program.

Alabama has chosen to expand the applicability provisions of the CAIR NO_X ozone season trading program to include all non-EGUs in the State's NO_X SIP Call trading program.

D. NO_X Allowance Allocations

Under the NO_X allowance allocation methodology in the CAIR model trading rules and in the CAIR FIP, NO_X annual and ozone season allowances are allocated to units that have operated for five years, based on heat input data from a three-year period that are adjusted for fuel type by using fuel factors of 1.0 for coal, 0.6 for oil, and 0.4 for other fuels. The CAIR model trading rules and the CAIR FIP also provide a new unit set-aside from which units without five years of operation are allocated allowances based on the units' prior year emissions.

States may establish in their SIP submissions a different NO_X allowance allocation methodology that will be used to allocate allowances to sources in the states, if certain requirements are

met concerning the timing of submission of units' allocations to the Administrator for recordation and the total amount of allowances allocated for each control period. In adopting alternative NO_X allowance allocation methodologies, states have flexibility with regard to:

1. The cost to recipients of the allowances, which may be distributed for free or auctioned;
2. The frequency of allocations;
3. The basis for allocating allowances, which may be distributed, for example, based on historical heat input or electric and thermal output; and
4. The use of allowance set-asides and, if used, their size.

Alabama has chosen to replace the provisions of the CAIR NO_X annual model trading rule concerning the allocation of NO_X annual allowances with its own methodology. Alabama has chosen to distribute NO_X annual allowances based upon allocation methods for existing, replacement, and new units. ADEM defines a baseline NO_X unit as one that commenced operation on, or before January 1, 2004, or submitted an acceptable application to the Department before August 1, 2005. For the control periods in 2009 through 2014, ADEM will allocate NO_X allowances to baseline CAIR units based in an amount equaling 0.15 lb/mmBtu, or the unit's permitted NO_X limit, whichever amount is less, multiplied by the heat input and an adjustment ratio (to ensure that the total number of CAIR NO_X Ozone Season allowances allocated under this paragraph equals the number of tons of CAIR NO_X Ozone Season emissions in the State trading program budget) and rounded to the nearest whole NO_X allowance as appropriate. For units with multiple allowable emissions limits, the allowances may be calculated based on actual operating data. For each control period in 2015 and thereafter, ADEM will allocate allowances equaling 0.125 lb/mmBtu, or the unit's NO_X limit, whichever is less, multiplied by the heat input and an adjustment ratio.

A replacement unit is defined as a NO_X unit, or the portion of a NO_X unit, which replaces a baseline unit at the same facility, and has the same or greater maximum design heat input capacity. Allowances will be allocated for replacement units after all baseline units have received allowances. These allowances will be distributed from the Retired Unit Allowance Pool. After all baseline and replacement units have received allocations, ADEM will allocate allowances to new units from allowances remaining in the Retired Unit Allowance Pool.

ADEM defines a new unit as one that does not meet the definition for an existing unit or a replacement unit. New unit allocations, for each applicable control period, will be equal to 0.15 lb/mmBtu or the unit's permitted NO_X limit, whichever is less, multiplied by the heat input and an adjustment ratio and rounded to the nearest whole NO_X allowance as appropriate.

Allowances were to be allocated by October 31, 2006, for control periods of 2009, 2010 and 2011. Allowances will be allocated by October 31, 2008, for control periods 2012, 2013 and 2014. By October 31, 2011, and subsequently, on October 31 of every third year thereafter, NO_X allowance allocations will be submitted for the control periods in the three years that are four, five, and six years, respectively, after the year of the applicable deadline for submission. Alabama has chosen not to use set-asides in their NO_X annual allocations.

Alabama has chosen to replace the provisions of the CAIR NO_X ozone season model trading rule concerning allowance allocations with its own methodology. Alabama has chosen to distribute NO_X annual allowances based upon allocation methods for existing, replacement, and new units. ADEM defines a baseline NO_X unit as one that commenced operation on, or before January 1, 2004, or submitted an acceptable application to the Department before August 1, 2005. For the control periods in 2009 through 2014, ADEM will allocate NO_X allowances to baseline CAIR units based in an amount equaling 0.15 lb/mmBtu (0.17 lb/mmBtu, if the unit's maximum design heat input is greater than 250 mmBtu/hr), or the unit's permitted NO_X limit, whichever amount is less, multiplied by the heat input and an adjustment ratio (to ensure that the total number of CAIR NO_X Ozone Season allowances allocated under this paragraph equals the number of tons of CAIR NO_X Ozone Season emissions in the State trading program budget) and rounded to the nearest whole NO_X allowance as appropriate. For units with multiple allowable emissions limits, the allowances may be calculated based on actual operating data. For each control period in 2015 and thereafter, ADEM will allocate allowances equaling 0.125 lb/mmBtu, or the unit's NO_X limit, whichever is less, multiplied by the heat input and an adjustment ratio.

A replacement unit is defined as one which replaces a baseline ozone season unit at the same facility, and has the same or greater maximum design heat input.

A new unit is defined as a unit that does not meet the definition of either an existing unit or a replacement unit.

NO_X ozone season allowances were to be allocated by October 31, 2006, for control periods 2009, 2010, and 2011. Only the difference between the ozone season allowance allocations and the 2009 budget trading program will be submitted in 2009. By October 31, 2008, allocations for 2012, 2013, and 2014 will be submitted. Finally, by October 31, 2011, and October 31 of every third year thereafter, allocations will be submitted for control periods in the three years that are four, five, and six years after the applicable deadline for submission. Alabama has chosen not to use set-asides in their ozone season allocations.

E. Allocation of NO_X Allowances From Compliance Supplement Pool

CAIR establishes a CSP to provide an incentive for early reductions in NO_X annual emissions. The CSP consists of 200,000 CAIR NO_X annual allowances of vintage 2009 for the entire CAIR region, and a state's share of the CSP is based upon the projected magnitude of the emission reductions required by CAIR in that State. States may distribute CSP allowances, one allowance for each ton of early reduction, to sources that make NO_X reductions during 2007 or 2008 beyond what is required by any applicable state or Federal emission limitation. States also may distribute CSP allowances based upon a demonstration of need for an extension of the 2009 deadline for implementing emission controls.

The CAIR annual NO_X model trading rule establishes specific methodologies for allocations of CSP allowances. States may choose an allowed, alternative CSP allocation methodology to be used to allocate CSP allowances to sources in the states.

Alabama has chosen to modify the provisions of the CAIR NO_X annual model trading rule concerning the allocation of allowances from the CSP. Alabama has chosen to distribute CSP allowances using an allocation methodology that allows the Department to allocate up to 10,166 additional CAIR NO_X allowances for the control period in 2009. CAIR NO_X units that achieve emissions reductions in 2007 and 2008, that are not necessary to comply with applicable emissions limitations during those years, may request early reduction credits. The units requesting CSP allocations must submit a request by May 1, 2009, to ADEM. Sources are eligible to receive CSP allowances only to the extent that that the total number of allowances

issued does not exceed 15 percent of the total number of NO_X allowances issued to that unit from the initial allowance allocation. Any remaining CSP allowances after the initial distribution will be allocated to eligible units on a pro rata basis, provided that no unit is issued more allowances than the early reduction credits requested by that unit in accordance with ADEM's CSP provisions.

F. Individual Opt-In Units

The opt-in provisions of the CAIR SIP model trading rules allow certain non-EGUs (i.e., boilers, combustion turbines, and other stationary fossil-fuel-fired devices) that do not meet the applicability criteria for a CAIR trading program to participate voluntarily in (i.e., opt into) the CAIR trading program. A non-EGU may opt into one or more of the CAIR trading programs. In order to qualify to opt into a CAIR trading program, a unit must vent all emissions through a stack and be able to meet the monitoring, recordkeeping, and recording requirements of 40 CFR part 75. The owners and operators seeking to opt a unit into a CAIR trading program must apply for a CAIR opt-in permit. If the unit is issued a CAIR opt-in permit, the unit becomes a CAIR unit, is allocated allowances, and must meet the same allowance-holding and emissions monitoring and reporting requirements as other units subject to the CAIR trading program. The opt-in provisions provide for two methodologies for allocating allowances for opt-in units, one methodology that applies to opt-in units in general and a second methodology that allocates allowances only to opt-in units that the owners and operators intend to repower before January 1, 2015.

States have several options concerning the opt-in provisions. States may adopt the CAIR opt-in provisions entirely or may adopt them but exclude one of the methodologies for allocating allowances. States may also decline to adopt the opt-in provisions at all.

Alabama has chosen to allow non-EGUs meeting certain requirements to opt into the CAIR NO_X annual trading program, including both of the opt-in allocation methods in the model rule.

Alabama has chosen to allow non-EGUs meeting certain requirements to opt into the CAIR NO_X ozone season trading program, including both of the opt-in allocation methods in the model rule.

Alabama has chosen to allow certain non-EGUs to opt into the CAIR SO_2 trading program, and has chosen to incorporate the Federal rule by reference.

VI. Proposed Actions

EPA is proposing to approve Alabama's full CAIR SIP revision submitted on March 7, 2007. Under this SIP revision, Alabama is choosing to participate in the EPA-administered cap-and-trade programs for SO_2, NO_X annual, and NO_X ozone season emissions. The SIP revision meets the applicable requirements in 40 CFR 51.123(o) and (aa), with regard to NO_X annual and NO_X ozone season emissions, and 40 CFR 51.124(o), with regard to SO_2 emissions. EPA is proposing to determine that the SIP, as revised, will meet the requirements of CAIR. As a consequence of the SIP approval, the Administrator of EPA will also issue, without providing an opportunity for a public hearing or an additional opportunity for written public comment, a final rule to withdraw the CAIR FIPs concerning SO_2, NO_X annual and NO_X ozone season emissions for Alabama. That withdrawal will delete and reserve 40 CFR 52.54 and 40 CFR 52.55.

VII. Statutory and Executive Order Reviews

Under Executive Order 12866 (58 FR 51735, October 4, 1993), this action is not a ''significant regulatory action'' and therefore is not subject to review by the Office of Management and Budget. For this reason, this action is also not subject to Executive Order 13211, ''Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use'' (66 FR 28355, May 22, 2001). This action merely proposes to approve State law as meeting Federal requirements and would impose no additional requirements beyond those imposed by State law. Accordingly, the Administrator certifies that this proposed rule would not have a significant economic impact on a substantial number of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*). Because this action proposes to approve pre-existing requirements under State law and would not impose any additional enforceable duty beyond that required by State law, it does not contain any unfunded mandate or significantly or uniquely affect small governments, as described in the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4).

This proposal also does not have tribal implications because it would not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes, as specified by Executive Order 13175 (65 FR 67249, November 9, 2000). This proposed action also does not have Federalism implications because it would not have substantial direct effects on the states, on the relationship between the national government and the states, or on the distribution of power and responsibilities among the various levels of government, as specified in Executive Order 13132 (64 FR 43255, August 10, 1999). This action merely proposes to approve a State rule implementing a Federal standard and will result, as a consequence of that approval, in the Administrator's withdrawal of the CAIR FIP. It does not alter the relationship or the distribution of power and responsibilities established in the Clean Air Act. This proposed rule also is not subject to Executive Order 13045 ''Protection of Children from Environmental Health Risks and Safety Risks'' (62 FR 19885, April 23, 1997), because it would approve a State rule implementing a Federal Standard.

In reviewing SIP submissions, EPA's role is to approve state choices, provided that they meet the criteria of the Clean Air Act. In this context, in the absence of a prior existing requirement for the State to use voluntary consensus standards (VCS), EPA has no authority to disapprove a SIP submission for failure to use VCS. It would thus be inconsistent with applicable law for EPA, when it reviews a SIP submission, to use VCS in place of a SIP submission that otherwise satisfies the provisions of the Clean Air Act. Thus, the requirements of section 12(d) of the National Technology Transfer and Advancement Act of 1995 (15 U.S.C. 272 note) do not apply. This proposed rule would not impose an information collection burden under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Electric utilities, Intergovernmental relations, Nitrogen oxides, Ozone, Particulate matter, Reporting and recordkeeping requirements, Sulfur dioxide.

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

Dated: July 3, 2007.

J.I. Palmer Jr.,

Regional Administrator, Region 4.

[FR Doc. E7–13543 Filed 7–11–07; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[EPA–R04–OAR–2007–0167–200720 FRL–8338–9]

Approval of Implementation Plans of Mississippi: Clean Air Interstate Rule

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: EPA is proposing to approve a revision to the Mississippi State Implementation Plan (SIP) submitted on January 16, 2007. This revision addresses the requirements of EPA's Clean Air Interstate Rule (CAIR), promulgated on May 12, 2005, and subsequently revised on April 28, 2006, and December 13, 2006. EPA is proposing to determine that the SIP revision fully implements the CAIR requirements for Mississippi. Therefore, as a consequence of the SIP approval, EPA will also withdraw the CAIR Federal Implementation Plans (CAIR FIPs) concerning sulfur dioxide (SO_2), nitrogen oxide (NO_X) annual, and NO_X ozone season emissions for Mississippi. The CAIR FIPs for all States in the CAIR region were promulgated on April 28, 2006, and subsequently revised on December 13, 2006.

CAIR requires states to reduce emissions of SO_2 and NO_X that significantly contribute to nonattainment of, and interfere with maintenance of, the national ambient air quality standards (NAAQS) for fine particulates and/or ozone in any downwind state. CAIR establishes State budgets for SO_2 and NO_X and requires states to submit SIP revisions that implement these budgets in states that EPA concluded did contribute to nonattainment in downwind states. States have the flexibility to choose which control measures to adopt to achieve the budgets, including participating in the EPA-administered cap-and-trade programs. In the SIP revision that EPA is proposing to approve, Mississippi would meet CAIR requirements by participating in the EPA-administered cap-and-trade programs addressing SO_2, NO_X annual, and NO_X ozone season emissions.

DATES: Comments must be received on or before August 13, 2007.

ADDRESSES: Submit your comments, identified by Docket ID No. EPA–R04–OAR–2007–0167, by one of the following methods:

1. *http://www.regulations.gov:* Follow the on-line instructions for submitting comments.
2. E-mail: *LeSane.Heidi@epa.gov.*
3. Fax: 404–562–9019.
4. Mail: EPA–R04–OAR–2007–0167 Regulatory Development Section, Air Planning Branch, Air, Pesticides and Toxics Management Division, U.S. Environmental Protection Agency, Region 4, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960.
5. Hand Delivery or Courier: Heidi LeSane, Regulatory Development Section, Air Planning Branch, Air, Pesticides and Toxics Management Division, U.S. Environmental Protection Agency, Region 4, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960. Such deliveries are only accepted during the Regional Office's normal hours of operation. The Regional Office's official hours of business are Monday through Friday, 8:30 to 4:30, excluding federal holidays.

Instructions: Direct your comments to Docket ID No. EPA–R04–OAR–2007–0167. EPA's policy is that all comments received will be included in the public docket without change and may be made available online at *http://www.regulations.gov*, including any personal information provided, unless the comment includes information claimed to be Confidential Business Information (CBI) or other information whose disclosure is restricted by statute. Do not submit through *http://www.regulations.gov* or e-mail, information that you consider to be CBI or otherwise protected. The *http://www.regulations.gov* Web site is an ''anonymous access'' system, which means EPA will not know your identity or contact information, unless you provide it in the body of your comment. If you send an e-mail comment directly to EPA without going through *http://www.regulations.gov*, your e-mail address will be automatically captured and included as part of the comment that is placed in the public docket and made available on the Internet. If you submit an electronic comment, EPA recommends that you include your name and other contact information in the body of your comment and with any disk or CD–ROM you submit. If EPA cannot read your comment due to technical difficulties and cannot contact you for clarification, EPA may not be able to consider your comment. Electronic files should avoid the use of special characters and any form of encryption and should be free of any defects or viruses. For additional information about EPA's public docket visit the EPA Docket Center homepage at *http://www.epa.gov/epahome/dockets.htm.*

Docket: All documents in the electronic docket are listed in the *http://www.regulations.gov* index. Although listed in the index, some information is not publicly available, i.e., CBI or other information whose disclosure is restricted by statute. Certain other material, such as copyrighted material, is not placed on the Internet and will be publicly available only in hard copy form. Publicly available docket materials are available either electronically in *http://www.regulations.gov* or in hard copy at the Regulatory Development Section, Air Planning Branch, Air, Pesticides and Toxics Management Division, U.S. Environmental Protection Agency, Region 4, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960. EPA requests that if at all possible, you contact the person listed in the **FOR FURTHER INFORMATION CONTACT** section to schedule your inspection. The Regional Office's official hours of business are Monday through Friday, 8:30 to 4:30, excluding federal holidays.

FOR FURTHER INFORMATION CONTACT: If you have questions concerning today's proposal, please contact Heidi LeSane at the Regulatory Development Section, Air Planning Branch, Air, Pesticides and Toxics Management Division, U.S. Environmental Protection Agency, Region 4, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960. The telephone number is 404–562–9074. Ms. LeSane can also be reached via electronic mail at *LeSane.Heidi@epa.gov.*

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I. What Action Is EPA Proposing To Take?

EPA is proposing to approve a revision to Mississippi's SIP, submitted on January 16, 2007. In its SIP revision, Mississippi would meet CAIR requirements by requiring certain electric generating units (EGUs) to participate in the EPA-administered

State CAIR cap-and-trade programs addressing SO_2, NO_X annual, and NO_X ozone season emissions. EPA is proposing to determine that the SIP, as revised, will meet the applicable requirements of CAIR. Any final action approving the SIP will be taken by the Regional Administrator for Region 4. As a consequence of the SIP approval, the Administrator of EPA will also issue a final rule to withdraw the FIPs concerning SO_2, NO_X annual, and NO_X ozone season emissions for Mississippi. This action will delete and reserve 40 CFR 52.1284 and 40 CFR 52.1285. The withdrawal of the CAIR FIPs for Mississippi is a conforming amendment that must be made once the SIP is approved because EPA's authority to issue the FIPs was premised on a deficiency in the SIP for Mississippi. Once the SIP is fully approved, EPA no longer has authority for the FIPs. Thus, EPA will not have the option of maintaining the FIPs following the full SIP approval. Accordingly, EPA does not intend to offer an opportunity for a public hearing or an additional opportunity for written public comment on the withdrawal of the FIPs.

II. What Is the Regulatory History of CAIR and the CAIR FIPs?

CAIR was published by EPA on May 12, 2005 (70 FR 25162). In this rule, EPA determined that 28 States and the District of Columbia contribute significantly to nonattainment and interfere with maintenance of the national ambient air quality standards (NAAQS) for fine particles ($PM_{2.5}$) and/or 8-hour ozone in downwind States in the eastern part of the country. As a result, EPA required those upwind States to revise their SIPs to include control measures that reduce emissions of SO_2, which is a precursor to $PM_{2.5}$ formation, and/or NO_X, which is a precursor to both ozone and $PM_{2.5}$ formation. For jurisdictions that contribute significantly to downwind $PM_{2.5}$ nonattainment, CAIR sets annual State-wide emission reduction requirements (i.e., budgets) for SO_2 and annual State-wide emission reduction requirements for NO_X. Similarly, for jurisdictions that contribute significantly to 8-hour ozone nonattainment, CAIR sets State-wide emission reduction requirements for NO_X for the ozone season (May 1st to September 30th). Under CAIR, States may implement these reduction requirements by participating in the EPA-administered cap-and-trade programs or by adopting any other control measures.

CAIR explains to subject States what must be included in SIPs to address the requirements of section 110(a)(2)(D) of the Clean Air Act (CAA) with regard to interstate transport with respect to the 8-hour ozone and $PM_{2.5}$ NAAQS. EPA made national findings, effective on May 25, 2005, that the states had failed to submit SIPs meeting the requirements of section 110(a)(2)(D). The SIPs were due in July 2000, 3 years after the promulgation of the 8-hour ozone and $PM_{2.5}$ NAAQS. These findings started a 2-year clock for EPA to promulgate a FIP to address the requirements of section 110(a)(2)(D). Under CAA section 110(c)(1), EPA may issue a FIP anytime after such findings are made and must do so within two years, unless a SIP revision correcting the deficiency is approved by EPA before the FIP is promulgated.

On April 28, 2006, EPA promulgated FIPs for all states covered by CAIR in order to ensure the emissions reductions required by CAIR are achieved on schedule. Each CAIR State is subject to the FIPs until the State fully adopts, and EPA approves, a SIP revision meeting the requirements of CAIR. The CAIR FIPs require EGUs to participate in the EPA-administered CAIR SO_2, NO_X annual, and NO_X ozone season trading programs, as appropriate. The CAIR FIP SO_2, NO_X annual, and NO_X ozone season trading programs impose essentially the same requirements as, and are integrated with, the respective CAIR SIP trading programs. The integration of the FIP and SIP trading programs means that these trading programs will work together to create effectively a single trading program for each regulated pollutant (SO_2, NO_X annual, and NO_X ozone season) in all states covered by the CAIR FIP or SIP trading program for that pollutant. The CAIR FIPs also allow states to submit abbreviated SIP revisions that, if approved by EPA, will automatically replace or supplement certain CAIR FIP provisions (e.g., the methodology for allocating NO_X allowances to sources in the State), while the CAIR FIP remains in place for all other provisions.

On April 28, 2006, EPA published two additional CAIR-related final rules that added the States of Delaware and New Jersey to the list of states subject to CAIR for $PM_{2.5}$ and announced EPA's final decisions on reconsideration of five issues, without making any substantive changes to the CAIR requirements.

III. What Are the General Requirements of CAIR and the CAIR FIPs?

CAIR establishes State-wide emission budgets for SO_2 and NO_X and is to be implemented in two phases. The first phase of NO_X reductions starts in 2009 and continues through 2014, while the first phase of SO_2 reductions starts in 2010 and continues through 2014. The second phase of reductions for both NO_X and SO_2 starts in 2015 and continues thereafter. CAIR requires states to implement the budgets by either: (1) Requiring EGUs to participate in the EPA-administered cap-and-trade programs; or (2) adopting other control measures of the State's choosing and demonstrating that such control measures will result in compliance with the applicable State SO_2 and NO_X budgets.

The May 12, 2005, and April 28, 2006, CAIR rules provide model rules that states must adopt (with certain limited changes, if desired) if they want to participate in the EPA-administered trading programs.

With two exceptions, only states that choose to meet the requirements of CAIR through methods that exclusively regulate EGUs are allowed to participate in the EPA-administered trading programs. One exception is for states that adopt the opt-in provisions of the model rules to allow non-EGUs individually to opt into the EPA-administered trading programs. The other exception is for states that include all non-EGUs from their NO_X SIP Call trading programs in their CAIR NO_X ozone season trading programs.

IV. What Are the Types of CAIR SIP Submittals?

States have the flexibility to choose the type of control measures they will use to meet the requirements of CAIR. EPA anticipates that most states will choose to meet the CAIR requirements by selecting an option that requires EGUs to participate in the EPA-administered CAIR cap-and-trade programs. For such States, EPA has provided two approaches for submitting and obtaining approval for CAIR SIP revisions. States may submit full SIP revisions that adopt the model CAIR cap-and-trade rules. If approved, these SIP revisions will fully replace the CAIR FIPs. Alternatively, states may submit abbreviated SIP revisions. These SIP revisions will not replace the CAIR FIPs; however, the CAIR FIPs provide that, when approved, the provisions in these abbreviated SIP revisions will be used instead of or in conjunction with, as appropriate, the corresponding provisions of the CAIR FIPs (e.g., the NO_X allowance allocation methodology).

A State submitting a full SIP revision may either adopt regulations that are substantively identical to the model rules, or incorporate by reference the model rules. CAIR provides that states

may only make limited changes to the model rules if the states want to participate in the EPA-administered trading programs. A full SIP revision may change the model rules only by altering their applicability and allowance allocation provisions to:

1. Include NO_X SIP Call trading sources that are not EGUs under CAIR in the CAIR NO_X ozone season trading program;
2. Provide for State allocation of NO_X annual or ozone season allowances using a methodology chosen by the State;
3. Provide for State allocation of NO_X annual allowances from the compliance supplement pool (CSP) using the State's choice of allowed, alternative methodologies; or
4. Allow units that are not otherwise CAIR units to opt individually into the CAIR SO_2, NO_X annual, or NO_X ozone season trading programs under the opt-in provisions in the model rules.

An approved CAIR full SIP revision addressing EGUs' SO_2, NO_X annual, or NO_X ozone season emissions will replace the CAIR FIP for that State for the respective EGU emissions.

V. Analysis of Mississippi CAIR SIP Submittal

A. State Budgets for Allowance Allocations

The CAIR NO_X annual and ozone season budgets were developed from historical heat input data for EGUs. Using these data, EPA calculated annual and ozone season regional heat input values, which were multiplied by 0.15 pounds per million British thermal units (lb/mmBtu), for phase 1, and 0.125 lb/mmBtu, for phase 2, to obtain regional NO_X budgets for 2009–2014 and for 2015 and thereafter, respectively. EPA derived the State NO_X annual and ozone season budgets from the regional budgets using State heat input data adjusted by fuel factors.

The CAIR State SO_2 budgets were derived by discounting the tonnage of emissions authorized by annual allowance allocations under the Acid Rain Program under title IV of the CAA. Under CAIR, each allowance allocated in the Acid Rain Program for the years in phase 1 of CAIR (2010 through 2014) authorizes 0.5 ton of SO_2 emissions in the CAIR trading program, and each Acid Rain Program allowance allocated for the years in phase 2 of CAIR (2015 and thereafter) authorizes 0.35 ton of SO_2 emissions in the CAIR trading program.

In this action, EPA is proposing approval of Mississippi's SIP revision that adopts the budgets established for the State in CAIR, i.e., 17,807 (2009–2014) and 14,839 (2015-thereafter) tons for NO_X annual emissions, 8,714 (2009–2014) and 7,262 (2015-thereafter) tons for NO_X ozone season emissions and 33,763 (2010–2014) and 23,634 (2015-thereafter) tons for SO_2 emissions. Mississippi's SIP revision sets these budgets as the total amount of allowances available for allocation for each year under the EPA-administered cap-and-trade program.

B. CAIR Cap-and-Trade Programs

The CAIR NO_X annual and ozone-season model trading rules both largely mirror the structure of the NO_X SIP Call model trading rule in 40 CFR part 96, subparts A through I. While the provisions of the NO_X annual and ozone-season model rules are similar, there are some differences. For example, the NO_X annual model rule (but not the NO_X ozone season model rule) provides for a CSP, which is discussed below and under which allowances may be awarded for early reductions of NO_X annual emissions. As a further example, the NO_X ozone season model rule reflects the fact that the CAIR NO_X ozone season trading program replaces the NO_X SIP Call trading program after the 2008 ozone season and is coordinated with the NO_X SIP Call program. The NO_X ozone season model rule provides incentives for early emissions reductions by allowing banked, pre-2009 NO_X SIP Call allowances to be used for compliance in the CAIR NO_X ozone-season trading program. In addition, states have the option of continuing to meet their NO_X SIP Call requirement by participating in the CAIR NO_X ozone season trading program and including all their NO_X SIP Call trading sources in that program.

The provisions of the CAIR SO_2 model rule are also similar to the provisions of the NO_X annual and ozone season model rules. However, the SO_2 model rule is coordinated with the ongoing Acid Rain SO_2 cap-and-trade program under CAA title IV. The SO_2 model rule uses the title IV allowances for compliance, with each allowance allocated for 2010–2014 authorizing only 0.50 ton of emissions and each allowance allocated for 2015 and thereafter authorizing only 0.35 ton of emissions. Banked title IV allowances allocated for years before 2010 can be used at any time in the CAIR SO_2 cap-and-trade program, with each such allowance authorizing 1 ton of emissions. Title IV allowances are to be freely transferable among sources covered by the Acid Rain Program and sources covered by the CAIR SO_2 cap-and-trade program.

EPA also used the CAIR model trading rules as the basis for the trading programs in the CAIR FIPs. The CAIR FIP trading rules are virtually identical to the CAIR model trading rules, with changes made to account for federal rather than state implementation. The CAIR model SO_2, NO_X annual, and NO_X ozone season trading rules and the respective CAIR FIP trading rules are designed to work together as integrated SO_2, NO_X annual, and NO_X ozone season trading programs.

In the SIP revision, Mississippi chooses to implement its CAIR budgets by requiring EGUs to participate in EPA-administered cap-and-trade programs for SO_2, NO_X annual, and NO_X ozone season emissions. Mississippi has adopted a full SIP revision that adopts, with certain allowed changes discussed below, the CAIR model cap-and-trade rules for SO_2, NO_X annual, and NO_X ozone season emissions.

C. Applicability Provisions for Non-EGU NO_X SIP Call Sources

In general, the CAIR model trading rules apply to any stationary, fossil-fuel-fired boiler or stationary, fossil-fuel-fired combustion turbine serving at any time, since the later of November 15, 1990, or the start-up of the unit's combustion chamber, a generator with nameplate capacity of more than 25 MWe producing electricity for sale.

States have the option of bringing in, for the CAIR NO_X ozone season program only, those units in the State's NO_X SIP Call trading program that are not EGUs as defined under CAIR. EPA advises states exercising this option to add the applicability provisions in the State's NO_X SIP Call trading rule for non-EGUs to the applicability provisions in 40 CFR 96.304 in order to include in the CAIR NO_X ozone season trading program all units required to be in the State's NO_X SIP Call trading program that are not already included under 40 CFR 96.304. Under this option, the CAIR NO_X ozone season program must cover all large industrial boilers and combustion turbines, as well as any small EGUs (i.e. units serving a generator with a nameplate capacity of 25 MWe or less) that the State currently requires to be in the NO_X SIP Call trading program.

Because Mississippi was not included in the NO_X SIP Call trading program, Mississippi did not have the option of expanding the applicability provisions of the CAIR NO_X ozone season trading program.

D. NO_X Allowance Allocations

Under the NO_X allowance allocation methodology in the CAIR model trading rules and in the CAIR FIP, NO_X annual,

and ozone season allowances are allocated to units that have operated for five years, based on heat input data from a three-year period that are adjusted for fuel type by using fuel factors of 1.0 for coal, 0.6 for oil, and 0.4 for other fuels. The CAIR model trading rules and the CAIR FIP also provide a new unit set-aside from which units without five years of operation are allocated allowances based on the units' prior year emissions.

States may establish in their SIP submissions a different NO_X allowance allocation methodology that will be used to allocate allowances to sources in the states, if certain requirements are met concerning the timing of submission of units' allocations to the Administrator for recordation and the total amount of allowances allocated for each control period. In adopting alternative NO_X allowance allocation methodologies, states have flexibility with regard to:

1. The cost to recipients of the allowances, which may be distributed for free or auctioned;
2. The frequency of allocations;
3. The basis for allocating allowances, which may be distributed, for example, based on historical heat input or electric and thermal output; and
4. The use of allowance set-asides and, if used, their size.

Mississippi has not chosen to replace the provisions of the CAIR NO_X annual model trading rule concerning the allocation of NO_X annual allowances with its own methodology.

Mississippi has not chosen to replace the provisions of the CAIR NO_X ozone season model trading rule concerning allowance allocations with its own methodology.

E. Allocation of NO_X Allowances from Compliance Supplement Pool

The CAIR establishes a CSP to provide an incentive for early reductions in NO_X annual emissions. The CSP consists of 200,000 CAIR NO_X annual allowances of vintage 2009 for the entire CAIR region, and a State's share of the CSP is based upon the projected magnitude of the emission reductions required by CAIR in that State. States may distribute CSP allowances, one allowance for each ton of early reduction, to sources that make NO_X reductions during 2007 or 2008 beyond what is required by any applicable State or Federal emission limitation. States also may distribute CSP allowances based upon a demonstration of need for an extension of the 2009 deadline for implementing emission controls.

The CAIR annual NO_X model trading rule establishes specific methodologies for allocations of CSP allowances. States may choose an allowed, alternative CSP allocation methodology to be used to allocate CSP allowances to sources in the States.

Mississippi has not chosen to modify the provisions of the CAIR NO_X annual model trading rule concerning the allocation of allowances from the CSP. Mississippi has chosen to distribute CSP allowances using the allocation methodology provided in 40 CFR 96.143 and has adopted this section by reference.

F. Individual Opt-In Units

The opt-in provisions of the CAIR SIP model trading rules allow certain non-EGUs (i.e., boilers, combustion turbines, and other stationary fossil-fuel-fired devices) that do not meet the applicability criteria for a CAIR trading program to participate voluntarily in (i.e., opt into) the CAIR trading program. A non-EGU may opt into one or more of the CAIR trading programs. In order to qualify to opt into a CAIR trading program, a unit must vent all emissions through a stack and be able to meet monitoring, recordkeeping, and recording requirements of 40 CFR part 75. The owners and operators seeking to opt a unit into a CAIR trading program must apply for a CAIR opt-in permit. If the unit is issued a CAIR opt-in permit, the unit becomes a CAIR unit, is allocated allowances, and must meet the same allowance-holding and emissions monitoring and reporting requirements as other units subject to the CAIR trading program. The opt-in provisions provide for two methodologies for allocating allowances for opt-in units, one methodology that applies to opt-in units in general and a second methodology that allocates allowances only to opt-in units that the owners and operators intend to repower before January 1, 2015.

States have several options concerning the opt-in provisions. States may adopt the CAIR opt-in provisions entirely or may adopt them but exclude one of the methodologies for allocating allowances. States may also decline to adopt the opt-in provisions at all.

Mississippi has chosen to allow non-EGUs meeting certain requirements to opt into the CAIR trading programs by adopting by reference EPA's model rule provisions for opt-in units in the CAIR SO_2, CAIR NO_X annual, and CAIR NO_X ozone season trading programs.

VI. Proposed Actions

EPA is proposing to approve Mississippi's full CAIR SIP revision submitted on January 16, 2007. Under this SIP revision, Mississippi is choosing to participate in the EPA-administered cap-and-trade programs for SO_2, NO_X annual, and NO_X ozone season emissions. The SIP revision meets the applicable requirements in 40 CFR 51.123(o) and (aa), with regard to NO_X annual and NO_X ozone season emissions, and 40 CFR 51.124(o), with regard to SO_2 emissions. EPA is proposing to determine that the SIP, as revised, will meet the requirements of CAIR. As a consequence of the SIP approval, the Administrator of EPA will also issue, without providing an opportunity for a public hearing or an additional opportunity for written public comment, a final rule to withdraw the CAIR FIPs concerning SO_2, NO_X annual, and NO_X ozone season emissions for Mississippi. This action will delete and reserve 40 CFR 52.1284 and 40 CFR 52.1285.

VII. Statutory and Executive Order Reviews

Under Executive Order 12866 (58 FR 51735, October 4, 1993), this action is not a ''significant regulatory action'' and therefore is not subject to review by the Office of Management and Budget. For this reason, this action is also not subject to Executive Order 13211, ''Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use'' (66 FR 28355, May 22, 2001). This action merely proposes to approve State law as meeting Federal requirements and would impose no additional requirements beyond those imposed by State law. Accordingly, the Administrator certifies that this proposed rule would not have a significant economic impact on a substantial number of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*). Because this action proposes to approve pre-existing requirements under State law and would not impose any additional enforceable duty beyond that required by State law, it does not contain any unfunded mandate or significantly or uniquely affected small governments, as described in the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4).

This proposal also does not have tribal implications because it would not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes, as specified by Executive Order 13175 (65 FR 67249, November 9, 2000). This proposed action also does not have Federalism implications because it

would not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government, as specified in Executive Order 13132 (64 FR 43255, August 10, 1999). This action merely proposes to approve a State rule implementing a Federal standard and will result, as a consequence of that approval, in the Administrator's withdrawal of the CAIR FIP. It does not alter the relationship or the distribution of power and responsibilities established in the Clean Air Act. This proposed rule also is not subject to Executive Order 13045, ''Protection of Children from Environmental Health Risks and Safety Risks'' (62 FR 19885, April 23, 1997), because it would approve a State rule implementing a Federal Standard.

In reviewing SIP submissions, EPA's role is to approve State choices, provided that they meet the criteria of the Clean Air Act. In this context, in the absence of a prior existing requirement for the State to use voluntary consensus standards (VCS), EPA has no authority to disapprove a SIP submission for failure to use VCS. It would thus be inconsistent with applicable law for EPA, when it reviews a SIP submission, to use VCS in place of a SIP submission that otherwise satisfies the provisions of the Clean Air Act. Thus, the requirements of section 12(d) of the National Technology Transfer and Advancement Act of 1995 (15 U.S.C. 272 note) do not apply. This proposed rule would not impose an information collection burden under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Intergovernmental relations, Nitrogen dioxide, Ozone, Particulate matter, Reporting and recordkeeping requirements, Sulfur dioxide.

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

Dated: July 3, 2007.

J.I. Palmer Jr.,

Regional Administrator, Region 4.

[FR Doc. E7–13567 Filed 7–11–07; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Chapter I

[MB Docket No. 07–57; FCC 07–119]

Applications for Consent to the Transfer of Control of Licenses, XM Satellite Radio Holdings Inc., Transferor, to Sirius Satellite Radio Inc., Transferee

AGENCY: Federal Communications Commission.

ACTION: Proposed rule; comments requested.

SUMMARY: Sirius Satellite Radio Inc. and XM Satellite Radio Holdings Inc. submitted applications seeking permission to transfer control of Commission licenses and authorizations held by XM and Sirius to a single, combined entity. The proposed transfer conflicts with language which prohibits such a combination in an earlier Commission order. The Notice of Proposed Rulemaking (''NPRM'') seeks comment on whether the language in question constitutes a binding Commission rule and, if so, whether the Commission should waive, modify, or repeal the prohibition in the event that the Commission determines that the proposed merger, on balance, would serve the public interest.

DATES: Interested parties may file comments on the NPRM on or before August 13, 2007, and reply comments on or before August 27, 2007.

ADDRESSES: Copies of the NPRM may be accessed from the Internet homepage of the Federal Communications Commission via the following hyperlink: *http://hraunfoss.fcc.gov/edocs_public/attachmatch/FCC-07-119A1.pdf*. Comments may be filed using: (1) The Commission's Electronic Comment Filing System (ECFS), (2) the Federal Government's eRulemaking Portal, or (3) by filing paper copies. *See Electronic Filing of Documents in Rulemaking Proceedings*, 63 FR 24121, May 1, 1998.

- *Electronic Filers:* Comments may be filed electronically using the Internet by accessing the ECFS: *http://www.fcc.gov/cgb/ecfs/* or the Federal eRulemaking Portal: *http://www.regulations.gov.* Filers should follow the instructions provided on the Web site for submitting comments.
- For ECFS filers, if multiple docket or rulemaking numbers appear in the caption of this proceeding, filers must transmit one electronic copy of the comments for each docket or rulemaking number referenced in the caption. In completing the transmittal screen, filers should include their full name, U.S. Postal Service mailing address, and the applicable docket or rulemaking number. Parties may also submit an electronic comment by Internet e-mail. To get filing instructions, filers should send an e-mail to *ecfs@fcc.gov*, and include the following words in the body of the message, ''get form.'' A sample form and directions will be sent in response.
- *Paper Filers:* Parties who choose to file by paper must file an original and four copies of each filing. If more than one docket or rulemaking number appears in the caption of this proceeding, filers must submit two additional copies for each additional docket or rulemaking number.

Filings can be sent by hand or messenger delivery, by commercial overnight courier, or by first-class or overnight U.S. Postal Service mail (although we continue to experience delays in receiving U.S. Postal Service mail). All filings must be addressed to the Commission's Secretary, Office of the Secretary, Federal Communications Commission.

- The Commission's contractor will receive hand-delivered or messenger-delivered paper filings for the Commission's Secretary at 236 Massachusetts Avenue, NE., Suite 110, Washington, DC 20002. The filing hours at this location are 8 a.m. to 7 p.m. All hand deliveries must be held together with rubber bands or fasteners. Any envelopes must be disposed of before entering the building.
- Commercial overnight mail (other than U.S. Postal Service Express Mail and Priority Mail) must be sent to 9300 East Hampton Drive, Capitol Heights, MD 20743.
- U.S. Postal Service first-class, Express, and Priority mail should be addressed to 445 12th Street, SW., Washington, DC 20554.

People with Disabilities: To request materials in accessible formats for people with disabilities (Braille, large print, electronic files, audio format), send an e-mail to *fcc504@fcc.gov* or call the Consumer & Governmental Affairs Bureau at 202–418–0530 (voice), 202–418–0432 (TTY).

FOR FURTHER INFORMATION CONTACT: Rosemary C. Harold, (202) 418–7200, Royce Sherlock, (202) 418–7030, or Marcia Glauberman, (202) 418–7046, of the Media Bureau.

SUPPLEMENTARY INFORMATION: The NPRM was adopted by the Commission on June 25, 2007, and released on June 27, 2007.

Initial Regulatory Flexibility Certification. Pursuant to the Regulatory

Flexibility Act, the Commission certifies that the outcome of this rulemaking will not have a significant economic impact on a substantial number of small entities. Currently, only XM and Sirius hold licenses to provide SDARS service. Because SDARS service requires significant capital for operation, the Commission believes it is unlikely that a small entity, as defined by the Small Business Administration, would have the financial wherewithal to become an SDARS licensee.[1]

Paperwork Reduction Act. The NPRM does not contain proposed information collection(s) subject to the Paperwork Reduction Act of 1995 (PRA), Public Law 104–13. Thus, it does not contain any new or modified ''information collection burden for small business concerns with fewer than 25 employees,'' pursuant to the Small Business Paperwork Relief Act of 2002, Public Law 107–198. See 44 U.S.C. 3506(c)(4).

Ex Parte Information. This is a permit-but-disclose notice and comment rulemaking proceeding. Ex parte presentations are permitted, except during the Sunshine Agenda period, provided that they are disclosed as provided in the Commission's rules. *See generally* 47 CFR 1.1202, 1.1203, and 1.1206(a).

Federal Communications Commission.

William F. Caton,

Deputy Secretary.

[FR Doc. E7–13485 Filed 7–11–07; 8:45 am]

BILLING CODE 6712–01–P

[1] The small business size standard for the census category, ''Radio Networks,'' which includes radio satellite broadcasting, is $6.5 million or less in receipts, per year. See 13 CFR 121.201, NAICS code 51511.

Notices

Federal Register
Vol. 72, No. 133
Thursday, July 12, 2007

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 Marketing Service

[Docket # AMS–FV–2007–0008; FV–06–310]

United States Standards for Grades of Florida Avocados

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Reopening and extension of the comment period.

SUMMARY: Notice is hereby given that the comment period on possible revisions to the United States Standards for Grades of Florida Avocados is reopened and extended.

DATES: Comments must be received by August 13, 2007.

ADDRESSES: Interested persons are invited to submit written comments on the Internet at: *http://www.regulations.gov* or the Standardization Section, Fresh Products Branch, Fruit and Vegetable Programs, Agricultural Marketing Service, U.S. Department of Agriculture; 1400 Independence Ave. SW., Room 1661 South Building, Stop 0240, Washington, DC 20250–0240; or fax (202) 720–8871. Comments should make reference to the dates and page number of this issue of the **Federal Register** and will be made available for public inspection in the above office during regular business hours.

FOR FURTHER INFORMATION CONTACT: Vincent J. Fusaro, Standardization Section, Fresh Products Branch, (202) 720–2185. The United States Standards for Grades of Florida Avocados are available through the Fresh Products Branch Web site at: *http://www.ams.usda.gov/standards/stanfrfv.htm.*

SUPPLEMENTARY INFORMATION: A notice was published in the **Federal Register** on March 29, 2007, (72 FR 14709), requesting comments on the possible revision of the United States Standards for Grades of Florida Avocados. The proposed revision would modify the title of the standard by deleting ''Florida,'' to make the standards generic to cover all avocados. The comment period ended May 29, 2007.

A comment was received on behalf of a foreign government expressing the need for additional time to comment. They requested an extension to the comment period to allow further review of the proposed revisions and their potential impact.

After reviewing the request, AMS is reopening and extending the comment period in order to allow sufficient time for interested persons, including growers, packers, and trade groups to file comments.

Authority: 7 U.S.C. 1621–1627.

Dated: July 9, 2007.

Lloyd C. Day,

Administrator, Agricultural Marketing Service.

[FR Doc. E7–13549 Filed 7–11–07; 8:45 am]

BILLING CODE 3410–02–P

DEPARTMENT OF AGRICULTURE

Forest Service

Alpine County, CA, Resource Advisory Committee (RAC)

AGENCY: Forest Service, USDA.

ACTION: Notice of meeting.

SUMMARY: Pursuant to the authorities in the Federal Advisory Committees Act (Pub. L. 92–463) and under the Secure Rural Schools and Community Self-Determination Act of 2000 (Pub. L. 106–393) the Alpine County Resource Advisory Committee (RAC) will meet on Thursday, July 17, 2007 at 18:00 at the Diamond Valley School for business meetings. The purpose of the meeting is to discuss issues relating to implementing the Secure Rural Schools and Community Self-Determination Act of 2000 (Payment to States) and expenditure of Title II funds. The meetings are open to the public.

DATES: Thursday, July 17, 2007 at 18:00 hours.

ADDRESSES: The meeting will be held at the Diamond Valley School, 35 Hawkside Drive, Markleeville, California 96120. Send written comments to Franklin Pemberton, Alpine County RAC coordinator, c/o USDA Forest Service, Humboldt-Toiyabe N.F., Carson Ranger District 1536 So. Carson Street, Carson City, NV 89701.

FOR FURTHER INFORMATION CONTACT: Alpine Co. RAC Coordinator, Franklin Pemberton at (775) 884–8150; or Gary Schiff, Carson District Ranger and Designated Federal Officer, at (775) 884–8100, or electronically to *fpemberton@fs.fed.us.*

SUPPLEMENTARY INFORMATION: The Meeting is open to the public. Council discussion is limited to Forest Service staff and Council members. However, persons who wish to bring urban and community forestry matters to the attention of the council may file written statements with the Council staff before and after the meeting.

Dated: July 3, 2007.

Edward Monnig,

Forest Supervisor, Humboldt-Toiyabe N.F.

[FR Doc. 07–3383 Filed 7–11–07; 8:45 am]

BILLING CODE 3410–11–M

DEPARTMENT OF COMMERCE

International Trade Administration

A–570–831

Fresh Garlic from the People's Republic of China: Initiation of Antidumping Duty New Shipper Reviews

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

EFFECTIVE DATE: July 12, 2007.

SUMMARY: The Department of Commerce (''Department'') has determined that five requests for new shipper reviews (''NSRs'') of the antidumping duty order on fresh garlic from the People's Republic of China (''PRC''), received on May 17, May 21, and May 28, 2007, respectively, meet the statutory and regulatory requirements for initiation. The period of review (''POR'') for the five NSRs which the Department is initiating is November 1, 2006, through April 30, 2007.

Additionally, the Department has extended the deadline for initiating the new shipper review (''NSR'') requested submitted by Henan Weite Industrial (''Weite'') on April 30, 2007, by thirty days to July 30, 2007.

FOR FURTHER INFORMATION CONTACT: Julia Hancock, Michael Holton, and Paul Walker, AD/CVD Operations, Office 9, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, NW., Washington, D.C. 20230; telephone: (202) 482–1394, (202) 482–1324, and (202) 482–0413, respectively.

SUPPLEMENTARY INFORMATION:

Background

The notice announcing the antidumping duty order on fresh garlic from the PRC was published in the **Federal Register** on November 16, 1994. *See Notice of Antidumping Duty Order: Fresh Garlic from the People's Republic of China*, 59 FR 59209 (November 16, 1994) (''*Order*'').[1] On April 30, May 17, May 21, and May 28, 2007, pursuant to section 751(a)(2)(B)(i) of the Tariff Act of 1930, as amended (''the Act''), and 19 CFR 351.214(c), the Department received six new shipper review (''NSR'') requests from Henan Weite Industrial (''Weite''), Shandong Chenhe International Trading Co., Ltd. (''Chenhe''), Qingdao Tiantaixing Foods Co., Ltd. (''QTF''), Hebei Golden Bird Trading Co., Ltd. (''Golden Bird''), Jining Yongjia Trade Co., Ltd. (''Yongjia''), and Shenzhen Greening Trading Co., Ltd. (''Greening''), respectively. Weite, Chenhe, and Greening certified that they are both the producer and exporter of the subject merchandise upon which the requests for NSRs were based. QTF, Golden Bird, and Jining certified that they were the exporters of the subject merchandise upon which the requests for a NSR were based.

On June 11, 2007, the Fresh Garlic Producers Association and its individual members, Christopher Ranch L.L.C., the Garlic Company, Valley Garlic, and Vessey and Company, Inc., (collectively, ''Petitioners'') submitted comments requesting that the Department reject the NSR requests from Weite and QTF. Specifically, Petitioners state that both Weite and QTF, which requested NSR reviews, are respondents in the twelfth administrative review (''12th AR'') of this *Order*. Accordingly, Petitioners request that the Department reject Weite's and QTF's respective NSR request because: (1) Each exporter's sale is already covered by the 12th AR; (2) neither exporter made a U.S. sale during the POR for this NSR; (3) neither exporter has provided justification for expanding the POR for this NSR to cover its respective sale; (4) Weite's claim that it did not expect, in November 2006, to be treated as a section A respondent in the 12th AR is not credible; (5) each exporter's decision in November 2006 to request a regular administrative review versus a NSR was likely based on the expectation that (a) it would participate in the 12th AR as a section A respondent, and (b) it would receive a low dumping margin in the 12th AR based on the relatively low dumping rates it expected to be issued for the few 12th AR mandatory respondents; (6) the Department has already stated that it does not have the resources to review every exporter; and (7) allowing these exporters the opportunity request both a NSR and administrative review allows respondents to manipulate the system.

On June 12, 2007, the Department issued letters to Golden Bird, QTF, and Yongjia requesting further information that was not contained within their NSR requests. Additionally, on June 13, 2007, Petitioners submitted comments requesting that the Department reject the NSR requests of Chenhe, QTF, Golden Bird, and Yongjia. Specifically, Petitioners note that each requestor, Chenhe, QTF, Golden Bird and Yongjia, did not serve their respective NSR request on Petitioners, pursuant to 19 CFR 351.303(f)(1)(ii). Additionally, Petitioners argue that the Department should reject the new shipper requests because: (1) Chenhe's request does not contain a certification of counsel, pursuant to 19 CFR 351.303(g)(2); and (2) Golden Bird's, QTF's, and Yongjia's respective requests contain certifications that incorrectly state that their consultant is employed by the respective company.

On June 14, 2007, Golden Bird, QTF, and Yongjia submitted certifications, pursuant to 19 CFR 351.214(b)(2)(ii)(B), from each of their respective producers, that their respective producers had never been affiliated with any exporter or producer who exported subject merchandise to the United States. Additionally, on June 14, 2007, QTF and Yongjia submitted revised public versions of their respective May 21, 2007, NSR requests.

On June 14, 2007, QTF submitted rebuttal comments in response to Petitioners' June 11, 2007, letter, requesting that the Department reject QTF's and Weite's respective NSR requests. Specifically, QTF argues that Petitioners' argument for rejecting its NSR request is without merit because the entry date of its sale is within the POR for this NSR. Additionally, QTF states that, pursuant to 19 CFR 351.214(j), QTF has the option to participate in this NSR since QTF still has the option to withdraw its request for a review in the 12th AR. Accordingly, QTF argues that there is no basis for the Department to not initiate a NSR of its sale.

On June 19, 2007, QTF, Golden Bird, and Jining submitted letters notifying the Department that they had served public versions of their respective NSR requests on Petitioners.

On June 21, 2007, Chenhe submitted rebuttal comments in response to Petitioners' June 13, 2007, letter, requesting that the Department reject Chenhe's NSR request. Specifically, Chenhe argues that it served Petitioners with a public version of its NSR request when it was notified of this oversight by the Department. Additionally, Chenhe states that the Department has never terminated a review where the service to an interested party was later remedied. *See Notice of Final Results of Antidumping Duty Administrative Reviews and Final Rescission and Partial Rescission of Antidumping Duty Administrative Reviews: Heavy Forged Hand Tools, Finished and Unfinished, With or Without Handles from the People's Republic of China*, 71 FR 54269 (September 14, 2006) and accompanying Issues and Decision Memorandum at Comment 4. Moreover, Chenhe contends that the U.S. Court of Appeals for the Federal Circuit (''CAFC''), in *PAM*, found that ''the failure of a party to provide notice as required by such a regulation does not prejudice the non–notified party.'' *See PAM S.p.A. v. United States*, 463 F. 3d 1345, 1348 (CAFC 2006) (''*PAM*''). Accordingly, Chenhe argues that Petitioners' request to not initiate Chenhe's NSR request because Petitioners were not served is without merit. Furthermore, Chenhe contends that Petitioners' argument that Chenhe's NSR request did not contain a certification of counsel is incorrect because page 3 of Chenhe's request does contain a certification of counsel, pursuant to 19 CFR 351.303(g)(2).

On June 26, 2007, the Department issued memoranda documenting its telephone requests to representatives of Chenhe, QTF, Golden Bird, and Jining that they serve Petitioners a public version of their respective NSR requests. *See Memorandum to the File, from Julia Hancock, Senior Case Analyst, RE: Fresh Garlic from the People's Republic of China, Subject: Phone Call with Mark Pardo*, (June 26, 2007); *Memorandum to the File, from Julia Hancock, Senior Case Analyst, RE: Fresh Garlic from the People's Republic of China, Subject:*

[1] Therefore, a request for a NSR based on the semi-annual anniversary month, May, was due to the Department by the final day of May 2007. *See* 19 CFR 351.214(d)(1).

Phone Call with Jasmine Zhao, (June 26, 2007).

On June 29, 2007, the Department issued a memorandum stating that the Department had received a database query from U.S. Customs and Border Protection (''CBP'') that showed inconsistencies in Weite's entry date. *See Memorandum to the File, through Alex Villanueva, Program Manager, from Julia Hancock, Senior Case Analyst, RE: Fresh Garlic from the People's Republic of China, Subject: U.S. Customs and Border Protection Module Run for New Shipper Reviews*, (June 29, 2007) (''*CBP Memo*'').

Pursuant to section 751(a)(2)(B)(i)(I) of the Act, 19 CFR 351.214(b)(2)(i) and 351.214(b)(2)(ii)(A) (for Golden Bird, QTF, and Jining), Weite, Chenhe, QTF, Golden Bird, Jining, and Greening certified that they did not export fresh garlic to the United States during the period of investigation (''POI''). In addition, pursuant to section 751(a)(2)(B)(i)(II) of the Act and 19 CFR 351.214(b)(2)(iii)(A), Weite, Chenhe, QTF, Golden Bird, Jining, and Greening certified that, since the initiation of the investigation, they have never been affiliated with any PRC exporter or producer who exported fresh garlic to the United States during the POI, including those not individually examined during the investigation. As required by 19 CFR 351.214(b)(2)(iii)(B), Weite, Chenhe, QTF, Golden Bird, Jining, and Greening also certified that their export activities were not controlled by the central government of the PRC.

In addition to the certifications described above, pursuant to 19 CFR 351.214(b)(2)(iv), Weite, Chenhe, QTF, Golden Bird, Jining, and Greening submitted documentation establishing the following: (1) The date on which Weite, Chenhe, QTF, Golden Bird, Jining, and Greening first shipped fresh garlic for export to the United States and the date on which the fresh garlic was first entered, or withdrawn from warehouse, for consumption; (2) the volume of their first shipment;[2] and (3) the date of their first sale to an unaffiliated customer in the United States.

The Department conducted CBP database queries in an attempt to confirm that Weite, Chenhe, QTF, Golden Bird, Jining, and Greening's shipments of subject merchandise had entered the United States for consumption and that liquidation of such entries had been properly suspended for antidumping duties. The Department also examined whether the CBP data confirmed that such entries were made during the NSR POR.

Analysis of Comment Received

A. Weite and QTF Entries During NSR

We disagree with Petitioners that because Weite and QTF are currently participating as separate rate respondents in the 12th AR, their respective NSR requests should be rejected. While the Department recognizes that both Weite and QTF are currently participating as separate rate respondents in the twelfth administrative review, the evidence submitted by Weite shows that Weite exported merchandise to the United States that entered during the POR of the NSR. However, the Department recognizes that other record evidence does not confirm that the entry date provided by Weite is within the POR of NSR. *See CBP Memo*, at 1. In *Honey from the PRC*, the Department extended the time limit to initiate the NSR in order for Shanghai Bloom International Trading Co., Ltd. (''Shanghai Bloom'') to explain or resolve inconsistencies in Shanghai Bloom's entry documentation. *See Notice of Initiation of New Shipper Antidumping Duty Review: Honey from the People's Republic of China*, 71 FR 52764, 52765 (September 7, 2006) (''*Honey from the PRC*''). As in *Honey from the PRC*, because there are certain discrepancies between the documentation provided by Weite and other record evidence obtained from the CBP database, the Department has determined to provide Weite an opportunity to explain or resolve these inconsistencies. Accordingly, pursuant to 19 CFR 351.302(b), the Department is extending the deadline to initiate Weite's NSR until July 30, 2007.

With respect to QTF, the Department finds that the record evidence shows that QTF exported merchandise to the United States that entered during the POR of the NSR. Therefore, on the basis of this evidence, the Department determines to initiate this NSR requested by QTF, pursuant to 19 CFR 351.214(g)(1)(i). However, the Department notes that the record evidence also shows that QTF did not export merchandise to the United States that entered during the period of the 12th AR, which is November 1, 2005, to October 31, 2006. Accordingly, the Department intends to examine this issue in the context of the 12th AR and determine whether to rescind that review of QTF in light of the evidence showing that QTF did not have an entry during the period of the 12th AR.

We also disagree with Petitioners that a NSR request from Weite and QTF should be rejected because neither exporter made a U.S. sale during the NSR period. The Department finds that there is record evidence indicating that Weite and QTF exported subject merchandise to the United States during the POR of the NSR.

Petitioners also argue that the Department should reject Weite and QTF's NSR requests because neither exporter has provided justification for expanding the NSR period to cover its respective sales. In this case, as discussed above, it appears that the merchandise exported by QTF entered the United States during the NSR period. Therefore, an expansion of the NSR period would not be necessary given that the normal suspension of liquidation instruction for this NSR period would include QTF's entry. Furthermore, with respect to Weite, because the Department has extended the deadline to initiate Weite's NSR, Petitioners' argument regarding the timing of Weite's sale will continue to be considered by the Department.

B. Chenhe, QTF, Golden Bird, and Yongjia Service of NSR Requests

Petitioners argue that the Department should reject the NSR requests from Chenhe, QTF, Golden Bird and Yongjia because they did not serve their respective new shipper requests on Petitioners, pursuant to 19 CFR 351.303(f)(1)(ii). Although we agree with Petitioners that Chenhe, QTF, Golden Bird and Yongjia did not originally serve Petitioners with their respective NSR requests, we disagree that the NSR requests should be rejected on this basis. The Department finds that the initial failure to serve Petitioners did not result in substantial prejudice, such that initiation of the NSRs should be denied. On June 6, 2007, the Department faxed copies of all four NSR requests to Petitioners since all four NSR requests were submitted prior to the last day of the anniversary month. Accordingly, the Department finds that Petitioners had sufficient time to review each of these four NSR requests and provide comments for the Department to consider before the initiation deadline of June 30, 2007. On June 20, 2007, the Department notified Chenhe, QTF, Golden Bird, and Yongjia that each were required to serve their individual request on Petitioners. The respective counsel/representative for Chenhe, QTF, Golden Bird, and Yongjia submitted letters notifying the Department that they had served those companies' respective request on Petitioners. *See Chenhe's Response to Petitioners'*

[2] Weite, Chenhe, QTF, Golden Bird, Jining, and Greening made no subsequent shipments to the United States.

Claims to Reject Chenhe's New Shipper Review Request, (June 21, 2007) at 2; *Letter from Trade Bridge Consulting Services*, (June 19, 2007). Thus, the Department finds that Petitioners did not suffer substantial prejudice due to these companies' initial failure to serve their individual requests upon Petitioners and that the lack of service was rectified in a timely fashion for these companies. *See PAM*, 463 F. 3d 1345, 1348 (CAFC 2006).

C. Chenhe, Golden Bird, QTF and Yongjia Certifications

Petitioners argue that the Department should reject the NSR request from Chenhe because it does not contain a certification of counsel, pursuant to 19 CFR 351.303(g)(2). However, the Department finds that on page 3 of Chenhe's NSR request, Chenhe did include the certification of counsel, pursuant to 19 CFR 351.303(g)(2). Therefore, the Department is not rejecting Chenhe's NSR on the basis that it lacks a certification.

Finally, Petitioners argue that the Department should reject the NSR requests from Golden Bird, QTF, and Yongjia because they did not submit certifications from each of their respective producers that their respective producers had never been affiliated with any exporter or producer who exported subject merchandise to the United States. On June 14, 2007, Golden Bird, QTF, and Yongjia submitted certifications from each of their respective producers that they had never been affiliated with any exporters or producers who exported the subject merchandise. Therefore, the Department is not rejecting the NSR requests of Golden Bird, QTF, and Yongjia on the basis that they lack certifications.

Initiation of New Shipper Reviews

A. Chenhe, QTF, Golden Bird, Jining, and Greening

Pursuant to section 751(a)(2)(B) of the Act and 19 CFR 351.214(d)(1), the Department finds that Chenhe and Greening meet the threshold requirements for initiation of a NSR for the shipment of fresh garlic from the PRC they produced and exported. *See Memorandum to File from Julia Hancock, Senior Analyst, through Alex Villanueva, Program Manager, Office 9, Initiation of AD New Shipper Review: Fresh Garlic from the People's Republic of China (A–570–831)*, (June 29, 2007) (''*Garlic Memo*''). Additionally, pursuant to section 751(a)(2)(B) of the Act and 19 CFR 351.214(d)(1), the Department finds that QTF, Golden Bird, and Jining meet the threshold requirements for initiation of a NSR for the shipment of fresh garlic from the PRC they exported for their respective garlic producer. *See Garlic Memo*.

B. Weite

Pursuant to 19 CFR 351.302(b), the Department finds that further time is needed to determine whether or not to initiate Weite's NSR request because of certain discrepancies between Weite's NSR request and other record evidence. Accordingly, in accordance with 19 CFR 351.302(b), the Department has extended the deadline to initiate Weite's NSR by thirty days to July 30, 2007.

The POR for the five NSRs is November 1, 2006, through April 30, 2007. *See* 19 CFR 351.214(g)(1)(ii)(A). The Department intends to issue the preliminary results of these reviews no later than 180 days from the date of initiation, and final results of these reviews no later than 270 days from the date of initiation. *See* section 751(a)(2)(B)(iv) of the Act. Interested parties requiring access to proprietary information in this NSR should submit applications for disclosure under administrative protective order in accordance with 19 CFR 351.305 and 351.306. This initiation and notice are published in accordance with section 751(a)(2)(B) of the Act and 19 CFR 351.214 and 351.221(c)(1)(i).

Dated: June 29, 2007.

Stephen J. Claeys,

Deputy Assistant Secretary for Import Administration.

[FR Doc. E7–13552 Filed 7–11–07; 8:45 am]

BILLING CODE 3510–DS–S

DEPARTMENT OF COMMERCE

International Trade Administration

(A–475–818)

Notice of Partial Rescission of Antidumping Duty Administrative Review: Tenth Administrative Review of the Antidumping Duty Order on Certain Pasta from Italy

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

BACKGROUND: On July 3, 2006, the Department published a notice of opportunity to request an administrative review of the antidumping duty order on certain pasta from Italy. *See Antidumping or Countervailing Duty Order, Finding, or Suspended Investigation: Opportunity to Request Administrative Review*, 71 FR 37890 (July 3, 2006). We received requests for review from petitioners[1] and from individual Italian exporters/producers of pasta, in accordance with 19 CFR 351.213(b)(1)&(2). On August 30, 2006, the Department published the notice of initiation of this antidumping duty administrative review covering the period July 1, 2005, through June 30, 2006, listing these four companies as respondents: Atar, S.r.L. (''Atar'') and Rummo S.p.A. Molino e Pastificio (Rummo), Industria Alimentare Colavita S.p.A. (Indalco) and Corticella Molini e Pastifici S.p.A./Pasta Combattenti S.p.A. (collectively, ''Corticella/Combattenti''). *See Initiation of Antidumping and Countervailing Duty Administrative Reviews and Requests for Revocation in Part*, 71 FR 51573 (August 30, 2006) (''*Initiation Notice*'').

Indalco and Corticella/Combattenti timely withdrew their requests for an administrative review of certain pasta from Italy, respectively, on August 31, 2006, and on November 28, 2006, pursuant to section 351.213(d)(1) of the Department's regulations.

EFFECTIVE DATE: July 12, 2007.

FOR FURTHER INFORMATION CONTACT: Maura Jeffords, AD/CVD Operations, Office 3, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, NW., Washington, DC 20230; telephone: (202) 482–3146.

SUPPLEMENTARY INFORMATION:

Scope of the Order

Imports covered by this order are shipments of certain non–egg dry pasta in packages of five pounds four ounces or less, whether or not enriched or fortified or containing milk or other optional ingredients such as chopped vegetables, vegetable purees, milk, gluten, diastasis, vitamins, coloring and flavorings, and up to two percent egg white. The pasta covered by this scope is typically sold in the retail market, in fiberboard or cardboard cartons, or polyethylene or polypropylene bags of varying dimensions.

Excluded from the scope of this order are refrigerated, frozen, or canned pastas, as well as all forms of egg pasta, with the exception of non–egg dry pasta containing up to two percent egg white. Also excluded are imports of organic pasta from Italy that are accompanied by the appropriate certificate issued by the Instituto Mediterraneo Di Certificazione, by Bioagricoop Scrl, by QC&I International Services, by Ecocert Italia, by Consorzio per il Controllo dei

[1] New World Pasta Company; Dakota Growers Pasta Company; and American Italian Pasta Company.

Prodotti Biologici, or by Associazione Italiana per l'Agricoltura Biologica.

In addition, based on publicly available information, the Department has determined that, as of March 13, 2003, imports of organic pasta from Italy that are accompanied by the appropriate certificate issued by Instituto per la Certificazione Etica e Ambientale (''ICEA'') are also excluded from this order. *See* Memorandum from Audrey Twyman to Susan Kuhbach, dated February 28, 2006, entitled ''Recognition of Instituto per la Certificazione Etica e Ambientale (''ICEA'') as a Public Authority for Certifying Organic Pasta from Italy'' which is on file in the Department's CRU.

The merchandise subject to this order is currently classifiable under item 1902.19.20 of the *Harmonized Tariff Schedule of the United States* (''*HTSUS*''). Although the *HTSUS* subheading is provided for convenience and customs purposes, the written description of the merchandise subject to the order is dispositive.

Partial Rescission of Review

If a party that requested a review withdraws the request within 90 days of the date of publication of notice of initiation of the requested review, the Secretary will rescind the review, in whole or in part, pursuant to 19 CFR 351.213(d)(1). In this case, respondents Indalco and Corticella/Combattenti withdrew their respective requests for review within 90 days from the date of initiation. No other interested party requested a review of Indalco or Corticella/Combattenti and we have received no comments regarding their withdrawal. Therefore, consistent with 19 CFR 351.213(d)(1), we are rescinding this review of the antidumping duty order on certain pasta from Italy in part with respect to Indalco and Corticella/Combattenti.

The Department intends to issue assessment instructions to U.S. Customs and Border Protection (CBP) 15 days after the publication of this notice. The Department will direct CBP to assess antidumping duties at the cash deposit rate in effect on the date of entry for entries during the period July 1, 2005, through June 30, 2006.

This notice is in accordance with section 777(i)(1) of the Tariff Act of 1930, as amended and 19 CFR 251.213(d)(4).

Dated: July 3, 2007.

Stephen J. Claeys,

Deputy Assistant Secretary for Import Administration.

[FR Doc. E7–13553 Filed 7–11–07; 8:45 am]

BILLING CODE 3510–DS–S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

RIN 0648–XB13

Small Takes of Marine Mammals Incidental to Specified Activities; Naval Explosive Ordnance Disposal School Training Operations at Eglin Air Force Base, Florida

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

ACTION: Notice; receipt of application and proposed authorization for incidental harassment of marine mammals; request for comments and information.

SUMMARY: NMFS has received a request from Eglin Air Force Base (EAFB) for the take of marine mammals, by Level B harassment, incidental to Naval Explosive Ordnance Disposal School (NEODS) Training Operations at EAFB, Florida. Under the Marine Mammal Protection Act (MMPA), NMFS is requesting comments on its proposal to issue an incidental harassment authorization (IHA) to the Air Force to take, by Level B harassment, two species of cetaceans at EAFB beginning in October 2007. NMFS is also requesting comments on its intent to promulgate regulations in 2007 governing the take of marine mammals over a 5–year period incidental to the activities described herein. NMFS issued an IHA for these activities in 2005 and 2006. No activities have occurred to date.

DATES: Comments and information must be received no later than August 13, 2007.

ADDRESSES: Comments on the application should be addressed to Michael Payne, Chief, Permits, Conservation and Education Division, Office of Protected Resources, National Marine Fisheries Service, 1315 East-West Highway, Silver Spring, MD 20910–3225. The mailbox address for providing email comments is *PR1.0648–XB13@noaa.gov*. NMFS is not responsible for e-mail comments sent to addresses other than the one provided here. Comments sent via e-mail, including all attachments, must not exceed a 10–megabyte file size.

A copy of the application containing a list of the references used in this document may be obtained by writing to the address specified above, telephoning the contact listed below (see **FOR FURTHER INFORMATION CONTACT**), or visiting the internet at: *http://www.nmfs.noaa.gov/pr/permits/incidental.htm*.

Documents cited in this notice may be viewed, by appointment, during regular business hours, at the aforementioned address.

FOR FURTHER INFORMATION CONTACT: Jaclyn Daly, Office of Protected Resources, NMFS, (301) 713–2289, ext. 144.

SUPPLEMENTARY INFORMATION:

Background

Sections 101(a)(5)(A) and (D) of the MMPA (16 U.S.C. 1361 *et seq.*) direct the Secretary of Commerce to allow, upon request, the incidental, but not intentional taking of marine mammals by U.S. citizens who engage in a specified activity (other than commercial fishing) if certain findings are made and regulations are issued or, if the taking is limited to harassment, notice of a proposed authorization is provided to the public for review.

Authorization for incidental takings may be granted if NMFS finds that the taking will have a negligible impact on the species or stock(s), will not have an unmitigable adverse impact on the availability of the species or stock(s) for certain subsistence uses, and if the permissible methods of taking and requirements pertaining to the mitigation, monitoring and reporting of such taking are set forth.

NMFS has defined ''negligible impact'' in 50 CFR 216.103 as:

> an impact resulting from the specified activity that cannot be reasonably expected to, and is not reasonably likely to, adversely affect the species or stock through effects on annual rates of recruitment or survival.

Subsection 101(a)(5)(D) of the MMPA established an expedited process by which citizens of the United States can apply for an authorization to incidentally take of marine mammals by harassment. With respect to military readiness activities, the MMPA defines ''harassment'' as:

> (i) Any act that injures or has the significant potential to injure a marine mammal or marine mammal stock in the wild [Level A Harassment]; or (ii) any act that disturbs or is likely to disturb a marine mammal or marine mammal stock in the wild by causing disruption of natural behavioral patterns, including, but not limited to, migration, surfacing, nursing, breeding, feeding, or sheltering, to a point where such behavioral patterns are abandoned or significantly altered [Level B Harassment].

Section 101(a)(5)(D) establishes a 45–day time limit for NMFS review of an application followed by a 30–day public notice and comment period on any proposed authorizations for the incidental harassment of marine mammals. Within 45 days of the close of the comment period, NMFS must either issue or deny issuance of the authorization.

Summary of Request

On June 7, 2007, NMFS received an application from EAFB requesting re-authorization for the harassment of Atlantic bottlenose dolphins (*Tursiops truncatus*) and Atlantic spotted dolphins (*Stenella frontalis*) incidental to NEODS training operations at EAFB, Florida, in the northern Gulf of Mexico (GOM). Each of up to six missions per year would include up to 5 live detonations of approximately 5–lb (2.27–kg) net explosive weight charges to occur in approximately 60–ft (18.3–m) deep water from one to three nm (1.9 to 5.6 km) off shore. Because this activity will be a multi-year activity, NMFS also plans to develop proposed regulations for NEODS training operations at EAFB.

Specified Activities

The mission of NEODS is to train personnel to detect, recover, identify, evaluate, render safe, and dispose of unexploded ordnance (UXO) that constitutes a threat to people, material, installations, ships, aircraft, and operations. The NEODS proposes to utilize three areas within the Eglin Gulf Test and Training Range (EGTTR), consisting of approximately 86,000 mi^2 (222,739 km^2) within the GOM and the airspace above, for Mine Countermeasures (MCM) detonations, which involve mine-hunting and mine-clearance operations. The detonation of small, live explosive charges disables the function of the mines, which are inert for training purposes. The proposed training would occur approximately one to three nautical miles (nm) (1.9 to 5.6 km) offshore of Santa Rosa Island (SRI) six times annually, at varying times within the year.

Each of the six training classes would include one or two ''Live Demolition Days.'' During each set of Live Demolition Days, five inert mines would be placed in a compact area on the sea floor in approximately 60 ft (18.3 m) of water. Divers would locate the mines by hand-held sonars. The AN/PQS–2A acoustic locator has a sound pressure level (SPL) of 178.5 re 1 μPascal @ 1 meter and the Dukane Underwater Acoustic Locator has a SPL of 157–160.5 re 1 μPascal @ 1 meter. Because output from these sound sources would attenuate to below any current threshold for protected species within approximately 10–15 m, noise impacts are not anticipated and are not addressed further in this analysis.

Five charges packed with five lbs (2.3 kg) of C–4 explosive material will be set up adjacent to each of the mines. No more than five charges will be detonated over the 2–day period. Detonation times will begin no earlier than 2 hours after sunrise and end no later than 2 hours before dusk and charges utilized within the same hour period will have a maximum separation time of 20 minutes. Mine shapes and debris will be recovered and removed from the water when training is completed. A more detailed description of the work proposed is contained in the application which is available upon request (see **ADDRESSES**).

Military Readiness Activity

NEODS supports the Naval Fleet by providing training to personnel from all four armed services, civil officials, and military students from over 70 countries. The NEODS facility supports the Department of Defense Joint Service Explosive Ordnance Disposal training mission. The Navy and the Marine Corps believe that the ability of Sailors and Marines to detect, characterize, and neutralize mines from their operating areas at sea, on the shore, and inland, is vital to their doctrines.

The Navy believes that an array of transnational, rogue, and subnational adversaries now pose the most immediate threat to American interests. Because of their relative low cost and ease of use, mines will be among the adversaries' weapons of choice in shallow-water situations, and they will be deployed in an asymmetrical and asynchronous manner. The Navy needs organic means to clear mines and obstacles rapidly in three challenging environments: shallow water; the surf zone; and the beach zone. The Navy also needs a capability for rapid clandestine surveillance and reconnaissance of minefields and obstacles in these environments. The NEODS mission in the GOM offshore of EAFB is considered a military readiness activity pursuant to the National Defense Authorization Act (NDAA)(Public Law 108–136).

Marine Mammals and Habitat Affected by the Activity

Marine mammal species that potentially occur within the EGTTR include several species of cetaceans and the West Indian manatee. While a few manatees may migrate from southern Florida to Louisiana in the summer, they primarily inhabit coastal and inshore waters and rarely venture offshore. Dwarf and pygmy sperm whales, while present in the Gulf of Mexico, are pelagic species and not usually found close to shore. NEODS missions are conducted one to three nm (5.6 km) from shore and effects on manatees, dwarf, and pygmy sperm whales are therefore considered very unlikely and not discussed further in this analysis.

Cetacean abundance estimates for the project area are derived from GulfCet II aerial surveys conducted from 1996 to 1998 over a 70,470 km^2 area, including nearly the entire continental shelf region of the EGTTR, which extends approximately 9 nm (16.7 km) from shore. The dwarf and pygmy sperm whales are not included in this analysis because their potential for being found near the project site is remote. Although Atlantic spotted dolphins do not normally inhabit nearshore waters, they are included in the analysis to ensure conservative mitigation measures are applied. The two marine mammal species expected to be affected by these activities are the bottlenose dolphin (*Tursiops truncatus*) and the Atlantic spotted dolphin (*Stenella frontalis*). Descriptions of the biology and local distribution of these species can be found in the application (see **ADDRESSES** for availability); other sources such as Wursig *et al.* (2000), and the NMFS Stock Assessments, can be viewed at: *http://www.NMFS.noaa.gov/pr/PR2/Stock__Assessment__Program/sars.html*.

Atlantic Bottlenose Dolphins

Atlantic bottlenose dolphins are distributed worldwide in tropical and temperate waters and occur in the slope, shelf, and inshore waters of the GOM. Based on a combination of geography and ecological and genetic research, Atlantic bottlenose dolphins have been divided into many separate stocks within the GOM. The exact structure of these stocks is complex and continues to be revised as research is completed. According to the 2005 NOAA stock assessment report, bottlenose dolphins inhabiting water less than 20 m (66 ft)deep are divided into 36 separate inshore or coastal stocks while animals in water 20–200 m (66 to 656 ft) deep constitute 3 continental shelf stocks. However, coastal and continental shelf stocks may overlap. The proposed action would occur on the ocean floor at a depth of approximately 60 ft (18 m) and, therefore, has the potential to affect both the continental shelf and coastal stocks. Activities are not expected to

affect the oceanic stock of bottlenose dolphins in the GOM.

Continental shelf stock assessments were estimated using data from vessel surveys conducted between 1998 and 2001 (at 20- to 200–m (66- to 656–ft) depths). The minimum population estimate for the northern GOM continental shelf stock of the Atlantic bottlenose dolphin is 20,414 (Waring *et al.*, 2005).

Distinct inshore stocks are provisionally identified in each of 33 areas of contiguous, enclosed or semi-enclosed bodies of water adjacent to the Gulf of Mexico (GOM) based on descriptions of relatively discrete dolphin ''communities'' in some of these areas (Waring *et al.*, 2005). A ''community includes resident dolphins that regularly share large portions of their ranges, exhibit similar distinct genetic profiles, and interact with each other to a much greater extent than with dolphins in adjacent waters (dolphins from different communities do interbreed).'' The most recent inshore stock assessment surveys were conducted aerially in 1993. Two bodies of water north of the project area are thought to support distinct communities, the Pensacola Bay and the Choctawhatchee Bay. Population size estimates for most of the inshore stocks are greater than 8 years old and therefore the current population size for each stock is considered unknown. Previous abundance in Pensacola Bay and Choctawhatchee Bay was estimated as 33 and 242 animals, respectively.

Texas A&M University and NMFS conducted GulfCet II aerial surveys in an area including the EGTTR from 1996 to 1998. Density estimates were calculated using abundance data collected from the continental shelf area of the EGTTR. In an effort to provide better species conservation and protection, estimates were adjusted to incorporate temporal and spatial variations, surface and submerged variations, and overall density confidence. The adjusted density estimate for Atlantic bottlenose dolphins within the project area is 0.810 individuals/km^2. A small number of dolphins could not be identified specifically as Atlantic bottlenose or Atlantic spotted and their estimated density was 0.053 individuals/km^2.

Atlantic Spotted Dolphins

Atlantic spotted dolphins are endemic to the tropical and warm temperate waters of the Atlantic Ocean and can be found from the latitude of Cape May, New Jersey south along mainland shores to Venezuela, including the GOM and Lesser Antilles. In the GOM, Atlantic spotted dolphins occur primarily in continental shelf waters 10 to 200 m (33 to 656 ft) deep out to continental slope waters less than 500 m (1640.4 ft) deep. One recent study presents strong genetic support for differentiation between GOM and western North Atlantic management stocks, but the Gulf of Mexico stock has not yet been further subdivided.

Abundance was estimated in the most recent assessment of the northern GOM stock of the Atlantic spotted dolphin using combined data from continental shelf surveys (20 to 200 m (66 to 656 ft) deep) and oceanic surveys (200 m (656 ft)) to offshore extent of U.S. Exclusive Economic Zone) conducted from 1996 to 2001. The minimum population estimate for the northern GOM is 24,752 Atlantic spotted dolphins (Waring *et al.*, 2005).

Density estimates for the Atlantic spotted dolphin within the EGTTR were calculated using abundance data collected during the GulfCet II aerial surveys. In an effort to provide better species conservation and protection, estimates were adjusted to incorporate temporal and spatial variations, surface and submerged variations, and overall density confidence. The adjusted density estimate for Atlantic spotted dolphins within the project area is 0.677 individuals/km^2. A small number of dolphins could not be identified specifically as Atlantic bottlenose or Atlantic spotted and their estimated density was 0.053 individuals/km^2.

Potential Effects of Activities on Marine Mammals

The primary potential impact to the Atlantic bottlenose and the Atlantic spotted dolphins occurring in the EGTTR from the proposed detonations is Level B harassment from noise. In the absence of any mitigation or monitoring measures, there is a very small chance that a marine mammal could be injured or killed when exposed to the energy generated from an explosive force on the sea floor. However, NMFS believes the proposed mitigation measures will preclude this possibility in the case of this particular activity. Analysis of NEODS noise impacts to cetaceans was based on criteria and thresholds initially presented in U.S. Navy Environmental Impact Statements for ship shock trials of the SEAWOLF submarine and the WINSTON CHURCHILL vessel and subsequently adopted by NMFS.

Non-lethal injurious impacts (Level A Harassment) are defined in EAFB's application and this proposed IHA as tympanic membrane (TM) rupture and the onset of slight lung injury. The threshold for Level A Harassment corresponds to a 50 percent rate of TM rupture, which can be stated in terms of an energy flux density (EFD) value of 205 dB re 1 μPa2 s. TM rupture is well-correlated with permanent hearing impairment (Ketten (1998) indicates a 30 percent incidence of permanent threshold shift (PTS) at the same threshold). The zone of influence (ZOI) (farthest distance from the source at which an animal is exposed to the EFD level referred to) for the Level A Harassment threshold is 52 m (172 ft).

Level B (non-injurious) Harassment includes temporary (auditory) threshold shift (TTS), a slight, recoverable loss of hearing sensitivity. One criterion used for TTS is 182 dB re 1 μPa^2 s maximum EFD level in any 1/3–octave band above 100 Hz for toothed whales (e.g., dolphins). The ZOI for this threshold is 230 m (754 ft). A second criterion, 23 psi, has recently been established by NMFS to provide a more conservative range for TTS when the explosive or animal approaches the sea surface, in which case explosive energy is reduced, but the peak pressure is not. The ZOI for 23 psi is 222 m (728 ft) (NMFS will apply the more conservative of these two).

Level B Harassment also includes behavioral modifications resulting from repeated noise exposures (below TTS) to the same animals (usually resident) over a relatively short period of time. Threshold criteria for this particular type of harassment are currently still being considered. One recommendation is a level of 6 dB below TTS (see 69 FR 21816, April 22, 2004), which would be 176 dB re 1 μPa^{2}s. Due, however, to the infrequency of the detonations, the potential variability in target locations, and the continuous movement of marine mammals off the northern Gulf, NMFS believes that behavioral modification from repeated exposures to the same animal is highly unlikely.

Numbers of Marine Mammals Estimated to be Harassed

Estimates of the potential number of Atlantic bottlenose dolphins and Atlantic spotted dolphins to be harassed by the training were calculated using the number of distinct firing or test events (maximum 30 per year), the ZOI for noise exposure, and the density of animals that potentially occur in the ZOI. The take estimates provided here do not include mitigation measures, which are expected to further minimize impacts to protected species and make injury or death highly unlikely.

The estimated number of Atlantic bottlenose dolphins and Atlantic spotted dolphins potentially taken through exposure to the Level A

Harassment threshold (205 dB re 1 μPa^2s), are less than one (0.21 and 0.18, respectively) annually.

For Level B Harassment, two separate criteria were established, one expressed in dB re 1 μPa^2s maximum EFD level in any 1/3–octave band above 100 Hz, and one expressed in psi. The estimated numbers of Atlantic bottlenose dolphins and Atlantic spotted dolphins potentially taken through exposure to 182 dB are 3.96 and 3.30 individuals, respectively. The estimated numbers potentially taken through exposure to 23 psi are also 4 and 3 individuals, respectively.

Possible Effects of Activities on Marine Mammal Habitat

The Air Force anticipates no loss or modification to the habitat used by Atlantic bottlenose dolphins or Atlantic spotted dolphins in the EGTTR. The primary source of marine mammal habitat impact resulting from the NEODS missions is noise, which is intermittent (maximum 30 times per year) and of limited duration. The effects of debris (which will be recovered following test activities), ordnance, fuel, and chemical residues were analyzed in the NEODS Biological Assessment and the Air Force concluded that marine mammal habitat would not be affected.

Proposed Mitigation and Monitoring

Mitigation will consist primarily of surveying and taking action to avoid detonating charges when protected species are within the ZOI. A trained, NMFS-approved observerwill be staged from the highest point possible on a support ship and have proper lines of communication to the Officer in Tactical Command. The survey area will be 460 m (1509 ft) in every direction from the target, which is twice the radius of the ZOI for Level B Harassment (230 m (755 ft)). To ensure visibility of marine mammals to observers, NEODS missions will be delayed if whitecaps cover more than 50 percent of the surface or if the waves are greater than 0.91 m (3 feet) (Beaufort Sea State 4).

Pre-mission monitoring will be used to evaluate the test site for environmental suitability of the mission. Visual surveys will be conducted two hours and one hour continuing to 5 minutes prior to the mission to verify that the ZOI (230 m (755 ft)) is free of visually detectable marine mammals and large schools of fish, and that the weather is adequate to support visual surveys. The observer will plot and record sightings, bearing, and time for all marine mammals detected, which would allow the observer to determine if the animal is likely to enter the test area during detonation. If a marine mammal appears likely to enter the test area during detonation, if large schools of fish are present, or if the weather is inadequate to support monitoring, the observer will declare the range fouled and the tactical officer will implement a hold until monitoring indicates that the test area is and will remain clear of detectable marine mammals.

Monitoring of the test area will continue throughout the mission until the last detonation is complete. The mission would be postponed if:

(1) Any marine mammal is visually detected within the ZOI (230 m (755 ft)). The delay would continue until the animal that caused the postponement is confirmed to be outside the ZOI (visually observed swimming out of the range).

(2) Any marine mammal is detected in the ZOI and subsequently is not seen again. The mission would not continue until the last verified location is outside of the ZOI and the animal is moving away from the mission area.

(3) Large schools of fish are observed in the water within of the ZOI. The delay would continue until large schools are confirmed to be outside the ZOI.

In the event of a postponement, pre-mission monitoring would continue as long as weather and daylight hours allow. If a charge failed to explode, mitigation measures would continue while operations personnel attempted to recognize and solve the problem (detonate the charge).

Post-mission monitoring is designed to determine the effectiveness of pre-mission mitigation by reporting any sightings of dead or injured marine mammals. Post-detonation monitoring, concentrating on the area down current of the test site, would commence immediately following each detonation and continue for at least two hours after the last detonation. The monitoring team would document and report to the appropriate marine animal stranding network any marine mammals killed or injured during the test and, if practicable, recover and examine any dead animals. The species, number, location, and behavior of any animals observed by the teams would be documented and reported to the Officer in Tactical Command.

Reporting

The Air Force will notify NMFS 2 weeks prior to initiation of each training session. Any takes of marine mammals other than those authorized by the IHA, as well as any injuries or deaths of marine mammals, will be reported to the Southeast Regional Administrator, NMFS, within 24 hours. A summary of mission observations and test results, including dates and times of detonations as well as pre- and post-mission monitoring observations, will be submitted to the Southeast Regional Office (NMFS) and to the Division of Permits, Conservation, and Education, Office of Protected Resources (NMFS) within 90 days after the completion of the last training session.

Endangered Species Act

In a Biological Opinion issued on October 25, 2004, NMFS concluded that the NEODS training missions and their associated actions are not likely to jeopardize the continued existence of threatened or endangered species under the jurisdiction of NMFS or destroy or adversely modify critical habitat that has been designated for those species. NMFS has issued an incidental take statement (ITS) for sea turtles pursuant to section 7 of the Endangered Species Act. The ITS contains reasonable and prudent measures with implementing terms and conditions to minimize the effects of this take. This proposed IHA action is within the scope of the previously analyzed action and does not change the action in a manner that was not considered previously.

National Environmental Policy Act

In 2005, NMFS prepared an Environmental Assessment (EA) on the Issuance of Authorizations to Take Marine Mammals, by Harassment, Incidental to Naval Explosive Ordnance Disposal School Training Operations at Eglin Air Force Base, Florida, and subsequently issued a Finding of No Significant Impact (FONSI). This proposed IHA action is within the scope of the previously analyzed action and does not change the action in a manner that was not considered previously. Therefore, preparation of an EIS on this action is not required by section 102(2) of the NEPA or its implementing regulations.

Preliminary Conclusions

NMFS proposes to issue an IHA to the USAF for the NEODS training missions to take place at EAFB over a 1–year period. The proposal to issue this IHA is contingent upon adherence to the previously mentioned mitigation, monitoring, and reporting requirements. NMFS has preliminarily determined that the impact of the NEODS training, which entails up to six missions per year, including up to five live detonations per mission of

approximately 5–lb (2.27 kg) net explosive weight charges to occur in approximately 60–foot (18 m) deep water from one to three nm off shore, will result in the Level B harassment of a few Atlantic bottlenose dolphins and Atlantic spotted dolphins and; therefore, would have a negligible impact on these marine mammal species and stocks. Dwarf and pygmy sperm whales and manatees are unlikely to be found in the area and, therefore, will not be affected. While behavioral modifications may be made by Atlantic bottlenose dolphins and Atlantic spotted dolphins to avoid the resultant acoustic stimuli, there is virtually no possibility of injury or mortality when the potential density of dolphins in the area and extent of mitigation and monitoring are taken into consideration. The effects of the NEODS training are expected to be limited to short-term and localized TTS-related behavioral changes.

Due to the infrequency and localized nature of these activities, the estimated number of marine mammals, relative to the population size, potentially taken by harassment is small (less than 0.0002 percent for each species, and perhaps 1–2 percent of an inshore stock of bottlenose dolphin if one of them were harassed). In addition, no take by injury and/or death is anticipated. No rookeries, mating grounds, areas of concentrated feeding, or other areas of special significance for marine mammals occur within or near the NEODS test sites.

Information Solicited

NMFS requests interested persons to submit comments and information concerning this request (see **ADDRESSES**). Concurrent with the publication of this notice in the **Federal Register**, NMFS is forwarding copies of this application to the Marine Mammal Commission and its Committee of Scientific Advisors.

Dated: July 6, 2007.

James H. Lecky,

Director, Office of Protected Resources, National Marine Fisheries Service.

[FR Doc. E7–13424 Filed 7–11–07; 8:45 am]

BILLING CODE 3510–22–S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

RIN 0648–XB14

Taking and Importing Marine Mammals; Taking Marine Mammals Incidental to Construction and Operation of Offshore Oil and Gas Facilities in the Beaufort Sea, Alaska

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

ACTION: Notice of issuance of a letter of authorization.

SUMMARY: In accordance with the Marine Mammal Protection Act (MMPA), as amended, and implementing regulations, notice is hereby given that NMFS has issued a letter of authorization (LOA) to BP Exploration (Alaska), Inc. (BP) to take marine mammals incidental to the production of offshore oil and gas at the Northstar development in the Beaufort Sea off Alaska.

DATES: This Authorization is effective from July 7, 2007, through July 6, 2008.

ADDRESSES: The LOA and supporting documentation may be obtained by writing to P. Michael Payne, Office of Protected Resources, NMFS, 1315 East-West Highway, Silver Spring, MD 20910, or by telephoning one of the contacts listed here.

FOR FURTHER INFORMATION CONTACT: Candace Nachman or Kenneth R. Hollingshead (301) 713–2289, or Bradley Smith (907) 271–3023.

SUPPLEMENTARY INFORMATION: Section 101(a)(5)(A) of the MMPA (16 U.S.C. 1361 *et seq.*) directs NMFS to allow, on request, the incidental, but not intentional, taking of small numbers of marine mammals by U.S. citizens who engage in a specified activity (other than commercial fishing) within a specified geographical region, if certain findings are made by NMFS and regulations are issued. Under the MMPA, the term ''take'' means to harass, hunt, capture, or kill or to attempt to harass, hunt, capture, or kill marine mammals.

Authorization, in the form of annual LOAs, may be granted for periods up to 5 years if NMFS finds, after notice and opportunity for public comment, that the taking will have a negligible impact on the species or stock(s) of marine mammals and will not have an unmitigable adverse impact on the availability of the species or stock(s) of marine mammals for subsistence uses. In addition, NMFS must prescribe regulations setting forth the permissible methods of taking and other means of effecting the least practicable adverse impact on the species and its habitat, and on the availability of the species for subsistence uses. The regulations also must include requirements pertaining to the monitoring and reporting of such taking. Regulations governing the taking of marine mammals incidental to construction and operation of the offshore oil and gas facility at Northstar were made effective on April 6, 2006 (71 FR 11314, March 7, 2006), and remain in effect until April 6, 2011. These regulations include mitigation, monitoring, and reporting requirements. The six species of marine mammals that BP may take in small numbers during construction and operation of the Northstar facility are bowhead whales (*Balaena mysticetus*), gray whales (*Eschrichtius robustus*), beluga whales (*Delphinapterus leucas*), ringed seals (*Phoca hispida*), spotted seals (*Phoca largha*), and bearded seals (*Erignathus barbatus*).

Impacts on marine mammals may occur through noise from barge, helicopter traffic, drilling, and other noise sources on the island facility. Impacts may also result if there is an oil spill resulting from production. While noise impacts on marine mammals will be low (activities on Northstar Island will make less noise than that from standard jack-up rigs, the concrete island drilling structure, or seismic activity), marine mammals will likely hear the noise at distances up to 10 km (6.2 mi) from the island. In addition, there may be some harassment (including injury or mortality) of ringed seals during winter ice-road construction. No take is authorized for an oil spill.

As oil spills are highly unlikely, impacts on marine mammals from an oil spill are also unlikely to take place. However, in order to mitigate the potential for impacts on bowheads and the subsistence use of bowheads, BP will not drill into oil-bearing strata during periods of open water or broken ice, essentially the time period between June 13 and ending with the presence of 18 inches of continuous ice cover for one-half mile in all directions. Mitigation has been proposed by BP to the North Slope Borough native community to ensure that, in the event that an oil spill does occur, it will not have an unmitigable adverse impact on the subsistence use of the bowhead whale.

Additionally, take of marine mammals will also be minimized through implementation of the following mitigation measures: (1)

avoiding sea lairs by 100 m (328 ft) if new activities occur on the floating sea ice after March 20; (2) establishing and monitoring during all daylight hours a 190 dB safety zone for seals and a 180 dB safety zone for whales; (3) visually monitoring of the safety zones for at least 30 minutes prior to the commencement of activities; (4) shutting-down of sound sources if marine mammals enter the respective safety zones; (5) scheduling non-essential boat, barge, and air traffic to avoid periods when bowhead whales are migrating through the area; and (6) limiting helicopter flights to a corridor from Seal Island to the mainland, and, except when limited by weather, will maintain a minimum altitude of 1,000 ft (305 ft), except during takeoff and landing.

Monitoring and Reporting

Monitoring and reporting requirements are contained in the Northstar regulations (50 CFR 216.206) and described in the final rule (71 FR 11314, March 7, 2006). Monitoring reports are submitted annually as required by the regulations and the LOA and plans and reports are peer-reviewed as required by the MMPA and regulations. A list of these reports is available upon request (see ADDRESSES). No new activities were conducted during the summer of 2006, and therefore, no specific acoustic recordings of new sources were undertaken in 2006. Acoustic monitoring of the 2006 bowhead whale migration was implemented during the fall of 2006, as planned. No industrial source operating at Northstar during the past year has produced sounds capable of reaching 180 dB in the water, and therefore, no monitoring of the ''safety radii'' has been implemented. Ice-road and other construction activities on previously undisturbed ice were not initiated after March 1, 2006; therefore, dog-assisted surveys of such areas were not required in 2006.

Summary of Request

On April 23, 2007, NMFS received a request from BP for a renewal of an LOA issued on July 7, 2006, for the taking of marine mammals incidental to oil production operations at Northstar, under section 101(a)(5)(A) of the MMPA. This request (BP, 2007) contains information in compliance with 50 CFR 216.209, which updates information provided in BP's original application for takings incidental to construction and operations at Northstar.

Summary of Activity and Monitoring Under the Current LOA

One offshore ice road was built during the 2005–2006 ice-covered season. Helicopters made 465 round trips to Northstar during the 2005–2006 ice-covered season to transport crew and materials to and from the facility and recommended flight corridors and altitude restrictions were maintained. Hagglunds tracked vehicles made 70 round trips between West Dock and Northstar Island, and the hovercraft made 249 round trips during the 2005–2006 ice-covered season.

Drilling activities were conducted at six well sites during the reporting period. Two new wells were drilled and completed, and surface drilling was conducted at a third new well site. Routine maintenance activities to repair the block system and fabric barrier around Northstar Island occurred from May 26 through June 28, 2006.

Each month, six to seven aerial surveys were conducted to inspect the pipeline for leaks or spills. There were 17 reportable Northstar-related spills during the 2005–2006 ice-covered season. Material spilled included corrosion inhibitor, scale inhibitor, diesel fuel, hydraulic fluid, anti-foulant, drilling mud, sulfuric acid, hydrochloric acid, and sewage. Most of this material remained in contaminant and was recovered. Smaller amounts of some materials, including sewage, corrosion inhibitor, hydraulic oil, drilling mud, hydrochloric and sulfuric acid, and diesel fuel were spilled outside of containment. All material spilled during this ice-covered season was cleaned up.

During the open-water period, there were 261 helicopter round trips, 560 hovercraft round trips, 64 tug and barge trips, and 106 Alaska Clean Seas Bay-class boat round trips to Northstar. There were an additional five trips by Bay-class boats in association with acoustic monitoring of the bowhead whale migration. Three reportable spills occurred during the 2006 open-water period. Spilled material included scale and corrosion inhibitor and lube oil. All spilled material was cleaned up.

No responses of seals to Northstar activities were noted during monitoring surveys other than that a seal was noted to raise its head in 2005, possibly in response to Northstar activities. Results of seal counts conducted from Northstar Island during the reporting period did not provide evidence, or reason to suspect, that any seals were killed or injured by Northstar-related activities during 2006. No activities were conducted that could have exposed pinnipeds and whales to underwater received levels greater than 190 dB re 1 microPa (rms) or 180 dB re 1 microPa (rms), respectively. There were no spills of liquid hydrocarbons that reached the water under the sea ice.

Seven Directional Autonomous Seafloor Acoustic Recorders (DASARs) were installed from August to September, 2006. Four of the devices were deployed at locations 11.5–16.6 km (7.1–10.3 mi) NNE of Northstar Island and recorded low-frequency sounds continuously for approximately 18 days. Near-island recordings were obtained from three DASARs placed 410–465 m (1,345–1,525 ft) from Northstar over approximately 27 days. In total, 1,509 bowhead whale calls were recorded over approximately 18 days at the four offshore DASAR locations. This number is lower than calls recorded from 2001–2004 but higher than the number recorded in 2005 (Richardson, 2007). The low call counts in 2006 are probably related to the presence of heavy nearshore ice during the 2006 season, which may have deflected the migration pathway farther offshore than in years with open water (i.e., 2001–2004). The 2006 season also had the fewest days of recording offshore. A new sound was recorded in 2006 that has not been heard before. The acoustic technicians do not believe these sounds were produced by whales, but they have not discovered their origin(s) (Richardson, 2007).

Sound emissions associated with Northstar activities in 2006 were probably somewhat higher than in 2005, and this difference would mainly be attributable to extra boat traffic rather than island sounds per se. Nevertheless, sound emissions associated with Northstar activities in 2006 were below sound emissions in 2001, 2002, and 2003. The number of whales deflected offshore in response to Northstar operations in 2006 cannot be estimated by the methods that have been applied to the more extensive datasets acquired in 2001–2004. However, if the overall migration corridor in the central Alaskan Beaufort Sea was farther offshore in 2006 than in some other recent years, as various indicators suggest, then Northstar sounds would have been (on average) less audible to bowhead whales than at some times in the past. In that case, the number of whales deflected by Northstar-related sounds in 2006 would likely be toward the low end of the range for 2001–2004.

Subsistence hunters from Nuiqsut who traveled to Cross Island for the annual bowhead whale hunt did not report any negative effects from Northstar activities on their ability to

conduct the hunt. The full quota of whales was taken.

Authorization

BP complied with the requirements of the 2006 LOA, and NMFS has determined that the marine mammal take resulting from the 2006 construction and operation activities is within that analyzed in and anticipated by the associated regulations. Accordingly, NMFS has issued a 1–year LOA to BP, authorizing the taking of marine mammals incidental to oil production operations at the Northstar offshore facility in state and Federal waters in the U.S. Beaufort Sea. Issuance of this LOA is based on findings described in the preamble to the final rule (71 FR 11314, March 7, 2006) and supported by information contained in BP's 2006 annual report that the activities described in the LOA will result in the taking of no more than small numbers of bowhead whales, beluga whales, ringed seals, and, possibly California gray whales, bearded seals, and spotted seals and that the total taking will have a negligible impact on these marine mammal stocks and would not have an unmitigable adverse impact on the availability of these species or stocks for taking for subsistence uses.

Dated: July 6, 2007.

James H. Lecky,

Director, Office of Protected Resources, National Marine Fisheries Service.

[FR Doc. E7–13556 Filed 7–11–07; 8:45 am]

BILLING CODE 3510–22–S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

XRIN: 0648–XB35

Gulf of Mexico Fishery Management Council; Public Meeting

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

ACTION: Notice of Closed Session SEDAR (Southeast Data and Review) Selection Committee Conference Call.

SUMMARY: The Gulf of Mexico Fishery Management Council (Council) will convene its SEDAR Selection Committee via Conference Call to select appointees to the SEDAR 16 King Mackerel workshops for recommendation to the Council.

DATES: The Conference Call will be held on Wednesday, July 25, 2007, from 2 p.m. EDT to 3 p.m. EDT.

ADDRESSES: The meeting will be held via Closed Session conference call.

Council address: Gulf of Mexico Fishery Management Council, 2203 North Lois Avenue, Suite 1100, Tampa, FL 33607.

FOR FURTHER INFORMATION CONTACT: Dr. Richard Leard, Deputy Executive Director, Gulf of Mexico Fishery Management Council; telephone: (813) 348–1630.

SUPPLEMENTARY INFORMATION: The Gulf of Mexico Fishery Management Council (Council) will convene its SEDAR Selection Committee via Conference Call to select appointees to the SEDAR 16 King Mackerel workshops for recommendation to the Council in a closed session conference call on Wednesday, July 25, 2007 at 2 p.m. EDT. The Committee recommendations will be presented to the Council at the July 30 - August 2, 2007 Council meeting in San Antonio, TX.

Special Accommodations

This meeting is physically accessible to people with disabilities. Requests for sign language interpretation or other auxiliary aids should be directed to Tina Trezza at the Council (see **ADDRESSES**) at least 5 working days prior to the meeting.

Dated: July 9, 2007.

Tracey L. Thompson,

Acting Director, Office of Sustainable Fisheries, National Marine Fisheries Service.

[FR Doc. E7–13531 Filed 7–11–07; 8:45 am]

BILLING CODE 3510–22–S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

XRIN: 0648–XB36

Gulf of Mexico Fishery Management Council (Council); Public Meetings

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

ACTION: Notice of public meetings.

SUMMARY: The Gulf of Mexico Fishery Management Council will convene public meetings.

DATES: The meeting will be held July 30 - August 2, 2007.

ADDRESSES: The meeting will be held at the El Tropicano Riverwalk, 110 Lexington Ave., San Antonio, TX 78205; telephone: (210) 223–9461.

Council address: Gulf of Mexico Fishery Management Council, 2203 North Lois Avenue, Suite 1100, Tampa, FL 33607.

FOR FURTHER INFORMATION CONTACT: Wayne E. Swingle, Executive Director, Gulf of Mexico Fishery Management Council; telephone: (813) 348–1630.

SUPPLEMENTARY INFORMATION:

Council

Wednesday, August 1, 2007

8:35 a.m. - The Council meeting will begin with a review the agenda and minutes;

8:45 a.m. - 9:45 a.m - NMFS Proposed Shark Regulations;

9:45 a.m. - 11:30 a.m. - Public testimony on exempted fishing permits (EFPs), if any, Open Public Comment Period regarding any fishery issue or concern. People wishing to speak before the Council should complete a public comment card prior to the comment period.

The Council will review and discuss reports from the previous two days' committee meetings as follows:

1:30 p.m. - 3:30 p.m. - Reef Fish Management;

3:30 p.m. - 4 p.m. - Joint Reef Fish/ Mackerel/Red Drum;

4 p.m. - 4:30 p.m. - Red Drum Management;

4:30 - 5:30 p.m. - Administrative Policy;

6 p.m. - 7 p.m. - NOAA Fisheries Service and Gulf Council staff will hold an open public forum/question and answer session on Gulf Reef Fish. This forum, while not a public hearing, will provide the public an opportunity to ask questions and discuss Gulf Reef Fish science and management issues in a less formal setting. The forum is intended to increase dialogue between constituents and fishery managers.

Thursday, August 2, 2007

The Council will continue to review and discuss reports from the committee meetings as follows:

8:30 a.m. - 8:45 a.m. - Report of the Closed Council Session on (Southeast Data and Review (SEDAR);

8:45 a.m. - 10 a.m. - The Council will conclude its meeting by discussing Other Business items.

Committees

Monday, July 30, 2007.

1 p.m. - 5:30 p.m. - The Reef Fish Management Committee will meet to discuss the Public Hearing Draft for Reef Fish Amendment 30 A for Gray Triggerfish/Greater Amberjack, Public Hearing Schedule, Advisory Panel (AP)/ Scientific and Statistical Committee (SSC) Schedule and Committee Action; Options Paper for Reef Fish Amendment

30 B for Gag and Red Grouper; Preliminary Scoping Document for Grouper/Tilefish Individual Fishing Quota (IFQ) and other Limited Access Alternatives, Scoping Hearing Schedule; Scheduling of Ad Hoc Recreational Red Snapper Advisory Panel Meeting; Response of Offshore Oil/Gas Companies and Operatives on Actions for Compliance with Fishery Rules; and Discussion of initiating Geographic Management Measures for Red Snapper.

Tuesday, July 31, 2007

8:30 a.m. - 9:30 a.m. - The Reef Fish Management Committee will continue to meet.

9:30 a.m. - 11:30 a.m. - The Joint Reef Fish/Mackerel/Red Drum Management Committee will meet to discuss Public Hearing Draft of Aquaculture Amendment, Summaries of Public Hearings Public Comments by Letters and SSC Recommendations.

1 p.m. - 2 p.m. - The Red Drum Management Committee will meet to discuss Recommendations of Ad Hoc Review Panel for Red Drum.

2 p.m. - 5 p.m. - The Administrative Policy Committee will meet to discuss Paper for Proposed Options for Annual Catch Limits (ACLs) and Accountability Measures (AMs); NMFS Proposed Referendum Guidelines for Gulf Limited Access Privilege Programs (LAPPs); and Staff Report on Handling Large Volumes of Emails.

5 p.m. - 5:30 p.m. - SEDAR Committee - CLOSED COUNCIL SESSION - appointment to SEDAR 16 (King Mackerel) Panels.

Although other non-emergency issues not on the agendas may come before the Council and Committees for discussion, in accordance with the Magnuson-Stevens Fishery Conservation and Management Act (Magnsuon-Stevens Act), those issues may not be the subject of formal action during these meetings. Actions of the Council and Committees will be restricted to those issues specifically identified in the agendas and any issues arising after publication of this notice that require emergency action under Section 305(c) of the Magnuson-Stevens Act, provided the public has been notified of the Council's intent to take action to address the emergency. The established times for addressing items on the agenda may be adjusted as necessary to accommodate the timely completion of discussion relevant to the agenda items. In order to further allow for such adjustments and completion of all items on the agenda, the meeting may be extended from, or completed prior to the date established in this notice.

Special Accommodations

These meetings are physically accessible to people with disabilities. Requests for sign language interpretation or other auxiliary aids should be directed to Tina Trezza at the Council (see **ADDRESSES**) at least 5 working days prior to the meeting.

Dated: July 9, 2007.

Tracey L. Thompson,

Acting Director, Office of Sustainable Fisheries, National Marine Fisheries Service.

[FR Doc. E7–13532 Filed 7–11–07; 8:45 am]

BILLING CODE 3510–22–S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

RIN 0648–XB34

General Advisory Committee to the U.S. Section to the Inter-American Tropical Tuna Commission; Meeting Announcement

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

ACTION: Notice of public meeting.

SUMMARY: NMFS announces a meeting, via teleconference, of the General Advisory Committee to the U.S. Section to the Inter-American Tropical Tuna Commission (IATTC) in August 2007. Meeting topics are provided under the **SUPPLEMENTARY INFORMATION** section of this notice.

DATES: The meeting will be held on August 2, 2007, from 1 p.m. to 3 p.m. (or until business is concluded), Pacific time.

ADDRESSES: The meeting will be held via teleconference. Please notify Allison Routt prior to July 19, 2007, to receive dial in information and of your intent to participate in this teleconference.

FOR FURTHER INFORMATION CONTACT: Allison Routt at (562) 980–4019 or (562) 980–4030.

SUPPLEMENTARY INFORMATION: In accordance with the Tuna Conventions Act, as amended, the Department of State has appointed a General Advisory Committee to the U.S. Section to the IATTC. The U.S. Section consists of the four U.S. Commissioners to the IATTC and the representative of the Deputy Assistant Secretary of State for Oceans and Fisheries. The Advisory Committee supports the work of the U.S. Section in a solely advisory capacity with respect to U.S. participation in the work of the IATTC, with particular reference to the development of policies and negotiating positions pursued at meetings of the IATTC. NMFS, Southwest Region, administers the Advisory Committee in cooperation with the Department of State.

Meeting Topics

The General Advisory Committee will meet to receive and discuss information on: (1) 2007 IATTC activities, (2) activities of the Commerce and State Departments and the Pacific Fishery Management Council and Western Pacific Fishery Management Council as they relate to the IATTC, including scientific developments, (3) upcoming meetings of the IATTC and its working groups, including issues such as: conservation and management measures for yellowfin and bigeye tuna for 2008 and beyond, measures to be taken in cases of noncompliance with the IATTC's conservation and management measures, management of fishing capacity, and other issues, (4) IATTC cooperation with other regional fishery management organizations, and (5) administrative matters pertaining to the General Advisory Committee.

Special Accommodations

The meeting is via teleconference. Requests for special accommodations, issues, and needs should be directed to Allison Routt at (562) 980–4019 or (562) 980–4030 by July 19, 2007.

Dated: July 9, 2007.

James P. Burgess,

Acting Director, Office of Sustainable Fisheries, National Marine Fisheries Service.

[FR Doc. E7–13507 Filed 7–11–07; 8:45 am]

BILLING CODE 3510–22–S

DEPARTMENT OF DEFENSE

Department of the Army

Notice of Availability of the Final Environmental Impact Statement (FEIS) for Base Realignment and Closure Actions at Aberdeen Proving Ground, MD

AGENCY: Department of the Army, DoD.

ACTION: Notice of Availability (NOA).

SUMMARY: The Department of the Army announces the availability of the FEIS that evaluates the potential environmental impacts associated with realignment actions directed by the Base Realignment and Closure (BRAC) Commission at Aberdeen Proving Ground, Maryland.

DATES: The waiting period on the FEIS will end 30 days after publication in the **Federal Register.**

ADDRESSES: To obtain copies of the FEIS, contact Mr. Buddy Keesee at: Department of the Army, Directorate of Safety, Health, and Environment, ATTN: IMNE–APG–SHE–R, Building 5650, Aberdeen Proving Ground, MD 21005–5001; e-mail *Buddy.Keesee@us.army.mil.*

FOR FURTHER INFORMATION CONTACT: Mr. Buddy Keesee at (410) 278–6755 during normal business hours.

SUPPLEMENTARY INFORMATION: As mandated by the 2005 BRAC Commission's recommendations, the FEIS addresses alternatives that include renovation of existing facilities and construction of new facilities required to accommodate incoming military missions and a net gain of about 4,400 people at Aberdeen Proving Ground. Activities realigning to Aberdeen Proving Ground are administrative and research and development in nature. Direct, indirect, and cumulative impacts of the Proposed Action have been considered. The FEIS has determined that the Proposed Action will result in potentially significant impacts to transportation and socioeconomics. the FEIS addresses several suggested improvements developed to lessen the impacts of the Proposed Action. Depending on the final siting of some facilities, there is the potential for significant impacts to cultural resources due to adverse effects resulting from disturbance or destruction of certain sites and buildings during renovation and construction activities. Impacts to these cultural resources would be direct, long-term, and significant. No other significant beneficial or significant adverse impacts have been identified for land use, aesthetics and visual resources, air quality, noise, geology and soil, water resources, biological resources, utilities, or hazardous and toxic substances. The No Action alternative provides the baseline conditions for comparison to the Proposed Alternative.

An electronic version of the FEIS is available for download on the U.S. Army BRAC Division Web site at: *http://www.hqda.army.mil/acsim/brac/nepa_eis_docs.htm*.

A Record of Decision will be signed at the end of the 30-day waiting period.

Dated: June 29, 2007.

Addison D. Davis, IV,

Deputy Assistant Secretary of the Army (Environment, Safety and Occupational Health).

[FR Doc. 07–3386 Filed 7–11–07; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF DEFENSE

Department of the Army; Corps of Engineers

Intent To Prepare a Draft Supplemental Environmental Impact Statement To Evaluate Construction of Authorized Improvements to the Federal Pascagoula Harbor Navigation Project in Jackson County, MS

AGENCY: Department of the Army, U.S. Army Corps of Engineers, DoD.

ACTION: Notice of availability.

SUMMARY: This notice of availability announces the public release of the Draft Supplemental Environmental Impact Statement (DSEIS) to evaluate construction of authorized improvements to the Federal Pascagoula Harbor Navigation Project in Jackson County, MS. The Mobile District, U.S. Army Corps of Engineers (Corps) published in the **Federal Register**, June 14, 2006, (71 FR 34320) a Notice of Intent to Prepare a DSEIS to address the potential impacts associated with construction of authorized improvements to the Federal Pascagoula Harbor Navigation Project in Jackson County, MS. The DSIES was used as a basis to ensure compliance with the National Environmental Policy Act (NEPA) and for evaluating the following two alternative plans: ''No Action'' and deepening the federally authorized project from 38 feet to 42 feet deep in the Upper Pascagoula channel, deepening the Horn Island Impoundment Basin from 44 feet to 56 feet, and widening the Gulf Entrance Channel from 450 feet to 550 feet wide. Pascagoula Harbor is authorized to (a) An entrance channel 44 deep and 550 feet wide from the Gulf of Mexico to Horn Island Pass, a channel 44 feet deep and 600 feet wide through Horn Island Pass, including a sediment trap situated on the east side of the channel 1,500 feet long, 56 feet deep, and 175 feet wide; (b) A channel 42 feet deep and 350 feet wide in Mississippi Sound and the Pascagoula River to the railroad bridge at Pascagoula, including a turning basin 2,000 feet long and 950 feet wide (including the channel area) on the west side of the river below the railroad bridge; (c) A channel 42 feet deep throughout and 350 feet wide from the ship channel in Mississippi Sound to the 1,150-foot turning basin at the mouth of Bayou Casotte, then 350 feet wide for about one mile to the northern turning basin, 900 feet wide and 1,750 feet long; (d) A channel 22 feet deep and 150 feet wide up Pascagoula River from the railroad bridge to the mouth of Escatawpa River (Dog River), thence up the Escatawpa River to the Highway 613 Bridge; (e) A channel 12 feet deep and 125 feet wide from the Highway 613 Bridge, via Robertson and Bounds Lakes to mile 6.0 on the Escatawpa River; and (f) A channel 12 feet deep by 80 feet extending from deep water in the Pascagoula River to a turning basin in Krebs Lake a distance of about 1,500 feet, then along the south bank of the lake a channel 10 feet deep and 60 feet wide, terminating at a second turning basin, a distance of 2,700 feet from the first. The tentatively recommended alternative includes construction of the authorized project dimensions.

DATES: The public comment period for the DSEIS will extend through August 27, 2007.

ADDRESSES: To receive a copy of the DSEIS, or to submit comments, contact U.S. Army of Engineers, Mobile District, Coastal Environment Team, P.O. Box 2288, Mobile, AL 36628–0001. A copy of the full document may also be viewed in the Mobile Public Library (Main Branch) or in the Mobile District.

FOR FURTHER INFORMATION CONTACT: Questions about the proposed action and the DSEIS should be addressed to Ms. Jennifer L. Jacobson, Chief, Coastal Environment Team, phone (251) 690–2724, Mobile District, U.S. Army Corps of Engineers, P.O. Box 2288, Mobile, AL 36628 or e-mail address: *jennifer.l.jacobson@sam.usace.army.mil*.

SUPPLEMENTARY INFORMATION: Public comments can be submitted through a variety of methods. Written comments may be submitted to the Corps by mail, facsimile, or electronic methods. Additional comments (written or oral) may be presented at the public hearing on August 7, 2007 at the Mississippi Gulf Coast Community College at the Jackson County Campus, Administration Building, 2300 Highway 90, Gautier, MS. Additional information on the public hearing will be mailed in a public notice to the agencies and public and announced in news releases.

Dated: June 29, 2007.

Curtis M. Flakes,

Chief, Planning and Environmental Division.

[FR Doc. 07–3393 Filed 7–11–07; 8:45 am]

BILLING CODE 3710–CR–M

DEPARTMENT OF DEFENSE

Department of the Army

Board of Visitors, United States Military Academy (USMA)

AGENCY: Department of the Army, DoD.

ACTION: Notice; correction.

SUMMARY: The notice of an open meeting scheduled for July 14, 2007 published in the **Federal Register** on June 19, 2007 (72 FR 33743) has a new meeting location and start time. The meeting will now be held in Room 406A, Kimsey Athletic Center, West Point, New York. The new start time for the meeting is approximately 10:30 a.m.

FOR FURTHER INFORMATION CONTACT: Ms. Cynthia Kramer, United States Military Academy, West Point, NY 10996–5000, (845) 938–5078.

SUPPLEMENTARY INFORMATION: None.

Brenda S. Bowen,

Army Federal Register Liaison Officer.

[FR Doc. 07–3392 Filed 7–11–07; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF DEFENSE

Department of the Army

Availability for Non-Exclusive, Exclusive, or Partially Exclusive Licensing of U.S. Patent Concerning Optical Data Storage

AGENCY: Department of the Army, DoD.

ACTION: Notice.

SUMMARY: In accordance with 37 CFR 404.6 and 404.7, announcement is made of the availability for licensing of the invention set forth in U.S. Patent No. 7,016,292 entitled ''Geometry for Optical Data Storage,'' issued on March 21, 2006. The United States Government, as represented by the Secretary of the Army, has rights in this invention.

ADDRESSES: Office of Research and Technology Applications, SDMC–RDTC–TDL (Ms. Susan D. McRae), Bldg. 5220, Von Braun Complex, Redstone Arsenal, AL 35898.

FOR FURTHER INFORMATION CONTACT: Ms. Joan Gilsdorf, Patent Attorney, e-mail: *joan.gilsdorf@smdc.army.mil,* (256) 955–3213 or Ms. Susan D. McRae, Office of Research and Technology Applications, e-mail: *susan.mcrae@smdc.army.mil;* (256) 955–1501.

SUPPLEMENTARY INFORMATION: The invention pertains to an optical data storage device having an optically readable disk with a body extending in a radial direction from a central axis. The body has a side and an elongated portion that extends along the side. The elongated portion includes a first side surface and a second side surface. A plurality of optically readable discontinuities may be located on each of the first side surface and the second side surface of the elongated portion.

Brenda S. Bowen,

Army Federal Register Liaison Officer.

[FR Doc. 07–3396 Filed 7–11–07; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF DEFENSE

Department of the Army

Availability for Non-Exclusive, Exclusive, or Partially Exclusive Licensing of U.S. Patent Concerning a Real-Time Imaging Spectropolarimeter Based on an Optical Modulator

AGENCY: Department of the Army, DoD.

ACTION: Notice.

SUMMARY: In accordance with 37 CFR 404.6 and 404.7, announcement is made of the availability for licensing of the invention set forth in U.S. Patent No. 7,023,546 entitled ''A Real-Time Imaging Spectropolarimeter Based on an Optical Modulator,'' issued on April 4, 2006. The United States Government, as represented by the Secretary of the Army, has rights in this invention.

ADDRESSES: Office of Research and Technology Applications, SDMC–RDTC–TDL (Ms. Susan D. McRae), Bldg. 5220, Von Braun Complex, Redstone Arsenal, AL 35898.

FOR FURTHER INFORMATION CONTACT: Ms. Joan Gilsdorf, Patent Attorney, email: *joan.gilsdorf@smdc.army.mil,* (256) 955–3213 or Ms. Susan D. McRae, Office of Research and Technology Applications, e-mail: *susan.mcrae@smdc.army.mil;* (256) 955–1501.

SUPPLEMENTARY INFORMATION: The invention pertains to measuring the state of polarization and the spectral content of each picture element (pixel) of a target scene in real time. An imaging spectropolarimenter includes an objective optic for receiving an electromagnetic signal and a modulator for modulating the electromagnetic signal. The amplitude of each frequency component of the resulting modulated electromagnetic signal is a function of the particular polarization state of each frequency component of the electromagnetic signal. A linear polarizer passes a single polarization of the modulated electromagnetic signal to a tunable filter, which is tunable through a frequency spectrum. The tunable filter outputs a plurality of electromagnetic signal samples at predetermined frequency increments. A focal plane array receives each electromagnetic signal sample and outputs a spectrum signal, and a processor applies Fourier transformation to the spectrum signal to obtain at least one Stokes polarization vector component for each pixel within the scene.

Branda S. Bowen,

Army Federal Register Liaison Officer.

[FR Doc. 07–3395 Filed 7–11–07; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP96–200–176]

Centerpoint Energy Gas Transmission Company; Notice of Negotiated Rate Filing

July 5, 2007.

Take notice that on June 27, 2007, CenterPoint Energy Gas Transmission Company (CEGT) tendered for filing and approval an amended negotiated rate agreement between CEGT and Roll Coater, Inc. CEGT has entered into the amended agreement to provide amended firm transportation service to this shipper under Rate Schedule FT to be effective July 1, 2007.

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 in accordance with the provisions of Section 154.210 of the Commission's regulations (18 CFR 154.210). Anyone filing an intervention or protest must serve a copy of that document on the Applicant. Anyone filing an intervention or protest on or before the intervention or protest date need not 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 on-line at: *http://www.ferc.gov,* using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive email 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.

Kimberly D. Bose,

Secretary.

[FR Doc. E7–13511 Filed 7–11–07; 8:45 am]

BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. EC07–97–001]

Ecofin Holdings Limited et al.; Notice of Filing

July 5, 2007.

Take notice that on June 28, 2007, Ecofin Holdings Limited et al., submitted an amended application for Request for Blanket Authorization to Acquire Securities under section 203 of the Federal Power Act on behalf of itself, its investment management subsidiaries, certain managed investment funds and investment accounts.

Any person desiring to intervene or to protest this filing must file in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211, 385.214). Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a notice of intervention or motion to intervene, as appropriate. Such notices, motions, or protests must be filed on or before the comment date. Anyone filing a motion to intervene or protest must serve a copy of that document on the Applicant and all the parties in this proceeding.

The Commission encourages electronic submission of protests and interventions in lieu of paper using the ''eFiling'' link at: *http://www.ferc.gov.* Persons unable to file electronically should submit an original and 14 copies of the protest or intervention to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible on-line at: *http://www.ferc.gov*, using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov*, or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

Comment Date: 5 p.m. Eastern Time on July 12, 2007.

Kimberly D. Bose,

Secretary.

[FR Doc. E7–13514 Filed 7–11–07; 8:45 am]

BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP97–81–035]

Kinder Morgan Interstate Gas Transmission LLC; Notice of Compliance Filing

July 5, 2007.

Take notice that on June 29, 2007 Kinder Morgan Interstate Gas Transmission LLC (KMIGT) tendered for filing as part of its FERC Gas Tariff, Fourth Revised Volume No. 1–A, Eleventh Revised Sheet No. 4G.01 and Seventh Revised Sheet No. 4K, to be effective July 1, 2007.

KMIGT states that the tariff sheets are being filed in compliance with the Commission's December 31, 1996 ''Order Accepting Tariff Filing Subject to Conditions'' in Docket No. RP97–81 (77 FERC ¶ 61,350) and the Commission's Letter Orders dated March 28, 1997 and November 30, 2000 in Docket Nos. RP97–81–001 and RP01–70–000, respectively.

Any person desiring to protest this filing must file in accordance with Rule 211 of the Commission's Rules of Practice and Procedure (18 CFR 385.211). Protests to this filing 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. Such protests must be filed in accordance with the provisions of Section 154.210 of the Commission's regulations (18 CFR 154.210). Anyone filing a protest must serve a copy of that document on all the parties to the proceeding.

The Commission encourages electronic submission of protests 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 to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible on-line at *http://www.ferc.gov*, using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov*, or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

Kimberly D. Bose,

Secretary.

[FR Doc. E7–13517 Filed 7–11–07; 8:45 am]

BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. OA07–12–002]

MidAmerican Energy Company; Notice of Filing

July 5, 2007.

Take notice that on June 29, 2007, MidAmerican Energy Company submitted an errata filing to clarify inconsistencies in its supplemental filing in compliance with Order 890 dated June 26, 2007.

Any person desiring to intervene or to protest this filing must file in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211, 385.214). Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a notice of intervention or motion to intervene, as appropriate. Such notices, motions, or protests must be filed on or before the comment date. Anyone filing a motion to intervene or protest must serve a copy of that document on the Applicant and all the parties in this proceeding.

The Commission encourages electronic submission of protests and interventions in lieu of paper using the ''eFiling'' link at *http://www.ferc.gov*. Persons unable to file electronically

should submit an original and 14 copies of the protest or intervention to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible on-line at *http://www.ferc.gov*, using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov*, or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

Comment Date: 5 p.m. Eastern Time on July 10, 2007.

Kimberly D. Bose,

Secretary.

[FR Doc. E7–13513 Filed 7–11–07; 8:45 am]

BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP01–382–017]

Northern Natural Gas Company; Notice of Filing of Reimbursement Report

July 5, 2007.

Take notice that on June 29, 2007, pursuant to its FERC Gas Tariff, Northern Natural Gas Company (Northern) has filed various schedules detailing the Carlton buyout and surcharge dollars reimbursed to the appropriate parties.

Northern further states that copies of the filing have been mailed to each of its customers and interested state commissions.

Any person desiring to protest this filing must file in accordance with Rule 211 of the Commission's Rules of Practice and Procedure (18 CFR 385.211). Protests to this filing 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. Such protests must be filed on or before the date as indicated below. Anyone filing a protest must serve a copy of that document on all the parties to the proceeding.

The Commission encourages electronic submission of protests 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 to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible on-line at *http://www.ferc.gov,* using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov,* or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

Comment Date: 5 p.m. Eastern Time on July 12, 2007.

Kimberly D. Bose,

Secretary.

[FR Doc. E7–13515 Filed 7–11–07; 8:45 am]

BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP06–200–028]

Rockies Express Pipeline LLC; Notice of Tariff Filing and Negotiated Rate

July 5, 2007.

Take notice that on June 29, 2007, Rockies Express Pipeline LLC (REX) tendered for filing as part of its FERC Gas Tariff, Twenty-Third Revised Sheet No. 22, to be effective July 1, 2007.

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 in accordance with the provisions of Section 154.210 of the Commission's regulations (18 CFR 154.210). Anyone filing an intervention or protest must serve a copy of that document on the Applicant. Anyone filing an intervention or protest on or before the intervention or protest date need not 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 on-line at *http://www.ferc.gov,* using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov,* or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

Kimberly D. Bose,

Secretary.

[FR Doc. E7–13518 Filed 7–11–07; 8:45 am]

BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. ER07–950–000]

Saracen Energy MB, L.P.; Notice of Issuance of Order

July 5, 2007.

Saracen Energy MB, L.P. (Saracen Energy) filed an application for market-based rate authority, with an accompanying rate schedule. The proposed market-based rate schedule provides for the sale of energy, capacity and ancillary services at market-based rates. Saracen Energy also requested waivers of various Commission regulations. In particular, Saracen Energy requested that the Commission grant blanket approval under 18 CFR Part 34 of all future issuances of securities and assumptions of liability by Saracen Energy.

On July 3, 2007, pursuant to delegated authority, the Director, Division of Tariffs and Market Development—West, granted the requests for blanket approval under Part 34 (Director's Order). The Director's Order also stated that the Commission would publish a separate notice in the **Federal Register** establishing a period of time for the filing of protests. Accordingly, any person desiring to be heard concerning the blanket approvals of issuances of securities or assumptions of liability by Saracen Energy should file a protest with the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, in accordance

with Rules 211 and 214 of the Commission's Rules of Practice and Procedure. 18 CFR 385.211, 385.214 (2004).

Notice is hereby given that the deadline for filing protests is August 1, 2007.

Absent a request to be heard in opposition to such blanket approvals by the deadline above, Saracen Energy is authorized to issue securities and assume obligations or liabilities as a guarantor, indorser, surety, or otherwise in respect of any security of another person; provided that such issuance or assumption is for some lawful object within the corporate purposes of Saracen Energy, compatible with the public interest, and is reasonably necessary or appropriate for such purposes.

The Commission reserves the right to require a further showing that neither public nor private interests will be adversely affected by continued approvals of Saracen Energy's issuance of securities or assumptions of liability.

Copies of the full text of the Director's Order are available from the Commission's Public Reference Room, 888 First Street, NE., Washington, DC 20426. The Order may also be viewed on the Commission's Web site at *http://www.ferc.gov*, using the eLibrary link. Enter the docket number excluding the last three digits in the docket number filed to access the document. Comments, protests, and interventions may be filed electronically via the Internet in lieu of paper. See, 18 CFR 385.2001(a)(1)(iii) and the instructions on the Commission's Web site under the ''e-Filing'' link. The Commission strongly encourages electronic filings.

Kimberly D. Bose,

Secretary.

[FR Doc. E7–13522 Filed 7–11–07; 8:45 am]

BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket Nos. RP01–245–023, RP06–569–002 and RP07–338–001]

Transcontinental Gas Pipe Line Corporation; Notice of Compliance Filing

July 5, 2007.

Take notice that on June 29, 2007, Transcontinental Gas Pipe Line Corporation (Transco) tendered for filing tariff sheets reflecting incremental electric power rate surcharge for Cherokee Expansion Service customers and revisions to the electric power rates for system transportation customers. Transco states that this filing is being made pursuant to the Commission's Order Denying Rehearing and Accepting Compliance Filings in Docket No. RP01–245–019, *et al.* issued June 7, 2007. The proposed effective date of the tariff sheets is August 1, 2007.

Any person desiring to protest this filing must file in accordance with Rule 211 of the Commission's Rules of Practice and Procedure (18 CFR 385.211). Protests to this filing 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. Such protests must be filed in accordance with the provisions of Section 154.210 of the Commission's regulations (18 CFR 154.210). Anyone filing a protest must serve a copy of that document on all the parties to the proceeding.

The Commission encourages electronic submission of protests 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 to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible on-line at *http://www.ferc.gov,* using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov,* or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

Kimberly D. Bose,

Secretary.

[FR Doc. E7–13516 Filed 7–11–07; 8:45 am]

BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. QF07–198–000]

Warm Springs Biomass Project, LLC; Notice of Filing of Notice of Self-Certification of Qualifying Status of a Small Power Production Facility and Cogeneration Facility

July 5, 2007.

Take notice that on July 2, 2007, Warm Springs Biomass Project, LLC (Warm Springs Biomass) filed with the Commission a notice of self-certification of a facility as a qualifying small power production facility and cogeneration facility pursuant to 18 CFR 292.207(a) of the Commission's regulations.

Warm Springs Biomass will construct, own, and operate an approximately 20 MW cogeneration facility using biomass as fuel. The two biomass-fueled steam boilers will produce steam that will be directed to the steam turbine generator. Up to 60,000 pounds per hour of steam will be extracted at 75 psi to operate lumber dry kilns. The remaining portion of the steam will run through the entire steam turbine and condensed to produce power. The facility will be located on reservation of the Confederated tribes of Warm Springs Indian Reservation of Oregon in Jefferson County, Oregon.

The facility will interconnect with the transmission system of Warm Springs Power and Water Enterprises and sell electric energy to Portland General Electric Company. The facility will purchase supplementary, standby, back-up and maintenance power from PacificCorp.

A notice of self-certification does not institute a proceeding regarding qualifying facility status; a notice of self-certification [or self-recertification] provides notice that the entity making filing has determined the facility meets the applicable criteria to be a qualifying facility. Any person seeking to challenge such qualifying facility status may do so by filing a motion pursuant to 18 CFR 292.207(d)(iii).

This filing is accessible on-line at *http://www.ferc.gov,* using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov,* or call

(866) 208–3676 (toll free). For TTY, call (202) 502–8659.

Kimberly D. Bose,

Secretary.

[FR Doc. E7–13512 Filed 7–11–07; 8:45 am]

BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

Combined Notice of Filings #1

July 3, 2007.

Take notice that the Commission received the following exempt wholesale generator filings:

Docket Numbers: EG07–61–000.

Applicants: Warm Springs Biomass Project, LLC.

Description: Notice of Self-Certification of Exempt Wholesale Generator Status of Warm Springs Biomass Project, LLC.

Filed Date: 06/26/2007.

Accession Number: 20070625–5079.

Comment Date: 5 p.m. Eastern Time on Tuesday, July 17, 2007.

Docket Numbers: EG07–62–000.

Applicants: Peetz Table Wind Energy, LLC.

Description: Notice of Self-Certification of Exempt Wholesale Generator Status of Peetz Table Wind Energy, LLC.

Filed Date: 06/27/2007.

Accession Number: 20070627–5012.

Comment Date: 5 p.m. Eastern Time on Wednesday, July 18, 2007.

Docket Numbers: EG07–63–000.

Applicants: NRG Texas Power LLC.

Description: NRG Texas Power, LLC submits its Notice of Self-Certification of Exempt Wholesale Generator Status.

Filed Date: 06/28/2007.

Accession Number: 20070702–0260.

Comment Date: 5 p.m. Eastern Time on Thursday, July 19, 2007.

Take notice that the Commission received the following electric rate filings:

Docket Numbers: ER95–1528–017; ER96–1088–044; ER01–2659–011; ER02–2199–009; ER03–54–009; ER03–56–009; ER96–1858–022; ER03–674–011; ER99–1936–010; ER01–1114–010; ER97–2758–017; ER05–89–010; ER01–2306–003.

Applicants: Wisconsin Public Service Corporation; WPS Power Development, LLC, and WPS Energy Services, Inc.; Combined Locks Energy Center, LLC; WPS Empire State, Inc.; WPS Beaver Falls Generation, LLC; Mid-American Power, LLC; Quest Energy, LLC; WPS Canada Generation, Inc. and WPS New England Generation, Inc.; WPS Westwood Generation, LLC; Advantage Energy, Inc.; Upper Peninsula Power Company; Peoples Energy Services Corporation

Description: Integrys Energy Group, Inc submits Notice of Change in Status as set forth in the Commission's Order 652.

Filed Date: 06/28/2007.

Accession Number: 20070702–0264.

Comment Date: 5 p.m. Eastern Time on Thursday, July 19, 2007.

Docket Numbers: ER98–3564–000.

Applicants: FPL Energy Wyman IV LLC.

Description: Change in Material Facts of FPL Energy Wyman IV LLC.

Filed Date: 06/29/2007.

Accession Number: 20070629–5022.

Comment Date: 5 p.m. Eastern Time on Friday, July 20, 2007.

Docket Numbers: ER99–705–004.

Applicants: Golden Spread Electric Cooperative, Inc.

Description: Notice of Change in Status of Golden Spread Electric Cooperative, Inc.

Filed Date: 06/29/2007.

Accession Number: 20070629–5045.

Comment Date: 5 p.m. Eastern Time on Friday, July 20, 2007.

Docket Numbers: ER01–2569–005; ER98–4652–005; ER02–1175–004; ER01–2568–003.

Applicants: Boralex Livemore Falls Inc.; Boralex Stratton Energy LP; Boralex Ft. Fairfield LP; Boralex Ashland LP.

Description: Triennial Compliance Filing of Boralex Industries Inc.

Filed Date: 06/29/2007.

Accession Number: 20070629–5023.

Comment Date: 5 p.m. Eastern Time on Friday, July 20, 2007.

Docket Numbers: ER02–999–005; ER97–2463–005; ER05–320–003; ER97–2460–008.

Applicants: Fitchburg Gas and Electric Light Company; Unitil Energy Systems, Inc.; Unitil Power Corporation.

Description: Change in Status of Fitchburg Gas and Electric Light Company, Unitil Power Corp. and Unitil Energy Systems, Inc.

Filed Date: 06/29/2007.

Accession Number: 20070629–5066.

Comment Date: 5 p.m. Eastern Time on Friday, July 20, 2007.

Docket Numbers: ER02–1437–003.

Applicants: Triton Power Michigan LLC.

Description: Notice of non-material change in status of Triton Power Michigan LLC.

Filed Date: 06/29/2007.

Accession Number: 20070629–5017.

Comment Date: 5 p.m. Eastern Time on Friday, July 20, 2007.

Docket Numbers: ER02–1785–011.

Applicants: Thermo Cogeneration Partnership LP.

Description: Notice of non-material change in status of Thermo Cogeneration Partnership, L.P.

Filed Date: 06/29/2007.

Accession Number: 20070629–5028.

Comment Date: 5 p.m. Eastern Time on Friday, July 20, 2007.

Docket Numbers: ER04–698–004.

Applicants: Tor Power, LLC.

Description: Tor Power, LLC submits its Updated Market Power Analysis Report.

Filed Date: 06/28/2007.

Accession Number: 20070628–5007.

Comment Date: 5 p.m. Eastern Time on Thursday, July 19, 2007.

Docket Numbers: ER05–1065–010.

Applicants: Entergy Services, Inc.

Description: Entergy Operating Companies submits its compliance filing.

Filed Date: 06/25/2007.

Accession Number: 20070627–0102.

Comment Date: 5 p.m. Eastern Time on Monday, July 16, 2007.

Docket Numbers: ER07–127–003.

Applicants: California Independent System Operator Corporation.

Description: California Independent System Operator Corporation submits Second Revised Sheet 163 et al to FERC Electric Tariff, Third Replacement Volume 1 pursuant to Section 205 of the Federal Power Act etc.

Filed Date: 06/27/2007.

Accession Number: 20070629–0069.

Comment Date: 5 p.m. Eastern Time on Wednesday, July 18, 2007.

Docket Numbers: ER07–282–001.

Applicants: Southwest Power Pool, Inc.

Description: Southwest Power Pool, Inc. submits its executed service agreement for Firm Point-to-Point Transmission Service with Kansas Power Pool, & revised agreement for firm Point-to-Point Transmission Service w/Kansas Municipal Energy Agency.

Filed Date: 06/27/2007.

Accession Number: 20070629–0067.

Comment Date: 5 p.m. Eastern Time on Wednesday, July 18, 2007.

Docket Numbers: ER07–285–001.

Applicants: New York Independent System Operator, Inc.

Description: NYISO submits an informational report on efforts to finalize permanent market rules for intermittent suppliers.

Filed Date: 06/28/2007.

Accession Number: 20070628–5011.

Comment Date: 5 p.m. Eastern Time on Thursday, July 19, 2007.

Docket Numbers: ER07–361–003.

Applicants: AmerenEnergy Marketing Company.

Description: Central Illinois Light Company dba AmerenCILCO et al submits 2nd Substitute First Revised Sheet 1 to FERC Electric Tariff, Original Volume 1.

Filed Date: 06/27/2007.

Accession Number: 20070629–0070.

Comment Date: 5 p.m. Eastern Time on Wednesday, July 18, 2007.

Docket Numbers: ER07–545–002.

Applicants: Commonwealth Edison Company.

Description: Commonwealth Edison Company submits revised rate schedule designation cover sheets to remedy issues with respect to rate schedule designations and effective dates for an Interconnection Agreement etc.

Filed Date: 06/27/2007.

Accession Number: 20070629–0068.

Comment Date: 5 p.m. Eastern Time on Wednesday, July 18, 2007.

Docket Numbers: ER07–666–001.

Applicants: Midwest Independent Transmission System.

Description: Midwest Independent Transmission System Operator, Inc submits a Small Generator Interconnection Agreement with Hardin Hilltop Wind, LLC et al pursuant to Section 205 of the Federal Power Act.

Filed Date: 06/25/2007.

Accession Number: 20070626–0054.

Comment Date: 5 p.m. Eastern Time on Monday, July 16, 2007.

Docket Numbers: ER07–1005–001; ER07–1006–001; ER07–1007–001.

Applicants: Westar Energy, Inc.

Description: Westar Energy, Inc submits its Sub Original Sheet 2, to the Supplemental Generation Agreements with Cities of Sabetha, Minneapolis, and Holton, KS.

Filed Date: 06/28/2007.

Accession Number: 20070702–0263.

Comment Date: 5 p.m. Eastern Time on Thursday, July 19, 2007.

Docket Numbers: ER07–1086–000.

Applicants: PJM Interconnection, L.L.C.

Description: PJM Interconnection, LLC submits revisions to the chart in Schedule 2 of the PJM Open Access Transmission Tariff to adjust the zonal revenue requirements for providing cost-based reactive support and voltage control etc.

Filed Date: 06/27/2007.

Accession Number: 20070628–0181.

Comment Date: 5 p.m. Eastern Time on Wednesday, July 18, 2007.

Docket Numbers: ER07–1087–000.

Applicants: American Electric Power Service Corp.

Description: American Electric Power Service Corp agent for the AEP Operating Companies submits an original Interconnection and Local Delivery Service Agreement with the City of Orrville, Ohio.

Filed Date: 06/27/2007.

Accession Number: 20070628–0180.

Comment Date: 5 p.m. Eastern Time on Wednesday, July 18, 2007.

Docket Numbers: ER07–1088–000.

Applicants: RBC Energy Services LP.

Description: Application of RBC Energy Services, LP for an expedited order accepting Initial Rate Schedule FERC 1, waiving regulations, and granting blanket approvals.

Filed Date: 06/27/2007.

Accession Number: 20070628–0179.

Comment Date: 5 p.m. Eastern Time on Wednesday, July 18, 2007.

Docket Numbers: ER07–1089–000.

Applicants: ISO New England, Inc.; New England Power Pool Participants Committee.

Description: ISO New England, Inc et al submit proposed amendments to the Financial Assurance Policies that are Exhibits 1A and 1C to Section I of the ISO Tariff etc.

Filed Date: 06/27/2007.

Accession Number: 20070628–0178.

Comment Date: 5 p.m. Eastern Time on Wednesday, July 18, 2007.

Docket Numbers: ER07–1090–000.

Applicants: PJM Interconnection, L.L.C.

Description: PJM Interconnection, LLC submits an executed Wholesale Market Participation Agreement with WM Renewable Energy LLC et al pursuant section 205 of the Federal Power Act.

Filed Date: 06/28/2007.

Accession Number: 20070629–0066.

Comment Date: 5 p.m. Eastern Time on Thursday, July 19, 2007.

Docket Numbers: ER07–1091–000.

Applicants: American Electric Power Service Corporation.

Description: The American Electric Power Service Corp agent for the AEP Operating Companies submits & requests acceptance of a new Interconnection and Local Delivery Service Agreement w/ the City of Columbus.

Filed Date: 06/28/2007.

Accession Number: 20070629–0071.

Comment Date: 5 p.m. Eastern Time on Thursday, July 19, 2007.

Docket Numbers: ER07–1092–000.

Applicants: Southwest Power Pool, Inc.

Description: Southwest Power Pool, Inc submits the relevant Network Operating Agreement that was omitted from the 5/1/07 filing etc.

Filed Date: 06/28/2007.

Accession Number: 20070629–0048.

Comment Date: 5 p.m. Eastern Time on Thursday, July 19, 2007.

Docket Numbers: ER07–1093–000.

Applicants: Southwest Power Pool, Inc.

Description: Southwest Power Pool, Inc submits an executed Service Agreement for Network Integration Transmission Service with Westar Energy, Inc.

Filed Date: 06/28/2007.

Accession Number: 20070629–0049.

Comment Date: 5 p.m. Eastern Time on Thursday, July 19, 2007.

Docket Numbers: ER07–1094–000.

Applicants: Niagara Mohawk Power Corporation.

Description: Niagara Mohawk Power Corp dba National Grid submits an Interconnection Agreement dated 2/2/92 with Lyonsdale Energy Limited Partnership.

Filed Date: 06/28/2007.

Accession Number: 20070629–0050.

Comment Date: 5 p.m. Eastern Time on Thursday, July 19, 2007.

Docket Numbers: ER07–1095–000.

Applicants: Southwestern Electric Power Company.

Description: Southwestern Electric Power Company submits Actuarial Reports with respect to actual post-employment benefits other than pensions and post-employment benefits for calendar year 2006 etc.

Filed Date: 06/28/2007.

Accession Number: 20070629–0051.

Comment Date: 5 p.m. Eastern Time on Thursday, July 19, 2007.

Docket Numbers: ER07–1096–000.

Applicants: Niagara Mohawk Power Corporation.

Description: Niagara Mohawk Power Corporation dba National Grid submits an Interconnection Agreement dated 6/29/92 w/ Hadson Power Partners of Rensselaer.

Filed Date: 06/28/2007.

Accession Number: 20070629–0047.

Comment Date: 5 p.m. Eastern Time on Thursday, July 19, 2007.

Take notice that the Commission received the following public utility holding company filings:

Docket Numbers: PH07–20–000.

Applicants: IIF US Holding 2 GP, LLC.

Description: FERC Form 65 A, Exemption Notification of IIF US Holding 2 GP, LLC.

Filed Date: 06/28/2007.

Accession Number: 20070628–5047.

Comment Date: 5 p.m. Eastern Time on Thursday, July 19, 2007.

Docket Numbers: PH07–21–000.

Applicants: Ritchie Capital Management.

Description: FERC Form 65 A—Exemption Notification of Ritchie Capital Management.

Filed Date: 06/29/2007.
Accession Number: 20070629–5011.
Comment Date: 5 p.m. Eastern Time on Friday, July 20, 2007.

Docket Numbers: PH07–22–000.
Applicants: Ritchie Capital Management.
Description: FERC Form 65 B—Waiver Notification of Ritchie Capital Management LLC.
Filed Date: 06/29/2007.
Accession Number: 20070629–5012.
Comment Date: 5 p.m. Eastern Time on Friday, July 20, 2007.

Docket Numbers: PH07–23–000.
Applicants: SEMSTREAM, LP,SemGroup, L.P.
Description: FERC Form 65 B—Waiver Notification of SEMSTREAM, LP, et al. as a Single State Holding Company System.
Filed Date: 06/29/2007.
Accession Number: 20070629–5030.
Comment Date: 5 p.m. Eastern Time on Friday, July 20, 2007.

Docket Numbers: PH07–24–000.
Applicants: Carlyle Riverstone Global Energy and Power Fund II, L.P.
Description: FERC Form 65 B—Waiver Notification of Carlyle/Riverstone Global Energy and Power Fund II, L.P.
Filed Date: 06/29/2007.
Accession Number: 20070629–5063.
Comment Date: 5 p.m. Eastern Time on Friday, July 20, 2007.

Any person desiring to intervene or to protest in any of the above proceedings must file in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 385.214) on or before 5 p.m. Eastern time on the specified comment date. It is not necessary to separately intervene again in a subdocket related to a compliance filing if you have previously intervened in the same docket. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Anyone filing a motion to intervene or protest must serve a copy of that document on the Applicant. In reference to filings initiating a new proceeding, interventions or protests submitted on or before the comment deadline need not be served on persons other than the Applicant.

The Commission encourages electronic submission of protests and interventions in lieu of paper, using the FERC Online links at: *http://www.ferc.gov.* To facilitate electronic service, persons with Internet access who will eFile a document and/or be listed as a contact for an intervenor must create and validate an eRegistration account using the eRegistration link. Select the eFiling link to log on and submit the intervention or protests.

Persons unable to file electronically should submit an original and 14 copies of the intervention or protest to the Federal Energy Regulatory Commission, 888 First St. NE., Washington, DC 20426.

The filings in the above proceedings are accessible in the Commission's eLibrary system by clicking on the appropriate link in the above list. They are also available for review in the Commission's Public Reference Room in Washington, DC. There is an eSubscription link on the Web site that enables subscribers to receive email notification when a document is added to a subscribed dockets(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.

Kimberly D. Bose,
Secretary.
[FR Doc. E7–13510 Filed 7–11–07; 8:45 am]
BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[P–2175–014]

Southern California Edison Company; Notice of Application Accepted for Filing and Soliciting Motions To Intervene and Protests

July 5, 2007.

Take notice that the following hydroelectric application has been filed with the Commission and is available for public inspection.

a. *Type of Application:* New License for Major Project-Existing Dam.
b. *Project No.:* P–2175–014.
c. *Date Filed:* February 23, 2007.
d. *Applicant:* Southern California Edison Company.
e. *Name of Project:* Big Creek Nos. 1 and 2 Hydroelectric Power Project.
f. *Location:* In Fresno County, California, and within the Sierra National Forest. The project is situated along Big Creek, a tributary to the San Joaquin River. The project affects 1,877.96 acres of federal land administered by the Sierra National Forest.
g. *Filed Pursuant to:* Federal Power Act 16 U.S.C. 791 (a)–825(r).
h. *Applicant Contact:* Russ W. Krieger, Vice President, Power Production, Southern California Edison Company, 300 North Lone Hill Ave., San Dimas, California 91773. Phone: (909) 394–8667.
i. *FERC Contact:* Jim Fargo, (202) 502–6095, or e-mail: *james.fargo@ferc.gov.*
j. *Deadline for filing motions to intervene and protests:* 60 days from the issuance date of this notice.

All documents (original and eight copies) should be filed with: Kimberly D. Bose, Secretary, Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

The Commission's Rules of Practice require all intervenors filing documents with the Commission to serve a copy of that document on each person on the official service list for the project. Further, if an intervenor files comments or documents with the Commission relating to the merits of an issue that may affect the responsibilities of a particular resource agency, they must also serve a copy of the document on that resource agency.

Motions to intervene and protests may be filed electronically via the Internet in lieu of paper. The Commission strongly encourages electronic filings. See 18 CFR 385.2001(a)(1)(iii) and the instructions on the Commission's Web site (*http://www.ferc.gov*) under the ''e-Filing'' link.

k. This application has been accepted, but is not ready for environmental analysis at this time.

l. *Description of Project:* The existing Big Creek Nos. 1 and 2 Hydroelectric Power Project consists of two powerhouses, four major dams forming one major reservoir, one moderate dam and impoundment, three small diversions, and three water conveyance systems. The project would have an average annual generation of 657,072 megawatt-hours.

- *Powerhouses* (i) Powerhouse No. 1 with four turbine/generator units and a total dependable operating capacity of about 82.9 MW; and (ii) Powerhouse No. 2, with four turbine/generator units and a total dependable operating capacity of about 67.1 MW.
- *Major dams and reservoirs* (i) Dams 1, 2, 3, and 3a, which form Huntington Lake, with a capacity of about 89,166 ac-ft, at an elevation of about 6,950 ft above mean sea level (msl).
- *Moderate dam* (i) Dam 4, which forms Dam 4 Impoundment (Powerhouse 2 Forebay), with a capacity of about 60 ac-ft, at an elevation of about 4,810 ft above msl.
- *Small diversions* (i) Balsam Creek Diversion, with a usable capacity of less than 1 ac-ft, at an elevation of about 4,880 ft above msl; (ii) Ely Creek Diversion, with a usable capacity of less

than 1 ac-ft, at an elevation of about 4,844 ft above msl; and (iii) Adit 8 Diversion, with a usable capacity of less than 1 ac-ft, at an elevation of about 4,825 ft above msl.

• *Water conveyance systems* (i) Tunnel No. 1, about 2 miles long, conveys water from Huntington Lake through an 84-inch diameter pipe to Big Creek Powerhouse No. 1.; (ii) Tunnel No. 2, approximately 4.1 miles long, conveys water from the Dam 4 impoundment just downstream of Powerhouse 1 to Big Creek Powerhouse No. 2. Water from Ely and Balsam Creek diversions also enter into Tunnel No. 2 between the forebay and powerhouse; and (iii) The Shoo Fly, conveys water from Shaver Lake (FERC Project No. 67) through Tunnel 5 and into Tunnel 2 leading to Powerhouse No. 2. The Shoo Fly was used during the construction of Shaver Lake Dam and Powerhouse No. 2A to keep water off the dam and to get more generation from Powerhouse No. 2. Although not currently in use, the Shoo Fly Complex gives SCE the flexibility to divert water from Shaver Lake to Powerhouse No. 2, if required.

m. A copy of the application is available for review at the Commission in the Public Reference Room or may be viewed on the Commission's Web site at *http://www.ferc.gov* using the ''eLibrary'' link. Enter the docket number excluding the three digits in the docket number field to access the document. For assistance, please contact FERC Online Support at *FERCOnlineSupport@ferc.gov* or toll free at (866) 208–3676, or for TTY, contact (202) 502–8659. A copy is also available for inspection and reproduction at the address in item h above.

You may also register online at *http://www.ferc.gov/docs-filing/esubscription.asp* to be notified via e-mail of new filings and issuances related to this or other pending projects. For assistance, contact FERC Online Support.

n. Anyone may submit a protest or a motion to intervene in accordance with the requirements of Rules of Practice and Procedure, 18 CFR 385.210, 385.211, and 385.214. In determining the appropriate action to take, the Commission will consider all protests filed, but only those who file a motion to intervene in accordance with the Commission's Rules may become a party to the proceeding. Any protests or motions to intervene must be received on or before the specified deadline date for the particular application.

All filings must (1) bear in all capital letters the title ''PROTEST'' or ''MOTION TO INTERVENE;'' (2) set forth in the heading the name of the applicant and the project number of the application to which the filing responds; (3) furnish the name, address, and telephone number of the person protesting or intervening; and (4) otherwise comply with the requirements of 18 CFR 385.2001 through 385.2005. Agencies may obtain copies of the application directly from the applicant. A copy of any protest or motion to intervene must be served upon each representative of the applicant specified in the particular application.

Kimberly D. Bose,

Secretary.

[FR Doc. E7–13519 Filed 7–11–07; 8:45 am]

BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[P–120–020]

Southern California Edison Company; Notice of Application Accepted for Filing and Soliciting Motions To Intervene and Protests

July 5, 2007.

Take notice that the following hydroelectric application has been filed with the Commission and is available for public inspection.

a. *Type of Application:* New License for Major Project-Existing Dam.

b. *Project No.:* P–120–020.

c. *Date Filed:* February 23, 2007.

d. *Applicant:* Southern California Edison Company.

e. *Name of Project:* Big Creek No. 3 Hydroelectric Power Project.

f. *Location:* The Big Creek No. 3 Hydroelectric Project is located in Fresno and Madera Counties, California near the town of Auberry within the San Joaquin River watershed. The Project occupies 377.16 acres of federal lands.

g. *Filed Pursuant to:* Federal Power Act 16 U.S.C. 791 (a)–825(r).

h. *Applicant Contact:* Russ W. Krieger, Vice President, Power Production, Southern California Edison Company, 300 North Lone Hill Ave., San Dimas, California 91773. Phone: (909) 394–8667.

i. *FERC Contact:* Jim Fargo, (202) 502–6095, or e-mail: *james.fargo@ferc.gov*

j. *Deadline for filing motions to intervene and protests:* 60 days from the issuance date of this notice.

All documents (original and eight copies) should be filed with: Kimberly D. Bose, Secretary, Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

The Commission's Rules of Practice require all intervenors filing documents with the Commission to serve a copy of that document on each person on the official service list for the project. Further, if an intervenor files comments or documents with the Commission relating to the merits of an issue that may affect the responsibilities of a particular resource agency, they must also serve a copy of the document on that resource agency.

Motions to intervene and protests may be filed electronically via the Internet in lieu of paper. The Commission strongly encourages electronic filings. See 18 CFR 385.2001(a)(1)(iii) and the instructions on the Commission's Web site (*http://www.ferc.gov*) under the ''e-Filing'' link.

k. This application has been accepted, but is not ready for environmental analysis at this time.

l. *Description of Project:* The existing Big Creek No. 3 Hydroelectric Power Project consists of one powerhouse; one moderate-sized dam and forebay; and one water conveyance system. The Project is operated as a reservoir-storage type plant with an installed operating capacity of 174.45 MW. Water for the Project is taken from the San Joaquin River just downstream of its confluence with Big Creek and conveyed to the Big Creek No. 3 Powerhouse through Tunnel No. 3. The energy generated by the Project is transmitted to the SCE transmission and distribution system and used for public utility purposes. The project would have an average annual generation of 804,240 megawatt-hours.

• *Powerhouse:* Big Creek Powerhouse No. 3, with five turbine generator units.

• *Moderate-sized dam and forebay:* Dam 6 and Dam 6 Impoundment, with a capacity of about 933 ac-ft, at an elevation of about 2,230 ft above mean sea level (msl).

• *Water conveyance system:* Powerhouse No. 3 water conveyance system, about 5.3 miles long, conveys water from Dam No. 6 Impoundment to Big Creek Powerhouse No. 3 through a tunnel with a capacity of about 3,250 cfs. The system includes a pressure-relief valve system and penstocks providing pressurized water from the tunnel to the turbine.

m. A copy of the application is available for review at the Commission in the Public Reference Room or may be viewed on the Commission's Web site at *http://www.ferc.gov* using the ''eLibrary'' link. Enter the docket number excluding the three digits in the docket number field to access the document. For assistance, please contact FERC Online Support at

FERCOnlineSupport@ferc.gov or toll free at (866) 208–3676, or for TTY, contact (202) 502–8659. A copy is also available for inspection and reproduction at the address in item h above.

You may also register online at *http://www.ferc.gov/docs-filing/esubscription.asp* to be notified via e-mail of new filings and issuances related to this or other pending projects. For assistance, contact FERC Online Support.

n. Anyone may submit a protest or a motion to intervene in accordance with the requirements of Rules of Practice and Procedure, 18 CFR 385.210, 385.211, and 385.214. In determining the appropriate action to take, the Commission will consider all protests filed, but only those who file a motion to intervene in accordance with the Commission's Rules may become a party to the proceeding. Any protests or motions to intervene must be received on or before the specified deadline date for the particular application.

All filings must (1) bear in all capital letters the title ''PROTEST'' or ''MOTION TO INTERVENE;'' (2) set forth in the heading the name of the applicant and the project number of the application to which the filing responds; (3) furnish the name, address, and telephone number of the person protesting or intervening; and (4) otherwise comply with the requirements of 18 CFR 385.2001 through 385.2005. Agencies may obtain copies of the application directly from the applicant. A copy of any protest or motion to intervene must be served upon each representative of the applicant specified in the particular application.

Kimberly D. Bose,

Secretary.

[FR Doc. E7–13520 Filed 7–11–07; 8:45 am]

BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[P–67–113]

Southern California Edison Company; Notice of Application Accepted for Filing and Soliciting Motions To Intervene and Protests

July 5, 2007.

Take notice that the following hydroelectric application has been filed with the Commission and is available for public inspection.

a. Type of Application: New License for Major Project—Existing Dam.

b. Project No.: P–67–113.

c. Date Filed: February 23, 2007.

d. Applicant: Southern California Edison Company.

e. Name of Project: Big Creek Nos. 2A, 8 and Eastwood Power Station Hydroelectric Power Project.

f. Location: The Big Creek Nos. 2A, 8 and Eastwood Hydroelectric Project is located in Fresno County, California near the town of Shaver Lake within the South Fork San Joaquin River, Big Creek, and Stevenson Creek watersheds. The project affects 2,143.25 acres of federal lands.

g. Filed Pursuant to: Federal Power Act 16 U.S.C. 791 (a)–825(r).

h. Applicant Contact: Russ W. Krieger, Vice President, Power Production, Southern California Edison Company, 300 North Lone Hill Ave., San Dimas, California 91773. Phone: (909) 394–8667.

i. FERC Contact: Jim Fargo, (202) 502–6095, or e-mail: *james.fargo@ferc.gov.*

j. Deadline for filing motions to intervene and protests: 60 days from the issuance date of this notice.

All documents (original and eight copies) should be filed with: Kimberly D. Bose, Secretary, Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

The Commission's Rules of Practice require all intervenors filing documents with the Commission to serve a copy of that document on each person on the official service list for the project. Further, if an intervenor files comments or documents with the Commission relating to the merits of an issue that may affect the responsibilities of a particular resource agency, they must also serve a copy of the document on that resource agency.

Motions to intervene and protests may be filed electronically via the Internet in lieu of paper. The Commission strongly encourages electronic filings. See 18 CFR 385.2001(a)(1)(iii) and the instructions on the Commission's Web site (*http://www.ferc.gov*) under the ''e-Filing'' link.

k. This application has been accepted, but is not ready for environmental analysis at this time.

l. Description of Project: The existing Big Creek Nos. 2A, 8 and Eastwood Power Station Hydroelectric Power Project consists of two powerhouses and an underground power station; two major dams and reservoirs; five moderate-sized dams forming two forebays and three small diversion pools; eight small diversions; six water conveyance systems; and one transmission line. The project would have an average annual generation of 1,125,429 megawatt-hours.

- *Powerhouses and powerstation* (i) Big Creek Powerhouse No. 2A with two turbine/generator units and a total dependable operating capacity of about 98.5 MW; (ii) Powerhouse No. 8 with two turbine/generator units and a dependable operating capacity of about 64.5 MW; and (iii) Eastwood Power Station, with one turbine/pump/generator unit and a dependable operating capacity of about 207 MW.
- *Major dams and reservoirs* (i) Shaver Dam, forming Shaver Lake, which has a usable storage capacity of about 135,568 ac-ft, at an elevation of about 5,370 ft above mean sea level (msl); and (ii) Florence Dam, forming Florence Lake, which has a usable storage capacity of about 64,406 ac-ft, at an elevation of about 7,327 ft above msl.
- *Moderate-sized dams, forebays and diversion pools* (i) Balsam Forebay, with a usable storage capacity of about 1,547 ac-ft, at an elevation of about 6,670 ft above msl; (ii) Dam 5 Impoundment (Powerhouse 8 Forebay), with a usable storage capacity of 49 ac-ft, at an elevation of about 2,943 ft above msl; (iii) Pitman Diversion Pool, with a usable capacity of about 1 ac-ft, at an elevation of about 6,900 ft above msl; (iv) Bear Diversion Pool, with a usable capacity of about 103 ac-ft, at an elevation of about 7,350 ft above msl; and (v) Mono Diversion Pool, with a usable capacity of about 47 ac-ft, at an elevation of about 7,350 ft above msl.
- *Small diversions* (i) Hooper Creek Diversion, with a usable capacity of about 3 ac-ft, at an elevation of about 7,505 ft above msl; (ii) Bolsillo Creek Diversion, with a usable capacity of less than 1 ac-ft, at an elevation of about 7,535 ft above msl; (iii) Chinquapin Creek Diversion, with a usable capacity of less than 1 ac-ft, at an elevation of about 7,629 ft above msl; (iv) Camp 62 Creek Diversion, with a usable capacity of less than 1 ac-ft, at an elevation of about 7,307 ft above msl.
- *Water conveyance systems* (i) Ward Tunnel, about 12.8 miles long, conveys water from Florence Lake to Huntington Lake (Huntington Lake is a component of FERC Project No. 2175) and has a conveyance capacity of about 1,760 cubic feet per second (cfs). The tunnel receives water from Florence Lake, Mono Creek, Bear Creek, the small tributaries discussed above, and the East and West Forks of Camp 61 Creek (via Portal Forebay, a component of the Portal Project, (FERC Project No. 2174); (ii) Mono-Bear Siphon, about 1.6 miles of flowline from Mono Diversion and 1.4 miles of flowline and tunnel from Bear Creek Diversion connect at the Mono-Bear Wye and continues for about 2.6 miles through a combined flowline/

siphon, conveys water from the Mono and Bear diversions to Ward Tunnel. The Mono Tunnel and Bear Tunnel have conveyance capacities of 450 cfs each and the combined flowline/siphon has a conveyance capacity of about 650 cfs; (iii) Huntington-Pitman-Shaver Conduit, also known as Tunnel No. 7, conveys water from Huntington Lake and the Pitman Creek Diversion to Shaver Lake through either North Fork Stevenson Creek or through Balsam Forebay and the Eastwood Power Station. Tunnel No. 7 is about 5.4 miles long and terminates at Gate No. 2 tunnel outlet located on North Fork Stevenson Creek upstream of Shaver Lake. The Balsam Diversion Tunnel is about 1.1 miles long and branches off Tunnel No. 7 about 1,200 ft upstream of the Gate No. 2 outlet, connecting to Balsam Forebay; (iv) Eastwood Power Station and Tailrace Tunnels, which convey water from Balsam Forebay through the Eastwood Power Station to Shaver Lake. The Eastwood Power Station Tunnel is about 1 mile long. The Tailrace Tunnel is about 1.4 miles long. The conveyance capacity of the tunnels is about 2,500 cfs. (v) Tunnel No. 5, about 2.6 miles long, conveys water from Shaver Lake to Big Creek Powerhouse No. 2A and has a conveyance capacity of about 650 cfs. (vi)Tunnel No. 8, about 1 mile long, conveys water from the Dam No. 5 Impoundment just downstream of Powerhouse 2/2A to Powerhouse No. 8, has a conveyance capacity of about 1,173 cfs.

• *Transmission line* (i) Eastwood Power Station-Big Creek 1 Transmission Line, which connects Eastwood Power Station to a non-Project switchyard at Big Creek Powerhouse No. 1. This transmission line is about 4.7 miles long, and is a 220kV line.

m. A copy of the application is available for review at the Commission in the Public Reference Room or may be viewed on the Commission's Web site at: *http://www.ferc.gov* using the ''eLibrary'' link. Enter the docket number excluding the three digits in the docket number field to access the document. For assistance, please contact FERC Online Support at *FERCOnlineSupport@ferc.gov* or toll free at (866) 208–3676, or for TTY, contact (202) 502–8659. A copy is also available for inspection and reproduction at the address in item h above.

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n. Anyone may submit a protest or a motion to intervene in accordance with the requirements of Rules of Practice and Procedure, 18 CFR 385.210, 385.211, and 385.214. In determining the appropriate action to take, the Commission will consider all protests filed, but only those who file a motion to intervene in accordance with the Commission's Rules may become a party to the proceeding. Any protests or motions to intervene must be received on or before the specified deadline date for the particular application.

All filings must (1) Bear in all capital letters the title ''PROTEST'' or ''MOTION TO INTERVENE;'' (2) set forth in the heading the name of the applicant and the project number of the application to which the filing responds; (3) furnish the name, address, and telephone number of the person protesting or intervening; and (4) otherwise comply with the requirements of 18 CFR 385.2001 through 385.2005. Agencies may obtain copies of the application directly from the applicant. A copy of any protest or motion to intervene must be served upon each representative of the applicant specified in the particular application.

Kimberly D. Bose,

Secretary.

[FR Doc. E7–13521 Filed 7–11–07; 8:45 am]

BILLING CODE 6717–01–P

ENVIRONMENTAL PROTECTION AGENCY

[EPA–HQ–OPPT–2007–0572; FRL–8140–2]

Agency Information Collection Activities; Proposed Collection; Comment Request; Information Collection in Support of EPA's Stewardship Program for Nanoscale Materials; EPA ICR No. 2250.01, OMB Control No. 2070–new

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) (44 U.S.C. 3501 *et seq.*), this document announces that EPA is planning to submit a request for a new Information Collection Request (ICR) to the Office of Management and Budget (OMB). Before submitting the ICR, entitled: ''Information Collection in Support of EPA's Stewardship Program for Nanoscale Materials'' and identified by EPA ICR No. 2250.01 and OMB Control No. 2070–new, to OMB for review and approval, EPA is soliciting public comments on specific aspects of the proposed information collection for this voluntary stewardship program for nanoscale materials. In a separate **Federal Register** document, EPA is announcing the availability for public review and comment of two draft documents: ''Concept Paper for the Nanoscale Materials Stewardship Program under the Toxic Substances Control Act (TSCA)'' and ''TSCA Inventory Status of Nanoscale Substances—General Approach.''

DATES: Comments must be received on or before September 10, 2007.

ADDRESSES: Submit your comments, identified by docket identification (ID) number EPA–HQ–OPPT–2007–0572, by one of the following methods:

• *Federal eRulemaking Portal: http://www.regulations.gov*. Follow the on-line instructions for submitting comments.

• *Mail*: Document Control Office (7407M), Office of Pollution Prevention and Toxics (OPPT), Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460–0001.

• *Delivery*: OPPT Document Control Office (DCO), EPA East, Rm. 6428, 1201 Constitution Ave., NW., Washington, DC. Attention: Docket ID number EPA–HQ–OPPT–2007–0572. The DCO is open from 8 a.m. to 4 p.m., Monday through Friday, excluding legal holidays. The telephone number for the DCO is (202) 564–8930. Such deliveries are only accepted during the DCO's normal hours of operation, and special arrangements should be made for deliveries of boxed information.

Instructions: Direct your comments to docket ID number EPA–HQ–OPPT–2007–0572. EPA's policy is that all comments received will be included in the public docket without change and may be made available on-line at *http://www.regulations.gov*, including any personal information provided, unless the comment includes information claimed to be Confidential Business Information (CBI) or other information whose disclosure is restricted by statute. Do not submit information that you consider to be CBI or otherwise protected through regulations.gov or e-mail. The regulations.gov website is an ''anonymous access'' system, which means EPA will not know your identity or contact information unless you provide it in the body of your comment. If you send an e-mail comment directly to EPA without going through regulations.gov, your e-mail address will be automatically captured and included as part of the comment that is placed in the public docket and made available on the Internet. If you submit an electronic comment, EPA

recommends that you include your name and other contact information in the body of your comment and with any disk or CD ROM you submit. If EPA cannot read your comment due to technical difficulties and cannot contact you for clarification, EPA may not be able to consider your comment. Electronic files should avoid the use of special characters, any form of encryption, and be free of any defects or viruses.

Docket: All documents in the docket are listed in the docket index available in regulations.gov. To access the electronic docket, go to *http://www.regulations.gov*, select ''Advanced Search,'' then ''Docket Search.'' Insert the docket ID number where indicated and select the ''Submit'' button. Follow the instructions on the regulations.gov web site to view the docket index or access available documents. Although listed in the index, some information is not publicly available, e.g., CBI or other information whose disclosure is restricted by statute. Certain other material, such as copyrighted material, will be publicly available only in hard copy. Publicly available docket materials are available electronically at *http://www.regulations.gov*, or, if only available in hard copy, at the OPPT Docket. The OPPT Docket is located in the EPA Docket Center (EPA/DC) at Rm. 3334, EPA West Bldg., 1301 Constitution Ave., NW., Washington, DC. The EPA/DC Public Reading Room hours of operation are 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding Federal holidays. The telephone number of the EPA/DC Public Reading Room is (202) 566–1744, and the telephone number for the OPPT Docket is (202) 566–0280. Docket visitors are required to show photographic identification, pass through a metal detector, and sign the EPA visitor log. All visitor bags are processed through an X-ray machine and subject to search. Visitors will be provided an EPA/DC badge that must be visible at all times in the building and returned upon departure.

FOR FURTHER INFORMATION CONTACT: Jim Alwood, Chemical Control Division (7405M), Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460–0001; telephone number: (202) 564–8974; fax number: (202) 564–9490; e-mail address: *alwood.jim@epa.gov*.

SUPPLEMENTARY INFORMATION:

I. What Should I Consider as I Prepare My Comments for EPA?

A. Considerations Under the Paperwork Reduction Act

Pursuant to section 3506(c)(2)(A) of the PRA, EPA specifically solicits comments and information to enable it to:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the Agency, including whether the information will have practical utility. Guidance issued by OMB states that the term ''practical utility'' refers to the usefulness of information (considering its accuracy, adequacy, and reliability) to carry out the Agency's functions in a timely manner.
2. Evaluate the accuracy of the Agency's estimates of the burden of the proposed collection of information, including the validity of the methodology and assumptions used.
3. Enhance the quality, utility, and clarity of the information to be collected.
4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses. In particular, EPA is requesting comments from very small businesses (those that employ less than 25) on examples of specific additional efforts that EPA could make to reduce the paperwork burden for very small businesses affected by this collection.

B. Tips for Preparing Your Comments

You may find the following suggestions helpful for preparing your comments:

1. Explain your views as clearly as possible and provide specific examples.
2. Describe any assumptions that you used.
3. Provide copies of any technical information and/or data you used that support your views.
4. If you estimate potential burden or costs, explain how you arrived at the estimate that you provide.
5. Provide specific examples to illustrate your concerns.
6. Offer alternative ways to improve the collection activity.
7. Make sure to submit your comments by the deadline identified under **DATES**.
8. To ensure proper receipt by EPA, be sure to identify the docket ID number assigned to this action in the subject line on the first page of your response. You may also provide the name, date, and **Federal Register** citation.

C. Submitting CBI

Do not submit this information to EPA through regulations.gov or e-mail. Clearly mark the part or all of the information that you claim to be CBI. For CBI information in a disk or CD ROM that you mail to EPA, mark the outside of the disk or CD ROM as CBI and then identify electronically within the disk or CD ROM the specific information that is claimed as CBI. In addition to one complete version of the comment that includes information claimed as CBI, a copy of the comment that does not contain the information claimed as CBI must be submitted for inclusion in the public docket. Information so marked will not be disclosed except in accordance with procedures set forth in 40 CFR part 2.

II. What Information Collection Activity or ICR Does this Action Apply to?

Affected entities: Entities potentially affected by this ICR are manufacturers, importers, and processors of nanoscale materials. Using the North American Industrial Classification System (NAICS) codes to assist you and others in determining whether this action might apply to certain entities, potentially affected entities may include, but are not limited to:

- Chemical manufacturers, importers, and processors (NAICS code 325), e.g., persons who manufacture (defined by TSCA to include import) or process chemical substances.

Title: Information Collection in Support of EPA's Stewardship Program for Nanoscale Materials.

ICR numbers: EPA ICR No. 2250.01, OMB Control No. 2070–new.

ICR status: This ICR is for a new information collection activity. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. After approval by OMB, the OMB control number for this ICR will be displayed by publication in the **Federal Register** and by the inclusion of the paperwork reduction notice in the optional form and instructions.

Abstract: EPA intends to initiate a voluntary information collection to assemble all known or reasonably ascertainable information from manufacturers, importers, and processors of nanoscale materials who are participating in the voluntary Stewardship Program for Nanoscale Materials. EPA also intends to

collaborate with participating manufacturers, importers, and processors of nanoscale materials, and other stakeholders in an effort to generate more detailed information of certain specific nanoscale materials. Under this second effort OPPT and program participants will work together to generate data and analyses that will more fully characterize certain nanoscale materials and to increase understanding of the environmental health and safety implications of manufactured nanoscale materials.

This data collection will facilitate and support EPA's voluntary Stewardship Program for Nanoscale Materials and complement EPA's new and existing chemical programs under TSCA. These data will also help provide a firmer scientific foundation for regulatory decisions by encouraging the development of key scientific information and appropriate risk management practices for nanoscale chemical substances.

Burden statement: The annual public reporting and recordkeeping burden for this collection of information is estimated to average 833 hours per response. This estimate assumes that the response involves all potential activities in the Nanoscale Materials Stewardship Program described in the ICR. Not all participants in the Nanoscale Materials Stewardship Program are expected to participate in the ''in-depth'' component of the program. Under the PRA, ''burden'' means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements which have subsequently changed; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

The ICR provides a detailed explanation of the activities and estimated burden, which is only briefly summarized here:

Estimated total number of potential respondents: 615.

Frequency of response: On occasion.

Estimated total average number of annual responses for each respondent: 2.

Estimated total annual burden hours: 24,724 hours.

Estimated total annual costs: $1,271,240.

III. What is the Next Step in the Process for this ICR?

EPA will consider the comments received and amend the ICR as appropriate. Although included as attachments to the ICR, EPA is issuing a separate **Federal Register** document to solicit public review and comments on two draft documents: ''Concept Paper for the Nanoscale Materials Stewardship Program under TSCA'' and ''TSCA Inventory Status of Nanoscale Substances—General Approach.'' In addition to considering comments submitted on the ICR, EPA will also consider public comments received on these two documents.

The final ICR package, including the revised attachments, will then be submitted to OMB for review and approval pursuant to 5 CFR 1320.12. At that time, EPA will issue another **Federal Register** notice pursuant to 5 CFR 1320.5(a)(1)(iv) to announce the submission of the ICR to OMB and the opportunity to submit additional comments to OMB.

If you have any questions about this ICR or the process, please contact the person listed under **FOR FURTHER INFORMATION CONTACT**.

List of Subjects

Environmental protection, Reporting and recordkeeping requirements.

Dated: July 9, 2007.

James Jones,

Acting Assistant Administrator, Office of Prevention, Pesticides and Toxic Substances.

[FR Doc. E7–13559 Filed 7–11–07; 8:45 am]

BILLING CODE 6560–50–S

ENVIRONMENTAL PROTECTION AGENCY

[EPA–HQ–OPPT–2004–0122; FRL–8139–9]

Nanoscale Materials Stewardship Program; Notice of Public Meeting

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: EPA is convening a public meeting to receive comments on the development of a voluntary Nanoscale Materials Stewardship Program (NMSP) under the Toxic Substances Control Act (TSCA). In a separate notice in this **Federal Register** EPA announced the availability of two draft documents for public review and comment: A ''Concept Paper for the Nanoscale Materials Stewardship Program under TSCA'' and ''TSCA Inventory Status of Nanoscale Substances—General Approach.'' In a separate notice in this **Federal Register** EPA also solicited public comments on specific aspects of the proposed information collection for the voluntary NMSP. The purpose of the public meeting, which will occur during the comment period on these documents, is to further discussion and development of NMSP.

DATES: The meeting will be held on August 2, 2007, from 9 a.m. to 4:30 p.m.

You may register for the meeting on or before July 30, 2007. See Unit IV. for additional registration information.

To request accommodation of a disability, please contact the technical person listed under **FOR FURTHER INFORMATON CONTACT**, preferably at least 10 days prior to the meeting, to give EPA as much time as possible to process your request.

ADDRESSES: The meeting will be held at the Holiday Inn Rosslyn at Key Bridge, 1900 Fort Myer Dr., Arlington, VA 22209.

Requests to make oral comments at the meeting, identified by docket identification (ID) number EPA–HQ–OPPT–2004–0122, may be submitted to the technical person listed under **FOR FURTHER INFORMATION CONTACT**.

FOR FURTHER INFORMATION CONTACT: *For general information contact*: Colby Lintner, Regulatory Coordinator, Environmental Assistance Division (7408M), Office of Pollution Prevention and Toxics, Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460–0001; telephone number: (202) 554–1404; e-mail address: *TSCA-Hotline@epa.gov*.

For technical information contact: James Alwood, Chemical Control Division, Office of Pollution Prevention and Toxics (7405M), Office of Pollution Prevention and Toxics, Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460–0001; telephone number: (202) 564–8974; e-mail address: *alwood.jim@epa.gov*.

SUPPLEMENTARY INFORMATION:

I. General Information

A. Does this Action Apply to Me?

This action is directed to the public in general, and may be of particular interest to those persons who manufacture, import, process, or use nanoscale materials. Representatives from industry, non-government organizations concerned with the environment and human health,

academia, and government may all be interested in attending.

Since many entities may be interested, the Agency has not attempted to fully describe all of the entities that may have an interest in this matter. If you have any questions regarding the applicability of this action to a particular entity, consult the technical person listed under **FOR FURTHER INFORMATION CONTACT**.

B. How Can I Get Copies of this Document and Other Related Information?

1. *Docket*. EPA has established a docket for this action under docket ID number EPA–HQ–OPPT–2004–0122. All documents in the docket are listed in the docket's index available at *http://www.regulations.gov*. Although listed in the index, some information is not publicly available, e.g., Confidential Business Information (CBI) or other information whose disclosure is restricted by statute. Certain other material, such as copyrighted material, will be publicly available only in hard copy. Publicly available docket materials are available electronically at *http://www.regulations.gov*, or, if only available in hard copy, at the OPPT Docket. The OPPT Docket is located in the EPA Docket Center (EPA/DC) at Rm. 3334, EPA West Bldg., 1301 Constitution Ave., NW., Washington, DC. The EPA/DC PublicReading Room hours of operation are 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding Federal holidays. The telephone number of the EPA/DC Public Reading Room is (202) 566–1744, and the telephone number for the OPPT Docket is (202) 566–0280. Docket visitors are required to show photographic identification, pass through a metal detector, and sign the EPA visitor log. All visitor bags are processed through an X-ray machine and subject to search. Visitors will be provided an EPA/DC badge that must be visible at all times in the building and returned upon departure.

2. *Electronic access*. You may access this **Federal Register** document electronically through the EPA Internet under the ''**Federal Register**'' listings at *http://www.epa.gov/fedrgstr*.

II. Background

A. What is the NMSP?

The NMSP is a voluntary program intended to complement and support EPA's new and existing chemical programs under TSCA. TSCA provides EPA the authority to assure that new and existing ''chemical substances'' are manufactured, processed, used, and disposed of in a manner that protects against unreasonable risks to human health and the environment. Nanoscale materials which meet the TSCA definition of ''chemical substances'' are subject to TSCA.

B. What Action is the Agency Taking?

EPA is announcing a public meeting to receive further comment on all aspects of NMSP, including the three documents described in this unit. In a separate notice in this **Federal Register** EPA announced the availability of two documents for a 60–day public review and comment period. One document, entitled ''TSCA Inventory Status of Nanoscale Substances—General Approach'' (TSCA Inventory paper), describes EPA's current thinking regarding whether a nanoscale material is a ''new'' or ''existing'' chemical substance under TSCA. The other document, entitled ''Concept Paper for the Nanoscale Materials Stewardship Program under the TSCA,'' is a concept paper describing EPA's general approach, issues, and considerations for NMSP. The notice requested comments on all aspects of NMSP but identified specific issues of interest to EPA. Please consult that notice for more details.

In a separate notice in this **Federal Register** EPA also issued a draft Information Collection Request (ICR) covering the information collection related activities related to NMSP and the estimated paperwork burdens associated with those activities. Under the Paperwork Reduction Act (PRA), 44 U.S.C. 3501 *et seq.*, 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 issued by the Office of Management and Budget (OMB). The PRA also applies to voluntarily submitted information. Before submitting an ICR to OMB for review and approval, the agency must first solicit comment on the draft ICR. The draft ICR covering the potential information collection activities related to NMSP was also made available for a 60–day public review and comment period.

C. Why is EPA taking this Action?

On October 18, 2006, EPA launched a collaborative process and invited stakeholders to participate in the design, development, and implementation of an NMSP under TSCA. The NMSP will complement and support EPA's new and existing chemical programs under TSCA and will help provide a firmer scientific foundation for regulatory decisions by encouraging the development of key scientific information and appropriate risk management practices for nanoscale chemical substances (nanoscale materials).

The public meeting is an important part of the collaborative development process for NMSP. The meeting is intended to further discussion about NMSP and identify additional details and issues regarding NMSP. EPA will consider all comments. The Agency will also use the information resulting from NMSP to further inform the Agency's effort to develop its TSCA program for nanoscale materials, including any potential actions that may be needed to provide necessary information to make decisions and protect human health and the environment.

III. Summary of Next Steps

In addition to providing comments on the documents made available and attending the public meeting, EPA invites you to participate in the development process for NMSP. If you would like EPA to notify you as the stewardship program moves forward, please sign-up at *http://www.epa.gov/oppt/nano/nano-contact.htm*.

EPA will consider all comments received regarding NMSP. EPA will announce the availability of the final versions of the ICR, TSCA Inventory paper, and NMSP in the **Federal Register**. Once the details of NMSP have been developed and published in the **Federal Register**, EPA will implement NMSP.

IV. How Can I Request to Participate in this Meeting?

You may register for the meeting electronically through EPA's website, at *http://www.epa.gov/oppt/nano* by July 30, 2007. Advance requests will assist in planning adequate seating; however, members of the public may attend without prior registration.

You may submit a request to make oral comments at this meeting to the technical person listed under **FOR FURTHER INFORMATION CONTACT**. Do not submit any information in your request that is considered CBI. Requests to make oral comments at the meeting, identified by docket ID number EPA–HQ–OPPT–2004–0122, must be received on or before July 30, 2007.

List of Subjects

Environmental protection, Chemicals, Nanoscale materials, Nanotechnology, Pollution prevention.

Dated: July 9, 2007.

James Jones,

Acting Assistant Administrator, Office of Prevention, Pesticides and Toxic Substances.

[FR Doc. E7–13557 Filed 7–11–07; 8:45 am]

BILLING CODE 6560–50–S

ENVIRONMENTAL PROTECTION AGENCY

[EPA–HQ–OPPT–2004–0122; FRL–8139–2]

Nanoscale Materials Stewardship Program and Inventory Status of Nanoscale Substances under the Toxic Substances Control Act; Notice of Availability

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: On October 18, 2006, EPA invited stakeholders to participate in the design, development, and implementation of a Nanoscale Materials Stewardship Program (NMSP) under the Toxic Substances Control Act (TSCA). NMSP is a voluntary program intended to complement and support EPA's new and existing chemical programs under TSCA and will help provide a firmer scientific foundation for regulatory decisions by encouraging the development of key scientific information and appropriate risk management practices for nanoscale chemical substances (''nanoscale materials''). As part of this process, EPA is announcing the availability of two draft documents for public review and comment: ''TSCA Inventory Status of Nanoscale Substances—General Approach'' and ''Concept Paper for the Nanoscale Materials Stewardship Program under TSCA.'' The first document describes EPA's current thinking regarding whether a nanoscale material is a ''new'' or ''existing'' chemical substance under TSCA. The second document describes the Agency's general approach, issues, and considerations for NMSP and is intended to serve as a starting point for continuing work with stakeholders on the detailed design of NMSP.

DATES: Comments must be received on or before September 10, 2007.

ADDRESSES: Submit your comments, identified by docket identification (ID) number EPA–HQ–OPPT–2004–0122, by one of the following methods:

- *Federal eRulemaking Portal: http://www.regulations.gov.* Follow the on-line instructions for submitting comments.
- *Mail:* Document Control Office (7407M), Office of Pollution Prevention and Toxics (OPPT), Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460–0001.
- *Hand Delivery:* OPPT Document Control Office (DCO), EPA East Bldg., Rm. 6428, 1201 Constitution Ave., NW., Washington, DC. Attention: Docket ID Number EPA–HQ–OPPT–2004–0122. The DCO is open from 8 a.m. to 4 p.m., Monday through Friday, excluding legal holidays. The telephone number for the DCO is (202) 564–8930. Such deliveries are only accepted during the DCO's normal hours of operation, and special arrangements should be made for deliveries of boxed information.

Instructions: Direct your comments to docket ID number EPA–HQ–OPPT–2004–0122. EPA's policy is that all comments received will be included in the docket without change and may be made available on-line at *http://www.regulations.gov*, including any personal information provided, unless the comment includes information claimed to be Confidential Business Information (CBI) or other information whose disclosure is restricted by statute. Do not submit information that you consider to be CBI or otherwise protected through regulations.gov or e-mail. The regulations.gov website is an ''anonymous access'' system, which means EPA will not know your identity or contact information unless you provide it in the body of your comment. If you send an e-mail comment directly to EPA without going through regulations.gov, your e-mail address will be automatically captured and included as part of the comment that is placed in the docket and made available on the Internet. If you submit an electronic comment, EPA recommends that you include your name and other contact information in the body of your comment and with any disk or CD-ROM you submit. If EPA cannot read your comment due to technical difficulties and cannot contact you for clarification, EPA may not be able to consider your comment. Electronic files should avoid the use of special characters, any form of encryption, and be free of any defects or viruses. For additional information about EPA's public docket, visit the EPA Docket Center homepage at *http://www.epa.gov/epahome/dockets.htm.*

Docket: All documents in the docket are listed in the docket index available in regulations.gov. To access the electronic docket, go to *http://www.regulations.gov*, select ''Advanced Search,'' then ''Docket Search.'' Insert the docket ID number where indicated and select the ''Submit'' button. Follow the instructions on the regulations.gov website to view the docket index or access available documents. Although listed in the index, some information is not publicly available, e.g., CBI or other information whose disclosure is restricted by statute. Certain other material, such as copyrighted material, will be publicly available only in hard copy. Publicly available docket materials are available electronically at *http://www.regulations.gov*, or, if only available in hard copy, at the OPPT Docket. The OPPT Docket is located in the EPA Docket Center (EPA/DC) at Rm. 3334, EPA West Bldg., 1301 Constitution Ave., NW., Washington, DC. The EPA/DC Public Reading Room hours of operation are 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding Federal holidays. The telephone number of the EPA/DC Public Reading Room is (202) 566–1744, and the telephone number for the OPPT Docket is (202) 566–0280. Docket visitors are required to show photographic identification, pass through a metal detector, and sign the EPA visitor log. All visitor bags are processed through an X-ray machine and subject to search. Visitors will be provided an EPA/DC badge that must be visible at all times in the building and returned upon departure.

FOR FURTHER INFORMATION CONTACT: *For general information contact:* Colby Lintner, Regulatory Coordinator, Environmental Assistance Division (7408M), Office of Pollution Prevention and Toxics, Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460–0001; telephone number: (202) 554–1404; e-mail address: *TSCA-Hotline@epa.gov.*

For technical information contact: James Alwood, Chemical Control Division, Office of Pollution Prevention and Toxics (7405M), Office of Pollution Prevention and Toxics, Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460–0001; telephone number: (202) 564–8974; e-mail address: *alwood.jim@epa.gov.*

SUPPLEMENTARY INFORMATION:

I. General Information

A. Does this Action Apply to Me?

You may be potentially affected by this action if you manufacture, import, process, or use nanoscale materials that are chemical substances subject to the jurisdiction of TSCA. Potentially affected entities may include, but are not limited to:

- Chemical manufacturers (NAICS code 325), e.g., persons manufacturing, importing, processing, or using chemicals for commercial purposes.
- Petroleum and coal product industries (NAICS code 324), e.g., persons manufacturing, importing,

processing, or using chemicals for commercial purposes.

This listing is not intended to be exhaustive, but rather provides a guide for readers regarding entities likely to be interested in this action. Other types of entities not listed inthis unit could also be interested. If you have any questions regarding the applicability of this action to a particular entity, consult the technical person listed under **FOR FURTHER INFORMATION CONTACT**.

B. What Should I Consider as I Prepare My Comments for EPA?

1. *Submitting CBI*. Do not submit this information to EPA through regulations.gov or e-mail. Clearly mark the part or all of the information that you claim to be CBI. For CBI information in a disk or CD-ROM that you mail to EPA, mark the outside of the disk or CD-ROM that you mail to EPA, mark the outside of the disk or CD-ROM as CBI and then identify electronically within the disk or CD-ROM the specific information that is claimed as CBI. In addition to one complete version of the comment that includes information claimed as CBI, a copy of the comment that does not contain the information claimed as CBI must be submitted for inclusion in the public docket. Information so marked will not be disclosed except in accordance with procedures set forth in 40 CFR part 2.

2. *Tips for preparing your comments*. When submitting comments, remember to:

i. Identify the document by docket ID number and other identifying information (subject heading, **Federal Register** date and page number).

ii. Follow directions. The Agency may ask you to respond to specific questions or organize comments by referencing a Code of Federal Regulations (CFR) part or section number.

iii. Explain why you agree or disagree; suggest alternatives and substitute language for your requested changes.

iv. Describe any assumptions and provide any technical information and/or data that you used.

v. If you estimate potential costs or burdens, explain how you arrived at your estimate in sufficient detail to allow for it to be reproduced.

vi. Provide specific examples to illustrate your concerns and suggest alternatives.

vii. Explain your views as clearly as possible, avoiding the use of profanity or personal threats.

viii. Make sure to submit your comments by the comment period deadline identified.

C. Where Can I Access More Information About Nanotechnology?

For more information about nanotechnology under TSCA, go to *http://www.epa.gov/oppt/nano*.

II. Background

A. What is the Applicable Legal Authority?

NMSP is a voluntary program intended to complement and support EPA's new and existing chemical programs under TSCA. TSCA provides EPA authority to assure that new and existing chemical substances are manufactured, processed, used, and disposed of in a manner that protects against unreasonable risks to human health and the environment. TSCA applies to ''chemical substances.'' Nanoscale materials which meet the TSCA definition of ''chemical substances'' are subject to TSCA.

B. What Action is the Agency Taking?

EPA is announcing the availability of two documents for public review and comment. One document, entitled ''TSCA Inventory Status of Nanoscale Substances—General Approach,'' (''TSCA Inventory paper'') describes EPA's general approach to determining whether a nanoscale material is a ''new'' or ''existing'' chemical substance under TSCA. The other document, entitled ''Concept Paper for the Nanoscale Materials Stewardship Program under the TSCA,'' is a concept paper describing a general approach, issues, and considerations for NMSP.

In a separate notice in this **Federal Register**, EPA is also issuing the draft Information Collection Request (ICR) covering the information collection related activities related to NMSP and the estimated paperwork burdens associated with those activities. Under the Paperwork Reduction Act (PRA), 44 U.S.C. 3501 *et seq.*, 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 issued by the Office of Management and Budget (OMB). PRA also applies to voluntarily submitted information. Before submitting an ICR to OMB for review and approval, the agency must first solicit comment on the draft ICR. The draft ICR covering the potential information collection activities related to NMSP is also being made available for public review and comment.

C. Why is EPA taking this Action?

There is a growing class of materials commonly referred to as engineered nanoscale materials. Materials having structures with dimensions in the nanoscale (approximately 1–100 nanometers (nm)), also known as nanoscale materials or nanoscale substances, may have organizations and properties different than the same chemical substances with structures at a larger scale.

Nanoscale materials that meet the TSCA section 3(2)(A) definition of ''chemical substance'' are subject to TSCA. TSCA provides EPA with a strong framework for ensuring that new and existing chemical substances are manufactured and used in a manner that protects human health and the environment. TSCA distinguishes between ''new'' and ''existing'' chemical substances. Existing chemicals are those substances contained on the TSCA Inventory. New chemicals are those substances not contained on the TSCA Inventory. Under section 5 of TSCA, EPA requires manufacturers of nanoscale materials that are new chemicals, to notify the Agency 90 days prior to manufacture. The draft paper, ''TSCA Inventory Status of Nanoscale,'' is intended to explain the Agency's current thinking on this question of ''new'' versus ''existing'' within the context of nanoscale materials.

On October 18, 2006, EPA launched a collaborative process and invited stakeholders to participate in the design, development, and implementation of a NMSP under TSCA. EPA is developing NMSP to complement and support its new and existing chemical efforts on nanoscale materials. As outlined in the ''Concept Paper for the NMSP under TSCA,'' the program is envisioned primarily for manufacturers of nanoscale materials that would be considered existing chemical substances under TSCA (though persons at a variety of stages of product development are also encouraged to participate). Manufacturers of existing chemical substances are not required to submit pre-manufacture notices to EPA under section 5 of TSCA. NMSP will also help provide a firmer scientific foundation for regulatory decisions by encouraging the development of key scientific information and appropriate risk management practices for nanoscale chemical substances (''nanoscale materials'').

EPA developed the concept paper to outline its initial thinking about NMSP. The Agency will be working collaboratively with other Federal agencies and stakeholders to further develop and implement NMSP. Although dependent on the outcome of this development process, the Agency envisions that the components of the program could include:

• Assembling existing data and information from manufacturers and processors of existing chemical nanoscale materials.

• Encouraging the development of test data needed to provide a firmer scientific foundation for future work and regulatory/policy decisions.

• Identifying and encouraging use of a basic set of risk management practices in developing and commercializing nanoscale materials.

The concept paper outlines proposed ideas for reporting on nanoscale materials in commerce, developing data on representative nanoscale materials, and identifying risk management practices. It describes who may wish to participate, the reporting expectations for participants, what the program could entail and what EPA intends to do with the data generated from the program. It also describes the potential benefits of participation.

EPA will use the data from NMSP to gain an understanding of which nanoscale materials are produced, in what quantities, how they are used, and the data that is available for such materials. EPA scientists will use data collected through this program, where appropriate, to aid in determining how and whether certain nanoscale materials or categories of nanoscale materials may present risks to human health and the environment.

This release of the two draft documents for public review and comment are an important part of the collaborative development process for NMSP. These draft documents are intended to further discussion about NMSP and will serve as the foundation for establishing the details of NMSP.

The Agency also intends to conduct a public meeting to obtain further public comment on these documents and any other issues pertaining to a NMSP and will announce that meeting date in a separate **Federal Register** notice. EPA will consider all comments and announce the availability in the **Federal Register** of the final versions of the ICR, TSCA Inventory paper and a document that describes NMSP. Once the details of NMSP have been announced, EPA will implement NMSP.

III. Request for Comments

While EPA is seeking comment on all aspects of NMSP and the TSCA Inventory paper, the Agency is especially interested in comments on the following items:

1. Whether the data elements that have been identified in NMSP are appropriate for nanoscale materials.

2. Timing and phasing of submissions under the NMSP basic and in-depth programs and whether approaches for tiering data submissions are appropriate.

3. Who would participate in NMSP and how to encourage participation, especially from small and medium sized enterprises.

4. What criteria to use for NMSP program evaluation and views on the timing and nature of any reports the Agency may issue.

5. How to engage industry and other stakeholders in the NMSP in-depth program and approaches for generating test data.

6. The processes and roles for EPA, participants, and other stakeholders during development and evaluation of data for the in-depth program.

7. Possible approaches for identification and use of alternative sources of data, in order to minimize the burden of information collection associated with NMSP.

8. Uses for the data submitted to EPA under the NMSP program.

9. Issues relevant to scope, definitions, and descriptions.

10. The suitability of the approach for determining the TSCA Inventory status of nanoscale materials discussed in the TSCA Inventory paper referenced in Unit II.C.

11. Whether, in combination, the TSCA Inventory paper and the NMSP concept paper are sufficiently clear in how EPA plans at this time to address nanoscale materials that are new or existing chemicals under TSCA and the NMSP and, if needed, an indication of areas where further clarification may be warranted.

IV. Summary of Next Steps

As indicated previously, EPA intends to use a collaborative process that involves stakeholders in the design, development, and implementation of NMSP. In addition to providing comments on the draft documents released by this document, EPA invites you to participate in the process. If you would like EPA to notify you as the stewardship program moves forward, please sign-up at *http://www.epa.gov/oppt/nano/nano-contact.htm*.

EPA will announce the date and logistics of a public meeting on NMSP in a separate **Federal Register** notice and the TSCA nanotechnology website *http://www.epa.gov/oppt/nano*.

Following consideration of all comments received on this notice, EPA will announce availability in the **Federal Register** of the final versions of the ICR, TSCA Inventory paper, and a document that describes NMSP. Once the details of the NMSP have been developed and announced, EPA will implement NMSP.

List of Subjects

Environmental protection, Chemicals, Hazardous substances, Nanoscale materials.

Dated: July 9, 2007.

James Jones,

Acting Assistant Administrator, Office of Prevention, Pesticides and Toxic Substances.

[FR Doc. E7–13558 Filed 7–11–07; 8:45 am]

BILLING CODE 6560–50–S

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies; Correction

This notice corrects a notice (FR Doc. E7–13143) published on pages 37223–37224 of the issue for Monday, July 9, 2007.

Under the Federal Reserve Bank of Chicago heading, the entry for Fenton Financial, Inc., Fenton, Michigan, is revised to read as follows:

A. Federal Reserve Bank of Chicago (Burl Thornton, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414:

1. Fentura Financial, Inc., Fenton, Michigan; to acquire 24.9 percent of the voting shares of Premier Commercial Bank, Arizona, National Association, Mesa, Arizona.

Comments on this application must be received by July 31, 2007.

Board of Governors of the Federal Reserve System, July 9, 2007.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E7–13529 Filed 7–11–07; 8:45 am]

BILLING CODE 6210–01–S

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies; Correction

This notice corrects a notice (FR Doc. E7–13180) published on page 37224 of the issue for Monday, July 9, 2007.

Under the Federal Reserve Bank of Boston heading, the entry for Royal Bank of Scotland Group, plc, the Royal Bank of Scotland, plc, RBSG International Holdings Limited, all of Edinburgh, Scotland, Citizens Financial Group, Providence, Rhode Island, Banco Santander Central Hispano, S.A., Madrid, Spain, Santander Holanda B.V., Delft, Netherlands, Fortis N.V., Utrecht, Netherlands, Fortis S.A./N.V., Fortis Brussels, S.A./N.V., Fortis Bank S.A./

N.V.,all of Brussels, Belgium, Fortis Bank Nederland (Holding) N.V., Utrecht, Netherlands, and RFS Holdings B.V., Amsterdam, Netherlands, is revised to read as follows:

A. Federal Reserve Bank of Boston (Richard Walker, Community Affairs Officer) P.O. Box 55882, Boston, Massachusetts 02106-2204:

1. Royal Bank of Scotland Group, plc, Edinburgh, Scotland, Banco Santander Central Hispano, S.A., Madrid, Spain, Santander Holanda B.V., Delft, Netherlands, Fortis N.V., Utrecht, Netherlands, Fortis S.A./N.V.,Fortis Brussels, S.A./N.V., Fortis Bank, all of Brussels, Belgium, Fortis Bank Nederland (Holding) N.V., Utrecht, Netherlands, and RFS Holdings B.V., Amsterdam, Netherlands; to control ABN AMRO Holding N.V. Amsterdam, Netherlands, and thereby indirectly acquire ABN AMRO North American Holding Company, LaSalle Bank Corporation, LaSalle Bank National Association, all of Chicago, Illinois, and LaSalle Bank Midwest National Association, Troy, Michigan. In connection with this proposal Fortis Bank Nederland (Holding) N.V., Santander Holand B.V. and RFS Holdings B.V. have applied to become bank holing companies.

In addition, each of The Royal Bank of Scotland Group, plc, The Royal Bank of Scotland plc, RBSG International Holdings Limited, all of Edinburgh, Scotland, and Citizens Financial Group, Inc., Providence, Rhode Island, has applied to acquire control of ABN AMRO North American Holding Company, LaSalle Bank Corporation, LaSalle Bank National Association, and LaSalle Bank Midwest National Association in a transfer subsequent to the acquisition of control of ABN AMRO Holding N.V.

Comments on this application must be received by July 25, 2007.

Board of Governors of the Federal Reserve System, July 9, 2007.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E7–13530 Filed 7–11–07; 8:45 am]

BILLING CODE 6210–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Ethics Subcommittee, Advisory Committee to the Director (ACD), Centers for Disease Control and Prevention (CDC)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), CDC announces the following meeting for the aforementioned subcommittee.

Times and dates: 1 p.m.–5:30 p.m., August 9, 2007. 8:30 a.m.–3:30 p.m., August 10, 2007.

Place: CDC, 1825 Century Center, Conference Room 1 A/B, Atlanta, GA 30345.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 75 people. To accommodate public participation in the meeting, a conference telephone line will be available. The public is welcome to participate during the public comment periods by calling (866) 919–3560 and entering code 4168828. The public comment periods are tentatively scheduled from 4:45 p.m.–5 p.m. on August 9, 2007 and from 3 p.m.–3:15 p.m. on August 10, 2007.

Purpose: The Ethics Subcommittee will provide counsel to the ACD, CDC regarding a broad range of public health ethics questions and issues arising from programs, scientists, and practitioners.

Matters To Be Discussed: Agenda items will include: Ethical Guidance for Public Health Emergency Preparedness and Response, Ethical Issues relating to CDC Partnerships, Public Health Ethics and Genomics, Ethical Guidance for Non-Research Data Collections, and Updates on Ethical Issues relating to Pandemic Influenza Preparedness. Agenda items are subject to change as priorities dictate.

For security reasons, members of the public interested in attending the meeting should contact the person below. The deadline for notification of attendance is August 2, 2007.

Contact Person for More Information: Drue Barrett, Ph.D., Designated Federal Official, Ethics Subcommittee, CDC, 1600 Clifton Road, NE., M/S D–50, Atlanta, Georgia 30333. Telephone (404) 639–4690. E-mail: *dbarrett@cdc.gov.*

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: July 5, 2007.

Elaine L. Baker,

Acting Director, Management Analysis and Services Office Centers for Disease Control and Prevention (CDC).

[FR Doc. E7–13523 Filed 7–11–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Antiviral Drugs Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). At least one portion of the meeting will be closed to the public.

Name of Committee: Antiviral Drugs Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on September 5, 2007, from 8 a.m. to 4 p.m. and on September 6, 2007, from 9 a.m. to 1 p.m.

Location: On September 5, 2007, the committee will meet at the Hilton Washington DC/Silver Spring, The Ballrooms, 8727 Colesville Rd., Silver Spring, MD. The hotel telephone number is 301–589–5200. On September 6, 2007, the committee will meet in closed session at FDA, White Oak Headquarters, rm. 2046, 10903 New Hampshire Ave., Silver Spring, MD.

Contact Person: Cicely Reese, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane (for express delivery, 5630 Fishers Lane, rm. 1093), Rockville, MD 20857, 301–827–7001, FAX: 301–827–6776, e-mail: *Cicely.Reese@fda.hhs.gov*, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 3014512531. Please call the Information Line for up-to-date information on this meeting. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice. Therefore, you should always check the agency's Web site and call the appropriate advisory committee hot line/phone line to learn about possible modifications before coming to the meeting.

Agenda: On September 5, 2007, the committee will discuss new drug application (NDA) 22–145, raltegravir potassium, integrase inhibitor 400 milligram tablets, Merck & Co., Inc., for the treatment of Human Immunodeficiency Virus-1 (HIV–1) infection in combination with other

antiretroviral agents in treatment-experienced patients with evidence of HIV–1 replication despite ongoing antiretroviral therapy. On September 6, 2007, the meeting will be closed to permit discussion and review of trade secret and/or confidential information.

FDA intends to make background material available to the public no later than 2 business days before the meeting. If FDA is unable to post the background material on its Web site prior to the meeting, the background material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on FDA's Web site after the meeting. Background material is available at *http://www.fda.gov/ohrms/dockets/ac/acmenu.htm*, click on the year 2007 and scroll down to the appropriate advisory committee link.

Procedure: On September 5, 2007, from 8 a.m. to 4 p.m., the meeting is open to the public. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before August 21, 2007. Oral presentations from the public will be scheduled between approximately 1 p.m. and 2 p.m. Those desiring to make formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on or before August 14, 2007. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by August 13, 2007.

Closed Committee Deliberations: On September 6, 2007, from 9 a.m. to 1 p.m., the meeting will be closed to permit discussion and review of trade secret and/or confidential information (5 U.S.C. 552b(c)(4)). The committee will be asked to provide feedback on a Phase 3 protocol in the development of a new indication.

Persons attending FDA's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to adisability, please contact Cicely Reese at least 7 days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: July 5, 2007.

Randall W. Lutter,

Deputy Commissioner for Policy.

[FR Doc. E7–13560 Filed 7–11–07; 8:45 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, HHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7057; fax: 301/402–0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Compounds Binding to the N-Terminal Domains of STAT Proteins as Therapeutic Agents

Description of Technology: Signal transducer and activator transcription (STAT) proteins, specifically STAT1, 2, 3, 4, 5a, 5b, and 6, are involved in the cellular and biological processes of cell proliferation, differentiation, apoptosis, host defense, and transformation. Constitutively active STAT proteins occur in many human tumor cells and cells transformed by oncoproteins. Inhibiting these STAT proteins has great therapeutic potential in the treatment of certain cancers.

The current invention describes a family of short peptides that bind to the N-terminus domains of STAT proteins and their use as therapeutic agents. These compounds are the first inhibitors that can directly bind to N-domains of STATs and exhibit a direct inhibitory effect. STAT1, 3, and 5 inhibitors can serve as potent therapeutic agents for the treatment of a variety of tumors and STAT 4 inhibitors can be used to control autoimmune disorders.

Applications and Modality: Other applications for this technology include using STAT1, STAT3 and STAT5 inhibitors for the treatment of various tumors; using STAT4 inhibitors to control autoimmune disorders; and using STAT inhibitors as research tools to study the function of STAT proteins.

Market: There were approximately 600,000 deaths from cancer related diseases estimated in 2006. In 2006, the cancer drug market was estimated to be $25 billion.

Development Status: The technology is currently in the pre-clinical stage of development.

Inventors: *Nadya I. Tarasova et al.* (NCI).

Relevant Publications: A manuscript directly related to the above technology will be available as soon as it is accepted for publication.

Patent Status: U.S. Provisional Application No. 60/940,916 filed 30 May 2007 (HHS Reference No. E–164–2007/0–US–01).

Licensing Status: Available for exclusive and non-exclusive license.

Licensing Contact: Adaku Nwachukwu, J.D.; 301/435–5560; *madua@mail.nih.gov.*

Benztropinamine Analogs as Dopamine Transport Inhibitors

Description of Technology: Dopamine is a neurotransmitter that is directly involved in motor activity, motivation and reward, and cognition. The dopamine transporter is expressed on the plasma membrane of dopamine neurons and is responsible for clearing dopamine released into the extracellular space, thereby regulating neurotransmission. The dopamine transporter plays a significant role in neuropsychiatric diseases, such as Parkinson's disease, drug abuse (especially cocaine addiction), Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD), narcolepsy and a number of other CNS disorders. Therefore, the dopamine transporter is a target for research and potential therapeutics for the treatment of these indications.

Benztropine and its analogs are an important class of dopamine transport

inhibitors that are indicated for the treatment of cocaine abuse and ADHD. They bind with high affinity to the dopamine transporter and block dopamine uptake, but generally do not produce behavioral effects comparable to those produced by cocaine. In animal models of drug abuse, many benztropine analogs have been shown to (1) Reduce cocaine-induced locomotor stimulation, (2) have long-lasting effects, and (3) lack a significant abuse liability. This suggests they may be useful medications for the treatment of human diseases where dopamine-related behavior is compromised, especially in situations in which an (partial) agonist treatment is indicated.

However, some of the reported analogs have limited or poor solubility in aqueous systems or poor stability characteristics. To remedy this, the 3-position benzhydrylether moiety of the benztropine analogs was replaced with the isosteric benzhydrylamine system in order to reduce hydrolysis of the less stable ether function, observed in the benztropine series, and further reduce lipophilicity to ultimately increase water solubility and bioavailability for improved therapeutic formulation and utility.

Inventors: *Amy H. Newman et al.* (NIDA).

Publication: P Grundt; TA Kopajtic, JL Katz, AH Newman. N–8–substituted-benztropinamine analogs as selective dopamine transporter ligands. Bioorg Med Chem Lett. 2005 Dec 15;15(24):5419–5423.

Patent Status: U.S. Provisional Application No. 60/689,746 filed 10 Jun 2005 (HHS Reference No. E–089–2005/0–US–01); International Application No. PCT/US2006/22401 filed 07 Jun 2006, which published as WO 2006/135715 on 21 Dec 2006 (HHS Reference No. E–089–2005/0–PCT–02).

Licensing Status: Available for exclusive or non-exclusive licensing.

Licensing Contact: Tara L. Kirby, Ph.D.; 301/435–4426; *tarak@mail.nih.gov*

Dated: July 5, 2007.

Steven M. Ferguson,

Director, Division of Technology Development and Transfer, Office of Technology Transfer, National Institutes of Health.

[FR Doc. E7–13541 Filed 7–11–07; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, HHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7057; fax: 301/402–0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Cyclic Phosphopeptide Inhibitors of Protein Phosphatase 2C Delta, Wip1

Description of Technology: This technology involves the development of specific peptides that can be used as anti-cancer agents, particularly as promoters of apoptosis. The inventors have modified the natural substrate of the Wip1 protein phosphatase in order to produce the inhibitors, allowing for specific and efficient inhibition of Wip1. These peptides represent the first Wip1 peptide inhibitors. The inhibitors can be combined with other pro-apoptosis therapeutics to improve patient survival, providing an advantage to previous pro-apoptosis approaches.

Wip1 (PP2Cdelta or PPM1D) is a protein phosphatase that negatively regulates cell-cycle arrest and apoptosis by preventing p53-mediated cell-cycle arrest and apoptosis. Wip1 is overexpressed in several human cancers, including breast cancer, ovarian clear cell adenocarcinoma and neuroblastoma, suggesting it may play an important role in oncogenesis. Inhibiting Wip1 may be a necessary step for inducing apoptosis and prohibiting tumor growth, accentuating the need for Wip1-directed therapies. Because these peptide inhibitors are the first specific Wip1 inhibitors, they represent the first opportunity to pursue this therapeutic strategy.

Applications: Applicable as anti-cancer therapeutics for a wide variety of tumors, including breast cancer, ovarian cancer, and neuroblastomas. Inhibitors can also be combined with other cancer therapeutics.

Advantages: Inhibitors are designed based on strucural similarity to the native substrate, providing a high degree of specificity to the target. First inhibitors directed to Wip1 as a target for cancer therapy.

Benefits: Cancer is the second leading cause of death in the United States, with approximately 600,000 cancer-related deaths occurring in 2006 alone. Wip1 inhibitors may provide a social benefit by reducing that number or improving the quality/length of patient life. Furthermore, the cancer therapeutic market is expected to reach $27 billion by 2009. Because these molecules are the first inhibitors of Wip1, there is an opportunity to occupy a significant niche in that predicted market.

Inventors: Ettore Appella *et al.* (NCI).

U.S. Patent Status: U.S. Provisional Application No. 60/850,218 (HHS Reference No. E–288–2006/0–US–01).

Licensing Contact: David A. Lambertson, Ph.D.; Phone: (301) 435–4632; E-mail: *lambertsond@mail.nih.gov.*

Collaborative Research Opportunity: The National Cancer Institute Center for Cancer Research, Laboratory for Cell Biology, is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize Cyclic Phosphopeptide Inhibitors of Protein Phosphatase 2C Delta, Wip1. Please contact John D. Hewes, Ph.D. at 301/435–3121 or *hewesj@mail.nih.gov* for more information.

A Gene Therapy to Treat Lung Cancer

Description of Technology: This invention relates to the identification of a new tumor suppressor gene named Caliban from Drosophila melanogaster and Serologically determined colon cancer antigen gene 1 (Sdccag1) from humans. Sdccag1 is inactive in human lung cancer cells but active in normal lung cells. When full length Caliban or Sdccag1 is expressed in human lung cancer cells they lose their tumorigenicity. This suggests that Caliban/Sdccag1 could be used as both a therapeutic and diagnostic for cancer.

Applications: Using gene therapy to replace the inactive gene with full length Caliban/Sdccag1 to treat cancer(s); A diagnostic assay that can determine whether the tumor

suppressor Caliban/Sdccag1 gene product is functioning in cells.

Advantages: Caliban/Sdccag1 can be easily adopted into already standard gene therapy applications; Provides a novel therapeutic and diagnostic target for cancer.

Benefits: It is estimated that there will be approximately 160,000 deaths caused by lung cancer in 2007. This technology will help in improving the quality of life of lung cancer patients as well as other cancers. Additionally, the gene therapy market is now a multi-million dollar industry.

Inventors: Mark A. Mortin (NICHD), Xiaolin Bi (NCI).

U.S. Patent Status: Pending PCT Application PCT/US2006/022180, published as WO 2006/13316 (E–118–2005/0–PCT–02).

Licensing Contact: David A. Lambertson, Ph.D.; Phone: (301) 435–4632; Fax: (301) 402–0220; E-mail: *lambertsond@mail.nih.gov*.

Collaborative Research Opportunity: The National Institute of Child Health and Human Development is seeking statements of capability or interest from parties interested in collaborative research to obtain pre-clinical data to be used to further develop, evaluate, or commercialize Caliban/Sdccag1 as a novel therapeutic and diagnostic target for cancer and other diseases. Please contact John D. Hewes, Ph.D. at 301–435–3121 or *hewesj@mail.nih.gov* for more information.

Dated: July 5, 2007.

Steven M. Ferguson,

Director, Division of Technology Development and Transfer, Office of Technology Transfer, National Institutes of Health.

[FR Doc. E7–13542 Filed 7–11–07; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Human Genome Research Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Human Genome Research Institute Special Emphasis Panel, GWA Phenotype and Exposure Measures.

Date: July 19, 2007.

Time: 12 p.m. to 1:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 5635 Fishers Lane, Suite 4076, Bethesda, MD 20892 (Telephone Conference Call).

Contact Person: Ken D. Nakamura, PhD, Scientific Review Administrator, Scientific Review Branch, National Human Genome Research Institute, National Institutes of Health, 5635 Fishers Lane, Suite 4076, MSC 9306, Rockville, MD 20852, 301–402–0838, nakamurk@mail.nih.gov.

This note 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. 93.172, Human Genome Research, National Institutes of Health, HHS)

Dated: July 6, 2007.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 07–3397 Filed 7–11–07; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and Digestive and Kidney Disorders; 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 purpose of this meeting is to evaluate requests for preclinical development resources for potential new therapeutics for type 1 diabetes. The outcome of the evaluation will be a decision whether NIDDK should support the request and make available contract resources for development of the potential therapeutic to improve the treatment or prevent the development of type 1 diabetes and its complications. The research proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the proposed research projects, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Type 1 Diabetes—Rapid Access to Intervention Development Special Emphasis Panel, National Institute of Diabetes and Digestive and Kidney Diseases.

Date: July 31, 2007.

Time: 12 p.m. to 2 p.m.

Agenda: To evaluate requests for preclinical development resources for potential new therapeutics for type 1 diabetes and its complications.

Place: 6707 Democracy Boulevard, Bethesda, MD 20892 (Telephone Conference Call).

Contact Person: Dr. Lisa Spain, Program Director, Immunobiology of Type 1 Diabetes and Autoimmune Endocrine Diseases, Division of Diabetes, Endocrinology and Metabolic Diseases, NIDDK, NIH, 6707 Democracy Boulevard, Bethesda, MD 20892–5460, 301–451–9871.

(Catalogue of Federal Domestic Assistance Program Nos. 93.847, Diabetes, Endocrinology and Metabolic Research; 93.848, Digestive Diseases and Nutrition Research; 98.849, Kidney Diseases, Urology and Hematology Research, National Institutes of Health, HHS)

Dated: July 3, 2007.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 07–3401 Filed 7–11–07; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Environmental Health Sciences; 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 contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Environmental Health Sciences Special Emphasis Panel, Scientific Research Analysis in Bioinformatics and Allied Areas.

Date: August 2, 2007.
Time: 10 a.m. to 1:30 p.m.
Agenda: To review and evaluate contract proposals.
Place: NIEHS/National Institutes of Health, Building 4401, East Campus, 79 T.W. Alexander Drive, Rm 122, Research Triangle Park, NC 27709 (Telephone Conference Call).
Contact Person: RoseAnne M. McGee, Associate Scientific Review Administrator, Scientific Review Branch, Division of Extramural Research and Training, Nat. Institute of Environmental Health Sciences, P.O. Box 12233, MD EC–30, Research Triangle Park, NC 27709, (919) 541–0752, *mcgee1@niehs.nih.gov*.

(Catalogue of Federal Domestic Assistance Program Nos. 93.115, Biometry and Risk Estimation—Health Risks from Environmental Exposures; 93.142, NIEHS Hazardous Waste Worker Health and Safety Training; 93.143, NIEHS Superfund Hazardous Substances—Basic Research and Education; 93.894, Resources and Manpower Development in the Environmental Health Sciences; 93.113, Biological Response to Environmental Health Hazards; 93.114, Applied Toxicological Research and Testing, National Institutes of Health, HHS).

Dated: July 3, 2007.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 07–3402 Filed 7–11–07; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Library of Medicine; 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 Board of Regents of the National Library of Medicine.

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 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: Board of Regents of the National Library of Medicine, Extramural Programs Subcommittee.
Date: September 17, 2007.
Time: 4 p.m. to 6 p.m.
Agenda: To review and evaluate grant applications.
Place: National Library of Medicine, Building 38, Conference Room B, 8600 Rockville Pike, Bethesda, MD 20892.
Contact Person: Donald A.B. Lindberg, MD, Director, National Library of Medicine, 8600 Rockville Pike, Bethesda, MD 20894, 301–496–6221, *lindberg@mail.nih. gov.*

Name of Committee: Board of Regents of the National Library of Medicine, Subcommittee on Outreach and Public Information.
Date: September 18, 2007.
Time: 7:30 a.m. to 8:45 a.m.
Agenda: Outreach Activities.
Place: National Library of Medicine, Building 38, Conference Room B, 8600 Rockville Pike, Bethesda, MD 20892.
Contact Person: Donald A.B. Lindberg, MD, Director, National Library of Medicine, 8600 Rockville Pike, Bethesda, MD 20894, 301–496–6221, *lindberg@mail.nih. gov.*

Name of Committee: Board of Regents of the National Library of Medicine.
Date: September 18–19, 2007.
Open: September 18, 2007, 9 a.m. to 3 p.m.
Agenda: Program Discussion.
Place: National Library of Medicine, Building 38, Board Room, 2nd FLoor, 8600 Rockville Pike, Bethesda, MD 20892.
Closed: September 18, 2007, 3 p.m. to 3:30 p.m.
Agenda: To review and evaluate grant applications.
Place: National Library of Medicine, Building 38, Board Room, 2nd Floor, 8600 rockville Pike, Bethesda, MD 20892.
Open: September 19, 2007, 9 a.m. to 12 p.m.
Agenda: Program Discussion.
Place: National Library of Medicine, Building 38, Board Room, 2nd FLoor, 8600 Rockville Pike, Bethesda, MD 20892.
Contact Person: Donald A.B. Lindberg, MD, Director, National Library of Medicine, 8600 Rockville Pike, Bethesda, MD 20894, 301–496–6221, *lindberg@mail.nih. gov.*

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should be include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

Information is also available on the Institute's/Center's home page: *http://www.nlm.nih.gov/od/bor/bor.html*, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.879, Medical Library Assistance, National Institutes of Health, HHS)

Dated: July 6, 2007.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 07–3398 Filed 7–11–07; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Library of Medicine; 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 Library of Medicine Special Emphasis Panel, Scholarly Works (G13).
Date: October 26, 2007.
Time: 9 a.m. to 5 p.m.
Agenda: To review and evaluate grant applications.
Place: Embassy Suites at the Chevy Chase Pavilion, 4300 Military Road, NW., Washington, DC 20015.
Contact Person: Zoe E. Huang, MD, Health Science Administrator, Division of Extramural Programs, National Library of Medicine, National Institutes of Health, 6705 Rockledge Drive, Suite 301, MSC 7968, Bethesda, MD 20892–7968, 301–594–4937, *huangz@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.879, Medical Library Assistance, National Institutes of Health, HHS)

Dated: July 6, 2007.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 07–3399 Filed 7–11–07; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed 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 the following meetings.

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: Center for Scientific Review Special Emphasis Panel, Nanotechnology.
Date: July 12–13, 2007.
Time: 8 a.m. to 12 p.m.
Agenda: To review and evaluate grant applications.
Place: Harbor Magic, Admiral Fell Inn, 888 South Broadway, Baltimore, MD 21231.
Contact Person: Joseph D. Mosca, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5158, MSC 7808, Bethesda, MD 20892, (301) 435–2344, *moscajos@csr.nih.gov.*

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.

Name of Committee: Center for Scientific Review Special Emphasis Panel, Opportunistic Infections and Malignancies in AIDS.
Date: July 24, 2007.
Time: 11 a.m. to 3 p.m.
Agenda: To review and evaluate grant applications.
Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Telephone Conference Call).
Contact Person: Mary Clare Walker, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5208, MSC 7852, Bethesda, MD 20892, (301) 435–1165, *walkermc@csr.nih.gov.*

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.

Name of Committee: Center for Scientific Review Special Emphasis Panel, Cell Biology Member Conflict Meeting.
Date: July 27–31, 2007.
Time: 11 a.m. to 4 p.m.
Agenda: To review and evaluate grant applications.
Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).
Contact Person: Jonathan Arias, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5170, MSC 7840, Bethesda, MD 20892, (301) 435–2406, *ariasj@csr.nih.gov.*

Name of Committee: Center for Scientific Review Special Emphasis Panel, Kidney Functions and Disease Review.
Date: July 27, 2007.
Time: 3 p.m. to 5 p.m.
Agenda: To review and evaluate grant applications.
Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Telephone Conference Call).
Contact Person: Krystyna E. Rys-Sikora, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4016J, MSC 7814, Bethesda, MD 20892, 301–451–1325, *ryssokok@csr.nih.gov.*

Name of Committee: Center for Scientific Review Special Emphasis Panel, Bioengineering Member Conflicts.
Date: July 30–31, 2007.
Time: 6 a.m. to 8 p.m.
Agenda: To review and evaluate grant applications.
Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).
Contact Person: George W. Chacko, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5170, MSC 7849, Bethesda, MD 20892, 301–435–1245, *chackoge@csr.nih.gov.*

Name of Committee: Center for Scientific Review Special Emphasis Panel, Epidemiology of Infection and Immunology in Pregnancy.
Date: August 1, 2007.
Time: 3 p.m. to 4:30 p.m.
Agenda: To review and evaluate grant applications.
Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Telephone Conference Call).
Contact Person: Heidi B. Friedman, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 1012A, MSC 7770, Bethesda, MD 20892, 301–435–1721, *hfriedman@csr.nih.gov.*

Name of Committee: Center for Scientific Review Special Emphasis Panel, CMBK Member Conflicts Review.
Date: August 2, 2007.
Time: 3 p.m. to 5 p.m.
Agenda: To review and evaluate grant applications.
Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Telephone Conference Call).
Contact Person: Krystyna E. Rys-Sikora, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4016J, MSC 7814, Bethesda, MD 20892, 301–451–1325, *ryssokok@csr.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: July 6, 2007.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 07–3400 Filed 7–11–07; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center for Mental Health Services; Notice of Meeting

Pursuant to Public Law 92–463, notice is hereby given that the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) National Advisory Council (NAC) will meet on July 25 and 26, 2007. In addition, notice is hereby given that the CMHS National Advisory Council Subcommittee on Consumer/Survivor Issues (Subcommittee) will meet on July 23 and 24, 2007.

The meeting of the CMHS NAC is open and will include discussion of the Center's policy issues and current administrative and legislative activities, as well as developments in Mental Health System Transformation activities.

The meeting of the CMHS Subcommittee is also open and will include fact finding activities in support of the work of the CMHS NAC. The Subcommittee ensures meaningful consumer participation through reports and recommendations on issues before the NAC.

Attendance by the public will be limited to space available. Public comments are welcome. Please communicate with the appropriate contacts listed below to make arrangements to attend, to comment or to request special accommodations for persons with disabilities.

The CMHS NAC meeting will also include the review, discussion, and evaluation of grant applications reviewed by Initial Review Groups. Therefore, this portion of the meeting will be closed to the public as determined by the Administrator, SAMHSA, in accordance with Title 5 U.S.C. 552b(c)(6) and 5 U.S.C. App. 2, Section 10(d).

Substantive program information and a roster of Council members may be obtained, either by accessing the

SAMHSA Committee Web site, *http://www.nac.samhsa.gov*, or by contacting the CMHS National Advisory Council Executive Secretary, Ms. Dianne McSwain (see contact information below). A summary of the meeting and the transcript for the open session will also be available on the SAMHSA Committee Web site within three weeks after the meeting.

Subcommittee Name: SAMHSA, Center for Mental Health Services National Advisory Council, Subcommittee on Consumer/Survivor Issues.

Date/Time/Type: July 23, 2007, from 8:30 a.m. to 5 p.m.: Open. July 24, 2007, from 8:30 a.m. to 3 p.m.: Open.

Place: 1 Choke Cherry Road, Sugarloaf Conference Room, Rockville, MD 20857.

Contact: Chris Marshall, Consumer Affairs Specialist, SAMHSA, 1 Choke Cherry Road, Room 6–1071, Rockville, Maryland 20857, Telephone: 240–276–1330; Fax: 240–276–1340, E-mail: *chris.marshall@hhs.samhsa.gov*.

Committee Name: SAMHSA, Center for Mental Health Services National Advisory Council.

Date/Time/Type: July 25, 2007, from 9:30 a.m. to 12 p.m.: Closed. July 25, 2007, from 1:30 p.m. to 5:30 p.m.: Open. July 26, 2007, from 8:30 a.m. to 2:30 p.m.: Open.

Place: 1 Choke Cherry Road, Rock Creek and Great Falls Conference Rooms, Rockville, MD 20857.

Contact: Dianne McSwain, M.S.W., Executive Secretary, SAMHSA, CMHS National Advisory Council, 1 Choke Cherry Road, Room 6–1063, Rockville, Maryland 20857, Telephone: 240–276–1828; Fax: 240–276–1850. E-mail: *dianne.mcswain@hhs.samhsa.gov*.

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.

Dated: July 6, 2007.

Sandra Stephens,

Health Scientist Administrator, Substance Abuse and Mental Health Services Administration.

[FR Doc. 07–3387 Filed 7–11–07; 8:45 am]

BILLING CODE 4162–20–M

DEPARTMENT OF HOMELAND SECURITY

Customs and Border Protection

Proposed Collection; Comment Request; U.S.-Jordan Free Trade Agreement

ACTION: Notice and request for comments.

SUMMARY: As part of its continuing effort to reduce paperwork and respondent burden, U.S. Customs and Border Protection (CBP) invites the general public and other Federal agencies to comment on an information collection requirement concerning the U.S.-Jordan Free Trade Agreement. This request for comment is being made pursuant to the Paperwork Reduction Act of 1995 (Public Law 104–13; 44 U.S.C. 3505(c)(2)).

DATES: Written comments should be received on or before September 10, 2007 to be assured of consideration.

ADDRESSES: Direct all written comments to the U.S. Customs and Border Protection, Information Services Branch, Room 3.2.C, 1300 Pennsylvania Avenue, NW., Washington, DC 20229.

FOR FURTHER INFORMATION CONTACT: Requests for additional information should be directed to U.S. Customs and Border Protection, Attn.: Tracey Denning, Room 3.2.C, 1300 Pennsylvania Avenue, NW., Washington, DC 20229, Tel. (202) 344–1429.

SUPPLEMENTARY INFORMATION: CBP invites the general public and other Federal agencies to comment on proposed and/or continuing information collections pursuant to the Paperwork Reduction Act of 1995 (Pub L. 104–13; 44 U.S.C. 3505(c)(2)). The comments should address: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimates 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 including the use of automated collection techniques or the use of other forms of information technology; and (e) estimates of capital or start-up costs and costs of operations, maintenance, and purchase of services to provide information. The comments that are submitted will be summarized and included in the request for Office of Management and Budget (OMB) approval. All comments will become a matter of public record. In this document CBP is soliciting comments concerning the following information collection:

Title: U.S.-Jordan Free Trade Agreement.

OMB Number: 1651–0128.

Form Number: None.

Abstract: The U.S.-Jordan Free Trade Agreement was established to reduce and eliminate barriers, strengthen and develop economic relations, and to lay the foundations for further cooperation by reduced duty-treatment on imported goods.

Current Actions: There are no changes to the information collection. This submission is being submitted to extend the expiration date.

Type of Review: Extension (without change).

Affected Public: Businesses.

Estimated Number of Respondents: 2,500.

Estimated Time per Respondent: 12 minutes.

Estimated Total Annual Burden Hours: 500.

Estimated Total Annualized Cost on the Public: N/A.

Dated: July 5, 2007.

Tracey Denning,

Agency Clearance Officer, Information Services Group.

[FR Doc. 07–3430 Filed 7–11–07; 8:45 am]

BILLING CODE 9111–14–M

DEPARTMENT OF HOMELAND SECURITY

Customs and Border Protection

Proposed Collection; Comment Request; Haitian Hemispheric Opportunity Through Partnership Encouragement Act of 2006

ACTION: Notice and request for comments.

SUMMARY: As part of its continuing effort to reduce paperwork and respondent burden, U.S. Customs and Border Protection (CBP) invites the general public and other Federal agencies to comment on an information collection requirement concerning Haitian Hemispheric Opportunity Through Partnership Encouragement (''HOPE'') Act of 2006. This request for comment is being made pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)).

DATES: Written comments should be received on or before September 10, 2007 to be assured of consideration.

ADDRESSES: Direct all written comments to the U.S. Customs and Border Protection, Information Services Branch, Room 3.2.C, 1300 Pennsylvania Avenue, NW., Washington, DC 20229.

FOR FURTHER INFORMATION CONTACT: Requests for additional information should be directed to U.S. Customs and Border Protection, Attn.: Tracey Denning, Room 3.2.C, 1300 Pennsylvania Avenue, NW., Washington, DC 20229, Tel. (202) 344–1429.

SUPPLEMENTARY INFORMATION: CBP invites the general public and other Federal agencies to comment on

proposed and/or continuing information collections pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)). The comments should address: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimates 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 including the use of automated collection techniques or the use of other forms of information technology; and (e) estimates of capital or start-up costs and costs of operations, maintenance, and purchase of services to provide information. The comments that are submitted will be summarized and included in the request for Office of Management and Budget (OMB) approval. All comments will become a matter of public record. In this document CBP is soliciting comments concerning the following information collection:

Title: Haitian Hemispheric Opportunity Through Partnership Encouragement (''HOPE'') Act of 2006.

OMB Number: 1651–0129.

Form Number: None.

Abstract: The Haiti HOPE Act is a trade program that provides for duty-free treatment of certain apparel articles and certain wire harness automotive components from Haiti.

Current Actions: There are no changes to the information collection. This submission is being submitted to extend the expiration date.

Type of Review: Extension (without change).

Affected Public: Businesses.

Estimated Number of Respondents: 34.

Estimated Time Per Respondent: 39.2 hours.

Estimated Total Annual Burden Hours: 1,333.

Estimated Total Annualized Cost on the Public: N/A.

Dated: July 5, 2007.

Tracey Denning,

Agency Clearance Officer, Information Services Group.

[FR Doc. E7–13508 Filed 7–11–07; 8:45 am]

BILLING CODE 9111–14–P

DEPARTMENT OF HOMELAND SECURITY

Customs and Border Protection

Proposed Collection; Comment Request; Free Trade Agreements

ACTION: Notice and request for comments.

SUMMARY: As part of its continuing effort to reduce paperwork and respondent burden, U.S. Customs and Border Protection (CBP) invites the general public and other Federal agencies to comment on an information collection requirement concerning Free Trade Agreements. This request for comment is being made pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)).

DATES: Written comments should be received on or before September 10, 2007 to be assured of consideration.

ADDRESSES: Direct all written comments to the U.S. Customs and Border Protection, Information Services Branch, Room 3.2.C, 1300 Pennsylvania Avenue, NW., Washington, DC 20229.

FOR FURTHER INFORMATION CONTACT: Requests for additional information should be directed to U.S. Customs and Border Protection, Attn.: Tracey Denning, Room 3.2.C, 1300 Pennsylvania Avenue, NW., Washington, DC 20229, Tel. (202) 344–1429.

SUPPLEMENTARY INFORMATION: CBP invites the general public and other Federal agencies to comment on proposed and/or continuing information collections pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)). The comments should address: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimates 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 including the use of automated collection techniques or the use of other forms of information technology; and (e) estimates of capital or start-up costs and costs of operations, maintenance, and purchase of services to provide information. The comments that are submitted will be summarized and included in the request for Office of Management and Budget (OMB) approval. All comments will become a matter of public record. In this document CBP is soliciting comments concerning the following information collection:

Title: Free Trade Agreements.

OMB Number: 1651–0117.

Form Number: None.

Abstract: Free Trade Agreements are established to reduce and eliminate barriers, strengthen and develop economic relations, and to lay the foundations for further cooperation. These Agreements establish free trade by reduced duty-treatment on imported goods.

Current Actions: There are no changes to the information collection. This submission is being submitted to extend the expiration date.

Type of Review: Extension (without change).

Affected Public: Businesses.

Estimated Number of Respondents: 109,000.

Estimated Time Per Respondent: 12 minutes.

Estimated Total Annual Burden Hours: 21,000.

Estimated Total Annualized Cost on the Public: N/A.

Dated: July 5, 2007.

Tracey Denning,

Agency Clearance Officer, Information Services Group.

[FR Doc. E7–13509 Filed 7–11–07; 8:45 am]

BILLING CODE 9111–14–P

DEPARTMENT OF HOMELAND SECURITY

Customs and Border Protection

Proposed Collection; Comment Request; Declaration by the Person Who Performed the Processing of Goods Abroad

ACTION: Notice and request for comments.

SUMMARY: As part of its continuing effort to reduce paperwork and respondent burden, U.S. Customs and Border Protection (CBP) invites the general public and other Federal agencies to comment on an information collection requirement concerning Declaration by the Person Who Performed the Processing of Goods Abroad. This request for comment is being made pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)).

DATES: Written comments should be received on or before September 10, 2007, to be assured of consideration.

ADDRESSES: Direct all written comments to U.S. Customs and Border Protection, Information Services Group, Room 3.2.C, Attn.: Tracey Denning, 1300

Pennsylvania Avenue, NW., Washington, DC 20229.

FOR FURTHER INFORMATION CONTACT: Requests for additional information should be directed to U.S. Customs and Border Protection, Attn.: Tracey Denning, Room 3.2.C, 1300 Pennsylvania Avenue, NW., Washington, DC 20229, Tel. (202) 344–1429.

SUPPLEMENTARY INFORMATION: CBP invites the general public and other Federal agencies to comment on proposed and/or continuing information collections pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)). The comments should address: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimates 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 including the use of automated collection techniques or the use of other forms of information technology; and (e) estimates of capital or start-up costs and costs of operations, maintenance, and purchase of services to provide information. The comments that are submitted will be summarized and included in the CBP request for Office of Management and Budget (OMB) approval. All comments will become a matter of public record. In this document CBP is soliciting comments concerning the following information collection:

Title: Declaration by the Person Who Performed the Processing of Goods Abroad.

OMB Number: 1651–0039.

Form Number: N/A.

Abstract: This declaration, which is prepared by the foreign processor and submitted by the filer with each entry, provides details on the processing performed abroad and is necessary to assist CBP in determining whether the declared value of the processing is accurate.

Current Actions: There are no changes to the information collection. This submission is being submitted to extend the expiration date.

Type of Review: Extension (without change).

Affected Public: Businesses, Individuals, Institutions.

Estimated Number of Respondents: 7,500.

Estimated Time Per Respondent: 15 minutes.

Estimated Total Annual Burden Hours: 1,880.

Estimated Total Annualized Cost on the Public: N/A.

Dated: July 5, 2007.

Tracey Denning,

Agency Clearance Officer, Information Services Group.

[FR Doc. E7–13566 Filed 7–11–07; 8:45 am]

BILLING CODE 9111–14–P

DEPARTMENT OF HOMELAND SECURITY

Customs and Border Protection

Proposed Collection; Comment Request; Importation Bond Structure

ACTION: Notice and request for comments.

SUMMARY: As part of its continuing effort to reduce paperwork and respondent burden, U.S. Customs and Border Protection (CBP) invites the general public and other Federal agencies to comment on an information collection requirement concerning Importation Bond Structure. This request for comment is being made pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)).

DATES: Written comments should be received on or before September 10, 2007, to be assured of consideration.

ADDRESSES: Direct all written comments to U.S. Customs and Border Protection, Information Services Group, Room 3.2C, Attn.: Tracey Denning, 1300 Pennsylvania Avenue, NW., Washington, DC 20229.

FOR FURTHER INFORMATION CONTACT: Requests for additional information should be directed to U.S. Customs and Border Protection, Attn.: Tracey Denning, Room 3.2.C, 1300 Pennsylvania Avenue NW., Washington, DC 20229, Tel. (202) 344–1429.

SUPPLEMENTARY INFORMATION: CBP invites the general public and other Federal agencies to comment on proposed and/or continuing information collections pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)). The comments should address: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimates 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 including the use of automated collection techniques or the use of other forms of information technology; and (e) estimates of capital or start-up costs and costs of operations, maintenance, and purchase of services to provide information. The comments that are submitted will be summarized and included in the CBP request for Office of Management and Budget (OMB) approval. All comments will become a matter of public record. In this document CBP is soliciting comments concerning the following information collection:

Title: Importation Bond Structure.

OMB Number: 1651–0050.

Form Number: CBP–301 and CBP–5297.

Abstract: Bonds are used to assure that duties, taxes, charges, penalties, and reimbursable expenses owed to the Government are paid. They are also used to provide legal recourse for the Government for noncompliance with CBP laws and regulations.

Current Actions: There are no changes to the information collection. This submission is being submitted to extend the expiration date.

Type of Review: Extension (without change).

Affected Public: Businesses, individuals, institutions.

Estimated Number of Respondents: 590,250.

Estimated Time Per Respondent: 15 minutes.

Estimated Total Annual Burden Hours: 147,596.

Estimated Total Annualized Cost on the Public: N/A.

Dated: July 5, 2007.

Tracey Denning,

Agency Clearance Officer, Information Services Group.

[FR Doc. E7–13568 Filed 7–11–07; 8:45 am]

BILLING CODE 9111–14–P

DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

Articles Assembled Abroad With Textile Components Cut to Shape in the U.S.; Proposed Collection; Comment Request

ACTION: Notice and request for comments.

SUMMARY: As part of its continuing effort to reduce paperwork and respondent burden, U.S. Customs and Border Protection (CBP) invites the general public and other Federal agencies to comment on an information collection

requirement concerning Articles Assembled Abroad with Textile Components Cut to Shape in the U.S. This request for comment is being made pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)).

DATES: Written comments should be received on or before September 10, 2007, to be assured of consideration.

ADDRESSES: Direct all written comments to U.S. Customs and Border Protection, Information Services Group, Room 3.2C, Attn.: Tracey Denning, 1300 Pennsylvania Avenue, NW., Washington, DC 20229.

FOR FURTHER INFORMATION CONTACT: Requests for additional information should be directed to U.S. Customs and Border Protection, Attn.: Tracey Denning, Room 3.2.C, 1300 Pennsylvania Avenue, NW., Washington, DC 20229, Tel. (202) 344–1429.

SUPPLEMENTARY INFORMATION: CBP invites the general public and other Federal agencies to comment on proposed and/or continuing information collections pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104–13; 44 U.S.C. 3505(c)(2)). The comments should address: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimates 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 including the use of automated collection techniques or the use of other forms of information technology; and (e) estimates of capital or start-up costs and costs of operations, maintenance, and purchase of services to provide information. The comments that are submitted will be summarized and included in the CBP request for Office of Management and Budget (OMB) approval. All comments will become a matter of public record. In this document CBP is soliciting comments concerning the following information collection:

Title: Articles Assembled Abroad with Textile Components Cut to Shape in the U.S.

OMB Number: 1651–0070.

Form Number: N/A.

Abstract: This collection of information enables CBP to ascertain whether the conditions and requirements relating to 9802.00.80, Harmonized Tariff Schedule (HTSUS), have been met.

Current Actions: There are no changes to the information collection. This submission is being submitted to extend the expiration date.

Type of Review: Extension (without change).

Affected Public: Businesses, Individuals, Institutions.

Estimated Number of Respondents: 500.

Estimated Time Per Respondent: 80 minutes.

Estimated Total Annual Burden Hours: 667.

Estimated Total Annualized Cost on the Public: N/A.

Dated: July 5, 2007.

Tracey Denning,

Agency Clearance Officer, Information Services Group.

[FR Doc. E7–13571 Filed 7–11–07; 8:45 am]

BILLING CODE 9111–14–P

DEPARTMENT OF HOMELAND SECURITY

Immigration and Customs Enforcement

Agency Information Collection Activities: Comment Request

ACTION: 60-day notice of information collection under review; the Student and Exchange Visitor Information System (SEVIS), OMB Control No. 1653–0038.

The Department of Homeland Security, U.S. Immigration and Customs Enforcement (USICE), has submitted the following information collection request for review and clearance in accordance with the Paperwork Reduction Act of 1995. The information collection is published to obtain comments from the public and affected agencies. Comments are encouraged and will be accepted for sixty days until September 10, 2007.

Written comments and suggestions regarding items contained in this notice, and especially with regard to the estimated public burden and associated response time should be directed to the Department of Homeland Security (DHS); Lee Shirkey, Program Manager, Records Management Branch; U.S. Immigration and Customs Enforcement, 425 I Street, NW., Room 1122, Washington, DC 20536; (202) 353–2266. These comments and suggestions concerning the continued collection of information should address one or more of the following four points:

(1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

Overview of This Information Collection.

(1) Type of information collection: Extension of currently approved information collection.

(2) Title of the form/collection: Petition for Approval of School for Attendance by Nonimmigrant Student and Certificate of Eligibility for Nonimmigrant Student Status.

(3) Agency form number, if any, and the applicable component of the Department of Homeland Security sponsoring the collection: Forms I–17 and I–20/Student and Exchange Visitor Program (SEVP).

(4) Affected public who will be asked or required to respond, as well as a brief abstract: Primary. Approximately 30,000 designated school officials (DSOs) representing some 8,300 academic and vocational institutions. Section 641 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Public Law 104–208, Div. C (Sept. 30, 1996; see attachment (1)) requires the creation of a program to collect current information, on an ongoing basis, from schools and exchange visitor programs relating to nonimmigrant F, M or J foreign students and exchange visitors during the course of their stay in the United States (U.S.), using electronic reporting technology to the fullest extent practicable. It further requires Federal approval and authorization of schools and exchange visitor programs participating in such enrollment. The information collection about nonimmigrants mandated by IIRIRA includes the identity and current address in the United States of the alien, the nonimmigrant classification of the alien, the date on which a visa under the classification was issued or extended or the date on which a change to such classification was approved by the Department of Homeland Security

(DHS), the current academic status of the alien, including whether the alien is maintaining status as a full-time student, or whether an exchange visitor is satisfying the terms and conditions of his or her program, and any disciplinary action taken by the institution or exchange visitor program sponsor against the alien as a result of a conviction of a crime. The Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001, Public Law 107–56 (October 26, 2001), subsequently amended IIRIRA and added the requirement that information be collected on the date of entry and port-of-entry. On October 30, 2001, the President issued Homeland Security Directive No. 2 (Directive 2) requiring DHS to conduct periodic, ongoing review of all institutions certified to accept nonimmigrant students. On May 14, 2002 the Enhanced Border Security and Visa Entry Reform Act of 2002 (Border Security Act), Public Law 107–173, 116 Stat. 543 (May 14, 2002), was enacted. It required DHS to recertify all schools approved for attendance by F or M nonimmigrant students within two years of the passage of the Border Security Act. Further, it mandates that DHS conduct an additional recertification of these schools every two years following. Data collection requirements for SEVP certification, oversight and recertification of schools authorized to enroll F or M nonimmigrant students are not specified in the aforementioned legislation, but are enumerated in 8 CFR 214.3 and 214.4. The Student and Exchange Visitor Program (SEVP), a component of U.S. Immigration and Customs Enforcement (ICE), is the program mandated by these laws to carry out these responsibilities.

(5) An estimate of the total number of respondents and the amount of time estimated for an average respondent to respond annually:

Respondents	30,000.
Time for student management reporting.	6.8 hours.
Time for management of SEVP certification.	2.3 hours.
Average time per respondent.	9.1 hours.

(6) An estimate of the total public burden (in hours) associated with the collection: 273,000.

Comments and/or questions; requests for a copy of the proposed information collection instrument, with instructions; or inquiries for additional information should be directed to: Lee Shirkey, Program Manager, Records Management Branch; U.S. Immigration and Customs Enforcement, 425 I Street, NW., Room 1122, Washington, DC 20536; (202) 616–2266.

Dated: July 9, 2007.

Lee Shirkey,

Program Manager, Records Management Branch, U.S. Immigration and Customs Enforcement, Department of Homeland Security.

[FR Doc. E7–13569 Filed 7–11–07; 8:45 am]

BILLING CODE 9111–28–P

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Proposed Information Collection; OMB Control Number 1018–0066; Marine Mammal Tagging, Marking, and Reporting

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice; request for comments.

SUMMARY: We (Fish and Wildlife Service) will ask the Office of Management and Budget (OMB) to approve the information collection (IC) described below. As required by the Paperwork Reduction Act of 1995 and as part of our continuing efforts to reduce paperwork and respondent burden, we invite the general public and other Federal agencies to take this opportunity to comment on this IC. This IC is scheduled to expire on November 30, 2007. We may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

DATES: You must submit comments on or before September 10, 2007.

ADDRESSES: Send your comments on the IC to Hope Grey, Information Collection Clearance Officer, Fish and Wildlife Service, MS 222–ARLSQ, 4401 North Fairfax Drive, Arlington, VA 22203 (mail); *hope_grey@fws.gov* (e-mail); or (703) 358–2269 (fax).

FOR FURTHER INFORMATION CONTACT: To request additional information about this IC, contact Hope Grey by mail, fax, or e-mail (see ADDRESSES) or by telephone at (703) 358–2482.

SUPPLEMENTARY INFORMATION:

I. Abstract

Under Section 101(b) of the Marine Mammal Protection Act of 1972 (MMPA), as amended (16 U.S.C. 1361–1407), Alaska Natives residing in Alaska and dwelling on the coast of the North Pacific or Arctic Ocean may harvest polar bears, northern sea otters, and Pacific walrus for subsistence or handicraft purposes. Section 109(i) of the MMPA authorizes the Secretary of the Interior to prescribe marking, tagging, and reporting regulations applicable to the Alaska Native subsistence and handicraft take.

On behalf of the Secretary, we implemented regulations at 50 CFR 18.23(f) for Alaska Natives harvesting polar bear, northern sea otter, and Pacific walrus. These regulations enable us to gather data on the Alaska Native subsistence and handicraft harvest and on the biology of polar bear, northern sea otter, and Pacific walrus in Alaska to determine what effect such take may be having on these populations. The regulations also provide us with a means of monitoring the disposition of the harvest to ensure that any commercial use of products created from these species meets the criteria set forth in Section 101(b) of the MMPA. The information we collect includes, but is not limited to:

(1) Date of kill.

(2) Sex of the animal.

(3) Kill location.

(4) Form of transportation used to make the kill of polar bears.

(5) Amount of time (i.e., hours/days hunted) spent hunting polar bears.

(6) Type of take (live killed or beach found) for walrus.

(7) Number of otters present in and number of otters harvested from pod.

(8) Condition of the bear and whether or not polar bear cubs were present.

(9) Name of the hunter or possessor of the specified parts at the time of marking, tagging, and reporting.

II. Data

OMB Control Number: 1018–0066.

Title: Marine Mammal Tagging, Marking, and Reporting.

Service Form Number(s): R7–50, R7–51, R7–52.

Type of Request: Revision of currently approved collection.

Affected Public: Individuals and households.

Respondent's Obligation: Required to obtain or retain a benefit.

Frequency of Collection: On occasion.

Activity	Number of annual respondents	Number of annual responses	Completion time per response	Annual burden hours
R7–50 (walrus)	1,190	1,190	15 minutes	298
R7–51 (polar bear)	52	52	15 minutes	13
R7–52 (sea otter)	796	796	15 minues	199
Totals	2,038	2,038		510

III. Request for Comments

We invite comments concerning this IC on:

(1) whether or not the collection of information is necessary, including whether or not the information will have practical utility;

(2) the accuracy of our estimate of the burden for this collection of information;

(3) ways to enhance the quality, utility, and clarity of the information to be collected; and

(4) ways to minimize the burden of the collection of information on respondents.

Comments that you submit in response to this notice are a matter of public record. We will include and/or summarize each comment in our request to OMB to approve this IC. Before including your address, phone number, e-mail address, or other personal identifying information in your comment, you should be aware that your entire comment, including your personal identifying information, may be made publicly available at any time. While you can ask us in your comment to withhold your personal identifying information from public review, we cannot guarantee that we will be able to do so.

Dated: June 25, 2007

Hope Grey,

Information Collection Clearance Officer, Fish and Wildlife Service.

FR Doc. E7–13469 Filed 7–11–07; 08:45 am

Billing Code 4310–55–S

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Notice of Availability of the Draft Comprehensive Conservation Plan and Environmental Assessment for Pocosin Lakes National Wildlife Refuge in Tyrrell, Washington, and Hyde Counties, NC

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice of availability.

SUMMARY: We, the Fish and Wildlife Service, announce that a Draft Comprehensive Conservation Plan and Environmental Assessment (Draft CCP/EA) for Pocosin Lakes National Wildlife Refuge is available for distribution. The National Wildlife Refuge System Administration Act of 1966, as amended by the National Wildlife Refuge System Improvement Act of 1997, requires that we develop a comprehensive conservation plan for each national wildlife refuge. This Draft CCP, when final, will describe how we intend to manage Pocosin Lakes National Wildlife Refuge over the next 15 years.

DATES: Written comments must be received at the postal address listed below no later than August 13, 2007.

ADDRESSES: To provide written comments or to obtain a copy of the Draft CCP/EA, please write to: Howard Phillips, Refuge Manager, Pocosin Lakes National Wildlife Refuge, P.O. Box 329, Columbia, North Carolina 27925; or telephone: 252/796–3004, Extension 226. The Draft CCP/EA may also be accessed and downloaded from the Service's Internet Site: *http://southeast.fws.gov/planning/*.

SUPPLEMENTARY INFORMATION:

Public Availability of Comments: Before including your address, phone number, e-mail address, or other personal identifying information in your comment, you should be aware that your entire comment, including your personal identifying information, may be made publicly available at any time. While you can ask us in your comment to withhold your personal identifying information from public review, we cannot guarantee that we will be able to do so.

Background: Congress established the 12,000-acre Pungo National Wildlife Refuge in 1963, by the authority of the Migratory Bird Conservation Act of 1929 and the Fish and Wildlife Act of 1956. Pocosin Lakes National Wildlife Refuge was established in 1990. At that time, Pungo Refuge was made a unit of Pocosin Lakes Refuge. The refuge, in northeast North Carolina, consists of 110,106 acres in fee simple ownership, and is made up of the following habitats: 63,896 acres of pocosin wetlands; 4,280 acres of bay forest; 3,124 acres of peatland Atlantic white cedar; 13,649 acres of mixed pine flatwoods; 14,045 acres of hardwood swamp forest; 970 acres of cypress-gum swamp; 987 acres of marsh; 276 acres of xeric sandhill scrub; 1,250 acres of cropland; 443 acres of moist-soil areas; 446 acres of natural shoreline; and 6,740 acres of open water. These habitats support a variety of wildlife species, including red wolves, red-cockaded woodpeckers, waterfowl, shorebirds, wading birds, marsh birds, and neotropical migratory songbirds.

The refuge hosts approximately 80,000 visitors annually who participate in hunting, fishing, wildlife observation, wildlife photography, and environmental education and interpretation. Because of the estimated number of people stopping at the Tyrrell County Visitor Center (460,000), which is located immediately adjacent to the refuge's visitor center and Scuppernong River Interpretive Boardwalk, actual refuge visitation is likely much higher; perhaps exceeding 200,000.

Significant issues addressed in the Draft CCP/EA include: managing impoundments to create optimum habitat for migrating waterfowl, shorebirds, wading birds, and aquatic organisms; managing and providing optimum habitat for threatened and endangered species; managing marshes and pine forests with prescribed fire; monitoring, managing, and eradicating invasive pest plants and animals; restoring natural hydrology on the refuge; surveying for waterfowl, shorebirds, wading birds, and neotropical migratory songbirds; providing adequate law enforcement; providing outreach and interpretive opportunities to the public; providing quality hunting and fishing opportunities; and managing access for public use activities.

Also addressed in the Draft CCP/EA are compatibility determinations for the following uses: (1) Hunting; (2) Fishing; (3) Wildlife Observation and Photography; (4) Environmental Education and Interpretation; (5) Refuge Access for Public Uses; (6) Trapping of Selected Furbearers for Management; (7) Collecting Reptiles and Amphibians; (8) Refuge Resource Research Studies; (9) Cooperative Farming; (10) Commercial Photography; (11) Commercial Tours and Guiding; (12) Wood and Reed Gathering; (13) Meetings of Non-Service Agencies and Organizations on the

Refuge; and (14) Group All-Terrain Vehicle Ride on Northwest Fork Road All-Terrain Vehicle Trail.

Alternatives: We developed four alternatives for management of the refuge and chose Alternative 2 as the proposed action. We believe this alternative will be the most effective one to contribute to the purposes for which the refuge was established and to the mission of the National Wildlife Refuge System.

Alternative 1, also called the ''No Action'' alternative, is the baseline or status quo of refuge programs and is usually a continuation of current planning objectives and management strategies. The refuge currently manages its impoundments very intensively by controlling water levels and vegetation to create optimum habitat for migrating waterfowl. It also manages pine forests and marshes with prescribed fire. Waterfowl are surveyed on a routine basis. The refuge has a visitor center, which includes an auditorium and indoor and outdoor classrooms, but depends on volunteers and cooperating agency personnel to staff and maintain the center. With regard to public use, each of the six priority public uses (*e.g.*, hunting, fishing, wildlife observation, wildlife photography, and environmental education and interpretation) is encouraged. The staff conducts a limited number of environmental education and interpretation programs.

When the planning process started, there were 7.5 full-time employees stationed at Pocosin Lakes Refuge dedicated to refuge management (two of those positions have been lost recently) and 7.5 full-time employees dedicated to fire management.

Alternative 2, the proposed action, would allow for moderate program increases to address refuge priorities. The refuge would manage its impoundments very intensively by controlling water levels and vegetation to create optimum habitat for migrating waterfowl. It would also manage pine forests and marshes with prescribed fire and would manage the vegetative composition of habitats in selected areas. Waterfowl would be surveyed on a routine basis. The staff would develop inventory plans for all species and implement them in selected habitats. The staff would develop and implement a black bear management plan. The staff would maintain the visitor center with volunteers and cooperating agency personnel supplementing refuge personnel.

There would be 17.5 staff members dedicated to refuge management and 7.5 staff members dedicated to fire management. The volunteer program would be expanded to recruit volunteers to contribute 4,000 hours of service.

The six priority public uses would be allowed and the staff would conduct environmental education and interpretation programs to meet local needs.

Alternative 3 would allow for substantial program increases. The refuge would manage its impoundments very intensively by controlling water levels and vegetation to create optimum habitat for migrating waterfowl. It would also manage pine forests and marshes with prescribed fire and would manage the vegetative composition of habitats on the entire refuge. Waterfowl would be surveyed on a routine basis. The staff would develop inventory plans for all species and implement them over the entire refuge. The staff would develop and implement a black bear management plan. The staff would maintain the visitor center with volunteers and cooperating agency personnel supplementing refuge personnel.

There would be 25 staff members stationed at Pocosin Lakes Refuge dedicated to refuge management and 7 staff members dedicated to fire management. The refuge would conduct forest management and hydrology restoration by contract. The volunteer program would be expanded to recruit volunteers to contribute 10,000 hours of service.

The six priority public uses would be allowed and the staff would conduct environmental education and interpretation programs to meet local needs and expand outreach to the communities.

Alternative 4 would maintain the refuge in caretaker status. The refuge would manage its impoundments very intensively by controlling water levels and vegetation to create optimum habitat for migrating waterfowl. It would manage pine forests and marshes with prescribed fire. Waterfowl would be surveyed on a routine basis. Cooperating agency personnel and volunteers would staff and maintain the visitor center.

There would be 4.5 staff members stationed at Pocosin Lakes Refuge dedicated to refuge management and 7.5 staff members dedicated to fire management.

The six priority public uses would be allowed; however, the staff would not conduct any environmental education and interpretation programs.

Authority: This notice is published under the authority of the National Wildlife Refuge System Improvement Act of 1997, Public Law 105–57.

Dated: May 25, 2007.

Cynthia K. Dohner,

Acting Regional Director.

[FR Doc. E7–13563 Filed 7–11–07; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Habitat Conservation Plan for the Kern County Valley Floor, Kern County, CA

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice of intent to prepare an Environmental Impact Statement (EIS) and notice of public meetings.

SUMMARY: Pursuant to the National Environmental Policy Act (NEPA), the Fish and Wildlife Service (Service), advises the public that we intend to gather information necessary to prepare, in coordination with the California Department of Fish and Game (DFG), California Energy Commission, the California Department of Conservation Division of Oil, Gas and Geothermal Resources, and the County of Kern, a joint Environmental Impact Report/Environmental Impact Statement (EIR/EIS) on the Kern County Valley Floor Habitat Conservation Plan (VFHCP) Project. The VFHCP is being prepared under Section 10(a)(1)(B) of the Federal Endangered Species Act of 1973, as amended (Act). The County of Kern intends to apply for a 30-year incidental take permit from the Service. The permit is needed to authorize the incidental take of threatened and endangered species that could occur as a result of public and private development.

The Service provides this notice to (1) Describe the proposed action and possible alternatives; (2) advise other Federal and State agencies, affected Tribes, and the public of our intent to prepare an EIR/EIS; (3) announce the initiation of a public scoping period; and (4) obtain suggestions and information on the scope of issues to be included in the EIR/EIS.

DATES: Written comments should be received on or before August 13, 2007. The public meeting will be held on Wednesday, July 25, 2007, from 4 p.m. to 6 p.m.

ADDRESSES: The public meeting will be held at the following location: Wednesday, July 25, 2007, at the First Floor Public Meeting Room, Kern County Public Services Building, 2700 M Street, Bakersfield, California 93301. Written comments submitted to Lori Rinek, Chief, Conservation Planning and

Recovery Division, Fish and Wildlife Service, Sacramento Fish and Wildlife Office, 2800 Cottage Way, W–2605, Sacramento, CA 95825. Comments may also be sent by facsimile to 916–414–6713.

FOR FURTHER INFORMATION CONTACT: Lori Rinek, Chief, Conservation Planning and Recovery Division, Sacramento Fish and Wildlife Office, at 916–414–6600.

SUPPLEMENTARY INFORMATION:

Reasonable Accommodation

Persons needing reasonable accommodations in order to attend and participate in the public meeting should contact Lori Rinek at 916–414–6600 as soon as possible. In order to allow sufficient time to process requests, please call no later than one week before the public meeting. Information regarding this proposed action is available in alternative formats upon request.

Background

Section 9 of the Act and Federal regulations prohibit the ''take'' of wildlife species listed as endangered or threatened (16 U.S.C. 1538). The Act defines the term ''take'' as: to harass, harm, pursue, hunt, shoot, wound, kill, trap, capture, or collect listed species, or to attempt to engage in such conduct (16 U.S.C. 1532). Harm includes significant habitat modification or degradation that actually kills or injures listed wildlife by significantly impairing essential behavioral patterns, including breeding, feeding, and sheltering [50 CFR 17.3(c)]. Pursuant to section 10(a)(1)(B) of the Act, the Service may issue permits to authorize ''incidental take'' of listed species. ''Incidental Take'' is defined by the Act as take that is incidental to, and not the purpose of, carrying out an otherwise lawful activity. Regulations governing permits for threatened species and endangered species, respectively, are at 50 CFR 17.32 and 50 CFR 17.22.

Take of listed plant species is not prohibited under the Act and cannot be authorized under a section 10 permit. We propose to include plant species on the permit in recognition of the conservation benefits provided to them under a habitat conservation plan. All species included on an incidental take permit would receive assurances under the Service's ''No Surprises'' regulation [50 CFR 17.22(b)(5) and 17.32(b)(5)].

Species proposed for coverage in the HCP are species that are currently listed as federally threatened or endangered or have the potential to become listed during the life of this HCP and have some likelihood to occur within the project area. Should any of these unlisted covered wildlife species become listed under the Act during the term of the permit, take authorization for those species would become effective upon listing. There are 14 plant species and 11 animal species covered by the HCP which are known to occur within the area. Species may be added or deleted during the course of the development of the VFHCP based on further analysis, new information, agency consultation, and public comment. Currently the following listed plant and animal species are included in the plan: California jewelflower (*Caulanthus californicus*), Kern mallow (*Eremalche kernensis*), San Joaquin woolly-threads (*Monolopia congdonii*), Bakersfield cactus (*Opuntia basilaris var. treleasei*), San Joaquin adobe sunburst (*Pseudobahia peirsonii*), blunt-nosed leopard lizard (*Gambelia sila*), Buena Vista Lake shrew (*Sorex ornatus relictus*), Tipton kangaroo rat (*Dipodomys nitratoides nitratoides*), giant kangaroo rat (*Dipodomys ingens*), and San Joaquin kit fox (*Vulpers macrotis mutica*). Unlisted species proposed as covered species are the following: Heartscale (*Atriplex cordulata*), Bakersfield smallscale (*Atriplex tularensis*), Lost Hills crownscale (*Atriplex vallicola*), Slough thistle (*Crisium crassicaule*), Vasek's clarkia (*Clarkia tembloriensis ssp. Calientensis*), recurved larkspur (*Delphinium recurvatum*), Hoover's eriastrum (*Eriastrum hooveri*), striped adobe-lily (*Fritillaria striata*), Comanche Point layia (*Layia leucopappa*), California horned lizard (*Phrynosoma coronatium frontale*), San Joaquin whipsnake (*Masticophis flagellum ruddocki*), LeConte's thrasher (*Toxostoma lecontei*), San Joaquin antelope squirrel (*Ammospermophilus nelsoni*), short-nosed kangaroo rat (*Dipodomys nitratoides brevinasus*), and American badger (*Taxidea taxus*).

A Memorandum of Understanding (MOU) was prepared in 1989 between the U.S. Fish and Wildlife Service, U.S. Bureau of Land Management, California Department of Fish and Game, California Energy Commission, and the California Department of Conservation Division of Oil, Gas, and Geothermal Resources to establish the Kern County Valley Floor Habitat Conservation Plan. The proposed VFHCP utilizes a conservation strategy that would provide for preservation of the best remaining natural lands while still allowing economic growth to occur in the area. The VFHCP area consists of approximately 3,110 square miles within Kern County. The boundaries are Kings and Tulare Counties to the north, up to an approximate 2,000-foot elevation contour to the south and east, and San Luis Obispo County to the west. The VFHCP area would be divided into three habitat zone categories of red, green, and white based on habitat value. Red Zones contain the highest valued conservation habitat and represent the best contiguous blocks of undisturbed or lightly disturbed habitat. Green Zones are second highest in priority classification and contain some disturbance and are important for movement of species among the Red Zones. The White Zones contain the least amount of valuable habitat and least priority for conservation.

The VFHCP would result in take authorization for otherwise lawful actions, such as public and private development that may incidentally take or harm animal species or their habitats within the VFHCP area, in exchange for the assembly and management of a coordinated VFHCP area. Specifically these activities would include oil and gas development and maintenance projects, urban development and infrastructure, and development and maintenance of water delivery projects. The VFHCP would develop a program of take avoidance, minimization and mitigation, with an emphasis on preservation of the best remaining natural lands that will support viable populations and the continued existence of state and federally listed threatened or endangered species and California Species of Special Concern. The VFHCP creates a framework for complying with State and Federal listed threatened or endangered species regulations for specified species while accommodating future growth in the VFHCP area. The framework established by the VFHCP will allow for the assembly of contiguous parcels of habitat to provide viable habitat blocks and assist in the conservation of species.

Environmental Impact Statement/Report

The EIR/EIS will consider the proposed action (i.e., the issuance of a section 10(a)1(B) permit under the Act), no action (no project/no section 10 permit), and a reasonable range of alternatives. A detailed description of the proposed action and alternatives will be included in the EIR/EIS. The alternatives to be considered for analysis in the EIR/EIS may include: modified lists of covered species, land coverage areas, and intensity of future development. The EIR/EIS will also identify potentially significant impacts on biological resources, land use, air quality, water quality, water resources, economics, and other environmental

resource issues that could occur directly or indirectly with implementation of the proposed action and alternatives. Different strategies for avoiding, minimizing and mitigating the impacts of incidental take may also be considered.

Environmental review of the EIR/EIS will be conducted in accordance with the requirements of NEPA (42 U.S.C. 4321 *et. seq.*), its implementing regulations (40 CFR parts 1500–1508), other applicable regulations, and Service procedures for compliance with those regulations. This notice is being furnished in accordance with 40 CFR 1501.7 and 1508.22 to obtain suggestions and information from other agencies and the public on the scope of issues and alternatives to be addressed in the EIR/EIS. The primary purpose of the scoping process is to identify important issues raised by the public related to the proposed action. Written comments from interested parties are invited to ensure that the full range of issues related to the permit application is identified. Comments will only be accepted in written form. All comments received, including names and addresses, will become part of the official administrative record and may be made available to the public.

Our practice is to make comments, including names, home addresses, home phone numbers, and e-mail addresses of respondents, available for public review. Individual respondents may request that we withhold their names and/or homes addresses, etc., but if you wish us to consider withholding this information you must state this prominently at the beginning of your comments. In addition, you must present a rationale for withholding this information. This rationale must demonstrate that disclosure would constitute a clearly unwarranted invasion of privacy. Unsupported assertions will not meet this burden. In the absence of exceptional, documentable circumstances, this information will be released. We will always make submissions from organizations or businesses, and from individuals identifying themselves as representatives of or officials of organizations or businesses, available for public inspection in their entirety.

Dated: July 6, 2007.

Ken McDermond,

Deputy Manager, California/Nevada Operations Office, Sacramento, California.

[FR Doc. E7–13528 Filed 7–11–07; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[WY–920–1310–01; WYW150434]

Notice of Proposed Reinstatement of Terminated Oil and Gas Lease

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of proposed reinstatement of terminated oil and gas lease.

SUMMARY: Under the provisions of 30 U.S.C. 188(d) and (e), and 43 CFR 3108.2–3(a) and (b)(1), the Bureau of Land Management (BLM) received a petition for reinstatement from BP America Production Company of oil and gas lease WYW150434 for lands in Sweetwater County, Wyoming. The petition was filed on time and was accompanied by all the rentals due since the date the lease terminated under the law.

FOR FURTHER INFORMATION CONTACT: Bureau of Land Management, Pamela J. Lewis, Chief, Fluid Minerals Adjudication, at (307) 775–6176.

SUPPLEMENTARY INFORMATION: The lessee has agreed to the amended lease terms for rentals and royalties at rates of $10 per acre or fraction thereof, per year and 16–2/3 percent, respectively. The lessee has paid the required $500 administrative fee and $163 to reimburse the Department for the cost of this **Federal Register** notice. The lessee has met all the requirements for reinstatement of the lease as set out in Section 31(d) and (e) of the Mineral Lands Leasing Act of 1920 (30 U.S.C. 188), and the Bureau of Land Management is proposing to reinstate lease WYW150434 effective June 1, 2006, under the original terms and conditions of the lease and the increased rental and royalty rates cited above. BLM has not issued a valid lease affecting the lands.

Julie L. Weaver,

Acting Chief, Branch of Fluid Minerals Adjudication.

[FR Doc. E7–13525 Filed 7–11–07; 8:45 am]

BILLING CODE 4310–22–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[NM–952–07–1420–BJ]

Notice of Filing of Plats of Survey; New Mexico

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice.

SUMMARY: The plats of survey described below are scheduled to be officially filed in the New Mexico State Office, Bureau of Land Management, Santa Fe, New Mexico, (30) thirty calendar days from the date of this publication.

SUPPLEMENTARY INFORMATION:

New Mexico Principal Meridian, New Mexico

The plat representing the dependent resurvey and survey for Townships 9 and 10 North, Range 4 East, accepted June 20, 2007, for Group 1062 New Mexico.

If a protest against a survey, as shown on any of the above plats is received prior to the date of official filing, the filing will be stayed pending consideration of the protest. A plat will not be officially filed until the day after all protests have been dismissed.

A person or party who wishes to protest against this survey must file a written protest with the New Mexico State Director, Bureau of Land Management, stating that they wish to protest.

A statement of reasons for a protest may be filed with the notice of protest to the State Director, or the statement of reasons must be filed with the State Director within thirty days after the protest is filed.

FOR FURTHER INFORMATION CONTACT: This plat will be available for inspection in the New Mexico State Office, Bureau of Land Management, and P.O. Box 27115, Santa Fe, New Mexico 87502–0115. Copies may be obtained from this office upon payment of $1.10 per sheet.

Dated: July 6, 2007.

Robert A. Casias,

Chief Cadastral Surveyor, New Mexico.

[FR Doc. 07–3385 Filed 7–11–07; 8:45 am]

BILLING CODE 4310–FB–M

DEPARTMENT OF THE INTERIOR

National Park Service

Availability of Funding for Acquisition of Civil War Battlefield Land

AGENCY: National Park Service, Department of the Interior.

ACTION: Availability of Funding for Acquisition of Civil War Battlefield Land.

SUMMARY: The National Park Service (NPS) announces the availability of funds to assist States and local communities in acquiring for permanent protection lands, or interests in lands, at significant Civil War battlefield sites.

Under Public Law (Pub. L.) 110–5, making appropriations to the Department of Interior in FY 2007, Congress appropriated $4 million from the Land & Water Conservation Fund (LWCF) to assist non-federal efforts to acquire and preserve Civil War battlefield lands. NPS seeks proposals from State and local governments—or from qualified non-profit historic preservation organizations acting through an agency of State or local government—for the non-federal acquisition of significant Civil War battlefield land.

Project proposals are subject to the following requirements.

1. These funds must be matched on a dollar-for-dollar basis with non-federal dollars. That is, the federal dollars can pay for no more than one-half of the acquisition cost.

2. The purchase price must be supported by a qualified appraisal that has been approved by NPS as meeting the Uniform Appraisal Standards for Federal Land Acquisitions.

3. The battlefield land acquired with the assistance of these funds must be permanently protected from inappropriate development through conveyance of a perpetual easement to a public historic preservation agency.

NPS will give priority to acquisition of land, or interests in land, within the ''core'' areas of Priority I and Priority II battlefields, as identified by the Congressionally-chartered Civil War Sites Advisory Commission (CWSAC). Among potential projects, NPS will give highest priority to acquisition projects that can be completed within the immediate future.

Proposals may be submitted at any time, and must include:

(1) CWSAC Priority Listing and Map

The applicant must include the CWSAC priority listing and document that the proposed acquisition lies within the battlefield core and/or study area, as defined by the CWSAC. Applicants must submit a U.S. Geological Survey quadrangle map with the boundaries of the proposed acquisition clearly drawn.

(2) Threat to the Battlefield

The applicant must demonstrate that the battlefield is imminently threatened. The nature, the extent, and the level of severity of the threat to the battlefield must be clearly and convincingly stated. Further, the applicant must describe how and to what extent the proposed acquisition addresses the described threat. In cases where there is minimal threat, applications will be considered if there is a stated compelling reason why the acquisition of the property at this time is a better use of LWCF funds than waiting for a more threatened property.

(3) Ability To Secure Non-Federal Match

An applicant that has secured matching funds must list all sources of those funds. The applicant must certify that the non-federal matching funds are either ''in-hand'' or otherwise committed in writing at the time of application. Third-party matching share commitments must be documented by letter from the third party. Matching share commitments contingent upon receipt of federal funds from this program are acceptable.

An applicant that has not yet secured matching funds must submit a specific, credible plan for raising the necessary matching funds. The plan must identify potential sources of funds. It must include a proposed schedule, usually not more than 120 days, for securing funds or commitments of funds.

(4) Immediacy of Acquisition

The applicant must demonstrate that the owner of the property to be acquired is willing to sell the land at an agreed-upon price. Acceptable documentation includes a contract or contingent contract to buy the land, or a letter from the owner indicating willingness to enter into such a contract at a specified price. The applicant should include a schedule for completion of the acquisition within the near future.

ADDRESSES: Funding proposals should be mailed to: Paul Hawke, Chief, American Battlefield Protection Program, National Park Service, 1849 C Street, NW., Org. Code 2255, Washington, DC 20240, telephone (202) 354–2023.

FOR FURTHER INFORMATION CONTACT: Paul Hawke, Chief, American Battlefield Protection Program, National Park Service, 1849 C Street, NW., Org Code 2255, Washington, DC 20240, telephone (202) 354–2023.

SUPPLEMENTARY INFORMATION: Guidelines and submittal instructions may be found at the American Battlefield Protection Program Web site: *http://www.cr.nps.gov/hps/abpp/index2.htm.*

Dated: May 2, 2007.

Paul Hawke,

Chief, American Battlefield Protection Program.

[FR Doc. E7–13527 Filed 7–11–07; 8:45 am]

BILLING CODE 4312–52–P

INTERNATIONAL TRADE COMMISSION

[Investigation No. 337–TA–556]

In the Matter of Certain High-Brightness Light Emitting Diodes and Products Containing Same Notice of Commission Decision To Reverse-In-Part and Modify-In-Part a Final Initial Determination Finding a Violation of Section 337; Issuance of a Limited Exclusion Order; and Termination of the Investigation.

AGENCY: International Trade Commission.

ACTION: Notice.

SUMMARY: Notice is hereby given that the U.S. International Trade Commission has determined to reverse-in-part and modify-in-part a final initial determination (''ID'') of the presiding administrative law judge (''ALJ'') finding a violation of section 337 by the respondent's products in the above-captioned investigation, and has issued a limited exclusion order directed against products of respondent Epistar Corporation (''Epistar'') of Hsinchu, Taiwan.

FOR FURTHER INFORMATION CONTACT: Clint Gerdine, Esq., Office of the General Counsel, U.S. International Trade Commission, 500 E Street, SW., Washington, DC 20436, telephone (202) 708–5468. Copies of non-confidential documents filed in connection with this investigation are or will be 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., Washington, DC 20436, telephone (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.* Hearing-impaired persons are advised that information on this matter can be obtained by contacting the Commission's TDD terminal on (202) 205–1810.

SUPPLEMENTARY INFORMATION: The Commission instituted this investigation on December 8, 2005, based on a complaint filed by Lumileds Lighting U.S., LLC (''Lumileds'') of San Jose, California. 70 **Federal Register** 73026. The complaint, as amended and supplemented, alleges violations of section 337 of the Tariff Act of 1930, as amended, 19 U.S.C. **1337, in the importation into the United States, the sale for importation, and the sale within

the United States after importation of certain high-brightness light emitting diodes (''LEDs'') and products containing same by reason of infringement of claims 1 and 6 of U.S. Patent No. 5,008,718 (''the '718 patent''); claims 1–3, 8–9, 16, 18, and 23–28 of U.S. Patent No. 5,376,580 (''the '580 patent''); and claims 12–16 of U.S. Patent No. 5,502,316 (''the '316 patent''). The complaint further alleges the existence of a domestic industry. The Commission's notice of investigation named Epistar, and United Epitaxy Company (''UEC'') of Hsinchu, Taiwan as respondents.

On April 28, 2006, Lumileds moved to amend the complaint to: (1) Remove UEC as a named respondent, (2) change the complainant's full name from Lumileds Lighting U.S., LLC to Philips Lumileds Lighting Company LLC (''Philips''), and (3) identify additional Epistar LEDs alleged to infringe one or more patents-in-suit. Neither respondent opposed the motion.

On May 15, 2006, the Commission determined not to review an ID (Order No. 14) granting the complainant's motion for partial summary determination to dismiss Epistar's affirmative defense that the '718 claims are invalid.

On August 2, 2006, the still pending motion to amend the complaint was discussed with the parties during the prehearing conference, and the evidentiary hearing was held from August 2–11, 2006. On October 23, 2006, the ALJ issued an ID (Order No. 29) granting Lumileds' motion to amend the complaint, and further ordering that the Notice of Investigation be amended to identify Philips as the complainant and to remove UEC as a named respondent. On November 13, 2006, the Commission published its notice that it had determined not to review Order No. 29. 71 **Federal Register** 66195.

On December 13, 2006, the Commission determined not to review an ID (Order No. 31) extending the target date for this investigation to May 8, 2007, and the deadline for the ALJ's final initial determination to January 8, 2007.

On January 8 and 11, 2007, the ALJ issued his final ID and recommended determinations on remedy and bonding, respectively. The ALJ found a violation of section 337 based on his findings that the respondent's accused products infringe one or more of the asserted claims of the patents at issue. On January 22, 2007, the complainant and the respondent each filed a petition for review of the final ID. On January 29, 2007, all parties, including the Commission investigative attorney, filed responses to the petitions for review.

On February 22, 2007, the Commission determined to review-in-part the ID. Particularly, the Commission determined to review claim construction of the terms ''substrate'' and ''semiconductor substrate'' in claims 1 and 6 of the '718 patent, and claim construction of the term ''wafer bonding'' in claims 1–3, 8–9, 16, 18, 23–25, 27 and 28 of the '580 patent and claims 12–14 and 16 of the '316 patent. With respect to violation, the Commission requested written submissions from the parties relating to the following issue: the ALJ's addition of the limitation ''must also be a material that provides adequate mechanical support for the LED device'' to the construction of the term ''substrate,'' and the implications of this addition for the infringement analysis. Further, the Commission requested written submissions on the issues of remedy, the public interest, and bonding.

On March 5 and March 12, 2007, respectively, the complainant Philips, the respondent Epistar, and the IA filed briefs and reply briefs on the issues for which the Commission requested written submissions.

Having reviewed the record in this investigation, including the ID and the parties' written submissions, the Commission has determined to reverse-in-part and modify-in-part the ID. Particularly, the Commission has modified the ALJ's claim construction of the term ''substrate'' in claims 1 and 6 of the '718 patent to be ''the supporting material in an LED upon which the other layers of an LED are grown or to which those layers are attached'' and includes the case in which the supporting material functioning as the substrate is grown on top of, or attached to, the other layers. Also, the Commission has modified the ALJ's claim construction of the term ''semiconductor substrate'' to be the above-mentioned ''substrate'' construction where additionally, ''at least one layer of the supporting material functioning as the substrate includes a non-metallic solid that conducts electricity by virtue of excitation of electrons across an energy gap, or by introduced materials, such as dopants, that provide conduction electrons.'' Further, the Commission has reversed the ALJ's ruling of non-infringement of the '718 patent by GB I, GB II, OMA I, and OMA II LEDs and determined that those products infringe claims 1 and 6 under the ALJ's original claim construction of ''substrate'' and the modified construction of ''semiconductor substrate''.

Also, the Commission has modified the ALJ's claim construction of ''wafer bonding'' in claims 1–3, 8–9, 16, 18, 23–25, 27 and 28 of the '580 patent and claims 12–14 and 16 of the '316 patent. Particularly, the Commission has modified the claim construction of this term to be ''the bringing of two wafer surfaces into physical contact such that a mechanically robust, largely optically transparent bond forms between them, but does not include Van der Waals bonding.'' This modification does not affect the ID's finding of non-infringement of the '316 and '580 patent claims.

Further, the Commission has made its determination on the issues of remedy, the public interest, and bonding. The Commission has determined that the appropriate form of relief is a limited exclusion order prohibiting the unlicensed entry of LEDs that infringe claims 1 or 6 of the '718 patent that are manufactured by or on behalf of Epistar, its affiliated companies, parents, subsidiaries, licensees, contractors, or other related business entities, or successors or assigns. The Commission has also determined to prohibit the unlicensed entry of packaged LEDs containing the infringing LEDs and boards primarily consisting of arrays of such packaged LEDs.

The Commission further determined that the public interest factors enumerated in section 337(d)(1) (19 U.S.C. 1337(d)(1)) do not preclude issuance of the limited exclusion order. Finally, the Commission determined that the amount of bond to permit temporary importation during the period of Presidential review (19 U.S.C. 1337(j)) shall be in the amount of 100 percent of the value of the LEDs or board containing the same that are subject to the order. The Commission's order and opinion was delivered to the President and to the United States Trade Representative on the day of its issuance.

The authority for the Commission's determination is contained in section 337 of the Tariff Act of 1930, as amended (19 U.S.C. 1337), and in sections 210.42, 210.45, and 210.50 of the Commission's Rules of Practice and Procedure (19 CFR 210.42, 210.45, 210.50).

Issued: May 9, 2007.

By order of the Commission.

William R. Bishop,

Acting Secretary to the Commission.

[FR Doc. E7–13495 Filed 7–11–07; 8:45 am]

BILLING CODE 7020–02–P

NATIONAL SCIENCE FOUNDATION

National Science Board; Committee on Programs and Plans; Sunshine Act Meetings; Notice

The National Science Board's Committee on Programs and Plans, pursuant to NSF regulations (45 CFR Part 614), the National Science Foundation Act, as amended (42 U.S.C. 1862n–5), and the Government in the Sunshine Act (5 U.S.C. 552b), hereby gives notice in regard to the scheduling of meetings for the transaction of National Science Board business and other matters specified, as follows:

Date and Time: Monday, August 6, 2007 at 1:30 PM.

Subject Matter: Discussion of proposals and awards for specific grants, contracts, or other arrangements:

- Support for the National Magnetic Field Laboratory for FY 2008–2012.
- High Performance Computing.
- Proposals for High Performance Computing for Science and Engineering Research and Education: Operations.
- Advanced Technology Solar Telescope.

Status: Closed.

This meeting will be held at the National Science Foundation, Room 1235, 4201 Wilson Blvd., Arlington, VA 22230. Please refer to the National Science Board Web site (*http://www.nsf.gov/nsb*) for information or schedule updates, or contact: Dr. Robert Webber, National Science Board Office, 4201 Wilson Blvd., Arlington, VA 22230. Telephone: (703) 292–7000.

Russell Moy,

Attorney-Advisor.

[FR Doc. E7–13577 Filed 7–11–07; 8:45 am]

BILLING CODE 7555–01–P

NUCLEAR REGULATORY COMMISSION

[EA–07–180, Docket No.: 70–7004, License No.: SNM–2011]

In the Matter of USEC, Inc., American Centrifuge Plant; Order Modifying License For Additional Security Measures (Effective Immediately)

I

USEC Inc. (USEC or the Licensee) is the holder of Special Nuclear Material (SNM) License No. SNM–2011, for the American Centrifuge Plant (ACP), issued by the U.S. Nuclear Regulatory (NRC or Commission) pursuant to 10 CFR Part 70. This license authorizes the Licensee to construct and operate a uranium enrichment facility, in accordance with the Atomic Energy Act (AEA) of 1954, as amended, and 10 CFR Parts 30, 40, and 70. The USEC license was issued on April 13, 2007, and is due to expire on April 13, 2037.

II

On September 11, 2001, terrorists simultaneously attacked targets in New York, NY, and Washington, DC, using large commercial aircraft as weapons. In response to the attacks and intelligence information subsequently obtained, the Commission issued a number of Safeguards and Threat Advisories to its licensees, to strengthen licensees' capabilities and readiness to respond to a potential attack on a nuclear facility. The Commission has also communicated with other Federal, State, and local government agencies and industry representatives, to discuss and evaluate the current threat environment, to assess the adequacy of security measures at licensed facilities. In addition, the Commission has been conducting a comprehensive review of its safeguards and security programs and requirements.

As a result of its consideration of current safeguards and security plan requirements, as well as a review of information provided by the intelligence community, the Commission has determined that the Licensee must implement certain additional prudent measures to address the current threat environment. Therefore, the Commission is imposing requirements, set forth in Attachments 1 and 2 [1] of this Order, which supplement existing regulatory requirements, to provide the Commission with reasonable assurance that the public health and safety and common defense and security continue to be adequately protected in the current threat environment. These requirements will remain in effect until the Commission determines otherwise.

The Commission recognizes that some of the requirements set forth in Attachments 1 and 2 [2] to this Order may already have been initiated by the Licensee on its own. It is also recognized that some measures may need to be tailored to specifically accommodate the specific circumstances and characteristics, existing at the licensee's facility, to achieve the intended objectives and avoid any unforeseen effect on safe operation.

In light of the current threat environment, the Commission concludes that the Additional Security Measures must be embodied in an Order, consistent with the established regulatory framework. To provide assurance that the Licensee is implementing prudent measures to achieve an adequate level of protection to address the current threat environment, SNM–2011 shall be modified to include the requirements identified in Attachments 1 and 2 to this Order. In addition, pursuant to 10 CFR 2.202 and 70.81, I find that, in light of the circumstances described above, the public health, safety, and interest, and the common defense and security require that this Order be immediately effective.

III

Accordingly, pursuant to Sections 53, 62, 63, 81, 147, 149, 161b, 161i, 161o, 182, and 186 of the AEA of 1954, as amended, and the Commission's regulations in 10 CFR 2.202 and 10 CFR Parts 30, 40, and 70, it is hereby ordered, effective immediately, that material license SNM–2011 is modified as follows:

A. The Licensee shall, notwithstanding the provisions of any Commission regulation to the contrary, comply with the requirements described in Attachments 1 and 2 to this Order. The Licensee shall immediately start implementation of the requirements in Attachments 1 and 2 to the Order and shall complete implementation, unless otherwise specified in Attachments 1 and 2 to this order, no later than six (6) months before facility operation.

B. 1. The Licensee shall, within twenty (20) days of the date of this Order, notify the Commission; (1) If it is unable to comply with any of the requirements described in the Attachment; (2) if compliance with any of the requirements is unnecessary in its specific circumstances; or (3) if implementation of any of the requirements would cause the Licensee to be in violation of the provisions of any Commission regulation or its license. The notification shall provide the Licensee's justification for seeking relief from, or variation of, any specific requirement.

2. If the Licensee considers that implementation of any of the requirements described in Attachments 1 and 2 to this Order would adversely affect safe operation of its facility, the Licensee must notify the Commission, within twenty (20) days of this Order, of the adverse safety impact, the basis for

[1] Attachments 1 and 2 contain safeguards information and will not be released to the public.

[2] To the extent that specific measures identified in the Attachments to this Order require actions pertaining to the Licensee's possession and use of chemicals, such actions are being directed on the basis of the potential impact of such chemicals on radioactive materials and activities subject to NRC regulation.

its determination that the requirement has an adverse safety impact, and either a proposal for achieving the same objectives, specified in Attachments 1 and 2, in question, or a schedule for modifying the facilities, to address the adverse safety condition. If neither approach is appropriate, the Licensee must supplement its response to Condition B1 of this Order, to identify the condition as a requirement with which it cannot comply, with attendant justifications, as required in Condition B1.

C. 1. The Licensee shall, within twenty (20) days of the date of this Order, submit to the Commission, a schedule for achieving compliance with each requirement described in the Attachment.

2. The Licensee shall report to the Commission when it has achieved full compliance with the requirements described in the Attachment.

D. Notwithstanding any provision of the Commission's regulations to the contrary, all measures implemented or actions taken in response to this Order shall be maintained until the Commission determines otherwise.

The Licensee's response to Conditions B.1, B.2, C.1, and C.2, above, shall be submitted in accordance with 10 CFR 70.5. In addition, the Licensee's submittals that contain Safeguards Information shall be properly marked and handled in accordance with the Order issued on October 4, 2006, requiring a program for protecting Safeguards Information.

The Director, Office of Nuclear Material Safety and Safeguards, may, in writing, relax or rescind any of the above conditions upon demonstration by the Licensee of good cause.

IV

In accordance with 10 CFR 2.202, the Licensee must, and any other person adversely affected by this Order, may submit an answer to this Order, and may request a hearing on this Order, within twenty (20) days of the date of this Order. Where good cause is shown, consideration will be given to extending the time to request a hearing. A request for extension of time in which to submit an answer or request a hearing must be made in writing to the Director, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, DC 20555, and include a statement of good cause for the extension. The answerer may consent to this Order. Unless the answerer consents to this Order, the answerer shall, in writing and under oath or affirmation, specifically set forth the matters of fact and law on which the Licensee or other person adversely affected relies and the reasons as to why the Order should not have been issued. Any answer or request for a hearing shall be submitted to the Secretary, Office of the Secretary of the Commission, U.S. Nuclear Regulatory Commission, ATTN: Rulemakings and Adjudications Staff, Washington, DC 20555. Copies also shall be sent to the Director, Office of Nuclear Material Safety and Safeguards, and the Director, Office of Enforcement, U.S. Nuclear Regulatory Commission, Washington, DC 20555; to the Assistant General Counsel for Materials Litigation and Enforcement, at the same address; to the Regional Administrator, NRC Region II, 61 Forsyth Street, SW., Suite 23T85, Atlanta, GA 30303–8931; and to the Licensee, if the answer or hearing request is by a person other than the Licensee. Because of possible disruptions in delivery of mail to United States Government offices, it is requested that answers and requests for hearing be transmitted to the Secretary of the Commission, either by means of facsimile transmission, to 301–415–1101, or by e-mail, to *hearingdocket@nrc.gov*, and also to the Office of the General Counsel either by means of facsimile transmission, to 301–415–3725, or by e-mail, to *OGCMailCenter@nrc.gov.*

If a person other than the Licensee requests a hearing, that person shall set forth with particularity the manner in which his interest is adversely affected by this Order and shall address the criteria set forth in 10 CFR 2.309.

If a hearing is requested by the Licensee or a person whose interest is adversely affected, the Commission will issue an Order designating the time and place of any hearing. If a hearing is held, the issue to be considered at such hearing shall be whether this Order should be sustained.

Pursuant to 10 CFR 2.202(c)(2)(i), the Licensee may, in addition to demanding a hearing, at the time the answer is filed or sooner, move to set aside the immediate effectiveness of the Order, on the grounds that the Order, including the need for immediate effectiveness, is not based on adequate evidence, but on mere suspicion, unfounded allegations, or error.

In the absence of any request for hearing, or written approval of an extension of time in which to request a hearing, the provisions specified in Section III above shall be final twenty (20) days from the date of this Order, without further order or proceedings. If an extension of time for requesting a hearing has been approved, the provisions specified in Section III shall be final when the extension expires, if a hearing request has not been received.

An answer or a request for hearing shall not stay the immediate effectiveness of this order.

Dated: July 5, 2007.

For the Nuclear Regulatory Commission.

Michael F. Weber,

Director, Office of Nuclear Material Safety and Safeguards.

[FR Doc. 07–3403 Filed 7–11–07; 8:45 am]

BILLING CODE 4590–01–P

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–56014; File No. SR–BSE–2007–31]

Self-Regulatory Organizations; Boston Stock Exchange, Inc.; Notice of Filing and Immediate Effectiveness of Proposed Rule Change To Extend the Effective Date of a Previous Rule Change Relating to Information Contained in a Directed Order on the Boston Options Exchange

July 5, 2007.

Pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 (the ''Act''),[1] and Rule 19b–4 thereunder,[2] notice is hereby given that on July 2, 2007, the Boston Stock Exchange, Inc. (''BSE'' or ''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 substantially prepared by the BSE. The BSE filed the proposed rule change as a ''noncontroversial'' proposed rule change pursuant to Section 19(b)(3)(A) of the Act[3] and Rule 19b–4(f)(6) thereunder,[4] which renders the proposed rule change effective upon filing with the Commission. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

The BSE proposes to extend the effective date of the amended rule governing the Exchange's Directed Order process on the Boston Options Exchange (''BOX'') from July 31, 2007 to January 31, 2008. The text of the proposed rule change is available on BSE's Web site at *http://www.bostonoptions.com,* at BSE's

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] 15 U.S.C. 78s(b)(3)(A).

[4] 17 CFR 240.19b–4(f)(6).

principal office, and at the Commission's Public Reference Room.

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 BSE 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 BSE 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 March 20, 2006, the BSE proposed an amendment to its rules governing its Directed Order process on the BOX.[5] The rules were amended to clearly state that the BOX Trading Host identifies to an Executing Participant (''EP'') the identity of the firm entering a Directed Order. The amended rule was to be effective until June 30, 2006, while the Commission considered a corresponding Exchange proposal to amend its rules to permit EPs to choose the firms from whom they will accept Directed Orders, while providing complete anonymity of the firm entering a Directed Order.[6]

On June 30, 2006, the Exchange proposed extending the effective date of the rule governing its Directed Order process on the BOX from June 30, 2006 to September 30, 2006 while the Commission continued to consider the corresponding Exchange proposal.[7]

On September 11, 2006, the Exchange proposed extending the effective date of the amended rule governing the Directed Order process on the BOX from September 30, 2006 to January 31, 2007.[8] On January 16, 2007, the Exchange proposed an additional amendment from January 31, 2007 until July 31, 2007, while the Commission considered the corresponding Exchange proposal to amend its rules to permit EPs to choose the firms from whom they will accept Directed Orders, while providing complete anonymity of the firm entering a Directed Order.[9]

This filing from the Exchange now proposes another extension of the effective date of the amended rule governing its Directed Order process on BOX from July 31, 2007 to January 31, 2008.[10] In the event the Commission reaches a decision with respect to the corresponding Exchange proposal to amend its rules before January 31, 2008, the amended rule governing the Exchange's Directed Order process on the BOX will cease to be effective at the time of that decision.

2. Statutory Basis

The amended rule is designed to clarify the information contained in a Directed Order. This proposed rule filing seeks to extend the amended rule's effectiveness from July 31, 2007 to January 31, 2008. This extension will afford the Commission the necessary time to consider the Exchange's corresponding proposal to amend its rule to permit EPs to choose the firms from whom they will accept Directed Orders while providing complete anonymity of the firm entering a Directed Order. Accordingly, the Exchange believes that this proposal is consistent with the requirements of Section 6(b) of the Act,[11] in general, and Section 6(b)(5) of the Act,[12] in particular, in that it is designed to foster cooperation and coordination with persons engaged in regulating, clearing, settling, processing information with respect to, and facilitating transaction in securities, to remove impediments to and perfect the mechanism for a free and open market and a national market system, and, in general, 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

The Exchange has neither solicited nor received comments on the proposed rule change.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

Because the foregoing proposed rule change: (1) Does not significantly affect the protection of investors or the public interest; (2) does not impose any significant burden on competition; and (3) by its terms does not become operative for 30 days after the date of this filing, or such shorter time as the Commission may designate if consistent with the protection of investors and the public interest, the proposed rule change has become effective pursuant to Section 19(b)(3)(A)[13] of the Act and Rule 19b–4(f)(6) thereunder.[14] As required under Rule 19b–4(f)(6)(iii),[15] the Exchange provided the Commission with written notice of its intent to file the proposed rule change, along with a brief description and text of the proposed rule change, at least five business days prior to the date of the filing of the proposed rule change.

A proposed rule change filed under Rule 19b–4(f)(6)[16] normally may not become operative prior to 30 days after the date of filing. However, Rule 19b–4(f)(6)(iii)[17] permits the Commission to designate a shorter time if such action is consistent with the protection of investors and the public interest. The BSE requests that the Commission waive the 30-day operative delay, as specified in Rule 19b–4(f)(6)(iii),[18] which would make the rule change effective and operative upon filing. The Commission believes that waiving the 30-day operative delay is consistent with the protection of investors and the public interest because such waiver would continue to conform the BOX rules to BOX's current practice and clarify that Directed Orders on BOX are not anonymous without interruption.[19] Accordingly, the Commission designates the proposed rule change

[5] *See* Securities Exchange Act Release No. 53516 (March 20, 2006), 71 FR 15232 (March 27, 2006) (SR–BSE–2006–14).

[6] *See* Securities Exchange Act Release No. 53357 (February 23, 2006), 71 FR 10730 (March 2, 2006) (SR–BSE–2005–52).

[7] *See* Securities Exchange Act Release No. 54082 (June 30, 2006), 71 FR 38913 (July 10, 2006) (SR–BSE–2006–29).

[8] *See* Securities Exchange Act Release No. 54469 (September 19, 2006), 71 FR 56201 (September 26, 2006) (SR–BSE–2006–38).

[9] *See* Securities Exchange Act Release No. 55139 (January 19, 2007), 72 FR 3448 (January 25, 2007) (SR–BSE–2007–01).

[10] In the event that the issue of anonymity in the Directed Order process is not resolved by January 31, 2008, the Exchange will consider whether to submit another filing under Rule 19b–4(f)(6) extending this rule and system process.

[11] 15 U.S.C. 78f(b).

[12] 15 U.S.C. 78f(b)(5).

[13] 15 U.S.C. 78s(b)(3)(A).

[14] 17 CFR 240.19b–4(f)(6).

[15] 17 CFR 240.19b–4(f)(6)(iii).

[16] 17 CFR 240.19b–4(f)(6).

[17] 17 CFR 240.19b–4(f)(6)(iii).

[18] *Id.*

[19] For purposes only of waiving the operative delay for this proposal, the Commission has considered the proposed rule's impact on efficiency, competition, and capital formation. *See* 15 U.S.C. 78c(f).

operative upon filing with the Commission.

At any time within 60 days of the filing of such proposed rule change, the Commission may summarily abrogate such rule change if it appears to the Commission that such action is necessary or appropriate in the public interest, for the protection of investors, or otherwise in furtherance of the purposes of the Act.

IV. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether the proposed rule change is consistent with the Act. Comments may be submitted by any of the following methods:

Electronic Comments

- Use the Commission's Internet comment form (*http://www.sec.gov/rules/sro.shtml*); or
- Send an e-mail to *rule-comments@sec.gov*. Please include File Number SR–BSE–2007–31 on the subject line.

Paper Comments

- Send paper comments in triplicate to Nancy M. Morris, Secretary, Securities and Exchange Commission, 100 F Street, NE., Washington, DC 20549–1090.

All submissions should refer to File Number SR–BSE–2007–31. This file number should be included on the subject line if e-mail is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (*http://www.sec.gov/rules/sro.shtml*). Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Room, 100 F Street, NE., Washington, DC 20549, on official business days between the hours of 10 a.m. and 3 p.m. Copies of such filing also will be available for inspection and copying at the principal office of BSE. 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–BSE–2007–31 and should be submitted on or before August 2, 2007.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[20]

Florence E. Harmon,

Deputy Secretary.

[FR Doc. E7–13491 Filed 7–11–07; 8:45 am]

BILLING CODE 8010–01–P

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–56016; File No. SR–CBOE–2007–77]

Self-Regulatory Organizations; Chicago Board Options Exchange, Incorporated; Notice of Filing and Immediate Effectiveness of Proposed Rule Change To Adopt an Interpretation to CBOE Rule 3.19 Regarding Temporary Membership Status Pending Final Commission Action on a Pending Rule Interpretation Concerning Exercise Right Eligibility

July 5, 2007.

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 2, 2007, the Chicago Board Options Exchange, Incorporated (''CBOE'' 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 CBOE. The Exchange has designated this proposal as one constituting a stated policy, practice, or interpretation with respect to the meaning, administration, or enforcement of an existing rule under section 19(b)(3)(A)(i) of the Act[3] and Rule 19b–4(f)(1) thereunder,[4] which renders the proposal effective upon filing with the Commission. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

CBOE proposes to adopt Interpretation and Policy .01 under CBOE Rule 3.19 as follows to address the nature and extent of temporary membership status to be granted to certain persons in the event that the proposed acquisition of The Board of Trade of the City of Chicago, Inc. (''CBOT'') by Chicago Mercantile Exchange Holdings Inc. (''CME Holdings'')[5] is consummated before the Commission takes final action on CBOE's pending proposed rule change SR–CBOE–2006–106.[6] The text of the proposed Interpretation and Policy is provided below (the Interpretation and Policy is completely new, and is therefore *italicized*).

Chicago Board Options Exchange, Incorporated

Rules

* * * * *

Rule 3.19. Termination from Membership

Rule 3.19. No change.

*** * * Interpretations and Policies:**

.01 If the proposed merger between Chicago Mercantile Exchange Holdings, Inc. and CBOT Holdings, Inc. (''CME/CBOT Transaction''), the parent company of the Board of Trade of the City of Chicago, Inc. (''CBOT''), is consummated and if such consummation occurs before the Securities and Exchange Commission (''Commission'') takes final action on SR–CBOE–2006–106, a person who is a member of CBOE (an ''exerciser member'') pursuant to paragraph (b) of Article Fifth of the CBOE Certificate of Incorporation (''Article Fifth(b)'') as of July 1, 2007 will be granted temporary membership status at the Exchange, until the Commission takes final action on SR–CBOE–2006–106, if and only if such person (i) Remains an exerciser member in good standing as of the close of business on the trading day immediately before the consummation of the CME/CBOT Transaction, (ii) thereafter remains in good standing and continues to pay all applicable fees, dues, assessments and other like charges that are assessed against CBOE members, and (iii) pays to the Exchange,

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[20] 17 CFR 200.30–3(a)(12).

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] 15 U.S.C. 78s(b)(3)(A)(i).

[4] 17 CFR 240.19b–4(f)(1).

[5] CME Holdings proposes to acquire CBOT by means of a CME Holdings merger with CBOT Holdings, Inc. (''CBOT Holdings''), of which CBOT is a wholly-owned subsidiary (the ''CME/CBOT Transaction'').

[6] *See* Securities Exchange Act Release No. 55190 (January 29, 2007), 72 FR 5472 (February 6, 2007). The Exchange filed this proposed rule change on December 12, 2006. On January 17, 2007, the Exchange filed Amendment No. 1 to the proposed rule change. Numerous comments were received, and the Exchange responded to those comments on June 15, 2007. On June 29, 2007, the Exchange filed Amendment No. 2 to the proposed rule change.

for each month starting in the month after the CME/CBOT Transaction is consummated, a monthly access fee based on the then current monthly lease fees being paid to lessors of the interest that CBOT denominates as a full CBOT membership, with such fee to be set by the Exchange on a monthly basis based on published lease fee information. Such access fee shall be due and payable in advance of each calendar month that the person decides to retain the temporary membership status granted pursuant to this paragraph. All such access fees shall be payable to and held in an interest-bearing escrow account maintained by the Exchange until the Commission takes final action on SR–CBOE–2006–106. The Exchange will retain such fees if the Commission approves SR–CBOE–2006–106, and such fees will be returned to the payor if the Commission disapproves SR–CBOE–2006–106. The temporary membership status granted pursuant to this paragraph shall be subject to the regulatory jurisdiction of CBOE under the Act, the Constitution and the Rules, including CBOE's disciplinary jurisdiction under Chapter XVII.

* * * * *

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 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

The purpose of the proposed rule change is to address whether or to what extent persons who claim the right to become and remain a member of CBOE (the right to be an ''exerciser member'') pursuant to paragraph (b) of Article Fifth of the CBOE Certificate of Incorporation (''Article Fifth(b)'') should continue temporarily to retain their CBOE membership status after the consummation of the CME/CBOT Transaction and before the Commission has taken final action on SR–CBOE–2006–106.

In SR–CBOE–2006–106, CBOE proposed an interpretation of Article Fifth(b) to address the impact of the CME/CBOT Transaction on the eligibility of persons to be exerciser members. Under this proposed interpretation, the consummation of the CME/CBOT Transaction would result in no persons any longer qualifying as members of the CBOT within the meaning of Article Fifth(b) and, therefore, would result in the elimination of the eligibility of any person thereafter to qualify to be an exerciser member. Although SR–CBOE–2006–106 is pending before the Commission and awaiting action, there is a risk that the proposed CME/CBOT Transaction may be consummated before the Commission is able to act on SR–CBOE–2006–106. In particular, the shareholders of CBOT Holdings and CME Holdings and the holders of certain CBOT memberships are presently scheduled to vote on the proposed transaction on July 9, 2007.

If the CME/CBOT Holdings Transaction is consummated, but the Commission has not yet taken action on CBOE's interpretation in SR–CBOE–2006–106 concerning the effect of that transaction on exercise right eligibility, CBOE will need to implement a procedure to determine whether persons who claim still to qualify as exerciser members should be permitted to retain their membership status, and consequently to trade on CBOE, while a decision on SR–CBOE–2006–106 is pending. In this regard, upon the consummation of the CME/CBOT Transaction, the approval of SR–CBOE–2006–106 would mean that former exerciser members have lost that membership status. However, if the Commission has not taken final action on SR–CBOE–2006–106 when the CME/CBOT Transaction is consummated, those persons may maintain that they are still exerciser members.

Interpretation and Policy .01 under CBOE Rule 3.19 deals with these extenuating circumstances by allowing certain categories of those persons temporarily to retain their membership status while SR–CBOE–2006–106 remains pending. In particular, under Interpretation and Policy .01, persons who were exerciser members in good standing as of July 1, 2007 and who remain exerciser members as of the close of business on the day before the consummation of the CME/CBOT Transaction temporarily would retain their membership status—including their trading access to CBOE—until the Commission acts on SR–CBOE–2006–106. Such persons would not be required to take any action to retain their membership status and would not be required to hold or maintain any securities, memberships or other interests in order to maintain that status. Rather, the Exchange would determine who was an exerciser member as of both of the specified dates and would take appropriate action to ensure that those persons retain their membership status after that date until the Commission takes final action SR–CBOE–2006–106. Such persons would be required to remain in good standing and would need to pay all applicable fees, dues, assessments and other like charges assessed against CBOE members. Of course, this temporary membership status would be subject to the regulatory jurisdiction of the Exchange under the Exchange Act and the Constitution and Rules of the Exchange, including the Exchange's disciplinary jurisdiction under Chapter XVII of the Exchange's rules.

Because such persons would be relieved of the obligation to hold or maintain any securities, memberships or other interests in order to maintain their membership status, they would be required to pay a monthly access fee based on the then current monthly lease fees being paid to lessors of the interest that CBOT denominates as a full CBOT membership. This monthly access fee would be set by the Exchange on a monthly basis, based on published lease fee information, and would be payable starting in the month after the month in which the CME/CBOT Transaction is consummated and lasting until the Commission takes final action on SR–CBOE–2006–106. The Exchange will submit a further proposed rule change, pursuant to section 19(b)(3)(A)(ii), to specify the access fee to be charged or to specify the methodology by which this access fee will be determined. Any subsequent change in the amount of that access fee or in the methodology for determining that fee also will be submitted as a proposed rule change pursuant to section 19(b)(3)(A)(ii). Because the Commission would not yet have determined whether to approve SR–CBOE–2006–106 during the period that these access fees were being collected, all access fees collected under this interpretation would be held in an interest-bearing escrow account maintained by the Exchange. The Exchange would retain such fees if the Commission approved SR–CBOE–2006–106, and such fees would be returned to the payor if the Commission disapproved SR–CBOE–2006–106. This access fee addresses the competitive advantage that the persons trading under the membership status granted in

Interpretation and Policy .01 otherwise would have over lessees of transferable Exchange memberships, in light of the fact that the former exerciser members would be relieved of their financial obligation to obtain and hold any securities, memberships or other interests in order to maintain their membership status.

Under Interpretation and Policy .01, only persons who were exerciser members as of both of the specified dates, not persons who might thereafter claim the right to become an exerciser member, would have any membership status after the CME/CBOT Transaction, pending the Commission's final action on SR–CBOE–2006–106. CBOE Rule 3.19 provides CBOE with the authority only to allow persons who actually were members to retain their membership status on a temporary basis and does not authorize the granting of such status to persons who were not already CBOE members.

Upon the Commission's final action on SR–CBOE–2006–106, Interpretation and Policy .01 would cease to be in effect, and the rights of persons who claim to be exerciser members would be determined in accordance with the Commission's decision on SR–CBOE–2006–106. Pursuant to the terms of SR–CBOE–2006–106, there would be a different temporary access plan to address transitional issues that would arise from the approval of SR–CBOE–2006–106.

The Exchange believes that Interpretation and Policy .01 is reasonable under the circumstances. It avoids disturbing the trading access of persons who were exerciser members before the consummation of the CME/CBOT Transaction while the Commission is determining whether that transaction has extinguished their eligibility to be exerciser members. This interpretation also preserves fair and orderly markets at CBOE by avoiding the sudden loss of more than 200 persons who presently are contributing liquidity to CBOE's markets. So that persons who do not have a *bona fide* interest in trading on CBOE do not exercise in reaction to the adoption of Interpretation and Policy .01, a person must have been an exerciser not only as of the close of business on the day immediately before the consummation of the CME/CBOT Transaction, but also as of July 1, 2007, the day immediately before the filing of Interpretation and Policy .01. Under SR–CBOE–2006–106, persons would have had to be an exerciser member as of December 11, 2006 in order to qualify for transitional trading access after the approval of SR–CBOE–2006–106. Interpretation and Policy .01 therefore effectively extends that cut-off date, as it applies to temporary trading access before final action on SR–CBOE–2006–106, more than six months to July 1, 2007.

2. Statutory Basis

The Exchange believes that this filing is consistent with section 6(b) of the Act,[7] in general, and furthers the objectives of section 6(b)(5) of the Act.[8] In particular, this interpretation 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, in general, 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 solicited or received with respect to the proposed rule change.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

The foregoing rule change has become effective pursuant to section 19(b)(3)(A) of the Act[9] and paragraph (f) of Rule 19b–4 thereunder.[10] At any time within 60 days of the filing of the proposed rule change, the Commission may summarily abrogate such rule change if it appears to the Commission that such action is necessary or appropriate in the public interest, for the protection of investors, or otherwise in furtherance of the purposes of the Act.[11]

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–2007–77 on the subject line.

Paper Comments

- Send paper comments in triplicate to Nancy M. Morris, Secretary, Securities and Exchange Commission, 100 F Street, NE., Washington, DC 20549–1090.

All submissions should refer to File Number SR–CBOE–2007–77. This file number should be included on the subject line if e-mail is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (*http://www.sec.gov/rules/sro.shtml*). Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Room, on official business days between the hours of 10 a.m. and 3 p.m. Copies of the filing also will be available for inspection and copying at the principal office of the 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–2007–77 and should be submitted on or before August 2, 2007.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[12]

Florence E. Harmon,

Deputy Secretary.

[FR Doc. E7–13490 Filed 7–11–07; 8:45 am]

BILLING CODE 8010–01–P

[7] 15 U.S.C. 78f(b).

[8] 15 U.S.C. 78f(b)(5).

[9] 15 U.S.C. 78s(b)(3)(A).

[10] 17 CFR 240.19b–4(f)(1).

[11] *See* 15 U.S.C. 78s(b)(3)(C).

[12] 17 CFR 200.30–3(a)(12).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–56020; File No. SR–ISE–2007–56]

Self-Regulatory Organizations; International Securities Exchange, LLC; Notice of Filing and Immediate Effectiveness of Proposed Rule Change Relating to the Extension of a Pilot Program for Position and Exercise Limits for Options on the iShares® Russell 2000® Index Fund

July 6, 2007.

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 June 29, 2007, the International Securities Exchange, LLC (''ISE'' or ''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 substantially prepared by ISE. The Exchange has filed the proposal pursuant to Section 19(b)(3)(A) of the Act [3] and Rule 19b–4(f)(6) thereunder,[4] which renders the proposal effective upon filing with the Commission. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

The Exchange proposes to extend an existing pilot program that increases the position and exercise limits for options on the iShares® Russell 2000® Index Fund (''IWM'') traded on the Exchange (''IWM Pilot Program''). The text of the proposed rule change is available at ISE, the Commission's Public Reference Room, and *http://www.iseoptions.com.*

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, ISE 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. ISE has prepared summaries, set forth in Sections A, B, and C below, of the most significant aspects of such statements.

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] 15 U.S.C. 78s(b)(3)(A).

[4] 17 CFR 240.19b–4(f)(6).

A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

1. Purpose

The purpose of the proposed rule change is to extend the IWM Pilot Program for an additional six-month period, through January 18, 2008,[5] and to make non-substantive changes to simplify the rule text describing the IWM Pilot Program. The IWM Pilot Program increases the position and exercise limits for IWM options traded on the Exchange.[6] The Exchange is not proposing any other changes to the IWM Pilot Program. The Exchange represents that it has not encountered any problems or difficulties relating to the IWM Pilot Program since its inception.

The proposal that established the IWM Pilot Program was designated by the Commission to be effective and operative upon filing and provided that it would run from January 22, 2007 through July 22, 2007.[7] In that filing, the Exchange explained that in June 2005, as a result of a 2-for-1 stock split, the position limit for IWM options was temporarily increased from 250,000 contracts (covering 25,000,000 shares) to 500,000 contracts (covering 50,000,000 shares). At the time of the split, the furthest IWM option expiration date was January 2007. Therefore, the temporary increase of the IWM position limit would have reverted to the pre-split level (as provided for in connection with the Rule 412 Pilot Program) of 250,000 contracts after expiration in January 2007, or on January 22, 2007.

The Exchange described in the proposal that established the IWM Pilot Program that a position limit of 250,000 contracts would prevent traders from adequately hedging their options positions, thereby impairing their ability to provide liquidity. Specifically, the Exchange stated that options on IWM are 1/10th the size of options on the Russell 2000® Index (''RUT''), which has a position limit of 50,000 contracts.[8] Therefore, traders who trade IWM options to hedge positions in RUT options are likely to find a position limit of 250,000 contracts in IWM options too restrictive and insufficient to properly hedge. For example, if a trader held 50,000 RUT options and wanted to hedge that position with IWM options, the trader would, at a minimum, need 500,000 IWM options to properly hedge the position. Additionally, the Exchange notes that index options on 1/10th the RUT have a position limit of 500,000 contracts, which is consistent with and corresponds to the increased position limits permitted under the IWM Pilot Program.[9] Therefore, the Exchange continues to believe that a position limit of 250,000 contracts is too low and may adversely affect market participants' ability to provide liquidity in this product.

As the Exchange also described in the proposal that established the IWM Pilot Program, IWM options have grown to become one of the largest options contracts in terms of trading volume. For example, through May 29, 2007, year-to-date industry volume in IWM options has averaged over 460,000 contracts per day, for a total of over 61 million contracts. Further, ISE alone has averaged more than 125,000 IWM option contracts per day during that time, for a total of almost 13 million contracts. In contrast, QQQQ options, which have a position limit of 900,000 contracts, have averaged almost 575,000 contracts per day.

The Exchange believes that maintaining the increased position and exercise limits for IWM options will lead to a more liquid and more competitive market environment for IWM options that will benefit customers interested in trading this product. As a result, the Exchange requests that the Commission extend the pilot for an additional six-month period, through January 18, 2008.

2. Statutory Basis

The Exchange believes that the proposed rule change is consistent with and furthers the objectives of Section 6(b)(5) of the Act,[10] in that 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.

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.

[5] January 18, 2008 is the third Friday of the month (or expiration Friday), which is the day on which January 2008 IWM options will expire.

[6] Pursuant to ISE Rule 414, the exercise limit established under Rule 414 for IWM options shall be equivalent to the position limit prescribed for IWM options in Supplementary Material .01 to Rule 412. The increased exercise limits would only be in effect during the IWM Pilot Period.

[7] *See* Securities Exchange Act Release No. 55175 (January 25, 2007), 72 FR 4753 (February 1, 2007) (SR–ISE–2007–07).

[8] *See* ISE Rule 2004(a).

[9] *Id.*

[10] 15 U.S.C. 78f(b)(5).

C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received From Members, Participants or Others

The Exchange has not solicited, and does no intend to solicit, comments on this proposed rule change. The Exchange has not received any unsolicited written comments from members or other interested parties.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

Because the forgoing rule change does not: (1) Significantly affect the protection of investors or the public interest; (2) impose any significant burden on competition; and (3) become operative for 30 days after the date of this filing, or such shorter time as the Commission may designate, it has become effective pursuant to Section 19(b)(3)(A) of the Act [11] and Rule 19b–4(f)(6) thereunder.[12]

A proposed rule change filed under 19b–4(f)(6) normally may not become operative prior to 30 days after the date of filing.[13] However, Rule 19b–4(f)(6)(iii) [14] permits the Commission to designate a shorter time if such action is consistent with the protection of investors and the public interest. The Exchange has requested that the Commission waive the 30-day operative delay. The Commission believes that waiving the 30-day operative delay is consistent with the protection of investors and the public interest because such waiver would permit position and exercise limits for options on IWM to continue at 500,000 option contracts for a six-month pilot period. For this reason, the Commission designates the proposed rule change to be operative upon filing with the Commission.[15]

At any time within 60 days of the filing of such proposed rule change the Commission may summarily abrogate such rule change if it appears to the Commission that such action is necessary or appropriate in the public interest, for the protection of investors or otherwise in furtherance of the purposes of the Act.

IV. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether the proposed rule change is consistent with the Act. Comments may be submitted by any of the following methods:

Electronic Comments

- Use the Commission's Internet comment form (*http://www.sec.gov/rules/sro.shtml*); or
- Send an e-mail to *rule-comments@sec.gov.* Please include File Number SR–ISE–2007–56 on the subject line.

Paper Comments

- Send paper comments in triplicate to Nancy M. Morris, Secretary, Securities and Exchange Commission, 100 F Street, NE., Washington, DC 20549–1090.

All submissions should refer to File Number SR–ISE–2007–56. 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 Room, 100 F Street, NE., Washington, DC 20549, on official business days between the hours of 10 a.m. and 3 p.m. Copies of the filing also will be available for inspection and copying at the principal office of ISE. 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–ISE–2007–56 and should be submitted on or before August 2, 2007.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[16]

Florence E. Harmon,

Deputy Secretary.

[FR Doc. E7–13502 Filed 7–11–07; 8:45 am]

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[11] 15 U.S.C. 78s(b)(3)(A).

[12] 17 CFR 240.19b–4(f)(6).

[13] 17 CFR 240.19b–4(f)(6)(iii). In addition, Rule 19b–4(f)(6)(iii) requires that a self-regulatory organization submit to the Commission written notice of its intent to file the proposed rule change, along with a brief description and text of the proposed rule change, at least five business days prior to the date of filing of the proposed rule change, or such shorter time as designated by the Commission. The Exchange has satisfied the five-day pre-filing notice requirement.

[14] *Id.*

[15] For the purposes only of waiving the 30-day operative delay, the Commission has considered the proposed rule's impact on efficiency, competition, and capital formation. *See* 15 U.S.C. 78c(f).

[16] 17 CFR 200.30–3(a)(12).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–56017; File No. SR–NYSE–2007–21]

Self-Regulatory Organizations; New York Stock Exchange LLC; Order Granting Approval of Proposed Rule Change as Modified by Amendment No. 1 Thereto and Notice of Filing and Order Granting Accelerated Approval to Amendment No. 3 Thereto Relating to Rule 92 (Limitations on Members' Trading Because of Customers' Orders)

July 5, 2007.

I. Introduction

On February 23, 2007, the New York Stock Exchange LLC (''NYSE'' or ''Exchange'') filed with the Securities and Exchange Commission (''Commission''), pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 (''Act'') [1] and Rule 19b–4 thereunder,[2] a proposed rule change to amend NYSE Rule 92, Limitations on Members' Trading Because of Customers' Orders, in order to harmonize it with similar rules of NASD and to address changes to the marketplace because of the implementation of NYSE's Hybrid Market and Regulation NMS (''Reg. NMS''). On May 22, 2007, NYSE filed Amendment No. 1 to the proposed rule change. The proposed rule change was published for comment in the **Federal Register** on May 31, 2007.[3] The Commission received two comment letters on the proposal.[4] On July 3, 2007, NYSE responded to the comments [5] and, on July 5, 2007, filed Amendment No.

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] *See* Securities Exchange Act Release No. 55804 (May 23, 2007), 72 FR 30410.

[4] *See* letters to Nancy M. Morris, Secretary, Commission, from Ann Vlcek, Managing Director and Associate General Counsel, Securities Industry and Financial Markets Association (''SIFMA''), dated June 22, 2007 (''SIFMA Letter'') and from Bret Engelkemier, Managing Director, Head of Equity Trading, Citigroup Global Markets Inc., dated June 21, 2007 (''CGMI Letter'').

[5] *See* letter to Nancy M. Morris, Secretary, Commission, from Mary Yeager, Assistant Secretary, NYSE, dated July 3, 2007 (''NYSE Response'').

3 to the proposed rule change.[6] This order approves the proposed rule change, grants accelerated approval to Amendment No. 3, and solicits comments from interested persons on Amendment No. 3.

II. Description of the Proposal

Riskless Principal Transactions

NYSE Rule 92 generally prohibits members or member organizations from trading on a proprietary basis ahead of, or along with, customer orders that are executable at the same price as the proprietary order. Currently, the rule contains several exceptions that make it permissible for a member or member organization to enter a proprietary order while representing a customer order that could be executed at the same price, so long as it is not for an account of an individual investor and the customer has provided express permission (''Rule 92(b) proprietary order'').[7]

The Exchange proposes to add a new subsection to Rule 92 that would permit riskless transactions for the purpose of facilitating the execution, on a riskless principal basis, of one or more customer orders. The proposed rule defines a riskless principal transaction as one in which a member or member organization, after having received one or more orders to buy (sell) a security, purchases (sells) the security as principal at the same price to satisfy the order(s) to buy (sell). Under the proposed rule, the member would be required to give the customer the same price it received, exclusive of any markup or markdown, commission or commission equivalent, or other fee.

The Exchange proposes adopting the underlying order requirements of the NASD's Manning Rule[8] for riskless principal transactions at the Exchange. Accordingly, the Exchange proposes that a riskless principal transaction can be effected on behalf of any customer order, regardless of whether from an institutional account or an individual investor. Further requirements for proposed riskless principal transactions include that the receipt time reference for the underlying order would have to be before the execution report time reference of the riskless principal transaction. Within 60 seconds of receiving an execution report from NYSE on the riskless principal transaction, members or member organizations would be required to allocate to the accounts represented in the riskless principal transaction the same price at which the order was executed on NYSE, exclusive of any markup or markdown, commission equivalent, or other fee. In addition, under the proposed amendment, firms would be permitted to aggregate only orders whose order types and instructions (including tick restrictions) permit such aggregation.

Firms would need to disclose to customers the method by which the firm would allocate the shares bought or sold in the riskless principal transaction (*e.g.*, strict time priority, precedence based on size, etc.), and would be required to allocate shares in accordance with that method. Such method must be fair and reasonable, be consistently applied, and not unfairly discriminate against any particular class of accounts or types of orders. The Exchange would not require a specific allocation methodology, but would require that the chosen method be adequately disclosed to customers and be consistent with rules governing parity of orders.

The Exchange would require member organizations to keep certain books and records in connection with riskless principal transactions. In particular, when executing riskless principal transactions, firms would be required to submit order execution reports to the Exchange's Front End Systemic Capture (''FESC'') database linking the execution of the riskless principal order on the Exchange to the specific underlying orders. The information that would be provided must be sufficient for both member firms and the Exchange to reconstruct in a time-sequenced manner all orders, including allocations to the underlying orders, with respect to which a member organization is claiming the riskless principal exception.

Similar to the Manning Rule, in allocating riskless principal transactions, if the riskless principal transaction includes Rule 92(b) proprietary orders, such proprietary orders must yield to orders from customers that either have not or cannot consent (for example, an individual investor with an order of less than 10,000 shares) (''non-consenting customer'') and to orders from customers that have consented to trade along with Rule 92(b) proprietary orders until the non-consenting customers are filled. At that point, the Rule 92(b) proprietary order can receive an allocation along side any remaining customer orders that have consented to trade along with the Rule 92(b) proprietary order. In allocating such orders, member organizations must follow allocation methodologies that have been disclosed pursuant to proposed Rules 92(b) and 92(c)(5).[9]

Customer Consent Under Rule 92(b)

The Exchange proposes to modify the consent requirement of NYSE Rule 92(b) to eliminate the current order-by-order consent requirement and instead provide that customers may give ''blanket'' affirmative written consent for a member firm to trade along provided that: (i) The customer has received adequate prior affirmative notice of the fact that the member or member organization may trade along with its orders, including a disclosure of the method by which the member organization will allocate shares to the customer's order and a disclosure relating to the allocation methodology for riskless principal transactions that include both a Rule 92(b) proprietary order and an order from a customer that has not consented to trade along with a Rule 92(b) proprietary order; (ii) the customer affirmatively consents prior to such trading by the member or member organization; and (iii) the member or member organization's trading along is permitted under one of the exceptions contained in Rule 92.

The Exchange proposes that member organizations can document such affirmative consent either by: (i) A signed writing from the customer that acknowledges the disclosures, including that a customer can opt-out on an order-by-order basis, and provides consent; or (ii) documenting consent that was provided orally, provided that written disclosures were provided to the customer before obtaining the oral consent and the member organization provides written notice to the customer documenting that oral consent. Once a customer has provided affirmative written consent and so long as firms continue to provide written disclosures on a periodic basis, member organizations will not need to renew such affirmative consent.

The Exchange further proposes expanding the class of investors that may consent to a Rule 92(b) proprietary order. In order to harmonize Rule 92 with the Manning Rule, the Exchange proposes amending the class of investors that can consent to a member or member organization trading along with a customer order to include all institutional investors, regardless of the

[6] The Exchange filed Amendment No. 2 on July 3, 2007 and subsequently withdrew it on July 5, 2007.

[7] In general, these are transactions in which the member or member organization is: (1) Liquidating a position held in a proprietary facilitation account and the customer's order is for 10,000 shares or more; (2) creating a bona fide hedge; (3) modifying an existing hedge; or (4) engaging in a bona fide arbitrage or risk arbitrage transaction.

[8] *See* NASD IM 2110–2 and Rule 2111.

[9] *See* Amendment No. 3.

size of the order, and individual investors with orders of 10,000 shares or more, unless such orders are less than $100,000 in value. To ensure consistency, the Exchange proposes to incorporate, for purposes of Rule 92 only, NASD's definition of an ''institutional account,'' [10] and therefore proposes adding that definition to the supplementary material to Rule 92.

Customers would retain the ability to ''opt-out'' on a trade-by-trade basis or to modify the instructions obtained under blanket consent, since the customer always has the option to submit an order with an instruction that the member or member organization not trade along or alter the terms for trading along with the order. The Exchange would require members and member organizations to periodically disclose this to customers as well.

Once a customer provides such ''blanket'' consent, a member or member organization may trade on a proprietary basis along with a customer order that is executable at the same price as a proprietary order that meets the exceptions set forth in Rule 92(b). A member or member organization may seek to include a Rule 92(b) proprietary order with a proposed Rule 92(c) riskless principal order. In such case, even though a single order is transmitted to the Exchange, the order would include both riskless and risk elements, and therefore would no longer be a pure riskless principal transaction. For purposes of parity, Exchange systems will recognize the riskless principal order as an agency order, regardless of whether the order includes any Rule 92(b) proprietary orders.

Exemption for Reg. NMS-Compliant Intermarket Sweep Orders

The Exchange proposes amending Rule 92 to add an exemption so that, when facilitating a customer order that would otherwise require the firm to either violate Rule 92 or trade through protected quotations, member organizations can comply with their Reg. NMS obligation without also violating Rule 92. Under the current rule, if a member organization is required to route intermarket sweep orders as principal to execute against the full displayed size of any protected quotation in a security (''ISO''), for example, when facilitating a customer order at a price inferior to the national best bid or offer or other protected quotations and in compliance with Rules 600(b)(30)(ii) and 611(b)(6) of Reg. NMS,[11] the ISO could violate Rule 92 by trading ahead of or along with open customer orders.

The proposed exemption provides that, when routing ISOs, the member organization must yield its principal executions to any open customer orders that are required to be protected by Rule 92 and capable of accepting the fill. As defined in Rule 92(a), customer orders that are required to be protected are those open customer orders that are known to the member organization before entry of the ISO. The proposed exemption would require that if a firm executes an ISO to facilitate a customer order at a price inferior to one or more protected quotations, that customer must consent to not receiving the better price obtained by the ISO(s) or the firm must yield its principal execution to that customer. In addition, the Exchange further proposes adopting the definitions of Reg. NMS in connection with the terms ''protected quotation'' and ''intermarket sweep order.'' [12]

Amendment No. 3

On July 5, 2007, the Exchange filed Amendment No. 3 to the proposed rule change. In Amendment No. 3, the Exchange amended proposed Rule 92(c)(4) to clarify that the inclusion of a Rule 92(b) proprietary order in the riskless principal transaction does not alter the allocation rights of customers that consented to trade along with a Rule 92(b) proprietary order. Therefore, when allocating a riskless principal transaction, the member firm would have to yield to all customers until any non-consenting customer orders have been filled, and only then could the member firm trade along with any remaining customer orders that have provided consent pursuant to Rule 92(b). The Exchange also amended proposed Rule 92(d)(5) to clarify that a member firm must yield the executions of Reg. NMS-compliant ISOs to open customer orders except the customer order that the ISO was sent to facilitate, if that customer has consented to not receiving the better prices obtained by the ISO.

In addition, because it recognized that the proposed rule might require member organizations to make certain changes to their trading and order management systems, in Amendment No. 3, the Exchange proposed to delay the operative date of proposed NYSE Rule 92(c)(3), which requires member firms to provide batched end-of-day allocation reporting for riskless principal transactions, and the requirement that member firms use the riskless principal account type indicator, until January 16, 2008. Before that date, the Exchange stated that it would work with the member organizations to develop and implement the necessary changes to firms' systems and FESC to accommodate the enhanced reporting requirements contained in the proposed rule. However, the Exchange would require, as of the date that each firm implements riskless principal routing, that the member firm have in place systems and controls that allow them to easily match and tie riskless principal execution on the Exchange to the underlying orders. Finally, the Exchange recognized that the process of obtaining and documenting affirmative customer consent under the proposed amendments to Rule 92(b) will not be instantaneous, and therefore proposed that the member firms would have until September 30, 2007 to obtain documentation of affirmative consent.

III. Summary of Comments and NYSE Response

The Commission received two comments on the proposal. The commenters generally supported the proposal but expressed concern over several requirements it would impose on members and member organizations. Instead of requiring member firms to obtain affirmative blanket consent to trade along with a customer's orders, the commenters believed that negative consent with affirmative disclosure for both institutional and individual customers would better align the Exchange's regulatory requirements with today's market conditions while also more effectively mitigating the administrative and recordkeeping burdens associated with providing customers with adequate disclosures.[13] One commenter noted that the cost to firms to gather affirmative blanket consent likely would negate the benefit of not having to obtain order-by-order consent, as the rule requires today.[14]

The Exchange did not agree with the commenters that negative consent is appropriate for trading along with customer orders.[15] The Exchange noted that it must strike a balance between investor protection and the imposition of unnecessary burdens on member organizations by its rules. The Exchange believed that the proposal strikes the correct balance by requiring member firms to affirmatively consent to being

[10] *See* NASD Rule 3110(c)(4).

[11] 17 CFR 242.600(b)(30)(ii) and 17 CFR 242.611(b)(6).

[12] *See* 17 CFR 242.600(b)(7) and (30).

[13] SIFMA Letter, *supra* note 4, at 2; *see also* CGMI Letter, *supra* note 4, at 3.

[14] SIFMA Letter at 3.

[15] NYSE Response, *supra* note 5, at 3.

traded along with by member firms and relieving member firms of the administrative burdens of order-by-order consent.[16] In addition, the Exchange recognized that obtaining affirmative consent is not an instantaneous process, and therefore proposed to give member firms until September 30, 2007 to obtain documentation of affirmative consent.[17]

The commenters expressed concern that the reporting requirements applicable to a riskless principal transaction under Rule 92 are inconsistent with NASD's riskless principal transaction reporting requirements.[18] Specifically, NYSE's rules require that a member firm mark the initial leg of a riskless principal transaction as ''riskless'' when the order is sent to the Exchange (''traditional approach'') as opposed to submitting an order to the Exchange marked as ''principal'' and a separate non-tape, non-clearing report on the second leg(s) of the facilitation transaction to the customer (''alternative approach''). The commenters noted that NASD rules provide member firms the option of taking the traditional approach or the alternative approach. The commenters believed that a large number of member firms have programmed their systems to report transactions under the alternative approach and requiring a member firm to report transactions under the traditional approach would result in significant costs to such member firms. The commenters believed that NYSE should make its rules consistent with NASD's rules and allow member firms to use either the traditional approach or the alternative approach when reporting riskless principal transactions.[19]

The Exchange noted that, while the NASD has the ability to allow firms to report riskless principal transactions using the traditional approach or the alternative approach, its regulatory reporting systems are designed to use the traditional approach.[20] The Exchange noted that it would continue to review its trade reporting requirements for riskless principal transactions, but that, in the interim, if firms want to trade as riskless principal on the Exchange, they would be required to follow the traditional approach.[21]

The commenters also expressed concern that member firms would now be required to submit order execution reports to FESC linking the execution of the riskless principal order on the Exchange to the specific underlying orders.[22] The commenters requested clarification on when such reports must be submitted to FESC, suggesting that it should be end-of-day drop copy reporting, and requested that the Exchange consider possible alternatives to reporting to FESC.[23] In addition, one commenter noted its belief that the information submitted to FESC could be available to the Exchange through alternative means.[24]

The Exchange clarified that reporting to FESC would be by end-of-day.[25] In addition, the Exchange proposed to delay the implementation of FESC reporting requirements for riskless principal transactions and the use of the riskless principal account type indicator until January 16, 2008 so that member organizations would have time to develop and implement the necessary systems changes to comply with such requirement.[26] However, the Exchange stated that if a member organization intended to execute riskless principal transactions on the Exchange before January 16, 2008, the member organization would be required to have in place systems and controls that would allow it to easily match and tie riskless principal executions on the Exchange to the underlying orders.[27]

The commenters also noted that the proposal suggests that when allocating riskless principal transactions that include Rule 92(b) proprietary orders, orders from customers that have consented to trade along with Rule 92(b) proprietary orders must yield to the non-consenting customer orders.[28] The commenters believed that the inclusion of a Rule 92(b) proprietary order in the riskless principal transaction should not alter the allocation rights of customers that consented to trade along with a Rule 92(b) proprietary order.[29] The commenters believed that the orders of customers who have consented to trading along should not be required to yield to the non-consenting customer orders.[30]

The Exchange agreed with the commenters that the inclusion of a Rule 92(b) proprietary order in the riskless principal transaction should not alter the allocation rights of customers that consented to trade along with a Rule 92(b) proprietary order.[31] The Exchange amended the proposal to ensure that no customer would be required to yield to another customer, subject to regular parity of order requirements.[32]

In addition, the commenters requested that the Exchange clarify how firms should allocate fills in accordance with the proposed exemption from Rule 92 for certain Reg. NMS-compliant ISOs.[33] The Exchange clarified that a member firm must yield the executions of Reg. NMS-compliant ISOs to open customer orders except the customer order that the ISO was sent to facilitate, if that customer has consented to not receiving the better prices obtained by the ISO.[34]

Finally, one commenter believed that the Exchange should amend Rule 92 so that member organizations would be permitted to trade alongside of a customer order regardless of whether the specific purpose of the proprietary order is the direct liquidation or hedge of a customer facilitation position.[35] In its response letter, the Exchange stated that it does not believe that the instant filing is the proper vehicle for addressing the issue of expanding Rule 92(b) trading limitations, but noted that it would continue to review Rule 92 to determine whether further amendments are warranted.[36]

IV. Discussion

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 exchange.[37] In particular, the Commission believes that it is consistent with Section 6(b)(5) of the Act,[38] which requires, among other things, that the rules of a national securities exchange be designed to promote just and equitable principles of trade, to remove impediments to and perfect the mechanism of a free and

[16] *Id.*

[17] *Id.*; *see also* Amendment No. 3.

[18] SIFMA Letter at 3 and CGMI Letter at 2.

[19] *Id.*

[20] The Exchange stated that it did not believe there to be any feasible alternative because it does not have a trade reporting facility capable of receiving riskless principal orders and because its surveillance system does not have access to NASD Order Audit Trail (''OATS'') data. NYSE Response at 4.

[21] *Id.*

[22] SIFMA Letter at 3–4 and CGMI Letter at 2–3.

[23] *Id.*

[24] The commenter suggested that the Exchange could obtain such information by making a request to NASD for OTS and OATS reporting. CGMI Letter at 3.

[25] NYSE Response at 4.

[26] *Id.*

[27] *Id.* at 5.

[28] CGMI Letter at 4 and CGMI Letter at 4.

[29] *Id.*

[30] *Id.*

[31] NYSE Response at 5.

[32] *See* Amendment No. 3.

[33] SIFMA Letter at 4 and CGMI Letter at 4.

[34] NYSE Response at 5–6.

[35] CGMI Letter at 2.

[36] NYSE Response at 6.

[37] The Commission has considered the proposed rule's impact on efficiency, competition, and capital formation. 15 U.S.C. 78c(f).

[38] 15 U.S.C. 78f(b)(5).

open market and a national market system and, in general, to protect investors and the public interest.

The Exchange proposes to add a new subsection to Rule 92 that would permit riskless transactions for the purpose of facilitating the execution, on a riskless principal basis, of one or more customer orders and proposes to adopt the underlying order requirements of the NASD's Manning Rule [39] for riskless principal transactions at the Exchange. Under the proposal, member firms would need to disclose to customers the method by which the firm would allocate the shares bought or sold in the riskless principal transaction, and would be required to allocate shares in accordance with that method. In addition, when executing riskless principal transactions, firms would be required to submit order execution reports to FESC linking the execution of the riskless principal order on the Exchange to the specific underlying orders, beginning January 16, 2008. The Commission believes this aspect of the proposed rule change is reasonable because it moves the NYSE's rules towards harmonization with the Manning Rule, which should eliminate duplicative and potentially conflicting regulatory obligations on member firms, while at the same time assuring that the important investor protection provisions embodied in the Manning Rule apply to Exchange transactions. The Commission believes that the Exchange's proposed January 16, 2008 implementation date for FESC reporting requirements for riskless principal transactions and the use of the riskless principal account type indicator is reasonable and should provide member organizations the necessary time to revise their systems as necessary.

The Exchange also proposes to modify the consent requirement of NYSE Rule 92(b) to eliminate the requirement that members obtain order-by-order consent from customers to permit the member to trade along with such customer, and instead provide that customers may give ''blanket'' affirmative written consent for a member firm to trade along, provided that certain conditions are met. In Amendment No. 3, the Exchange stated that member firms would have until September 30, 2007 to obtain documentation of affirmative consent. The Commission believes this portion of the proposal is also reasonable because it should relieve member organizations of unnecessary administrative burdens while at the same time still ensuring that Exchange members obtain meaningful customer consent to members' trading along with their customers. The Commission also believes that the proposal to provide firms until September 30, 2007 to obtain documentation of affirmative consent is reasonable in that it should give firms flexibility to immediately make use of the new consent requirement while providing them time for implementation of the revised requirement.

The Exchange further proposes expanding the class of investors that may consent to a Rule 92(b) proprietary order to include all institutional investors, regardless of the size of the order, and individual investors with orders of 10,000 shares or more, unless such orders are less than $100,000 in value. The Commission also believes this aspect of the proposal is reasonable because it will conform the Exchange's rule to the NASD's Manning Rule,[40] thereby eliminating potentially duplicative and conflicting obligations on member firms while assuring that such members are held to a high level of customer protection.

Finally, the Exchange proposes adding an additional exemption to Rule 92. The proposed exemption provides that when routing ISOs, the member must yield its principal executions to any open customer orders that are required to be protected by Rule 92 and capable of accepting the fill except the customer order that the ISO was sent to facilitate, if that customer has consented to not receiving the better prices obtained by the ISO. The Commission believes this change is reasonable because it will facilitate member compliance with their respective intermarket sweep order routing obligations under Rule 611 of Regulation.[41]

The Commission finds good cause to approve Amendment No. 3 to the proposed rule change prior to the thirtieth day after such Amendment is published for comment in the **Federal Register** pursuant to Section 19(b)(2) of the Act.[42] The Commission believes that Amendment No. 3 serves to clarify the proposal, raises no new issues of regulatory concern, and that publication of its provisions would needlessly delay the implementation of the proposal.

V. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether Amendment No. 3 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–2007–21 on the subject line.

Paper Comments

- Send paper comments in triplicate to Nancy M. Morris, Secretary, Securities and Exchange Commission, 100 F Street, NE., Washington, DC 20549–1090.

All submissions should refer to File Number SR-NYSE–2007–21. This file number should be included on the subject line if e-mail is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (*http://www.sec.gov/rules/sro.shtml*). Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Room, 100 F Street, NE., Washington, DC 20549, on official business days between the hours of 10 a.m. and 3 p.m. Copies of such filing also will be available for inspection and copying at the principal office of NYSE. 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–2007–21 and should be submitted on or before August 2, 2007.

VI. Conclusion

It is therefore ordered, pursuant to Section 19(b)(2) of the Act,[43] that the proposed rule change (SR-NYSE–2007–21), as modified by Amendment No. 1, be, and hereby is, approved, and that Amendment No. 3 to the proposed rule

[39] *See* NASD Rule 2111 and IM–2110–2.

[40] *See* NASD Rule 2111 and IM–2110–2.

[41] 17 CFR 242.611(b)(6).

[42] 15 U.S.C. 78s(b)(2).

[43] 15 U.S.C. 78s(b)(2).

change be, and hereby is, approved on an accelerated basis.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[44]

Florence E. Harmon,

Deputy Secretary.

[FR Doc. E7–13497 Filed 7–11–07; 8:45 am]

BILLING CODE 8010–01–P

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–56021; File No. SR–NYSEArca–2007–58]

Self-Regulatory Organizations; NYSE Arca, Inc.; Notice of Filing and Immediate Effectiveness of Proposed Rule Change Relating to the Extension of a Pilot Program That Increases Position and Exercise Limits for Options on the iShares® Russell 2000® Index Fund

July 6, 2007.

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 June 22, 2007, NYSE Arca, Inc. (''NYSE Arca'' or ''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 substantially prepared by NYSE Arca. NYSE Arca has filed the proposal pursuant to Section 19(b)(3)(A) of the Act[3] and Rule 19b–4(f)(6) thereunder,[4] which renders the proposal effective upon filing with the Commission. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

NYSE Arca proposes to amend Rule 6.8 in order to extend the pilot program (''IWM Pilot'') which allows for increased position and exercise limits on options overlying the iShares® Russell 2000® Index Fund (''IWM''). The text of the proposed rule change is available at NYSE Arca, the Commission's Public Reference Room, and *http://www.nysearca.com.*

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, NYSE Arca 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. NYSE Arca 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 purpose of this rule change is to extend the IWM Pilot for a six-month period, through January 18, 2008,[5] and to make non-substantive changes to simplify the rule text describing the IWM Pilot. The IWM Pilot increases the position and exercise limits for IWM options traded on the Exchange. The Exchange is not proposing any other changes to the IWM Pilot at this time. NYSE Arca represents that it has not encountered any problems or difficulties relating to the IWM Pilot since its inception.

The proposal that established the IWM Pilot was designated by the Commission to be effective and operative upon filing and provided that the pilot would run through July 22, 2007.[6] At that time, the Exchange amended Commentary .06 to Rule 6.8 on a six-month pilot basis to exempt options on IWM from the Rule 6.8 Pilot Program. Under the Rule 6.8 Pilot Program, the position and exercise limits for IWM would have been reduced on January 22, 2007 from 500,000 to 250,000 contracts. The Exchange proposed to allow position and exercise limits for options on IWM to remain at 500,000 contracts on a pilot basis, from January 25, 2007 through July 22, 2007.

In June 2005, as a result of a 2-for-1 stock split, the position limit for IWM options was temporarily increased from 250,000 contracts (covering 25,000,000 shares) to 500,000 contracts (covering 50,000,000 shares). At the time of the split, the furthest IWM option expiration date was January 2007. Therefore, the temporary increase of the IWM position limit would have reverted to the pre-split level (as provided for in connection with the Rule 6.8 Pilot Program) of 250,000 contracts after expiration in January 2007, or on January 22, 2007.

The Exchange described in the proposal that a position limit of 250,000 contracts is too low and may be a deterrent to the successful trading of IWM options. The Exchange stated that options on IWM are 1/10th the size of options on the Russell 2000® Index (''RUT''), which have a position limit of 50,000 contracts.[7] Traders on NYSE Arca who trade IWM options to hedge positions in RUT options would likely find a position limit of 250,000 contracts in IWM options too restrictive and insufficient to properly hedge. For example, if a trader held 50,000 RUT options and wanted to hedge that position with IWM options, the trader would need—at a minimum—500,000 IWM options to properly hedge the position. Therefore, the Exchange believes that a position limit of 250,000 contracts is too low and may adversely affect market participants' ability to provide liquidity in this product.

As the Exchange also described in the proposal that established the IWM Pilot, IWM options have grown to become one of the largest options contracts in terms of trading volume. For example, through May 29, 2007 year-to-date industry volume in IWM options has averaged over 460,000 contracts per day, for a total of over 61 million contracts. In contrast, QQQQ options, which have a position limit of 900,000 contracts, have averaged almost 575,000 contracts per day.

The Exchange believes that maintaining the increased position and exercise limits[8] for IWM options will lead to a more liquid and competitive market environment for IWM options that will benefit all investors interested in trading this product. As a result, the Exchange requests that the Commission extend the pilot for an additional six-month time period, through January 18, 2008.

[44] 17 CFR 200.30–3(a)(12).

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] 15 U.S.C. 78s(b)(3)(A).

[4] 17 CFR 240.19b–4(f)(6).

[5] The actual time period for the extension will be slightly less than six months. January 18, 2008 is the third Friday of the month (or expiration Friday), which is the day on which January 2008 IWM options will expire.

[6] *See* Securities Exchange Act Release No. 55185 (January 29, 2007), 72 FR 5481 (February 6, 2007) (SR–NYSEArca–2007–10).

[7] *See* NYSE Arca Rule 6.8 Commentary .06(b).

[8] Pursuant to Commentary .03 of NYSE Arca Rule 6.9, the exercise limit established under Rule 6.9 for IWM options shall be equivalent to the position limit prescribed for IWM options in Commentary .06 under Rule 6.8. The increased exercise limits would only be in effect during the pilot period, to run from July 22, 2007 through January 18, 2008.

2. Statutory Basis

The Exchange believes that the proposed rule change is consistent with and furthers the objectives of Section 6(b)(5) of the Act,[9] in that 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.

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 solicited or received with respect to the proposed rule change.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

Because the forgoing rule change does not: (1) Significantly affect the protection of investors or the public interest; (2) impose any significant burden on competition; and (3) become operative for 30 days after the date of this filing, or such shorter time as the Commission may designate, it has become effective pursuant to Section 19(b)(3)(A) of the Act[10] and Rule 19b–4(f)(6) thereunder.[11]

A proposed rule change filed under 19b–4(f)(6) normally may not become operative prior to 30 days after the date of filing.[12] However, Rule 19b–4(f)(6)(iii)[13] permits the Commission to designate a shorter time if such action is consistent with the protection of investors and the public interest. The Exchange has requested that the Commission waive the 30-day operative delay. The Commission believes that waiving the 30-day operative delay is consistent with the protection of investors and the public interest because such waiver would permit position and exercise limits for options on IWM to continue at 500,000 option contracts for an approximately six-month pilot period. For this reason, the Commission designates the proposed rule change to be operative upon filing with the Commission.[14]

At any time within 60 days of the filing of such proposed rule change the Commission may summarily abrogate such rule change if it appears to the Commission that such action is necessary or appropriate in the public interest, for the protection of investors or otherwise in furtherance of the purposes of the Act.

IV. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether the proposed rule change is consistent with the Act. Comments may be submitted by any of the following methods:

Electronic Comments

- Use the Commission's Internet comment form (*http://www.sec.gov/rules/sro.shtml*); or
- Send an e-mail to *rule-comments@sec.gov.* Please include File Number SR–NYSEArca-2007–58 on the subject line.

Paper Comments

- Send paper comments in triplicate to Nancy M. Morris, Secretary, Securities and Exchange Commission, 100 F Street, NE., Washington, DC 20549–1090.

All submissions should refer to File Number SR–NYSEArca-2007–58. This file number should be included on the subject line if e-mail is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (*http://www.sec.gov/rules/sro.shtml*). Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Room, 100 F Street, NE., Washington, DC 20549, on official business days between the hours of 10 a.m. and 3 p.m. Copies of the filing also will be available for inspection and copying at the principal office of NYSE Arca. All comments received will be posted without change; the Commission does not edit personal identifying information from submissions. You should submit only information that you wish to make available publicly. All submissions should refer to File Number SR–NYSEArca-2007–58 and should be submitted on or before August 2, 2007.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[15]

Florence E. Harmon,

Deputy Secretary.

[FR Doc. E7–13506 Filed 7–11–07; 8:45 am]

BILLING CODE 8010–01–P

[9] 15 U.S.C. 78f(b)(5).

[10] 15 U.S.C. 78s(b)(3)(A).

[11] 17 CFR 240.19b–4(f)(6).

[12] 17 CFR 240.19b–4(f)(6)(iii). In addition, Rule 19b-4(f)(6)(iii) requires that a self-regulatory organization submit to the Commission written notice of its intent to file the proposed rule change, along with a brief description and text of the proposed rule change, at least five business days prior to the date of filing of the proposed rule change, or such shorter time as designated by the Commission. The Exchange has satisfied the five-day pre-filing notice requirement.

[13] *Id.*

[14] For the purposes only of waiving the 30-day operative delay, the Commission has considered the proposed rule's impact on efficiency, competition, and capital formation. *See* 15 U.S.C. 78c(f).

[15] 17 CFR 200.30–3(a)(12).

DEPARTMENT OF TRANSPORTATION

Maritime Administration

[USCG–2007–28532]

Port Dolphin Energy LLC, Port Dolphin Energy Liquefied Natural Gas Deepwater Port License Application

AGENCY: Maritime Administration, DOT.

ACTION: Notice of intent; notice of public meeting; request for comments.

SUMMARY: The Maritime Administration announces that the Coast Guard, in coordination with the Maritime Administration, will prepare an Environmental Impact Statement (EIS) as part of the environmental review of this license application. The application describes a project that would be located approximately 28 miles off the western coast of Florida, and approximately 42 miles from Port Manatee, Manatee County, Florida. Publication of this notice begins a scoping process that will help identify and determine the scope of environmental issues to be addressed in the EIS. This notice requests public participation in the scoping process and provides information on how to participate.

DATES: The public meeting in Palmetto, FL will be held on July 25, 2007. The public meeting will be held from 6 p.m. to 8 p.m. and will be preceded by an open house from 4:30 p.m. to 5:30 p.m. The public meeting may end later than the stated time, depending on the

number of persons wishing to speak. Material submitted in response to the request for comments must reach the Docket Management Facility by August 13, 2007.

ADDRESSES: Public open house and meeting: The Manatee Convention Center, Conference Center, One Haben Blvd., Palmetto, Florida 34221. (941) 722–3244.

Address docket submissions for USCG–2007–28532 to: Docket Management Facility, U.S. Department of Transportation, West Building, Ground Floor, Room W12–140, 1200 New Jersey Avenue, SE., Washington, DC 20590.

The Docket Management Facility accepts hand-delivered submissions, and makes docket contents available for public inspection and copying at this address, in room W12–140, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The Facility's telephone is 202–366–9329, its fax is 202–493–2251, and its Web site for electronic submissions or for electronic access to docket contents is *http://dms.dot.gov*.

FOR FURTHER INFORMATION CONTACT: Ray Martin, U.S. Coast Guard, telephone: 202–372–1449, e-mail: *raymond.w.martin@uscg.mil*, Lieutenant Commander Brian Moore, U.S. Coast Guard, telephone: 202–372–1442, e-mail: *brian.e.moore@uscg.mil*, or Chris Hanan, U.S. Maritime Administration, telephone: 202–366–1900, e-mail: *Christopher.Hanan@dot.gov*. If you have questions on viewing the docket, call Renee V. Wright, Program Manager, Docket Operations, telephone 202–493–0402.

SUPPLEMENTARY INFORMATION:

Public Meeting and Open House

We invite you to learn about the proposed deepwater port at an informational open house, and to comment at a public meeting on environmental issues related to the proposed deepwater port. Your comments will help us identify and refine the scope of the environmental issues to be addressed in the EIS.

In order to allow everyone a chance to speak at the public meeting, we may limit speaker time, or extend the meeting hours, or both. You must identify yourself, and any organization you represent, by name. Your remarks will be recorded or transcribed for inclusion in the public docket.

You may submit written material at the public meeting, either in place of or in addition to speaking. Written material must include your name and address, and will be included in the public docket.

Public docket materials will be made available to the public on the Docket Management Facility's Docket Management System (DMS). See ''Request for Comments'' for information about DMS and your rights under the Privacy Act.

Our public meeting location is wheelchair-accessible. If you plan to attend the open house or public meeting, and need special assistance such as sign language interpretation or other reasonable accommodation, please notify the Coast Guard (see **FOR FURTHER INFORMATION CONTACT**) at least 3 business days in advance. Include your contact information as well as information about your specific needs.

Request for Comments

We request public comments or other relevant information on environmental issues related to the proposed deepwater port. The public meeting is not the only opportunity you have to comment. In addition to or in place of attending a meeting, you can submit comments to the Docket Management Facility during the public comment period (see **DATES**). We will consider all comments and material received during the comment period.

Submissions should include:

- Docket number USCG–2007–28532.
- Your name and address.
- Your reasons for making each comment or for bringing information to our attention.

Submit comments or material using only one of the following methods:

- Electronic submission to DMS, *http://dms.dot.gov*.
- Fax, mail, or hand delivery to the Docket Management Facility (see **ADDRESSES**). Faxed or hand delivered submissions must be unbound, no larger than 8½ by 11 inches, and suitable for copying and electronic scanning. If you mail your submission and want to know when it reaches the Facility, include a stamped, self-addressed postcard or envelope.

Regardless of the method used for submitting comments or material, all submissions will be posted, without change, to the DMS website (*http://dms.dot.gov*), and will include any personal information you provide. Therefore, submitting this information makes it public. You may wish to read the Privacy Act notice that is available on the DMS website, or the Department of Transportation Privacy Act Statement that appeared in the Federal Register on April 11, 2000 (65 FR 19477).

You may view docket submissions at the Docket Management Facility (see **ADDRESSES**), or electronically on the DMS Web site.

Background

Information about deepwater ports, the statutes and regulations governing their licensing, and the receipt of the current application for the proposed Port Dolphin liquefied natural gas (LNG) deepwater port appeared in the Federal Register on June 25, 2007 (72 FR 34741). The ''Summary of the Application'' from that publication is reprinted below for your convenience.

Consideration of a deepwater port license application includes review of the proposed deepwater port's natural and human environmental impacts. The Coast Guard, in coordination with the Maritime Administration, is the lead agency for determining the scope of this review, and in this case has determined that review must include preparation of an EIS. This notice of intent is required by 40 CFR 1501.7, and briefly describes the proposed action and possible alternatives and the proposed scoping process. You can address any questions about the proposed action, the scoping process, or the EIS to the Coast Guard project manager identified in **FOR FURTHER INFORMATION CONTACT**.

Proposed Action and Alternatives

The proposed action requiring environmental review is the Federal licensing of the proposed deepwater port described in ''Summary of the Application'' below. The alternatives to licensing the proposed port are: (1) Licensing with conditions (including conditions designed to mitigate environmental impact), and (2) denying the application, which for purposes of environmental review is the ''no-action'' alternative.

Scoping Process

Public scoping is an early and open process for identifying and determining the scope of issues to be addressed in the EIS. Scoping begins with this notice, continues through the public comment period (see **DATES**), and ends when the Coast Guard has completed 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 the options provided in 40 CFR 1501.7(b).

Once the scoping process is complete, the Coast Guard will prepare a draft EIS, and publish a **Federal Register** notice announcing its public availability. (If you want that notice to be sent to you, please contact the Coast Guard project manager identified in **FOR FURTHER INFORMATION CONTACT**). You will have an opportunity to review and comment on the draft EIS. The Coast Guard will consider those comments in the preparation of the final EIS. As with the draft EIS, the availability of the final EIS will be announced and an opportunity for review and comment will again be provided.

Summary of the Application

Port Dolphin Energy LLC, proposes to own, construct, and operate a deepwater port, named Port Dolphin, in the Federal waters of the Outer Continental Shelf in the St. Petersburg (PB) blocks: PB545, PB589 and PB590, approximately 28 miles off the west coast of Florida to the southwest of Tampa Bay, in a water depth of approximately 100 feet. Port Dolphin would consist of a permanently moored unloading buoy system with two submersible buoys separated by a distance of approximately three miles. Each unloading buoy would be permanently secured to eight mooring lines, consisting of wire rope, chain, and buoyancy elements, each attached to anchor points on the seabed. Anchor points will most likely consist of driven piles.

The buoys would be designed to moor a specialized type of LNG vessel called a Shuttle and Regasification Vessel (SRV) of between 145,000 and 217,000 cubic meter capacity. SRV vessels are equipped to vaporize cryogenic LNG cargo to natural gas through an onboard closed loop vaporization system, and to odorize and meter gas for send-out by means of the unloading buoy to conventional subsea pipelines. The SRVs would moor to the unloading buoys which connect through the hull of the vessels to specially designed turrets that would enable the vessels to weathervane or rotate in response to prevailing wind, wave, and current directions. When the vessels are not present, the buoys would be submerged on a special landing pad on the seabed, 60–70 feet below the sea surface.

Each unloading buoy would connect through a 16-inch flexible riser and a 36-inch flowline to a Y intersection and then a 36-inch pipeline approximately 42 miles in length that would connect onshore in Port Manatee, Manatee County, Florida. The pipeline would connect with the Gulfstream Natural Gas System, LLC and Tampa Electric Company (TECO) System.

The 36-inch gas transmission line would make landfall on Port Manatee property. From there, the transmission pipeline would proceed in a generally easterly direction to the first interconnection point with the Gulfstream system at 3.6-miles. The Gulfstream Interconnection Station would occupy an approximately two-acre site. Up to approximately 80 percent of the natural gas or 800 million standard cubic feet per day (mmscfd) is expected to be delivered to the Gulfstream Pipeline.

The remaining portion of the natural gas, up to approximately 360 mmscfd, would be transported by 14-inch line to the TECO interconnection station; located 2.1-miles east of the Gulfstream interconnect. Only shuttle and regasification vessels (SRVs) will call on Port Dolphin. Offloading would require between 4–8 days and when empty the SRV would disconnect from the buoy and leave the port.

Initially it is expected that Port Dolphin would be capable of a natural gas throughput of 400 mmscfd and would eventually be capable of 800 mmscfd with a peak capacity of 1200 mmscfd by having at least one SRV regasifying and discharging at all times. The system would be designed so that two SRVs can be moored simultaneously for continuous unloading of natural gas.

Port Dolphin Energy LLC is seeking Federal Energy Regulatory Commission (FERC) approval for the onshore pipelines concurrent with this deepwater port application. As required by FERC regulations, FERC will also maintain a docket for the FERC portion of the project. The docket numbers are CP07–191–000 and CP07–192–000. The filing may also be viewed on the Web at *http://www.ferc.gov* using the ''eLibrary'' link. Enter the docket number excluding the last three digits in the docket number field to access the document. For assistance, call (866) 208–3767 or TYY, (202) 502–8659.

In addition, pipelines and structures such as the moorings may require permits under Section 404 of the Clean Water Act and Section 10 of the Rivers and Harbors Act which are administered by the U.S. Army Corps of Engineers (USACE).

Port Dolphin will also require permits from the Environmental Protection Agency (EPA) pursuant to the provisions of the Clean Air Act, as amended, and the Clean Water Act, as amended.

The new pipeline will be included in the National Environmental Policy Act (NEPA) review as part of the deepwater port application process. FERC, EPA, and the USACE among others, are cooperating agencies and will assist in the NEPA process as described in 40 CFR 1501.6; will be participating in the scoping meetings; and will incorporate the EIS into their permitting processes. Comments sent to the FERC docket, EPA or USACE will also be incorporated into the DOT docket and EIS to ensure consistency with the NEPA Process.

Construction of the deepwater port would be expected to take approximately 22 months with startup of commercial operations following construction, should a license be issued by the Maritime Administration. The deepwater port would be designed, constructed and operated in accordance with applicable codes and standards.

Privacy Act

The electronic form of all comments received into the DOT docket are available to any person and may be searched by the name of the individual submitting the comment (or signing the comment, if submitted on behalf of an association, business, labor union, etc.). You may review DOT's complete Privacy Act Statement in the **Federal Register** published on April 11, 2000 (Volume 65, Number 70; Pages 19477–78) or you may visit *http://dms.dot.gov.*

(Authority 49 CFR 1.66)

Dated: July 6, 2007.

By order of the Maritime Administrator.

Daron T. Threet,

Secretary, Maritime Administration.

[FR Doc. E7–13505 Filed 7–11–07; 8:45 am]

BILLING CODE 4910–81–P

Corrections

Federal Register

Vol. 72, No. 133

Thursday, July 12, 2007

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 HOMELAND SECURITY

U.S. Citizenship and Immigration Services

Agency Information Collection Activities: Form I–590, Extension of a Currently Approved Information Collection; Comment Request

Correction

In notice document E7–12834 appearing on page 36475 in the issue of Tuesday, July 3, 2007, make the following correction:

In the first column, in the first paragraph, in the last line, ''August 2, 2007'' should read ''September 4, 2007''.

[FR Doc. Z7–12834 Filed 7–11–07; 8:45 am]

BILLING CODE 1505–01–D

Federal Register

Thursday,
July 12, 2007

Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Parts 409, 410, et al.

Medicare Program; Proposed Revisions to Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies for CY 2008; Proposed Revisions to the Payment Policies of Ambulance Services Under the Ambulance Fee Schedule for CY 2008; and the Proposed Elimination of the E-Prescribing Exemption for Computer-Generated Facsimile Transmissions; Proposed Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 409, 410, 411, 413, 414, 415, 418, 423, 424, 482, 484, 485, and 491

[CMS–1385–P]

RIN 0938–AO65

Medicare Program; Proposed Revisions to Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies for CY 2008; Proposed Revisions to the Payment Policies of Ambulance Services Under the Ambulance Fee Schedule for CY 2008; and the Proposed Elimination of the E-Prescribing Exemption for Computer-Generated Facsimile Transmissions

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

ACTION: Proposed rule.

SUMMARY: This proposed rule would address certain provisions of the Tax Relief and Health Care Act of 2006, as well as make other proposed changes to Medicare Part B payment policy.

We are proposing these changes to ensure that our payment systems are updated to reflect changes in medical practice and the relative value of services. This proposed rule also discusses refinements to resource-based practice expense (PE) relative value units (RVUs); geographic practice cost indices (GPCI) changes; malpractice RVUs; requests for additions to the list of telehealth services; several coding issues including additional codes from the 5-Year Review; payment for covered outpatient drugs and biologicals; the competitive acquisition program (CAP); clinical lab fee schedule issues; payment for renal dialysis services; performance standards for independent diagnostic testing facilities; expiration of the physician scarcity area (PSA) bonus payment authorized by section 413 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA); conforming and clarifying changes for comprehensive outpatient rehabilitation facilities (CORFs); a process for updating the drug compendia at section 1861(t)(2)(B) of the Social Security Act (the Act); physician self-referral issues; beneficiary signature for ambulance transport services; durable medical equipment (DME) update; the chiropractic services demonstration; a Medicare economic index (MEI) data change; technical corrections; issues related to therapy services; revisions to the ambulance fee schedule; the ambulance inflation factor for CY 2008; and the proposal to eliminate the exemption for computer-generated facsimile transmissions from the National Council for Prescription Drug Programs (NCPDP) SCRIPT standard for transmitting prescription and certain prescription-related information for Part D eligible individuals.

DATES: To be assured consideration, except for comments on section II.M.10 of the preamble, comments must be received at one of the adresses provided below, no later than 5 p.m. on Friday, August 31, 2007.

Comments on section II.M.10 ''Alternative Criteria for Satisfying Certain Exceptions'', of the preamble must be received by no later than 5 p.m. on Friday, September 7, 2007.

ADDRESSES: In commenting, please refer to file code CMS–1385–P. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways (no duplicates, please):

1. *Electronically.* You may submit electronic comments on specific issues in this regulation to *http://www.cms.hhs.gov/eRulemaking.* Click on the link ''Submit electronic comments on CMS regulations with an open comment period.'' (Attachments should be in Microsoft Word, WordPerfect, or Excel; however, we prefer Microsoft Word.)

2. *By regular mail.* You may mail written comments (one original and two copies) to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1385–P, P.O. Box 8018, Baltimore, MD 21244–8018.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments (one original and two copies) to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1385–P, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

4. *By hand or courier.* If you prefer, you may deliver (by hand or courier) your written comments (one original and two copies) before the close of the comment period to one of the following addresses. If you intend to deliver your comments to the Baltimore address, please call telephone number (410) 786–7195 in advance to schedule your arrival with one of our staff members. Room 445–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201; or 7500 Security Boulevard, Baltimore, MD 21244–1850.

(Because access to the interior of the HHH Building is not readily available to persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period.

Submission of comments on paperwork requirements. You may submit comments on this document's paperwork requirements by mailing your comments to the addresses provided at the end of the ''Collection of Information Requirements'' section in this document.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Pam West (410) 786–2302 for issues related to practice expense and changes to the comprehensive outpatient rehabilitation facility.

Rick Ensor (410) 786–5617 for issues related to practice expense methodology.

Stephanie Monroe (410) 786–6864 for issues related to the geographic practice cost index and malpractice RVUs.

Craig Dobyski (410) 786–4584 for issues related to list of telehealth services.

Ken Marsalek (410) 786–4502 for issues related to the DRA imaging cap.

Catherine Jansto (410) 786–7762 for issues related to payment for covered outpatient drugs and biologicals.

Edmund Kasaitis (410) 786–0477 for issues related to the Competitive Acquisition Program (CAP) for part B drugs.

Anita Greenberg (410) 786–4601 for issues related to the clinical laboratory fee schedule.

Henry Richter (410) 786–4562 for issues related to payments for end-stage renal disease facilities.

August Nemec (410) 786–0612 for issues related to independent diagnostic testing facilities.

Karen Rinker (410) 786–0189 for issues related to the drug compendia.

David Walczak (410) 786–4475 for issues related to reassignment and

physician self-referral rules for diagnostic tests and beneficiary signature for ambulance transport.

Lisa Ohrin (410) 786–4565 for issues related to physician self-referral rules.

Bob Kuhl (410) 786–4597 for issues related to the DME update.

Rachel Nelson (410) 786–1175 for issues related to the quality reporting system for physician payment for CY 2008.

Mary Ciccanti (410) 786–3107 for issues related to the reporting of anemia quality indicators.

James Menas (410) 786–4507 for issues related to payment for physician pathology services.

Dorothy Shannon (410) 786–3396 for issues related to the outpatient therapy cap.

Drew Morgan (410) 786–2543 for issues related to the E-Prescribing Exemption for Computer-Generated Facsimile Transmissions.

Roechel Kujawa (410) 786–9111 or Anne Tayloe (410) 786–4546 for issues related to the ambulance fee schedule.

Diane Milstead (410) 786–3355 or Gaysha Brooks (410) 786–9649 for all other issues.

SUPPLEMENTARY INFORMATION:

Submitting Comments: We welcome comments from the public on all issues set forth in this rule to assist us in fully considering issues and developing policies. You can assist us by referencing the file code [CMS–1385–P] and the specific ''issue identifier'' that precedes the section on which you choose to comment.

Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following Web site as soon as possible after they have been received: *http://www.cms.hhs.gov/eRulemaking.* Click on the link ''Electronic Comments on CMS Regulations'' on that Web site to view public comments.

Comments received timely will also be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone 1–800–743–3951.

To assist readers in referencing sections contained in this preamble, we are providing the following table of contents. Some of the issues discussed in this preamble affect the payment policies, but do not require changes to the regulations in the *Code of Federal Regulations.* Information on the regulation's impact appears throughout the preamble and is not exclusively in section VI.

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Acronyms

In addition, because of the many organizations and terms to which we refer by acronym in this final rule with comment period, we are listing these acronyms and their corresponding terms in alphabetical order below:

AAA Abdominal aortic aneurysm
AAP Average acquisition price
ACOTE Accreditation Council for Occupational Therapy Education
ACR American College of Radiology
AFROC Association of Freestanding Radiation Oncology Centers
AHFS–DI American Hospital Formulary Service-Drug Information
AHRQ Agency for Healthcare Research and Quality (HHS)
AIF Ambulance inflation factor
AMA American Medical Association
AMA–DE American Medical Association Drug Evaluations
AMP Average manufacturer price
AOTA American Occupational Therapy Association
APC Ambulatory payment classification
APTA American Physical Therapy Association
ASA American Society of Anesthesiologists
ASC Ambulatory surgical center
ASP Average sales price
ASTRO American Society for Therapeutic Radiology and Oncology
ATA American Telemedicine Association
AWP Average wholesale price
BBA Balanced Budget Act of 1997 (Pub. L. 105–33)
BBRA [Medicare, Medicaid and State Child Health Insurance Program] Balanced Budget Refinement Act of 1999 (Pub. L. 106–113)
BIPA Medicare, Medicaid, and SCHIP Benefits Improvement Protection Act of 2000
BLS Bureau of Labor Statistics
BMD Bone mineral density
BMI Body mass index
BMM Bone mass measurement
BN Budget neutrality
BSA Body surface area
CAD Computer-aided detection
CAH Critical access hospital
CAP Competitive acquisition program
CBSA Core-Based Statistical Area
CEM Cardiac event monitoring
CF Conversion factor
CFR Code of Federal Regulations
CMA California Medical Association
CMS Centers for Medicare & Medicaid Services
CNS Clinical nurse specialist
CORF Comprehensive Outpatient Rehabilitation Facility
COTA Certified Occupational Therapy Assistant
CPEP Clinical Practice Expert Panel
CPI Consumer Price Index
CPI–U Consumer price index for urban customers
CPT (Physicians') Current Procedural Terminology (4th Edition, 2002, copyrighted by the American Medical Association)
CRT–D Cardiac resynchronization therapy defibrillator
CT Computed tomography
CTA Computed tomographic angiography
CY Calendar year
DEXA Dual energy x-ray absorptiometry
DHS Designated health services
DME Durable medical equipment
DMEPOS Durable medical equipment, prosthetics, orthotics, and supplies
DO Doctor of Osteopathy
DRA Deficit Reduction Act of 2005 (Pub. L. 109–432)
E/M Evaluation and management
ECI Employment cost index
EHR Electronic health record
EPC [Duke] Evidence-based Practice Centers
EPO Erythopoeitin
ESRD End stage renal disease
F&C Facts and Comparisons
FAW Furnish as written
FAX Facsimile
FDA Food and Drug Administration (HHS)
FMR Fair market rents
FQHC Federally qualified health center
FR **Federal Register**
GAF Geographic adjustment factor
GAO General Accounting Office
GII Global Insight, Inc.
GPO Group purchasing organization
GPCI Geographic practice cost index
HCPAC Health Care Professional Advisory Committee
HCPCS Healthcare Common Procedure Coding System
HCRIS Healthcare Cost Report Information System
HIPAA Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104–191)
HHA Home health agency
HHS [Department of] Health and Human Services
HIT Health information technology
HMO Health maintenance organization
HPSA Health Professional Shortage Area
HRSA Health Resources Services Administration (HHS)
HUD [Department of] Housing and Urban Development
ICD Implantable cardioverter-defibrillator
ICF Intermediate care facilities
IDTF Independent diagnostic testing facility
IFC Interim final rule with comment period
IOTED International Occupational Therapy Eligibility Determination
IPPE Initial preventive physical examination
IPPS Inpatient prospective payment system
IV Intravenous
IVIG Intravenous immune globulin
IWPUT Intra-service work per unit of time
JCAAI Joint Council of Allergy, Asthma, and Immunology
LPN Licensed practical nurse
MA Medicare Advantage
MA–PD Medicare Advantage-Prescription Drug Plans
MD Medical doctor
MedCAC Medicare Evidence Development and Coverage Advisory Committee (formerly the Medicare Coverage Advisory Committee (MCAC))
MedPAC Medicare Payment Advisory Commission
MEI Medicare Economic Index
MIEA–TRHCA Medicare Improvements and Extension Act of 2006 (That is, Division B of the Tax Relief and Health Care Act of 2006 (TRHCA))

MMA Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Pub. L. 108–173)
MNT Medical nutrition therapy
MP Malpractice
MRA Magnetic resonance angiography
MRI Magnetic resonance imaging
MSA Metropolitan statistical area
MSP Medicare Secondary Payer
MSVP Multi-specialty visit package
NBCOT National Board for Certification in Occupational Therapy, Inc.
NCCN National Comprehensive Cancer Network
NCPDP National Council for Prescription Drug Programs
NCQDIS National Coalition of Quality Diagnostic Imaging Services
NDC National drug code
NEMC New England Medical Center
NISTA National Institute of Standards and Technology Act
NLA National limitation amount
NP Nurse practitioner
NPP Nonphysician practitioners
NQF National Quality Forum
NTTAA National Technology Transfer and Advancement Act of 1995 (Pub. L. 104–113)
OACT [CMS'] Office of the Actuary
OBRA Omnibus Budget Reconciliation Act
OIG Office of Inspector General
OMB Office of Management and Budget
OPD Outpatient Department
OPPS Outpatient prospective payment system
OPT Outpatient physical therapy
OSCAR Online Survey and Certification and Reporting
PA Physician assistant
PC Professional component
PCF Patient compensation fund
PDP Prescription Drug Plan
PE Practice Expense
PE/HR Practice expense per hour
PEAC Practice Expense Advisory Committee
PECOS Provider Enrollment, Chain, and Ownership System
PERC Practice Expense Review Committee
PET Positron emission tomography
PFS Physician Fee Schedule
PLI Professional liability insurance
PPI Producer price index
PPS Prospective payment system
PQRI Physician Quality Reporting Initiative
PRA Paperwork Reduction Act
PSA Physician scarcity areas
PT Physical therapy
PT/INR Prothrombin time, international normalized ratio
RFA Regulatory Flexibility Act
RHC Rural health clinic
RIA Regulatory impact analysis
RN Registered nurse
RT Respiratory therapist
RUC [AMA's Specialty Society] Relative (Value) Update Committee
RVU Relative value unit
SBA Small Business Administration
SGR Sustainable growth rate
SLP Speech-language pathology
SMS [AMA's] Socioeconomic Monitoring System
SNF Skilled nursing facility
STS Society of Thoracic Surgeons
TA Technology Assessment
TC Technical Component
TENS Transcutaneous electric nerve stimulator
TRHCA Tax Relief and Health Care Act of 2006 (Pub. L. 109–432)
USP–DI United States Pharmacopoeia-Drug Information
WAC Wholesale acquisition cost
WAMP Widely available market price
Wet AMD Exudative age-related macular degeneration
WFOT World Federation of Occupational Therapists

I. Background

[If you choose to comment on issues in this section, please include the caption ''BACKGROUND'' at the beginning of your comments.]

Since January 1, 1992, Medicare has paid for physicians' services under section 1848 of the Social Security Act (the Act), ''Payment for Physicians' Services.'' The Act requires that payments under the physician fee schedule (PFS) be based on national uniform relative value units (RVUs) based on the resources used in furnishing a service. Section 1848(c) of the Act requires that national RVUs be established for physician work, practice expense (PE), and malpractice expense. Before the establishment of the resource-based relative value system, Medicare payment for physicians' services was based on reasonable charges.

A. Development of the Relative Value System

1. Work RVUs

The concepts and methodology underlying the PFS were enacted as part of the Omnibus Budget Reconciliation Act (OBRA) of 1989, Pub. L. 101–239, and OBRA 1990, (Pub. L. 101–508). The final rule, published November 25, 1991 (56 FR 59502), set forth the fee schedule for payment for physicians' services beginning January 1, 1992. Initially, only the physician work RVUs were resource-based, and the PE and malpractice RVUs were based on average allowable charges.

The physician work RVUs established for the implementation of the fee schedule in January 1992 were developed with extensive input from the physician community. A research team at the Harvard School of Public Health developed the original physician work RVUs for most codes in a cooperative agreement with the Department of Health and Human Services (HHS). In constructing the code-specific vignettes for the original physician work RVUs, Harvard worked with panels of experts, both inside and outside the Federal government, and obtained input from numerous physician specialty groups.

Section 1848(b)(2)(B) of the Act specifies that the RVUs for anesthesia services are based on RVUs from a uniform relative value guide. We established a separate conversion factor (CF) for anesthesia services, and we continue to utilize time units as a factor in determining payment for these services. As a result, there is a separate payment methodology for anesthesia services.

We establish physician work RVUs for new and revised codes based on recommendations received from the American Medical Association's (AMA) Specialty Society Relative Value Update Committee (RUC).

2. Practice Expense Relative Value Units (PE RVUs)

Section 121 of the Social Security Act Amendments of 1994 (Pub. L. 103–432), enacted on October 31, 1994, amended section 1848(c)(2)(C)(ii) of the Act and required us to develop resource-based PE RVUs for each physician's service beginning in 1998. We were to consider general categories of expenses (such as office rent and wages of personnel, but excluding malpractice expenses) comprising PEs.

Section 4505(a) of the Balanced Budget Act of 1997 (BBA) (Pub. L. 105–33), amended section 1848(c)(2)(C)(ii) of the Act to delay implementation of the resource-based PE RVU system until January 1, 1999. In addition, section 4505(b) of the BBA provided for a 4-year transition period from charge-based PE RVUs to resource-based RVUs.

We established the resource-based PE RVUs for each physician's service in a final rule, published November 2, 1998 (63 FR 58814), effective for services furnished in 1999. Based on the requirement to transition to a resource-based system for PE over a 4-year period, resource-based PE RVUs did not become fully effective until 2002.

This resource-based system was based on two significant sources of actual PE data: The Clinical Practice Expert Panel (CPEP) data and the AMA's Socioeconomic Monitoring System (SMS) data. The CPEP data were collected from panels of physicians, practice administrators, and nonphysicians (for example, registered nurses (RNs)) nominated by physician specialty societies and other groups. The CPEP panels identified the direct inputs required for each physician's service in both the office setting and out-of-office setting. We have since refined and revised these inputs based on recommendations from the RUC. The AMA's SMS data provided aggregate

specialty-specific information on hours worked and PEs.

Separate PE RVUs are established for procedures that can be performed in both a nonfacility setting, such as a physician's office, and a facility setting, such as a hospital outpatient department. The difference between the facility and nonfacility RVUs reflects the fact that a facility typically receives separate payment from Medicare for its costs of providing the service, apart from payment under the PFS. The nonfacility RVUs reflect all of the direct and indirect PEs of providing a particular service.

Section 212 of the Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106–113) directed the Secretary of Health and Human Services (the Secretary) to establish a process under which we accept and use, to the maximum extent practicable and consistent with sound data practices, data collected or developed by entities and organizations to supplement the data we normally collect in determining the PE component. On May 3, 2000, we published the interim final rule (65 FR 25664) that set forth the criteria for the submission of these supplemental PE survey data. The criteria were modified in response to comments received, and published in the **Federal Register** (65 FR 65376) as part of a November 1, 2000 final rule. The PFS final rules published in 2001 and 2003, respectively, (66 FR 55246 and 68 FR 63196) extended the period during which we would accept these supplemental data through March 1, 2005.

In CY 2007 PFS final rule with comment period (71 FR 69624), we revised the methodology for calculating PE RVUs beginning in CY 2007 and provided for a 4-year transition for the new PE RVUs under this new methodology. We will continue to evaluate this policy and proposed necessary revisions through future rulemaking.

3. Resource-Based Malpractice (MP) RVUs

Section 4505(f) of the BBA amended section 1848(c) of the Act to require us to implement resource-based malpractice (MP) RVUs for services furnished on or after 2000. The resource-based MP RVUs were implemented in the PFS final rule published November 2, 1999 (64 FR 59380). The MP RVUs were based on malpractice insurance premium data collected from commercial and physician-owned insurers from all the States, the District of Columbia, and Puerto Rico.

4. Refinements to the RVUs

Section 1848(c)(2)(B)(i) of the Act requires that we review all RVUs no less often than every 5 years. The first 5-Year Review of the physician work RVUs was effective in 1997, published on November 22, 1996 (61 FR 59489). The second 5-Year Review went into effect in 2002, published in the CY 2002 PFS final rule (66 FR 55246). The third 5-Year Review of physician work RVUs went into effect on January 1, 2007 and was published in the CY 2007 PFS final rule with comment period (71 FR 69624) (although we note that this proposed rule contains certain additional proposals relating to the third 5-Year Review).

In 1999, the AMA's RUC established the Practice Expense Advisory Committee (PEAC) for the purpose of refining the direct PE inputs. Through March 2004, the PEAC provided recommendations to CMS for over 7,600 codes (all but a few hundred of the codes currently listed in the AMA's Current Procedural Terminology (CPT) codes). As part of the CY 2007 PFS final rule with comment period (71 FR 69624), we implemented a new methodology for determining resource-based PE RVUs and are transitioning this over a 4-year period.

In the CY 2005 PFS final rule with comment period (69 FR 66236), we implemented the first 5-Year Review of the malpractice RVUs (69 FR 66263).

5. Adjustments to RVUs Are Budget Neutral

Section 1848(c)(2)(B)(ii)(II) of the Act provides that adjustments in RVUs for a year may not cause total PFS payments to differ by more than $20 million from what they would have been if the adjustments were not made. In accordance with section 1848(c)(2)(B)(ii)(II) of the Act, if adjustments to RVUs cause expenditures to change by more than $20 million, we make adjustments to ensure that expenditures do not increase or decrease by more than $20 million.

As explained in the CY 2007 PFS final rule with comment period (71 FR 69624), due to the increase in work RVUs resulting from the third 5-Year Review of physician work RVUs, we are applying a separate budget neutrality (BN) adjustor to the work RVUs for services furnished during 2007. This approach is consistent with the method we use to make BN adjustments to the PE RVUs to reflect the changes in these PE RVUs.

B. Components of the Fee Schedule Payment Amounts

To calculate the payment for every physician service, the components of the fee schedule (physician work, PE, and MP RVUs) are adjusted by a geographic practice cost index (GPCI). The GPCIs reflect the relative costs of physician work, PE, and malpractice insurance in an area compared to the national average costs for each component.

Payments are converted to dollar amounts through the application of a CF, which is calculated by the Office of the Actuary (OACT) and is updated annually for inflation.

The formula for calculating the Medicare fee schedule amount for a given service and fee schedule area can be expressed as:

Payment = [(RVU work × budget neutrality adjuster × work GPCI) + (RVU PE × PE GPCI) + (MP RVU × MP GPCI)] × CF.

C. Most Recent Changes to the Fee Schedule

The CY 2007 PFS final rule with comment period (71 FR 69624) addressed certain provisions of the Deficit Reduction Act of 2005 (Pub. L. 109–432) (DRA) and made other changes to Medicare Part B payment policy to ensure that our payment systems are updated to reflect changes in medical practice and the relative value of services. This final rule with comment period also discussed GPCI changes; requests for additions to the list of telehealth services; payment for covered outpatient drugs and biologicals; payment for renal dialysis services; policies related to private contracts and opt-out; policies related to bone mass measurement (BMM) services, independent diagnostic testing facilities (IDTFs), the physician self-referral prohibition; laboratory billing for the technical component (TC) of physician pathology services; the clinical laboratory fee schedule; certification of advanced practice nurses; health information technology, the health care information transparency initiative; updated the list of certain services subject to the physician self-referral prohibitions, finalized ASP reporting requirements, and codified Medicare's longstanding policy that payment of bad debts associated with services paid under a fee schedule/charge-based system is not allowable.

We also finalized the CY 2006 interim RVUs and issued interim RVUs for new and revised procedure codes for CY 2007.

In addition, the CY 2007 PFS final rule with comment period included revisions to payment policies under the fee schedule for ambulance services and announced the ambulance inflation factor (AIF) update for CY 2007.

In accordance with section 1848(d)(1)(E)(i) of the Act, we also announced that the PFS update for CY 2007 is −5.0 percent, the initial estimate for the sustainable growth rate (SGR) for CY 2007 is 1.8 percent and the CF for CY 2007 is $35.9848. However, subsequent to publication of the CY 2007 PFS final rule with comment period, section 101(a) of Division B, Title I of the Tax Relief and Health Care Act of 2006 (Pub. L. 109–432) (MIEA–TRHCA), which was enacted on December 22, 2006, amended section 1848(d) of the Act. [Division B of the Tax Relief and Health Care Act of 2006 is entitled Medicare and Other Health Provisions and its short title is the Medicare Improvements and Extension Act of 2006. Therefore, it is hereinafter referred to as ''MIEA–TRHCA''.] As a result of this statutory change the CF of $37.8975 was maintained for CY 2007.

II. Provisions of the Proposed Regulation Related to the Physician Fee Schedule

A. Resource-Based Practice Expense (PE) Relative Value Units (RVUs)

[If you choose to comment on issues in this section, please include the caption ''RESOURCE-BASED PE RVUs'' at the beginning of your comments.]

Practice expense (PE) is the portion of the resources used in furnishing the service that reflects the general categories of physician and practitioner expenses, such as office rent and personnel wages but excluding malpractice expenses, as specified in section 1848(c)(1)(B) of the Act.

Section 121 of the Social Security Amendments of 1994 (Pub. L. 103–432), enacted on October 31, 1994, required CMS to develop a methodology for a resource-based system for determining PE RVUs for each physician's service. Until that time, PE RVUs were based on historical allowed charges. This legislation stated that the revised PE methodology must consider the staff, equipment, and supplies used in the provision of various medical and surgical services in various settings beginning in 1998. The Secretary has interpreted this to mean that Medicare payments for each service would be based on the relative PE resources typically involved with furnishing the service.

The initial implementation of resource-based PE RVUs was delayed from January 1, 1998, until January 1, 1999, by section 4505(a) of the BBA. In addition, section 4505(b) of the BBA required that the new payment methodology be phased in over 4 years, effective for services furnished in CY 1999, and fully effective in CY 2002. The first step toward implementation of the statute was to adjust the PE values for certain services for CY 1998. Section 4505(d) of the BBA required that, in developing the resource-based PE RVUs, the Secretary must:

- Use, to the maximum extent possible, generally-accepted cost accounting principles that recognize all staff, equipment, supplies, and expenses, not solely those that can be linked to specific procedures and actual data on equipment utilization.
- Develop a refinement method to be used during the transition.
- Consider, in the course of notice and comment rulemaking, impact projections that compare new proposed payment amounts to data on actual physician PE.

In CY 1999, we began the 4-year transition to resource-based PE RVUs utilizing a ''top-down'' methodology whereby we allocated aggregate specialty-specific practice costs to individual procedures. The specialty-specific PEs were derived from the American Medical Association's (AMA's) Socioeconomic Monitoring Survey (SMS). In addition, under section 212 of the BBRA, we established a process extending through March 2005 to supplement the SMS data with data submitted by a specialty. The aggregate PEs for a given specialty were then allocated to the services furnished by that specialty on the basis of the direct input data (that is, the staff time, equipment, and supplies) and work RVUs assigned to each CPT code.

For CY 2007, we implemented a new methodology for calculating PE RVUs. Under this new methodology, we use the same data sources for calculating PE, but instead of using the ''top-down'' approach to calculate the direct PE RVUs, under which the aggregate direct and indirect costs for each specialty are allocated to each individual service, we now utilize a ''bottom-up'' approach to calculate the direct costs. Under the ''bottom up'' approach, we determine the direct PE by adding the costs of the resources (that is, the clinical staff, equipment, and supplies) typically required to provide each service. The costs of the resources are calculated using the refined direct PE inputs assigned to each CPT code in our PE database, which are based on our review of recommendations received from the AMA's Relative Value Update Committee (RUC). For a more detailed explanation of the PE methodology see the June 29, 2006 proposed notice (71 FR 37242) and the CY 2007 PFS final rule with comment period (71 FR 69629).

1. Current Methodology

a. Data Sources for Calculating Practice Expense

The AMA's SMS survey data and supplemental survey data from the specialties of cardio-thoracic surgery, vascular surgery, physical and occupational therapy, independent laboratories, allergy/immunology, cardiology, dermatology, gastroenterology, radiology, independent diagnostic testing facilities (IDTFs), radiation oncology, and urology are used to develop the PE per hour (PE/HR) for each specialty. For those specialties for which we do not have PE/HR, the appropriate PE/HR is obtained from a crosswalk to a similar specialty.

The AMA developed the SMS survey in 1981 and discontinued it in 1999. Beginning in 2002, we incorporated the 1999 SMS survey data into our calculation of the PE RVUs, using a 5-year average of SMS survey data. (See the November 1, 2002 Revisions to Payment Policies and Five-Year Review of and Adjustments to the Relative Value Units Under the Physician Fee Schedule for CY 2002 final rule (66 FR 55246) (hereinafter referred to as CY 2002 PFS final rule).) The SMS PE survey data are adjusted to a common year, 2005. The SMS data provide the following six categories of PE costs:

- Clinical payroll expenses, which are payroll expenses (including fringe benefits) for nonphysician clinical personnel.
- Administrative payroll expenses, which are payroll expenses (including fringe benefits) for nonphysician personnel involved in administrative, secretarial or clerical activities.
- Office expenses, which include expenses for rent, mortgage interest, depreciation on medical buildings, utilities and telephones.
- Medical material and supply expenses, which include expenses for drugs, x-ray films, and disposable medical products.
- Medical equipment expenses, which include expenses depreciation, leases, and rent of medical equipment used in the diagnosis or treatment of patients.
- All other expenses, which include expenses for legal services, accounting, office management, professional association memberships, and any

professional expenses not previously mentioned in this section.

In accordance with section 212 of the BBRA, we established a process to supplement the SMS data for a specialty with data collected by entities and organizations other than the AMA (that is, the specialty itself). (See the Criteria for Submitting Supplemental Practice Expense Survey Data interim final rule with comment period (65 FR 25664, May 3, 2000).) Originally, the deadline to submit supplementary survey data was through August 1, 2001. In the CY 2002 PFS final rule (66 FR 55246), the deadline was extended through August 1, 2003. To ensure maximum opportunity for specialties to submit supplementary survey data, we extended the deadline to submit surveys until March 1, 2005 in the Revisions to Payment Policies Under the Physician Fee Schedule for CY 2004 final rule (November 7, 2003; 68 FR 63196) (hereinafter referred to as CY 2004 PFS final rule).

The direct cost data for individual services were originally developed by the Clinical Practice Expert Panels (CPEP). The CPEP data include the supplies, equipment, and staff times specific to each procedure. The CPEPs consisted of panels of physicians, practice administrators, and nonphysicians (for example, RNs) who were nominated by physician specialty societies and other groups. There were 15 CPEPs consisting of 180 members from more than 61 specialties and subspecialties. Approximately 50 percent of the panelists were physicians.

The CPEPs identified specific inputs involved in each physician's service provided in an office or facility setting. The inputs identified were the quantity and type of nonphysician labor, medical supplies, and medical equipment.

In 1999, the AMA's RUC established the Practice Expense Advisory Committee (PEAC). From 1999 to March 2004, the PEAC, a multi-specialty committee, reviewed the original CPEP inputs and provided us with recommendations for refining these direct PE inputs for existing CPT codes. Through its last meeting in March 2004, the PEAC provided recommendations for over 7,600 codes which we have reviewed and accepted. As a result, the current PE inputs differ markedly from those originally recommended by the CPEPs. The PEAC has now been replaced by the Practice Expense Review Committee (PERC), which acts to assist the RUC in recommending PE inputs.

b. Allocation of PE to Services

The aggregate level specialty-specific PEs are derived from the AMA's SMS survey and supplementary survey data. To establish PE RVUs for specific services, it is necessary to establish the direct and indirect PE associated with each service.

(i) *Direct costs.* The direct costs are determined by adding the costs of the resources (that is, the clinical staff, equipment, and supplies) typically required to provide the service. The costs of these resources are calculated from the refined direct PE inputs in our PE database. These direct inputs are then scaled to the current aggregate pool of direct PE RVUs. The aggregate pool of direct PE RVUs can be derived using the following formula: (PE RVUs * physician CF) * (average direct percentage from SMS/(Supplemental PE/HR data)).

(ii) *Indirect costs.* The SMS and supplementary survey data are the source for the specialty-specific aggregate indirect costs used in our PE calculations. We then allocate the indirect costs to the code level on the basis of the direct costs specifically associated with a code and the maximum of either the clinical labor costs or the physician work RVUs. For calculation of the 2008 PE RVUs, we are proposing to use the 2006 procedure-specific utilization data crosswalked to 2007 services. To arrive at the indirect PE costs:

- We apply a specialty-specific indirect percentage factor to the direct expenses to recognize the varying proportion that indirect costs represent of total costs by specialty. For a given service, the specific indirect percentage factor to apply to the direct costs for the purpose of the indirect allocation is calculated as the weighted average of the ratio of the indirect to direct costs (based on the survey data) for the specialties that furnish the service. For example, if a service is furnished by a single specialty with indirect PEs that were 75 percent of total PEs, the indirect percentage factor to apply to the direct costs for the purposes of the indirect allocation would be (0.75/0.25) = 3.0. The indirect percentage factor is then applied to the service level adjusted indirect practice expense allocators.
- We use the specialty-specific PE/HR from the SMS survey data, as well as the supplemental surveys for cardio-thoracic surgery, vascular surgery, physical and occupational therapy, independent laboratories, allergy/immunology, cardiology, dermatology, radiology, gastroenterology, IDTFs, radiation oncology and urology.

Note: For radiation oncology, the data represent the combined survey data from the American Society for Therapeutic Radiology and Oncology (ASTRO) and the Association of Freestanding Radiation Oncology Centers (AFROC).) We incorporate this PE/HR into the calculation of indirect costs using an index which reflects the relationship between each specialty's indirect scaling factor and the overall indirect scaling factor for the entire PFS. For example, if a specialty had an indirect practice cost index of 2.00, this specialty would have an indirect scaling factor that was twice the overall average indirect scaling factor. If a specialty had an indirect practice cost index of 0.50, this specialty would have an indirect scaling factor that was half the overall average indirect scaling factor.

- When the clinical labor portion of the direct PE RVU is greater than the physician work RVU for a particular service, the indirect costs are allocated based upon the direct costs and the clinical labor costs. For example, if a service has no physician work and 1.10 direct PE RVUs, and the clinical labor portion of the direct PE RVUs is 0.65 RVUs, we would use the 1.10 direct PE RVUs and the 0.65 clinical labor portions of the direct PE RVUs to allocate the indirect PE for that service.

c. Facility/Nonfacility Costs

Procedures that can be furnished in a physician's office, as well as in a hospital or facility setting, have two PE RVUs: Facility and nonfacility. The nonfacility setting includes physicians' offices, patients' homes, freestanding imaging centers, and independent pathology labs. Facility settings include hospitals, ambulatory surgical centers (ASCs), and skilled nursing facilities (SNFs). The methodology for calculating PE RVUs is the same for both, facility and nonfacility RVUs, but is applied independently to yield two separate PE RVUs. Because the PEs for services provided in a facility setting are generally included in the payment to the facility (rather than the payment to the physician under the PFS), the PE RVUs are generally lower for services provided in the facility setting.

d. Services With Technical Components (TCs) and Professional Components (PCs)

Diagnostic services are generally comprised of two components; a professional component (PC) and a technical component (TC), which may be performed independently or by different providers. When services have TC, PC, and global components that can be billed separately, the payment for the

global component equals the sum of the payment for the TC and PCs. This is a result of using a weighted average of the ratio of indirect to direct costs across all the specialties that furnish the global components, TCs, and PCs; that is, we apply the same weighted average indirect percentage factor to allocate indirect expenses to the global components, PC, and TCs for a service. (The direct PE RVUs for the TC and PCs sum to the global under the bottom-up methodology.)

e. Transition Period

As discussed in the CY 2007 PFS final rule with comment period (71 FR 69674), we are implementing the change in the methodology for calculating PE RVUs over a 4-year period. During this transition period, the PE RVUs will be calculated on the basis of a blend of RVUs calculated using our methodology described previously in this section (weighted by 25 percent during CY 2007, 50 percent during CY 2008, 75 percent during CY 2009, and 100 percent thereinafter), and the CY 2006 PE RVUs for each existing code. PE RVUs for codes that are new during this period will be calculated using only the current PE methodology, and will be paid at the fully transitioned rate.

f. PE RVU Methodology

The following is a description of the PE RVU methodology.

(i) Setup File

First, we create a setup file for the PE methodology. The setup file contains the direct cost inputs, the utilization for each procedure code at the specialty and facility/nonfacility place of service level, and the specialty-specific survey PE per physician hour data.

(ii) Calculate the Direct Cost PE RVUs

Sum the costs of each direct input.

Step 1: Sum the direct costs of the inputs for each service. The direct costs consist of the costs of the direct inputs for clinical labor, medical supplies, and medical equipment. The clinical labor cost is the sum of the cost of all the staff types associated with the service; it is the product of the time for each staff type and the wage rate for that staff type. The medical supplies cost is the sum of the supplies associated with the service; it is the product of the quantity of each supply and the cost of the supply. The medical equipment cost is the sum of the cost of the equipment associated with the service; it is the product of the number of minutes each piece of equipment is used in the service and the equipment cost per minute. The equipment cost per minute is calculated as described at the end of this section.

Apply a BN adjustment to the direct inputs.

Step 2: Calculate the current aggregate pool of direct PE costs. To do this, multiply the current aggregate pool of total direct and indirect PE costs (that is, the current aggregate PE RVUs multiplied by the CF) by the average direct PE percentage from the SMS and supplementary specialty survey data.

Step 3: Calculate the aggregate pool of direct costs. To do this, for all PFS services, sum the product of the direct costs for each service from Step 1 and the utilization data for that service.

Step 4: Using the results of Step 2 and Step 3 calculate a direct PE BN adjustment so that the proposed aggregate direct cost pool does not exceed the current aggregate direct cost pool and apply it to the direct costs from Step 1 for each service.

Step 5: Convert the results of Step 4 to an RVU scale for each service. To do this, divide the results of Step 4 by the Medicare PFS CF.

(iii) Create the Indirect PE RVUs

Create indirect allocators.

Step 6: Based on the SMS and supplementary specialty survey data, calculate direct and indirect PE percentages for each physician specialty.

Step 7: Calculate direct and indirect PE percentages at the service level by taking a weighted average of the results of Step 6 for the specialties that furnish the service. Note that for services with a TC and PCs we are calculating the direct and indirect percentages across the global components, PCs and TCs. That is, the direct and indirect percentages for a given service (for example, echocardiogram) do not vary by the PC, TC and global component.

Step 8: Calculate the service level allocators for the indirect PEs based on the percentages calculated in Step 7. The indirect PEs are allocated based on the three components: The direct PE RVU, the clinical PE RVU and the work RVU.

For most services the indirect allocator is:

*indirect percentage * (direct PE RVU/direct percentage) + work RVU.*

There are two situations where this formula is modified:

- If the service is a global service (that is, a service with global, professional and technical components), then the indirect allocator is: *indirect percentage * (direct PERVU/direct percentage) + clinical PE RVU + work RVU.*
- If the clinical labor PE RVU exceeds the work RVU (and the service is not a global service), then the indirect allocator is: *indirect percentage * (direct PERVU/direct percentage) + clinical PE RVU.*

(Note that for global services the indirect allocator is based on both the work RVU and the clinical labor PE RVU. We do this to recognize that, for the professional service, indirect PEs will be allocated using the work RVUs, and for the TC service, indirect PEs will be allocated using the direct PE RVU and the clinical labor PE RVU. This also allows the global component RVUs to equal the sum of the PC and TC RVUs.)

For presentation purposes in the examples in the Table 1, the formulas were divided into two parts for each service. The first part does not vary by service and is the *indirect percentage * (direct PE RVU/direct percentage).* The second part is either the work RVU, clinical PE RVU, or both depending on whether the service is a global service and whether the clinical PE RVU exceeds the work RVU (as described earlier in this step.)

Apply a BN adjustment to the indirect allocators.

Step 9: Calculate the current aggregate pool of indirect PE RVUs by multiplying the current aggregate pool of PE RVUs by the average indirect PE percentage from the physician specialty survey data. This is similar to the Step 2 calculation for the direct PE RVUs.

Step 10: Calculate an aggregate pool of proposed indirect PE RVUs for all PFS services by adding the product of the indirect PE allocators for a service from Step 8 and the utilization data for that service. This is similar to the Step 3 calculation for the direct PE RVUs.

Step 11: Using the results of Step 9 and Step 10, calculate an indirect PE adjustment so that the aggregate indirect allocation does not exceed the available aggregate indirect PE RVUs and apply it to indirect allocators calculated in Step 8. This is similar to the Step 4 calculation for the direct PE RVUs.

Calculate the Indirect Practice Cost Index.

Step 12: Using the results of Step 11, calculate aggregate pools of specialty-specific adjusted indirect PE allocators for all PFS services for a specialty by adding the product of the adjusted indirect PE allocator for each service and the utilization data for that service.

Step 13: Using the specialty-specific indirect PE/HR data, calculate specialty-specific aggregate pools of indirect PE for all PFS services for that specialty by adding the product of the indirect PE/HR for the specialty, the physician time for the service, and the specialty's utilization for the service.

Step 14: Using the results of Step 12 and Step 13, calculate the specialty-specific indirect PE scaling factors as under the current methodology.

Step 15: Using the results of Step 14, calculate an indirect practice cost index at the specialty level by dividing each specialty-specific indirect scaling factor by the average indirect scaling factor for the entire PFS.

Step 16: Calculate the indirect practice cost index at the service level to ensure the capture of all indirect costs. Calculate a weighted average of the practice cost index values for the specialties that furnish the service.

Note: For services with TC and PCs, we calculate the indirect practice cost index across the global components, PCs and TCs. Under this method, the indirect practice cost index for a given service (for example, echocardiogram) does not vary by the PC, TC and global components.

Step 17: Apply the service level indirect practice cost index calculated in Step 16 to the service level adjusted indirect allocators calculated in Step 11 to get the indirect PE RVU.

(iv) Calculate the Final PE RVUs

Step 18: Add the direct PE RVUs from Step 6 to the indirect PE RVUs from Step 17.

Step 19: Calculate and apply the final PE BN adjustment by comparing the results of Step 18 to the current pool of PE RVUs. This final BN adjustment is required primarily because certain specialties are excluded from the PE RVU calculation for rate-setting purposes, but all specialties are included for purposes of calculating the final BN adjustment. (See ''Specialties excluded from rate-setting calculation'' below in this section.)

(v) Setup File Information

- *Specialties excluded from rate-setting calculation:* For the purposes of calculating the PE RVUs, we exclude certain specialties such as midlevel practitioners paid at a percentage of the PFS, audiology, and low volume specialties from the calculation. These specialties *are* included for the purposes of calculating the BN adjustment.
- *Crosswalk certain low volume physician specialties:* Crosswalk the utilization of certain specialties with relatively low PFS utilization to the associated specialties.
- *Physical therapy utilization:* Crosswalk the utilization associated with all physical therapy services to the specialty of physical therapy.
- *Identify professional and technical services not identified under the usual TC and 26 modifier:* Flag the services that are PC and TC services, but do not use TC and 26 modifiers (for example, electrocardiograms). This flag associates the PC and TC with the associated global code for use in creating the indirect PE RVU. For example, the professional service code 93010 is associated with the global code 93000.
- *Payment modifiers:* Payment modifiers are accounted for in the creation of the file. For example, services billed with the assistant at surgery modifier are paid 16 percent of the PFS amount for that service; therefore, the utilization file is modified to only account for 16 percent of any service that contains the assistant at surgery modifier.
- *Work RVUs:* The setup file contains the work RVUs from this proposed rule.

(vi) Equipment Cost Per Minute =

The equipment cost per minute is calculated as:

(1/(minutes per year * usage)) * price * ((interest rate/(1-(1/((1 + interest rate) * life of equipment)))) + maintenance)

Where:

minutes per year = maximum minutes per year if usage were continuous (that is, usage = 1); 150,000 minutes.

usage = equipment utilization assumption; 0.5.

price = price of the particular piece of equipment.

interest rate = 0.11.

life of equipment = useful life of the particular piece of equipment.

maintenance = factor for maintenance; 0.05.

TABLE 1.—CALCULATION OF PE RVUS UNDER PROPOSED METHODOLOGY FOR SELECTED CODES

	Step	Source	Formula	99213	33533	71020	71020TC	7102026	93000	93005	93010
				Office visit, est nonfacility	CABG, arterial, single facility	Chest x-ray nonfacility	Chest x-ray nonfacility	Chest x-ray nonfacility	ECG, complete nonfacility	ECG, tracing nonfacility	ECG, report nonfacility
(1) Labor cost (Lab)	Step 1	AMA		$ 13.44	$ 77.74	$ 5.74	$ 5.65	$	$ 6.12	$ 6.12	$
(2) Supply cost (Sup)	Step 1	AMA		$ 2.94	$ 7.60	$ 3.39	$ 3.34	$	$ 1.19	$ 1.19	$
(3) Equipment cost (Eqp).	Step 1	AMA		$ 0.19	$ 0.64	$ 8.18	$ 8.05	$	$ 0.12	$ 0.12	$
(4) Direct cost (Dir)	Step 1		= (1) + (2) + (3)	$ 16.37	$ 85.34	$ 17.31	$ 17.54	$	$ 7.60	$ 7.60	$
(5) Direct adjustment (Dir Adj).	Steps 2–4	See footnote*		0.584	0.584	0.584	0.584	0.584	0.584	0.584	0.584
(6) Adjusted labor	Steps 2–4	= Lab*Dir Adj	= (1) * (5)	$ 7.85	$ 45.40	$ 3.35	$ 3.30	$	$ 3.57	$ 3.57	$
(7) Adjusted supplies	Steps 2–4	= Sup*Dir Adj	= (2) * (5)	$ 1.72	$ 4.44	$ 1.98	$ 1.95	$	$ 0.70	$ 0.70	$
(8) Adjusted equipment.	Steps 2–4	= Eqp*Dir Adj	= (3) * (5)	$ 0.11	$ 0.37	$ 4.77	$ 4.70	$	$ 0.07	$ 0.07	$
(9) Adjusted direct	Steps 2–4		= (6) + (7) + (8)	$9.56	$ 49.84	$ 10.11	$ 10.24	$	$ 4.44	$ 4.44	$
(10) Conversion Factor (CF).	Step 5	MFS		$34.1350	$34.1350	$34.1350	$34.1350	$34.1350	$34.1350	$34.1350	$34.1350
(11) Adj. labor cost converted.	Step 5	= (Lab*Dir Adj)/CF	= (6)/(10)	0.23	1.33	0.10	0.10		0.10	0.10	
(12) Adj. supply cost converted.	Step 5	= (Sup*Dir Adj)/CF	= (7)/(10)	0.05	0.13	0.06	0.06		0.02	0.02	
(13) Adj. equip cost converted.	Step 5	= (Eqp*Dir Adj)/CF	= (8)/(10)	0.00	0.01	0.14	0.14		0.00	0.00	
(14) Adj. direct cost converted.	Step 5		= (11) + (12) + (13)	0.28	1.46	0.30	0.30		0.13	0.13	
(15) Wrk RVU* Wrk Scaler.	Setup File	MFS		0.81	29.66	0.19		0.19	0.15		0.15
(16) Dir_pct	Steps 6, 7	Surveys		33.8%	32.6%	40.7%	40.7%	40.7%	37.7%	37.7%	37.7%
(17) Ind_pct	Steps 6, 7	Surveys		66.2%	67.4%	59.4%	59.4%	59.4%	62.3%	62.3%	62.3%
(18) Ind. Alloc. formula (1st part).	Step 8	See Step 8		((14)/(16)) * (17)	((14)/(16)) * (17)	((14)/(16)) * (17)	((14)/(16)) * (17)	((14)/(16)) * (17)	((14)/(16)) * (17)	((14)/(16)) * (17)	((14)/(16)) * (17)
(19) Ind. Alloc. (1st part).	Step 8		See (18)	0.55	3.02	0.43	0.44		0.21	0.21	
(20) Ind. Alloc. formulas (2nd part).	Step 8	See Step 8		(15)	(15)	(15) + (11)	(11)	(15)	(15) + (11)	(11)	(15)
(21) Ind. Alloc. (2nd part).	Step 8		See (20)	0.81	29.66	0.29	0.10	0.19	0.25	0.10	0.15
(22) Indirect Allocator (1st + 2nd).	Step 8		= (19) + (21)	1.36	32.68	0.72	0.53	0.19	0.47	0.32	0.15
(23) Indirect Adjustment (Ind Adj).	Steps 9–11	See footnote**		0.362	0.362	0.362	0.362	0.362	0.362	0.362	0.362
(24) Adjusted Indirect Allocator.	Steps 9–11	= Ind Alloc* Ind Adj		0.49	11.83	0.26	0.19	0.07	0.17	0.12	0.05
(25) Ind. Practice Cost Index (PCI).	Steps 12–16	See Steps 12–16		0.966	0.941	1.060	1.060	1.060	1.237	1.237	1.237
(26) Adjusted Indirect	Step 17	= Adj. Ind Alloc*PCI	= (24) * (25)	0.48	11.13	0.28	0.21	0.07	0.21	0.14	0.07
(27) PE RVU	Steps 18–19	= (Adj Dir + Adj Ind) *budn.	= ((14) + (26)) *budn	0.75	12.56	0.57	0.50	0.07	0.34	0.27	0.07

* The direct adj = [current pe rvus * CF * avg dir pct] / [sum direct inputs] = [Step 2] / [Step 3].
** The indirect adj = [current pe rvus * avg ind pct] / [sum of ind allocators] = [Step 9] / [Step 10.

g. Discussion of Equipment Usage Percentage

We continue to receive comments regarding our use of the equipment usage assumption of 50 percent. MedPAC continues to support an unspecified higher utilization rate. Several interested parties, including the AMA RUC, have requested that we refine this usage percentage to somewhere in the range of 70 to 80 percent. Other interested parties contend that the current utilization rate is too high at 50 percent and should be refined downward to a lower usage percentage. If the equipment usage percentage is set too high, the result would be insufficient allowance at the service level for the practice costs associated with equipment. If the equipment usage percentage is set too low, the result would be an excessive allowance for the PE costs of equipment at the service level. We do not want to create disincentives for the use of equipment by arbitrarily increasing the equipment usage percentage. Conversely, we do not want to create incentives for the acquisition and potential over-utilization of equipment by arbitrarily decreasing the equipment usage percentage.

Although we acknowledge the across-the-board 50 percent usage rate we currently apply for all equipment does not capture the actual usage rates for all equipment, we do not believe that we have sufficient empirical evidence to justify an alternative proposal on this issue. We are interested in receiving comments relating to alternative percentages and approaches that differentially classify equipment into mutually exclusive categories with category-specific usage rate assumptions. We are committed to continuing our work with the physician community to examine equipment usage rate assumptions that ensure appropriate payments and encourage appropriate utilization of equipment. Additionally, we would welcome any empirical data that would assist us in these efforts.

h. Equipment Interest Rate (Discussion)

As part of our calculation of the PE equipment costs, we take into consideration several factors, for example, the useful life of each piece of equipment and the typical interest that would be incurred in the purchase of the equipment. We updated the assigned useful life for all the equipment in our PE input database in the CY 2005 PFS final rule with comment period. However, we have used the same interest rate of 11 percent since the inception of the resource-based PE methodology in 1999. There has been much discussion regarding whether this is still the appropriate interest rate to utilize in the calculation of the equipment costs. The majority of comments on the CY 2007 PFS final rule with comment period requested an interest rate of prime plus 2 percent while a small number of commenters requested an interest rate significantly lower than prime plus 2 percent.

The current interest rate of 11 percent was assigned in 1997 based upon information provided by the Small Business Administration (SBA). This prevailing rate was based upon data regarding prevailing loan rates for small businesses from both national and regional lending associations. Although the SBA offered various interest rates, we believed that the 11 percent interest rate was most relevant for fee schedule services as this rate was based on equipment cost of over $25,000 with a useful life of over 7 years.

We have analyzed 2007 SBA data on loans and applicable interest rates. According to the SBA, loans are based on the prime rate plus a fixed percentage based upon the amount of the loan and the usable life of the equipment purchased. The prime plus rates ranged from 9.4 percent to 13 percent. Using the same criteria as was used in 1997 (that is, equipment cost over $25,000 with a useful life of over 7 years), the interest rates ranged from 10.1 percent to 13 percent.

Based upon our analysis of the revised SBA interest rate data, we believe 11 percent continues to be an appropriate assumption; therefore, we will retain the interest rate used in the calculation of equipment costs at 11 percent and no proposal is being made to adjust this rate.

2. PE Proposals for CY 2008

a. Radiology Practice Expense Per Hour

The American College of Radiology (ACR) presented CMS with information regarding the PE/HR that was used in the PE methodology for radiology in the CY 2007 PFS final rule with comment period. ACR suggested that we change our methodology in a way that would weight the survey data to provide an alternative method of representing large and small practices. We agreed to take their approach to our contractor, the Lewin Group, for further analysis. (We note that the Lewin Group, in its initial analysis of the ACR survey data, had also raised concerns about the representation of small high cost entities in the ACR survey data.) The Lewin Group reviewed ACR's approach and concluded that weighting the ACR survey by practice size more appropriately accounts for the small high cost entities in the final PE/HR. After reviewing both the ACR inquiry and the Lewin response, we also agree that ACR's approach more appropriately identifies the PE/HR for radiology.

For these reasons, we propose to revise the PE/HR associated with radiology using the survey data weighted by practice size. See Table 2 which identifies the PE/HR for all specialties, as well as both the current and proposed revisions to the PE/HR for radiology.

TABLE 2.—2008 SMS AND SUPPLEMENTAL SURVEY PE/HR INFLATED TO 2005 BASED UPON MEI GROWTH FACTORS

[Includes proposed revision to radiology PE/HR]

Specialty	Clinical labor	Clerical payroll	Office expense	Supplies expense	Equipment expense	Other expense	Total expense
ALL PHYSICIANS	15.68	19.64	24.74	9.44	4.08	14.66	88.23
ALLERGY/IMMUNOLOGY	65.88	56.33	65.88	22.49	6.26	31.08	247.93
ANESTHESIOLOGY	14.41	4.72	7.52	0.51	0.51	7.52	35.19
CARDIAC/THORACIC SURGERY	24.38	22.50	21.50	2.63	2.63	17.75	91.38
CARDIOVASCULAR DISEASE	59.55	53.33	52.67	25.90	18.58	25.02	235.05
DERMATOLOGY	40.63	51.45	78.82	15.38	11.03	28.22	225.55
DIAGNOSTIC TESTING FACILITY	111.57	155.49	121.18	54.96	302.47	189.48	935.15
EMERGENCY MEDICINE	4.21	19.64	2.55	0.89	0.13	14.66	42.08
GASTROENTEROLOGY	30.16	39.56	48.41	8.20	5.90	13.33	145.55
GENERAL INTERNAL MEDICINE	11.99	18.36	22.82	7.78	2.68	8.42	72.04
GENERAL SURGERY	9.18	19.89	21.42	4.34	2.55	12.62	70.00
GENERAL/FAMILY PRACTICE	18.87	19.00	22.57	10.07	3.95	11.22	85.68

TABLE 2.—2008 SMS AND SUPPLEMENTAL SURVEY PE/HR INFLATED TO 2005 BASED UPON MEI GROWTH FACTORS—Continued

[Includes proposed revision to radiology PE/HR]

Specialty	Clinical labor	Clerical payroll	Office expense	Supplies expense	Equipment expense	Other expense	Total expense
INDEPENDENT LAB	84.79	25.76	19.09	19.84	8.83	21.60	179.93
NEUROLOGICAL SURGERY	10.97	32.64	36.47	2.30	1.79	20.53	104.68
NEUROLOGY	10.58	29.33	24.86	6.63	5.61	11.86	88.87
OBSTETRICS/GYNECOLOGY	20.91	23.97	31.49	9.31	4.08	14.28	104.04
ONCOLOGY	68.06	44.22	43.86	21.53	9.48	53.76	240.91
OPHTHALMOLOGY	32.00	32.90	43.48	13.77	10.71	26.90	159.76
ORTHOPEDIC SURGERY	21.17	36.34	37.87	13.13	4.85	24.35	137.70
OTHER SPECIALTY	11.86	16.58	24.61	6.25	2.42	11.22	72.93
OTOLARYNGOLOGY	21.93	32.13	41.95	9.56	7.14	21.93	134.64
PATHOLOGY	14.28	17.85	15.17	8.67	2.55	26.78	85.30
PEDIATRICS	15.81	16.45	24.10	13.01	2.17	10.97	82.49
PHYS MED/RHEUMATOLOGY	19.00	30.22	39.14	8.29	7.91	15.56	120.11
PHYSICAL THERAPY	13.25	8.21	17.11	3.05	2.70	9.85	54.15
PLASTIC SURGERY	19.13	25.88	41.31	23.59	7.27	32.13	149.30
PSYCHIATRY	2.17	6.50	13.39	0.51	0.51	9.18	32.26
PULMONARY DISEASE	8.80	15.81	20.02	3.32	2.04	8.80	58.78
RADIATION ONCOLOGY	68.82	32.38	48.83	6.38	39.33	32.85	228.59
RADIOLOGY	29.07	37.81	23.93	11.26	27.32	44.80	174.18
*RADIOLOGY	*32.62	*42.29	*28.95	*14.15	*39.62	*47.24	*204.86
UROLOGICAL SURGERY	27.90	42.33	53.79	14.43	11.25	23.45	173.14
VASCULAR SURGERY	25.79	23.04	22.56	4.06	5.78	14.50	95.73

*Proposed revision to radiology PE/HR.

b. RUC Recommendations for Direct PE Inputs and Other PE Input Issues

The following discussions are proposals concerning direct PE inputs.

(i) RUC Recommendations

In 2004, the AMA's Relative Value Update Committee (RUC) established a new committee, the Practice Expense Review Committee (PERC), to assist the RUC in recommending direct PE inputs (clinical staff, supplies, and equipment) for new and existing CPT codes.

The PERC reviewed the PE inputs for nearly 300 existing codes at its meetings held in February 2007 and April 2007. (A list of these reviewed codes can be found in Addendum C.)

In the CY 2007 PFS final rule with comment period, we addressed several issues concerning direct PE inputs and encouraged specialty societies to pursue further review of these inputs through the RUC/PERC process. The following discussions summarize the PERC recommendations regarding these issues:

Cardiac Catheterization Procedures

At the recent April RUC meeting, the PERC considered recommendations for the family of CPT codes 93501 through 93556 for cardiac catheterization. The American College of Cardiology, in cooperation with the Society of Cardiac Angiography and Interventions and the Cardiovascular Outpatient Center Alliance, developed PE inputs for the nonfacility setting for 13 of the 28 CPT codes in this family. The PERC considered the proposed new or updated PE input recommendations for 13 cardiac catheterization CPT codes.

- Of these 13 codes, 8 were not previously valued in the nonfacility setting (as recommended at the January 2002 PEAC meeting), including CPT codes 93539, 93540, 93542, 93543, 93544, 93545, 93555, and 93556.
- The recommended revised PE inputs for the other 5 codes (last valued in the nonfacility setting at the January 2004 PEAC meeting), included CPT codes: 93501, 93505, 93508, 93510, and 93526.

We are proposing to accept the PERC recommendations for the direct PE inputs for the nonfacility setting for the CPT codes 93501, 93505, 93508, 93510, 93526, 93539, 93540, 93542, 93543, 93544, 93545, 93555, and 93556.

The specialty societies recommended that the remaining 15 codes in the cardiac catheterization family remain carrier-priced, or be assigned an ''NA'' for the practice expense in the office setting. It was noted that these codes were rarely if ever performed in the office setting and the specialties recommended no direct PE inputs. Assigning these CPT codes as ''NA'' for PE in the nonfacility setting would conform to PFS policy for other services without PE inputs. Therefore, we are proposing that the PE for the following CPT codes will not be valued or applicable to the nonfacility setting: 93503, 93511, 93514, 93524, 93527, 93528, 93529, 93530, 93531, 93532, 93533, 93561, 93562, 93571, and 93572.

Obstetric/Gynecologic PE

The PERC recommended changes to the content and the price of the pack, pelvic exam (supply code SA051) valued at $0.95. We agreed with the recommendation to add a non-sterile sheet (drape) 40 in by 60 in (supply code SB006) priced at $0.222 to the pelvic exam pack resulting in the new price of $1.172. This change affected 236 CPT codes for obstetric/gynecologic services containing the pelvic exam pack. In addition, we accepted the PERC recommendations to standardize the equipment used in post-operative visits to include both a power table and fiberoptic light in the PE database for 70 obstetric/gynecologic codes.

Dual Energy X-Ray Absorptiometry (DEXA)

The PERC considered revisions to the direct PE inputs for CPT codes 77080, 77081, and 77082 that contained recommendations established by 5 distinct specialty organizations. These recommended inputs were revised to comply with established PERC standards, such as removing some labor inputs for CPT code 77082 because this procedure is always performed with CPT code 77081 and all revisions were agreed to by the presenting specialty. The resulting recommended inputs more appropriately reflect the resources used to furnish these services and were

adopted by the PERC. We agree with the PERC and have made adjustments to the PE database.

Computer-Aided Detection (CAD) Codes

The specialty society for radiological services reviewed the direct inputs for CPT codes 77051 and 77052 and recommended that no changes to the PE inputs were needed. The PERC concurred with this decision and we are in agreement.

In addition to the above, the PERC also addressed the following issues:

Nuclear Medicine Services

The specialty society representing nuclear medicine recommended that the direct PE inputs for 2 CPT codes contained CPEP inputs and needed to be updated to agree with 2004 PEAC-approved inputs. The PERC recommended that the PE database reflect these changes and we agreed. However, we discovered that there were 4 other related codes which also had CPEP inputs. We made the appropriate adjustments to substitute the PEAC inputs for the CPEP for CPT codes 78600, 78607, 78206, 78647, 78803 and 78807. The specialty society also noted that 7 CPT codes required the revision of x-ray related supplies, including the number of x-ray films, developer solution, and film jackets. The PERC forwarded these recommendations and we have made the appropriate changes to the PE database for the following CPT codes: 78600, 78601, 78605, 78606, 78607, 78610 and 78615.

Transcatheter Placement of Stent(s)

At the request of the specialty societies representing radiology and interventional radiology, the PERC agreed to consider the direct PE inputs for the nonfacility setting for 3 CPT codes, 37205, 37206, and 75960, for transcatheter placement of stent(s). These PE inputs to value these procedures in the nonfacility setting were approved by the PERC. Among the supplies, a ''vascular stent deployment system'', valued at $1,645, was noted by the society as the typical stent used for CPT codes 37205 and 37206 requiring 2 such stents for the placement in the initial vessel and 1 stent for each subsequent vessel, respectively. We reviewed a published clinical research study which was forwarded by the specialty society that indicated that 1 stent was typical for the procedure of CPT code 37205. Absent any further verification from the specialty, we have, therefore, included only 1 stent in this code.

The complete PERC recommendations and the revised PE database can be found on the CMS Web site at *http://cms.hhs.gov/PhysicianFeeSched/PFSFRN/* (under CMS–1385–P).

(ii) Remote Cardiac Event Monitoring

As discussed in the CY 2007 PFS final rule with comment period, direct PE inputs for remote cardiac event monitoring (CEM) services represented by CPT codes 93012, 93225, 93226, 93231, 93232, 93270, 93271, 93733, and 93736 were revised on an interim basis to reflect the unique circumstances surrounding the provision of these services. Unlike most physicians' services, CEM services are furnished primarily by specialized IDTFs that, due to the nature of CEM services, must operate on a 24/7 basis. The specialty group which represents suppliers that furnish CEM services believes that these services require additional direct PE inputs, such as telephone line charges associated with trans-telephonic transmissions and fees associated with providing Web access for storage and transmission of clinical information to the patient's physician. We continue to work with the specialty group regarding the specific direct PE inputs, as well as the components for the indirect PE allocation, based on surveys conducted by the specialty group. To clarify and further the results of our discussions with and information provided by the specialty group, we are asking for comments on the appropriateness of the above mentioned direct PE inputs. In addition, we invite comments on any additional direct inputs and components of the indirect PE allocations which would be appropriate for these services, along with supporting documentation to justify their inclusion for PE purposes.

(iii) Prothrombin Time, International Normalized Ratio (PT/INR)

In the CEM discussion in the CY 2007 PFS final rule with comment period, we included some minor PE revisions on an interim basis for PT/INR services represented by Healthcare Common Procedure Coding System (HCPCS) codes, G0248, *Demonstration, at initial use, of home INR monitoring for patient with mechanical heart valve(s) who meets Medicare coverage criteria, under the direction of a physician; includes: Demonstrating use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient ability to perform testing* and G0249, *Provision of test materials and equipment for home INR monitoring to patient with mechanical heart valve(s) who meets Medicare coverage criteria; includes provision of materials for use in the home and reporting pwiof [prothrombin] test results to physician; per four tests.* Based on comments received and subsequent discussions with entities that furnish these PT/INR services, we have adjusted the time in use for the home monitor equipment for G0249 to 1440 minutes to reflect that the monitor is dedicated for use 24 hours a day and unavailable for others receiving this service. We invite comments on this change, as well as comments on any additional direct inputs which would be appropriate to this service, along with supporting documentation to justify their inclusion for PE purposes.

(iv) Positron Emission Tomography (PET) Codes Clinical Labor Time

We received comments from the specialty society representing nuclear medicine regarding a discrepancy in the clinical labor time for CPT codes 78811, 78812, and 78813 which are PET codes for tumor imaging. The specialty noted that the clinical labor time indicated in the PE database differs by 7 minutes from the time that was previously recommended by the PERC in April 2004. We agree with the specialty society that the PE database labor inputs for these 3 PET codes are incorrect and have made the appropriate adjustments to the PE database.

(v) Nuclear Medicine PE Supplies

The specialty society representing nuclear medicine commented that the PE database currently contains supply items that are inappropriate for certain procedures and provided the information to make the corrections. For respiratory imaging procedures represented by CPT codes 78587, 78591, 78593, 78594, 78630, 78660, 78291, and 78195, the specialty society noted specific IV supply items to be deleted from procedures where they are not required. For a thyroid imaging procedure represented by CPT code 78020, x-ray supply items were recommended for deletion. In addition, the society recommended adding supply items for respiratory imaging procedures, including nose clips, masks, and nebulizer kits, as appropriate, to CPT codes 78584, 78585, 78591, 78593, 78594, 78586, 78587, 78588, and 78596. For a kidney function study represented by CPT code 78725, injection supply items were noted as missing and the specialty society requested that these be added. We propose to accept these direct PE input corrections and have revised our PE database accordingly.

(vi) Arthroscopic Procedure Nonfacility Inputs

During the CY 2007 PFS rulemaking, we noted that at the October 2006 RUC meeting a proposal was discussed for the establishment of nonfacility direct PE inputs for the arthroscopic procedures represented by CPT codes 29805, 29830, 29840, 29870, and 29900. At this October 2006 RUC meeting, the orthopedic specialty society declined to consider the valuation of these procedures for the nonfacility setting, based on the belief that these procedures are not safely performed in the physician office. The RUC agreed at that time and no recommendations were issued. Subsequent to the publication of the CY 2007 PFS final rule with comment period in which we supported the RUC recommendation, we again discussed this valuation with physicians who are currently performing these procedures in the office. Because we believe that the RUC process is the most appropriate to provide these nonfacility inputs, we again referred the physicians providing these services to work with the RUC-represented orthopedic specialty society; however, they informed us that the orthopedic specialty society had recently again declined to support them in bringing the direct PE inputs to the April 2007 RUC/PERC meeting for consideration in valuing these services in the nonfacility setting.

Absent specific recommendations from the RUC and because some physicians are already performing these procedures in the office setting, we are seeking comments regarding the appropriateness of establishing nonfacility PE inputs for these arthroscopic procedures when they are provided in the office setting. We also invite comments as to the specific direct PE inputs, following the RUC-approved standardized format, that are typical in the provision of each above listed arthroscopic procedure furnished in the physician's office. We will review these comments to determine whether or not it is appropriate to propose on an interim basis PE inputs for these codes in the nonfacility setting in our final rule.

(vii) Nonfacility Inputs for CPT Code 52327

We received comments from the society representing urologists requesting that we remove all of the nonfacility PE inputs for CPT code 52327, *Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material*. The specialty society reasoned that the nonfacility PE value is inappropriate since the procedure is never performed in the physician office; it is specific to the pediatric population; and, as such, is always performed with general anesthesia. We agree with the specialty society that this procedure is incorrectly valued for the nonfacility setting and propose to accept their recommendation to remove the nonfacility direct PE inputs and have revised the PE database accordingly.

(viii) Maxillofacial Prosthetics

We have been working with the society representing maxillofacial prosthetists since 2005 to establish nonfacility direct inputs for the prosthetic services represented by the CPT code series, 21076 through 21087. The current PE database reflects the labor, supplies, and equipment needed to perform each procedure. However, we do not have pricing information and documentation for many supply items. The society provided information and documentation for equipment prices, but because specific time-in-use information was not provided, we developed time-in-use in 2006 for each equipment item in each procedure. For CY 2007, these equipment inputs were utilized under the new PE methodology to calculate the nonfacility PE RVUs for these procedures. We have asked the specialty society to provide the supply pricing information with appropriate documentation and also to provide accurate time-in-use data for each equipment item for each procedure. However, we have not received the requested information to date. Consequently, unless such information is provided, the PE database will continue to have no prices associated with these supplies. For each equipment item, we propose to cap each time-in-use to 25 minutes until specific information is received regarding the actual time-in-use. See Table 3 for the outstanding supply prices and Table 4 for the equipment time-in-use information that is needed.

TABLE 3.—MAXILLOFACIAL PROSTHESIS SUPPLIES NEEDING PRICING AND SUPPORTING DOCUMENTATION

Supply item	CPT codes associated with supply item
paper, articulating	21076, 21079, 21081, 21082, 21083, 21084, and 21085.
paste, registration	21076, 21079, 21080, 21081, 21082, 21083, 21084, and 21085.
alloy framework, laboratory processing	21076, 21079, 21080, 21081, 21082, 21083, 21084, and 21085.
paste, pressure indicator	21076, 21079, 21080, 21081, 21082, 21083, 21084, and 21085.
wax, boxing	21076, 21077, 21079, 21081, 21082, 21083, 21084, 21085, 21086 and 21087.
triad tray material	21076, 21082, 21083 and 21084.
wire, orthodontic	21076, 21079, 21080 and 21085.
reline material, Trusoft	21076, 21079, 21081, 21082, 21083 and 21084.
silicone	21077, 21086 and 21087.
adhesive, facial	21077, 21080, 21086 and 21087.
wax, baseplate	21077, 21079, 21080, 21081, 21082, 21083, 21084, 21085, 21086 and 21087.
impression material, final	21077, 21080, 21081, 21082, 21083, 21084, 21085, 21086 and 21087.
monoplex eye	21077, 21080, 21086 and 21087.
syringe, impression	21077, 21079, 21080, 21081, 21082, 21083, 21084, 21085, 21086 and 21087.
acrylic, dental	21077, 21079, 21080, 21081, 21082, 21082, 21083, 21084, 21085, 21086 and 21087.
polyurethane sheets (quantity as rolls)	21077, 21080, 21086, and 21087.
burs, dental	21079, 21080, 21081, 21082, 21083, 21084 and 21085.
teeth set	21079, 21080 and 21081.
Greenstick compound	21080, 21081, 21082, 21083, 21084 and 21085.

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TABLE 4.—EQUIPMENT TIME-IN-USE INFORMATION NEEDED FOR MAXILLOFACIAL PROSTHESIS CODES PROCEDURES NOTED BELOW WITH AN X

Equipment Item	CPT code 21076	CPT code 21077	CPT code 21079	CPT code 21080	CPT code 21081	CPT code 21082	CPT code 21083	CPT code 21084	CPT code 21085	CPT code 21086	CPT code 21087
Articulator	X	X	X	X	X	X	X	X	X	X	X
Chair, dental w-upholstery	X	X	X	X	X	X	X	X	X	X	X
Compressor air	X	X	X	X	X	X	X	X	X	X	X
Convection oven	.....	X	.....	.....	.....	.....	.....	.....	.....	X	X
Delivery unit	X	X	X	X	X	X	X	X	X	X	X
Dust collecting unit	X	X	X	X	X	X	X	X	X	X	X
Grinding and polishing unit	X	X	X	X	X	X	X	X	X	X	X
Handpiece, highspeed	X	.....	X	X	X	X	X	X	X	.....	.....
Handpiece, laboratory	X	X	X	X	X	X	X	X	X	X	X
Handpiece, slow speed	X	.....	X	X	X	X	X	X	X	.....	.....
Light curing unit	X	X	X	X	X	X	X	X	X	X	X
Light, dental, ceiling mount	X	X	X	X	X	X	X	X	X	X	X
Steamer, portable	X	X	X	X	X	X	X	X	X	X	X
Triad unit	X	X	X	X	X	X	X	X	X	X	X
Trimmer, dental model	X	X	X	X	X	X	X	X	X	X	X
Ultrasonic cleaning unit	X	.....	X	X	X	X	X	X	X	.....	.....
Washout and curing unit	X	.....	X	X	X	X	X	X	X	.....	.....
Whip mix combo unit	X	X	X	X	X	X	X	X	X	X	X
Whip mixer	X	X	X	X	X	X	X	X	X	X	X

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(ix) Requests for Increases in Supply Prices

We received a request from the specialty society for obstetrics and gynecology to increase the price of supply item (kit, hysteroscopic tubal implant for sterilization) for CPT code 58565, *Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants* for this code which was created for CY 2005. This hysteroscopic implant kit is priced at $980 and the specialty is now requesting a price of $1,245, providing an invoice for documentation. The specialty reports that the higher price is attributed to a manufacturer change in design and materials and submitted the manufacturer's documents supporting these changes that were used to secure FDA approval. Therefore, we are proposing to accept the new price of $1,245 for the hysteroscopic implant kit due to the changes made in the modified model and have made this change in the PE database.

(x) Supply and Equipment Items Needing Specialty Input

We have identified certain supply and equipment items for which we were unable to verify the pricing information (see Table 5: Supply Items Needing Specialty Input for Pricing and Table 6: Equipment Items Needing Specialty Input for Pricing). During the CY 2007 PFS rulemaking, we listed both supply and equipment items for which pricing documentation was needed from the medical specialty societies and, for many of these items, we received sufficient documentation containing specific descriptors and pricing information in the form of catalog listings, vendor Web pages, invoices, and manufacturer quotes. We have accepted the documented prices for many of these items and these prices are reflected in the PE RVUs in Addendum B of this proposed rule. The items listed in Tables 6 and 7 represent the outstanding items from CY 2007 and new items added from the current RUC recommendations. We are requesting that commenters provide pricing information on items in these tables along with acceptable documentation, as noted in the footnote to each table, to support recommended prices. We are also requesting that specialty societies review the direct inputs in PE database for the procedures performed by the specialty to verify that all supplies and equipment contain prices. For supplies or equipment that have previously appeared on this list, and for which we received no or inadequate documentation, we are proposing to delete these items unless we receive adequate information to support current pricing by the conclusion of the comment period for this proposed rule.

TABLE 5.—SUPPLY ITEMS NEEDING SPECIALTY INPUT FOR PRICING

Code	2006/7 Description	Unit	Unit price	Primary associated specialties	Associated *CPT code(s)	Prior item status on table	Commenter response and CMS action	2008 Item status refer to note(s)
SC088	Fistula set, dialysis, 17g.	item	.....	Dermatology	36522	Yes	Specialty to submit asap.	B
SD140	pressure bag	item	8.925	Cardiology	93501, 93508, 93510, 93526.	Yes	Specialty to submit asap.	B, C
SL119	Sealant spray	oz	.....	Radiation Oncology	77333	Yes	Specialty to submit price per ounce, asap.	B

TABLE 5.—SUPPLY ITEMS NEEDING SPECIALTY INPUT FOR PRICING—Continued

Code	2006/7 Description	Unit	Unit price	Primary associated specialties	Associated *CPT code(s)	Prior item status on table	Commenter response and CMS action	2008 Item status refer to note(s)
SD213 ..	tubing, sterile, non-vented (fluid administration).	item	1.99	Cardiology	93501, 93508, 93510, 93526.	Yes	Specialty to submit asap.	B, C
	Stent, vascular, deployment system.	Kit	$1,645	Radiology, Interventional Radiology.	37205, 37206	No	Specialty to submit price, kit contents and typical quantity needed.	A

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Note: Acceptable documentation includes—Detailed description (including system components), source, and current pricing information, such as copies of catalog pages, hard copy from specific web pages, invoices, and quotes (letter format okay) from manufacturer, vendors or distributors. Unacceptable documentation includes—phone numbers and addresses of manufacturer, vendors or distributors, website links without pricing information, etc.
Note A: Additional documentation required. Need detailed description (including kit contents), source, and current pricing information (including pricing per specified unit of measure in database). Accept copies of catalog pages or hard copy from specific Web pages. Phone numbers or addresses of manufacturer, vendors or distributors are not acceptable documentation.
Note B: No/Insufficient received. Retained price in database on an interim basis. Forward acceptable documentation promptly.
Note C: Submitted price accepted.
Note D: Deleted per comment or CMS.
Note E: 2007/8 price retained on an interim basis. Forward acceptable documentation promptly.

TABLE 6.—EQUIPMENT ITEMS NEEDING SPECIALTY INPUT FOR PRICING AND PROPOSED DELETIONS

Code	2006/7 Description	2007/8 Price	Primary specialties associated with item	*CPT code(s) associated with item	Prior status on table	Commenter response and CMS Action	2008 Item status refer to note(s)
EQ269 ..	Ambulatory blood pressure monitor.	3000	Cardiology	93784, 93786, 93788.	Yes	Interim price of $1920 basis maintained, pending receipt of documentation.	A, E
	Camera mount-floor	2300	Dermatology	96904 ...	Yes	Specialty to submit, asap	A, E
	Cross slide attachment	500	Dermatology	96904 ...	Yes	Specialty to submit, asap	A, E
	Dermal imaging software	4500	Dermatology	96904 ...	Yes	Specialty to submit, asap	A, E
	Dermoscopy attachments	650	Dermatology	96904 ...	Yes	Specialty to submit, asap	A, E
EQ008 ..	ECG signal averaging system.	8,250	Cardiology, IM	93278 ...	Yes	Interim price of $17,900 basis maintained, pending receipt of documentation.	A, E
	Lens, macro, 35–70mm ...	.....	Dermatology	96904 ...	Yes	Specialty to submit, asap	A, E
	plasma pheresis machine w/UV light source.	37,900	Radiology, Dermatology ..	36481, G0341.	Yes	Specialty to submit, asap	A, E
ED039 ...	Psychology Testing Equipment.	.....	Psychology	96101, 96102.	No	Specialty to submit, asap	A, E
ER070 ...	Portal imaging system (w/PC work station and software).	377,319	Radiation oncology	77421 ...	Yes	Specialty to submit, asap	A, E
	Strobe, 400watts (Studio)(2).	1500	Dermatology	96904 ...	Yes	Specialty to submit, asap	A, E

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Note: Acceptable documentation includes—Detailed description (including system components), source, and current pricing information, such as copies of catalog pages, hard copy from specific web pages, invoices, and quotes (letter format okay) from manufacturer, vendors or distributors. Unacceptable documentation includes—phone numbers and addresses of manufacturer, vendors or distributors, website links without pricing information, etc.
Note A: Additional documentation required. Need detailed description (including kit contents), source, and current pricing information (including pricing per specified unit of measure in database). Accept copies of catalog pages or hard copy from specific Web pages. Phone numbers or addresses of manufacturer, vendors or distributors are not acceptable documentation.
Note B: No/Insufficient received. Retained price in database on an interim basis. Forward acceptable documentation promptly.
Note C: Submitted price accepted.
Note D: Deleted per comment or CMS.
Note E: 2007/8 price, where specified, retained on an interim basis. Forward acceptable documentation promptly.

B. Geographic Practice Cost Indices (GPCIs)

[If you choose to comment on issues in this section, please include the caption ''GEOGRAPHIC PRACTICE COST INDICES (GPCIs)'' at the beginning of your comments.]

We are required by section 1848(e)(1)(A) and (C) of the Act to develop separate Geographic Practice Cost Indices (GPCIs) to measure

resource cost differences among localities; and, to review and, if necessary, adjust the GPCIs at least every 3 years. We have completed the review of GPCIs for CY 2008 and are proposing new GPCIs. These proposed GPCIs are published in Addendum E. We note that the physician work GPCIs listed in Addendum E do not reflect the 1.000 floor that was in place during 2006 and 2007. This floor expires as of January 1, 2008 in accordance with section 102 of the MIEA–TRHCA.

In developing a GPCI, section 1848(e)(1)(A)(i) and (ii) of the Act require that the PE and malpractice (MP) GPCIs reflect the full relative cost difference while section 1848(e)(1)(A)(iii) of the Act requires that the physician work GPCIs reflect only one-quarter of the relative cost differences. Section 1848(e)(1)(C) of the Act also specifies that if more than 1 year has elapsed since the last GPCI revision, we must phase in the adjustment over 2 years, applying only one-half of any adjustment in each year. All GPCIs are developed through a comparison to a national average for each component, and the RVUs for different services uniformly weight each component.

1. GPCI Update

A detailed description of the methodology used to develop and update the GPCIs can be found in the CY 2004 PFS proposed rule (68 FR 49039, August 15, 2003). There are three components of the GPCIs (physician work, PE, and MP) and each relies on its own data source.

a. Physician Work

The physician work GPCI is developed using the median hourly earnings from the 2000 Census of workers in six professional specialty occupation categories which we use as a proxy for physician wages and calculate to reflect one-quarter of the relative cost differences. Physician wages are not included in the occupation categories because Medicare payments are a key determinant of physicians' earnings; therefore, including physician wages in the physician work GPCI would, in effect, make the index dependent upon Medicare payments. The physician work GPCI was updated in 2001, 2003, and 2005 using data from the 2000 Census; the proposed CY 2008 physician work GPCI is also based on the 2000 Census data. Because all updates since 2001 have relied on the 2000 Census data, the changes observed in the physician work GPCI in the update years are due to minor changes in utilization and budget neutrality factors; for 2008, Addendum E shows that there have been small changes in the physician work GPCI. Section 102 of the MIEA-TRHCA required application of a 1.000 floor on the work GPCI in payment localities where the work GPCI was less than 1.000. This provision expires on December 31, 2006. The 2008 proposed physician work GPCI reflects the removal of this floor.

b. Practice Expense

The PE GPCI is developed from three data sources:

(i) *Employee Wages:* We use 2000 Census median hourly earnings of four occupation categories. The physician work GPCI was updated in 2001, 2003, and 2005 using data from the 2000 Census.

(ii) *Office Rents:* We use residential apartment rental data produced annually by the Department of Housing and Urban Development (HUD) as a proxy for physician office rents. In 2001, 2003, and 2005, we used rents in the HUD 40th percentile. In 2008, we have calculated the GPCI using rents in the 50th percentile for the physician office rent proxy. We are proposing to use the 50th percentile because although HUD generally allows payment for subsidized housing up to the 40th percentile, in some areas it allows payment up to the 50th percentile. We made this change to reflect the trend toward higher rents across the country.

Fair Market Rents (FMRs) are gross rent estimates including rent and utilities. HUD calculates the FMRs annually using: (1) Decennial Census data; (2) American Housing Surveys conducted by the Census Bureau for HUD to enable HUD to develop revisions between Census years; and (3) random-digit dial surveys to enable HUD to develop gross rent change factors. The American Housing Surveys cover 11 areas annually, rotating among the 44 largest metropolitan areas. The random-digit dial component surveys 60 FMR areas annually.

The FMR is set as a percentile point in the distribution of rents for standard housing occupied by people who moved within the previous 15 months. The current FMR definition is the 40th percentile rent (the amount below which 40 percent of units are rented). Each year, the 50th percentile rent is also calculated by HUD and available through the HUDUSER Web site.

In 2000, HUD changed its FMR policy to increase access to housing for families receiving Section 8 rent subsidy vouchers (65 FR 58870). To do so, HUD increased FMRs from the 40th percentile to the 50th percentile in areas where subsidized families were highly concentrated in certain census tracts, given evidence that affordable housing was not well-distributed. Only metropolitan areas with more than 100 census tracts are considered for possible increase to the 50th percentile rent. FMRs can be moved from 40th to 50th percentile or back from 50th to 40th percentile.

In the case of the office rent index for the PE GPCI, FMRs have been used to capture geographic differences in rental costs, in the absence of a consistent commercial rent index that covers all metropolitan and nonmetropolitan areas in the U.S. It has been used as a measure of the ''average rent'' in a market. However, since 2000, the FMRs have been a mixture of the 40th percentile and 50th percentile rents. FMR areas move between the two cutoffs. For example, in California, 9 counties had FMRs set at the 50th percentile in 2004. In 2007, only 2 of these 9 counties were still at the 50th percentile level for the FMR, out of 4 total counties at the 50th percentile level.

As described above in this section (and as detailed in 65 FR 58870), the criteria for setting the FMR at the 40th or 50th percentile are based on concentrations of subsidized households. There is no reason to assume that commercial rents would follow the same patterns.

Therefore, we believe the 50th percentile, or median, rents calculated by HUD will be a more consistent, fair measure of geographic differences for the purpose of proxying for commercial rents.

Rent data produce the most significant changes because they are based on annual changes in HUD rents and are therefore more volatile than the wage (Census) data. While commenters have suggested that we explore sources of commercial rental data for use in the GPCI, we do not believe there is a national data source better than the HUD data.

(iii) *Equipment and Supplies:* We assume that items such as medical equipment and supplies have a national market and that input prices do not vary among geographic areas. As mentioned in previous updates, some price differences may exist, but we believe these differences are more likely to be based on volume discounts rather than on geographic market differences. Equipment and supplies are factored into the GPCIs with a component index of 1.000.

c. Malpractice

The MP GPCI is calculated based on insurer rate filings of premium data for

a $1 million to $3 million mature ''claims made'' policy along with premium or surcharge data for mandatory patient compensation funds (PCFs). The MP GPCI is the most volatile of the GPCIs. This GPCI was updated in 2001 and 2003 as scheduled with the physician work and PE GPCIs; but, there was an unscheduled update of the MP GPCI in 2004 (68 FR 49043) to reflect increases in MP premiums nationwide. The 2008 MP update reflects the most recent premium data available. The physician work and PE GPCIs are being updated at the same time.

The periodic review and adjustment of GPCIs is mandated by section 1848(e)(1)(C) of the Act. At each update, the proposed GPCIs are published in our PFS proposed rule the year before they would take effect in order to provide an opportunity for public comment and further revisions in response to comments prior to implementation. As mentioned above, these proposed GPCIs are shown in Addendum D.

2. Payment Localities

a. Background

The Medicare statute requires that PFS payments be adjusted for certain differences in the relative costs among areas. The statute requires an adjustment which reflects differences among areas for the relative costs of the mix of goods and services comprising PEs (other than MP expenses) compared to the national average. The statute also requires adjustment for the relative costs of MP expenses among areas compared to the national average. Finally, the statute requires adjustment for one-quarter of the difference between the relative value of physicians' work effort among areas and the national average of such work effort.

The physician work component represents 52.466 percent of the national average fee schedule payment amount. Thus, the statutory requirement for geographic adjustment of only one-quarter of the differences in the physician work component means that, on average, only 13.117 percentage points of physician work are geographically adjusted, and, on average 39.349 percentage points of the physician work component are not adjusted and represent a national fee schedule amount.

In addition, the PE component represents 43.669 percent of the national average fee schedule payment amount. PEs are comprised of nonphysician employee compensation, office expenses (including rent), medical equipment, drugs and supplies, and other expenses. As explained above in this section, we do not make a geographic adjustment relating to medical equipment, drugs, and supplies because there is a national marker for these items. Thus, only the categories of nonphysician employee compensation and rents are geographically adjusted. These categories represent, on average, 30.862 percentage points of the total PE, and 12.807 percentage points of PEs are not geographically adjusted.

In total, more than half (52.156 percent) of the average PFS amount is a national payment that is the same in all areas of the country; that is, 52.156 percent of the average fee is not geographically adjusted.

There are two additional points about the geographic indices that are important to note. First, as described above in this section, the data used to measure cost differences among localities are proxies for physician work, employee compensation and office rents. That is, wage data for various categories of employees are used to proxy the actual wages of physician employees. Second, the data used for such proxies are based on actual Census data only for a limited number of counties. The geographic adjustment factors (GAFs) for more than 90 percent of counties are developed using proxies based on larger geographic areas (for example, data for all rural areas in a State are combined and used to proxy the values for each rural county in a State). This aggregation is necessary for areas where county level data are not available. Thus, the underlying data are proxies for actual costs, and the resulting GPCIs do not measure perfectly the cost differences among localities.

Currently, there are 89 Medicare physician payment localities to which GPCIs are applied. The payment locality structure under the PFS was established in 1996 and took effect January 1, 1997. The development of this structure is described in detail in both the CY 1997 PFS proposed (61 FR 34615) and final rules (61 FR 59494). Before adoption of the current structure, there were 210 separate payment localities under the PFS. The 1997 payment locality revision was based and built upon the prior locality structure. The 22 then-existing statewide localities remained statewide localities. Localities were established in the remaining 28 States by comparing the area cost differences of the localities within these States. We ranked the existing localities within these remaining 28 States by costs in descending order. The GAF of the highest cost locality within a State was compared to the weighted average GAF of lower price localities. If the difference between these GAFs exceeded 5 percent, the highest locality remained a distinct locality. If the GAFs associated with all the localities in a State did not vary by at least 5 percent, the State became a statewide locality. If the highest-priced locality remained a distinct locality, the process was repeated for the second highest price locality and so on until the variation among remaining localities fell below the 5 percent threshold. This ensured that the statewide or residual State locality has relatively homogenous resource costs. Subsequent to this process, 3 additional States with multiple localities were converted to statewide localities. Currently, there are 89 separate payment localities of which 34 are statewide. Recognizing that the GPCIs are necessarily proxies, this revision to the locality structure accomplished our major goals of appropriately paying for services furnished to Medicare beneficiaries, and simplifying payment areas.

b. Revision of Payment Localities

Over time, changing demographics and local economic conditions may lead to increased variations in practice costs within payment locality boundaries. We are concerned about the potential impact of these variations and have been studying this issue and potential alternatives for a number of years. However, because changes to the GPCIs must be applied in a budget neutral manner (and under the current locality system, BN results in aggregate payments within each State remaining the same), there are significant redistributive effects to any change. Therefore, we are also concerned about the potential impact of locality revisions.

For the past several years, we have been involved in discussions with California physicians and their representatives about recent shifts in relative demographics and economic conditions among a number of counties within the current California payment locality structure. The California Medical Association (CMA) suggested that we use our demonstration authority to adopt an alternative locality configuration and avoid certain redistributive effects, but such an approach was not feasible (as discussed in the CY 2005 PFS final rule with comment period (70 FR 70151)). In the CY 2006 PFS proposed rule (70 FR 45784), we proposed to remove two counties from the ''Rest of California'' payment locality and create a new payment locality for each county. These two counties were the ones with the

largest difference between the county and locality GAFs. However, there was much more opposition than support for this proposal, in large part because of its negative effect on payments for the counties that would have remained in the ''Rest of California'' locality. For example, the CMA commented on this proposal stating, ''a nationwide legislative solution that would provide additional funding * * * is the only solution we are supporting at this time.'' We did not finalize the proposal and described our reasons in the CY 2006 PFS final rule with comment period (70 FR 70151).

As indicated previously, we recognize that changing demographics and local economic conditions may lead to increased variations in practice costs within payment locality boundaries. We are concerned about the potential impact of these variations. But, we are also concerned about the redistributive effects of locality changes since changes must be applied in a budget neutral manner (and under the current locality system, BN results in aggregate payments within each State remaining the same). In considering potential changes in payment localities, we believe it is important to evaluate both the potential impact of intralocality practice cost variations and the redistributive impacts. Therefore, we have identified and are soliciting comments on three possible locality reconfigurations, each of which strikes a different balance between intralocality variations and redistributive impacts. We are considering adopting one of these approaches for California in the final rule. Because of the importance of striking an appropriate balance with any such locality revisions, we want to proceed cautiously and evaluate the impacts in California before considering applying the policy more broadly in the future. We also seek comments about other potential approaches to locality revisions and about using a transition to phase-in changes in a new locality structure blending new and revised payments. We note that a transition could be complicated to administer, particularly with a concurrent 2-year phase in of the new GPCI data. The three options are described as follows:

Option 1: Using the existing locality structure, apply a rule whereby if a county GAF is more than 5 percent greater that GAF for the locality in which the county resides it would be removed from the current locality. A separate locality would be established for each county that is removed. Based on the new fully phased-in GPCI data (that is, for CY 2009), application of this approach in California would remove three counties (Santa Cruz, Monterey, and Sonoma) from the Rest of California payment locality and Marin county from the Marin/Napa/Solano payment locality and create separate payment localities for each of these counties.

This approach focuses on counties for which there is the biggest difference between the county GAF and the locality GAF. Since we are considering applying this approach initially in California, Table 7 shows the impact for each of the counties and the Rest of California payment and Marin/Napa/Solano payment localities.

TABLE 7.—OPTION 1—APPLY 5 PERCENT THRESHOLD TO REMOVE COUNTIES FROM THEIR CURRENT PAYMENT LOCALITIES, CALIFORNIA IMPACT

Locality name	County name	New CY 2009 GAF, no locality change	New CY 2009 GAF, with locality change	Percent change, due to locality change
Santa Cruz	Santa Cruz	1.017	1.100	7.59%
Monterey	Monterey	1.017	1.080	5.83%
Sonoma	Sonoma	1.017	1.076	5.51%
Marin	Marin	1.112	1.173	5.19%
Napa/Solano	Solano	1.112	1.066	−4.33%
Napa/Solano	Napa	1.112	1.066	−4.33%
Rest of California		1.017	1.012	−0.49%

This proposal is similar to the policy we previously proposed in the CY 2006 PFS proposed rule (70 FR 45784) (but, as discussed above in this section, we did not adopt in the final rule) to address the counties with GAFs that are most different from their current locality designation. At that time, we only considered the two counties with the greatest difference between the county and locality GAF—Santa Cruz and Sonoma. Given the new GAF data, we are again considering this approach to address locality issues, but we would make adjustments to any county in California in which the county GAF exceeds the locality GAF by more than 5 percent. Table 7 shows the impacts using fully phased-in CY 2009 GPCIs that would apply using the new GPCI data discussed in this proposed rule. The table compares the changes that would occur in CY 2009 under the current locality structure with those that would occur under option 1. The table shows that compared to the fully phased-in CY 2009 GAFs that would occur under the current locality structure, under this option, the GAFs for Santa Cruz, Monterey and Sonoma would increase by 7.59 percent, 5.83 percent, and 5.51 percent respectively, and the GAF for the Rest of California locality would decrease by 0.49 percent. The GAF for Marin would increase by 5.19 percent while the GAF for Napa/Solano would decrease by 4.33 percent. The GAFs for all other California localities would not change.

Option 2: This approach is similar to option 1, but the new localities would be structured differently. We would use the same 5 percent threshold methodology but instead of creating four new localities in which each county becomes its own new locality, the three counties that are removed from the Rest of California locality would become one new locality. Marin County would still be removed from the Marin/Napa/Solano locality to become its own locality. Application of this approach would remove three counties (Santa Cruz, Sonoma, and Monterey) from the Rest of California payment locality, and Marin County from the existing Marin/Napa/Solano payment locality. This approach groups together counties from the Rest of California locality that have the greatest difference between the county and locality GAF. These three counties have similar cost structures and grouping them together into one new locality is consistent with our goal of homogeneous resource costs within a locality. In addition, it creates fewer localities which is administratively simpler for both the Medicare program

and for physicians who might practice in multiple localities.

Again, since we are considering applying this approach initially in California, Table 8 shows the impact, using fully phased-in CY 2009 GPCIs, for each of the new localities and for the localities that would remain. The table shows that compared to the fully phased-in CY 2009 GAFs that would occur under the current locality structure, under this option, the GAFs for the new Santa Cruz/Sonoma/Monterey locality would increase by 6.3 percent, and the GAF for the Marin County locality would increase by 5.19 percent. The GAFs would decrease by 0.49 percent for the Rest of California locality and by 4.33 percent for the Napa/Solano locality.

TABLE 8.—OPTION 2—APPLY FIVE PERCENT THRESHOLD TO REMOVE COUNTIES FROM THEIR CURRENT PAYMENT LOCALITIES, CALIFORNIA IMPACT, CREATE TWO NEW LOCALITIES

Locality name	County name	CY 2009 county GAF	CY 2009 GAF, no locality change	CY 2009 GAF, with locality change	Percent change, CY 2009 GAF, with locality change
Marin	Marin	1.173	1.112	1.173	5.19
Napa/Solano	Napa	1.080	1.112	1.066	−4.33
Napa/Solano	Solano	1.053	1.112	1.066	−4.33
Santa Cruz/Monterey/Sonoma	Santa Cruz	1.100	1.017	1.082	6.03
Santa Cruz/Monterey/Sonoma	Sonoma	1.076	1.017	1.082	6.03
Santa Cruz/Monterey/Sonoma	Monterey	1.080	1.017	1.082	6.03
Rest of California		1.017	1.017	1.012	−0.049

Option 3: Apply a methodology similar to that used in the 1997 locality revisions, but applied at the county level rather than the ''existing locality'' level. That is, we sorted the counties by descending GAFs and compared the highest county to the second highest. If the difference is less than 5 percent, the counties were included in the same locality. The third highest is then compared to the highest county GAF. This iterative process continues until a county has a GAF difference that is more than 5 percent. When this occurs, that county becomes the highest county in a new payment locality and the process is repeated for all counties in the State. This methodology is also described in the CY 2006 PFS final rule with comment period (70 FR 70151). This approach would group counties within a State into localities based on similarity of GAFs even if the counties were not geographically contiguous.

This is a numerical organization of payment localities based on costs which will reduce the number of payment localities in California from 9 to 6 localities and will create a structure where areas with similar costs will be grouped together. This option alleviates the greatest variations in cost between counties in California. This proposal is unique in that the new localities are not contiguous. Currently, all localities encompass adjacent geographic areas. However, Table 9 shows that for most of the counties in California, geographic relationships are maintained within payment groups.

While this option groups counties with similar costs together, it does not address the issue of a county or locality that has costs very different from those of an adjoining county or locality. Under this option, it will still be possible for neighboring counties or localities to have significantly different cost structures and the associated problems such as incentives to relocate across county lines would still exist.

This option is the most administratively burdensome option for CMS to implement because of the significant systems changes and provider education that would be required to reconfigure the California localities in this manner. It will also place a greater burden on practicing physicians who are more likely to experience a change in his or her practice's locality. We are seeking comments on the extent of the administrative burden.

Since we are considering applying this approach initially in California, Table 9 shows the impact, using fully phased-in CY 2009 GPCIs, for each of the California counties. Table 9 shows that this approach would result in 6 total California payment localities. The changes would have a variety of impacts depending upon the counties involved. The changes are illustrated in Table 9.

TABLE 9.—OPTION 3—REVISION OF PAYMENT LOCALITIES

County	Current Medicare locality	Current county GAF	Proposed Medicare locality	Proposed locality GAF	Current locality GAF	Percent difference
San Mateo	San Mateo, CA	1.204	1	1.197	1.204	−0.6
San Francisco	San Francisco, CA	1.201	1	1.197	1.201	−0.3
Marin	Marin/Napa/Solano, CA	1.170	1	1.197	1.112	7.6
Santa Clara	Santa Clara, CA	1.148	2	1.119	1.148	−2.5
Contra Costa	Oakland/Berkeley, CA	1.134	2	1.119	1.131	−1.0
Alameda	Oakland/Berkeley, CA	1.129	2	1.119	1.131	−1.0
Orange	Anaheim/Santa Ana, CA	1.128	2	1.119	1.128	−0.8
Ventura	Ventura, CA	1.121	2	1.119	1.121	−0.2
Los Angeles	Los Angeles, CA	1.112	2	1.119	1.112	0.6
Santa Cruz	Rest of California	1.098	3	1.061	1.012	4.9
Napa	Marin/Napa/Solano, CA	1.077	3	1.061	1.112	−4.6
Monterey	Rest of California	1.077	3	1.061	1.012	4.9
Sonoma	Rest of California	1.074	3	1.061	1.012	4.9
San Diego	Rest of California	1.053	3	1.061	1.012	4.9

TABLE 9.—OPTION 3—REVISION OF PAYMENT LOCALITIES—Continued

County	Current Medicare locality	Current county GAF	Proposed Medicare locality	Proposed locality GAF	Current locality GAF	Percent difference
Santa Barbara	Rest of California	1.053	3	1.061	1.012	4.9
Solano	Marin/Napa/Solano, CA	1.051	3	1.061	1.112	−4.6
Sacramento	Rest of California	1.047	4	1.023	1.012	1.2
El Dorado	Rest of California	1.033	4	1.023	1.012	1.2
San Bernardino	Rest of California	1.023	4	1.023	1.012	1.2
Placer	Rest of California	1.021	4	1.023	1.012	1.2
Riverside	Rest of California	1.017	4	1.023	1.012	1.2
San Luis Obispo	Rest of California	1.015	4	1.023	1.012	1.2
San Joaquin	Rest of California	1.006	4	1.023	1.012	1.2
Yolo	Rest of California	0.995	5	0.962	1.012	−4.9
Stanislaus	Rest of California	0.979	5	0.962	1.012	−4.9
Mono	Rest of California	0.977	5	0.962	1.012	−4.9
Nevada	Rest of California	0.975	5	0.962	1.012	−4.9
Kern	Rest of California	0.973	5	0.962	1.012	−4.9
San Benito	Rest of California	0.971	5	0.962	1.012	−4.9
Sierra	Rest of California	0.967	5	0.962	1.012	−4.9
Amador	Rest of California	0.967	5	0.962	1.012	−4.9
Fresno	Rest of California	0.963	5	0.962	1.012	−4.9
Mendocino	Rest of California	0.960	5	0.962	1.012	−4.9
Madera	Rest of California	0.960	5	0.962	1.012	−4.9
Tuolumne	Rest of California	0.959	5	0.962	1.012	−4.9
Alpine	Rest of California	0.957	5	0.962	1.012	−4.9
Mariposa	Rest of California	0.956	5	0.962	1.012	−4.9
Tulare	Rest of California	0.950	5	0.962	1.012	−4.9
Butte	Rest of California	0.950	5	0.962	1.012	−4.9
Merced	Rest of California	0.949	5	0.962	1.012	−4.9
Calaveras	Rest of California	0.949	5	0.962	1.012	−4.9
Humboldt	Rest of California	0.947	5	0.962	1.012	−4.9
Lake	Rest of California	0.947	5	0.962	1.012	−4.9
Imperial	Rest of California	0.945	5	0.962	1.012	−4.9
Plumas	Rest of California	0.945	6	0.938	1.012	−7.3
Lassen	Rest of California	0.944	6	0.938	1.012	−7.3
Sutter	Rest of California	0.942	6	0.938	1.012	−7.3
Yuba	Rest of California	0.942	6	0.938	1.012	−7.3
Colusa	Rest of California	0.940	6	0.938	1.012	−7.3
Del Norte	Rest of California	0.940	6	0.938	1.012	−7.3
Modoc	Rest of California	0.938	6	0.938	1.012	−7.3
Shasta	Rest of California	0.937	6	0.938	1.012	−7.3
Kings	Rest of California	0.935	6	0.938	1.012	−7.3
Inyo	Rest of California	0.935	6	0.938	1.012	−7.3
Siskiyou	Rest of California	0.934	6	0.938	1.012	−7.3
Trinity	Rest of California	0.933	6	0.938	1.012	−7.3
Tehama	Rest of California	0.932	6	0.938	1.012	−7.3
Glenn	Rest of California	0.930	6	0.938	1.012	−7.3

We are soliciting comments on these options, as well as other approaches to refining localities both from the perspective of implementing one of these approaches in California in CY 2008, and also from the perspective of their applicability more broadly.

C. Malpractice (MP) RVUs (TC/PC Issue)

[If you choose to comment on issues in this section, please include the caption ''MALPRACTICE'' at the beginning of your comments.]

In the CY 1992 PFS final rule (56 FR 59527), we described in detail how malpractice (MP) RVUs are calculated for CPT codes and, when professional liability insurance (PLI) is not available, how we crosswalk or assign RVU values to codes. Following the initial calculation of resource-based MP RVUs, the MP RVU are then subject to review by CMS at 5-year intervals. Reviewing the MP RVUs every 5 years ensures that MP RVU values reflect any marketplace changes in the physician community's ability to acquire PLI. Alternatively, there are some technical services which have assigned MP RVU values that have never been part of the review process. Consequently, the MP RVU values assigned to these technical services have not been revised since their initial assignment. The reason these services have never been reviewed is directly related to a lack of suitable data on the cost of PLI for technical staff or imaging centers.

In response to our review of the MP RVUs of services, the RUC's PLI Workgroup brought to our attention the fact that there are approximately 600 services that have a technical component MP RVU that is greater than the professional component MP RVU. The RUC has asked CMS to change the technical component MP RVU values, stating that, as physicians have to pay the larger PLI premiums, there should be higher RVUs associated with the professional portions of these services. In the RUC's comments to CMS, the RUC made two alternative suggestions:

1. CMS should ''flip'' the MP RVUs associated with each of the component parts, so the technical component MP RVUs are assigned the value of the professional component RVUs, and the professional component are assigned the MP RVUs of the technical component MP RVUs; or

2. CMS should make the RVUs of the technical component MP RVUs equal to

the MP RVUs of the professional component.

We are not accepting the first suggestion. The professional portion of the MP RVUs have undergone review and are derived from actual data, and are an integral part of our resource-based methodology. We do not believe, in the absence of evidence, that our data or conclusions for the professional MP RVUs are inaccurate. It would not be consistent with our resource-based fee schedule methodology to make changes in the professional RVUs that are not supported by actual data.

Because no data have been offered to demonstrate that the malpractice costs for the technical portion of these services are the same as for the professional portion of these services, we also do not believe it would be appropriate to accept the second suggestion at this time. To ensure that any changes we make to any MP RVUs are resource-based, we need more information from the affected community. Specifically, we would like to better understand how, and if, technicians employed by facilities purchase PLI or how their professional liability is insured. In addition, we are soliciting comments on what types of PLI are carried by facilities that perform technical services.

We appreciate the RUC's recommendation and are interested in addressing their concerns. Ideally, we would like to develop a resource-based methodology for the technical portion of the MP RVUs. However, at this time we do not have data that would support such a change. Therefore, we are soliciting comments on how we could obtain the necessary data to create resource-based RVUs for these services.

D. Medicare Telehealth Services

[If you choose to comment on issues in this section, please include the caption ''MEDICARE TELEHEALTH SERVICES'' at the beginning of your comments.]

1. Requests for Adding Services to the List of Medicare Telehealth Services

Section 1834(m)(4)(F) of the Act defines telehealth services as professional consultations, office visits, and office psychiatry services, and any additional service specified by the Secretary. In addition, the statute required us to establish a process for adding services to or deleting services from the list of telehealth services on an annual basis.

In the December 31, 2002 **Federal Register** (67 FR 79988), we established a process for adding services to or deleting services from the list of Medicare telehealth services. This process provides the public an ongoing opportunity to submit requests for adding services. We assign any request to make additions to the list of Medicare telehealth services to one of the following categories:

- Category #1: Services that are similar to office and other outpatient visits, consultation, and office psychiatry services. In reviewing these requests, we look for similarities between the proposed and existing telehealth services for the roles of, and interactions among, the beneficiary, the physician (or other practitioner) at the distant site and, if necessary, the telepresenter. We also look for similarities in the telecommunications system used to deliver the proposed service, for example, the use of interactive audio and video equipment.
- Category #2: Services that are not similar to the current list of telehealth services. Our review of these requests includes an assessment of whether the use of a telecommunications system to deliver the service produces similar diagnostic findings or therapeutic interventions as compared with the face-to-face ''hands on'' delivery of the same service. Requestors should submit evidence showing that the use of a telecommunications system does not affect the diagnosis or treatment plan as compared to a face-to-face delivery of the requested service.

Since establishing the process, we have added the following to the list of Medicare telehealth services: Psychiatric diagnostic interview examination; ESRD services with two to three visits per month and four or more visits per month (although we require at least one visit a month, in person ''hands on'', by a physician, CNS, NP, or PA to examine the vascular access site); and individual medical nutrition therapy.

Requests to add services to the list of Medicare telehealth services must be submitted and received no later than December 31 of each calendar year to be considered for the next rulemaking cycle. For example, requests submitted before the end of CY 2006 are considered for the CY 2008 proposed rule. For more information on submitting a request for an addition to the list of Medicare telehealth services, visit our Web site at *www.cms.hhs.gov/telehealth/.*

2. Submitted Requests for Addition to the List of Telehealth Services

We received the following requests for additional approved services in CY 2006: (1) Subsequent hospital care; (2) neurobehavioral status exam; and (3) neuropsychological testing. The following is a discussion of the requests submitted in CY 2006.

a. Subsequent Hospital Care

The American Telemedicine Association (ATA) submitted a request to add subsequent hospital care (as represented by HCPCS codes 99231 through 99233). The ATA mentioned that the AMA CPT panel deleted the codes for follow-up inpatient consultation (as described by HCPCS codes 99261 through 99263) and that the codes for subsequent hospital care are used instead of the deleted codes. The requestor described two scenarios in which subsequent hospital care services could be furnished as a telehealth service. The first scenario would involve a specialty physician who furnishes an inpatient consultation as a telehealth service and follows the specific problem (for which the consultation was requested) with subsequent hospital care (inpatient visits). The second scenario involves an attending or admitting physician who furnishes initial hospital care in-person (not as telehealth) and provides subsequent hospital care as a telehealth service. The requester explained that the ability to provide health care services when the practitioner is not onsite is critical to the survival of many rural and critical access hospitals (CAHs). The requestor believes that subsequent hospital care should be considered a category 1 service because it is similar to an inpatient consultation (which is currently on the list of telehealth services) and that an inpatient consultation is a more complex service than subsequent hospital care.

Additionally, an individual practitioner explained that the complete diagnostic and therapeutic plan cannot be established for an infectious disease patient in a single consultation and noted that follow-up inpatient consultations were previously allowed as telehealth services. The practitioner believes that telehealth is appropriate for allowing the physician or practitioner at the distant site to be a ''primary care giver'' (in the inpatient hospital setting); however, stated that supporting data is needed.

CMS Review

As mentioned by the requestors, the AMA deleted follow-up inpatient consultation (as described by CPT codes 99261 through 99263). Effective January 1, 2006, these CPT codes no longer exist and were removed from the PFS. As such, a conforming change was made to remove these codes from the list of Medicare telehealth services. CPT

instructs physicians and practitioners to use subsequent hospital care instead of the deleted codes. However, subsequent hospital care describes a broader set of services than the deleted codes (follow-up inpatient consultation).

In the CY 2005 PFS proposed rule (69 FR 47511), we discussed a previous request to add subsequent hospital care to the list of Medicare telehealth services. Given the potential acuity of the patient (patients tend to be more acutely ill in the hospital setting), we concluded that subsequent hospital care was not similar to existing telehealth services (for example, an office visit, office psychology, or consultation). Therefore, we indicated that we considered subsequent hospital care as a category 2 service. We were not able to approve subsequent hospital care for telehealth because no comparative analyses were submitted indicating that the use of a telecommunications system is an adequate substitute for subsequent hospital care furnished in-person (which is a requirement for category 2 services).

Given the potential acuity level of the patient in the hospital setting, we continue to believe that many services furnished within the scope of the subsequent hospital service codes are not similar to current telehealth services. We continue to have concerns about using a telecommunications system as a substitute for the on-going (in person) evaluation and management (E/M) of a hospital inpatient. Therefore, we propose to not add subsequent hospital care as described by HCPCS codes 99231 through 99233 to the list of Medicare telehealth services.

We recognize that in deleting the codes for follow-up inpatient consultation services, CPT instructs physicians to use the codes for subsequent hospital care instead of those for follow-up inpatient consultation. Therefore, we are considering the possibility of approving subsequent hospital care with specific limitations; for example, approving subsequent hospital care for telehealth only when the codes are used for follow-up inpatient consultation (and not for inpatient visits). As such, we are requesting specific comments as to what conditions (or requirements) we could apply to subsequent hospital care, so that subsequent hospital care reflects a follow-up inpatient consultation.

b. Neurobehavioral Status Exam and Neuropsychological Testing

The ATA also submitted a request to add neurobehavioral status exam (as described by HCPCS code 96116) and neuropsychological testing (HCPCS codes 96118 through 96120) to the list of Medicare telehealth services. The requestor explained that these services are provided during testing of the cognitive function of the central nervous system (CNS). The requestor believes that the HCPCS codes currently approved for telehealth are not appropriate for reporting neurobehavioral status exam and neuropsychological testing, and that these services are category 1 services.

The requestor also explained that the neurobehavioral status exam and neuropsychological testing are provided to patients located in a physician's or practitioner's office, CAH, rural health clinic (RHC), or Federally qualified health center (FQHC), and that physicians and clinical psychologists are typically the practitioners who furnish these services.

CMS Review

Neurobehavioral Status Exam

The neurobehavioral status exam is furnished by a physician or psychologist and includes an initial assessment and evaluation of mental status for a psychiatric patient. In this regard, we believe the neurobehavioral status exam is similar to psychiatric diagnostic interview examination (which is currently approved as a Medicare telehealth service). Therefore, we propose to add neurobehavioral status exam as represented by HCPCS code 96116 to the list of Medicare telehealth services.

We would revise § 410.78 and § 414.65 to include neurobehavioral status exam as a Medicare telehealth service.

Neuropsychological Testing

We believe that neuropsychological testing services are category 2 services because, as explained further below in this section, the roles of and interaction among the physician or practitioner at the distant site and beneficiary at the originating site are not similar to existing telehealth services (for example, office visits, consultation, and office psychiatry). We currently do not include the administration of other CNS tests on the list of telehealth services.

Neuropsychological testing is typically used to predict the presence and possible causes of brain damage using a complex battery of tests such as the Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales, and Wisconsin Card Sorting Test. These are a unique series of test instruments that are not similar to other services on the list of telehealth services. For example, neuropsychological testing evaluates a broad range of brain and nervous system functioning such as attention span and memory; visual, auditory, and tactual input; verbal communication; spatial perception; the ability to analyze information, form mental concepts, and make judgments. The comprehensive evaluation and assessment of brain and nervous system functioning is typically not a component of the services currently on the list of telehealth services. Moreover, neuropsychological testing requires administration by a trained professional and involves a unique interactive dynamic between the physician, practitioner (or technician) who administers the test and the patient. For example, to assess tactual performance the patient may be blindfolded for portions of the test; to assess sensory perception, the practitioner who administers the test touches the patient's fingers, assigning a number to each finger. In some cases a significant amount of time is necessary to complete a neuropsychological test battery (for example, the Halstead-Reitan Neuropsychological Battery could take up to 5 or 6 hours to complete).

Because we consider neuropsychological testing to be a category 2 service, we need to evaluate whether this is a service for which telehealth can be an adequate substitute for a face-to-face encounter. The requestor did not provide any comparative analyses illustrating that the use of a telecommunications system is an adequate substitute for the in-person administration of neuropsychological testing. Instead, the requestor submitted various summaries of studies and case reports addressing clinical consultation, psychotherapy, enrollment and consent of psychiatric research participants, health promotion, and health education. One comparison study between psychiatric services furnished in person and via an interactive audio and video telecommunications system was submitted. However, the study focused on the use of telehealth to furnish consultation and short-term psychotherapy (which are currently approved as Medicare telehealth services). Therefore, the information submitted was not sufficient to enable us to determine whether the use of a telecommunications system would affect the diagnosis or treatment plan as compared to a face-to-face delivery of neuropsychological testing services.

In furnishing neuropsychological testing as a telehealth service, it is our understanding that the physician, or practitioner (or technician) who actually administers the test would be located at

the distant site (rather than being present with the patient, in-person, and ''hands on'' at the originating site). We are interested in receiving comments as to whether the administration of a neuropsychological test battery could be furnished adequately when the practitioner is not physically present with the patient.

Moreover, we understand that in some cases neuropsychological testing is administered by a computer with a qualified health care professional present (for example, in administering the Wisconsin Card Sorting Test). However, we question whether a patient with suspected or confirmed brain damage or mental illness such as schizophrenia can be taught how to use a computer by a practitioner who is in a remote location. Therefore, we also request specific comments as to whether a neuropsychological patient could be instructed and supervised adequately to take the Wisconsin Card Sorting Test through an interactive audio and video telecommunications system. We are proposing not to add neuropsychological testing (as described by HCPCS codes 96118 through and 99620) to the list of Medicare telehealth services.

E. Specific Coding Issues related to PFS

1. Reduction in the Technical Component (TC) for Imaging Services Under the PFS to the Outpatient Department (OPD) Payment Amount

[If you choose to comment on issues in this section, please include the caption ''CODING—REDUCTION IN TC FOR IMAGING SERVICES'' at the beginning of your comments.]

As we noted in the CY 2007 PFS final rule with comment period (71 FR 69624), effective January 1, 2007, section 5102(b)(1) of the Deficit Reduction Act of 2005 (Pub. L. 109–171) (DRA) amended section 1848 of the Act to require that, for imaging services, if—''(i) The technical component (including the technical component portion of a global fee) of the service established for a year under the fee schedule * * * without application of the geographic adjustment factor * * *, exceeds (ii) The Medicare OPD fee schedule amount established under the prospective payment system for hospital outpatient department services * * * for such service for such year, determined without regard to geographic adjustment * * *, the Secretary shall substitute the amount described in clause (ii), adjusted by the geographic adjustment factor [under the PFS], for the fee schedule amount for such technical component for such year.''

As required by the statute, for imaging services (described in this section) furnished on or after January 1, 2007, we cap the TC of the PFS payment amount for the year (prior to geographic adjustment) by the Outpatient Prospective Payment System (OPPS) payment amount for the service (prior to geographic adjustment). We then apply the PFS geographic adjustment to the capped payment amount.

Section 5102(b)(2) of the DRA exempts the estimated reduced expenditures from this provision from the PFS BN requirement. Section 5102(b)(1) of the DRA defines imaging services as ''imaging and computer-assisted imaging services, including X-ray, ultrasound (including echocardiography), nuclear medicine (including PET), magnetic resonance imaging (MRI), computed tomography (CT), and fluoroscopy, but excluding diagnostic and screening mammography.''

To apply section 5102(b) of the DRA, we needed to determine the CPT and alpha-numeric HCPCS codes that fall within the scope of ''imaging services'' defined by the DRA provision. As we indicated in the CY 2007 PFS final rule with comment period (71 FR 69659), in general, we believe that imaging services are those that provide visual information regarding areas of the body that are not normally visible, thereby assisting in the diagnosis or treatment of illness or injury. We began by considering the CPT 7XXXX series codes for radiology services, and then added other CPT codes and alpha-numeric HCPCS codes that describe imaging services. We then excluded nuclear medicine services that were non-imaging diagnostic or treatment services. We also excluded all codes for unlisted procedures since we would not know in advance of any specific clinical scenario whether or not the unlisted procedure was an imaging service.

We excluded all mammography services, consistent with the statute. We excluded radiation oncology services that were not imaging or computer-assisted imaging services. We also excluded all HCPCS codes for imaging services that are not separately paid under the OPPS since there would be no corresponding OPPS payment to serve as a TC cap. We excluded any service where the CPT code describes a procedure for which fluoroscopy, ultrasound, or another imaging modality is included in the code whether or not it is used, or for which an imaging modality is employed peripherally in the performance of the main procedure, for example, CPT code 31622, *bronchoscopy with or without fluoroscopic guidance* and CPT code 43242, *upper gastrointestinal endoscopy with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s).* In these cases, we are unable to clearly distinguish imaging from non-imaging services because, for example, a specific procedure may or may not utilize an imaging modality, or the use of an imaging technology cannot be segregated from the performance of the main procedure. Note that we included carrier-priced services since these services are within the statutory definition of imaging services and are also within the statutory definition of PFS services (that is, carrier-priced TCs of PET scans).

Upon further review, we have determined that certain ophthalmologic procedures meet the DRA definition of imaging procedures, but were not included in the original list of imaging services subject to the OPPS cap. Therefore, we propose to add the following procedures to the list of procedures subject to the OPPS cap, effective January 1, 2008:

- 92135, *Scanning computerized ophthalmic diagnostic imaging (e.g., scanning laser) with interpretation and report.*
- 92235, *Fluorscein angioscopy (includes multiframe imaging) with interpretation and report.*
- 92240, *Indocyanine-green angiography (includes multiframe imaging) with interpretation and report.*
- 92250, *Fundus photography with interpretation and report.*
- 92285, *External ocular photography with interpretation and report for documentation of medical progress (e.g., close-up photography, slit lamp photography, goniophotography, stereo-photography).*
- 92286, *Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count.*

A complete list of codes that identify imaging services defined by the DRA OPPS cap provision was published in Addendum F of the CY 2007 PFS proposed rule (71 FR 49249 through 49252). We will update the list through program instructions to our contractors. To the extent that the same imaging service is coded differently under the PFS and the OPPS, we crosswalked the code under the PFS to the appropriate code under the OPPS that could be reported for the same service provided in the hospital outpatient setting.

2. Application of Multiple Procedure Payment Reduction for Mohs Micrographic Surgery (CPT codes 17311 through 17315)

[If you choose to comment on issues in this section, please include the caption ''CODING—MULTIPLE PROCEDURE PAYMENT REDUCTION FOR MOHS SURGERY'' at the beginning of your comments.]

Under the multiple procedure payment reduction policy, reimbursement for subsequent surgical procedures performed during the same operative session by the same physician is reduced by 50 percent. The Mohs surgery codes have been exempt from the multiple procedure payment reduction rules since the inception of the PFS (56 FR 59602, November 25, 1991).

The CPT Editorial Panel reviewed all of the codes on the -51 modifier exempt list to identify which codes should be exempt from the multiple procedure payment reduction rules. Based on the revisions to the code descriptors and a clearer understanding regarding the technical elements of the procedure, the CPT Editorial Panel removed the Mohs procedure from the -51 modifier list. The code descriptors for Mohs surgery codes were developed to take into account the different level of physician work intensity based on anatomic site. The RVUs associated with the codes for each anatomic location were assigned, as they are for other procedures, after a thorough discussion by the RUC of all aspects of the service. RVUs were developed for each Mohs surgery base code based on an assumption that each code is performed separately. Because the RVUs for these services do not take into account the efficiencies that occur when multiple procedures are performed in one session, we do not believe that these codes should continue to be exempt from the multiple procedure payment reduction. Therefore, we are proposing to eliminate the modifier -51 exemption and apply the multiple procedure payment reduction rules to these codes.

3. Payment for Intravenous Immune Globulin (IVIG) Add-On Code for Preadmission-Related Services

[If you choose to comment on issues in this section, please include the caption ''CODING—PAYMENT FOR IVIG ADD-ON CODE'' at the beginning of your comments.]

Intravenous immune globulin (IVIG) is a unique product derived from blood plasma. Since its production depends on plasma collection, there may be constraints on the amount produced. There have been reported fluctuations in supply of this product and, in recent years, the demand for this product has grown because of off-label uses.

We recognize the importance of IVIG to patients who require it and are concerned about reports of problems with IVIG access and availability. We have initiated several actions in response to the concerns about the supply of IVIG. We have continued to improve the codes for reporting IVIG, including creating four new codes for liquid non-lyophilized IVIG for use effective July 1, 2007. In addition, as noted below in this section, we established a temporary additional payment for IVIG preadministration services to compensate physicians for the extra resources required to be expended due to market conditions in order to locate and obtain the appropriate IVIG products and to schedule patient infusions.

In 2006, we created the HCPCS code G0332, *Preadministration-related services for intravenous infusion of immunoglobulin, per infusion encounter* and established RVUs for the code based on the nonfacility PE RVUs for code G0319 (1.90 PE RVUs). Code G0319 describes ESRD-related services during the course of treatment, for patients 20 years of age and over; with one face-to-face physician visit per month.

The rationale for the PE valuation was that we believed the additional physician practice resources expended for preadministration-related services, particularly clinical labor, are comparable to the PE for the ESRD management code.

In 2007, we established RVUs for code G0332 based on a blend of the PE RVUs for ESRD codes G0319 and G0318. The RVUs were set at 1.97, a slight increase in the PE RVUs assigned to the code. For a discussion of the RVUs established for these services, see the CY 2007 PFS final rule with comment period (71 FR 69679).

The OIG recently published a report in April 2007 titled, ''Intravenous Immune Globulin: Medicare Payment and Availability'' (OEI–03–05–00404). The CMS comments on this report were included in Appendix B. We believe this report provides information on the availability and pricing for this product and sets the stage for further review of key issues that can bring greater understanding of the marketplace for this product.

We acknowledge the finding in the OIG report that increasing numbers of physicians are able to purchase IVIG below the Medicare ASP+6 percent payment rates. In the third quarter of 2006, 59 percent of sales to physicians were at prices lower than the Medicare payment rate, a substantial increase over the prior 3 quarters. We consider this to be an important development, as it suggests that although the OIG could not determine the underlying reasons that physicians have had issues with IVIG product availability, Medicare payment rates under the ASP+6 percent payment system have, over time, adjusted to substantial increases in IVIG market prices.

We have also requested that the OIG further study some of the issues we raised in our comments so that we can better understand the IVIG market.

We are concerned that the existence of the preadministration fee could further distort the market and provide inappropriate incentives for IVIG utilization. Despite these concerns, we want to ensure that beneficiaries continue to have access to IVIG. Therefore, we are proposing to continue payment for G0332 only through CY 2008 at the same level of PE RVUs as CY 2007. We invite comments on this policy.

4. Additional Codes from the 5-Year Review of Work RVUs

[If you choose to comment on issues in this section, please include the caption ''CODING—ADDITIONAL CODES FROM 5-YEAR REVIEW'' at the beginning of your comments.]

As discussed in the CY 2007 PFS final rule with comment period, we deferred the decisions on proposed changes to the work RVUs for a number of codes from the 5-Year Review for a year, either because we had not yet received the RUC recommendation or because we were suggesting that the RUC reevaluate the original recommendation. As we stated in that same rule, these additional codes are still considered part of the 5-Year Review. Table 10 shows the remaining codes, the requested and recommended RVUs, and CMS's proposal on the codes. We are proposing to accept all of the RUC recommendations, with the exception of CPT code 93325 which we are proposing to bundle (that is, work RVUs would be increasing for 33 codes, decreasing for 10 codes, and maintained for 15 codes).

TABLE 10.—REMAINING CODES FROM FIVE-YEAR REVIEW OF WORK RELATIVE VALUE UNITS

CPT [1]/ HCPCS code	Mod	Descriptor	2007 work RVU	Requested work RVU	RUC REC	CMS proposal (agree/ disagree)	2008 Proposed work RVU [2]
19301		Partial mastectomy	6.03	10.00	10.00	Agree	10.00
33207		Insertion of heart pacemaker.	9.05	8.00	8.00	Agree	8.00
45300		Proctosigmoidoscopy dx	0.38	1.00	0.80	Agree	0.80
45303		Proctosigmoidoscopy dilate	0.44	1.50	1.50	Agree	1.50
45305		Proctosigmoidoscopy w/bx	1.01	1.25	1.25	Agree	1.25
45307		Proctosigmoidoscopy fb	0.94	1.70	1.70	Agree	1.70
45308		Proctosigmoidoscopy removal.	0.83	1.40	1.40	Agree	1.40
45309		Proctosigmoidoscopy removal.	2.01	1.50	1.50	Agree	1.50
45315		Proctosigmoidoscopy removal.	1.40	1.80	1.80	Agree	1.80
45317		Proctosigmoidoscopy bleed	1.50	2.00	2.00	Agree	2.00
45320		Proctosigmoidoscopy ablate.	1.58	1.78	1.78	Agree	1.78
45321		Proctosigmoidoscopy volvul	1.17	1.75	1.75	Agree	1.75
45327		Proctosigmoidoscopy w/ stent.	1.65	2.00	2.00	Agree	2.00
46600		Diagnostic anoscopy	0.50	0.79	0.55	Agree	0.55
46604		Anoscopy and dilation	1.31	1.25	1.03	Agree	1.03
46606		Anoscopy and biopsy	0.81	1.20	1.20	Agree	1.20
46608		Anoscopy, remove for body	1.51	1.30	1.30	Agree	1.30
46610		Anoscopy, remove lesion	1.32	1.28	1.28	Agree	1.28
46611		Anoscopy	1.81	1.30	1.30	Agree	1.30
46612		Anoscopy, remove lesions	2.34	1.50	1.50	Agree	1.50
46614		Anoscopy, control bleeding	2.01	1.50	1.00	Agree	1.00
46615		Anoscopy	2.68	1.50	1.50	Agree	1.50
92002		Eye exam, new patient	0.88	0.88	0.88	Agree	0.88
92004		Eye exam, new patient	1.67	1.82	1.82	Agree	1.82
92012		Eye exam established pat	0.67	0.92	0.92	Agree	0.92
92014		Eye exam & treatment	1.10	1.42	1.42	Agree	1.42
92557		Comprehensive hearing test.	0.00	0.60	0.60	Agree	0.60
92567		Tympanometry	0.00	0.20	0.20	Agree	0.20
92568		Acoustic refl threshold tst	0.00	0.29	0.29	Agree	0.29
92569		Acoustic reflex decay test	0.00	0.20	0.20	Agree	0.20
92579		Visual audiometry (vra)	0.00	0.70	0.70	Agree	0.70
92601		Cochlear implt f/up exam < 7.	0.00	2.30	2.30	Agree	2.30
92602		Reprogram cochlear implt < 7.	0.00	1.30	1.30	Agree	1.30
92603		Cochlear implt f/up exam 7 >.	0.00	2.25	2.25	Agree	2.25
92604		Reprogram cochlear implt 7 >.	0.00	1.25	1.25	Agree	1.25
93325		Doppler color flow add-on	0.07	0.30	CPT	Disagree	Bundled
99304		Nursing facility care, init	1.20	1.88	1.61	Agree	1.61
99305		Nursing facility care, init	1.61	2.56	2.30	Agree	2.30
99306		Nursing facility care, init	2.01	3.60	3.00	Agree	3.00
99307		Nursing fac care, subseq	0.60	0.76	0.76	Agree	0.76
99308		Nursing fac care, subseq	1.00	1.39	1.16	Agree	1.16
99309		Nursing fac care, subseq	1.42	2.00	1.55	Agree	1.55
99310		Nursing fac care, subseq	1.77	2.35	2.35	Agree	2.35
99318		Annual nursing fac assessmnt.	1.20	1.88	1.71	Agree	1.71
99326		Domicil/r-home visit new pat.	2.27	2.85	2.27	Agree	2.27
99327		Domicil/r-home visit new pat.	3.03	3.75	3.03	Agree	3.03
99328		Domicil/r-home visit new pat.	3.78	4.26	3.78	Agree	3.78
99334		Domicil/r-home visit est pat	0.76	1.25	0.76	Agree	0.76
99335		Domicil/r-home visit est pat	1.26	2.00	1.26	Agree	1.26
99336		Domicil/r-home visit est pat	2.02	2.75	2.02	Agree	2.02
99337		Domicil/r-home visit est pat	3.03	4.05	3.03	Agree	3.03
99343		Home visit, new patient	2.27	2.65	2.27	Agree	2.27
99344		Home visit, new patient	3.03	3.60	3.03	Agree	3.03
99345		Home visit, new patient	3.78	4.26	3.78	Agree	3.78

TABLE 10.—REMAINING CODES FROM FIVE-YEAR REVIEW OF WORK RELATIVE VALUE UNITS—Continued

CPT [1]/ HCPCS code	Mod	Descriptor	2007 work RVU	Requested work RVU	RUC REC	CMS proposal (agree/ disagree)	2008 Proposed work RVU [2]
99347		Home visit, est patient	0.76	1.10	0.76	Agree	0.76
99348		Home visit, est patient	1.26	1.70	1.26	Agree	1.26
99349		Home visit, est patient	2.02	2.50	2.02	Agree	2.02
99350		Home visit, est patient	3.03	3.45	3.03	Agree	3.03

[1] CPT codes and descriptions only are copyright 2007 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.
[2] Proposed WRVU changes reflect E/M increases.

In Table 10, work RVUs are being proposed for CPT codes 92557, 92567, 92568, 92569, 92579, 92601, 92602, 92603 and 92604. These codes previously had no work RVUs assigned to them. However, based on surveys conducted by relevant specialty societies, the RUC recommended work RVUs as noted in the table, which we propose to accept.

We note that CPT code 93325, *Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography),* was submitted by CMS to the RUC as part of the third 5-Year Review. The RUC 5-Year Review workgroup recommended sending the code to the CPT Editorial Panel so that it could bundle CPT code 93325 into doppler echo code 93307. We believe that the technology of doppler imaging has evolved over the past 2 decades to enable color flow velocity and spectral analysis, both important components of doppler imaging, to be performed concurrently or in concert to obtain more accurate interpretation and documentation of the anatomy and physiologic function of the structure(s) and organ being evaluated. Therefore, we agree with the RUC and since the services described in 93325 have become intrinsic to the performance of other echocardiography services, we are proposing to bundle 93325 into CPT codes 76825, 76826, 76827, 76828, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93320, 93321, 93350 and assign CPT code 93325 a status indicator of ''B'' (Bundled).

5. Anesthesia Coding (Part of 5-Year Review)

Although anesthesia services are paid under the PFS, under section 1848(b)(2)(B) of the Act, they are paid on the basis of an anesthesia code-specific base unit and time units that vary based on the actual anesthesia time of the case. Since anesthesia services do not have a work RVU per code as do other medical and surgical services, a work value must be imputed for each anesthesia code. The imputed value is determined by multiplying the national average allowed charge for each anesthesia service by its anesthesia work share and dividing this amount by the general PFS conversion factor (CF). This places the work of the anesthesia service on the same relative value scale as all other physician services.

In the second 5-Year Review of anesthesia work implemented in 2002, the AMA RUC and the American Society of Anesthesiologists (ASA) used a building block approach to estimate the value of anesthesia work and compared this value to the imputed work value to determine whether the work of anesthesia services is properly valued. Under the building block approach, each anesthesia code was uniformly divided into five components; pre-anesthesia, equipment and supply preparation, induction, post-induction anesthesia, and post-anesthesia. Work is determined for each of the five components and summed to calculate total anesthesia work for the anesthesia code. The imputed value for the anesthesia code is compared to the building block estimate of work in order to assess whether, and if so, to what extent, the anesthesia code is not properly valued.

The most significant component of work for the anesthesia service is the intensity for the post-induction anesthesia time. The ASA thought that the RUC significantly misvalued this component in the second 5-Year Review. In addition, the ASA was dissatisfied that the RUC did not extend the analysis from the 19 high volume anesthesia codes reviewed by the RUC to all anesthesia codes.

In the CY 2007 PFS final rule with comment period, we addressed the issue of the work of anesthesia services under the third 5-Year Review of work.

As explained in that rule, we made very modest adjustments to the work of the 19 anesthesia codes surveyed and analyzed by the RUC in the second 5-Year Review of work. These adjustments were made recognizing that the work of the pre- and post-anesthesia service components as linked to certain E/M services. Since we accepted the AMA RUC's recommendations for increased work values for certain E/M codes for the third 5-Year Review of work, we recalculated the work of the 19 anesthesia services to incorporate these higher work values. The adjustment in work was reflected by increasing the anesthesia CF by less than 1 percent.

However, on the more significant issue of the valuation of work in the post-induction anesthesia period, we took no action. Rather, in the CY 2007 PFS final rule with comment period, we asked the RUC to review and consider this issue as part of the third 5-Year Review of work. We also asked the RUC to consider how increases in the work of pre- and post-anesthesia services could cause adjustments to the anesthesia services not specifically reviewed by the ASA and the RUC.

In January 2007, the ASA requested the AMA RUC to review the undervaluation of the work of the post-induction anesthesia period and to consider also an analytic approach, based on linear regression analysis, which could be used to evaluate the work of the entire anesthesia service. The linear regression model relates the work of the post-induction period time and the work of the entire anesthesia service to the base unit value for the anesthesia code. Under this model, the work of anesthesia services is undervalued by approximately 34 percent.

The RUC established an anesthesia workgroup to examine this proposal. The workgroup discussed this proposal extensively at its two teleconferences, prior to the April RUC meeting, and at the April RUC meeting itself. In May 2007, the AMA RUC, based on the analyses and recommendations of its workgroup, submitted a recommendation to CMS for a 32 percent increase in the work of anesthesia services.

The workgroup approved the ASA's use of the linear regression model to value only the work of the post-induction period time. In contrast to the ASA proposal, the workgroup

considered an analytic approach different from the regression model developed by the ASA. This approach is based on a building block approach that could be used to evaluate the work of all anesthesia service components other than the pos-induction period time. For example, for pre-anesthesia time, the methodology is as shown in Table 11.

TABLE 11.—PRE-ANESTHESIA TIME

All Anesthesia codes with 3 base units	linked to the work of 99201.
All Anesthesia codes with 4 base units	linked to the blend of work for 99201 and 99202.
All Anesthesia codes with 5 to 15 base units	linked to the work of 99202.
All Anesthesia codes with 16 to 30 base units	linked to the work of 99252.

Note: The source of the link for work is the pre-anesthesia valuation from the 19 surveyed anesthesia codes whose base units varied from 3 units to 25 units.

Similar approaches are used for each anesthesia component: preparation time, induction period time, and post-anesthesia time. Systematically, codes with lower anesthesia base unit values have lower work values for each component of the building block approach than do codes with higher anesthesia base unit values. For the given building block component, the work value of that component is the same for all anesthesia services that have the same base unit value.

According to the workgroup's revised methodology which is extended from the 19 surveyed codes to all 271 anesthesia codes, the work of anesthesia services is undervalued by approximately 32 percent. Thus, based on the acceptance of the workgroup and the RUC's recommendation, an adjustment of approximately 25 percent would be applied to the anesthesia CF.

Increases in the work of anesthesia services would have to be offset by additional adjustments to the PFS BN adjustor for work. We estimate that the increase in the anesthesia CF would result in an additional 1.0 percent increase in the BN adjuster for work.

Other adjustments also affect the anesthesia CF. For example, an increase in anesthesia work may have implications for PE because indirect PEs are allocated based on the sum of work and direct PEs. When we ran the PE RVU program, there was no increase in the aggregate anesthesia PEs. Thus, no adjustment is being made to the PE share of the anesthesia service or to the anesthesia CF for this component.

We are proposing to accept the RUC's recommendation and increase the work of anesthesia services by 32 percent.

Due to the proposed work RVU changes for the codes listed in Table 10 and the proposed increases in the work of anesthesia services, we are proposing to revise the work adjustor to maintain budget neutrality. Based upon the increases, the proposed revised work adjustor is approximately 0.8816, which is discussed further in the impact section of this proposed rule.

6. Reporting of Cardiac Rehabilitation Services

For CY 2008, we are proposing to assign a status indicator of ''I'' (invalid for Medicare purposes, Medicare recognizes another code for the billing of this service) to the current CPT codes for cardiac rehabilitation services, CPT codes 93797, *Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session),* and 93798, *Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session).* (There is no definition of ''per session.'') Therefore, to clarify the coding and payment for these services, we propose to establish two new Level II HCPCS codes that we believe are more appropriate for specifically reporting cardiac rehabilitation services under the PFS. The proposed HCPCS codes are: Gxxx1, *Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per hour)*, and Gxxx2, *Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per hour).* We believe the new codes that use a per hour descriptor will more accurately measure the services being provided and facilitate proper coding and payment. The current RVUs associated with CPT codes 93797 and 93798 will be crosswalked to HCPCS Codes Gxxx1 and Gxxx1, respectively, because 1 hour of service was assumed in establishing the current RVUs.

F. Part B Drug Payment

1. Average Sales Price (ASP) Issues

[If you choose to comment on issues in this section, please include the caption ''ASP ISSUES'' at the beginning of your comments.]

Medicare Part B covers a limited number of prescription drugs and biologicals. For the purposes of this proposed rule, the term ''drugs'' will hereafter refer to both drugs and biologicals, unless otherwise specified. Medicare Part B covered drugs not paid on a cost or prospective payment basis generally fall into the following three categories:

- Drugs furnished incident to a physician's service.
- DME drugs.
- Drugs specifically covered by statute (certain immunosuppressive drugs, for example).

Beginning in CY 2005, the vast majority of Medicare Part B drugs not paid on a cost or prospective payment basis are paid under the ASP methodology. The ASP methodology is based on data submitted to us quarterly by manufacturers. In addition to the payment for the drug, Medicare currently pays a furnishing fee for blood clotting factors, a dispensing fee for inhalation drugs, and a supplying fee to pharmacies for certain Part B drugs.

In January 2006, the drug coverage available to Medicare beneficiaries expanded with the implementation of Medicare Part D. The Medicare Part D program does not change Medicare Part B drug coverage.

In this section, we discuss proposed changes and issues related to the determination of the payment amounts for covered Part B drugs and furnishing blood clotting factor. This section also discusses proposed changes to how manufacturers calculate and report ASP data to us.

a. ASP Payment

Section 303(c) of the MMA amended Title XVIII of the Act by adding section 1847A. This section revised the payment methodology for the vast majority of drugs and biologicals not paid on a cost or prospective payment basis furnished on or after January 1, 2005. The ASP reporting requirements are set forth in section 1927(b) of the Act. Manufacturers must submit ASP data by 11-digit National Drug Code (NDC) to us quarterly. The manufacturers' submissions are due to us not later than 30 days after the last day of each calendar quarter. The methodology for developing Medicare drug payment allowances based on the manufacturers' submitted ASP data is specified in 42 CFR, part 414, subpart K.

We update the Part B drug payment amounts quarterly based on the data we receive.

In this section of the preamble, we discuss our intent to establish further guidance regarding certain aspects of the calculation of manufacturers' ASP data, and seek comments on issues related to bundled price concessions.

Further information on manufacturers' submission of ASP data for Medicare Part B drugs and biologicals is contained in prior rulemaking documents and other guidance accessible on the CMS Web page at (*http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/*). Specifically refer to the April 6, 2004 ASP interim final rule with comment period (IFC) (69 FR 17935) and the CY 2007 PFS final rule with comment period (71 FR 69624), which finalized the ASP calculation and reporting requirements of the April 6, 2004 IFC, and the Frequently Asked Questions available on the Web page.

b. Bundled Price Concessions

In the CY 2007 PFS proposed rule and final rule with comment period, we solicited and responded to comments regarding the issue of how to allocate price concessions across drugs that are sold under bundling arrangements for purposes of calculating the ASP. We did not establish a specific methodology that manufacturers must use for the treatment of bundled price concessions for purposes of the ASP calculation in the CY 2007 PFS final rule with comment period. In the absence of specific guidance, we maintained existing guidance that manufacturers may make reasonable assumptions in its calculation of ASP, consistent with the general requirements and the intent of the Act, Federal regulations, and its customary business practices. Our intent in not being prescriptive in this area in the CY 2007 PFS final rule with comment period was to allow manufacturers the flexibility to adopt a methodology with regard to the treatment of bundled price concessions in the ASP calculation that, based on their particular circumstances, will best ensure the accuracy of the ASP calculation and not create inappropriate financial incentives. We also stated that we would be closely monitoring this issue and may provide more specific guidance in the future if we determine it is warranted. In addition, we encouraged stakeholders and the public to relay additional information or concerns to us on this issue. We specifically noted that MedPAC would be studying this issue, and that we looked forward to its work in this area.

In its January 2007 Report to Congress, ''Impact of Changes in Medicare Payments for Part B Drugs'', MedPAC discusses the issue of how to allocate bundled price concessions for purposes of calculating the ASP, noting that ''some manufacturers offer provider discounts for one of their products contingent on purchases of one or more other products.'' The full report is posted on the MedPAC's Web site at (*http://www.medpac.gov/publications/congressional_reports/Jan07_PartB_mandated_report.pdf*). MedPAC's report illustrates the potential effects that certain methods for allocating bundled price concessions may have on Medicare payment rates, physicians' ability to choose a product based on clinical factors, and market availability of products. MedPAC notes that:

> Bundling arrangements take many forms. For example, some bundling arrangements may include only Part B drugs while others may include both Part B drugs and other products. Similarly, price concessions may be structured in numerous ways. For example, a discount on one or more drugs may be contingent on the purchase of other drugs or on meeting an aggregate expenditure target for a group of products. CMS's policy on reporting discounts may need to change over time to reflect changing market practices but that should not slow down action in this area. [MedPAC. 2007. *Report to Congress: Impact of Changes in Medicare Payments for Part B Drugs.* Washington, DC: MedPAC: page 8]

In its report, MedPAC discusses two alternative approaches for allocating bundled price concessions. According to MedPAC, one option would be to require manufacturers to allocate bundled discounts in proportion to the sales of each drug sold under the bundled arrangement. For example, Drug A and Drug B are sold under a bundled arrangement and have a combined bundled discount equal to $200,000 on total sales of $1 million. If Drug A has sales of $600,000, the manufacturer would allocate 60 percent of the bundled discount to that drug when calculating ASP. Forty percent of the bundled discount would be allocated to Drug B. MedPAC states that this approach would parallel bundling requirements under Medicaid and would be simpler to administer. However, MedPAC notes that this method might not capture contingent discounts.

The other approach discussed by MedPAC would be to require manufacturers to allocate bundled discounts to reflect the contingencies in the contract. That is, manufacturers would allocate any additional (or increased) discount to the sales of the drug (or drugs) that the discount is meant to increase. This approach would result in an ASP that more accurately reflects the transaction price of drugs when a discount for one drug or drugs is contingent in whole or in part on the purchase of another drug. For example, if a greater discount on the purchase price of Drug A is contingent on the purchase (or purchases) of Drug B, this additional discount would be allocated to sales of Drug B in the calculation of ASP.

In its discussion of bundling, MedPAC states that the goal should be to ensure that ASP reflects the average transaction price for drugs. To that end, MedPAC recommends that the Secretary clarify the ASP reporting requirements for bundled products to ensure that ASP calculations allocate discounts to reflect the transaction price for each drug. Further, MedPAC states that we should ensure that the reporting requirements for allocating discounts are clear and that they can be implemented by manufacturers in a timely fashion.

In the December 22, 2006 Medicaid Program: Prescription Drugs proposed rule (71 FR 77176), for purposes of calculating the average manufacturer price (AMP), we proposed that, the discounts associated with a bundled sale would be allocated proportionately according to the dollar value of the units of each drug sold under the bundled arrangement. For bundled sales where multiple drugs are discounted, the aggregate value of all the discounts would be proportionately allocated across all of the drugs in the bundle. For AMP purposes, a bundled sale would mean an arrangement regardless of physical packaging under which the rebate, discount, or other price concession is conditioned upon the purchase of the same drug or drugs of different types (that is, at the nine-digit NDC level) or some other performance requirement (for example, the achievement of market share, inclusion or tier placement on a formulary), or where the resulting discounts or other price concessions are greater than those which would have been available had the bundled drugs been purchased separately or outside of the bundled arrangement. In the December 22, 2006 Medicaid Program: Prescription Drugs proposed rule, we further proposed that the AMP should be adjusted for bundled sales by determining the total value of all the discounts on all drugs in the bundle and allocating those discounts proportionately to the respective AMP calculations. The aggregate discount is allocated proportionately to the dollar value of the units of each drug sold under the bundled arrangement. Where

discounts are offered on multiple products in a bundle, the aggregated value of all of the discounts should be proportionately allocated across all of the drugs in the bundle.

We received many comments on the many aspects of the December 22, 2006 Medicaid: Prescription Drugs proposed rule. However, our review of those comments and development of the final AMP calculation policies and rule are not complete, and therefore, we will respond to those comments in future rulemaking.

In the CY 2007 PFS final rule with comment period, we stated that we may provide more specific guidance on bundled price concessions in the future if we determine it is warranted. In light of MedPAC's recommendation that we clarify the ASP reporting requirements for bundled products and our discussion of bundled price concessions in the CY 2007 PFS rulemaking, we believe specific guidance in the ASP context is warranted to provide for greater consistency in ASP reporting across manufacturers and enhancing the accuracy of the ASP payment system. We find MedPAC's suggestion to not defer further guidance in this area compelling with respect to the potential that manufacturers may make differing assumptions in the absence of specific guidance on how to allocate bundled price concessions in the context of ASP.

As we noted in the CY 2007 PFS final rule with comment period, there is a potential for great variation in the structure of bundling arrangements and in the characteristics of drugs included in those arrangements. Thus, we believe that, in establishing a specific methodology for allocating bundled price concessions for purposes of calculating ASP, we should seek to balance the desirability of a consistent methodology across manufacturers' ASP calculations with the potential complexity that may be introduced by the designated approach. Our intention in proposing to adopt a specified approach for allocating bundled price concessions in the ASP context is to avoid greater computational complexity than necessary at this time primarily because it is unknown whether applicable data may be adequately known at quarterly reporting intervals for manufacturers to appropriately reflect the contingencies in purchasing contracts within their ASP calculations at the 11-digit NDC level.

In addition, we believe that it is appropriate at this time to propose a specified method for treating bundled price concessions in the calculation of ASP which is consistent with our proposed approach for treating such discounts for purposes of the AMP calculation. Furthermore, because section 1847A(d) of the Act, as discussed elsewhere in this section, permits substitution of 103 percent of the AMP for the ASP-based payment limit in certain instances, we believe incorporating appropriate consistencies across the calculations of ASP and AMP, as allowable by statute, is rational. Although we are proceeding cautiously with such potential substitutions, we believe appropriate consistencies across the calculations of ASP and AMP will result in a lower potential for error and more accurate calculations of both prices.

Although ASP and AMP serve similar, but not identical, purposes, differences between these calculations provide rationale for, and in some instances may require, minor differences between Medicaid and Medicare proposed regulations. For example, the Medicaid proposed rule proposes a definition of ''bundled sales'' whereas we believe ''bundled arrangement'' is more appropriate for purposes of the ASP context because, for ASP purposes, ''bundling'' is most applicable in the context of price concessions. Furthermore, based on our experience with manufacturers' ASP reporting, we believe other refinements are appropriate for purposes of ASP. We believe these differences are necessary to clarify certain aspects of a consistent approach for treatment of bundling, and will not result in significant policy differences on how bundling is addressed in the context of AMP and in the context of ASP.

Therefore, for purposes of calculating the ASP (beginning with the reporting period for the first calendar quarter of 2008 and thereafter), we propose that the manufacturer must allocate the total value of all price concessions proportionately according to the dollar value of the units of each drug sold under a bundled arrangement to ensure that the ASP is adjusted for bundled arrangements as defined in the definition of bundled arrangement we are proposing at § 414.802. For bundled arrangement, where multiple drugs are discounted, the aggregate value of all the discounts would be proportionately allocated across all of the drugs sold under the bundled arrangement. We propose that a bundled arrangement, for ASP purposes, would mean an arrangement, regardless of physical packaging under which the rebate, discount, or other price concession is conditioned upon the purchase of the same drug or biological or other drugs or biologicals or some other performance requirement (for example, the achievement of market share, inclusion or tier placement on a formulary, purchasing patterns, prior purchases), or where the resulting discounts or other price concessions are greater than those that would have been available had the drugs or biologicals sold under the bundled arrangement been purchased separately or outside of the bundled arrangement. We propose to define bundled arrangement at § 414.802, and to specify in proposed § 414.804(a)(2)(iii) that all price concessions on drugs sold under a bundled arrangement must be allocated proportionately to the dollar value of the units of each drug sold under the bundled arrangement.

In making this proposal, we seek to establish a method for treating bundled price concessions for purposes of ASP that is consistent with the method proposed for AMP calculations while addressing existing program differences. We believe an overall consistent methodology for addressing bundling in both contexts will reduce the burden and the likelihood of errors for manufacturers calculating and reporting the ASP. We also believe that our proposed approach balances the need to provide clarification of how bundled price concessions are to be treated for purposes of calculating the ASP so that there is greater consistency across calculations of ASP with concerns that a more complex approach would present complicated implementation and monitoring challenges, as discussed by MedPAC and in our response to comments in the CY 2007 PFS final rule with comment period.

As discussed previously in this section of the preamble, we propose to establish a method for the treatment of bundled price concessions that is appropriately consistent with proposed Medicaid policy for bundled sales, and we intend to remain consistent with the final policy adopted in the Medicaid final rule on this issue, as appropriate. However, we note that the final Medicaid AMP final rule is still under development, and the Medicaid policies on bundled sales may ultimately differ from our discussion of the topic in this section of the preamble. Because of the timing of the two proposed rules, the policy we ultimately adopt in this final rule may reflect the final Medicaid policy on bundled sales, but only to the extent that it is appropriate for ASP and the public has had the opportunity to comment on how the final Medicaid policy for bundled sales, if appropriately adopted for ASP purposes, would affect the calculation of ASP.

We note that the comment period on the Medicaid proposed rule is closed. Therefore, comments received in response to this proposed rule on the topic of bundled sales for purposes of AMP will be considered untimely for the purposes of the Medicaid final rule and outside of the scope of this rulemaking.

We are soliciting comments on our proposed approach for requiring manufacturers to allocate the total value of all price concessions on all drugs sold under a bundled arrangement proportionately according to the dollar value of the units of each drug sold under the bundled arrangement for purposes of the calculation of ASP, and on our proposal to specify the method for treatment of bundling in the ASP context that is appropriately consistent with the treatment of bundling in the AMP context. We are specifically soliciting comments on how our proposed approach for treatment of bundled price concessions for purposes of calculating ASP may impact the estimation of lagged price concessions, whether manufacturers believe additional guidance on this topic is needed, and the nature of the potential additional guidance. Further, we are soliciting comments on potential alternative approaches for the treatment of bundled price concessions that are appropriate for the calculation of ASP, including the alternative approach discussed by MedPAC in its recent report as noted previously in this section of the preamble. In addition, we seek comments on how our proposed approach or an alternative approach would result in clear reporting requirements for allocating discounts that can be implemented by manufacturers in a timely fashion.

c. Clotting Factor Furnishing Fee

Section 303(e)(1) of the MMA added section 1842(o)(5) of the Act which requires the Secretary, beginning in CY 2005, to pay a furnishing fee, in an amount the Secretary determines to be appropriate, to hemophilia treatment centers and homecare companies for the items and services associated with the furnishing of blood clotting factor. Section 1842(o)(5)(C) of the Act specifies that the furnishing fee for clotting factor for CY 2006 and subsequent years will be equal to the fee for the previous year increased by the percentage increase in the consumer price index (CPI) for medical care for the 12-month period ending with June of the previous year. In the CY 2007 PFS final rule with comment period, we announced that the furnishing fee for CY 2007 is $0.152 per unit clotting factor based on the percentage increase in the CPI of 4.1 percent for the 12-month period ending June 2006.

The CPI data for the 12-month period ending in June 2007 is not yet available. In the CY 2008 PFS final rule with comment period, we will include the actual figure for the percent change in the CPI for medical care for the 12 month period ending June 2007, and the updated furnishing fee for CY 2008 calculated based on that figure.

In the CY 2006 and CY 2007 PFS proposed and final rules, as well as in this proposed rule, we have included a discussion of the annual update of the blood clotting factor furnishing fee as specified in section 1842(o)(5)(C) of the Act. Because the update is based on the percentage increase in the CPI for medical care for the 12-month period ending with June of the previous year and the Bureau of Labor Statistics releases the applicable CPI data after our the proposed rule is published, we are not able to include the actual updated furnishing fee in the CY 2006 through CY 2008 proposed rules. Rather, we announced in these proposed rules that we intended to include the actual figure for the percent change in the applicable CPI, and the updated furnishing fee calculated based on that figure in the associated final rule. Given the timing of the availability of the applicable data and our timeframe for preparing proposed rules, this process is unavoidable and likely to remain unchanged in the future. We believe that including a discussion of the furnishing fee update in annual rulemaking does not provide an advantage over other means of announcing this information, so long as the current statutory update methodology continues in effect. We believe that the public's need for information and adequate notice regarding the updated furnishing fee can be better met by issuing program instructions which will eliminate the discussion of the furnishing fee update annually in rulemaking. In addition, by communicating the updated furnishing fee in program instruction, the actual figure for the percent change in the applicable CPI and the updated furnishing fee calculated based on that figure can be announced more timely than when included as part of the PFS final rulemaking process. Because the furnishing fee update process is statutorily determined and is based on an index which is not affected by administrative discretion or public comment, we do not believe a subregulatory means of communicating the update will adversely affect stakeholders or the public. Therefore, for CY 2009 and thereafter until such time as the update methodology may be modified, we propose to announce the blood clotting furnishing fee using applicable program instructions and posting on the CMS Web site. We are soliciting comments on our proposal to announce the updated furnishing fees via program instructions.

d. Widely Available Market Prices (WAMP) and AMP Threshold

Section 1847A(d)(1) of the Act states that ''the Inspector General of HHS shall conduct studies, which may include surveys to determine the widely available market prices (WAMP) of drugs and biologicals to which this section applies, as the Inspector General, in consultation with the Secretary, determines to be appropriate.'' Section 1847A(d)(2) of the Act states that, ''Based upon such studies and other data for drugs and biologicals, the Inspector General shall compare the ASP under this section for drugs and biologicals with—

- The widely available market price (WAMP) for these drugs and biologicals (if any); and
- The AMP (as determined under section 1927(k)(1) of the Act for such drugs and biologicals.''

Section 1847A(d)(3)(A) of the Act states that, ''The Secretary may disregard the ASP for a drug or biological that exceeds the WAMP or the AMP for such drug or biological by the applicable threshold percentage (as defined in subparagraph (B)).'' The applicable threshold is specified as 5 percent for CY 2005. For CY 2006 and subsequent years, section 1847A(d)(3)(B) of the Act establishes that the applicable threshold is ''the percentage applied under this subparagraph subject to such adjustment as the Secretary may specify for the WAMP or the AMP, or both.'' In CY 2006 and CY 2007, we specified an applicable threshold percentage of 5 percent for both the WAMP and AMP. We based this decision on the limited data available to support a change in the current threshold percentage.

For CY 2008, we propose to specify an applicable threshold percentage of 5 percent for the WAMP and the AMP. At present, the OIG is continuing its comparison of both the WAMP and the AMP. Furthermore, information on how recent changes to the calculation of the AMP may affect the comparison of AMP to ASP is not available at this time. Since we do not have data that suggest another level is more appropriate at this time, we believe that continuing the 5 percent applicable threshold percentage

for both the WAMP and AMP is appropriate for CY 2008.

As we noted in the CY 2007 PFS final rule with comment period (71 FR 69680), we understand that there are complicated operational issues associated with potential payment substitutions. We will continue to proceed cautiously in this area and provide stakeholders, particularly manufacturers of drugs impacted by potential price substitutions with adequate notice of our intentions regarding such, including the opportunity to provide input with regard to the processes for substituting the WAMP or the AMP for the ASP. As part of our approach, we intend to develop a better understanding of the issues that may be related to certain drugs for which the WAMP and AMP may be lower than the ASP over time.

We welcome comments on our proposal to continue the applicable threshold at 5 percent for both the WAMP and AMP for CY 2008.

2. Competitive Acquisition Program (CAP) Issues

[If you choose to comment on issues in this section, please include the caption ''CAP ISSUES'' at the beginning of your comments.]

In this section, we discuss the impact of new legislation on administrative and operational aspects of the CAP. Topics include the implementation of a post-payment review process and the corresponding changes to claims processing procedures. In subsequent subsections, we also seek comments regarding changes to other operational aspects of the CAP.

This proposed rule will also be used to discuss comments related to transporting CAP drugs and the administrative burden of the CAP submitted in response to the Competitive Acquisition of Outpatient Drugs and Biologicals Under Part B; Interim Final Rule with Comment Period published in the July 6, 2005 **Federal Register** (hereinafter referred to as the July 6, 2005 IFC). We are addressing these comments in this proposed rule because we plan to ask for additional comments on these areas to explore areas that might be developed in future rulemaking efforts. In the upcoming PFS final rule with comment, we intend to finalize the portions of the July 6, 2005 IFC that were not finalized in the CY 2006 PFS final rule with comment period. We also will respond to the other timely comments we received on the July 6, 2005 IFC that we have not responded to previously.

This proposed rule implements conforming changes to the CAP regulations to reflect provisions of section 108 of the MIEA–TRHCA that made changes to the payment process of the CAP for Part B Drugs. Section 303(d) of the MMA required the implementation of a CAP for certain Medicare Part B drugs and biologicals not paid on a cost or PPS basis. The provisions for acquiring and billing drugs under the CAP were described in the Competitive Acquisition of Outpatient Drugs and Biologicals Under Part B proposed rule and July 6, 2005 IFC (70 FR 10746 and 70 FR 39022, respectively), and certain provisions were finalized in the CY 2006 PFS final rule with comment period (70 FR 70116). We specified a single CAP drug category to include a defined list of drugs furnished incident to a physician's service.

The program began on July 1, 2006. At that time, physicians were given a choice between obtaining these drugs from vendors selected through a competitive bidding process and approved by CMS, or directly purchasing these drugs and being paid under the ASP system.

a. MMA Operational Provisions

Prior to the enactment of the MIEA–TRHCA, section 1847B(a)(3)(A) of the Act set forth specific requirements that have a direct impact on the administrative and operational parameters for instituting a CAP. This section of the statute requires the following:

(1) Approved CAP vendors bill the Medicare program for the drug or biological supplied, and collect any applicable deductibles and coinsurance from the Medicare beneficiary. (For purposes of the preamble, the term ''approved CAP vendor'' means the term ''contractor'' as referred to in the statute.)

(2) Any applicable deductible and coinsurance may not be collected unless the drug was administered to the beneficiary. (For purposes of the preamble, the term ''drug'' refers to drugs and biologicals furnished under the CAP, unless the context specifies otherwise.)

(3) Medicare can make payments only to the approved CAP vendor, and these payments are conditioned upon the administration of the drug.

Section 108 of the MIEA–TRHCA amended this third element.

b. MIEA–TRHCA

Section 108 of the MIEA–TRHCA made changes to the CAP payment methodology. Section 108(a)(1) of the MIEA–TRHCA amended section 1847B(a)(3)(A)(iii) of the Act by adding new language that requires that payment for drugs and biologicals shall be made upon receipt of a claim for a drug or biological supplied for administration to a beneficiary. This statutory change took effect on April 1, 2007.

Section 108(a)(2) of the MIEA–TRHCA requires the Secretary to establish (by program instruction or otherwise) a post-payment review process (which may include the use of statistical sampling) to assure that payment is made for a drug or biological only if the drug or biological has been administered to a beneficiary. The Secretary shall recoup, offset, or collect any overpayments determined by the Secretary under this process.

Section 108(b) of the MIEA–TRHCA states that nothing in this section shall be construed as requiring the conduct of any additional competition under section 1847B(b)(1) of the Act; or requiring an additional physician election process.

Section 108(c) of the MIEA–TRHCA states that the amendments of this section apply to payments for drugs and biologicals supplied (1) on or after April 1, 2007, and (2) on or after July 1, 2006 and before April 1, 2007, for claims that are unpaid as of April 1, 2007.

c. CAP Claims Processing

In the July 6, 2005 IFC (70 FR 39042), we initially implemented a claims processing system that enables selected approved CAP vendors to bill the Medicare program directly, and to bill the Medicare beneficiary and his or her third party payer after verification that the physician has administered the drug. When a participating CAP physician elects to join the program, he or she must agree to obtain all drugs on the CAP list from the approved CAP vendor, with only a few exceptions. For example in furnish as written (FAW) situations (that is, where a beneficiary needs a particular formulation of a drug not available from the approved CAP vendor) the participating CAP physician would be allowed to obtain that drug outside of the CAP. In the case of Medicare Secondary Payer (MSP) (that is, where a Medicare beneficiary may have another payer primary to Medicare), the participating CAP physicians must obtain physician administered drugs from entities approved by the primary plan and bill the primary payer. Detailed MSP instructions have been issued by CMS that allow payment to the physician under the ASP methodology in this situation.

Claims processing procedures for the approved CAP vendor and the participating CAP physician, which

remain largely unchanged under the new statutory provision, are as follows: Once a shipment is received from the approved CAP vendor, the participating CAP physician stores the drug until the date of drug administration. When the drug is administered to the beneficiary, the participating CAP physician places the prescription order number for each drug administered on the claim form submitted to his or her regular Part B carrier. Similarly, when the approved CAP vendor bills Medicare for the drug it shipped to the participating CAP physician, it places the relevant prescription order number on the claim form submitted to the designated carrier. The use of the prescription order number on both the participating CAP physician's claim and the approved CAP vendor's claim is intended to verify drug administration to the beneficiary. The participating CAP physician's claim and the approved CAP vendor's claim are matched in the Medicare claims processing system so that drug administration can be verified and payment to the approved CAP vendor can be made.

d. Required Changes to CAP Claims Processing

As originally implemented, the claims matching process described above was completed before payment was made. However, as of April 1, 2007, section 108 of the MIEA–TRHCA requires payment to be made to the CAP vendor for claims upon receipt. The statute also requires us to establish a post-payment review process to assure that payment is made for a drug only if the drug has been administered to a beneficiary. We are also charged with recouping, offsetting, or collecting any overpayments found. The statute also authorizes us to conduct post-payment review using statistical sampling and to implement the post-payment review process by program instruction or otherwise. We implemented the necessary changes to our claims processing system and initiated the post-payment review process on April 1, 2007 via instructions to the CAP designated claims processing contractor and questions and answers posted on the CMS competitive bidding Web site at *http://www.cms.hhs.gov/CompetitiveAcquisforBios/15_Approved_Vendor.asp#TopOfPage.*

The post-payment review process uses statistical sampling to determine whether drugs were administered and if they were medically necessary. All Medicare claims are subject to medical necessity determinations; however, under the changes required by the MIEA–TRHCA, CAP claims may not all be reviewed for medical necessity before they are paid. Therefore, the post-payment review includes verification of drug administration and a medical necessity review of a statistically valid sample of CAP claims. We note that in conducting the post-payment review, we will continue to monitor for fraud, waste, and abuse. All CAP transactions will remain eligible for review for medical necessity and verification of administration. We also anticipate that the post-payment review process will provide CMS with additional opportunities to monitor for the appropriate payment of drugs furnished under this program.

As part of the post-payment review process, the CAP-designated carrier will use the CMS claims processing system to look for a match between the CAP prescription order number on the participating CAP physician's claim and the same prescription order number on the approved CAP vendor's claim to track drug administration on a dose-by-dose basis. If the CAP designated carrier is able to find a match between the two claims, this assists the carrier in determining that the beneficiary did receive the drug being billed for. The participating CAP physician claim may also contain information on any determination of medical necessity and coverage made by the local carrier.

To conduct post-payment review of claims, we may also ask for documentation of administration from the approved CAP vendor and for medical records from the participating CAP physician for any claim that is identified for review. While it is standard practice for Medicare providers to be required to submit medical records to assist in claims review, we reserve the right to also specifically request any other records that verify the administration of a CAP drug. Furthermore, we want to make it very clear to the participating CAP physician at the time he or she elects to join the program that he or she may be asked to supply medical records for post-payment review. Therefore, we are proposing to revise § 414.908(a)(3)(xi) and the physician election agreement form to make clear that medical records and certain information may be requested from CAP physician during the post-payment review process. The procedures being used to verify valid claims and ensure proper payment for drugs supplied under the CAP are based on established post-payment review processes used in other parts of the Medicare program. The request for medical records as part of the claims payment process during CAP post-payment review is intended to work in conjunction with Item 12 on the Health Insurance Claim Form CMS–1500 which, when signed by a beneficiary, authorizes the release of ''any medical information necessary to process a claim.''

When a claim is selected for review we notify the approved CAP vendor and request its records to verify administration. We also notify the approved CAP vendor that we will be requesting medical records from the participating CAP physician and ask for his or her help in obtaining them. If the medical record is not received within 30 days, the claim is denied because we will not have sufficient information to verify drug administration and medical necessity. This review process is similar to those used elsewhere in the Medicare program such as clinical laboratory payment review or payment of radiology services. It is also consistent with our practice in reviewing claims for postoperative treatment. For example, if post-operative services have been provided by two physicians, and payment was denied to one physician, and that physician appeals, the Medicare contractor may request medical records from the other physician that treated the beneficiary to document that there was no overlap in the services provided by each physician. If the contractor does not receive the medical record of the other physician within a specified amount of time the appeal would be denied because there was no way to document the services provided. A similar process is used when durable medical equipment (DME) is provided through third party suppliers. In these cases, the physician ordering the DME is required to provide the suppler medical records to support the necessity of the equipment he or she ordered. If the supplier does not obtain the records, then payment is denied.

As we specified in the CAP IFC (70 FR 39038), the local carrier's medical review policies and coverage determinations will continue to apply in the CAP. Under our previous claims processing methodology the local carrier made the coverage determination on the drug ordered by the participating CAP physician and provided by the approved CAP vendor as part of the claim matching process prior to payment of the approved CAP vendor's claim. Under the new methodology, the drug claim will be paid upon receipt unless the local carrier has already made a coverage or medical necessity determination on the drug, and the match has already occurred showing that the drug claim should be denied. As part of the post-payment review process, the CAP designated carrier will

check the CMS central claims processing system to determine whether the local carrier has made a coverage or medical necessity determination on the CAP drug indicated on the participating CAP physician's drug administration claim. If so, the CAP designated carrier will reflect this decision in its post-payment review of the claim. If the local carrier has not reviewed the drug administration portion of the participating CAP physician's claim as of the date that the designated carrier processes the approved CAP vendor's drug claim, the CAP designated carrier will use the local carrier's coverage determination policies when conducting medical review of the claim.

e. Provisions for Collection of Beneficiary Coinsurance

In the CY 2006 PFS final rule with comment period, we specified § 414.914(h)(1) that subsequent to receipt of final payment by Medicare, or the verification of drug administration by the participating CAP physician, the approved CAP vendor must bill any applicable supplemental insurance policies. If a balance remains after the supplemental insurer pays their share of the bill, or if there is no supplemental insurance, the approved CAP vendor may bill the beneficiary for the balance. In prior practice, a match in the claims system between the participating CAP physician's drug administration claim and the approved CAP vendor's drug claim and the subsequent payment by Medicare was used to indicate that the beneficiary received the drug. We also allowed voluntary information exchanges between the approved CAP vendor and the participating CAP physician's office have also been used to verify CAP drug administration. Additionally, we note that under the CAP regulations, the participating CAP physician has a responsibility to notify the approved CAP vendor when a drug is not administered or a smaller amount was administered than was originally ordered.

Because section 108 of the MIEA–TRHCA requires the payment of CAP claims upon receipt, payment of a claim by Medicare may occur before administration of the drug has been verified. However, section 1847B(a)(3)(A)(ii) of the Act, which states that deductible and coinsurance shall not be collected unless the drug or biological is administered, remains unchanged. Thus, because we have interpreted this provision as requiring verification of administration prior to the collection of applicable cost sharing amounts, the requirement for verification of administration similarly remains unchanged. However, because of the statutory change of section 108(a)(1) of the MIEA–TRHCA and its resulting impact on our claims processing methodology, the claims processing system no longer provides a way for CMS to verify administration on the approved CAP vendor's behalf before the approved CAP vendor collects coinsurance from the beneficiary or the supplemental insurer. Verification of CAP drug administration is also conducted in the post-payment review process. The approved CAP vendor is expected to make information available to verify administration for post-payment review as necessary.

We believe that an approved CAP vendor can verify whether a CAP drug was administered in a variety of ways. For example, an approved CAP vendor may enter into a voluntary agreement with a participating CAP physician to exchange such information as described in the CY 2006 PFS final rule with comment period (70 FR 70251). However, if a participating CAP physician is unwilling to enter into a voluntary agreement to verify administration, the approved CAP vendor may verify that the drug was administered by contacting the participating CAP physician's office to request verbal confirmation. In such an instance, the approved CAP vendor is expected to document the verbal confirmation of CAP drug administration, the identities of individuals who exchanged the information and the date and time that the information was obtained. In addition to verifying administration through contact with the physician's office, we also suggest that the approved CAP vendor place a statement on beneficiaries' bills informing them of the statutory requirement and suggesting that they contact their participating CAP physician to verify that they received the dose of the drug for which they are being billed prior to paying any cost sharing amount.

For the reasons described above in this section, we believe that the verification of CAP drug administration remains a required element of the CAP and we are proposing to clarify § 414.906(a)(6) by specifying that all of the following elements shall be required to document the verification of CAP drug administration:

- Beneficiary's name.
- Health insurance number.
- Expected date of administration.
- Actual date of administration.
- Identity of the participating CAP physician.
- Prescription order number.
- Identity of the individuals who supply and receive the information.
- Dosage supplied.
- Dosage administered.

Also, as a result of changes mandated by section 108(a)(1) of the MIEA-TRHCA, we propose to revise § 414.914(h)(1) to remove the reference to ''final payment by Medicare'' and revise this language to state, ''payment by Medicare.'' The original language was written to indicate that an approved CAP vendor could not bill a beneficiary's supplemental insurer for applicable amounts of cost sharing until the CAP drug claim had matched the corresponding physician's drug administration claim. Under the post-payment review process, the final payment would not occur until a statistical review of the claims was complete, a process that may take several months. Removing the word final from this section of the regulation will clarify that the approved CAP vendor may bill the supplemental insurer immediately after the designated CAP carrier makes the initial payment on a CAP drug claim. Under our current regulations, the approved CAP vendor may also bill the beneficiary if drug administration is verified by the participating CAP physician. This provision remains unchanged.

Under the revised CAP claims payment process, the approved CAP vendor will bill Medicare for the CAP drug that has been provided. In most cases Medicare will pay the claim upon receipt. If the beneficiary has a supplemental insurance policy, and the supplemental insurer has a crossover agreement with Medicare, the claim automatically will cross over to the supplemental insurer for payment. The supplemental insurer will pay its share. Upon receipt of payment from the supplemental insurer the approved CAP vendor may bill the beneficiary for any residual amount. For beneficiaries who do not have a supplemental insurance policy, the approved CAP vendor may bill the beneficiary after payment by Medicare.

However, in either case, the approved CAP vendor may not collect any coinsurance owed from the beneficiary or his or her supplemental insurer unless it has verified that the drug was administered. If the approved CAP vendor believes that the drug was administered but later learns that it was not, the approved CAP vendor must refund any coinsurance collected to the beneficiary and his or her supplemental insurer, as applicable. In addition, in § 414.914(i)(2), we are proposing that the approved CAP vendor must promptly refund any payment made by

CMS if the vendor has been paid for drugs that were not administered. We are proposing that promptly is defined as 2 weeks so that the approved CAP vendor would have 2 weeks from the date that they were notified that they had been paid for a drug that had not been administered to the beneficiary to refund any payment for the claim made to the designated carrier and refund any cost sharing collected to the beneficiary and his or her supplemental insurer.

f. Approved CAP Vendor Appeals for Denied Drug Claims

In the March 4, 2005 proposed rule (70 FR 10757 through 10758) and the July 6, 2005 IFC (70 FR 39054 through 39057), we discussed the development of the CAP dispute resolution process and the limited applicability of the traditional Medicare fee for service appeals process to an approved CAP vendor's dispute of CAP drugs claims that are denied by the CAP designated carrier. We stated that the approved CAP vendor could file appeals as a Medicare supplier consistent with the rules at 42 CFR Part 405, Subpart I. For the purposes of the appeals regulations at Part 405, Subpart I, we indicated that a local carrier's initial determination of the participating CAP physician's drug administration claim was an initial determination regarding payment of the approved CAP vendor's drug claim. Thus, the approved CAP vendor was to be considered a party to any redetermination of the drug administration claim by the local carrier. In addition, the approved CAP vendor would be considered a party to an initial determination on the claim for payment for the drug product the approved CAP vendor filed with the designated carrier. We also specified that appeals of either initial determination would be filed with the local carrier. We stated that the local carrier, rather than the designated carrier, possessed all information necessary to adjudicate an appeal in this situation. Such information included local coverage decisions, medical necessity determinations, and information regarding payment of drug administration claims. A dispute resolution process was set forth in § 414.916.

Under our initial implementation of the provision that authorized CAP, this alternative approach, which provided party status to the approved CAP vendor on the participating CAP physician's drug administration claim, was necessary because an approved CAP vendor was not permitted to receive payment for a CAP drug until the corresponding drug administration claim was submitted by a participating CAP physician, the approved CAP vendor's claim and the participating CAP physician's claim were matched in the system and the approved CAP vendor's claim was authorized for payment.

However, changes to the claims processing requirements and the addition of a post-payment review process required by section 108(a)(2) of the MIEA-TRHCA (discussed above in this section) eliminates the approved CAP vendor's dependency on a participating CAP physician's filing of a drug administration claim before the approved CAP vendor may be paid for a CAP drug. Accordingly, there is no longer a need to afford party status to the approved CAP vendor for the drug administration claim submitted by the participating CAP physician. Instead, under the TRHCA legislation, the approved CAP vendor's drug claim may be paid by the designated carrier once received. This determination made on the claim constitutes an initial determination as defined in § 405.924. The approved CAP vendor is considered a party to this initial determination, and thus, may request a redetermination and subsequent appeals consistent with the process established under 42 CFR Part 405, Subpart I.

The changes proposed to CAP claims processing in this proposed rule that conform to the TRHCA legislation result in two scenarios that create appeals rights for the approved CAP vendor with respect to their drug product claim: (1) Prepayment denials of the approved CAP vendor's claim made by the designated carrier (based on information from the local carrier that the payment for the drug should be denied as excluded or non-covered); and (2) post-payment denials by the designated carrier based on the post-payment review process established under TRHCA.

Therefore, we are proposing the following clarifications regarding the CAP appeals process for an approved CAP vendor's denied drug claims:

- For prepayment denials, the approved CAP vendor, as a supplier, has a direct right to appeal the initial determination made by the designated carrier on its drug product claim. The local carrier will conduct the redetermination on prepayment denials. We acknowledge that this process differs from a traditional fee-for-service appeal since the redetermination will not be conducted by the contractor that issued the initial determination. However, we believe the local carrier is the most appropriate entity to review the prepayment denial since it is most familiar with the relevant coverage policies for that jurisdiction.
- For the postpayment review process, if the designated carrier selects the drug claim for review, this constitutes a reopening of the initial determination. If the designated carrier cannot verify administration or cannot determine that the drug is covered or medically reasonable and necessary, the designated carrier issues a revised determination to deny coverage of the drug product claim. The designated carrier then determines whether an overpayment exists, and if so, seeks recovery of the overpayment. The approved CAP vendor, as a supplier, would then have the right to request a redetermination of the revised coverage determination, and the overpayment assessment. The designated carrier will process the redetermination.

g. Definition of Exigent Circumstances

Sections 1847B(a)(1)(A)(ii) and 1847B(a)(5)(A)(ii) of the Act require that each physician be given the opportunity annually to elect to obtain drugs and biologicals through the CAP and to select an approved CAP vendor. Section 1847B(a)(5)(A)(i) of the Act allows for selection of another approved CAP vendor more frequently than annually in exigent circumstances as defined by CMS.

In the CY 2006 PFS final rule with comment period (70 FR 70258), we stated that participating CAP physicians would have the option of changing approved CAP vendors or opting out of the CAP program on an annual basis. We also provided the circumstances, as specified in § 414.908(a)(2), under which a participating CAP physician may choose a different approved CAP vendor mid-year or opt-out of the CAP. These circumstances are: (1) If the selected approved CAP vendor ceases to participate in the CAP; (2) if the participating CAP physician leaves the group practice that had selected the approved CAP vendor; (3) if the participating CAP physician relocates to another competitive acquisition area (if multiple CAP competitive areas are developed) or, (4) for other exigent circumstances defined by CMS. We also identified a separate exigent circumstance relating to instances in which an approved CAP vendor declines to ship CAP drugs (when the conditions of § 414.914(h) are met) in § 414.908(a)(5). We noted that in all these cases, while there is only one drug category for CAP, the participating CAP physician would be allowed to opt-out of the CAP altogether.

The CAP became operational on July 1, 2006. Since that time, we have been

contacted by a few participating CAP physicians requesting that they be permitted to cancel their election agreement. Some of these requests have come from physician practices that misunderstood the program but found the program structure workable after further education about the CAP. Other requests have come from participating CAP physicians who identified significant concerns within the first few weeks of their participation that could not be resolved through provider education. When we initially implemented the CAP, we believed that most issues raised by participating CAP physicians would relate to quality and service issues that could be resolved through the approved CAP vendor's grievance process and the dispute resolution process conducted by the designated carrier. However, our experience with the initial operation of the CAP has demonstrated that there may be other business reasons a practice might wish to leave the program that are unrelated to the approved CAP vendor's performance. Examples of these include a demonstration of financial hardship due to participation in the CAP, the practice's inability to update its billing system despite a good faith effort, or that the practice relied on misleading information about the program from outside sources when making the decision to participate. Therefore, while we continue to believe that opportunities for leaving the CAP outside the annual election process should be limited because the CAP was designed as a program that physicians would make a decision to participate in on an annual basis, consistent with section 1847B(a)(5)(A) of the Act, we are proposing to define an additional exigent circumstance for opting out of the CAP. Under this proposed exigent circumstances exception, a participating CAP physician would be able to submit a written request to terminate his or her CAP physician election agreement within 30 days of its effective date, and CMS would grant such a request if the participating CAP physician could demonstrate that remaining in the CAP would be a significant burden.

The participating CAP physician would be required to submit a written request to terminate his or her participation in the CAP, along with a reason for the request to leave the CAP, within 30 days of the effective date of the election agreement. Examples of a significant burden include, but are not limited to the following: A demonstration of financial hardship due to participation in the CAP, the practice's inability to update its billing system despite a good faith effort, or that the practice relied on misleading information about the program from outside sources when making the decision to participate and has proof of receiving such information. The request would be sent to the CAP-designated carrier under the dispute resolution process, and within 1 business day the designated carrier would determine whether the request was related to the service provided by the approved CAP vendor. If so, the CAP designated carrier would refer the participating CAP physician to his or her approved CAP vendor's grievance process to further determine whether any appropriate and reasonable steps could be taken to resolve the issue the participating CAP physician had identified. The approved CAP vendor would have 2 business days to respond to the participating CAP physician's concern, consistent with our regulations at § 414.914(f)(5). If the approved CAP vendor was unable to identify a solution, consistent with the CAP statute, regulations, contracts and guidance, and acceptable to the physician, for resolving the issue, the participating CAP physician would be referred back to the CAP designated carrier for assistance under the dispute resolution process.

We propose that the participating CAP physician's request would be handled under the dispute resolution process because procedures and defined time frames for handling participating CAP physician and approved CAP vendor complaints are already developed under the CAP dispute resolution process. If the designated carrier did not believe the participating CAP physician's request was related to an issue that could be resolved by the approved CAP vendor, then the designated carrier would seek to resolve any other issues raised by the physician in the request to terminate CAP participation. The designated carrier would conduct an investigation into the physician's request to terminate his or her CAP election agreement and attempt to resolve any issues. If the designated carrier is unable to resolve the situation to the physician's satisfaction, within 2 business days, the designated carrier can either make a recommendation to CMS that the physician be permitted to terminate his or her CAP election agreement or request a 2-day extension to continue an attempt to resolve the issue. We believe that 4 business days would be sufficient to conclude this process because it would give the carrier time to gather information from other affected parties, such as the participating CAP physician's carrier, but still prepare a speedy summary of the issues involved in the physician's request. After the 2-day or 4-day period, as applicable, the designated carrier would forward the physician's request, along with its recommendation, to CMS. We would then review the recommendation and make a final decision within 2 business days of the date we received the request.

If we agree that the participating CAP physician has demonstrated that remaining in the CAP is a significant burden, we would allow that physician to terminate his or her participation in the program. We would inform the CAP-designated carrier of its decision and the decision would be communicated to the participating CAP physician in writing by the designated carrier. As part of this process, the physician's termination date for his or her CAP election agreement would be determined and communicated to the all parties involved, including the physician's local carrier. If we do not believe that the physician has demonstrated a significant burden, we would not allow the physician to terminate his or her participation in the CAP. We would inform the physician of such a decision and would include a recommendation for corrective action (such as education), and the right to request reconsideration as specified in § 414.917.

If we agree to terminate the participating CAP physician's CAP election agreement, the physician would be required to continue to cooperate in any post-payment review and appeals of claims for drugs that the approved CAP vendor had already provided to the physician and been paid for. The physician would also have to make arrangements with the approved CAP vendor for the return of any unused drugs that had not been administered to the beneficiary prior to the effective date of the physician's termination from the CAP. If the approved CAP vendor has inadvertently billed CMS for drugs that had not been administered to a beneficiary, the vendor would be required to correct the claim and return any overpayment.

h. Transporting CAP drugs

Although section 1847B((b)(4)(E) of the Act provides for the shipment of CAP drugs to settings other than a participating CAP physician's office under certain conditions, we did not propose to implement the CAP in alternative settings. In the July 6, 2005 IFC, we described both comments that supported the idea of allowing participating CAP physicians to transport drugs to multiple office locations and comments that raised

concerns about the risk of damaging a drug that has not been kept under appropriate conditions while being transported.

As stated in § 414.906(a)(4), we implemented the CAP with a restriction that CAP drugs should be shipped directly to the location where they will be administered. However, we were aware that physicians may desire to administer drugs in alternative settings, especially in a home. We sought comment on how this could be accommodated under the CAP in a way that addresses the concerns about product integrity and damage to the approved CAP vendors' property expressed by the potential vendors.

Several comments submitted in response to the July 6, 2005 IFC suggested either narrowing or removing the restriction on transporting drugs to other locations. Commenters believed that physicians were knowledgeable about drug stability and handling, and therefore, were capable of assuming this responsibility. Other commenters pointed out that transporting the drug to another office location may allow for flexibility in scheduling patient visits. It would allow practices with satellite operations that are not open every business day to receive shipments of CAP drugs at another practice location and then to administer the drugs in the satellite office.

These comments and our experience with the CAP thus far, have caused us to consider changing our position. Therefore in this proposed rule, we are seeking comment on the potential feasibility of narrowing the restriction on transporting CAP drugs where this is permitted by State law and other applicable laws and regulations. We are asking commenters to consider how such a policy could be constructed so that the approved CAP vendor could retain control over how drugs that it owns are handled (we remind commenters that CAP drugs are the approved CAP vendor's property until they have been administered). We welcome comments on other issues that we should take into account as we consider the possibility of future changes to the regulation so that CAP drugs may be transported from one approved CAP physician's practice location to another office location that is listed on the physician's CAP election agreement form. We also welcome comments on how to structure requirements so that drugs are not subjected to conditions that will jeopardize their integrity, stability or sterility while being transported and steps to keep transportation activities consistent with all applicable laws and regulations. We are also seeking comments on whether any agreement allowing participating CAP physicians to transport CAP drugs to alternate practice locations should be voluntary, meaning that approved CAP vendors would not be required to offer such an agreement and physicians who participate in the CAP would not be required to accept such an offer. Finally, we are seeking comments on whether the agreement should be documented in writing, and whether it is necessary to create any restrictions on which CAP drugs could be transported. Again, we remind potential commenters that we are not making a specific proposal at this time, but we will use any information we receive to structure a future proposal, in the event we make one.

i. Alternatives to the CAP Prescription Order Number

We received a number of comments that we responded to in the July 6, 2005 IFC (70 FR 39043 and 39049,) about the administrative burden that the CAP ordering and claims payment process imposes upon participating CAP physicians; specifically, activities associated with using and tracking the prescription order number were mentioned. In response to the IFC, we have received additional comments on this issue. After the close of the comment period we also received an inquiry from the current approved CAP vendor about the potential length of the CAP prescription order number and whether it could present a burden to participating CAP physicians. A 30-byte field is currently available on the electronic claim form for prescription numbers; however, it is not necessary for the prescription order number to be 30 bytes long. To meet national electronic standards for the automated transfer of certain health care data mandated by the Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104–191) (HIPAA), Medicare claims that are submitted electronically must use a specific data format. Within this framework, the CAP prescription order number is captured in Loop 2410, REF02 (REF01=XZ) of the ANSI 4010A1 electronic claims transaction. This segment is designed to capture the assigned prescription number. The requirements for developing the CAP prescription order number are as follows: the first 9 characters are the approved CAP vendor's ID and the HCPCS code of the drug that is being billed for; the approved CAP vendor sets the remaining characters. Typically, 15 or fewer total characters have been used by the approved CAP vendor.

Each prescription order number is unique to a dose of a CAP drug that is being shipped for administration to a particular beneficiary. The approved CAP vendor is responsible for generating the prescription order number, and as stated in the July 6, 2005 IFC (70 FR 39042), each dose of a CAP drug is required to have a separate prescription order number to facilitate claim matching and approved CAP vendor payment. Although the CAP prescription order number on the approved CAP vendor's claim is no longer matched to the prescription order number on the participating CAP physician's claim prior to claims payment, the prescription order is still used to track each dose of a drug that is shipped by the approved CAP vendor to the participating CAP physician and administered to the beneficiary. Prior to paying the approved CAP vendor's claim for a drug the CAP designated carrier uses the prescription order number to check the claims processing system to ascertain whether the local carrier has adjudicated the drug administration claim. If so, the CAP designated carrier will look to see whether the local carrier determined that the CAP drug administered by the participating CAP physician is covered and is medically necessary. If the participating CAP physician's local carrier has not made a determination on the physician's claim and the CAP drug claim, the designated carrier will pay the approved CAP vendor's claim upon receipt and use the CAP prescription order number to help verify drug administration on a post-payment basis.

The prescription order number accompanies each dose of drug that is sent to a participating CAP physician. After the drug is administered, the *participating CAP* physician's drug administration claim is submitted with a no-pay line containing the prescription order number. The approved CAP vendor's claim for the CAP drug also contains the prescription order number.

Under the claims matching system used when the CAP was implemented, the prescription order number was used to match an approved CAP vendor's CAP drug claim to the participating CAP physician's drug administration claim in the claims processing system prior to payment. The presence of a drug administration claim with a matching prescription order number indicated that the drug on the corresponding approved CAP vendor's claim had been administered and a successful match

allowed the approved CAP vendor to be paid for that claim.

At this time, section 108(a)(2) of the MIEA–TRHCA requires us to make payment upon receipt of an approved CAP vendor's drug claim and then to conduct a post-payment review of claims. As stated in the MIEA–TRHCA, the post-payment review process is intended to ''assure that payment is made only for a drug or biological * * * if the drug or biological has been administered to a beneficiary.'' Under this new process, the prescription order number is still used to establish that the drug that is being billed for by the approved CAP vendor has been administered by the participating CAP physician and that the vendor's claim is payable. Situations such as the frequency of recurring cyclic drug treatment regimens, the possibility of temporary interruption to these regimens, and the lack of agreement between the approved CAP vendor's anticipated day of service and the actual date that the drug is administered make the use of an aid to assist accurate tracking of CAP drugs desirable. We believe that the prescription order remains an appropriate and necessary tool to track the administration of a specific dose of a drug and for the accurate execution of the post-payment review process.

Although we believe that the use of the prescription order number is necessary to facilitate accurate review of CAP claims, we are aware that it may be considered an inconvenience by some potential CAP-participating physicians and approved CAP vendors. Therefore, we are seeking comment on alternative methods that could be used to accurately track the administration of specific doses of drugs in order to meet the requirements stated in section 108(a)(2) of the MIEA–TRHCA. We are not proposing to implement such a change at this time, but would like to receive comments on other methods that could be used to track CAP drug administration on a dose by dose basis. We may propose a change in future rulemaking.

j. Prefilled Syringes

In the July 6, 2005 IFC (70 FR 39061), we described public comments that stated that participating CAP physicians could not vouch for the quality of products that were opened by an approved CAP vendor for repackaging, for mixing the drug with other drugs or injectable fluids (admixture), or for removing a part of the contents to supply the exact dose for a beneficiary. Several commenters recommended that approved CAP vendors deliver their products in the same form in which they are received from the manufacturer, without opening packaging or containers, mixing or reconstituting vials, or repackaging. Specifically, the commenters were concerned about the capabilities of individuals who mix the drug, as well as shipping conditions, storage, and stability.

We responded by stating that the CAP is not intended to require approved CAP vendors to perform pharmacy admixture services, (for example, to furnish reconstituted or otherwise mixed drugs repackaged in IV bags, syringes, or other containers that are ready to be administered to a patient) when furnishing CAP drugs. Admixture services for injectable drugs require specialized staff, training, and equipment, and these services are subject to standards such as United States Pharmacopoeia Chapter 797, Pharmaceutical Compounding—Sterile Preparations. These requirements have significant impact on drug shipping, storage, and stability requirements, as well as system cost and complexity. As stated in § 414.906(a)(4), the approved CAP vendor must deliver ''CAP drugs directly to the participating CAP physician in unopened vials or other original containers as supplied by the manufacturer or from a distributor that has acquired the products directly from the manufacturer.''

Since issuing the July 6, 2005 IFC, we have become aware that bevacizumab (Avastin®) is being used for the treatment of exudative age-related macular degeneration (wet AMD) in very small doses. Although this is an off-label use, it is gaining acceptance among ophthalmologists who treat wet AMD and this use has been the subject of several carriers' local coverage determinations. Bevacizumab is considerably less expensive than certain other drugs used in the treatment of wet AMD.

The smallest commercially available package of bevacizumab is a 100mg single use vial, while a dose used to treat wet AMD is approximately 1mg. Some local carriers who have issued coverage instructions for the use of bevacizumab in the treatment of wet AMD allow physicians to obtain these small doses of drug from a pharmacy that is capable of preparing sterile products. We expect to issue instructions that will allow participating CAP physicians to use the furnish as written option, as appropriate, and to obtain small doses of bevacizumab outside of the CAP in prefilled syringes if their local carrier's coverage determinations allow such a practice and it is consistent with applicable laws and regulations. We believe that this approach will minimize the waste associated with using a 100mg single use vial for the treatment of wet AMD and will increase the flexibility for participating CAP physicians by making an alternative quantity of this drug available to participating CAP physicians whose carriers have applicable policies.

However, this option is not available in all areas. Therefore, we are considering reassessing our policy on the use of prefilled syringes to determine whether it would be feasible to make the option of using prefilling syringes supplied by an approved CAP vendor available to all physicians who participate in the CAP, rather than requiring physicians to go outside the CAP in order to obtain CAP drugs in prefilled syringes. We are seeking comments on whether allowing approved CAP vendors to repackage CAP drugs in certain situations may be beneficial to beneficiaries, the program, and to the physicians who participate in it. We are not proposing to make a change to our regulations at this time, but we are seeking additional information that might allow us to consider making such a change in the future.

In considering whether to propose a change to our regulations in the future, we seek comments on whether approved CAP vendors are likely to be pharmacies or have access to pharmacy services with trained personnel and facilities for the small scale preparation of sterile drug products in response to a specific prescription order for a specific patient. At this time there is no specific requirement for approved CAP vendors to be pharmacies. Also, please note we are describing a specialized pharmacy function; we are not contemplating manufacturing of drug products under this program.

We are also seeking comments on whether an approved CAP vendor should be given an opportunity to supply bevacizumab under the CAP if it is repackaged in a patient-specific dose consistent with applicable state laws and regulations upon request from a participating CAP physician. Furthermore, we are seeking comments on whether this sort of activity should be restricted to bevacizumab, or possibly phased-in for other CAP drugs. If we were to apply this sort of policy to other CAP drugs, we would also have to determine how phasing-in might occur, which drugs it should apply to and whether the preparation of admixtures (including the preparation of sterile syringes, minibags, and mixing

of drugs and solutions intended for intravenous administration) should be allowed as well.

We also seek comments on how this sort of service could be limited to participating CAP physicians who voluntarily agree to use it, and whether such an agreement should be made in writing between the approved CAP vendor and the participating CAP physician. We also seek comment on how such a program could be structured so that the service and staff engaged in providing the service would be required to meet all applicable laws (including Stark, Anti-kickback, and State pharmacy laws, as well as regulations for the preparation of sterile products, (including standards for product integrity and sterility). We also seek comments on whether the cost of preparing such product would be included in the CAP vendor's bid price. Finally, we seek comments on whether any other important elements should be evaluated if we consider changing CAP policy on prefilled syringes in the future.

k. Contractual Provisions

Section 1847B of the Act is generally silent on the subject of disputes surrounding the delivery of drugs and the denial of drug claims. However, section 1847B(b)(2)(A)(ii)(II) of the Act states that a grievance process is a quality and service requirement expected of approved CAP vendors. In the July 6, 2005 IFC (70 FR 39055 through 39058), we described the process for the resolution of approved CAP vendors' claims denials and the resolution of participating CAP physicians' drug quality and service complaints. We encouraged participating CAP physicians, beneficiaries, approved CAP vendors, and the designated carrier to use informal communication as a first step to resolve service-related administration issues. However, we recognized that certain disputes would require a more structured approach, and therefore, we established processes under § 414.916 and § 414.917.

Suspension and termination from the CAP were the only remedies described under the CAP dispute resolution processes. Having gained some experience with the CAP, we believe that having an intermediate level of remedy is desirable in order to bridge the gap between taking no action and suspension or termination of an approved CAP vendor for less serious but persistent problems.

We believe that additional contractual obligations, such as additional reporting requirements could be useful, particularly if they provide an opportunity for the approved CAP vendor to come into compliance using objective goals and a set timeline. Therefore, we are seeking comments on what types of potential contractual provisions that could be used to encourage approved CAP vendors to comply with CAP requirements for less serious violations, such as missing reporting deadlines, or participation in inappropriate promotional strategies. Given that the CAP statute does not provide for the imposition of sanctions such as withholding payment or imposing other types of monetary penalties, we believe that building appropriate provisions into the approved CAP vendor's contract to address noncompliance or expanding the approved vendor's code of conduct by proposing more specific CMS requirements could be appropriate approaches. We are requesting comments on what type of contractual provisions would be suitable, for example, requests for specific or targeted reporting and monitoring activities in response to specific violations, etc. We are also looking for comments on whether an approved CAP vendor's code of conduct could be used to address these types of less serious situations and how that could be accomplished. Finally, we invite comments on whether the CAP physician election agreement should be revised to include provisions to address participating CAP physicians' noncompliance with CAP rules or the CAP election agreement. We will use any information that we receive on these issues to possibly develop a future proposal.

G. Issues Related to the Clinical Laboratory Fee Schedule

[If you choose to comment on issues in this section, please include the caption ''CLINICAL LABORATORY ISSUES'' at the beginning of your comments.]

1. Date of Service for the Technical Component of Physician Pathology Services (§ 414.510)

In the CY 2007 PFS final rule with comment period (71 FR 69787), we added § 414.510 for the date of service of a clinical diagnostic laboratory test that uses a stored specimen. Generally, our policy states the date the specimen is collected is the date of service for claims review and adjudication. However, for a laboratory test that uses a stored specimen, the date of service is the date the specimen was obtained from the storage for a specimen that is stored for more than 30 days before testing. Specimens stored 30 days or less have a date of service of the date the test was performed only if—

(a) The test is ordered by the patient's physician at least 14 days following the date of the patient's discharge from the hospital;

(b) The specimen was collected while the patient was undergoing a hospital surgical procedure;

(c) It would be medically inappropriate to have collected the sample other than during the hospital procedure for which the patient was admitted;

(d) The results of the test do not guide treatment provided during the hospital stay; and

(e) The test was reasonable and medically necessary for the treatment of an illness.

In addition, § 414.510(b)(3) specifies the conditions for the date of service for a chemosensitivity test.

When we added § 414.510, we indicated the provision applies to clinical diagnostic laboratory tests. For outpatients, clinical diagnostic laboratory tests are paid under the Medicare Part B clinical laboratory fee schedule. Upon further review, we believe the provision should also apply to the technical component (TC) of physician pathology services. In practice, the collection date for both clinical laboratory services and the TC of physician pathology services is similar. Therefore, we believe § 414.510 should apply to both types of services. This will improve claims processing and adjudication in relation to the clarity of dates of service, accuracy of payment, and detection of duplicate services. For outpatients, the TC of physician pathology services can be paid under the PFS or the hospital OPPS. As a result, for § 414.510, we are proposing to revise the section heading and introductory sentence to specify the provision applies to both clinical laboratory and pathology specimens. We are also revising § 415.130(d) to include a reference to § 414.510.

2. New Clinical Diagnostic Laboratory Test (§ 414.508)

a. Background

In the CY 2007 PFS final rule with comment period (71 FR 69701), we adopted a new subpart G under part 414 that implemented section 942(b) of the MMA requiring that we establish procedures for determining the basis for, and amount of payment for any clinical diagnostic laboratory test for which a new or substantially revised HCPCS code is assigned on or after January 1, 2005 (''new tests'').

Under § 414.508, we use one of two bases for payment to establish a payment amount for a new test. Under § 414.508(a), the first basis, called ''crosswalking,'' is used if a new test is determined to be comparable to an existing test, multiple existing test codes, or a portion of an existing test code. If we use crosswalking, we assign the new test code the local fee schedule amounts and national limitation amount (NLA) of the existing test code or codes. If we crosswalk to multiple existing test codes, we determine the local fee schedule amounts and NLA based on a blend of payment amounts for the existing test codes. For example, we may pay based on 75 percent of the payment amounts for one existing test code and 25 percent of the payment amounts for another existing test code.

The second basis for payment is ''gapfilling.'' Under § 414.508(b), we use gapfilling when no comparable existing test is available. We instruct each Medicare carrier to determine a carrier-specific amount for use in the 1st year that the new code is effective. The sources of information that these carriers examine in determining carrier-specific amounts include:

- Charges for the test and routine discounts to charges;
- Resources required to perform the test;
- Payment amounts determined by other payers; and
- Charges, payment amounts, and resources required for other tests that may be comparable (although not similar enough to justify crosswalking) or otherwise relevant.

After the first year, the carrier-specific amounts are used to calculate the NLA for subsequent years. Under § 414.508(b)(2), the test code is paid at the NLA, rather than the lesser of the NLA and the carrier-specific amounts.

In the CY 2007 PFS final rule with comment period, we also explained that we notify our carriers when to use the gapfill method described with a program instruction which lists the specific new test code and the timeframes to establish carrier-specific amounts. Contractors are required to establish carrier-specific amounts on or before March 31 of the year. Contractors may revise their payment amounts, if necessary, on or before September 1 of the year. In this manner, a carrier may revise its carrier-specific amount based on additional information during the 1st year.

In the CY 2007 PFS final rule with comment period (71 FR 69702), we also described the timeframes for determining the amount of and basis for payment for new tests. Under 45 CFR § 162.1003, a code for a new test may be developed either by the AMA's CPT Editorial Panel, which maintains and distributes the CPT codes, or HHS, which maintains and distributes the HCPCS codes. The codes to be included in the upcoming year's fee schedule (effective January 1) are available as early as May. We then list the new clinical laboratory tests codes on our Web site, usually in June, along with registration information for the public meeting.

The public meeting is held no sooner than 30 days after we announce the meeting in the **Federal Register**. The public meeting is typically held in July. In September, we post our proposed determination of the basis for payment for each new code. We also seek public comment on these proposed determinations of the basis for payment. The updated clinical laboratory fee schedule is prepared in October for release to our contractors during the first week in November. Our contractors have many information system steps to complete during the months of November and December so that the updated clinical laboratory fee schedule is ready to pay claims effective January 1 of the following calendar year.

In response to the CY 2007 PFS proposed rule, we received several comments regarding the level of detail of information presented during the public meeting process. We responded that we did not believe that opportunities for information gathering on new tests have been fully utilized within the public meeting process and that payment recommendations from the public have sometimes lacked charge, cost, and clinically detailed information for the new clinical laboratory tests. We also stated that when soliciting public input for the meeting we would recommend that all participants in the public meeting consultation process strive for transparency and try to provide as much supporting information as possible to assist us in evaluating their recommendations.

We also received some comments that suggested that the method used by contractors to determine their price for gapfilled tests should be more specific. We responded that we would engage in discussions with our carrier contractors and laboratory industry representatives to explore their experiences with the gapfill process. We also agreed to host a forum to listen to suggestions from the public.

We have discussed these issues with our contractors. We also plan to solicit comments on the gapfill process in the clinical laboratory public meeting scheduled on July 16, 2007. Although we encourage the public to suggest improvements to our gapfilling process at the upcoming clinical laboratory public meeting, we recommend that interested parties also submit written comments on the proposed changes for the gapfilling process contained in this rule. Written comments will be considered in the final rule to the extent that these comments relate to the issues discussed in this proposed rule.

Discussions with our contractors and other interested parties revealed the length of time we allow for a contractor to establish a carrier-specific amount may sometimes be insufficient for obtaining additional sources and data on a new test. However, our contractors and other interested parties were also concerned that if procedures and determinations were permitted to extend over too long a time frame, the uncertainty of the final payment amount would be detrimental for laboratories, practitioners, and patients for incorporating new technology tests and improving patient care.

In addition, in response to the CY 2007 PFS proposed rule, a commenter requested that we establish a formal review, or reconsideration process of a payment amount determination. In response to the comment, we revised § 414.508(b)(3) to provide that if we gapfill a test, but determine after the 1st year of gapfilling that carrier-specific gapfilled amounts will not pay for the test appropriately, in the 2nd year we may use the crosswalk basis to establish fees for the test. We also stated that we expected to solicit comments on a potential reconsideration process in a future rulemaking.

At § 414.509, we are proposing a reconsideration process for determining the basis for and amount of payment for any new test for which a new or substantially revised HCPCS code is assigned on or after January 1, 2008. We have strived to balance additional opportunities for public input against the necessity for establishing final fees for new clinical laboratory test codes.

Section 1833(h)(8)(A) of the Act provides broad authority to develop through regulation procedures for the method for determining the basis for and amount of payment for new tests. We believe that we have authority under section 1833(h)(8)(A) of the Act to establish procedures under which we may reconsider the basis for and amount of payment for a new test. Furthermore, under section 1833(h)(8)(D) of the Act, the Secretary may convene such other public meetings to receive public comments on payment amounts for new tests as the Secretary deems appropriate.

We note that, under both section 1833(h)(8)(B)(v) of the Act and § 414.506(d)(2), the Secretary must make available to the public a list of ''final determinations.'' We do not believe that these provisions preclude us from reconsidering our final determinations. It is not unusual for us to provide for discretionary reopening or reconsideration of final agency action. For example, under § 405.1885, we may reopen a final agency determination regarding payment to a provider of services.

b. Basis for Payment

Under our existing procedures for determining the basis for payment of a new test, either to crosswalk or gapfill, we receive comments on the appropriate basis for payment for a new test both at the public meeting in July and after we announce our proposed determinations in September. In November, we post our determination for the basis for payment for the new test on the CMS Web site. This determination of the basis for payment is final, except in the case of a gapfilled test for which we later determine that gapfilling is not appropriate under § 414.508(b)(3).

We are proposing to create a reconsideration process for determinations of the basis, either crosswalking or gapfilling, for payment of a new clinical diagnostic laboratory test. Consistent with our existing process, we would make a determination using the information gathered from the public meeting process and post a determination of the basis for payment, either to crosswalk or gapfill, on the CMS Web site, likely in November. Under § 414.508, claims would be paid using this basis to calculate fees beginning January 1. We would accept written comments on this basis determination for 60 days after we posted the determination on the CMS Web site. If a commenter recommended that we switch from gapfilling to crosswalking for a new code, the commenter would also have the opportunity to recommend the code or codes to which to crosswalk the new test code.

In addition, those members of the public who submitted a written comment within the 60-day comment period would also have the opportunity to present their comment orally at the next clinical laboratory public meeting and hear other comments during the public meeting.

After considering the comments received and the information of the public meeting, we would post our decision as to whether we elected to reconsider our determination of the basis for payment. If we elect to reconsider the basis for payment, we would post our determination as to whether we would change of the basis for payment on the CMS Web site on or before January 1 of the next year. Our decision regarding the basis for payment would be final and not subject to further reconsideration.

If we change our prior determination of the basis for payment, the new determination would be effective the following January 1. We would not reopen or otherwise reprocess claims with dates of service prior to the effective date of the revised determination.

We note that, under our proposed reconsideration processes (for both the basis for payment and amount of payment), we would make two separate decisions. First, we would decide whether to reconsider our prior determination. If we elect to reconsider our prior determination, we would then determine whether we should change our prior determination.

c. Amount of Payment

i. Crosswalking

Under our existing procedures, commenters recommend the code or codes to which to crosswalk a new clinical laboratory test both at the public meeting in July and during the comment period after we issue our proposed determination in September. We consider the appropriate basis for payment and the amount of payment at the same time. Therefore, commenters that recommend crosswalking as the basis for payment for a new test also make recommendations concerning the code or codes to which to crosswalk the new test. In November, we post the code or codes to which we will crosswalk the test and the payment amount for the test on the CMS Web site. This determination is final.

We are proposing to create a reconsideration process under which we may reevaluate the code or codes and their corresponding fees to which we crosswalk a new test's fees. After we posted our determination of the code or codes to which the test would be crosswalked on the CMS Web site, we would pay claims on the basis of this determination beginning January 1. We would accept written comments on the crosswalked code or codes and the resulting amount of payment for the new code for 60 days after we posted the determination on the CMS Web site. In addition, a commenter, who had submitted a written comment within the 60-day comment period, would also be given the opportunity to present their comment orally at the next public meeting.

After considering the comments received and the information of the public meeting, we would post our decision as to whether we had elected to reconsider our determination of the crosswalked code or codes and the resulting amount of payment. If we elect to reconsider the amount of payment and had determined that we should revise the amount of payment, we would post a new determination of the code or codes to which we would crosswalk the test on or before January 1 of the next year. Our decision regarding the amount of payment would be final and not subject to further reconsideration.

If we change our prior determination of the amount of payment, the new determination would be effective the following January 1. We would not reopen or otherwise reprocess claims with dates of service prior to the effective date of the revised determination.

As discussed in section II.G.2.b., we may also change the basis for payment for a new test as the result of reconsideration. If we change the basis for payment from gapfilling to crosswalking, we would also determine the code or codes to which we would crosswalk the test. Because we believe it is important to establish final payment amounts within a reasonable amount of time, we are proposing that these determinations of crosswalked payment amounts would not be subject to reconsideration.

ii. Gapfilling

As discussed in this preamble and in accordance with § 414.508(b), after we determine that gapfilling will be the basis for payment for a new clinical diagnostic laboratory test, we instruct our contractors to determine carrier-specific gapfill amounts by April 1 and finalize carrier-specific amounts by September 30. We include the determinations of carrier-specific amounts and the NLA for the new test code in the clinical laboratory fee schedule the following November when we post our payment determinations on the CMS Web site. Except in the case of a gapfilled test for which we determine that gapfilling was not appropriate under § 414.508(b)(3), these determinations are final.

We are proposing to provide for a reconsideration process for gapfilled payment amounts. Under this process, by April 30, we would post the carrier-specific amounts on the CMS Web site. Interested parties would submit written comments to CMS on the carrier-

specific amounts within 60 days from the date of posting the carrier-specific amounts. In addition, those commenters, who had submitted a written comment within the 60-day comment period, would be given the opportunity to present their comments orally at the next clinical laboratory public meeting.

Carriers would finalize carrier-specific amounts by September 30 and we would set the NLA be at the median of the carrier-specific amounts. However, based on the comments received, we would evaluate whether we should reconsider the carrier-specific amounts and NLA. If we elected no to reconsider the carrier-specific amounts and the NLA, we would post the carrier-specific amounts and NLA on the CMS Web site on or before January 1 of the next year. These amounts would be based on the carrier-specific amounts and NLA we had posted in September. Payment for the test would be made at the NLA on January 1 of the next year. This determination would be final and not subject to further reconsideration.

If we elect to reconsider the carrier-specific amounts and decide to revise our prior determination, we would adjust the NLA based on comments received. We would post the revised NLA on the CMS Web site and payment for the test would be made at the NLA beginning January 1. This determination would be final and not subject to further reconsideration.

We are also proposing that, if we change the basis of payment from crosswalking to gapfilling as the result of a reconsideration, the new gapfilled payment amount would be subject to reconsideration under proposed § 414.509(b)(2). Unlike a crosswalked test, the payment amount for a gapfilled test is not established when we determine the basis for payment because it takes approximately 9 months for our contractors to establish carrier-specific amounts. Thus providing for reconsideration of gapfilled payment amounts would not lengthen the period of time it would take to determine a final payment amount.

In addition, we are proposing to amend § 414.508(b)(3) to provide that § 414.508(b)(3) applies to new tests for which a new or substantially revised HCPCS code assigned on or before December 31, 2007. We believe that the more comprehensive reconsideration procedures we are proposing should apply to new or substantially revised HCPCS codes assigned after December 31, 2007.

d. Jurisdiction for Reconsideration Decisions

We are proposing that jurisdiction for reconsideration would rest exclusively with the Secretary. A decision whether to reconsider a determination would be committed to the discretion of the Secretary. Accordingly, a refusal to reconsider an initial determination would not be subject to administrative or judicial review. We recognize that parties dissatisfied with an initial determination as to the amount of payment for a particular claim for laboratory services may appeal the initial determination under part 405, subpart I of our regulations. Under our proposal, a party could challenge under part 405, subpart I a determination regarding the amount of payment for a new test—regardless of whether the amount of payment was established as the result of a reconsideration—but a party could not challenge a decision not to reconsider.

3. Technical Revisions

We are also proposing technical revisions to § 414.502, § 414.506, and § 414.508. Under section 1833(h)(8)(A) of the Act, the term ''new tests'' is defined as any clinical diagnostic laboratory test for which a new or substantially revised HCPCS code is assigned on or after January 1, 2005. However, our regulations do not define the term ''new test.'' Therefore, we are proposing to define the term ''new test'' under § 414.502 using the statutory definition. In addition, under § 414.506 and § 414.508, we are proposing to replace references to ''new clinical diagnostic laboratory test that is assigned a new or substantially revised code on or after January 1, 2005'' with references to ''new test.''

H. Proposed Provisions Related to Payment for Renal Dialysis Services Furnished by End-Stage Renal Disease (ESRD) Facilities

[If you choose to comment on issues in this section, please include the caption ''ESRD PROVISIONS'' at the beginning of your comments.]

Since August 1, 1983, payment for dialysis services furnished by ESRD facilities has been based on a composite rate payment system that provides a fixed, prospectively determined amount per dialysis treatment, adjusted for geographic differences in area wage levels. In accordance with section 1881(b)(7) of the Act, separate composite rates have been established for hospital-based and independent ESRD facilities. The composite rate is designed to cover a package of goods and services needed to furnish dialysis treatments that include, but not be limited to, certain routinely provided drugs, laboratory tests, supplies, and equipment. Unless specifically included in the composite rate, other injectable drugs and laboratory tests medically necessary for the care of the dialysis patient are separately billable. The base composite rates per treatment, effective on August 1, 1983, were $123 for independent ESRD facilities and $127 for hospital-based ESRD facilities. The Congress has enacted a number of adjustments to the composite rate since that time. The current 2007 base composite rates are $132.49 for independent ESRD facilities and $136.68 for hospital-based ESRD facilities.

Section 623 of the MMA amended section 1881 of the Act to require changes to the composite rate payment methodology, as well as to the pricing methodology for separately billable drugs and biologicals furnished by ESRD facilities.

Section 1881(b)(12) of the Act, as added by the MMA, required the establishment of a basic case-mix adjusted prospective payment system (PPS) that would include the services comprising the composite rate and an add-on to the composite rate component for the difference between current payments for separately billed drugs and the revised drug pricing specified in the statute. In addition, section 1881(b)(12) of the Act required that the composite rate be adjusted for a limited number of patient characteristics (case-mix) and section 1881(b)(12)(D) of the Act gave the Secretary discretion to revise the wage indices and the urban and rural definitions used to develop them. Finally, section 1881(b)(12)(E) of the Act imposed a budget neutrality requirement, so that aggregate payments under the basic case-mix adjusted composite payment system for 2005 would equal the aggregate payments that would have been made for the same period if section 1881(b)(12) of the Act did not apply.

Before January 1, 2005, payment to both independent and hospital-based facilities for the anti-anemia drug, erythropoietin (EPO) was established under section 1881(b)(11) of the Act at $10.00 per 1,000 units. For independent ESRD facilities, payment for all other separately billable drugs and biologicals was based on the lower of actual charges or 95 percent of the average wholesale price (AWP). Hospital-based ESRD facilities were paid based on the reasonable cost methodology for separately billed drugs and biologicals (other than EPO) furnished to dialysis

patients. Changes to the payment methodology for separately billed ESRD drugs and biologicals that were established by the MMA and were effective January 1, 2005 are described in sections II.H.1. and II.H.2. These changes affected payments in both CY 2005 and CY 2006.

In addition, section 623(f)(1) of the MMA directs the Secretary to submit a Report to Congress detailing a bundled PPS for services furnished by ESRD facilities to Medicare beneficiaries. The bundled PPS would be a different way of paying for ESRD services since it will include not only composite rate services, but would also include separately billable drugs (including EPO), laboratory tests, and other separately billable items into one PPS payment rate. We expect to release the REPORT TO CONGRESS this summer.

1. CY 2005 Revisions

In the CY 2005 PFS final rule with comment period (69 FR 66319 through 66334), we implemented section 1881(b) of the Act, as amended by section 623 of the MMA, and revised payments to ESRD facilities. These revisions were effective January 1, 2005, included implementation of a case-mix adjusted payment system that incorporated services that comprise the composite rate; an update of 1.6 percent to the composite rate component of the payment system; and a drug add-on of 8.7 percent to the composite rate for the difference between current payments for separately billable drugs and payments based on the revised drug pricing for 2005 which used acquisition costs. The CY 2005 PFS final rule with comment period also implemented case-mix adjustments to the composite rate for a limited number of patient characteristics (that is, age, low body mass index (BMI), and body surface area (BSA)), effective April 1, 2005.

In addition, to implement section 1881(b)(13) of the Act, we revised payments for drugs billed separately by independent ESRD facilities, paying for the top 10 ESRD drugs based on acquisition costs (as determined by the OIG) and for other separately billed drugs at the average sales price +6 percent (hereafter referred to as ASP+6 percent). Hospital-based ESRD facilities continued to receive cost-based payments for all separately billable drugs and biologicals except for EPO which was paid based on average acquisition costs.

2. CY 2006 Revisions

In the CY 2006 PFS final rule with comment period (70 FR 70161), we implemented additional revisions to payments to ESRD facilities under section 623 of the MMA. For CY 2006, we further revised the drug payment methodology applicable to drugs furnished by ESRD facilities. All separately billed drugs and biologicals furnished by both hospital-based and independent ESRD facilities are now paid based on ASP+6 percent.

We recalculated the 2005 drug add-on adjustment to reflect the difference in payments between the pre-MMA AWP pricing and the revised pricing based on ASP+6 percent. The recalculation did not affect the actual add-on adjustment applied to payments in 2005, but provided an estimate of what the adjustment would have been had the 2006 payment methodology been in effect in 2005. The drug add-on adjustment was then updated to reflect the expected growth in expenditures for separately billable drugs in CY 2006.

As of January 1, 2006, we also implemented a revised geographic adjustment authorized by section 1881(b)(12) of the Act. As part of that change, we—

- Revised the labor market areas to incorporate the new CBSA designations established by the Office of Management and Budget (OMB);
- Eliminated the wage index ceiling and reduced the floor to 0.8500; and
- Revised the labor portion of the composite rate to which the geographic adjustment is applied.

We also provided a 4-year transition from the previous wage-adjusted composite rates to the current wage-adjusted rates. For CY 2006, only 25 percent of the payment is based on the revised geographic adjustments, and the remaining 75 percent of payment is based on the old metropolitan statistical area-based (MSA-based) payments.

In addition, section 5106 of the DRA provided for a 1.6 percent update to the composite rate component of the basic case-mix adjusted payment system, effective January 1, 2006. As a result, the base composite rate was increased to $130.40 for independent ESRD facilities and $134.53 for hospital-based facilities. For 2006, the drug add-on adjustment (including the growth update) was 14.5 percent.

3. CY 2007 Updates

In the CY 2007 PFS final rule with comment period (71 FR 69681), we implemented the following updates to the basic case-mix adjusted payment system:

- An update to the wage index adjustments to reflect the latest hospital wage data, including a BN adjustment of 1.052818 to the wage index for CY 2007.
- A method to annually calculate the growth update to the drug add-on adjustment required by section 1881(b)(12) of the Act, as well as growth update to the drug add-on adjustment of 0.5 percent for CY 2007. Therefore, effective January 1, 2007 the drug add-on adjustment was increased to 15.1 percent.

In addition, section 103 of the MIEA–TRHCA established a 1.6 percent update to the composite rate portion of the payment system, effective April 1, 2007. Therefore, the current base composite rate is $132.49 for independent facilities and $136.68 for hospital-based facilities. Also, the effect of this increase in the composite rate portion of the payment system was a reduction in the drug add-on adjustment to 14.9 percent, effective April 1, 2007. Since the statutory increase only applied to the composite rate, this adjustment to the drug add-on percent was needed to maintain the drug add-on amount constant.

4. Provisions of This Proposed Rule

For CY 2008, we are proposing the following updates to the composite rate payment system:

- A growth update to the drug add-on adjustment to the composite rates; and
- An update to the wage adjustment to reflect the latest available wage data, and a revised budget neutrality adjustment.

a. Proposed Growth Update to the Drug Add-on Adjustment to the Composite Rates

Section 623(d) of the MMA added section 1881(b)(12)(B)(ii) of the Act which required the establishment of an add-on to the composite rate to account for changes in the drug payment methodology stemming from enactment of the MMA. Section 1881(b)(12)(c) of the Act provides that the drug add-on must reflect the difference in aggregate payments between the revised drug payment methodology for separately billable ESRD drugs and the AWP payment methodology. In 2005, we generally paid for ESRD drugs based on average acquisition costs. Thus the difference from AWP pricing was calculated using acquisition costs. However, in 2006 when we moved to ASP pricing for ESRD drugs, we recalculated the difference from AWP pricing using ASP prices.

In addition, section 1881(b)(12)(F) of the Act requires that, beginning in CY 2006, we establish an annual update to the drug add-on to reflect estimated growth in expenditures for separately billable drugs and biologicals furnished by ESRD facilities. This growth update applies only to the drug add-on portion

of the case-mix adjusted payment system.

The CY 2007 drug add-on adjustment to the composite rate is 14.9 percent. The drug add-on adjustment for CY 2007 incorporates an inflation adjustment of 0.5 percent. This computation is explained in detail in the CY 2007 PFS final rule with comment period (71 FR 69682 through 69684). We note that the drug add-on adjustment of 15.1 percent that was published in the CY 2007 PFS final rule with comment period did not account for the 1.6 percent update to the composite rate portion of the basic case-mix adjustment payment system that was subsequently enacted by the MIEA–TRHCA, effective April 1, 2007. Since we compute the drug add-on adjustment as a percentage of the weighted average base composite rate, the drug add-on percentage was decreased to account for the higher composite payment rate resulting in a 14.9 percent add-on adjustment beginning April 1, 2007. This adjustment was necessary to ensure that the total drug add-on dollars remained constant.

(i) Estimating Growth in Expenditures for Drugs and Biologicals for CY 2008

Section 1881(b)(12)(F) of the Act specifies that the drug update must reflect ''the estimated growth in expenditures for drugs and biologicals (including erythropoietin) that are separately billable * * *'' By referring to ''expenditures'', we believe the statute contemplates that the update would account for both increases in drug prices, as well as increases in utilization of those drugs.

In the CY 2007 PFS final rule with comment period (71 FR 69682), we established a methodology for annually estimating the growth in ESRD drugs and biological expenditures that uses the Producer Price Index (PPI) for pharmaceuticals as a proxy for pricing growth in conjunction with 2 years of ESRD drug data to estimate per patient utilization growth.

For CY 2008, we are proposing to continue using this methodology to update the drug add-on adjustment. As we indicated in the CY 2007 PFS final rule with comment period, we believe the PPI is a reasonable measure of drug pricing growth, and when used in conjunction with an estimate of per patient growth in drug utilization, this measure provides a simple and accurate approach to updating the drug add-on that could be readily used in subsequent years. Moreover, using the PPI significantly reduces any data bias that is inherent in using historical drug expenditure data that do not reflect current drug payment methodologies.

Therefore, we established a mechanism for estimating the annual growth in expenditures for ESRD drugs and biologicals using the PPI for prescription drugs as a measure of price increases in conjunction with 2 years of historical data as a basis for estimating utilization growth at the per patient level.

As discussed in detail below in this section, we are proposing to estimate growth in per patient utilization of drugs for CY 2008 by using historical drug expenditure data from CY 2005 and CY 2006. However, we are proposing to use only drug expenditures data from independent ESRD facilities because we are unable to determine utilization change in hospital-based dialysis facilities due to the changes in payment methodology for these types of dialysis facilities from 2005 to 2006. In 2005, payments to hospital-based facilities were based on cost (or a percentage of charges), whereas payments to hospital-based facilities in 2006 were based on ASP+6 percent. Because of the cost payment methodology, the ''drug unit'' fields on the 2005 hospital-based ESRD facility bills were not used for payment purposes, and therefore, the data were not accurately reported on those bills. As such, we are unable to accurately isolate the per unit payment differential for hospital-based ESRD facility drug expenditures between 2005 (cost payments) and 2006 (ASP payments) for purposes of estimating the residual utilization change between years. We considered applying the price differential factor for independent ESRD facilities between 2005 and 2006 to the ESRD hospital-based facility data, but the result was a negative utilization growth. Because we have no way of accurately determining what portion of the change in drug expenditures for hospital-based facilities between 2005 and 2006 is attributable to price versus utilization, we do not believe it would be appropriate to assume that the same price differential applicable to independent ESRD facility data would be indicative of the price change for hospital-based facilities between 2005 and 2006 where expenditures moved from cost-based to fee schedule payments. Given that the drug expenditure data for hospital-based ESRD facilities only represent about 9 percent of the total ESRD drug data, and we can more accurately measure the price difference between 2005 and 2006 for the independent ESRD facility expenditure data, we believe the best option would be to exclude the hospital-based ESRD facility data from the computation of utilization growth between 2005 and 2006. Under this option, we would impute the same utilization growth for hospital-based ESRD facilities as estimated for independent ESRD facilities.

(ii) Estimating Growth in Per Patient Drug Utilization

To isolate and project the growth in per patient utilization of ESRD drugs for CY 2008, we need to remove the enrollment and price growth components from the historical drug expenditure data and consider the residual utilization growth. As discussed previously in this section, we propose to use independent ESRD facility drug expenditure data from CY 2005 and CY 2006 to estimate per patient utilization growth for CY 2008.

We first needed to estimate the total drug expenditures for independent ESRD facilities. For this proposed rule, we used the final CY 2005 ESRD claims data and the latest available CY 2006 ESRD facility claims, updated through December 31, 2006 (that is, claims with dates of service from January 1 through December 31, 2006, that were received, processed, paid, and passed to the National Claims History File as of December 31, 2006). For the CY 2008 PFS final rule, we plan to use more updated CY 2006 claims with dates of service for the same time period. This updated CY 2006 data file will include claims that are received, processed, paid, and passed to the National Claims History File as of June 30, 2007.

While the December 2006 update of CY 2006 claims used in this proposed rule is the most recently available claims data, we recognize that it is not a fully complete year as claims with dates of service towards the end of the year have not all been processed. To more accurately estimate the update to the drug add-on, we need aggregate drug expenditures. Based on an analysis of the 2005 claims data, we inflated the CY 2006 drug expenditures to estimate the June 30, 2007 update of the 2006 claims file. We used the relationship between the December 2005 and the June 2006 versions of 2005 claims to estimate the more complete 2006 claims that will be available in June 2007. We applied that ratio to the 2006 claims data from the December 2006 claims file. We did this separately for EPO, the other top ten separately billable drugs, and the remaining separately billable drugs for independent and hospital-based ESRD facilities. All components were then combined to estimate aggregate CY 2006 ESRD drug expenditures. The net adjustment to the CY 2006 claims data

was an increase of 12 percent to the 2006 expenditure data. This adjustment allows us to more accurately compare the 2005 and 2006 data to estimate utilization growth.

The next step is to remove the enrollment and price growth components from that total. As discussed previously in this section, in developing the per patient utilization growth for this proposed rule, we limited our analysis to the latest 2 years of available independent ESRD facility drug data (that is, 2005 and 2006). We believe that per patient utilization growth between these years would be a better proxy for future growth, as it best represents current utilization trends.

To calculate the per patient utilization growth, we removed the enrollment component by using the growth in enrollment data between 2005 and 2006. This was approximately 3 percent. To remove the price effect we calculated the weighted difference between 2005 average acquisition price (AAP) and 2006 ASP pricing for the original top ten drugs for which we had average acquisition prices. We weighted the differences by 2006 independent ESRD facility drug expenditure data. Table 12 shows the 2006 weights for each of the top ten ESRD drugs billed by independent ESRD facilities.

This process led to an overall 3 percent reduction in price between 2005 and 2006.

TABLE 12.—CY 2006 DRUG WEIGHTS FOR INDEPENDENT FACILITIES

Independent drugs	2006 Weights (percent)
EPO	75.2
Paricalcitol	11.6
Sodium-ferric-glut	2.9
Iron-sucrose	5.6
Levocarnitine	0.3
Doxercalciferol	3.1
Calcitriol	0.1
Iron-dextran	0.0
Vancomycin	0.1
Alteplase	0.9

After removing the enrollment and price effects from the expenditure data, the residual growth would reflect the per patient utilization growth. To do this, we divided the product of the enrollment growth of 3 percent (1.03) and the price reduction of 3 percent (1.00 − 0.03 = 0.97) into the total drug expenditure change between 2005 and 2006 of −0.2 percent (1.00 − 0.00 = 1.00). The result is a utilization factor equal to 1.00(1.00/(1.03 * 0.97) = 1.00).

We observed no growth in per patient utilization of drugs between 2005 and 2006. Therefore, we are projecting no growth in per patient utilization for all ESRD facilities in CY 2008.

b. Applying the Proposed Growth Update to the Drug Add-on Adjustment

In CY 2006, we applied the projected growth update percentage to the total amount of drug add-on dollars established for CY 2005 to come up with a dollar amount for the CY 2006 growth update. In addition, we projected the growth in dialysis treatments for CY 2006 based on the projected growth in ESRD enrollment. We divided the projected total dialysis treatments for CY 2006 into the projected dollar amount of the CY 2006 growth to develop the per treatment growth update amount. This growth update amount, combined with the CY 2005 per treatment drug add-on amount, resulted in an average drug add-on amount per treatment of $18.88 (or a 14.5 percent adjustment to the composite rate) for CY 2006.

In the CY 2007 PFS final rule with comment period (71 FR 69684), we revised our update methodology by applying the growth update to the per treatment drug add-on amount. That is, for CY 2007, we applied the growth update factor of 4.03 percent to the $18.88 per treatment drug add-on amount for an updated amount of $19.64 per treatment (71 FR 69684).

For CY 2008, we are proposing to update the per treatment drug add-on amount of $19.64 established in CY 2007 and convert the update to an adjustment factor as specified in section 1881(b)(12)(F) of the Act. As explained in the CY 2007 PFS proposed rule (71 FR 49007) and adopted in the CY 2007 PFS final rule with comment period (71 FR 69683), we believe this approach is more accurate than using an estimate of growth in treatments to determine the per treatment add-on adjustment each year.

c. Proposed Update to the Drug Add-on Adjustment

As discussed previously in this section, we estimate no growth in per patient utilization of ESRD drugs for CY 2008. Using the projected CY 2008 PPI for prescription drugs of 3.66 percent, we are projecting that the combined growth in per patient utilization and pricing for CY 2008 would result in an update equal to 3.66 percent (1.0 * 1.0366 = 1.0366). This update factor would be applied to the CY 2007 average per treatment drug add-on amount of $19.64 (reflecting a 14.9 percent adjustment in CY 2007), resulting in a proposed weighted average increase to the composite rate of $0.72 for CY 2008 or a 0.5 percent increase in the CY 2007 drug add-on percentage. Thus, the total proposed drug add-on adjustment to the composite rate for CY 2008, including the growth update, would be 15.5 percent (1.149 * 1.005 = 1.155).

We propose to continue to use this method to estimate the growth update to the drug add-on component of the case-mix adjusted payment system until we have at least 3 years worth of ASP-based historical drug expenditure data that could be used to conduct a trend analysis to estimate the growth in drug expenditures. Given the time lag in the availability of ASP drug expenditure data, we expect that the earliest we could consider using trend analysis to update the drug add-on adjustment would be CY 2010. We intend to reevaluate our methodology for estimating the growth update at that time.

d. Proposed Update to the Geographic Adjustments to the Composite Rates

Section 1881(b)(12)(D) of the Act, as amended by section 623(d) of the MMA, gave the Secretary the authority to revise the wage indexes previously applied to the ESRD composite rates. The wage indexes are calculated for each urban and rural area. The purpose of the wage index is to adjust the composite rates for differing wage levels covering the areas in which ESRD facilities are located.

(i) Updates to Core-Based Statistical Area (CBSA) Definitions

In the CY 2006 PFS final rule with comment period (70 FR 70167), we announced our adoption of the OMB's CBSA-based geographic area designations to develop revised urban/rural definitions and corresponding wage index values for purposes of calculating ESRD composite rates. OMB's CBSA-based geographic area designations were described in OMB Bulletin 03–04, originally issued June 6, 2003, and available online at *www.whitehouse.gov/omb/bulletins/b03–04.html.* In addition, OMB published subsequent bulletins regarding CBSA changes, including changes in CBSA numbers and titles. We wish to clarify that this and all subsequent ESRD rules and notices are considered to incorporate the CBSA changes published in the most recent OMB bulletin that applies to the hospital wage data used to determine the current ESRD wage index. The OMB bulletins may be accessed online at *http://www.whitehouse.gov/omb/bulletins/index.html.*

(ii) Updated Wage Index Values

In the CY 2007 PFS final rule with comment period (71 FR 69685), we stated that we intend to update the ESRD wage index values annually. Current ESRD wage index values for CY 2007 were developed from FY 2003 wage and employment data obtained from the Medicare hospital cost reports. The ESRD wage index values are calculated without regard to geographic reclassifications authorized under sections 1886(d)(8) and (d)(10) of the Act and utilize pre-floor hospital data that is unadjusted for occupational mix.

The methodology for calculating the CY 2006 ESRD wage index values was described in the CY 2006 PFS final rule with comment period (70 FR 70168). We propose to use the same methodology for CY 2008, with the exception that FY 2004 hospital data will be used to develop the CY 2008 wage index values. For a detailed description of the development of the proposed CY 2008 wage index values based on FY 2004 hospital data, see the FY 2008 ''Proposed Changes to the Hospital Inpatient Prospective Payment Systems (IPPS) and Fiscal Year 2008 Rates'' proposed rule (72 FR 24680). Section III G. (Computation of the Proposed FY 2008 Unadjusted Wage Index) of the preamble to that proposed rule describes the cost report schedules, line items, data elements, adjustments, and wage index computations. The wage index data affecting ESRD composite rates for each urban and rural locale may also be accessed on the CMS Web site at *http://www.cms.hhs.gov/AcuteInpatientPPS/WIFN/list.asp*

The wage data are located in the section entitled, ''FY 2008 Proposed Rule Occupational Mix Adjusted and Unadjusted Average Hourly Wage and Pre-reclassified Wage Index by CBSA''.

(A) Third Year of the Transition

In the CY 2006 PFS final rule with comment period (70 FR 70169), we indicated that we would apply a 4-year transition period to mitigate the impact on composite rates resulting from our adoption of CBSA-based geographic designations. Beginning January 1, 2006, during each year of the transition, an ESRD facility's wage-adjusted composite rate (that is, without regard to any case-mix adjustments) will be a blend of its old MSA-based wage-adjusted payment rate and its new CBSA-based wage adjusted payment rate for the transition year involved. For each transition year, the share of the blended wage-adjusted base payment rate that is derived from the MSA-based and CBSA-based wage index values is shown in Table 13. In CY 2006, the first year of the transition, we implemented a 75/25 blend. In CY 2007, the second year of the transition, we implemented a 50/50 blend. Consistent with the transition blends announced in the CY 2006 PFS final rule with comment period (70 FR 70170), we are proposing a 25/75 blend between an ESRD facility's MSA-based composite rate, and its CY 2008 CBSA-based rate reflecting its revised wage index values.

In CY 2006, we also eliminated the wage index cap of 1.30, and stated that we would implement a gradual reduction in the wage index floor of 0.90. Prior to January 1, 2006, the wage indexes were restricted to values no less than 0.90 and no greater than 1.30, meaning that payments to facilities in areas where labor costs fell below 90 percent of the national average, or exceeded 130 percent of that average, were not adjusted beyond the 90 percent or 130 percent level. Although we stated that the ESRD wage index values should not be constrained by the application of floors and ceilings, we also expressed concern that the immediate elimination of the floor could adversely affect ESRD beneficiary access to care. Therefore, we reduced the floor to 0.85 in CY 2006, and to 0.80 in CY 2007.

For CY 2008, we are proposing to reduce the wage index floor to 0.75. As we stated in the CY 2006 PFS final rule with comment period (70 FR 70169 through 70170), we intended to reassess the continuing need for a wage index floor in CY 2008 and CY 2009. For the third year of the transition, we believe that a reduction to 0.75 is appropriate as we continue to reassess the need for a wage index floor for future years. We believe that a gradual reduction to the wage index floor is needed to ensure patient access to dialysis in areas that have low wage index values, especially Puerto Rico, where payments would decrease significantly if the floor was eliminated.

The proposed wage index floors, caps, and blended shares of the composite rates applicable to all ESRD facilities during CY 2008 through CY 2009 are shown in Table 13. They are identical to the values shown in Table 4 of the CY 2007 PFS final rule with comment period (71 FR 69686) for the applicable years.

TABLE 13.—WAGE INDEX TRANSITION BLEND

CY payment	Floor	Ceiling	Old MSA (percent)	New CBSA (percent)
2006	0.85	None	75	25
2007	0.80	None	50	50
2008	*0.75	None	25	75
2009	Reassess	None	0	100

*Each wage index floor is multiplied by a BN adjustment factor. For CY 2008, the BN adjustment is 1.054955 resulting in an actual wage index floor of 0.7912.

An example of how the wage-adjusted composite rates would be blended during CY 2008 and the additional subsequent transition year follows.

Example: An ESRD facility has a wage-adjusted composite rate (without regard to any case-mix adjustments) of $135.00 per treatment in CY 2007. Using CBSA-based geographic area designations, the facility's CY 2008 wage-adjusted composite rate, reflecting its wage index value would be $145.00. During the remaining 2 years of the 4-year transition period to the new CBSA based wage index values, this facility's blended rate through 2009 would be calculated as follows:

CY 2008 $0.25 \times \$135.00 + 0.75 \times \$145.00 = \$142.50$

CY 2009 $0 \times \$135.00 + 1.0 \times \$145.00 = \$145.00$

We note that this hypothetical example assumes that the calculated wage-adjusted composite rate of $145.00 for CY 2008 does not change in CY 2009. In actuality, the wage-adjusted composite rate would change because of annual revisions to the wage index. However, the example serves only to demonstrate the effect on the composite rate of the CBSA-based wage index values which will be phased-in during the remaining 2 years of the transition period.

(B) Wage Index Values for Areas With No Hospital Data

In CY 2006, while adopting the CBSA designations, we identified a small number of ESRD facilities in both urban and rural geographic areas where there is no hospital wage data on which to base the calculations of the CY 2006 ESRD wage index values. Our CY 2006 policy and CY 2007 proposals for each area are discussed separately below in this section.

The first situation is rural Massachusetts. Because in CY 2006 we had not determined a reasonable proxy for rural data within Massachusetts, we used the prior year's acute care hospital wage index value for rural Massachusetts. For CY 2007, we continued to use this value and requested public input on an alternative methodology as described below in this section. We described an alternative methodology whereby we would impute a rural wage index value by using a simple average CBSA-based rural wage index value at the Census Division level.

The second situation involves Puerto Rico. Rural Puerto Rico is similar to rural Massachusetts in that there are no acute care hospitals, and therefore, no hospital data. However, for ESRD facilities in rural Puerto Rico, the CY 2007 ESRD wage index floor value (0.8000) was applied to rural Puerto Rico ESRD facilities. All areas in Puerto Rico that have a wage index are eligible for the ESRD wage index floor because they have wage index values that are below 0.8000. Accordingly, for CY 2007, we applied the ESRD wage index floor value to rural Puerto Rico.

The third situation involves an urban area in Hinesville, GA (CBSA 25980). As with the rural areas noted previously in this section, there are no available hospital wage index data as there are no urban hospitals within that CBSA. For CY 2007, we used a wage index value based on wage index values in all of the other urban areas within the same State to serve as a reasonable proxy for the urban areas without hospital wage index data. Specifically, for CY 2007, we used the average wage index value for all urban areas within the State of Georgia as the urban wage index for purposes of calculating the ESRD wage index value for Hinesville.

In CY 2007, we received no comments on maintaining the policies used in CY 2006 for establishing ESRD wage index values for rural and urban areas without hospitals, or an alternative approach for developing wage index values for rural areas without hospitals for CY 2007 and subsequent years. Therefore, for CY 2007, we maintained the policies used in CY 2006 for establishing ESRD wage index values for rural and urban areas without hospital data.

For CY 2007, the Home Health PPS (71 FR 65884 through 65905) adopted an alternative approach using the average wage index from all contiguous CBSAs to represent a reasonable proxy for the rural areas without hospital wage index data. Because we have used the same wage index value (from CY 2005) for rural Massachusetts for both, CY 2006 and CY 2007, we believe it is now appropriate to consider another methodology as a proxy for rural areas lacking hospital wage index data. We believe that use of contiguous areas is a valid proxy as it meets our criteria for imputing a wage index. This approach uses pre-floor, pre-reclassified hospital wage data, is easy to evaluate, can be updated from year-to-year, and uses the most local data available.

Therefore, in cases where there is a rural area without hospital wage data, we propose to use the average wage index from all contiguous CBSAs to represent a reasonable proxy for that rural area. As was the case in previous years, this proposed policy impacts rural Massachusetts.

In determining an imputed rural wage index, we interpret the term ''contiguous'' to mean sharing a border. For example, in the case of Massachusetts, the entire rural area consists of Dukes and Nantucket counties. We have determined that the borders of Dukes and Nantucket counties are ''contiguous'' with Barnstable and Bristol counties. Under the proposed methodology, the wage indexes for the counties of Barnstable (CBSA 12700, Barnstable Town, MA–(1.2539)) and Bristol (CBSA 39300, Providence-New Bedford-Fall River, RI–MA–(1.0783)) are averaged, resulting in an imputed rural wage index of 1.1665 for rural Massachusetts for CY 2008. While we believe that this policy could be readily applied to other rural areas that lack hospital wage data (possibly due to hospitals converting to a different provider type, such as a CAH, that does not submit the appropriate wage data), should a similar situation arise in the future, we may reexamine this policy.

As we stated previously in this section, rural Puerto Rico is similar to rural Massachusetts in that there are no acute care hospitals, and therefore, no hospital wage index data. However, for ESRD facilities in rural Puerto Rico we propose to use the proposed CY 2008 ESRD wage index floor value (0.7500) as a proxy for the hospital wage index data. Accordingly, all areas in Puerto Rico that have a wage index are eligible for the ESRD wage index floor value because they have wage index values that are below 0.7500. We continue to believe that this approach is an appropriate proxy for rural Puerto Rico because it ensures a rural Puerto Rico wage index value consistent with all other areas in Puerto Rico. Thus, consistent with previous years, for CY 2008, we propose to continue to apply the ESRD wage index floor value (0.7500) to rural Puerto Rico.

We also propose the following approach with regard to an urban area lacking hospital wage index data, specifically, Hinesville, GA (CBSA 25980). Again, under CBSA designations there are no urban hospitals within that CBSA. For CY 2006 and CY 2007, we used all of the urban areas within the State to serve as a reasonable proxy for the urban area without specific hospital wage index data. Specifically, we used the average wage index value for all urban areas within the State of Georgia as the urban wage index for purposes of calculating the value for Hinesville for CY 2007.

We propose to continue this approach for urban areas without specific hospital wage index data. Specifically, for CY 2008, we are proposing to continue using this method for Hinesville, GA (CBSA 25980). Therefore, the wage index for urban CBSA (25980) Hinesville-Fort Stewart, GA is calculated as the average wage index of all urban areas in Georgia.

We solicit comments on these approaches to calculating the wage index values for areas without hospital wage index data for FY 2008 and subsequent years. We will also continue to evaluate existing hospital wage data and, possibly, wage data from other sources, such as the Bureau of Labor Statistics, to determine if other methodologies of imputing a wage index value where hospital wage data are not available may be feasible.

(iii) Budget Neutrality (BN) Adjustment

Section 1881 (b)(12)(E)(i) of the Act, as added by section 623(d) of the MMA, requires that any revisions to the ESRD composite rate payment system as a result of the MMA provision (including the geographic adjustment) be made in a budget neutral manner. This means that aggregate payments to ESRD facilities in CY 2007 should be the same as aggregate payments that would have been made if we had not made any changes to the geographic adjusters. We note that this BN adjustment only addresses the impact of changes in the geographic adjustments. A separate BN adjustment was developed for the case-mix adjustments, currently in effect. As

we are not proposing any changes to the case-mix measures for CY 2008, the current case-mix BN adjustment will remain in effect for CY 2008. For CY 2008, we again propose to apply a BN adjustment factor (1.054955) directly to the ESRD wage index values, as we did in CY 2007. As we explained in the CY 2007 PFS final rule with comment period (71 FR 69687 through 69688), we believe this is the simplest approach because it allows us to maintain our base composite rates during the transition from the current wage adjustments to the revised wage adjustments described previously in this section. Because the ESRD wage index is only applied to the labor-related portion of the composite rate, we computed the BN adjustment factor based on that proportion (53.711 percent).

To compute the proposed CY 2008 wage index BN adjustment factor (1.054955), we used the wage index values in Addenda G and H, 2006 outpatient claims (paid and processed as of December 31, 2006), and geographic location information for each facility which may be found through Dialysis Facility Compare Web page on the CMS Web site at *http://www.cms.hhs.gov/DialysisFacilityCompare/*.

Using treatment counts from the 2006 claims and facility-specific CY 2007 composite rates, we computed the estimated total dollar amount each ESRD provider would have received in CY 2007 (the 2nd year of the 4-year transition). The total of these payments became the target amount of expenditures for all ESRD facilities for CY 2008. Next, we computed the estimated dollar amount that would have been paid to the same ESRD facilities using the proposed ESRD wage index for CY 2008 (the 3rd year of the 4-year transition). The total of these payments became the third year new amount of wage-adjusted composite rate expenditures for all ESRD facilities.

After comparing these two dollar amounts (target amount divided by 3rd year new amount), we calculated an adjustment factor that, when multiplied by the applicable CY 2008 ESRD wage index shown in Addenda G and H, will result in payments to each facility that will remain within the target amount of composite rate expenditures when totaled for all ESRD facilities. The proposed BN adjustment factor for the CY 2008 wage index is 1.054955.

To ensure BN, we also must apply the BN adjustment factor to the proposed wage index floor of 0.7500 which results in a proposed adjusted wage index floor of 0.7912(0.7500 × 1.054955) for CY 2008.

(iv) ESRD Wage Index Tables

The proposed 2008 wage index tables are located in Addenda G and H.

I. Independent Diagnostic Testing Facility (IDTF) Issues

[If you choose to comment on issues in this section, please include the caption ''IDTF ISSUES'' at the beginning of your comments.]

In the CY 2007 PFS final rule with comment period, we established 14 performance standards and several other provisions at § 410.33(g) associated with independent diagnostic testing facilities (IDTFs). In this proposed rule, we are clarifying our interpretation of several of the performance standards at § 410.33(g) to assist the public in understanding how we expect our designated contractors to implement these standards. In addition, we are proposing several new performance standards and other provisions associated with IDTFs.

1. Proposed Revisions of Existing IDTF Performance Standards

a. § 410.33(g)(6)

The supplier standard at § 410.33(g)(6) states, ''Has a comprehensive liability insurance policy in the amount of at least $300,000 that covers both the supplier's place of business and all customers and employees of the supplier. The policy must be carried by a nonrelative-owned company.'' We are proposing to revise this standard to read, ''Has a comprehensive liability insurance policy in the amount of at least $300,000 per incident that covers both the supplier's place of business and all customers and employees of the supplier and ensures that this insurance policy must remain in force at all times. The policy must be carried by a nonrelative-owned company. The IDTF must list the Medicare contractor as a Certificate Holder on the policy and promptly notify the Medicare contractor in writing of any policy changes or cancellations. Failure to maintain required insurance at all times will result in revocation of the IDTF's billing privileges retroactive to the date the insurance lapsed. IDTF suppliers are responsible for providing the contact information for the issuing insurance agent and the underwriter.'' This proposed rule clarifies how we will verify whether an IDTF meets this standard to include the provision that IDTF suppliers are responsible for providing the contact information of an individual employed with the underwriter, who can verify coverage. This proposed revision will not preclude the use of self insurance to demonstrate compliance with the comprehensive liability insurance policy as long as CMS or our designated contractor can verify the policy and its coverage provisions with an independent underwriter.

We believe that we should be able verify the issuance of a comprehensive liability insurance policy with an underwriter, as well as an insurance agent. This approach will allow our designated contractors to verify that a comprehensive liability insurance policy has been issued and is in effect at the time of enrollment and throughout the enrollment period. Moreover, since 90 days may pass before the underwriter receives notification the policy has been issued by the insurance agent or broker, we encourage IDTFs to obtain comprehensive liability insurance at least 90 days prior to filing its Medicare enrollment application. This will prevent delays in the enrollment process and will allow our designated contractors to verify the issuance of an IDTF's comprehensive liability insurance policy on the day an application is submitted for review.

As a result, at § 410.33(g)(6), we are proposing to revise this performance standard to include the requirement that an IDTF must list our designated contractor as a Certificate Holder on the policy. By listing our designated contractor as a Certificate Holder on the policy, our contractor will be able to verify coverage with the underwriter at the time of enrollment and as the need arises throughout the year.

Therefore, we are also proposing to revise § 410.33(g)(6) to state that it is the IDTF supplier's responsibility to: (1) Ensure that the insurance policy must remain in force at all times and provide coverage of at least $300,000 per incident; and (2) promptly notify the CMS designated contractor in writing of any policy changes and cancellations.

b. § 410.33(g)(2)

Based on feedback that we received after the implementation of § 410.33(g)(2), we believe that several changes are necessary to ensure timely reporting of certain events and less frequent reporting of reportable events. Accordingly, we are proposing to change § 410.33(g)(2) from, ''Provides complete and accurate information on its enrollment application. Any change in enrollment information must be reported to the designated fee-for-service contractor on the Medicare enrollment application within 30 calendar days of the change,'' to

''Provides complete and accurate information on its enrollment application. Changes in ownership, changes of location, changes in general supervision, and adverse legal actions must be reported within 30 calendar days of the change. All other reportable changes must be reported within 90 days.''

c. § 410.33(g)(8)

We are proposing to revise § 410.33(g)(8) from ''Answer beneficiaries' questions and respond to their complaints,'' to, ''Answer, document, and maintain documentation of beneficiaries' questions and responses to their complaints at the physical site of the IDTF.'' This change corrects an oversight in drafting of the initial performance standards for IDTFs. In the CY 2007 PFS final rule with comment period, we did not include a requirement for the documentation of the complaint process. Thus, by making this proposed change, we are proposing to require an IDTF to document its complaint process. We believe that this change is consistent with the established practice for durable medical equipment, prosthetics orthotics and supplies (DMEPOS) suppliers found in § 424.57(c)(19). To meet this revised standard, an IDTF would be responsible for maintaining the following information on all written and oral beneficiary complaints, including telephone complaints, it receives:

- The name, address, telephone number, and health insurance claim number of the beneficiary.
- A summary of the complaint; the date it was received; the name of the person receiving the complaint; and a summary of actions taken to resolve the complaint.
- If an investigation was not conducted, the name of the person making the decision and the reason for the decision. For mobile IDTFs, this documentation would be stored at their home office.

d. § 410.33(b)(1)

At § 410.33(b)(1), we are proposing to delete, ''The IDTF supervising physician is responsible for the overall operation and administration of the IDTFs, including the employment of personnel who are competent to perform test procedures, record and report test results promptly, accurately and proficiently, and for assuring compliance with the applicable regulations''. We believe that our earlier rulemaking effort had the unintended consequence of appearing to shift the overall administrative responsibility from owners or administrative staff employed by an IDTF to the supervising physician. This was not our intent. Moreover, we believe that this requirement can be interpreted as being too restrictive as it is currently written and may convey responsibilities to a general supervising physician who may not have the administrative authority or knowledge to make these decisions. We are proposing to clarify and expand on our meaning of what constitutes three IDTF sites found at § 410.33(b)(1). We believe that limitation on sites applies to both fixed sites and mobile units. Accordingly, we believe that a physician providing general supervision as defined in § 410.32(b)(3)(i) can oversee a maximum of three sites (that is, fixed or mobile) where concurrent operations can be performed. For example, we believe that a physician providing general supervision could oversee up to three individual IDTF mobile units or three individual fixed location IDTFs, or a combination of both that total up to three separate places which can concurrently run diagnostic tests. This does not change the requirements found at § 410.32(b)(3) for direct and personal supervision.

2. Proposed New IDTF Standards

At § 410.33(i), we are proposing to add a provision to state that Medicare will establish an initial enrollment date for IDTFs. Currently, IDTFs can retroactively bill Medicare for services that are rendered before they submitted a Medicare enrollment application or were approved to participate in the Medicare program. This means an IDTF is allowed to bill Medicare for services rendered on dates prior to the date the IDTF was enrolled in the Medicare program. For example, if an IDTF submits a Medicare enrollment application in November 2007 and is enrolled in the Medicare program in December 2007, then a physician or supplier could retrospectively bill for services furnished to Medicare beneficiaries as far back as October 1, 2005; indeed, an IDTF may bill Medicare for services rendered up to 27 months prior to their Medicare enrollment date. This means that an IDTF in the example that is enrolled as meeting our program requirements in December 2007 may not have met those same requirements prior to the date of enrollment, even though the IDTF could bill Medicare and receive payments for services rendered up to 27 months prior to their enrolling in the Medicare program.

We are concerned that some IDTFs may bill Medicare for services when they do not meet all of the program requirements, including compliance with the performance standards at § 410.33(g). Allowing an IDTF to bill Medicare for services furnished prior to being enrolled in the Medicare program, creates a significant risk for the Medicare program and its beneficiaries. Specifically, we believe that allowing an IDTF to bill for services furnished prior to enrolling in the Medicare program allows these facilities to potentially be reimbursed for services they are not qualified to perform or for which they otherwise may be precluded from billing to the Medicare program.

Since Medicare FFS contractors verify enrollment information at the time an enrollment application is filed, not for prior periods, we do not believe that it is appropriate to continue the practice of allowing IDTFs to bill the Medicare program for services rendered in periods prior to their enrollment in the Medicare program. Therefore, we are proposing to add § 410.33(i) to state that Medicare will establish an initial enrollment date for an IDTF that would be the later of: (1) The date of filing of a Medicare enrollment application that was subsequently approved by FFS contractor; or (2) the date an IDTF first started rendering services at its new practice location. We also propose to define the ''date of filing'' as the date that the Medicare FFS contractor receives a signed provider enrollment application that the Medicare FFS contractor is able to process for approval. If the contractor rejects or denies and enrollment application, the new date of filing would be established when an IDTF submits a new enrollment application that the contractor is able to process for approval. Please note that we expect to implement a Web-based enrollment process known as the Provider Enrollment, Chain, and Ownership System (PECOS) process, to be known as PECOS Web, in most States during the 2007 calendar year. This internet enrollment process will permit IDTFs to complete and submit enrollment applications online. The date of filing for applications submitted through PECOS Web will be the date the Medicare FFS contractor receives all of the following: (1) A signed Certification Statement; (2) an electronic version of the enrollment application; and (3) a signature page that the Medicare FFS contractor processes to approval. Further, our proposed policy is consistent with current Medicare payment policy of precluding payment for services until the provider or supplier of service establishes that they meet enrollment and certification

requirements prior to being eligible to bill the Medicare program.

While this change limits the retrospective payments that an IDTF may obtain from Medicare program, we believe that this approach is consistent with our existing requirements for those providers that require a State survey prior to being enrolled as specified in § 489.13 and the requirements followed by DMEPOS suppliers as established in section 1834(j)(1) of the Act and § 424.57(b)(2). Moreover, this change would ensure that we are able to verify that an IDTF meets all program requirements at the time of filing, including the performance standards outlined in § 410.33(g) before payment for service occurs.

We are also proposing a new performance standard at § 410.33(g)(15), which states, ''Does not share space, equipment, or staff or sublease its operations to another individual or organization.'' We believe that it is inappropriate for a fixed-base (physical site) IDTF to commingle office space, staff, and equipment, and that commingling office space, staff and equipment or subleases its fixed-base (physical site) operation to another individual or organization constitutes a significant risk to the Medicare program because it prohibits CMS or our contractors from ensuring that each fixed-base (physical site) IDTF establishes and maintains Medicare billing privileges consistent with the provisions at § 424.500 and each IDTF meets and maintains all performance standards and other requirements under § 410.33. While we believe that this new performance standard should only apply to fixed-base (physical site) IDTF locations, we are seeking public comments on establishing a similar requirement for mobile IDTFs. This proposed standard, in conjunction with the existing IDTF performance standard three (concerning appropriate sites for an IDTF), expands the interpretation of these standards to state that a motel, or hotel is not an appropriate site for an IDTF. While we initially believed that this new performance standard should apply to only fixed-based (physical site) locations, we also believe it should apply to mobile IDTFs, but we are seeking public comment on establishing this requirement.

We believe that allowing fixed-base (physical site) IDTFs to commingle office space (including waiting rooms), staff (including supervising physicians, nonphysician personnel, or receptionists), or equipment through subleasing agreements may allow an IDTF to circumvent Medicare enrollment and billing requirements. These types of arrangements also raise concerns because they may implicate the physician self-referral prohibition and the anti-kickback prohibition.

J. Expiration of MMA Section 413 Provisions for Physician Scarcity Areas (PSAs)

[If you choose to comment on issues in this section, please include the caption ''PHYSICIAN SCARCITY AREAS'' at the beginning of your comments.]

Section 413(a) of the MMA added a new section 1833(u) to the Act. That section provided a 5 percent incentive payment to physicians furnishing services in physician scarcity areas (PSAs) for physicians' services furnished on or after January 1, 2005, and before January 1, 2008. Specifically, section 1833(u) of the Act provided for payment of an additional 5 percent of the payment amount for services furnished by primary care physicians in a primary care scarcity area and by non-primary care physicians in a specialist care scarcity area.

Because the provisions of section 1833(u) of the Act do not apply to services furnished after January 1, 2008, we are providing notification that these 5 percent incentive payments will no longer be made for services furnished on or after January 1, 2008.

K. Comprehensive Outpatient Rehabilitation Facility (CORF) Issues

[If you choose to comment on issues in this section, please include the caption ''CORF ISSUES'' at the beginning of your comments.]

Section 4541(a) of the Balanced Budget Act of 1997 (Pub. L. 105–33) (BBA), related to prospective payment for outpatient rehabilitation services, established section 1832(a)(2)(E) of the Act for all comprehensive outpatient rehabilitation facility (CORF) services, not just rehabilitation services of outpatient physical therapy services (including outpatient speech-language pathology (SLP) services), and outpatient occupational therapy services. The BBA also amended sections 1833 and 1834 of the Act to provide that all CORF services (as defined under section 1861(cc)(1) of the Act) furnished on or after January 1, 1999 would no longer be paid on a ''reasonable cost'' basis but instead would be paid based on the applicable fee schedule amount (or if less, based on the actual charge for the services). Where there is no applicable fee schedule amount, payment would be based on a comparable service or, if less, the CORF's actual charge for the service. Specifically, section 1834(k)(1)(B) of the Act states that the payment basis for outpatient physical therapy services (including outpatient SLP services), outpatient occupational therapy services, and all other CORF services provided on or after January 1, 1999 will be 80 percent of the lesser of: (i) The actual charge for the services; or (ii) the applicable fee schedule amount. The term ''applicable fee schedule amount'' is defined under section 1834(k)(3) of the Act to mean, for services furnished in a year, the payment amount determined under the PFS established under section 1848 of the Act for such services for the year ''or, if there is no such fee schedule established for such services, the amount determined under the fee schedule established for such comparable services as the Secretary specifies.''

In the CY 1999 PFS final rule (63 FR 58860), we stated that we would base payment for a CORF service on the PFS amount for the service when the PFS established a payment amount for such service. We further explained that we would use the higher PFS amount applicable to services furnished in a nonfacility setting, rather than the facility payment amount, because no separate payment will be made for facility costs. The nonfacility payment rate includes, along with any physician work and MP RVUs, the PE RVUs representing nonfacility resources necessary for the physician to perform each service in the office setting, including both direct and indirect PE inputs, such as the costs of clinical labor, disposable supplies, personnel salaries, equipment, and overhead expenses. The facility payment rate is based primarily on the physician work and MP RVUs, although it contains RVUs for the indirect PE RVUs related to the primary providing specialties, but does not include the costs of the direct PE inputs (that is, clinical labor, disposable supplies, and equipment) that are utilized when the service is provided in the physician office or nonfacility setting. Payment at the higher nonfacility payment rate was already in place prior to CY 1999 for physical therapy, occupational therapy, and speech-language pathology (SLP) services provided in the physician's office and for the services of physical therapists (PTs) and occupational therapists (OTs) in private practice. Effective with the CY 1999 PFS final rule, we used the PFS nonfacility amount to make payment for outpatient Part B physical therapy, occupational therapy, and SLP services furnished in provider settings, including outpatient hospitals, SNFs, providers of outpatient

physical therapy (OPT) and SLP services, also known as rehabilitation agencies, CORFs, and home health agencies (HHAs) (for non-homebound patients), as discussed in the CY 1999 PFS final rule (63 FR 58860). Similarly, we used the PFS nonfacility amount for all other CORF services when the PFS established a payment amount for such service.

In addition, in CY 1999, we established a fee schedule amount under the PFS for nursing services delivered within a CORF, and created a new HCPCS code (G0128) for such services. We defined this code as direct face-to-face skilled nursing services delivered to a CORF patient by a registered nurse (RN) as part of a rehabilitative therapy plan of treatment, billable in 10-minute intervals provided the initial interval is longer than 5 minutes. We stated that the HCPCS code G0128 could be used for RN services that are not included in the work or PE of another therapy or physician service. The CORF conditions of participation at § 485.58 provide that CORF services must be provided by personnel that meet the qualifications set forth in § 485.70. Sections 485.70(b) and (h) require, respectively, that as a condition of coverage of service a licensed practical nurse (LPN) be licensed as a LPN or vocational nurse by the State of practice, and that an RN be a graduate of an approved school of nursing and licensed as an RN by the State of practice. In creating the HCPCS code G0128 for CORF nursing services, we determined that a condition of coverage for the service is that it be furnished by an individual who meets the personnel requirements for an RN because we believe only an RN possesses the necessary training to provide the clinical nursing services that are medically necessary and appropriate for CORF patients as they relate to the therapy plan of treatment.

Finally, in the CY 1999 PFS final rule (63 FR 58860), we explained that we interpret section 1834(k)(3) of the Act, defining the term ''applicable fee schedule amount,'' as requiring us to use the payment amount established by an existing fee schedule other than the PFS when the PFS does not establish a payment amount for the CORF service. Specifically, we stated that we would use the existing fee schedules for prosthetic and orthotic devices, DME and supplies, and drugs and biologicals for covered prosthetics and orthotics devices, durable medical equipment (DME) and supplies, and drugs and biologicals, respectively, provided by CORFs. Covered DME, orthotic and prosthetic devices, and supplies provided by a CORF are paid under the DMEPOS fee schedule.

Drugs and biologicals that are not considered to be self-administered are specified as CORF services at section 1861(cc)(1)(F) of the Act. However, as discussed in section II.K.7., we believe that drugs and biologicals provided to CORF patients are not appropriately provided as part of a rehabilitation plan of treatment and, as such, we propose to remove drugs and biologicals from the scope of CORF services as defined at § 410.100. In addition, because we believe it is appropriate for pneumococcal, influenza, and hepatitis B vaccines to be administered to CORF patients in the CORF setting, even though such vaccines fall outside the scope of CORF services, we propose to revise the conditions of participation at § 485.51(a) to permit CORFs to provide to their patients pneumococcal, influenza, and hepatitis B vaccines in addition to CORF services.

Because the regulations under 42 CFR parts 410 and 413 were never updated to reflect the change in CORF payment methodology from a ''reasonable cost'' basis to 80 percent if the lesser of a payment amount under an existing fee schedule or the CORF's actual charge, we are proposing to add a new subpart M to 42 CFR Part 414 to reflect the change in CORF payment methodology. In addition, we propose to revise the following sections of the Medicare regulations to clarify the CORF benefit.

1. Requirements for Coverage of CORF services—Plan of Treatment (§ 410.105(c))

In accordance with section 1861(cc)(1) of the Act, requiring that CORF services be furnished ''under a plan (for furnishing such items and services to such individual) established and periodically reviewed by a physician,'' § 410.105(c) provides that CORF services as defined under § 410.100 are covered only if furnished under a written plan of treatment. Specifically, the plan of treatment must: (1) Be established and signed by a physician prior to the commencement of treatment in the CORF setting; and (2) Indicate the diagnosis and anticipated rehabilitation goals, and prescribe the type, amount, frequency, and duration of the services to be furnished. We interpret these provisions as requiring that the services furnished under the plan of treatment must relate directly to the rehabilitation of injured, disabled, or sick patients. Services provided in the CORF setting that do not relate directly to such rehabilitation goals are not covered as CORF services.

We propose to revise § 410.105(c) to clarify our policy that CORF services are covered only if they relate directly to the rehabilitation of injured, disabled, or sick patients. We believe our policy is consistent with the statutory requirements under section 1861(cc) of the Act. Section 1861(cc)(1) of the Act specifies that CORF services must be furnished under a plan of treatment. Section 1861(cc)(1)(H) of the Act further states that ''other items and services'' are considered CORF services only if ''medically necessary for the rehabilitation of the patient.'' We believe the implication of this limitation for ''other items of services'' is that all other CORF services (that is, those listed under sections 1861(cc)(1)(A) through (G) of the Act) also must be necessary for the rehabilitation of the patient. In addition, we note that section 1861(cc)(2)(A) of the Act specifies that a CORF facility is a facility ''primarily engaged in providing * * * diagnostic, therapeutic, and restorative services to outpatients *for the rehabilitation of injured, disabled, or sick persons''* (emphasis added). We believe this requirement further signals the Congress's intent that the services provided in a CORF setting be covered as CORF services only if such services relate directly to the rehabilitation of the patient.

2. Included Services (§ 410.100)

Section 410.100 establishes the services that are covered under the CORF services benefit, consistent with section 1861(cc)(1) of the Act. Because of the change in payment methodology from that based on cost to payment under the PFS and other existing fee schedules beginning in CY 1999, this section does not reflect our current payment policies. Therefore, we propose to clarify our payment policy in the introductory paragraph of this section by including a cross-reference to proposed § 414.1101, which sets forth the payment methodology for CORF services, including identifying the applicable fee schedule for each CORF service. In addition, we propose to revise our definitions of physician services to reflect the change in payment methodology for CORF services. We also propose to revise the definitions of physician services, respiratory therapy services, social and psychological services, and nursing services to ensure that these definitions include only those services appropriately provided by qualified nonphysician and physician personnel and related to the rehabilitation plan of treatment established under § 410.105(c). In addition, we propose

revisions to the definition of supplies, equipment, and appliances to conform to the statutory provision at section 1861(cc)(1)(G) of the Act. Finally, we propose to remove the provision for drugs and biologicals. Although vaccines are not included in the definition of CORF services at section 1861(cc)(1) and § 410.100, we propose to make revisions to the CORF conditions of participation at § 485.51 to reflect current coverage and payment policy for vaccines provided in the CORF setting.

3. Physician services (§ 410.100(a))

Section 410.100(a) defines the physician services included within the scope of CORF services. Specifically, those services of a CORF physician described as administrative in nature are considered CORF services, to the exclusion of diagnostic and therapeutic services, which are physician services under section 1861(q) of the Act and separately billable as physician services under 42 CFR part 414, subpart B. Section 1861(cc)(1) of the Act excludes from the definition of CORF services any item or service that, if furnished to an inpatient of a hospital, would be excluded under section 1861(b) of the Act. Section 1861(b)(4) of the Act excludes from the definition of ''inpatient hospital services'' the ''medical or surgical services provided by a physician,'' which would include the diagnostic and therapeutic services of a physician. Consequently, diagnostic and therapeutic services provided in the CORF setting by a physician are not considered CORF services. In contrast, because those services of a CORF physician that are of an administrative nature are not ''medical'' services, such services are included in the definition of CORF services.

In accordance with section 1861(cc)(2)(B)(i) of the Act and § 485.70(a)(1), the CORF physician must be either a medical doctor (MD) or a Doctor of Osteopathy (DO); and the conditions of participation at § 485.70(a)(2) and (3) further require that the physician have training or experience in the medical management of patients requiring rehabilitation services. The conditions of participation at § 485.58(a)(1)(i) also require the CORF facility physician to provide, in accordance with accepted principles of medical practice, medical direction, medical supervision, medical care services and consultation. We are proposing to revise § 410.100(a) to clarify that only those physician services required and provided by the CORF facility physician that are administrative in nature are considered CORF services, whereas diagnostic and therapeutic services provided by a physician to CORF patients are considered physician services under section 1861(q) of that Act. Specifically, we propose to define CORF physician services as those services provided by a CORF facility physician that are administrative in nature, such as consultation with and medical supervision of nonphysician staff, patient case review conferences, utilization review, and the review of the therapy plan of treatment, as appropriate.

Services provided to a CORF patient by the CORF facility physician or other physician that are not administrative in nature but that are diagnostic or therapeutic services are considered physician services under section 1861(q) of the Act. Where these services are covered, they are separately payable to the physician as physician services under the PFS at the nonfacility payment amount. The physician bills the carrier in the same manner as if the services were provided in the physician office setting and notes the CORF as the place of service.

In addition, § 410.100(a) currently provides that physician services included within the definition of CORF services are reimbursed on a reasonable cost basis under part 413, and that physician services to CORF patients not included within the definition of CORF services but billed as physician services are paid by the carrier on a reasonable charge basis subject to the provisions of subpart E of part 405 of this chapter. This description of the payment methodology for physician services provided in the CORF setting under § 410.100(a) is inconsistent with the payment methodology set forth under section 1834(k)(1) of the Act for CORF services and section 1848 of the Act for physician services, as well as the preamble discussion in the CY 1999 PFS final rule (63 FR 58860). In the CY 1999 PFS final rule, we stated that we would base payment for diagnostic and therapeutic physician services provided to individuals in the CORF setting on the PFS amount for the services. Therefore, we are proposing to revise § 410.100(a) to remove the reference to reasonable cost-based payments for CORF physician services and the reference to reasonable charge based payments for non-CORF physician services. In place of these references, we propose to revise § 410.100(a) to add a reference to 42 CFR part 414, subpart B, setting forth the payment methodology for non-CORF physician services.

4. Clarifications of CORF Respiratory Therapy Services

Section 1861(cc)(1)(B) of the Act states that CORF services include respiratory therapy services along with physical therapy, occupational therapy, and SLP services. Because respiratory therapists (RTs) are not recognized as independent practitioners in the Act or regulations, and respiratory therapy services do not have a statutory benefit category except as specified in the CORF services benefit at section 1861(cc)(1)(B) of the Act, separate payment is not made for services provided by RTs. Instead, RTs are most often employed in physician offices and in facility settings, such as hospitals and SNFs, where payment is made to the RT employer.

The description of CORF respiratory therapy services currently includes some services that should be provided by a physician, and not an RT, and thus are inappropriate to include in a respiratory therapy plan of care. Therefore, we are proposing to remove these services from the description of CORF respiratory therapy services under § 410.100(e), and to limit these services to those provided by RTs under a respiratory therapy plan of treatment. Section 410.105(c) requires a physician, and not the RT, to provide the clinical diagnosis; establish and sign the respiratory therapy plan of treatment for each patient that includes the type, amount, frequency and duration of the services to be furnished; and indicate the diagnosis and the patient's rehabilitation goals. The physician must also recertify this plan for medical necessity every 60 days or sooner if appropriate. However, the description of respiratory therapy services under § 410.100(e) includes these services, as well as other services that under current clinical standards should not be provided by RTs, but rather should be entrusted to the physician.

Therefore, we are proposing to revise § 410.100(e) to limit respiratory therapy services to those services appropriately provided to CORF patients by RTs under a physician-established respiratory therapy plan of treatment in accordance with current medical and clinical standards. Specifically, we propose to remove from the definition of CORF respiratory therapy services the services of establishing the medical and therapy-related diagnosis and the provision of E/M services because these services are provided by the physician, as necessary, to establish the respiratory therapy plan of treatment. These services may be provided by either the CORF facility physician, as CORF

physician services or as non-CORF physician services, or by the patient's referring physician, as appropriate. We also propose to remove diagnostic tests from the description of CORF respiratory therapy services since diagnostic tests are covered under the physician services benefit category at section 1861(s)(2)(C) of the Act when provided by the physician to a CORF patient, and accordingly are separately billable by the physician under the PFS as previously discussed.

In addition to RTs, we note that the conditions of participation also recognize respiratory therapy technicians as CORF personnel; however, during the CY 1999 PFS rulemaking to recognize the 1997 BBA payment requirements, we did not include services performed by respiratory therapy technicians because we believed that current medical standards for skilled respiratory therapy services provided to patients in the CORF setting required the educational requirements possessed by RTs. This determination to only recognize the services of RTs, and not those provided by respiratory therapy technicians in carrying out the therapy plan of treatment was further supported in the CY 2002 and CY 2003 rulemaking (66 FR 55311 and 67 FR 79999), when we developed and discussed G-codes for certain CORF respiratory therapy services and specifically recognized the RT as the appropriate level of personnel to provide these CORF services. These G-codes were created to differentiate between the CORF services provided under a respiratory therapy plan of treatment from those services provided under physical and occupational therapy plans of treatment by PTs and OTs, respectively, under benefit sections 1861(p) and (g) of the Act in the 97XXX CPT code series. Because physical and occupational therapy services are subject to the therapy caps, the services provided under a CORF respiratory therapy plan of treatment needed to be identified by procedure codes specific to these services so as not to be attributed to the therapy caps. The three HCPCS codes G0237, G0238, and G0239 are specific to services provided under the respiratory therapy treatment plan and, as such, are not designated as subject to the therapy caps. We are proposing to revise the description of respiratory therapy services to remove those services appropriately provided by the physician establishing the respiratory therapy plan of treatment. In addition, we have determined that a condition of coverage for the respiratory therapy service is that it be provided by an individual meeting the educational and training level of the RT, rather than the RT technician. For these reasons, we will accept comments on the service description at § 410.100(e), and the personnel qualifications at § 485.70(j) and (k) for a respiratory therapist and a respiratory therapy technician, respectively.

5. Social and Psychological Services

In accordance with section 1861(cc)(1)(D) of the Act, social and psychological services are included within the definition of CORF services under § 410.100(h) and (i), respectively. In addition, § 485.58 specifies that the CORF must provide a coordinated rehabilitation program that includes, at a minimum, social or psychological services, along with physical therapy services and physician services, and that these services must be consistent with the therapy plan of treatment.

Currently, the description of social work services considered CORF services under § 410.100(h) includes (1) Assessment of the social and emotional factors related to the individual's illness, need for care, response to treatment, and adjustment to care furnished by the facility; (2) casework services to assist in resolving social and emotional problems that may have an adverse effect on the beneficiary's ability to respond to treatment; and (3) assessment of the relationship of the individual's medical and nursing requirements to his or her home situation, financial resources, and the community resources available upon discharge from facility care. The current description of CORF psychological services under § 410.100(h) includes: (1) Assessment diagnosis and treatment of an individual's mental and emotional functioning as it relates to the individual's rehabilitation; (2) Psychological evaluations of the individual's response to and rate of progression under the treatment plan; and (3) Assessment of those aspects of an individual's family and home situation that affect the individual's rehabilitation treatment. We believe the current definitions of CORF social and psychological services are too broad. As discussed above in this section, we propose to revise § 410.105 to clarify our policy that CORF services are covered only if they are provided under the rehabilitation plan of treatment and relate directly to the rehabilitation of the patient. As such, we are concerned that the current descriptions of CORF social and psychological services may be misconstrued to include social and psychological services for the treatment of mental illness, which we believe is outside the scope of coverage for CORF social and psychological services because these services do not relate directly to a rehabilitation plan of treatment and the associated rehabilitation goals.

In addition, we believe it unnecessary to distinguish between CORF social services and CORF psychological services given their similarities, and therefore, we propose to merge the two definitions into a single definition of CORF social and psychological services. As noted at section 1861(cc)(2)(B) of the Act, we believe that CORFs are required to provide either social services or psychological services, and not both types of services. We believe that merging the regulations at § 410.100(h) and (i) into a single definition of CORF social and psychological services is warranted to clarify the similarities between them.

Therefore, we are proposing to clarify the description of social and psychological services at § 410.100(h) to include only those services that address the patient's response and adjustment to the treatment plan; rate of improvement and progress towards the rehabilitation goals, or other services as they directly relate to the physical therapy, occupational therapy, SLP, or respiratory therapy plan of treatment. In addition, we propose to change the heading at § 410.100(h) from ''social services'' to ''social and psychological services,'' and to eliminate the separate definition for psychological services under § 410.100(i).

Because we are proposing to revise the description of social and psychological services in § 410.100(h), we are interested in receiving comments concerning the CORF personnel qualifications in the conditions of participation at § 485.70(l) and (g) for social workers and psychologists, respectively, and comments relating to the appropriate CPT codes to represent these CORF services.

Due to the specificity of the purpose of CORF social and psychological services requiring these covered services to directly relate to the patient's rehabilitation treatment plan, we are inviting comments on which CPT codes would be appropriate for CORF social and psychological services. We believe that the procedure codes for health and behavior assessment and treatment, represented by CPT codes 96150 through 96154, specific to the patient's physical health problems, best describe the social and psychological services required in the CORF setting.

6. Nursing Care Services

Because the PFS does not contain a CPT code for nursing services, we established in the CY 1999 PFS final rule a new HCPCS code (G0128) for direct face-to-face skilled nursing services delivered to a CORF patient by an RN as part of a rehabilitative therapy plan of treatment. In the CORF conditions of participation at § 485.70(b) and (h), qualified personnel for nursing services include an LPN or vocational nurse and an RN, respectively. However, when the HCPCS code G0128 was created for CORF nursing services we determined that a condition for coverage is that the nursing service be provided by an individual meeting the qualifications of an RN, rather than the LPN, for CORF clinical nursing services as they relate, or are part of, the therapy plan of treatment. Because we established coverage for CORF nursing services only when provided by an RN, we are proposing to revise new § 410.100(i) (that is, the current § 410.100(j) is redesignated as § 410.100(i)) to specifically reflect this coverage decision. Consequently, in addition to the above proposal, we are also asking for comments on the appropriateness of the personnel qualification standards at § 485.79(b) and (h) for the LPN and for the RN, respectively.

7. Drugs and Biologicals

Section 410.100(k) currently provides that drugs and biologicals included within the definition of CORF services includes drugs and biologicals that are prescribed by a physician and administered by a physician or a CORF RN and not otherwise excluded from Medicare Part B payment under section § 410.29 (relating to self-administered drugs). In addition, in accordance with § 410.105(c), drugs and biologicals administered to a CORF patient will be covered as CORF services only if included as part of the rehabilitation plan of treatment. However, we are unable to identify any physician prescribed drugs or biologicals that are not self-administered that would be appropriately provided under a patient's rehabilitation treatment plan.

In addition, we are concerned about duplicate payment for drugs and biologicals provided to CORF patients in the CORF setting. Drugs and biologicals provided to CORF patients by CORF physicians or RNs under the supervision of a physician are considered services and supplies furnished incident to a physician's professional services under section 1861(s)(2)(A) of the Act, and therefore, may be paid to the physician in accordance with section 1847(A) of the Act. Physicians bill the carrier for such incident to services. If such drugs and biologicals also considered CORF services, the CORF could submit a claim for the same drugs and biologicals to the fiscal intermediary for payment. If physicians and CORFs each were able to bill for drugs and biologicals that are provided in the CORF setting, we believe there is a risk of duplicative payments for the same drugs and biologicals—one payment to the CORF and one payment to the physician by the carrier. Such duplicative billing would be difficult for us to detect given that CORFs bill the fiscal intermediary for CORF services while physicians bill the carrier for physician services.

While we recognize that drugs and biologicals are enumerated as CORF services at section 1861(cc)(1) of the Act, we do not believe that drugs and biologicals are appropriately provided under rehabilitation therapy plans of treatment. Therefore, we propose to remove § 410.100(k).

We invite comments on this proposal. We are especially interested in receiving comments on the appropriateness of including drugs and biologicals under a CORF patient's rehabilitation plan of treatment.

8. Supplies and DME

Payment for supplies and DME as part of CORF services is specified at § 410.100(l) as ''[s]upplies, appliances and equipment'' and includes nonreusable supplies, medical equipment and appliances, and DME as defined in § 410.38 (except for renal dialysis systems), is a CORF covered service when provided for the patient's use outside the CORF whether purchased or rented, and is paid under the DMEPOS fee schedule. We believe that the provision at § 410.100(l) is too broad, out of date, and inconsistent with current terminology used for covered services or items. The CORF provision at section 1861(cc)(1)(G) of the Act applies only to supplies and DME, yet the regulatory provision also encompasses medical equipment and appliances. Because we believe the requirements of § 410.100(l) are inconsistent with those of section 1861(cc)(1)(G) of the Act, we are proposing to revise both the title and description at new § 410.100(k) (that is, the current § 410.100(l) is redesignated as § 410.100(k)) by deleting reference to medical equipment and appliances to reflect the CORF statutory provision by including only the items specified under section 1861(cc)(1)(G) of the Act. We also note that DME, as well as prosthetics, orthotics, and supplies, provided in the CORF setting requires the CORF's participation in the competitive bidding, where applicable, in accordance with 42 CFR part 414 subpart F.

9. Clarifications and Payment Updates for Other CORF Services

Section 4078 in the Omnibus Budget Reconciliation Act of 1987 (Pub. L. 100–203) (OBRA) amended section 1861(cc)(1) of the Act to provide that there is no requirement that any item or service furnished by a CORF in connection with physical therapy, occupational therapy, and speech pathology services under the plan of treatment be furnished at a single fixed location; however, such items and services are covered as CORF services only if payment is not otherwise made under Medicare. We note that such items and services may be covered under the Medicare home health benefit established under sections 1861(g), (m), and (p) of the Act. Accordingly, physical therapy, occupational therapy, and SLP services provided in the home are not covered as CORF services if such services and related items are covered under the Medicare home health benefit. Because the CORF regulations were not revised to reflect these changes in coverage and payment methodology, we propose to do so now.

Therefore, we are proposing to clarify the regulations at new § 410.100(l) (that is, the current § 410.100(m) is redesignated as § 410.100(l)) and § 410.105(b)(3) to reflect these requirements.

In § 410.105(b)(3), we propose to clarify that physical therapy, occupational therapy and SLP services can be furnished in the patient's home when payment for these therapy services is not otherwise made under the Medicare home health benefit.

In addition, we propose to revise § 410.100(l) to clarify that the patient must be present during the home environment evaluation that is performed by the PT, OT or speech-language pathologist, as appropriate, because we believe that the patient's presence is necessary to fully evaluate the potential impact of the home situation on the patient's rehabilitation goals.

10. Cost-Based Payment (§ 413.1)

Section 413.1(a)(2)(iv) currently provides for cost-based payment for CORF services, which reflects the payment methodology provided for under section 1833(a) of the Act, requiring payment on the basis of the lesser of the provider's reasonable costs

or customary charges. As discussed above, this payment methodology is inconsistent with section 1834(k) of the Act, requiring that the payment basis for outpatient physical therapy services (including outpatient SLP services), outpatient occupational therapy services, and all other CORF services provided on or after January 1, 1999 be 80 percent of the lesser of: (i) The actual charge for the services; or (ii) the applicable fee schedule amount. Therefore, we are proposing to remove § 413.1(a)(2)(iv) to clarify that cost-based payment is not applicable to services provided in the CORF setting. We are also proposing to remove § 413.1(a)(2)(vi) for OPTs or rehabilitation agencies as referenced at section 1861(p) of the Act, because these providers were also affected by the same payment changes required by the 1997 BBA for physical therapy, occupational therapy, and SLP services effective for CY 1999.

11. Payment for Comprehensive Outpatient Rehabilitation Facility (CORF) Services

We are proposing to establish a new regulatory subpart M at 42 CFR Part 414 to specify the payment methodology for comprehensive outpatient rehabilitation services covered under Part B of Title XVIII of the Act that are described at section 1861(cc)(1) of the Act. Specifically, this proposed subpart would identify and describe how payment is determined for services included as CORF services under § 410.100.

Proposed § 414.1100 sets forth the basis and scope for payment for CORF services. Proposed § 414.1101 sets forth the payment methodology for CORF services, including identifying the applicable fee schedule for each type of CORF service identified in § 410.100.

Section 1834(k)(1)(B) of the Act provides that the payment basis for CORF services is 80 percent of the lesser of: (i) The actual charge for the services; or (ii) the applicable fee schedule amount. The term ''applicable fee schedule amount'' is defined under section 1834(k)(3) of the Act to mean, for services furnished in a year, the payment amount determined under the PFS established under section 1848 of the Act for such services for the year ''or, if there is no such fee schedule established for such services, the amount determined under the fee schedule established for such comparable services as the Secretary specifies.'' Accordingly, we propose at new § 414.1101(a) to base payment for a CORF service on 80 percent of the lesser of the actual charge or the PFS amount for the service when the PFS establishes a payment amount for such service. Payment for CORF services under the PFS is made for physical therapy, occupational therapy, SLP, and respiratory therapy services, as well as the related nursing and social and psychological services. In the CY 1999 PFS final rule (63 FR 58860), we explained that we interpret section 1834(k)(3) of the Act, defining the term ''applicable fee schedule amount,'' as requiring us to use the payment amount established by an existing fee schedule other than the PFS when the PFS does not establish a payment amount for the CORF service. Therefore, we propose at new § 414.1101(c) that we use the existing fee schedules for prosthetic and orthotic devices, DME and supplies for covered DMEPOS provided by CORFs. Specifically, we propose that payment for covered DME, orthotic and prosthetic devices and supplies provided by a CORF be based on the lesser of 80 percent of actual charges or the payment amount established under the DMEPOS fee schedule under sections 1834 and 1847 of the Act and in 42 CFR part 414, subparts D and F. Finally, we propose at new § 414.1101(d) that if there is no fee schedule amount established for a CORF service, payment shall be based on the lesser of 80 percent of actual charges or the amount determined under the fee schedule established for a comparable service, as specified by the Secretary.

As discussed in sections II.K.7. and II.K.12., we propose to remove drugs and biologicals from the scope of CORF services as defined under § 410.100. Therefore, we propose not to include payment for drugs and biologicals under § 414.1101.

As discussed in section II.K.3., physician services included within the definition of CORF services under § 410.100(a) are limited to those services of a CORF physician described as administrative in nature, to the exclusion of diagnostic and therapeutic services which are considered separately billable physician services. Medicare generally does not permit providers to separately bill for their administrative costs; rather, such costs typically are subsumed in the payment amounts for covered medical services and items furnished to Medicare beneficiaries. Under the PFS these costs are included in the payment amount as part of the indirect practice expenses that are reflected in the PE RVUs for each service and also captured as part of the post-visit work RVU component. Similarly, we believe payment to CORFs for the administrative duties of a CORF physician, required as a condition of participation at § 485.58(a), such as participating in patient case review conferences is subsumed within PFS payments to CORFs for physical therapy, occupational therapy, SLP, and respiratory therapy services, and the related nursing, and social and psychological services. Generally, administrative costs associated with the provision of such services is incorporated into payment amounts established under the PFS through the PE RVUs representing the resources necessary to perform each service in the physician office or nonfacility setting. Therefore, we believe it unnecessary to separately compensate CORFs for CORF physician services given that such services are administrative in nature, and propose at § 414.1001(b) not to separately pay CORFs for CORF physician services.

To ensure that CORFs are not paid twice for CORF services, we propose at new § 414.1101 to base payment for a CORF service on the applicable fee schedule amount only to the extent that payment for such service is not included in the payment amount for other CORF services. For example, under the PFS, disposable supplies generally are included in the PE RVUs representing the resources necessary to perform the service in the nonfacility setting, and thus are included in the payment amount for each service and cannot be billed separately. Accordingly, under proposed § 414.1001(c) a CORF could not bill separately for supplies included in the PE RVU component of the payment amount established for a service under the PFS. However, we note that CORFs could bill separately for certain splint and cast supplies for the application of casts and strapping because these supplies have been removed from the payment amounts established under the PFS. These splint and cast supplies are currently paid using the HCPCS code series Q4001 through Q4051 which were established to make separate payment under section 1861(s)(5) of the Act for surgical dressings, and splint and cast materials. In the CORF setting, the splint and cast supplies may be applicable for certain cast/strapping application procedures in the CPT code series 29000 through 29750. We would note that Medicare makes separate payment for surgical dressings, which are also referenced at section 1861(s)(5) of the Act, only when used by the beneficiary in his or her home. No separate payment is made when these surgical dressings are used in the CORF setting; rather the dressings costs are bundled into the payment amount

established under the PFS for the provided services.

For CORF services based on the payment amount determined under the PFS, we propose at new § 414.1101(a)(2) to use the PFS amount applicable to services furnished in a nonfacility setting, with no separate payment made for facility costs. The nonfacility payment rate includes, along with any physician work and malpractice RVUs, the PE RVUs representing the resources necessary to perform each service in the nonfacility setting, such as overhead expenses and personnel salaries and the direct costs of clinical labor, disposable supplies, and equipment. In contrast, the facility payment rate is based primarily on the physician work and malpractice RVUs, as well as RVUs for indirect PE incurred by the physician, and does not include the cost of the direct PE associated with providing each service in the physician office or nonfacility setting. We propose to use the PFS nonfacility amount for CORF services in order to offset any costs of providing such services in the CORF setting.

12. Vaccines

Section 485.51(a) defines a CORF as a nonresidential facility that ''is established and operated exclusively for the purpose of providing'' rehabilitation services by or under the supervision of a physician. Because vaccines administered in the CORF setting are not rehabilitation services furnished under a plan of treatment relating directly to the rehabilitation of the patient (or, presumably, even medically necessary for the rehabilitation of the patient), in accordance with § 485.51(a), a CORF may not administer vaccines to its patients. However, we note that nothing in the Medicare statute would prohibit a CORF from providing pneumococcal, influenza, and hepatitis B vaccines to its patients provided the facility is ''*primarily* engaged in providing * * * diagnostic, therapeutic, and restorative services to outpatients for the rehabilitation of injured, disabled, or sick persons'' (section 1861(cc)(2)(A) of the Act). Accordingly, under the statute, such vaccines may be covered separately from the CORF services benefit under section 1861(s)(10) of the Act—defining the term ''medical and other health services'' to include the pneumococcal, influenza, and hepatitis B vaccines—provided the applicable conditions of coverage under § 410.58 and § 410.63 are met. In order to include coverage and payment for these vaccines when provided to CORF patients in the CORF setting, we propose to amend the CORF conditions of participation at § 485.51 to permit CORFs to provide vaccines to their patients in addition to rehabilitation services. Such vaccines would be covered in the CORF setting provided the conditions of coverage under § 410.58 and § 410.63 are met. In accordance with sections 1833(a)(1) and 1842(o)(1) of the Act, payment for covered pneumococcal, influenza, and hepatitis B vaccines provided in the CORF setting is based on 95 percent of the average wholesale price (AWP).

We are interested in receiving comments on this proposal.

L. Compendia for Determination of Medically-Accepted Indications for Off-Label Uses of Drugs and Biologicals in an Anti-cancer Chemotherapeutic Regimen (§ 414.930)

[If you choose to comment on issues in this section, please include the caption ''DRUG COMPENDIA'' at the beginning of your comments.]

1. Background

a. Statutory Requirements

Section 1861(t)(2)(B)(ii)(I) of the Act lists three drug compendia that may be used in determining the medically-accepted indications of drugs and biologicals used in an anti-cancer chemotherapeutic regimen. The three drug compendia listed are:

- American Hospital Formulary Service-Drug Information (AHFS–DI)
- American Medical Association Drug Evaluations (AMA–DE)
- United States Pharmacopoeia-Drug Information (USP–DI)

Section 1861(t)(2) of the Act provides the Secretary the authority to revise the list of compendia for determining medically-accepted indications for drugs. Due to changes in the pharmaceutical reference industry, fewer of the statutorily named compendia are available for our reference. (That is, AMA–DE is no longer in publication; USP–DI has been purchased by Thomson Micromedex and it is our understanding that the name ''USP–DI'' may not be used after 2007.)

Section 6001(f)(1) of the DRA amends both ''sections 1927(g)(1)(B)(i)(II) and 1861(t)(2)(B)(ii)(I) of the Act by inserting '(or its successor publications)' after 'United States Pharmacopeia-Drug Information'.'' We interpret this DRA provision as explicitly authorizing the Secretary to continue recognition of the compendium currently known as USP–DI after its name change if the Secretary determines that it is in fact a successor publication rather than a substitute publication.

b. Requests To Amend the Compendia Listings

We received requests from the stakeholder community for recognition of additional compendia under the following authorities:

- Section 1861(t)(2)(B) of the Act which allows the Secretary to identify additional authoritative compendia; and
- Section 1873 of the Act which allows the Secretary to recognize a successor publication if one of the statutorily named compendia changes its name.

In contrast, others have suggested that the Secretary consider elimination of certain listed compendia. However, there is no established regulatory process by which the agency can currently accept and act definitively on such requests. In addition, there is currently no transparency about the criteria upon which we could base a decision. Therefore, we are seeking public input on this topic.

c. Technology Assessment of Drug Compendia Used to Determine Medically-Accepted Uses of Drugs and Biologicals in an Anti-cancer Chemotherapeutic Regimen

We commissioned a technology assessment (TA) from the Agency for Healthcare Research and Quality (AHRQ) on the currently listed compendia (AHFS and USP–DI), as well as other compendia (that is, National Comprehensive Cancer Network (NCCN), ClinPharm, DrugDex, Facts & Comparisons (F&C)) which might provide comparable information. AHRQ contracted the TA to the New England Medical Center (NEMC) and Duke Evidence-based Practice Centers (EPCs) and found little agreement in the evidence cited among drug compendia. In addition, the TA found little agreement between the EPC's independent identification of evidence on 14 example off-label indications and evidence cited in the drug compendia. The TA can be found at *http://www.cms.hhs.gov/mcd/viewtechassess.asp?where=index&tid=46*.

d. Medicare Evidence Development and Coverage Advisory Committee (MedCAC)

On March 30, 2006, the MedCAC (formerly the Medicare Coverage Advisory Committee (MCAC)) met in public session to advise CMS on the evidence about the desirable characteristics of compendia to determine medically-accepted indications of drugs and biologicals in anti-cancer therapy and the degree to which the currently listed and other

available compendia display those characteristics. All information on this MedCAC meeting can be found on the CMS Web site at *http://www.cms.hhs.gov/mcd/viewmcac.asp?where=index&mid=33*. The agenda included a presentation of the TA performed for AHRQ by staff of the NEMC and Duke EPCs, scheduled stakeholder presentations, as well as an opportunity to hear testimony from members of the audience. As is customary, the MedCAC panelists elicited additional information from the presenters and discussed the evidence in preparation for a formal vote.

The MedCAC identified the following desirable characteristics:

- Extensive breadth of listings.
- Quick throughput from application for inclusion to listing.
- Detailed description of the evidence reviewed for every individual listing.
- Use of pre-specified published criteria for weighing evidence.
- Use of prescribed published process for making recommendations.
- Publicly transparent process for evaluating therapies.
- Explicit ''Not recommended'' listing when validated evidence is appropriate.
- Explicit listing and recommendations regarding therapies, including sequential use or combination in relation to other therapies.
- Explicit ''Equivocal'' listing when validated evidence is equivocal.
- Process for public identification and notification of potential conflicts of interest of the compendia's parent and sibling organizations, reviewers, and committee members, with an established procedure to manage recognized conflicts.

The MedCAC concluded that none of the compendia fully display the desirable characteristics. The voting results can be viewed at the same Web site provided previously for the MedCAC meeting. In addition the MedCAC noted significant variability among the compendia. There was no agreement among the panel members that any particular predetermined number of compendia was desirable.

Participants in the meeting also discussed the clinical usefulness of drug compendia in the treatment of cancer. It was reported that oncologists do not rely on compendia when making treatment decisions, relying instead on published treatment guidelines, clinical trial protocols, or consultation with peers.

Prior to this proposed rule, we received and reviewed unsolicited comments from professional societies regarding additions and deletions to the listing of compendia for purposes of section 1861(t) of the Act. We believe that the notice and comment period of this proposed rule will provide the opportunity for the public to present its concerns regarding this process. We encourage all interested parties to submit their comments via the process mentioned in the **SUPPLEMENTARY INFORMATION** section of this proposed rule.

2. Process for Determining Changes to the Compendia List

A compendium for the purpose of this section is defined as a comprehensive listing of FDA-approved drugs and biologicals or a comprehensive listing of a specific subset of drugs and biologicals in a specialty compendium, for example, a compendium of anti-cancer treatment. A compendium: (1) Includes a summary of the pharmacologic characteristics of each drug or biological and may include information on dosage, as well as recommended or endorsed uses in specific diseases; (2) is indexed by drug or biological; (3) differs from a disease treatment guideline, which is indexed by disease. We believe that the use of compendia to determine medically-accepted indications of drugs and biologicals in the manner specified in section 1861(t)(2)(B)(ii)(I) of the Act is more efficiently accomplished if the information contained is organized by the drug or biological and if the listings are comprehensive.

We propose to create a process incorporating public notice and comment to receive and make determinations regarding requests for changes to the list of compendia used to determine medically-accepted indications for drugs and biologicals used in anti-cancer treatment as described in section 1861(t)(2)(B)(ii)(I) of the Act. Requests may be for addition or deletion of a compendium from the list.

We will use the following process to receive and make determinations regarding requests for changes to the list of compendia:

- For the purposes of this section, the notice may be accomplished by posting the information on the CMS Web site. This does not preclude us from using other reasonable means at our discretion. We believe this will facilitate a timely and efficient consideration of requests.
- We will issue annually a notice for requests to revise the list of compendia. This notice will be published and will specify a 30-day time period within which we will accept any external requests that are complete, as defined in this section. To allow sufficient time for the public to be notified, we will begin the acceptance process for external requests no sooner than 45 days after publication of the notice. We believe that this will enhance the administrative efficiency of this process without placing a significant burden on the public.
- We will publish a listing of the timely complete request(s) received and allow the public 30 days to submit comments on the request(s). The listing will identify the requestor and the requested addition or deletion to the list of compendia.
- A complete request must include the following:

  + The full name and contact information (including the mailing address, e-mail address, and telephone number) of the requestor. If the requestor is not an individual person, the information shall identify the officer or other representative who is authorized to act for the requestor on all matters related to the request.
  + Full identification of the compendium that is the subject of the request, including name, publisher, edition if applicable, date of publication, and any other information needed for the accurate and precise identification of the specific compendium.
  + A complete written copy of the compendium that is the subject of the request. If the complete compendium is available electronically, it may be submitted electronically in place of hard copy. If the compendium is available online, the requestor may provide us with electronic access by furnishing at no cost to the Federal government sufficient accounts for the purposes and duration of the review of the application in place of hard copy.
  + The specific action that the requestor wishes CMS to take, for example to add or delete a specific compendium.
  + Detailed, specific documentation that the compendium that is the subject of the request does or does not comply with the conditions of this rule. Broad, nonspecific claims without supporting documentation cannot be efficiently reviewed; therefore, they will not be accepted.
  + A request may have only a single compendium as its subject. This will provide greater clarity on the scope of the agency's review of a given request. A requestor may submit multiple requests, each requesting a different action.
  + Requests must be in writing as opposed to verbal.
- Requests may be submitted in two ways (no duplicates please). Electronic

submissions are encouraged to facilitate administrative efficiency. We will, in our solicitation of requests, identify the electronic address to be used for submissions. Hard copy requests can be sent to the Centers for Medicare & Medicaid Services, Coverage and Analysis Group, Mailstop C1–09–06, 7500 Security Boulevard, Baltimore, MD, 21244. Please allow sufficient time for hard copies to be received prior to the close of the solicitation period. We may internally generate a request to change the list of compendia at any time. We believe that this preserves the agency's ability to act quickly if we determine that urgent action is needed to protect the interests of the Medicare program and its beneficiaries.

- We will consider a compendium's attainment of the MedCAC-recommended desirable characteristics of compendia, listed above in this section, in reviewing requests. We may consider additional reasonable factors in making a determination. (For example, we may consider factors that are likely to impact the compendium's suitability for this use, such as a change in ownership or affiliation, the standards applicable to the evidence considered by the compendium, and any relevant conflicts of interest. We may consider that broad accessibility by the general public to the information contained in the compendium may assist beneficiaries, their treating physicians or both in choosing among treatment options.)
- We will also consider a compendium's grading of evidence used in making recommendations regarding off-label uses and the process by which the compendium grades the evidence.
- We may, at our discretion, combine and consider multiple requests that refer to the same compendium, even if those requests are for different actions. This facilitates administrative efficiency in our review of requests.
- We will publish our decision within 120 days after the close of the public comment period.
- For each compendium that we determine should be included on the list, the publisher or its designee must notify CMS, within 45 days from the publication date of each new edition or revision of the compendium, that a new edition or version is available. This will ensure that we have the most current information for each compendium. This may be provided electronically or via online access. We believe that this is necessary to permit us to efficiently ensure that the listed compendia continue to meet the conditions set forth in this rule.
- In addition to the annual process, we may generate a request for changes to the list of compendia at any time.

M. Physician Self-Referral Provisions

[If you choose to comment on issues in this section, please include the caption ''PHYSICIAN SELF-REFERRAL PROVISIONS'' at the beginning of your comments.]

1. Changes to Reassignment and Physician Self-Referral Rules Relating to Diagnostic Tests (Anti-Markup Provision)

Medicare rules currently prohibit the markup of the technical component of certain diagnostic tests that are performed by outside suppliers and billed to Medicare by a different individual or entity (§ 414.50). In addition, Medicare program instructions restrict who may bill for the professional component (the interpretation) of diagnostic tests (CMS Pub. 100–04, Chapter 1, 30.2.9.1).

In the CY 2007 PFS proposed rule (71 FR 48982), we stated that recent changes to our rules on reassignment concerning the right to receive Medicare payment may have led to some confusion as to whether the anti-markup and purchased interpretation requirements apply to certain situations where a reassignment has occurred under a contractual arrangement. In addition, we expressed concern about the existence of certain arrangements that we believe are not within the intended purpose of the physician self-referral rules, which permit physician group practices to bill for certain services furnished by a contractor physician in a ''centralized building.'' We also expressed concern that allowing physician group practices or other suppliers to purchase or otherwise contract for the provision of diagnostic testing services and to then realize a profit when billing Medicare may lead to patient and program abuse in the form of overutilization of services and result in higher costs to the Medicare program (71 FR 49054).

In the CY 2007 PFS proposed rule (71 FR 48982), we proposed to amend § 424.80 to provide that if the TC of a diagnostic test (other than clinical diagnostic laboratory tests paid under section 1833(a)(2)(D) of the Act, which are subject to the special rules set forth in section 1833(h)(5)(A) of the Act) is billed by a physician or medical group (the ''billing entity'') under a reassignment involving a contractual arrangement with a physician or other supplier who performs the service, the amount billed to Medicare by the billing entity, less the applicable deductibles and coinsurance, may not exceed the lowest of the following amounts:

- The physician or other supplier's net charge to the billing physician or medical group.
- The billing physician's or medical group's actual charge.
- The fee schedule amount for the service that would be allowed if the physician or other supplier billed directly.

We also proposed that, to bill for the TC, the billing entity would be required to perform the interpretation. In addition, we considered imposing certain conditions on when a physician or medical group can bill for a reassigned PC of a diagnostic test. We stated that we were considering the following conditions (which currently appear in manual provisions and are known as the purchased interpretation rules):

- The test must be ordered by a physician who is financially independent of the person or entity performing the test and also of the physician or medical group performing the interpretation.
- The physician or medical group performing the interpretation does not see the patient.
- The physician or medical group billing for the interpretation must have performed the TC of the test.

We stated that, although we welcomed comments on all aspects of our proposals, we were particularly interested in receiving comments on whether: diagnostic imaging tests should be excepted from any of our proposed provisions; the proposal in whole or in part should apply only to pathology services; any of the proposed provisions should apply to services performed on the premises of the billing entity and if so, how to define the premises appropriately. We also requested comments as to whether an anti-markup provision should apply to the reassignment of the PC of diagnostic tests performed under a contractual arrangement, and if so, how to determine the correct amount that should be billed to the Medicare program.

For our physician self-referral rules, we proposed to modify the definition of ''centralized building'' at § 411.351 to require a centralized building to consist of at least 350 square feet. We further proposed that the proposed minimum square footage requirement would not apply to space owned or rented in a building in which no more than three group practices own or lease space in the ''same building,'' as defined at § 411.351 (that is, in a building with the same street address) and share the same

''physician in the group practice'' (as defined at § 411.351). We also proposed that a centralized building must contain, on a permanent basis, the necessary equipment to perform substantially all of the designated health services (DHS) that are performed in the space in order to meet the definition of a centralized building. We solicited comments as to whether a centralized building should have a minimum square foot requirement, and if so, whether the minimum should be 350 square feet or an amount more or less than that. In addition, we sought comments regarding whether there should be an exception to any minimum square foot requirement, and if so, the circumstances under which an exception should apply.

For our proposal that the centralized building permanently contain the necessary equipment to perform substantially all of the DHS that is furnished in the centralized building, we sought comments on whether this test should be imposed, and whether at least 90 percent or some other minimum percentage or measurement would be appropriate. We stated that we were also considering whether to require that, for space to qualify as a centralized building, the group practice must employ, in that space, a nonphysician employee or independent contractor who will perform services exclusively for the group for at least 35 hours per week. Finally, we sought comments on whether a group practice should be allowed to maintain a centralized building in a State different from the State(s) in which it has an office that meets the criteria in § 411.355(b)(2)(i), and if so, whether space that is located in a different State must be within a certain number of miles from an office of the group practice that meets the criteria in § 411.355(b)(2)(i) in order to qualify as a centralized building.

We received numerous comments on these proposals. As a result, we did not finalize our proposals in the CY 2007 PFS final rule with comment period. Based on the comments received and other information that we considered, we are proposing to impose an anti-markup provision on the TC and PC of diagnostic tests. We would apply the anti-markup provision irrespective of whether the billing physician or medical group outright purchases the PC or the TC, or whether the physician or other supplier performing the TC or PC reassigns his or her right to bill to the billing physician or medical group (unless the performing supplier is a full-time employee of the billing entity). To prevent gaming, whereby the performing physician's or other supplier's net charge to the billing entity is inflated to cover the cost of equipment or space that is leased to the performing physician or other supplier, we would define ''net charge'' as exclusive of any amount that takes into consideration such charges. For example, consider the following hypothetical:

- The fee schedule amount for the PC of a particular diagnostic test is $100.
- Performing Physician A rents office space and equipment from Group B for $50 per test interpretation performed.
- Physician A charges Group B $100 per test. In this example, pursuant to our proposal, Physician A's charge of $100 would be deemed to take into account the $50 rental fee imposed by Group B (simply by virtue of the rental arrangement). Therefore, Group B would not be allowed to bill the full fee schedule amount of $100, but rather, would be limited to the lesser of Physician A's net charge determined exclusive of the amount that is deemed to have taken into consideration the lease expense, that is $50, or Group B's actual charge for the PC. We are also concerned that overutilization of diagnostic tests could continue despite our proposal to apply an anti-markup provision to TCs that are reassigned to, or outright purchased by, group practices. That is, our proposal in the CY 2007 PFS proposed rule to impose an anti-markup provision would not have addressed the situation in which the TC is performed by a part-time or leased employee of the group practice in a centralized building, and the group neither receives a reassignment from the employee technician (if the technician is not able to bill for the TC in his or her own right), nor purchases the TC outright from the technician. Therefore, we are proposing to apply an anti-markup provision to TCs that are performed in a centralized building, and are seeking comments on whether we should have such a provision and, if so, how we should effect such a provision (for example, through amending the definition of ''centralized building'' or through some other means. We would except the anti-markup provision for PCs ordered by independent laboratories because we do not believe that PCs ordered by independent laboratories pose a significant risk of program abuse because the independent lab is not ordering the TC. In States where the corporate practice of medicine doctrine is in effect, independent labs that are organized as corporations are prevented from hiring physicians as employees to perform PCs of diagnostic tests.

In addition, we are proposing in § 414.50 that—(1) The PC of a purchased test be subject to an anti-markup provision; (2) the anti-markup provision for the TC and PC apply to all arrangements not involving a reassignment from a full-time employee of the billing entity; (3) the performing physician's or other supplier's net charge be calculated exclusive of any charge that reflects the cost of space or equipment leased to the performing physician or other supplier by the billing entity; and (4) the anti-markup provision not apply to independent labs that have not ordered the TC.

At this time, we are not proposing to make changes to the definition of ''centralized building'' (with the one possible exception noted below in this section). We believe that changes to the definition may be unnecessary in light of our proposals for an anti-markup provision on the TC and PC of diagnostic tests (although if we decide to impose an anti-markup for TCs performed by technicians in a centralized building, we may accomplish that through amending the definition of ''centralized building''). If an anti-markup provision is finalized, we may evaluate at a later time whether to make any revisions to the definition of ''centralized building.'' We also are not proposing to adopt the purchased test interpretation rules in the context of reassignments because this provision may be unnecessary if we impose an anti-markup provision and because the purchased test interpretation rules may be problematic for multi-specialty group practices. Finally, in the CY 2007 PFS proposed rule, we proposed that, in order to bill for the TC of the diagnostic test, the billing physician or medical group must directly perform the PC. However, we believe this provision may be unnecessary if we impose an anti-markup provision and also would be problematic for independent labs that cannot employ physicians due to corporate practice of medicine restrictions.

2. Burden of Proof

We are proposing to add § 411.353(g) to clarify that, consistent with our policy with respect to claims denials, in any appeal of a denial of payment for a DHS that was made on the basis that the service was furnished pursuant to a prohibited referral, the burden is on the entity submitting the claim for payment to establish that the service was not furnished pursuant to a prohibited referral. That is, the burden of proof is not on CMS or our contractors to establish that the service was furnished pursuant to a prohibited referral.

3. In-Office Ancillary Services Exception

One of the most important exceptions to the physician self-referral prohibition, applicable to services furnished by group practices and sole practitioners, is the in-office ancillary services exception. Section 1877(b)(2) of the Act sets forth an exception for certain services (other than durable medical equipment and parenteral and enteral nutrients) that are provided ancillary to medical services provided by a physician or group practice and that meet certain conditions. The in-office ancillary services exception is codified in § 411.355(b).

Among other things, the exception allows patients of a sole practitioner or physician in a group practice to receive ancillary services in the same building in which the referring physician or his or her group practice furnishes medical services, including some services unrelated to the furnishing of DHS. The exception provides additional flexibility for patients seen by a physician in a group practice by allowing these patients to receive a test or procedure in another building in space owned or leased on a full-time, exclusive basis by a group practice (that is, a ''centralized building'' as defined at § 411.351).

The in-office ancillary services exception does not contain certain requirements that are found in other compensation exceptions. For example, the exception for personal service arrangements in § 411.357(d), like many of the compensation exceptions, requires that compensation be set in advance, consistent with fair market value, and not determined in a manner that takes into account the volume or value of referrals or other business generated by the referring physician. These requirements are not present in the in-office ancillary services exception. Also, under the ''special rule for productivity bonuses and profit shares'' in § 411.352(i), a physician in a group practice may receive a share of profits or a productivity bonus for referred ancillary services, provided that the payment is not directly related to the volume or value of referrals.

We believe that the Congress included an exception for in-office ancillary services to allow for the provision of certain services necessary to the diagnosis or treatment of the medical condition that brought the patient to the physician's office. At the time of enactment, a typical in-office ancillary services arrangement might have involved a clinical laboratory owned by physicians located on one floor of a small medical office building. Under such an arrangement, a staff member would take a urine or blood sample to the clinical laboratory, create a slide, perform the test, and obtain the results for the physician while the patient waited.

However, services furnished today purportedly under the in-office ancillary services exception are often not as closely connected to the physician practice. For example, pathology services may be furnished in a building that is not physically close to any of the group practice's other offices, and the professional component of the pathology services may be furnished by contractor pathologists who have virtually no relationship with the group practice (in some cases, the technical component of the pathology services is furnished by laboratory technologists who are employed by an entity unrelated to the group practice). In other words, the core members of the group practice and their staff are never physically present in the contractor pathologist's office. Similarly, the contractor pathologists do not participate in any group practice activities; they attend no meetings (except for phone calls about individual patients), and do not obtain retirement or health benefits from the group practice. In sum, these types of arrangements appear to be nothing more than enterprises established for the self-referral of DHS.

Even in the case of ancillary services furnished in the same building, there may be very little interaction between the physicians who treat patients and the staff that provide the ancillary services. For example, an entity with its own staff located in a large medical office building next to a hospital may furnish an array of diagnostic services, including clinical laboratory services and radiology services, to patients of physicians who practice in the building and own either the equipment or the entity.

Comments received on the Phase I and Phase II physician self-referral rules (66 FR 856 and 69 FR 16055, respectively) stated that the in-office ancillary services exception is susceptible to abuse. For example, in response to the 1998 physician self-referral proposed rule (66 FR 892), a commenter asserted that the Congress did not intend for a group practice to have multiple centralized office locations, except for the provision of clinical laboratory services. This sentiment was reiterated in response to the Phase I final rule when several commenters objected to the decision to allow group practices to have more than one centralized facility (69 FR 16075). In response to Phase II, we received hundreds of letters from physical therapists and occupational therapists stating that the in-office ancillary services exception encourages physicians to create physical and occupational therapy practices. In addition, we have been informed by a number of physician specialists that the in-office ancillary services exception enables physicians to order and then subsequently perform ancillary services instead of making a referral to a specialist.

In the CY 2007 PFS proposed rule (71 FR 48982), we stated our intent to address certain types of potentially abusive arrangements in which group practice physicians make a referral for a DHS to a specialist who is an independent contractor of the group practice. The specialist then performs the service for the group practice in a ''centralized building'' and reassigns his or her right to Medicare payment to the group (which then bills Medicare at a profit).

Comments received on the CY 2007 PFS proposed rule stated that, although our proposal addressed potential abuses arising from referrals to independent contractors who perform services in a centralized building, it failed to address abusive arrangements within the physician's office. Our review of industry trade articles and discussions with trade associations has heightened our awareness of the proliferation of in-office laboratories and the migration of sophisticated and expensive imaging or other equipment to physician offices. ''Turn-key'' operations, such as the arrangements described in this section for in-office laboratories and other ventures, are being marketed to physicians over the internet.

At this time, we decline to issue a specific proposal for amending the in-office ancillary services exception. Rather, we are soliciting comments as to whether changes are necessary and, if so, what changes should be made. We are interested in receiving comments on: (1) Whether certain services should not qualify for the exception (for example, any therapy services that are not provided on an incident to basis, and services that are not needed at the time of the office visit in order to assist the physician in his or her diagnosis or plan of treatment, or complex laboratory services); (2) whether and, if so, how we should make changes to our definitions of same building and centralized building; (3) whether nonspecialist physicians should be able to use the exception to refer patients for specialized services involving the use of equipment owned by the nonspecialists;

and (4) any other restrictions on the ownership or investment in services that would curtail program or patient abuse.

4. Obstetrical Malpractice Insurance Subsidies

We are concerned that our exception for obstetrical malpractice insurance subsidies is unnecessarily restrictive; that is, that our exception does not allow for certain obstetrical malpractice insurance subsidies that may be provided without a risk of program or patient abuse. The exception in § 411.357(r) incorporates by reference the conditions in the anti-kickback safe harbor in § 1001.952(o). We have received accounts, through advisory opinion requests and anecdotally, of patient difficulty obtaining obstetrical care in some communities in States in which obstetrical malpractice insurance premiums are relatively high. We have also been informed that obstetricians have left these States for other practice locations where obstetrical malpractice insurance premiums are less expensive, requiring patients to drive long distances to receive obstetrical care. We are seeking comments describing such problems and recommendations for how the exception should be changed without creating a risk of program or patient abuse. For example, the exception requires that the physician practice in a primary care HPSA and that 75 percent of the physician's obstetrical patients treated under the coverage of the malpractice insurance will either reside in a HPSA or a medically-underserved area or be part of a medically-underserved population. We are interested in whether the exception would more effectively ensure beneficiary access to obstetrical care without risking program abuse if any of the requirements were changed. In addition, to the extent possible, we would like to establish bright-line requirements in the exception.

We are proposing to revise the exception in § 411.357(r) to specifically list the conditions that we believe are appropriate to safeguard against program or patient abuse when remuneration is provided by a hospital to a physician in the form of an obstetrical malpractice insurance subsidy. As noted previously, the current exception incorporates the conditions in the anti-kickback safe harbor in § 1001.952(o). We are seeking comments with respect to requirements, such as the following, that would be appropriate to include in the exception for obstetrical malpractice insurance subsidies:

- A requirement for a written agreement between the parties.
- Physician certification (or, in subsequent years, actual data indicating) that a specified percent of the physician's obstetrical patients treated under the coverage of the subsidized malpractice insurance will either reside in a HPSA or medically-underserved area or be part of a medically-underserved population.
- Location of the entity making the malpractice insurance premium subsidy payment.
- Location of the medical practice of the physician receiving the malpractice insurance subsidy payment.
- A requirement that the payment not be conditioned on the physician making referrals to, or otherwise generating business for, the entity.
- No restriction on the physician establishing staff privileges at, referring any service to, or otherwise generating any business for any other entity.
- A requirement that the amount of the payment may not vary based on the volume or value of any previous or expected referrals to or business otherwise generated for the entity by the physician.
- A requirement that the physician must treat obstetrical patients who receive medical benefits or assistance under any Federal health care program in a nondiscriminatory manner.
- A requirement that the insurance is a *bona fide* malpractice insurance policy or program, and the premium, if any, is calculated based on a *bona fide* assessment of the liability risk covered under the insurance.

In addition, we would include the requirement that the arrangement not violate the anti-kickback statute (section 1128B(b) of the Act) or any Federal or State law or regulation governing billing or claims submission (which is a requirement of our other compensation exceptions issued under our authority under section 1877(b)(4) of the Act).

5. Unit-of-Service (Per-Click) Payments in Space and Equipment Leases

Section 1877(e)(1) of the Act provides an exception to the prohibition of physician referrals for space and equipment leases, provided that certain requirements are met. Among the requirements, which are incorporated in our regulations in § 411.357(a) and (b), are that the lease be commercially reasonable even if no referrals were made between the parties, and that the rental charges be set in advance, be consistent with market value, and not be determined in a manner that takes into account the volume or value of any referrals or other business generated between the parties. The statute also requires that the lease arrangement meet such other requirements as the Secretary may impose by regulation as needed to safeguard against program or patient abuse. We are concerned with lease arrangements that are structured so that a physician is rewarded for each referral he or she makes for DHS. Such arrangements could take the form of a physician leasing equipment that he or she owns to a hospital, and receiving a per-use (per-click) fee each time a patient is referred by the physician-owner to the hospital for the use of the equipment. We are also concerned about arrangements where the physician is the lessee and rents space or equipment from a hospital or other DHS entity on a per-click basis. For example, if a physician rents an MRI machine from a hospital only when the physician refers a patient for an MRI and then provides the facility portion of the MRI service under arrangements with the hospital, the physician benefits financially and the arrangement could provide an incentive for overutilization or other program abuse.

In the 1998 proposed rule (63 FR 1714), we noted that we had been asked about situations in which a physician rents equipment (such as a magnetic resonance imaging (MRI) machine) to an entity that furnishes a DHS, such as a hospital, with the physician receiving rental payments on a per-click basis (that is, total rental payments increase each time the machine is used). We stated that we believed that this arrangement would not prohibit the physician from otherwise referring to the entity, provided that these kinds of arrangements were typical and complied with the fair market value and other requirements included under the rental exception. However, we added that, because a physician's compensation under this exception may not reflect the volume or value of the physician's own referrals, the rental payments may not reflect per-click payments for patients who are referred for the service by the lessor physician.

In the Phase I rulemaking, we stated that we were substantially revising the proposed rule with respect to ''the volume or value standard.'' We stated:

> Most importantly, we are permitting time-based or unit-of-service-based payments, even when the physician receiving the payment has generated the payment through a DHS referral. We have reviewed the legislative history with respect to the exception for space and equipment leases and concluded that the Congress intended that time-based or unit-of-service-based payments be protected, so long as the payment per unit is at fair market value at

inception and does not subsequently change during the lease term in any manner that takes into account DHS referrals. (66 FR 876)

After reconsidering the issue, we are proposing that space and equipment leases may not include unit-of-service-based payments to a physician lessor for services rendered by an entity lessee to patients who are referred by a physician lessor to the entity. We believe that such arrangements are inherently susceptible to abuse because the physician lessor has an incentive to profit from referring a higher volume of patients to the lessee, and we would disallow such per-click payments, using our authority under section 1877(e)(1) of the Act, even if the statute does not expressly forbid per-click payments to a lessor for patient referred to the lessee.

Finally, we are soliciting comments on whether, using our authority under section 1877(e)(1) of the Act, we should prohibit time-based or unit-of-service-based payments to an entity lessor by a physician lessee, to the extent that such payments reflect services rendered to patients sent to the physician lessee by the entity lessor.

6. Period of Disallowance for Noncompliant Financial Relationships

In response to the Phase II interim final rule with comment period (69 FR 16054), we received several comments that questioned what the period would be for which the physician could not refer DHS to the entity and the entity could not bill Medicare for the situation in which a financial arrangement between a referring physician and an entity failed to satisfy the requirements of an exception to the general prohibition on self-referrals.

At this time, we are not making proposals for prescribing the period of disallowance for various types of noncompliance, but rather are seeking comments on how we might, to the extent practicable, set forth the period of disallowance for arrangements that implicate, but fail to satisfy the requirements of, one or more of the various exceptions. As a general matter, we believe that the statute contemplates that the period of disallowance should begin with the date that a financial arrangement failed to comply with the statute and the regulations and end with the date that the arrangement came into compliance or ended. However, in some instances it may not be clear when a financial arrangement has ended. For example, where an entity leases space to a physician at a rental price that is substantially below fair market value, it may raise the inference that the below market rent was in exchange for future referrals, including referrals made beyond the expiration of the lease. We are seeking comment whether, with respect to types of noncompliance for which it is not clear when a financial relationship ended, we should always employ a case-by-case approach, or deem certain types of financial relationships to continue for a prescribed period of time.

We are also soliciting comment as to whether we should allow the period of disallowance to terminate where the parties have returned, or paid back the value of, the consideration. For example, if we were to impose a period of disallowance for a prescribed period of time because it would not be clear when a noncompliant compensation arrangement ended, we might allow the parties to terminate the period of disqualification sooner than the prescribed period if the prohibited compensation were returned. We caution that we do not envision allowing such an option where the parties knew or, in our judgment, reasonably should have known that the arrangement did not satisfy the requirements of an exception.

We are also seeking comment as to whether we should impose a period of disqualification from using an exception where an arrangement has failed to satisfy the requirements of that exception. For example, suppose non-monetary compensation is given by an entity to a physician that greatly exceeds the permissible limit prescribed in § 411.357(k). In addition to whatever period of disallowance that would apply, we are considering whether the parties should be disqualified, for a period of time, from relying on this exception. For example, if an entity gives a piece of equipment to a physician that has a fair market value of $900, we may—

- Prohibit one or both of the parties from relying on this exception for a period of time;
- Require the parties to ''spend down'' in order to use the exception again (for example, if the permissible year limit is $300 (not taking into account adjustment for inflation) and the parties exceeded this limit by $600, the parties would be precluded from using the exception during the next 2 years (not taking into account adjustment for inflation); or
- Require the physician to return or pay back the value of the excess compensation in order for one or both of the parties to use the exception again.

7. Ownership or Investment Interest in Retirement Plans

In the 1998 proposed rule (63 FR 1708), we noted that we had received questions concerning whether stock options and other nonvested interests (such as an interest in retirement funds that vests after a certain number of years worked) in an entity constitutes ownership in that entity. We replied that it was our view that options and nonvested interests are inchoate or partial ownership interests that qualify as ''ownership'' for purposes of the physician self-referral law. In response to a comment to the 1998 proposed rule, however, we stated in the Phase I final rule with comment period that we were withdrawing the statement in the 1998 proposed rule that an interest in a retirement plan might be treated as an ownership or investment interest for purposes of section 1877 of the Act and that, instead, we would consider contributions (including employer contributions) to retirement plans to be part of an employee's overall compensation arrangement with his or her employer (66 FR 870). As part of the Phase I rule, we promulgated § 411.354(b)(3)(i), which excludes ''[a]n interest in a retirement plan'' from the definition of ownership and investment interests. We made no changes to this provision in Phase II (69 FR 16054).

We received a comment in response to the Phase II interim final rule (69 FR 16054) concerning the exclusion from an ownership or investment interest for retirement plans as specified in § 411.354(b)(3)(i). The commenter stated that, contrary to our intent, some physicians are using retirement plans to purchase DHS entities to which they refer patients for DHS. We agree with the commenter that it was not our intent to exclude from the definition of an ownership or investment interest an interest in a DHS entity that results from a physician's (or family member's) participation in a retirement plan that purchases an interest in that DHS entity. That is, where a physician has an interest in a retirement plan offered by Entity A, through the physician's (or an immediate family member's) employment with Entity A, we intended to except from the definition of ownership or investment interests any interest the physician would have in Entity A by virtue of his or her interest in the retirement plan; we did not intend to exclude from the definition of ownership or investment interests any interest the physician may have in Entity B through the retirement plan's purchase of an interest in Entity B.

Accordingly we are proposing to revise § 411.354(b)(3)(i) to provide that ownership and investment interests do not include an interest in a retirement plan offered by the entity to the physician or immediate family member

as a result of the physician's or immediate family member's employment with the entity.

8. ''Set in Advance'' and Percentage-Based Compensation Arrangements

Several of the compensation exceptions in section 1877 of the Act require that the compensation be ''set in advance'' (or ''fixed in advance''). This requirement has been carried over in our regulations implementing those statutory exceptions, and we have also included a ''set in advance'' requirement in some of our regulatory exceptions (that is, exceptions promulgated pursuant to our authority in section 1877(b)(4) of the Act to create additional exceptions that pose no risk of program or patient abuse). In § 411.354(d), Special Rules on Compensation, we state that compensation will be considered ''set in advance'' if the aggregate compensation, a time-based or per unit-of-service-based amount, or a specific formula for calculating the compensation, is set forth in an agreement between the parties before the furnishing of the items or services for which the compensation is to be paid. Under Phase I (66 FR 959), the last sentence of § 411.354(d)(1) read,

> Percentage compensation arrangements do not constitute compensation that is 'set in advance' in which the percentage compensation is based on fluctuating or indeterminate measures or in which the arrangement results in the seller receiving different payment amounts for the same service from the same purchaser.

We had explained in that rule, in response to a public comment, that ''[p]ercentage compensation that is determined by calculating a percentage of a fluctuating or indeterminate amount, such as revenues, collections or expenses, is not fixed in advance'' (66 FR 878). Following publication of the Phase I rule, however, we received anecdotal accounts about contracts for physician services under which payment was calculated based on a percentage of the revenue raised by a physician's own professional services. Therefore, we delayed the effective date of the final sentence of § 411.354(d)(1) through four **Federal Register** notices, to allow us to revise the provision ''to avoid unnecessarily disrupting existing contractual arrangements for physician services'' (68 FR 74491, December 24, 2003; 68 FR 20347, April 25, 2003; 67 FR 70322, November 22, 2002; 66 FR 60154 and 60155, December 3, 2001).

In the Phase II interim final rule with comment period, in the section on physician compensation, we explained that percentage compensation arrangements were of particular concern to academic medical centers and to hospitals ''which argued that percentage compensation is commonplace in their physician compensation arrangements'' (69 FR 16068). We were persuaded that our original position was overly restrictive, and accordingly, we deleted the last sentence in § 411.354(d)(1) and clarified that the specific formula must be set forth in sufficient detail before the furnishing of the items or services and the formula may not be modified within the time period in any manner that reflects the volume or value of referrals or any other business generated between the parties.

Despite our intent that percentage compensation arrangements could be used only for compensating physicians for the physician services they perform, it has come to our attention that percentage compensation arrangements are being used for the provision of other services and items, such as equipment and office space that is leased on the basis of a percentage of the revenues raised by the equipment or in the medical office space. We are concerned that percentage compensation arrangements in the context of equipment and office space rentals are potentially abusive. We note that section 1877(e)(1)(A)(vi) of the Act, with respect to office space rentals, and section 1877(e)(1)(B)(vi) of the Act, with respect to equipment rentals, allow us to impose requirements on office space and equipment rental arrangements as needed to protect against program or patient abuse. Although we are concerned primarily with percentage compensation arrangements in the context of equipment and office space rentals, we believe there is the potential for percentage compensation to be utilized in other areas as well. Therefore, relying on our authority in sections 1877(e)(1)(A)(vi), 1877(e)(1)(B)(vi), and 1877(b)(4) of the Act, we are proposing to clarify that percentage compensation arrangements: (1) May be used only for paying for personally performed physician services; and (2) must be based on the revenues directly resulting from the physician services rather than based on some other factor such as a percentage of the savings by a hospital department (which is not directly or indirectly related to the physician services provided).

9. Stand in the Shoes

Commenters to the Phase I final rule with comment period proposed that we permit physicians to stand in the shoes of their group practices, thereby requiring analysis of certain indirect compensation arrangements as direct compensation arrangements. In the Phase II interim final rule, we solicited comments on this issue, and we may be addressing this issue in an upcoming final rule. In this proposed rule, we are focusing on the DHS entity side of physician-DHS entity financial relationships. We propose to amend § 411.354(c) to provide that, where a DHS entity owns or controls an entity to which a physician refers Medicare patients for DHS, the DHS entity would stand in the shoes of the entity that it owns or controls and would be deemed to have the same compensation arrangements with the same parties and on the same terms as does the entity that it owns or controls. For example, a hospital would stand in the shoes of a medical foundation that it owns or controls (such as where the hospital is the sole member of a non-profit corporation). Thus, if a hospital owns or controls a medical foundation that contracts with a physician to provide physician services at a clinic owned by the medical foundation, the hospital would stand in the shoes of the medical foundation, and would be deemed to have a direct compensation relationship with the contractor physician.

We believe that it is necessary to collapse the type of relationship discussed above to safeguard against program abuse by parties who endeavor to avoid the application of the physician self-referral requirements by simply inserting an entity or contract into a chain of financial relationships linking a DHS entity and a referring physician. We are soliciting comments as to whether and how we would employ a stand in the shoes approach for the type of relationship discussed above, as well as for other types of financial relationships. In submitting comments, commenters should be mindful that we finalize (or may already have finalized) a provision that treats physicians as standing on the shoes of their group practices or other physician practices.

10. Alternative Criteria for Satisfying Certain Exceptions

We received several comments in response to the Phase II rulemaking that asserted that even innocent and trivial violations of the physician self-referral statute may result in huge penalties to an entity that submits claims to Medicare. For example, the failure of a hospital to obtain a signature on a lease or a personal services arrangement with a physician could result in the hospital being required to make repayment for all services for which it billed Medicare as a result of prohibited referrals from the physician. One commenter stated that we should exercise our discretion

in pursuing minor violations and the failure to meet the procedural requirements of an exception (such as obtaining all required signatures prior to commencement of the agreement for personal services) and technical violations. Another commenter stated that we should consider adding an exception that would permit physicians to refer for DHS, and entities to submit and receive payment for DHS, if, in our sole discretion, we determined that there was no abuse. The commenter suggested that such an exception be available only after (1) receipt by the entity of a favorable advisory opinion, or (2) a voluntary disclosure by the entity or upon audit or investigation by the government.

Although we do not have discretion to waive violations of the physician self-referral statute, we are considering whether to amend certain of the exceptions that appear in § 411.355 through § 411.357 to provide an alternate method for satisfying the exception. We caution that our proposal is intended to address only inadvertent, violations in which an agreement fails to satisfy the procedural of ''form'' requirements of an exception of the statute or regulations. We do not intend to apply the alternative method for compliance to other requirements such as compensation that is fair market value, not related to volume or value of referrals, or set in advance. What we have in mind, for example, is a situation in which parties are missing a signature but every other requirement of the exception for personal service arrangements is satisfied. In such a case, provided that there is full disclosure, the missing signature is inadvertent, and other conditions for alternative compliance described here are satisfied, the alternative method for compliance would be met and the parties would comply with the exception.

The alternative method for compliance with the physician self-referral prohibition would provide that, if an arrangement does not meet all of the existing prescribed criteria of an exception, the arrangement nevertheless would meet the exception if: (1) The facts and circumstances of the arrangement are self-disclosed by the parties to us; (2) we determine that the arrangement satisfied all but the prescribed procedural or ''form'' requirements of the exception at the time of the referral for DHS at issue and at the time of the claim for such DHS; (3) the failure to meet all the prescribed criteria of the exception was inadvertent; (4) the referral for DHS and the claim for DHS were not made with knowledge that one or more of the prescribed criteria of the exception were not met (consistent with other exceptions, we would apply the same knowledge standard as that applicable under the False Claims Act; (5) the parties have brought (or will bring as soon as possible) the arrangement into complete compliance with the prescribed criteria of the exception or have terminated (or will terminate as soon as possible) the financial relationship between or among them; (6) the arrangement did not pose a risk of program or patient abuse; (7) no more than a set amount of time had passed since the time of the original noncompliance with the prescribed criteria; and (8) the arrangement at issue is not the subject of an ongoing Federal investigation or other proceeding (including, but not limited to, an enforcement matter). We would consider there to be an ''inadvertent'' failure to meet all of the prescribed criteria in an exception only where there was an innocent or unintentional mistake. We would rely on our authority under section 1877(b)(4) of the Act to implement an alternative compliance policy, and we would include requirements that are contained in all exceptions that we promulgate under that authority (including, but not limited to, the requirement that the arrangement not violate the anti-kickback statute).

We believe that if we were to adopt an alternative compliance method policy for certain exceptions, with the criteria specified above, the determination of whether an arrangement meets the terms of an exception despite not meeting all of the prescribed criteria of an exception should be at our sole discretion and not subject to further administrative or judicial review. We caution that we would retain the discretion as to *whether* to make such a determination; parties would have no right to receive such a determination and no time period by which we would be required to issue a determination. We further caution that, because we would retain sole authority to determine that an arrangement that failed to satisfy all of the prescribed procedural or ''form'' criteria of an exception that meets the conditions for the alternative method of compliance, and because of the proposed requirements that: (1) The failure to meet all of the prescribed criteria of the exception was inadvertent; and (2) the referral for DHS and the claim for DHS were not made with knowledge that one or more of the prescribed criteria of the exception were not met, parties to an arrangement would not be able to refer or bill for DHS with the knowledge that the arrangement did not comply with all of the prescribed criteria of an exception and then later claim in response to an enforcement action that they believed that their conduct was proper because, in their view, the arrangement would have met the criteria for the alternative method for compliance with the prescribed criteria of an exception. In fact, if our proposal were to be adopted and a DHS entity were to submit a claim for Medicare payment with the knowledge that its financial relationship with the referring physician (or his or her immediate family member) did not meet the prescribed criteria of any exception, and did so in advance of any determination from us that the arrangement met the alternative method of compliance, it could be found liable under the False Claims Act.

We are especially interested in comments regarding: whether we should adopt an alternative compliance method policy, and if so, the exceptions for which the policy should be applicable; the conditions that must be met in order to obtain a favorable determination that an arrangement that does not meet all of the prescribed criteria of an exception nevertheless satisfies the alternative method of compliance with the exception; the manner (for example, advisory opinion) for making such a determination; the length of time during which the alternative method option would be available (that is, the length of time that a party would have to discover that an arrangement was out of compliance with the prescribed criteria of an exception and seek protection under the alternative compliance method policy); and, whether, having received a favorable determination that an arrangement satisfied the alternative method of compliance (essentially, that the arrangement was deemed to have met the prescribed criteria of an exception), an entity should be precluded for a period of time from receiving another favorable determination with respect to an arrangement that (1) failed to meet the prescribed criteria of the same exception (or similar criteria of another exception) and (2) that was entered into after the date the arrangement that received the favorable determination was entered into by the entity. We are also interested in comments as to whether each eligible exception should specify which criterion or criteria an arrangement can fail to meet and nevertheless still qualify under the alternative method criteria as satisfying the exception (for

example, specifying in several exceptions that an arrangement that is missing a signature can nevertheless qualify for the alternative compliance method), or whether, in addition to or in lieu thereof, we should provide that an arrangement may qualify for the alternative compliance method if we make a determination that the arrangement substantially complied with the prescribed criteria and met all of the other alternative criteria. We are specifically seeking comment on what, if any, additional requirements or standards should be met where an arrangement fails to satisfy a procedural of ''form'' requirement of an exception. For example, we would like comments on whether we should require other documentary proof of the parties' intent to contract (through memoranda, electronic mail, or otherwise) in the case where the parties failed to obtain a necessary signature to effect the contractual arrangement.

We reiterate that we do not have the authority to waive violations of the physician self-referral statute or regulations. We do not mean to suggest that, for financial relationships that implicate the general prohibition, anything less than full compliance with one or more of the exceptions is sufficient; rather, we are proposing to provide additional and alternative criteria for some of the exceptions themselves so that some arrangements that otherwise would be noncompliant as a result of an inadvertent mistake might satisfy an exception. In effect, we are merely proposing to expand the scope of some exceptions to provide more flexibility.

Finally, we note that our proposal for an alternative compliance method policy is intended to complement, and not replace, the provisions in § 411.353(f) for certain arrangements involving temporary noncompliance. Among other requirements, in order to qualify for protection under § 411.353(f), the financial relationship between the entity and the referring physician must have been in compliance with an exception for at least 180 consecutive calendar days immediately preceding the date on which the financial relationship became noncompliant, and the financial relationship must have fallen out of compliance due to reasons beyond the control of the entity. In addition, claims are payable only for DHS rendered during a maximum of 90 consecutive calendar days following the date on which the financial relationship became noncompliant; the exception may be used by an entity only once every 3 years for the same referring physician; and the exception may not be used for temporary noncompliance with the exception for nonmonetary compensation or medical staff incidental benefits.

11. Services Furnished ''Under Arrangements''

Our physician self-referral rules prohibit a physician from making referrals for DHS to an entity with which the physician (or an immediate family member) has a financial relationship, and prohibits the entity from billing Medicare for the DHS, unless an exception applies. In the 1998 proposed rule, we stated that we had received questions about which entities are the relevant ones for purposes of the prohibition on referrals, given that some entities only bill for services, whereas others actually directly ''furnish'' the services. We noted that, for example, in an ''under arrangements'' situation, a hospital, rural primary care hospital, SNF, HHA, or hospice program contracts with a separate provider to furnish services to the hospital's, SNF's, or other contracting entity's patients, for which the hospital, SNF or other contracting entity ultimately bills. Sections 1832, 1835(b)(1), 1861(e), and 1861(w)(1) of the Act and § 413.65(i) provide for Medicare payment to providers for services furnished ''under arrangements.'' The Internet-Only Manual (IOM) manual 100–01, Medicare General Information, Eligibility and Entitlement Manual, Pub. 100–01, at Chapter 5, section 10.3 requires that the provider must exercise professional responsibility over an arranged-for service, using the same quality controls as applied to services furnished by the provider's salaried employees. Under § 413.65(i), a provider-based hospital department may not provide all of its services under arrangements. Therefore, a hospital department may not contract out all of its patient care services.

We stated in the 1998 proposed rule that, absent an exception, the referral prohibition applies to a physician's DHS referrals to any entity that directly furnishes DHS to Medicare or Medicaid patients. We stated that a physician can have an incentive to overutilize services if he or she has a financial relationship with the entity that directly furnishes DHS, even if this is not the entity ultimately billing for the services. In these situations, the physician can potentially recognize a profit from each referral based on the fact that the DHS will, in essence, be sold to the entity that bills (63 FR 1707). Notwithstanding our statements in the 1998 proposed rule, we have interpreted the definition of ''entity'' at § 411.351 as including only the person or entity that bills Medicare for the DHS, and not the person or entity that performs the DHS (where the person or entity performing the DHS is not the person or entity billing for it).

We continue to have concerns with services provided under arrangements to hospitals and other providers. We believe that the risk of overutilization that we identified in the 1998 proposed rule has continued, particularly with hospital outpatient services for which Medicare pays on a per-service basis. That is, we pay a hospital separately for each clinical laboratory test, for each therapy service, and for the vast majority of radiology and other imaging services. We have received anecdotal reports of hospital and physician joint ventures that provide hospital imaging services formerly provided by the hospital directly. There appears to be no legitimate reason for these arranged for services other than to allow referring physicians an opportunity to make money on referrals for separately payable services. Many of the services furnished by the joint venture were previously furnished directly by the hospitals, and in most cases, could continue to be furnished directly by hospitals.

We are also concerned that the services furnished under arrangements to a hospital are furnished in a less medically-intensive setting than the hospital, but billed at higher outpatient hospital PPS rates, which not only costs the Medicare program more, but also costs Medicare beneficiaries more in the form of higher deductibles and coinsurance. Often, physician specialists who order services for their hospital patients set up joint ventures, frequently including as an owner a hospital to which the physicians refer patients. The joint venture often owns an entity that furnishes medically less intensive services than a hospital, such as an ASC, an IDTF, or a physician office. The entity may even be located in a hospital building in space leased by the hospital to the joint venture, whether owned by physicians alone or with the hospital. It appears that the use of these arrangements may be little more than a method to share hospital revenues with referring physicians in spite of unnecessary costs to the program and to beneficiaries.

We believe that more and more procedures are being performed as arranged for hospital services. The provider community is well aware that, effective for services furnished on or after January 1, 2008, Medicare may pay more for all hospital outpatient surgical procedures than for the same procedures billed by ASCs under the

revised ASC payment system required by section 626(b) of the MMA. (In the CY 2007 OPPS/ASC proposed rule (71 FR 49635), we proposed that payment for an ASC surgical procedure would be made at 62 percent of the payment for the same procedure under the OPPS (71 FR 49656).)

After the close of the Phase II comment period, the Medicare Payment Advisory Commission (MedPAC), in its March 2005 Report to Congress, recommended that the Secretary ''should expand the definition of physician ownership in the physician self-referral law to include interests in an entity that derives a substantial proportion of its revenue from a provider of designated health services.'' Specifically, MedPAC wrote:

> Physician ownership of entities that provide services and equipment to imaging centers and other providers creates financial incentives for physicians to refer patients to these providers, which could lead to higher use of services. Prohibiting these arrangements should help ensure that referrals are based on clinical, rather than financial, considerations. It would also help ensure that competition among health care facilities is based on quality and cost, rather than financial arrangements with entities owned by physicians who refer patients to the facility.

(See http://www.medpac.gov/publications/congressional_reports/Mar05_EntireReport.pdf, at page 170.) We agree with the concerns of MedPAC and a commenter to the Phase II interim final rule that arrangements structured so that referring physicians own leasing, staffing, and similar entities that furnish items and services to entities furnishing DHS but do not submit claims, raise significant concerns under the fraud and abuse laws. We believe such arrangements to be contrary to the plain intent of the physician self-referral law. Arrangements so structured are particularly problematic because referrals by physician-owners of leasing, staffing, and similar entities to a contracting DHS entity can significantly increase the physician-owned entity's profits and investor returns, creating incentives for overutilization and corrupting medical decision-making.

We are attempting to determine the best approach to prohibit certain arrangements under which physicians supply items and services to DHS entities. We note that some of the arrangements described by MedPAC are subject to the physician self-referral prohibition and more may become subject to the physician self-referral prohibition through provisions we may implement in the upcoming Phase III final rule.

Although MedPAC recommended that the definition of physician ownership subject to the physician self-referral prohibition be expanded to include any entity that derives a substantial proportion of its revenue from a provider of DHS, we are proposing what we believe is a more straightforward approach to addressing the issue. That is, we propose to revise our definition of entity at § 411.351 so that a DHS entity includes both the person or entity that performs the DHS, as well as the person or entity that submits claims or causes claims to be submitted to Medicare for the DHS. Our proposal is not meant to exclude any persons or entities that presently are considered to be DHS entities. (In this regard, we note that we propose to reorganize and delete some of the material in the current definition and are seeking comment on our proposed changes to the regulatory text.) Although we believe our proposed approach is sufficient to address abusive arrangements, we solicit comments on whether we should implement the MedPAC approach, either in some combination with our proposed approach or instead of our proposed approach. We would be particularly interested in comments related to what should constitute a ''substantial'' proportion of revenue derived from providing DHS.

N. Beneficiary Signature for Ambulance Transport Services

[If you choose to comment on issues in this section, please include the caption ''BENEFICIARY SIGNATURE'' at the beginning of your comments.]

Section 424.36 requires that a beneficiary's signature must appear on all claims submitted for Medicare services, unless the beneficiary has died, or another exception applies. For example, if a beneficiary is physically or mentally incapable of signing the claim, the claim may be signed on the beneficiary's behalf by another individual listed in § 424.36(b). Ambulance suppliers and providers have stated that, in emergency situations, it is impossible or impractical for ambulance providers or suppliers to obtain a beneficiary's or other authorized person's signature on a claim to properly bill Medicare for ambulance transport services because: (1) Many beneficiaries are incapable of signing claims due to their medical condition at the time of transport; and (2) another person authorized to sign the claim under § 424.36(b) is not available, or is unwilling to sign the claim at the time of transport; and (3) if an individual listed in § 424.36(b) is not available or willing to sign a claim on behalf of the beneficiary at the time of transport, it is impractical later to locate the beneficiary (or the beneficiary's authorized representative) to obtain a signature on the claim form before submitting it to Medicare for payment.

We are sympathetic to the concerns of ambulance providers and suppliers insofar as emergency transport services are involved. Therefore, at § 424.36, we are proposing that, for emergency ambulance transport services, where the ambulance provider or supplier documents that the beneficiary was physically or mentally incapable of signing a claim form at the time the service was provided and that none of the individuals listed in § 424.36(b)(1) through (5) was available or willing to sign a claim on behalf of the beneficiary, the ambulance provider or supplier may submit the claim without a beneficiary signature. Such claim submission would be permitted only if: (1) The beneficiary was physically or mentally incapable of signing the claim form at the time the service was provided; (2) none of the individuals listed in § 424.36(b)(1) through (5) was available or willing to sign the claim form on behalf of the beneficiary at the time the service was provided; and (3) the ambulance provider or supplier maintains in its files for a period of at least 4 years from the date of service certain documentation. Required documentation would include: (1) A signed contemporaneous statement, made by an ambulance employee present during the trip to the receiving facility, that the beneficiary was physically or mentally incapable of signing a claim form and that none of the individuals listed in § 424.36(b)(1) through (5) was available or willing to sign the claim form on behalf of the beneficiary at the time the service was provided; (2) the date and time the beneficiary was transported, and the name and location of the facility where the beneficiary was received; and (3) a signed contemporaneous statement from a representative of the facility that received the beneficiary, which documents the name of the beneficiary and the time and date that the beneficiary was received by that facility.

For non-emergency ambulance transport services, the ambulance provider or supplier would continue to be required to obtain a beneficiary's signature on a claim form (or the signature of someone who is authorized to sign on behalf of the beneficiary under § 424.36(b)(1) through (5) prior to submitting claims to Medicare.

O. Update to Fee Schedules for Class III DME for CYs 2007 and 2008

[If you choose to comment on issues in this section, please include the caption ''DME UPDATE'' at the beginning of your comments.]

1. Background

a. Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Classifications

Under § 414.210, for Medicare payment purposes, fee schedules are determined for the following classes of equipment and devices:

- Inexpensive or routinely purchased items as specified in § 414.220.
- Items requiring frequent and substantial servicing, as specified in § 414.222.
- Certain customized items, as specified in § 414.224.
- Oxygen and oxygen equipment, as specified in § 414.226.
- Prosthetic and orthotic devices, as specified in § 414.228.
- Other DME (capped rental items), as specified in § 414.229.
- Transcutaneous electric nerve stimulators (TENS), as specified in § 414.232.

We designate the items in each class of equipment or device through our program instructions.

Under section 513 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360c), the Food and Drug Administration (FDA) must classify devices into one of three regulatory classes: class I, class II, or class III. FDA classification of a device is determined by the amount of regulation necessary to provide a reasonable assurance of safety and effectiveness; class III devices typically posing the greatest risk. Devices are to be classified into class I if there is information showing that the general controls of the act are sufficient to assure safety and effectiveness. General controls apply to all medical devices and include provisions that relate to adulteration, misbranding, device registration and listing, notification, including repair, replacement, or refund, records and reports, and good manufacturing practices. Examples of class I devices are canes and crutches.

Class II devices are those for which general controls, by themselves, are insufficient to provide reasonable assurance of safety and effectiveness, but there is sufficient information to establish special controls to provide such assurance. Special controls include performance standards, postmarket surveillance, patient registries, development and dissemination of guidelines, recommendations, and any other appropriate action the FDA deems necessary (section 513(a)(1)(B) of the act). Examples of class II devices are blood glucose test systems and infusion pumps.

Class III devices are those for which there is insufficient information to support classifying a device into class I or class II and the device is a life-sustaining or life-supporting device or is for a use which is of substantial importance in preventing impairment of human health, or presents a potential unreasonable risk of illness or injury. Class III devices paid in accordance with the DME fee schedule payment methodology include osteogenesis or bone growth stimulators, implantable infusion pumps, and stair-climbing wheelchairs (standard power wheelchair function only). This is not an inclusive list of class III devices. The Medicare DMEPOS suppliers should specify on the Medicare claim form whether the device furnished to a beneficiary is a class III device as described in section 513(a)(1)(C) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360c(a)(1)(C)).

b. DMEPOS Payment

Section 302(b)(1) of the MMA amended section 1847 of the Act to require the Secretary to establish and implement competitive acquisition programs for the furnishing under Medicare Part B of certain types of DMEPOS. Section 1847(a)(2)(A) of the Act provides that devices determined by the FDA to be class III devices under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301) cannot be included in the competitive acquisition programs. As part of the transition to competitive acquisition, the Congress mandated in sections 1847(a)(14)(G) through (I) of the Act that the fee schedule amounts for DME, other than class III devices, be frozen at 2003 levels through 2008.

For class III devices, section 1834(a)(14)(G)(i) of the Act mandates that an annual update factor based on the percentage change in the consumer price index for urban customers (CPI–U) be applied to the fee schedule amounts for CYs 2004 through 2006. Section 1834(a)(14)(H)(i) of the Act, as added by section 302 of the MMA, gives the Secretary discretion in determining the appropriate fee schedule update percentage for CY 2007 for DME which are class III medical devices described in section 513(a)(1)(C) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C.360c(a)(1)(C)).[1] Specifically, for 2007, the 2006 fee schedule amounts for class III devices are to be updated by the percentage change determined to be appropriate by the Secretary, taking into account recommendations contained in a report of the Comptroller General of the United States under section 302(c)(1)(B) of the MMA. Also mandated by section 1834(a)(14)(I)(i) of the Act, for 2008, the 2007 fee schedule amounts for class III devices are to be increased by an annual factor based on the percentage change in the CPI–U, as applied to the 2007 payment amount determined after application of the percentage change under section 1834(a)(14)(H)(i) of the Act.

As stated above, section 1834(a)(14)(H)(i) of the Act mandated that the Secretary take into account recommendations by the Comptroller General of the United States, who is the head of the Government Accountability Office (GAO), when determining the appropriate update percentage for class III devices for 2007. On March 1, 2006, the GAO published a report, ''Class III Devices do not Warrant a Distinct Annual Payment Update'' (GAO–06–62). The GAO concluded in that report, ''because the initial payment rates for all classes of devices on the Medicare DME fee schedule are based on retail prices or an equivalent measure, they account for the costs of class III and similar class II devices in a consistent manner. Distinct updates for two different classes of devices are unwarranted.'' The GAO recommended that the Secretary establish a uniform payment update to the DME fee schedule for 2007 for class II and class III devices.

In the May 1, 2006 **Federal Register**, we published the Competitive Acquisition for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) and Other Issues proposed rule (71 FR 25660). We solicited comments on how to determine the appropriate fee schedule percentage change for class III devices for 2007 and 2008. We stated that we would consider the comments received in conjunction with the recommendations in the GAO report in determining the appropriate update percentage for these devices for 2007 and 2008.

A majority of the submitted public comments indicated that the GAO report was flawed since it did not recommend a specific update factor or take into account changes over time in the costs of producing, supplying and

[1] Section 513(a)(1)(C) of the Federal Food, Drug, and Cosmetic Act has been codified as 21 U.S.C. 360c(a)(1)(C). Accordingly, we believe that the reference to 21 U.S.C. 360 (c)(1)(C) in sections 1834(a)(14)(G)(i), (H)(i), and (I)(i) of the Act is a scrivener's error.

servicing class III devices. Several commenters recommended that we continue to use the CPI–U to adjust fee schedule amounts for class III devices, but offered no substantive information that would otherwise support a distinct update factor for class III devices. Another commenter recommended that the class III proposal be included in a separate rulemaking procedure because it is not related to competitive acquisition.

2. Proposed Update to Fee Schedule

We believe that the GAO has done a thorough job in reviewing Medicare payment rules and methods and issues associated with the costs of furnishing class III devices. Accordingly, we agree with the finding in the report that the costs of furnishing class II and class III DME devices have been factored into the fee schedule amounts calculated for these devices. We also agree with the GAO recommendation that a uniform payment update be established to the DME fee schedule for 2007 for class II and class III devices. For class II devices, the MMA provided for a zero percent payment update from 2004 through 2008. Accordingly, for 2007, we are proposing a zero percent update for class III devices. Also, in accordance with the MMA, we are proposing to use the percent change in the CPI–U to update the class III device 2007 fee schedule amounts for 2008.

P. Discussion of Chiropractic Services Demonstration

[If you choose to comment on issues in this section, please include the caption ''CHIROPRACTIC SERVICES DEMONSTRATION'' at the beginning of your comments.]

In the CY 2006 PFS final rule with comment period (70 FR 70266) and the CY 2007 PFS final rule with comment period (71 FR 69707), we included a discussion of the 2-year chiropractic services demonstration that ended on March 31, 2007. This demonstration was authorized by section 651 of the MMA to evaluate the feasibility and advisability of covering chiropractic services under Medicare. These services extended beyond the current coverage for manipulation to care for neuromusculoskeletal conditions typical among eligible beneficiaries, and covered diagnostic and other services that a chiropractor was legally authorized to perform by the State or jurisdiction in which the treatment was provided. The demonstration was conducted in four sites, two rural and two urban. The demonstration was required to be budget neutral as the statute requires the Secretary to ensure that the aggregate payment made under the Medicare program does not exceed the amount which would be paid in the absence of the demonstration.

Ensuring budget neutrality requires that the Secretary develop a strategy for recouping funds should the demonstration result in costs higher than those that would occur in the absence of the demonstration. As we stated in the CY 2006 and CY 2007 PFS final rules with comment period, we would make adjustments to the chiropractor fees under the Medicare PFS to recover aggregate payments under the demonstration in excess of the amount estimated to yield budget neutrality. We will assess budget neutrality by determining the change in costs based on a pre- and post-comparison of aggregate payments and the rate of change for specific diagnoses that were treated by chiropractors and physicians in the demonstration sites and control sites. Because the aggregate payments under the expanded chiropractor services may have an impact on other Medicare expenditures, we will not limit our analysis to reviewing only chiropractor claims.

Any needed reduction to chiropractor fees under the PFS would be made in the CY 2010 and CY 2011 physician fee schedules as it will take approximately 2 years after the demonstration ends to complete the claims analysis. If we determine that the adjustment for BN is greater than 2 percent of spending for the chiropractor fee schedule codes (comprised of the 3 currently covered CPT codes 98940, 98941, and 98942), we would implement the adjustment over a 2-year period. However, if the adjustment is less than 2 percent of spending under the chiropractor fee schedule codes, we would implement the adjustment over a 1-year period. We will include the detailed analysis of budget neutrality and the proposed offset during the CY 2009 PFS rulemaking process.

Q. Technical Corrections

[If you choose to comment on issues in this section, please include the caption ''TECHNICAL CORRECTIONS'' at the beginning of your comments.]

1. Particular Services Excluded From Coverage (§ 411.15(a))

Prior to January 1, 2005, Medicare did not pay for routine physical examinations or checkups. Section 1862(a)(7) of the Act states that routine physical checkups are excluded services. This exclusion is described in § 411.15(a), Particular services excluded from coverage. In addition, we had interpreted section 1862(a)(1)(A) of the Act to exclude coverage for cardiovascular disease screening tests and diabetes screening tests. This section provides that items or 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 stated in § 411.15(k). Since preventive services are not provided for diagnosis or treatment of illness, injury, or malformation, we determined that these services are not reasonable and necessary within the meaning of the statute.

Effective January 1, 2005, Part B coverage was expanded to include an initial preventative physical examination (IPPE) for certain individuals. Our regulations governing the IPPEs are primarily set forth in § 410.16. Additional conforming changes were made at that time to § 411.15 to reflect this expansion in coverage.

Sections 612 and 613 of the MMA added coverage under Part B for cardiovascular disease screening tests and diabetes screening tests, effective for services furnished on or after January 1, 2005, subject to certain eligibility and other limitations. These provisions were implemented in the CY 2005 PFS final rule with comment period (69 FR 66236). Those rules are codified in § 410.17 and § 410.18, respectively. However, at the time we neglected to make additional conforming changes to § 411.15 to reflect this expansion in coverage.

To conform the regulations to the MMA provisions, we are proposing a technical correction to the provisions in § 411.15 by specifying additional exceptions to provide payment for cardiovascular disease screening tests and diabetes screening tests that meet the eligibility limitation and the conditions for coverage that we specified under § 410.17, Cardiovascular Disease Screening Tests, and § 410.18, Diabetes Screening Tests.

2. Medical Nutrition Therapy (MNT) (§ 410.132)

In the CY 2006 PFS final rule with comment period (70 FR 70160), we added individual medical nutrition therapy, as represented by HCPCS codes G0270, 97802 and 97803, to the list of telehealth services. We are making a technical correction to § 410.132(a) to conform the regulations to include an exception for services provided at § 410.78. This revised paragraph reads as follows:

''(a) *Conditions for coverage of MNT services.* Medicare Part B pays for MNT services provided by a registered

dietitian or nutrition professional as defined in § 410.134 when the beneficiary is referred for the service by the treating physician. Except as provided at § 410.78, services covered consist of face-to-face nutritional assessments and interventions in accordance with nationally-accepted dietary or nutritional protocols.''

3. Payment Exception: Pediatric Patient Mix (§ 413.184)

In the CY 2006 PFS final rule with comment period (70 FR 70214), we revised § 413.180 through § 413.192 regarding criteria and the application procedures for requesting an exception to the ESRD composite rate payment. As part of the revisions we intended to amend the section heading of § 413.184 to reflect that, as specified in the statute, this exception only pertains to a pediatric ESRD facility. However, this change was not made. Therefore, we are proposing to revise the section heading of § 413.184 to read as follows: ''Payment exception: Pediatric patient mix.''

4. Diagnostic X-ray Tests, Diagnostic Laboratory Tests, and Other Diagnostic Tests: Conditions (§ 410.32(a)(1))

Section 1861(r)(5) of the Act was amended by section 4513(a) of the BBA to allow Medicare payment for a chiropractor's manual manipulation of the spine to correct subluxation, without requiring the subluxation to be demonstrated by an x-ray. The BBA provision was effective for services furnished on or after January 1, 2000. Prior to this statutory change, the subluxation was required to be demonstrated by an x-ray. Because chiropractors are limited by statute with respect to the services they can provide under Medicare, it had been necessary to create an exception to the requirement that diagnostic services (including x-rays) must be ordered by the treating physician as provided in § 410.32(a). This exception, which permits a physician who is not a treating physician to order and receive payment for an x-ray that is used by a chiropractor, is specified in § 410.32(a)(1).

We revised § 410.22 to reflect the BBA change in the CY 2000 PFS final rule (64 FR 59439). (**Note:** § 410.22 was redesignated as § 410.21 in the CY 2001 PFS final rule.) However, we neglected to remove the chiropractic exception at § 410.32 (a)(1). Because of the BBA change, which removed the requirement that subluxation must be demonstrated by an x-ray, the chiropractic exception is no longer warranted. We do not believe it would be necessary or appropriate to continue to permit payment for an x-ray ordered by a non-treating physician when a chiropractor, not the ordering physician, will use that x-ray. Therefore, we are proposing to revise § 410.32 by removing paragraph (a)(1) and by redesignating paragraphs (a)(2) and (a)(3) as (a)(1) and (a)(2), respectively.

R. The Percentage Change in the Medicare Economic Index (MEI)

[If you choose to comment on issues in this section, please include the caption ''MEI'' at the beginning of your comments.]

The Medicare Economic Index (MEI) is authorized by section 1842(b)(3) of the Act, which states that prevailing charge levels beginning after June 30, 1973 may not exceed the level from the previous year except to the extent that the Secretary finds, on the basis of appropriate economic index data, that the higher level is justified by year-to-year economic changes.

The MEI measures the weighted-average annual price change for various inputs needed to produce physicians' services. The MEI is a fixed-weight input price index, with an adjustment for the change in economy-wide multifactor productivity. This index, which has CY 2000 base year weights, is comprised of two broad categories: (1) Physician's own time; and (2) physician's PE.

The physician's own time component represents the net income portion of business receipts and primarily reflects the input of the physician's own time into the production of physicians' services in physicians' offices. This category consists of two subcomponents: (1) Wages and salaries; and (2) fringe benefits.

The physician's PE category represents nonphysician inputs used in the production of services in physicians' offices. This category consists of wages and salaries and fringe benefits for nonphysician staff and other nonlabor inputs. The physician's PE component also includes the following categories of nonlabor inputs: office expense; medical materials and supplies; professional liability insurance; medical equipment; prescription drugs; and other expenses. The components are adjusted to reflect productivity growth in physicians' offices by the 10-year moving average of productivity in the private nonfarm business sector. Table 14 presents a listing of the MEI cost categories with the associated weights.

TABLE 14.—MEDICARE ECONOMIC INDEX EXPENDITURE CATEGORIES AND WEIGHTS

Expenditure category	2000 Expense weight
Physician Compensation	52.466
Wages and Salaries	42.730
Benefits	9.735
Practice Expense	47.534
Nonphysician Compensation	18.653
Nonphysician wages	13.808
Prof/Tech Wages	5.887
Manager Wages	3.333
Clerical Wages	3.892
Services Wages	0.696
Employee Benefits	4.845
Other Practice Expense	18.129
Office Expenses	12.209
Prof. Liability Insurance	3.865
Medical equipment	2.055
Drugs and Supplies	4.319
Medical material and supplies	2.011
Prescription Drugs	2.308
Other Expenses	6.433
All Other	6.433

Beginning in April 2007, with their March 2007 publication, the Bureau of Labor Statistics (BLS) will discontinue production and publication of the white collar occupation employment cost index (ECI) series.

The white collar benefit ECI for private workers has been used as the price proxy for nonphysician benefits in the MEI. There is no other comparable, published series that is a suitable replacement for the white collar benefit ECI. Consequently, Global Insight, Inc. (GII) and CMS jointly developed a composite series which is composed of four published ECI series and weighted by November 2004 National Industry—Specific Occupational Employment and Wage Estimates for NAICS 6211, Office of Physicians. Global Insight Inc. is a nationally recognized economic and financial forecasting firm that contracts with CMS to forecast the components of the market baskets.

Table 15 lists the four ECI series and corresponding weights used to construct the new composite benefit index. We are proposing to replace the ECI white collar benefit series with this composite benefit index effective for the CY 2008 MEI update.

TABLE 15.—CMS COMPOSITE PRICE INDEX FOR NON-PHYSICIAN EMPLOYEE BENEFITS

ECI series	Weight
Benefits, Private, Professional, Scientific, Technical	59.0

TABLE 15.—CMS COMPOSITE PRICE INDEX FOR NON-PHYSICIAN EMPLOYEE BENEFITS

ECI series	Weight
Benefits, Private, Management, Business, Financial	6.3
Benefits, Private, Office & Administrative Support	32.6
Benefits, Private, Service Occupations	2.1

We compared the historical 4-quarter moving average percent changes of the MEI using the ECI white collar benefit index and the proposed ECI composite benefit series and in the 5 most recent calendar years, the difference in the overall MEI update is no greater than 0.1 percentage point. This analysis shows that the new composite benefit index would be expected to have little material impact on the aggregate MEI updates; and therefore, we believe the use of this composite benefit index is the most technically accurate index for capturing nonphysician benefits price pressures.

Although we have not done so in the past, we believe it would be beneficial to publish a preliminary estimate of the expected MEI update. For CY 2008, the forecasted increase in the MEI is 1.9 percent, which includes a forecasted 1.5 percent productivity offset based on the 10-year moving average of multifactor productivity. This forecast is based on GII's 1st quarter 2007 forecast of the MEI market basket. The final update will be based on historical data through 2nd quarter 2007.

S. Other Issues

1. Recalls and Replacement Devices

[If you choose to comment on issues in this section, please include the caption ''RECALLS AND REPLACEMENT DEVICES'' at the beginning of your comments.]

Recently, there has been a recall of 73,000 implantable cardioverter-defibrillators (ICDs) and cardiac resynchronization therapy defibrillators (CRT–Ds) because of a faulty capacitor that can cause the batteries to deplete sooner than expected. (See the FDA Web site at *www.fda.gov/cdrh/news* for Questions and Answers posted April 20, 2007 on this recall). This follows upon the recall of thousands of ICDs and pacemakers in CY 2004 and CY 2005. These recalls raise issues both with regard to the additional costs of replacement devices and with regard to the additional physicians' services and diagnostic tests that beneficiaries who have these devices often need.

For outpatient hospital costs of the replacement devices, effective for services furnished on or after January 1, 2007, we reduce the ambulatory payment classification (APC) payment we make to hospitals when the hospital receives a replacement device without cost or with full credit for the device.

We also proposed a reduction to Medicare payment for inpatient hospital services in the FY 2008 IPPS proposed rule (72 FR 26479). This proposed rule would reduce payments for hospital inpatients when hospitals use a recalled or replacement device at no cost or with partial credit.

While these regulations address hospital payment for the devices involved, there are also costs associated with physician monitoring of patients treated with recalled devices. Specifically, the manufacturer of the devices that have been most recently recalled recommends that patients with the recalled device consult with their physicians in each case and, in some cases, begin a routine of monthly evaluations. We would expect that not only could extra visits to physicians' offices or hospital outpatient departments be necessary, but additional diagnostic tests may also be needed to care for the beneficiaries who have the recalled devices. Thus, even when immediate replacement of the device is not required, we are concerned that the potential greater costs to Medicare and to the beneficiary for these unforeseen extra services may be substantial and burdensome.

We will be actively assessing ways to identify the additional health care costs and Medicare expenditures associated with device recall actions and exploring what actions would be appropriate in the case of these additional monitoring and related expenses as they relate to both the hospital outpatient and physician payment systems. We welcome public comments on this issue to inform our future review and analyses.

2. Therapy Standards and Requirements

[If you choose to comment on issues in this section, please include the caption ''THERAPY STANDARDS AND REQUIREMENTS'' at the beginning of your comments.]

a. Revisions to Personnel Qualification Standards for Therapy Services

In the CY 2005 PFS final rule with comment period (69 FR 66354), we amended § 410.59, § 410.60, and § 410.62 to refer to the qualifications for physical therapists (PTs), occupational therapists (OTs) and speech-language pathologists at § 484.4, which sets the personnel qualifications required under the HHA Conditions of Participation.

Section 484.4 contains requirements for persons furnishing services in HHAs that include physical therapists (PTs), physical therapist assistants (PTAs), occupational therapists (OTs), occupational therapy assistants (OTAs) and speech-language pathologists (SLPs). The CY 2005 PFS final rule with comment period clarified that the personnel qualifications in § 484.4 are applicable to all outpatient PT, OT, and SLP services ''in order to create consistent requirements for therapists and therapy assistants'' (69 FR 66345).

We propose to update the personnel qualifications in § 484.4 for PTs, PTAs, OTs, and OTAs. We also propose to revise the qualifications for SLPs to remove a reference to audiologists in the definition for speech-language pathologists because a speech-language pathologist would not have a Certificate of Clinical Competence in audiology, as implied by the regulation, unless that person was dually qualified as an audiologist. Otherwise, we are not proposing to update the qualifications for SLPs because we believe the qualifications in § 484.4 are currently appropriate and address the issues of continuing education and internationally trained SLPs.

We are proposing these changes for the following several reasons.

- The current regulations at § 484.4 contain outdated terminology relating to several of the relevant professional organizations.
- The standards that now exist in the fields of physical therapy and occupational therapy have changed since a substantial portion of these qualification requirements were developed.
- Some of the current qualification requirements do not address individuals who have been trained outside of the United States, or refer to outdated requirements.
- These revisions would have the benefit of establishing consistent standards across provider/supplier lines.

Although all States license PTs, some States have no licensing provisions for PTAs, OTs, OTAs, and SLPs. In particular, the qualifications for PTAs vary widely among States. According to the Federation of State Boards of Physical Therapy Web site (accessed on March 29, 2007), the ''Number of states that grandfathered PTAs prior to regulation = 41.'' Under the title ''What method does your state use to regulate PTAs?'' the field contains the word ''Licensed,'' or ''Certified'', or is blank. Therefore, we believe PTAs who have

been licensed and practicing for many years may not meet the current education requirements in § 484.4. We believe the same is true of occupational therapy assistants who obtained their training prior to application of the requirements of the certification examination for Certified Occupational Therapy Assistant (COTA) developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT). Additionally, we believe some States permitted licensure or certification of PTs and OTs without successful completion of a curriculum in physical therapy or occupational therapy after 1977 (the date currently specified under the ''grandfather clause'' in § 484.4 before which a practicing PT or OT need not have completed a curriculum in physical therapy or occupational therapy). We believe there may also be licensed or certified PTAs and OTAs who do not meet the educational requirements in § 484.4.

Therefore, we believe it would be appropriate to broaden the current grandfathering clauses for practicing PTs, OTs, PTAs, and OTAs. We propose to revise our requirements to recognize PTs, OTs, PTAs, or OTAs who meet their respective State qualifications (or have received State recognition as PTs, OTs, PTAs or OTAs) before January 1, 2008. Individuals who furnish physical or occupational therapy services but have not met State qualifications (or received State recognition as PTs, OTs, PTAs and OTAs) before January 1, 2008, would be required to meet the updated qualifications in § 484.4.

We are not proposing to change the current grandfathering provisions relating to the qualifications for PTs, OTs, PTAs, and OTAs furnishing services under the Home Health PPS or the Hospice PPS because the current regulations in § 484.4 (that is, occupational therapist (paragraph (c)), OTA (paragraph (b)), physical therapist (paragraph (c) or (d)), or PTA (paragraph (2)) have applied to those settings consistently for almost 20 years. We do not expect that there are therapists furnishing services in a HHA or hospice that do not meet either the current or proposed revised qualifications. Therefore, we will retain the current grandfathering clauses for personnel providing services in those settings before 1977. We would not apply to Home Health and Hospice settings the proposed new grandfathering clause that would permit those qualified professionals who are licensed, certified, registered or otherwise regulated by a State and are furnishing services in other settings before January 1, 2008 to continue providing services without updating their education to meet the new requirements.

We are seeking comment on appropriate grandfathering provisions relating to qualifications of therapists and assistants to assure that skilled therapists and assistants with comparable and appropriate education and training treat Medicare beneficiaries in all settings. We propose these grandfathering provisions to § 409.16, § 409.23, § 410.43, § 410.59, § 410.60, § 482.56, § 485.70, § 485.705, § 491.9.

The proposed revised personnel qualifications in § 484.4 for therapists and assistants must address minimum requirements for the provision of therapy services by qualified personnel who have attained the skills of therapists with education and training in the specific discipline in which they are practicing, but who are not licensed. Also, for therapists and assistants trained outside the United States or trained by the United States military, we want to consider developing standards comparable to those applied to therapists and assistants trained in the United States. By ''comparable'' we mean that we would refer to and base our standard on a process whereby it is determined (either by the State or by another credentialing authority such as the NBCOT) that the education, training, or testing standards obtained outside the United States or in the military are so similar as to be substantially indistinguishable from standards applied to those who meet the qualifications for therapists and assistants trained in the United States. However, we note that we intend to establish standards comparable to those we establish for PTs, OTs, PTAs, OTAs, and speech-language pathologists, and not to recognize as qualified therapists or therapy assistants individuals trained in other disciplines for purposes of furnishing PT, OT, or SLP services to Medicare beneficiaries. It is not our intention to modify the policy that requires physical therapy, occupational therapy, and SLP services furnished incident to a physicians service to meet all the standards and conditions (except licensure) that apply to therapists, as this policy is based on the section 1862(a)(20) of the Act. Rather, it is our intention to assure that Medicare payment is made only for physical therapy, occupational therapy, and SLP services provided by personnel who meet qualifications, including consistent and appropriate education and training relevant to the discipline, so that they are adequately prepared to safely and effectively treat Medicare beneficiaries.

In this proposal, we refer to persons who are licensed, certified, and otherwise regulated by a State. We interpret ''otherwise regulated'' to mean that, while a State may not regulate a profession by granting a license or certifying educational or training credentials, it may nevertheless regulate the practice of a profession by application of certain other requirements. For example the use of the title physical therapy assistant might be limited to those who have passed a course for PTAs in a State-approved college, even when the State does not grant graduates a license or certificate to practice. By ''otherwise regulated,'' we do not mean to refer to State regulations that are generally applicable to all health care or other professionals regarding, for example, business practices, employment or hygiene. Rather, we mean to refer to the specific qualifications one must have in order to practice within a particular discipline or use a particular title.

We propose to require that OT's beginning their practice after January 1, 2008, must be licensed, certified, registered or otherwise regulated as an OT, and have graduated from an occupational therapist curriculum accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), and also have successfully completed the certification examination developed and administered by the NBCOT. By ''successfully completed'' we mean the individual must perform sufficiently well on the exam to receive (or be eligible to receive) certification. For services incident to a physician's or nonphysician practitioner's service where the licensure requirement does not apply, the education requirements continue to apply.

We propose that after January 1, 2008, OTAs must be licensed, certified, registered or otherwise regulated as an OTA and have graduated from an OTA curriculum accredited by the nationally recognized organization for accreditation of occupational therapists, the ACOTE of the AOTA, and successfully completed the certification examination for Certified Occupational Therapy Assistant (COTA) developed and administered by the NBCOT.

We are proposing that OTs who are educated outside the United States or by the U.S. Military— (1) Be graduates of an occupational therapy curriculum accredited by the World Federation of Occupational Therapists (WFOT); (2) have successfully completed the NBCOT International Occupational Therapy Eligibility Determination

(IOTED) review; and (3) have successfully completed the certification examination for Registered Occupational Therapist. We propose to adopt similar standards for OTAs (but with an OTA curriculum) and seek comments on qualifications for internationally educated occupational therapy assistants.

For PTs, we propose the therapist must be licensed as a physical therapist by the State in which practicing and accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) based on American Physical Therapy Association (APTA) guidelines. When the licensure requirement is not applicable (that is, for services furnished incident to the services of physicians and NPPs), we propose to require that PTs must have been accredited by the CAPTE. We seek comment on qualifications for PTs that include a curriculum and a national examination each approved by the APTA.

We propose that licensure or certification, registration or other regulation by the State in which services are furnished would be required for PTAs under our regulations. We also propose that PTAs be accredited by the CAPTE. We seek comment on appropriate qualifications for PTAs.

b. Application of Consistent Therapy Standards

(1) Personnel Qualifications

We believe therapy services should be provided according to the same standards and policies in all settings, to the extent possible and consistent with statute. For example, personnel qualifications for therapists and assistants should apply equally to all settings in which Medicare pays for physical therapy, occupational therapy and SLP services. Therefore, we propose to revise our regulations to cross-reference the personnel qualifications for therapists in § 484.4 to the personnel requirements for PTs, OTs, PTAs, OTAs, and SLPs in the following sections:

- § 409.10 and § 409.16 (Inpatient hospital services and inpatient critical access hospital services).
- § 409.23 (Posthospital SNF care).
- § 410.43 (Partial hospitalization services).
- § 410.59 (Outpatient occupational therapy services).
- § 410.60 (Outpatient physical therapy services).
- § 410.62 (Outpatient SLP services).
- § 418.92 (Hospice).
- § 482.56 (Optional hospital services, Rehabilitation services).
- § 485.70 (Specialized providers).
- § 485.705 (Clinics, Rehabilitation agencies, Public health agencies).
- § 491.9 (Rural health clinics and Federally qualified health centers (FQHCs)).

We also welcome comments on whether the personnel qualifications at § 484.4 should be made applicable in other settings.

It is our intention that when Medicare policies describe physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants and speech-language pathologists, the qualifications for those professions would be the same in all settings, without exception.

(2) Application of Consistent Therapy Standards

In tandem with cross-referencing Part A and Part B therapy personnel requirements in the regulations, we believe it would be appropriate to clarify our policies to improve consistency in the standards and conditions for Part A and Part B therapy services. Many, but not all, of the policies described for therapy services in Part B settings are also appropriate to Part A settings.

In § 409.17, we propose to clarify that hospital services include physical therapy, occupational therapy and SLP. We propose to add regulations for inpatient hospital services to include a plan of treatment for therapy services consistent with the plan required for outpatient therapy services. We invite comment on PT, OT, and SLP plan of treatment policies that are appropriately applied to all therapy services, whether provided under Medicare Part A or B.

Since inpatient hospital services are always provided under the care of a physician, we believe that the physician's review and certification of the therapy plan of treatment is implied by the physician's review and approval of a facility plan that includes therapy services and, therefore, we are not proposing additional therapy certification requirements for the hospital setting.

c. Outpatient Therapy Certification Requirements

The signature of a physician or NPP in the medical record indicating approval of the plan of care for outpatient therapy services certifies the initial need for therapy services furnished under Part B. For other covered medical and health services furnished by providers and suppliers of outpatient services, certification is required only once, either at the beginning or at the end of a series of visits. Recertification is not required for most health services. In 1988, in an attempt to control the expanding utilization of therapy services, we added a 30-day recertification requirement for outpatient therapy services to our regulation at § 424.24. This requires that a physician certifies a plan of care for 30 days, regardless of the appropriate length of treatment. To continue treatment past 30 days, the physician is required to recertify the plan. After many years of experience with the current recertification requirements, we now believe that requiring recertification at 30-day intervals may not always provide sufficient flexibility to the physician to order the correct amount of therapy for the patient's needs. In some cases, it may impact utilization by encouraging reevaluations at intervals based on certification timing, rather than on necessity. Since the 30-day recertification requirement was initiated in 1988, many other means of ensuring appropriate utilization of therapy services have been developed. Medicare policies have been clarified to define skilled services, reasonable and necessary services, and appropriate documentation. Payments for therapy services are now limited by annual per beneficiary caps, and there are many local medical review policies and system edits to monitor extended treatment. Therapy services are now identified as such on claims, making it easier to analyze and review overutilization of services. Three studies on utilization of therapy services are published and available to medical reviewers and providers or suppliers of services to help identify typical episodes of care. Taken together, these changes may have improved appropriate utilization and limit errors in billing for therapy services, as evidenced in the Improper Medicare Fee-for-Service Payment Report of May 2007.

In 2004 and again in 2006, we engaged a contractor to perform an extensive analysis of the utilization of therapy services. The analyses indicated that the 30-day recertification requirement has not had the anticipated impact on utilization of services and does not serve to limit therapy services payments. About 70 percent of episodes are completed before the first 30-day recertification interval. Although CORFs have a 60-day recertification period, and SNFs and ORFs have 30-day recertification periods, the average number of treatment days is similar in these settings. This suggests that the interval of the recertification requirement does not affect professional decisions regarding the duration of treatment. In fact, contrary to the pattern

expected if certification impacted duration of treatment, the number of physical therapy treatment days is higher in a SNF (30-day recertification interval) than in a CORF (60-day recertification interval).

For these reasons, we do not believe there is a continued need for recertification at the 30-day interval. We propose that review of the plan of care continue to be required at certification and recertification. Since the plan of care may be established by a nurse practitioner, a clinical nurse specialist, or a physician assistant (nonphysician practitioners) as well as a physician, we propose to modify the language in § 410.61 to include those professionals among those who shall review the plan. Since the certification and recertification of the plan requires a signature, we propose to remove the current redundant requirement at § 410.61(e) to date and sign a review at the same time as the plan is certified.

We propose to change the plan of treatment recertification schedule in § 424.24. Currently, the physician must initially certify a plan of treatment at the time the plan is established or as soon thereafter as possible. If the need for treatment continues beyond 30 days, the plan of treatment must be recertified every 30 days until discharge. We propose that the physician (or NPP, as appropriate) would continue to review and certify the initial plan of care as soon as possible, but that the certification would apply for an episode length based on the patient's needs, not to exceed 90 days and would be recertified every 90 days thereafter. Payment would continue to be denied if services were provided without a certified plan of care. Overutilization of services would continue to be monitored, as it is now, by Medicare contractors based on data analysis assisted by system edits.

We believe adjusting the first recertification interval from 30 to 90 days would allow the physician to approve a plan of care that represents the clinically appropriate length of treatment, discourage routine 30-day plans, encourage professional determination of an appropriate length of treatment at the time of the initial certification, protect the patient's access to needed treatment when the certifying physician or NPP is not available at the 30-day interval, reduce the administrative burden on providers, suppliers, physicians, NPPs and Medicare contractors, and provide an appropriate timeline for monitoring the necessity of continuing therapy services. Therefore, we are proposing to amend § 424.24 to require recertification every 90 days after beginning treatment.

We propose to revise § 424.24 to remove reference to a certification ''statement'' and to require that the continuing need for therapy services be documented in the medical record, for example, the plan of treatment. Since each plan must include the duration of treatment, the current requirement for an estimate of how much longer the services will be needed is proposed to be omitted as redundant.

We propose to continue to review the utilization of therapy services to assess any changes in practice that might be related to the proposed changes in our regulations regarding certification of a plan of care for an appropriate length of treatment. After 2 years, if we determine that there are changes in practice that suggest inappropriate utilization of therapy services based on the certification timing, we will consider whether to reinstate the 30-day recertification requirement.

3. Proposed Elimination of the Exemption for Computer-Generated Facsimile Transmission from the National Council for Prescription Drug Programs (NCPDP) SCRIPT Standard for Transmitting Prescription and Certain Prescription Related Information for Part D Eligible Individuals

[If you choose to comment on issues in this section, please include the caption ''PROPOSED ELIMINATION OF EXEMPTION FOR COMPUTER-GENERATED FACSIMILES'' at the beginning of your comments.]

a. Legislative History

Section 101 of the MMA amended title XVIII of the Act to establish a voluntary prescription drug benefit program. Prescription Drug Plan (PDP) sponsors, Medicare Advantage (MA) organizations offering Medicare Advantage-Prescription Drug Plans (MA–PD), and other Part D sponsors are required to establish electronic prescription drug programs to provide for electronic transmittal of certain information to the prescribing provider and dispensing pharmacy and pharmacist. This would include information about eligibility, benefits (including drugs included in the applicable formulary, any tiered formulary structure and any requirements for prior authorization), the drug being prescribed or dispensed and other drugs listed in the medication history, as well as the availability of lower cost, therapeutically appropriate alternatives (if any) for the drug prescribed. The MMA directed the Secretary to issue uniform standards for the electronic transmission of such data.

There is no requirement that prescribers or dispensers implement e-prescribing. However, prescribers and dispensers who electronically transmit prescription and certain other information for covered drugs prescribed for Medicare Part D eligible beneficiaries, directly or through an intermediary, would be required to comply with any applicable final standards that are in effect.

Section 1860D–4(e) of the Act required the Secretary to conduct a pilot project to test initial standards recognized under section 1860D–4(e)(A) of the Act, prior to issuing the final standards in accordance with section 1860D–4(e)(D) of the Act. Initial standards were recognized by the Secretary in 2005 and then tested in a pilot project during CY 2006. The MMA created an exception to the requirement for pilot testing of standards where, after consultation with the National Committee on Vital and Health Statistics (NCVHS), the Secretary determined that there already was adequate industry experience with the standard(s). Such ''foundation standards'' were recognized and adopted through notice and comment rulemaking as final standards without pilot testing.

Based upon the evaluation of the pilot project, and not later than April 1, 2008, the Secretary is required to issue final uniform standards. These final standards must be effective not later than 1 year after the date of their issuance.

For a complete discussion of the statutory bases for the e-prescribing portions of this proposed rule and the statutory requirements at section 1860D–4 of the Act, please refer to the ''Background'' section of the E-Prescribing and the Prescription Drug Program proposed rule published in the February 4, 2005 **Federal Register** (70 FR 6256).

b. Regulatory History

i. Foundation Standards

After consulting with the NCVHS, the Secretary found that there was adequate industry experience with several potential e-prescribing standards. Upon adoption through notice and comment rulemaking, these standards were called ''foundation'' standards, because they would be the first set of final standards adopted for an electronic prescription drug program. Three standards were adopted in the E-Prescribing and the Prescription Drug Program final rule

published in the November 7, 2005 **Federal Register** (70 FR 67568).

The foundation standards are as follows:

- For the exchange of eligibility information between prescribers and Part D sponsors: ASC X12N–270/271—Health Care Eligibility Benefit Inquiry and Response, Version 4010, May 2000, Washington Publishing Company, 004010X092 and Addenda to Health Care Eligibility Benefit Inquiry and Response, Version 4010, A1, October 2002, Washington Publishing Company, 004010X092A1 (hereafter referred to as the ASC X12N 270/271 transaction).
- For the exchange of eligibility information between dispensers and Part D sponsors: The National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Guide, Version 5, Release 1 (Version 5.1), September 1999, and equivalent NCPDP Batch Standard Batch Implementation Guide, Version 1, Release 1 (Version 1.1), January 2000 supporting Telecommunications Standard, September 1999, Implementation Guide Version 5, Release 1 (Version 5.1) for NCPDP Data Record in the Detail Data Record (hereafter referred to as the NCPDP Telecommunication Standard).
- For the exchange of new prescriptions, changes, renewals, cancellations and certain other transactions between prescribers and dispensers: NCPDP SCRIPT Standard, Implementation Guide, Version 5, Release 0 (Version 5.0), May 12, 2004 (hereafter referred to as NCPDP SCRIPT Standard).

ii. Exemption to Foundation Standard Requirements for Computer-Generated Facsimiles

The November 7, 2005 final rule included an exemption for entities that transmit prescriptions or prescription-related information by means of computer-generated facsimile (faxes) from the requirement to use the adopted NCPDP SCRIPT standard. ''Electronic media'' was already defined by the HIPAA, so e-prescribing utilized the same definition. As a result, faxes that were generated by a prescriber's/dispenser's computer and sent to a provider's/dispenser's fax machine which prints out a hard copy of the original computer-generated fax (that is, ''computer-generated'' faxes) fell within the definition of ''electronic media'' for e-prescribing. Absent an exemption, entities transmitting computer-generated faxes would be required to comply with the adopted foundation standards. Comments received from the health care industry indicated that this would cause computer-generated faxers to revert to paper prescribing. As the Secretary believed that prescribers/dispensers using computer fax capabilities would eventually migrate to fully functional e-prescribing, possibly at the same time as they implemented electronic health record (EHR) systems, the November 7, 2005 final rule exempted entities transmitting computer-generated faxes from having to comply with the NCPDP SCRIPT standard.

c. Proposal of Elimination of Exemption

We propose to revise § 423.160(a)(3)(i) to eliminate the computer-generated facsimiles (faxes) exemption to the NCPDP SCRIPT Standard for the communication of prescription or certain prescription-related information between prescribers and dispensers for the transactions listed at § 423.160(b)(1)(i) through (xii). In the November 7, 2005 final rule (70 FR 67571), we explained that faxes generated by one computer and electronically transmitted to another computer or fax machine would be included under the e-prescribing definition of electronic media. This computer-generated fax technology is used in some e-prescribing software products and under the definition of electronic media, providers and dispensers who utilize these products would be required to comply with adopted e-prescribing standards. Our discussion of computer-generated faxing distinguished between cases where the prescriber's/dispenser's software has the ability to generate SCRIPT transactions, but the feature is not activated because the prescriber has not activated the feature on their software, and other cases where software (such as a word processing program) is used that creates and sends a fax that results in a paper prescription or response at the receiving end, but does not have true e-prescribing (electronic data interchange using the SCRIPT standard) capabilities.

We believed that requiring prescribers/dispensers who already use electronic media to e-prescribe to modify or change their software and hardware products to be compliant with the foundation standards would likely result in their simply reverting to paper prescribing and would be counterproductive to achieving standardized use of non-fax electronic data interchange for prescribing. Also, we believed that prescribers and dispensers would begin to migrate to true e-prescribing in time, and therefore, adopted an exemption that permitted prescribers and dispensers to continue to use computer-generated faxes for transmitting certain prescriptions and prescription-related information. However, at the same time we encouraged all prescribers and dispensers using fax technology to move as quickly as possible to computer-to-computer data interchange via the NCPDP SCRIPT standard.

Since January 2006, we have seen little reduction in the use of computer-generated fax technology. Based on data provided to CMS by SureScripts, which operates the Pharmacy Health Information Exchange, the largest network to link electronic communications between pharmacies and physicians, serving more than 95 percent of all pharmacies and all major physician technology vendors in the United States, it estimates that of the 150,000 prescribers now using software that is capable of generating SCRIPT transactions, only 15 percent are doing so. The remaining 85 percent are still generating paper faxes. The costs to convert to e-prescribing using NCPDP SCRIPT for these prescribers would in most cases be included in the annual maintenance fee they pay their software vendor. However, the cost of conversion for prescribers using e-prescribing software that cannot generate SCRIPT transactions would be higher, as these prescribers would have to purchase and install other software products. Therefore, we are specifically soliciting comments on the impact to providers and pharmacies.

Pharmacy implementation of e-prescribing is considerably more widespread. SureScripts reports that all chain drug stores and 20 percent of independent pharmacies are capable of sending and receiving SCRIPT transactions. Independent pharmacies are less likely to perceive a return on investment for e-prescribing due to low numbers of practices seeking to move to e-prescribing using the SCRIPT transaction.

Since computer-generated faxing retains some of the disadvantages of paper prescribing (for example, the administrative cost of keying the prescription into the pharmacy system and the related potential for data entry errors that may impact patient safety), we believe it is important to take steps to encourage prescribers and dispensers to move toward use of the SCRIPT standard.

One concrete step we could take to increase the use of the SCRIPT transaction would be to eliminate the exemption for computer-generated faxing. This would move prescribers and dispensers using this technology to upgrade to software products or to new versions of the products they currently use, that would enable electronic

transmission of SCRIPT transactions. Because this requirement would fall on prescribers that already use e-prescribing software, it would increase the number of SCRIPT transactions fairly significantly in a relatively short time period, and this could in turn create a ''tipping point'' that could create an economic incentive for independent pharmacies to adopt software to begin to exchange SCRIPT transactions with their prescriber partners.

Therefore, we propose to eliminate the computer-generated fax exemption for all provider/dispenser transactions. We anticipate having this change effective 1 year after the effective date of the CY 2008 PFS final rule. This will provide notice to prescribers and dispensers seeking to implement or upgrade e-prescribing software to look for products and upgrades that are capable of generating and receiving NCPDP SCRIPT transactions. It also affords current e-prescribers time to work with their trading partners to eventually eliminate computer to fax machine transactions.

We now believe that, with the additional phase-in period allotted to allow for this transition, with improved and more readily available standards-based e-prescribing products, and the apparent ability of e-prescribing networks to now identify which prescribers and dispensers are capable of making SCRIPT enabled transactions and which use this information to facilitate successful SCRIPT enabled transactions, this elimination of the exemption for computer-generated faxing will encourage e-prescribers and dispensers to move as quickly as possible to use of the SCRIPT standard with what we perceive to be minimal impact.

We are soliciting comments on the impact of the proposed elimination of this exemption, including the total number of affected practices and pharmacies and the time required for them to implement SCRIPT-enabled software. Specifically, we are soliciting information regarding the number of practices that currently use legacy versions of software that are not capable of generating SCRIPT transactions and the amount of lead time they would need to comply. We are also soliciting comments regarding the extent to which eliminating the exemption would cause entities using fax technology to revert to paper prescribing rather than update current software.

T. Division B of the Tax Relief and Health Care Act of 2006—Medicare Improvements and Extension Act of 2006 (Pub. L. 109–432) (MIEA–TRHCA)

In addition to the provisions of the MIEA–TRHCA discussed in section II.B. (GPCIs), additional provisions of the MIEA–TRHCA are discussed in this section of the proposed rule.

1. Section 101(b)—Physician Quality Reporting Initiative (PQRI)

[If you choose to comment on issues in this section, please include the caption ''TRHCA—SECTION 101(b): PQRI'' at the beginning of your comments.]

a. Background

Section 101(b) of the MIEA–TRHCA amended section 1848 of the Act by adding subsection (k). Section 1848(k)(1) of the Act requires the Secretary to implement a system for the reporting by eligible professionals of data on quality measures as described in section 1848(k)(2) of the Act. As specified in section 1848(k)(3)(B) of the Act, for the purpose of the quality reporting system, eligible professionals include physicians, other practitioners as described in section 1842(b)(18)(C) of the Act, physical and occupational therapists, and qualified speech-language pathologists. Section 101(c) of the MIEA–TRHCA authorizes ''Transitional Bonus Incentive Payments for Quality Reporting'' in 2007, specifically for satisfactory reporting of quality data, as defined by section 101(c)(2) of the MIEA–TRHCA. We have named this quality reporting system for 2007, including the 2007 bonus payment, the ''Physician Quality Reporting Initiative (PQRI)'' for ease of reference.

For 2007, section 1848(k)(2)(A)(i) of the Act, as added by the MIEA–TRHCA, provides that the quality measures for the PQRI shall be the physician quality measures published as 2007 Physician Voluntary Reporting Program (PVRP) quality measures on the CMS Web site as of the date of enactment of this subsection, except as may be changed based on the results of a consensus-based process in January 2007. The 2007 PVRP quality measures consist of the 66 measures that we had identified and posted on the CMS Web site on December 5, 2006 (see ''Transition from 2006 PVRP'' below in this section). The statute also allowed for additional quality measures to be added to the original set as the result of a consensus-based process in January 2007. As allowed under the statute, and based on actions approved at the AQA Alliance (formerly the Ambulatory Care Quality Alliance) meeting on January 22, 2007, 8 quality measures were added to the 66 measures identified and originally posted to the CMS Web site on December 5, 2006. The final result is 74 ''2007 PQRI Quality Measures.'' A list and description of these 74 measures is available for download from the PQRI Measures/Codes page of the PQRI section of the CMS Web site at *www.cms.hhs.gov/PQRI.*

Although section 1848(k)(2)(A)(ii) of the Act does not allow for any further additions to or deletions from the 2007 PQRI Quality Measures after January 2007, the statute does allow modifications or refinements (such as code additions, corrections, or revisions) to the detailed specifications for the 2007 PQRI quality measures until the beginning date of the reporting period (that is, July 1, 2007). After this date, no further revisions to the specifications for 2007 PQRI measures are allowed by section 1848(k) of the Act. The specifications for the 2007 PQRI quality measures are available as a download from the Measures/Codes page of the PQRI section of the CMS Web site at *http://www.cms.hhs.gov/pqri.* Additional materials containing information on the 2007 PQRI, including but not limited to the calculation of eligibility for and amount of bonus payment for satisfactory reporting, are also available on this section of the CMS Web site.

Section 1848(k)(2)(B) of the Act requires that the Secretary publish in the **Federal Register** not later than August 15, 2007, proposed quality measures that would be appropriate for eligible professionals to use to submit data to the Secretary in 2008. The final 2008 PQRI quality measures must be determined and published by November 15, 2007, as specified in section 1848(k)(2)(B) of the Act as amended by the MIEA–TRHCA.

b. MIEA–TRHCA Requirements for Measures Included in the 2008 PQRI

(i) Overview of MIEA–TRHCA Requirements for 2008 PQRI Quality Measures

Section 1848(k)(2)(B)(i) of the Act requires, ''for purposes of reporting data on quality measures for covered professional services furnished during 2008, the quality measures specified under this paragraph for covered professional services shall be measures that have been adopted or endorsed by a consensus organization (such as the National Quality Forum or AQA), that include measures that have been submitted by a physician specialty, and

that the Secretary identifies as having used a consensus-based process for developing such measures. Such measures shall include structural measures, such as the use of EHRs and electronic prescribing technology.''

Section 1848(k)(2)(B)(ii) of the Act requires, that ''[n]ot later than August 15, 2007, the Secretary shall publish in the **Federal Register** a proposed set of quality measures that the Secretary determines are described in clause (i) and would be appropriate for eligible professionals to use to submit data to the Secretary in 2008. The Secretary shall provide for a period of public comment on such set of measures.''

In examining the statutory requirements of section 1848(k)(2)(B)(i) of the Act, we believe that the requirement that measures be endorsed or adopted by a consensus organization applies to each measure that would be included in the measures set for submitting quality data on covered professional services furnished during 2008. Likewise, the requirement for measures to have been developed using a consensus-based process (as identified by the Secretary) applies to each measure. By contrast, we do not interpret the provision requiring inclusion of measures submitted by a specialty to apply to each measure. Rather, we believe this requirement means that in endorsing or adopting measures, a consensus organization must include in its consideration process at least some measures submitted by one physician or organization representing a particular specialty. Similarly, we interpret the requirement that 2008 measures include structural measures, such as the use of EHRs and electronic prescribing technology, to mean that the 2008 measure set must include at least 2 structural measures.

In examining sections 1848(k)(2)(B)(ii through iii) of the Act, we believe that the Secretary is given broad discretion to determine which quality measures meet the statutory requirements and are appropriate for inclusion in the final set of measures for 2008. We do not interpret the Act to require that all measures that meet the basic requirements of section 1848(k)(2)(B)(i) of the Act must be included in the 2008 set of quality measures.

We discuss in the following section the statutory requirements for consensus organizations and the use of a consensus-based process for developing quality measures as they relate to the requirements for the set of measures for 2008 in the context of other applicable Federal law and policy. We also discuss the policies used in proposing the initial set of quality measures for eligible professionals for use in 2008 and the policies we propose to apply in publishing the final set.

(ii) Consensus Organizations and Consensus-Based Process for Developing Measures

The MIEA–TRHCA requires that measures used for 2008 be identified by the Secretary as having been endorsed or adopted by a consensus organization and having been developed through the use of a consensus-based process. We believe that these requirements should be interpreted in the context of the National Institute of Standards and Technology Act (NISTA) (15 U.S.C. 271 et seq.) as amended by the National Technology Transfer and Advancement Act of 1995 (Pub. L. 104–113) (NTTAA) and implemented by OMB Circular No. A–119 (OMB A–119) dated February 10, 1998.

Per the NTTAA, except when it is inconsistent with applicable law or otherwise impractical, all Federal agencies and departments shall use technical standards that are developed or adopted by voluntary consensus standards bodies and shall also participate with such bodies in the development of technical standards when such participation is in the public interest and compatible with the agency and departmental missions, authorities, priorities, and budget resources.

OMB A–119 provides specific policy guidance to agencies on the appropriate interpretation of agency responsibilities under the NTTAA. Specifically, OMB A–119 establishes as government-wide policy that agencies ''must use voluntary consensus standards, both domestic and international, in its regulatory and procurement activities in lieu of government-unique standards, unless use of such standards would be inconsistent with applicable law or otherwise impractical.'' OMB A–119 explains that in determining whether use of existing voluntary consensus standards in its regulatory and procurement activities is otherwise impractical, '' 'Impractical' includes circumstances in which such use would fail to serve the agency's program needs; would be infeasible; would be inadequate, ineffectual, inefficient, or inconsistent with agency mission; or would impose more burdens, or be less useful, than the use of another standard.''

OMB A–119 further provides that ''voluntary consensus standards'' are standards developed or adopted by voluntary consensus standards bodies. OMB A–119 defines ''voluntary consensus standards body'' as maintaining the following attributes: (1) Openness; (2) Balance of interest; (3) Due process; (4) An appeals process; (5) Consensus; which is defined as general agreement, but not necessarily unanimity, and also includes a process for attempting to resolve objections by interested parties. The process requires that, as long as all comments have been fairly considered, each objector is advised of the disposition of his or her objection(s) and the reasons for the disposition, and the consensus body members are given an opportunity to change their votes after reviewing the comments. Voluntary consensus standards must include provisions requiring that owners of relevant intellectual property have agreed to make that intellectual property available to all interested parties on a nondiscriminatory, royalty-free, or reasonable royalty basis.

Other types of standards, that are distinct from voluntary consensus standards include the following: (1) Industry standards, company standards, non-consensus standards, or de facto standards which are developed in the private sector but not in the full consensus process of a voluntary consensus standards body; (2) Government-unique standards which are developed by the government for its own uses; (3) Standards mandated by statute such as those contained in the United States Pharmacopeia and the National Formulary, as referenced in 21 U.S.C. 351.

The term ''technical standards'' under 12(d)(4) of the NTTAA, means ''performance-based or design-specific technical specifications and related management systems practices''. When healthcare quality measures are used in a regulatory framework such as contemplated for the 2008 PQRI quality measures under the MIEA–TRHCA, we believe that such measures constitute ''technical standards'' as used in the NTTAA and that NTTAA applies to such measures.

Two consensus organizations are referenced in MIEA–TRHCA: the National Quality Forum (NQF) and the AQA. The NQF has a formal organizational structure and established processes that are intentionally designed to comply with the NTTAA and OMB A–119. Membership is open and includes physicians and other providers, hospital organizations, purchasers, researchers, payers, and employers. In achieving its determination of whether or not to endorse a standard, the NQF uses a formal process that consists of five principal steps that follow a project's conceptualization, prioritization, and

planning. The steps are: (1) Consensus Standard Development; (2) Widespread Review; (3) Member Voting and Member Council Approval; (4) Board of Directors Action; and (5) Evaluation that includes an appeals process. The NQF meets the NTTAA requirements for a voluntary consensus standards body within the meaning of the NTTAA and its endorsed healthcare quality measures constitute voluntary consensus standards within the meaning of NTTAA.

The AQA, also referenced in section 1848(k)(2) of the Act as a consensus organization for the purpose of identifying measures that have successfully completed review by a consensus organization, utilizes certain essential practices of a voluntary consensus standards body under NTTAA and the OMB A–119 relating to openness, balance of interest, and consensus. Of particular note is the breadth of formal participation among stakeholders that have an interest in healthcare quality measures dealing with physician care. Participants at AQA may vote without limitation as to which stakeholder category into which they may fall. Voting participation, for example, includes physicians, other providers, purchasers, payers, consumers, accrediting organizations, and employers. However, the AQA does not have a defined organizational structure intended to meet the requirements of the NTTAA and the OMB A–119 and has no formal due process or appeals structure. Therefore, the AQA does not meet the requirements of the NTTAA for a ''voluntary consensus standards body''.

By citing AQA as an example of an acceptable consensus organization, section 1848(k)(2)(B) of the Act establishes that AQA adoption satisfies the requirement of section 1848(k)(2)(B) of the Act that PQRI quality measures be adopted or endorsed by a consensus organization. We believe it follows that the Congress did not intend to require all 2008 quality measures under section 1848(k)(2)(B) of the Act to meet the requirements to be considered voluntary consensus standards under the NTTAA. However, by giving NQF and AQA as examples of consensus organizations, we believe the Congress intended that consensus organizations should, in the context of section 1848(k)(2)(B) of the Act, have a breadth of stakeholder involvement and voting participation substantially comparable to that of the NQF or AQA.

Inasmuch as we are unaware of any other organizations that engage in endorsement or adoption of healthcare quality measures for physician services that have the level of openness, balance of interest, and consensus based on voting participation, that is comparable to NQF or AQA, we propose to limit measures for inclusion as 2008 PQRI to measures that are endorsed or adopted by NQF or AQA. However, as elaborated in the policies we set forth below in this section, we invite comment as to other consensus organizations that may have a comparable level of consensus organization characteristics.

Given the overlap of NQF and AQA as consensus organizations under the MIEA–TRHCA, it is important to distinguish their roles. As currently established, the principal purpose of AQA for physician quality measures is to select among NQF endorsed measures for coordinated implementation. Unlike NQF, AQA is not established to serve as a ''voluntary consensus standards body'' under NTTAA. Therefore, the AQA is not established as an alternative or substitute for NQF endorsement processes as an entity organized to comply with the NTTAA and OMB A–119 requirements for a voluntary consensus standards body. However, during a time of rapid physician quality measures development and implementation, it is impractical to delay implementation of physician quality measures until the formal processes of NQF are completed. Therefore, AQA has been able to facilitate incorporation of new measures into the quality reporting system by providing consensus review acceptable under MIEA–TRHCA for implementation of a measure prior to actual NQF endorsement. In the event of a determination by NQF to decline endorsement of a particular measure after it had been adopted by AQA, we anticipate that AQA would withdraw its adoption of such a measure.

Turning to the requirement of a consensus-based process for developing quality measures, we propose to interpret this requirement in light of the NTTAA and the importance of broad consensus for health care quality measures used for regulatory purposes. In this context we will outline the process of health care quality measurement development and distinguish basic development steps from the completion of a consensus-based development process as required under MIEA–TRHCA.

Many organizations are involved in the development of health care quality measures including physician organizations, health care providers, Federal agencies, accreditation organizations, disease-focused not-for-profit organizations, research organizations, and health plans. The basic development processes of leading health care quality measure developers generally use standardized methods that include identification of a quality goal or gap, literature and evidence review, expert and technical evaluation, specification development, testing, organizational review, and that may include public comment.

In the framework of the NTTAA, upon completion of the basic development work, healthcare quality measures do not constitute voluntary consensus standards, even though they may have utilized consensus as a mechanism of achieving agreement among the developer's participants or within the developer's organizational structure. Rather, to achieve the status as a voluntary consensus standard under NTTAA, the measure must go through the additional development that occurs through the broader consensus process of consensus endorsement. During this process, based on the need to achieve agreement, quality measures are often modified in order to achieve the necessary broad consensus.

Consistent with this in concept but without proposing that 2008 PQRI measures be limited to those meeting the definition of a voluntary consensus standard under NTTAA, we interpret ''consensus-based process for developing measures'' as used in MIEA–TRHCA to encompass not only the basic development work of the formal measure developer, but also to include the achievement of consensus among stakeholders in the health care system based on at least a level of openness, balance of interest, and consensus reflected in the structures and processes of the NQF and AQA as of the date of enactment of MIEA–TRHCA and the date of publication of this proposed rule.

Based on the considerations previously discussed, we propose to apply the following policies in identifying measures that meet the MIEA–TRHCA requirements for having used a consensus-based process for development and the requirement for having been endorsed or adopted by a consensus organization such as the NQF or AQA, and that are appropriate for inclusion as 2008 measures:

(1) We interpret ''a consensus-based development process'' as meaning that in addition to the measure development, the measure has achieved adoption or endorsement by a consensus organization having at least the basic characteristics of the AQA as a consensus organization as of December 2006, when the MIEA–TRHCA incorporating reference to AQA was passed and signed into law. Those basic characteristics include a comparable

level of openness, balance of interest, and consensus based on voting participation. As discussed above and further clarified in points (3) and (5), we do not interpret ''consensus-based development process'' per section 1848(k)(2)(B) of the Act to require that the consensus organization or process meet all of the criteria of the NTTAA and OMB A–119 definition of a voluntary consensus standards body.

(2) ''Voluntary consensus standard'' is interpreted to mean a voluntary consensus standard that has been endorsed as such by a consensus organization that meets the requirements of the NTTAA, as implemented by OMB A–119, for a voluntary consensus standards body.

(3) Where there are available quality measures, and some of these measures meet the definition of ''voluntary consensus standards'' while others do not, those measures that meet the definition of ''voluntary consensus standards'' are preferred to other measures not meeting the requirements of the NTTAA.

(4) In view of the preference for voluntary consensus standards, if a measure has been specifically considered by NQF for possible endorsement but NQF has declined to endorse it as of November 15, 2007, we propose not to include it in the final set of 2008 PQRI Quality Measures.

(5) Although the AQA does not meet the requirements of the NTTAA for a voluntary consensus standards body, it is a consensus organization per section 1848(k)(2)(B) of the Act. In circumstances where no voluntary consensus standard (NQF-endorsed) measure is available, a quality measure that has been adopted by the AQA (or another consensus organization with comparable consensus-organization characteristics, will meet the requirements of MIEA–TRHCA is we determine that it is appropriate for eligible professionals to use to submit data.

(6) We are unaware of other consensus organizations that are comparable to the NQF in terms of meeting the formal requirements of the NTTAA or of organizations other than AQA that do not strictly meet the requirements of the NISTA as amended by the NTTAA but that feature the breadth of stakeholder involvement in the consensus process necessary to meet the intent of the MIEA–TRHCA. However, the MIEA–TRHCA does not limit consensus organizations to the NQF or the AQA, nor restrict the field of potential consensus organizations. The MIEA–TRHCA, thereby, maintains flexibility in potential sources of measure consensus review, which is, like having multiple sources of measure development, key to maintaining a robust marketplace for development and review of quality measures.

(7) The basic steps for developing the physician level measures may be carried out by a variety of different organizations. We do not interpret the MIEA–TRHCA to place special restrictions on the type or make up of the organizations carrying out this basic development of physician measures, such as restricting the initial development to physician-controlled organizations. Any such restriction would unduly limit the basic development of physician quality measures and the scope and utility of measures that may be considered for endorsement as voluntary consensus standards.

(8) The policies we propose are based on the preference as articulated in NTTAA and OMB A–119 for ''voluntary consensus standards'' to government standards, and a preference for quality measures that have achieved broad consensus among stakeholders in the health care system. However, the MIEA–TRHCA does not require that quality measures meet the NTTAA or OMB A–119 definition of ''voluntary consensus standards'' in order to be used for PQRI. Thus, though we prefer to use quality measures meeting the NTTAA and OMB A–119 criteria for voluntary consensus standards, neither this CMS preference nor the NTTA or OMB A–119 preclude CMS from selecting measures for PQRI based upon a lesser degree of consensus when necessary to meet CMS' program needs as determined by the Secretary.

c. Proposed 2008 PQRI Quality Measures

The identified measures we propose for 2008 would be made final as of the effective date of the final rule, and no changes (no additions or deletions of measures) will be made after that date. However, as was done for 2007, we may make modifications or refinements, such as code additions, corrections, or revisions, to the detailed specifications for the 2008 measures until the beginning of the reporting period. Such specification modifications may be made through the last day preceding the beginning of the reporting period. The 2008 measures specifications will be available on the PQRI section of the CMS Web site at *http://www.cms.hhs.gov/pqri* when they are sufficiently developed or finalized but in no event later than December 31, 2007. These detailed specifications will include instructions for reporting and identify the circumstances in which each measure is applicable.

For 2008, we propose PQRI Quality measures selected from measures listed in Tables 16 through 22, which fall into 7 broad categories as set forth below in this section. We welcome comments on the implications of including any given measure or measures proposed herein in the final 2008 PQRI quality measures.

(i) Measures Selected From the 2007 PQRI Quality Measures

We propose to retain and include in the final 2008 PQRI measures the following 2007 PQRI measures in Table 16 contingent on NQF endorsement of each such included measure by November 15, 2007. All 2007 PQRI measures have been considered or are under consideration for endorsement under NQF projects. Those 2007 PQRI measures that have been declined for endorsement are not included in the list of proposed measures for 2008. The measures in Table 16 include measures submitted by specialties, in compliance with section 1848(k)(2)(B) of the Act, for example, the measures for diabetic retinopathy (ophthalmology).

TABLE 16.—2007 PQRI MEASURES

Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus.
Low Density Lipoprotein Control in Type 1 or 2 Diabetes Mellitus.
High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus.
Screening for Future Fall Risk.
Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD).
Oral Antiplatelet Therapy Prescribed for Patients with Coronary Artery Disease.
Beta-blocker Therapy for Coronary Artery Disease Patients with Prior Myocardial Infarction (MI).
Heart Failure: Beta-blocker Therapy for Left Ventricular Systolic Dysfunction.
Antidepressant Medication During Acute Phase for Patients with New Episode of Major Depression.

TABLE 16.—2007 PQRI MEASURES—Continued

Medication Reconciliation.
Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older.
Characterization of Urinary Incontinence in Women Aged 65 Years and Older.
Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older.
Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation.
Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy.
Asthma: Pharmacologic Therapy.
Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports.
Stroke and Stroke Rehabilitation: Carotid Imaging Reports.
Primary Open Angle Glaucoma: Optic Nerve Evaluation.
Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy.
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care.
Perioperative Care: Timing of Antibiotic Prophylaxis—Ordering Physician.
Perioperative Care: Selection of Prophylactic Antibiotic—First or Second Generation Cephalosporin.
Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures).
Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (when indicated in All patients).
Osteoporosis: Management Following Fracture.
Osteoporosis: Communication with the Physician Managing Ongoing Care Post-Fracture.
Aspirin at Arrival for Acute Myocardial Infarction (AMI).
Electrocardiogram Performed for Non-Traumatic Chest Pain.
Electrocardiogram Performed for Syncope.
Vital Signs for Community-Acquired Bacterial Pneumonia.
Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia.
Assessment of Mental Status for Community-Acquired Bacterial Pneumonia.
Empiric Antibiotic for Community-Acquired Bacterial Pneumonia.
Asthma Assessment.
Perioperative Care: Timing of Prophylactic Antibiotics—Administering Physician.
Stroke and Stroke Rehabilitation: Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage.
Stroke and Stroke Rehabilitation: Discharged on Antiplatelet Therapy.
Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge.
Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Considered.
Stroke and Stroke Rehabilitation: Screening for Dysphagia.
Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services.
Dialysis Dose in End Stage Renal Disease (ESRD) Patients.
Hematocrit Level in ESRD Patients.
Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older.
Osteoporosis: Pharmacologic Therapy.
Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG) Surgery.
Preoperative Beta-blocker in Patients with Isolated Coronary Artery Bypass Graft (CABG) Surgery.
Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures).
Appropriate Treatment for Children with Upper Respiratory Infection (URI).
Appropriate Testing for Children with Pharyngitis.
Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow.
Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy.
Multiple Myeloma: Treatment with Bisphosphonates.
Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry.
Hormonal Therapy for Stage IC–III ER/PR Positive Breast Cancer.
Chemotherapy for Stage III Colon Cancer Patients.
Plan for Chemotherapy Documented Before Chemotherapy Administered.
Radiation Therapy Recommended for Invasive Breast Cancer Patients Who Have Undergone Breast Conserving Surgery.
Advance Care Plan.

Please note that measures specifications for 2007 PQRI measures may be updated or modified during the NQF endorsement process or may otherwise be modified prior to 2008. The 2008 PQRI measure specifications for any given measure may, therefore, be different from specifications for the same measure used for 2007. All specifications for 2008 measures must be obtained from the specifications document for 2008 measures, which will be available on the CMS PQRI Web site on or before December 31, 2007.

(ii) AMA–PCPI Measures

We propose to include measures in the final 2008 PQRI selected from those listed in Table 17 that are currently under development via the AMA–Physicians Consortium for Performance Improvement (PCPI) provided that they achieve NQF endorsement or AQA adoption by November 15, 2007. We propose to select from among these measures based upon development completion in a sufficiently timely manner that implementation for 2008 would be practical, their importance in relation to quality goals, their meaningfulness as measures of quality, their utility in the PQRI program such as through augmenting the scope of services provided by eligible practitioners to which PQRI measures apply, the degree to which they meet the needs of the Medicare program, and their functionality in terms of their ability to be collected and calculated in the PQRI program.

TABLE 17.—AMA/PCPI MEASURES

Prevention of Ventilator-Associated Pneumonia—Head elevation.

TABLE 17.—AMA/PCPI MEASURES—Continued

Stress Ulcer Disease (SUD) Prophylaxis in Ventilated patients.
Prevention of Catheter-Related Bloodstream Infections in Ventilated patients—Catheter Insertion Protocol.
Perioperative Temperature Management for Surgical Procedures Under General Anesthesia.
Assessment of Thromboembolic Risk Factors in patients with Atrial Fibrillation.
Chronic Anticoagulation in patients with Atrial Fibrillation.
Monthly INR Measurements in patients with Atrial Fibrillation.
GFR Calculation in patients with Chronic Kidney Disease (CKD).
Blood Pressure Measurement in patients with CKD.
Plan of Care for patients with CKD and Elevated Blood Pressure.
ACE Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy in patients with CKD.
Calcium, Phosphorus and Intact Parathyroid Hormone Measurement in patients with CKD.
Lipid Profile in patients with CKD.
Hemoglobin Monitoring in patients with CKD.
Erythropoietin Overuse in patients with CKD and normal Hemoglobin.
Influenza Vaccination in patients with End Stage Renal Disease (ESRD).
Vascular Access for patients Undergoing Hemodialysis.
Permanent Catheter Vascular Access for patients Receiving Hemodialysis.
Plan of Care for ESRD patients with Anemia.
Plan of Care for Inadequate Hemodialysis in ESRD patients.
Plan of Care for Inadequate Peritoneal Dialysis.
Assessment of GERD Symptoms in Patients Receiving Chronic Medication for GERD.
Testing of patients with Chronic Hepatitis C (HCV) for Hepatitis C Viremia.
Initial Hepatitis C RNA Testing.
HCV Genotype Testing Prior to Therapy.
Consideration for Antiviral Therapy in HCV Patients.
HCV RNA Testing at Week 12 of Therapy.
Hepatitis A and B Vaccination in patients with HCV.
Counseling patients with HCV Regarding Use of Alcohol.
Counseling of patients Regarding Use of Contraception Prior to Starting Antiviral Therapy.
Patients who have Major Depression Disorder who meet DSM IV Criteria.
Patients who have Major Depression Disorder who are assessed for suicide risks.
Patients with Osteoarthritis who receive Anti-Inflammatory or Analgesia Medication.
Patients with Osteoarthritis who have an assessment of their pain and function.
Patients with Acute Otitis Externa (AOE) or Otitis Media with Effusion (OME) who receive Topical Therapy.
Patients with AOE/OME who have a pain assessment.
Patients with AOE/OME who are inappropriately prescribed antimicrobials.
Patients with AOE/OME who have an assessment of tympanic membrane mobility.
Patients with AOE/OME who undergo hearing testing.
Patients with AOE/OME who inappropriately receive antihistamines/decongestants.
Patients with AOE/OME who inappropriately receive systemic antimicrobials.
Patients with AOE/OME who inappropriately receive systemic steroids.
Breast cancer patients who have a pT and pN category and histologic grade for their cancer.
Colorectal cancer patients who have a pT and pN category and histologic grade for their cancer.
Documentation of hydration status in Pediatric Patients with Acute Gastroenteritis (PAG).
Weight measurement in patients with PAG.
Recommendation of appropriate oral rehydration solution in PAG patients.
Education parents of PAG patients.
Perioperative Cardiac risk assessment (history).
Perioperative Cardiac risk assessment (current symptoms).
Perioperative Cardiac risk assessment (physical examination).
Perioperative Cardiac risk assessment (electrocardiogram).
Perioperative Cardiac risk assessment (continuation of Beta Blockers).
Appropriate initial evaluation of patients with Prostate Cancer.
Inappropriate use of Bone Scan for staging Low-Risk Prostate Cancer patients.
Review of treatment options in patients with clinically localized Prostate Cancer.
Adjuvant Hormonal therapy for High-risk Prostate Cancer patients.
Three-dimensional radiotherapy for patients with Prostate Cancer

(iii) Nonphysician Measures Currently Under Development

We propose to include measures in the final 2008 PQRI quality measures selected from those listed in Table 18 that are currently under development by Quality Insights of Pennsylvania (under the Medicare Quality Improvement Organization (QIO) contract for the State of Pennsylvania) and that achieve NQF endorsement or AQA adoption by November 15, 2007. We propose to select from among these measures based upon: Development completion in a sufficiently timely manner that implementation for 2008 would be practical; their importance in relation to quality goals; their meaningfulness as measures of quality; their utility in the PQRI program such as through augmenting the scope of services provided by eligible professionals to which PQRI measures apply; the degree to which they meet the needs of the Medicare program and their functionality in terms of ability to be collected and calculated in the PQRI program.

TABLE 18.—QUALITY INSIGHTS OF PENNSYLVANIA NONPHYSICIAN MEASURES

Universal Weight Screening (BMI).
Universal Weight Screening Follow-up (BMI).
Universal Hypertension Screening.
Universal Hypertension Screening Follow-up.

TABLE 18.—QUALITY INSIGHTS OF PENNSYLVANIA NONPHYSICIAN MEASURES—Continued

Universal Influenza Vaccine Screening and Counseling.
Universal Documentation and Verification of Current Medications in the Medical Record.
Screening for Clinical Depression.
Screening for Cognitive Impairment.
Patient Co-development of Treatment Plan.
Patient Co-development of Plan of Care.
Pain Assessment Prior to Initiation of Patient Treatment.

(iv) Structural Measures Currently Under Development

We propose to include measures in the final 2008 PQRI measures selected from the structural measures listed in Table 19 that are currently under development by Quality Insights of Pennsylvania (under the Medicare QIO contract for the State of Pennsylvania) and that achieve NQF endorsement or AQA adoption by November 15, 2007. These measures meet the requirement of section 1848 (k)(2)(B)(i) of the Act that the quality reporting system for 2008 include structural measures.

TABLE 19.—QUALITY INSIGHTS OF PENNSYLVANIA STRUCTURAL MEASURES

HIT—Adoption/Use of E-Prescribing
HIT—Adoption/Use of Health Information Technology (Electronic Health Records)

(v) Additional AQA Starter-Set Measures

We propose to include measures in the final 2008 PQRI measures selected from the AQA starter set that were not included in the 2007 PQRI quality measures but that are relevant to Medicare beneficiaries. Specifications necessary for PQRI reporting of these measures will be completed for such measures by November 15, 2007, and posted on the CMS Web site. Each of the AQA starter-set measures that is identified in Table 20 we propose to include in the 2008 PQRI quality measures provided it retains NQF endorsement and AQA adoption as of November 15, 2007.

TABLE 20.—ADDITIONAL AQA STARTER-SET MEASURES

Dilated eye exam in diabetic patient.
Beta-Blocker Therapy (persistent for 6 months or more)—Post MI.
Screening Mammography.
Colorectal Cancer Screening.
Inquiry regarding Tobacco Use.
Advising Smokers to Quit.

(vi) Other NQF-Endorsed Measures

We propose to include in the final 2008 PQRI measures other measures endorsed by the NQF that were not included in the 2007 PQRI quality measures but that are relevant to Medicare beneficiaries, address overuse/misuse of pharmacologic therapy, and that expand the specialty applicability and patient population. Specifications necessary for PQRI reporting of these measures will be completed for such measures by November 15, 2007, and posted on the CMS Web site. We propose to include in the 2008 PQRI quality measures each of the NQF-endorsed measures identified in Table 21 provided it retains NQF endorsement as of November 15, 2007.

TABLE 21.—OTHER NQF-ENDORSED MEASURES

Inappropriate antibiotic treatment for adults with acute bronchitis.
Disease Modifying Anti-rheumatic Drug Therapy in Rheumatoid Arthritis.
Angiotensin Converting Enzyme Inhibitor (ACE) or Angiotensin Receptor Blocker (ARB) Therapy for patients with coronary artery disease and diabetes and/or left ventricular systolic dysfunction (LSVD).
Urine screening for microalbumin or medical attention for nephropathy in diabetic patients.
Annual Therapeutic monitoring for patients on the following persistent medications: • Angiotensin Converting Enzyme Inhibitor (ACE)/Angiotensis Receptor Blocker (ARB); • Digoxin; • Diuretics; • Anticonvulsants; and • Statins.
Influenza vaccination for patients ≥ 50 years old.
Pneumonia vaccination for patients 65 years and older.

(vii) Podiatric Measures

We propose to include measures in the final 2008 PQRI quality measures selected from those listed in Table 22 that are currently under development by the American Podiatric Medical Association and that achieve NQF endorsement or AQA adoption by November 15, 2007. We propose to select from among these measures based upon development completion of the measures in a sufficiently timely manner that implementation for 2008 would be practical.

TABLE 22.—PODIATRIC MEASURES

Diabetic Foot and Ankle Care, Peripheral Neuropathy: Neurological Evaluation.

TABLE 22.—PODIATRIC MEASURES—Continued

Diabetic Foot and Ankle Care, Peripheral Arterial Disease: Ankle Brachial Index (ABI) Measurement.
Diabetic Foot and Ankle Care, Ulcer Prevention: Evaluation of Footwear.

d. Addressing a Mechanism for Submission of Data on Quality Measures Via a Medical Registry or Electronic Health Record

Section 1848(k)(4) of the Act, as amended by the MIEA–TRHCA, requires that ''as part of the publication of proposed and final quality measures for 2008 under clauses (i) and (iii) of paragraph (2)(B), the Secretary shall address a mechanism whereby an eligible professional may provide data on quality measures through an appropriate medical registry''.

A medical registry, which is also often referred to as a ''clinical registry'' or ''clinical data registry'', henceforth ''registry'', may be broadly defined as a file of documents containing uniform information about a defined population of individual persons or events, collected using an observational study design in a systematic way, in order to serve a predetermined scientific, clinical, or policy purpose. It is generally agreed that clinical data registries are one potential means to measure and report physician and other eligible professionals' performance for purposes of quality improvement, public reporting, quality based payment, continuous certification, and credentialing. Other possible uses of

data collected by a registry include satisfying requirements for maintenance of professional or specialty board certification status, and ongoing improvement of professional performance.

The MIEA–TRHCA lists the Society of Thoracic Surgeons (STS) National Database registry as an example of a registry. The STS registry collects outcomes and quality data on cardiac surgeries. The data output provides an analysis of the participant's adult cardiac surgery outcomes, resulting in a benchmarking of each participant's data against regional and national outcomes. The STS registry currently collects data on two PQRI quality measures that have been adapted from existing STS measures. These two measures are: Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG) Surgery; and Pre-operative Beta-blocker in Patient with Isolated Coronary Artery Bypass Graft (CABG) Surgery.

To be eligible for the incentive payment under MIEA–TRHCA, cardiac and thoracic surgeons who report data to the STS registry will in 2007 and 2008 still find it necessary under PQRI to report quality data with reference to those same measures through the claims process. To avoid duplication of data submission and to support the use of registries, generally, we believe that it would be desirable to establish a mechanism whereby the quality data relevant to PQRI measures could be reported from the registries, on behalf of eligible professionals.

At this point, it is unclear which registries currently collect or plan to collect data for PRQI quality measures and which approach or approaches should be utilized to allow registries to report quality data to PQRI. For this reason, in 2008, we anticipate evaluating and testing the mechanisms to use registries for the reporting of PQRI quality data. We plan to use the results of this evaluation and testing to determine whether and how to implement the use of registries for the reporting of quality data in the future.

In concept, we anticipate that upon implementation of registry-based quality data reporting, eligible professionals would be able to provide data on PQRI quality measures through an appropriate medical registry by authorizing or instructing the registry to submit data on their behalf. Thus, the registry would act as a data submission vendor for the eligible professional. A ''data submission vendor'' is defined as an entity that has permission from the eligible professional to provide medical registry data to the Quality Reporting System developed per the statute. The registry, acting as such a data submission vendor, would submit data to the CMS clinical data warehouse component of the Quality Reporting System, using a CMS-specified record layout based on the quality measures' specifications as published by CMS. For purposes of this proposed rule, the term, ''CMS clinical data warehouse,'' is defined as a clinical data warehouse designated by CMS.

For 2008, we expect to explore at least the five different data submission options described below, and to test in CY 2008 one or more of these options. There are several data formats and analytical options that we see as potentially available to fulfill the objectives of registry inclusion in PQRI. These options vary with regard to whether individual beneficiary-level data is submitted by the registry, as well as to the number and type of data elements needed from the registry.

Option 1: Registries provide the quality-data codes required for a particular PQRI measure plus beneficiary/service identifier information needed to link the registry data to Medicare Part B claims. The beneficiary/service identifiers would be used to pull in the denominator data by CMS. All non-registry analytics payment information and diagnosis would come from claims. Reporting/performing rates would be calculated from the registry-submitted data.

Examples of data elements needed from a registry are:

- Beneficiary HIC Number
- Beneficiary Date of Birth
- Date of Service
- NPI and Tax ID
- CPT category II and G codes and modifiers
- Clinical data elements required to compute the appropriate CPT category II codes, G codes and modifiers

Option 2: Registries provide the quality codes and diagnosis codes. We would use claims to capture the payment information at the NPI/Tax ID level. The beneficiary-specific information is de-identified. All PQRI reporting and performance calculations would be performed using registry data. Payment information would be extracted from Medicare claims. The registries would be required to add data elements to the database to allow collection of appropriate codes.

Examples of data elements needed from a registry:

- Beneficiary/procedure level data (ICD–9 and CPT codes)
- HCPCS codes (G-codes and CPT category II codes and modifiers)
- NPI and Tax ID

Option 3: Registries calculate the reporting and performance rates for Medicare beneficiaries only, and submit these rates to CMS (that is, aggregate information by NPI within a Tax ID). We assume no beneficiary-level information will be shared. Registries would be required to add data elements to the database to allow collection of appropriate quality-data codes or clinical data needed to compute the quality-data codes. Registries would be required to perform the necessary calculations to be able to submit completed numerator/denominators for both reporting and performance rates.

Option 4: Registries provide all of the claims data elements as submitted using the Part B claims process. We perform all rate calculations.

Examples of data elements needed from a registry include the following:

- Line Item TIN
- Line Item Individual NPI
- Line Item Group NPI
- Claim Beneficiary Claim Account Number (CAN)
- Claim Beneficiary Identification Code (BIC)
- Claim Date of Birth
- Line Item First Expense Date
- Line Item Last Expense Date
- Line Item Diagnosis Code
- Line Item HCPCS (HCPCS Level 1, CPT Category I, CPT Category II, HCPCS Level 2 G Codes)
- Line Item Initial Modifier Code
- Line Item Secondary Modifier Code
- Claim CMS Claims Processing Date
- Claim Overall Allowable Charges
- Line Item Allowable Charges
- Claim Gender
- Claim Carrier Number
- Claim Control Number
- Claim Final Action Status
- Claim Carrier Claim Receipt Date
- Claim Payment Denial Code
- Line Item Procedure Indicator Code
- Line Item Carrier Locality Code
- Line Item Provider State Code
- Line Item Place of Service
- Line Processing Indicator Code

Option 5: Registry data dump for Medicare beneficiaries *only;* for all information in the registry for the service period of interest. There is an assumption that the registry is able to submit either: (1) the ICD–9, HCPCS, and CPT category II codes and exclusions as stated in the measures specifications; or (2) supply the clinical information needed for CMS to make those judgments (eligibility and quality of care). We would be required to use a series of linkage algorithms to attempt to connect the registry data with the matching claims.

Examples for linkage of registry data to the corresponding Medicare Part B claims include some combination of:

- Beneficiary-level identifiers: HIC (or SSN), DOB, gender
- Procedure-level identifiers: date of service (or procedure date)
- Provider identifiers: NPI, Tax ID, or even UPIN

For CMS to maintain compliance with applicable statutes, including but not limited to HIPAA, the registry must maintain compliance with HIPAA requirements for processing, storing, and transmitting data. To be considered an appropriate registry from which we can accept and process data for the purposes of calculating PQRI measures, a registry must also comply with the Consolidated Health Informatics Initiative (CHI) standards adopted by the Federal government, and therefore, applicable to the HHS. A description of the CHI, including its purpose, Federal member agencies, and the specific standards adopted by the Federal government, is available on the HHS Office of the National Coordinator for Health Information Technology (ONC) Web site at *http://www.hhs.gov/healthit/chiinitiative.html.*

Upon determination of the preferred option and conclusion of the testing phase for registry-based reporting to PQRI, we anticipate that all necessary information and instructions will be made available on the PQRI section of the CMS Web site at *http://www.cms.hhs.gov/pqri.* This information will include at a minimum: (a) The exact data elements needed and the CMS-specified record layout for transmitting the data to the CMS clinical data warehouse; and (b) a detailed description of the proposed CMS infrastructure for accepting registry-based submission of PQRI quality data, including, but not limited to, electronic data exchange specifications, and applicable processes for authenticating registry users for access to the warehouse submission interface.

We anticipate requesting that registries interested in participating in the testing of the registry-based quality data submission mechanism will be invited to self-nominate via a simple process that will be published on the PQRI section of the CMS Web site, and via one or more additional CMS communication venues, in the fourth quarter of 2007. We propose and expect to begin testing with the registries in the first quarter of 2008.

We plan to select for testing, from the self nominees, a group of registries that are HIPAA and CHI compliant and technically capable of interfacing with the CMS clinical warehouse electronic data exchange interface (EDI). The number of registries selected for testing may be all that are technically capable or may need to be limited to some or all of those that already contain key minimum data elements on at least a test basis, depending on the number of registries falling into these categories and on the actual level of complexity and effort required for the testing from the CMS data infrastructure. (Experience with other initiatives has suggested that some data submission vendors and their software are more easily interfaced and tested with the CMS data warehouse EDI than others.)

We invite comments on these plans for evaluation and testing mechanisms for registry-based quality-data reporting to PQRI with reference to the 5 data submission options described. We also invite comments on appropriate validation methodologies for reporting and performance rates.

In addition to the testing of registry-based submission of quality data, CMS is considering for 2008 the feasibility and utility of accepting clinical quality data submitted from EHRs. For 2008, we plan to consider accepting EHR-extracted clinical data for a limited number of ambulatory-care PQRI measures for which data may also be submitted under the current Doctors Office Quality–Information Technology (DOQ–IT) Project. The listing of and specifications for DOQ–IT ambulatory-care measures are available at *http://www.qualitynet.org,* under the subsidiary headings Physician Offices, Doctors Office Quality Information Technology (DOQ–IT), Ambulatory-Care Measures. If implemented in 2008, the EHR-based submission of PQRI/DOQ–IT overlapping ambulatory-care measures would serve as an alternative method to claims-based reporting of submitting quality data for those measures, not a required method.

2. Section 110—Reporting of Anemia Quality Indicators (§ 414.707(b))

[If you choose to comment on issues in this section, please include the caption ''TRHCA—SECTION 110: ANEMIA QUALITY INDICATORS'' at the beginning of your comments.]

Medicare Part B provides payment for certain drugs used to treat anemia. Anemia is common in cancer patients and may be caused by the cancer itself or by various anti-cancer treatments, including chemotherapy, radiation therapy and surgical therapy. Anemia occurs when the number of red blood cells is reduced by an anti-cancer treatment. This happens due to the effect of chemotherapy or radiation therapy on the bone marrow, wherein red blood cells are produced by dividing precursor cells. This chemotherapy effect is commonly referred to as ''bone marrow suppression.'' Anemia may also result from blood loss in association with surgical therapy for the cancer.

Anemia adversely impacts the quality of life for beneficiaries being treated for cancer. Fatigue and reduced performance capacity are the side effects of anemia that cancer patients report as the most disabling and contributing to poor quality of life. The treatment of anemia in cancer patients commonly includes the use of drugs, specifically erythropoiesis stimulating agents (ESAs) such as recombinant erythropoietin and darbepoietin. Although other pharmacologic interventions are available, ESAs have received the greatest attention. Notably, recent research has raised concerns that these drugs may be associated with significant adverse effects including a higher risk of mortality in some populations, possibly related to the amount of drug administered.

In 2006, we implemented a revised ESA claims monitoring policy based on the last hemoglobin or hematocrit value from the preceding month on Medicare claims for payment of ESAs administered to beneficiaries with anemia due to ESRD receiving dialysis treatments in facilities. For many years prior, we have required the reporting of these red blood cell indicators by ESRD facilities to ensure that the beneficiaries' anemia was addressed.

Section 110 of the MIEA–TRHCA amends section 1842 of the Act by adding a new subsection (u) that reads as follows: ''Each request for payment, or bill submitted, for a drug furnished to an individual for the treatment of anemia in connection with the treatment of cancer shall include (in a form and manner specified by the Secretary) information on the hemoglobin or hematocrit levels for the individual.'' Section 110 of the MIEA–TRHCA requires such reporting for drugs furnished on or after January 1, 2008. In addition, subsection (b) directs the Secretary to use the rulemaking process under section 1848 of the Act to address the implementation of this requirement.

By requiring the reporting of the anemia quality indicators in cancer patients undergoing treatment for anemia, we will facilitate assessment of the quality of care for this condition. We will use the information reported to help determine the prevalence and severity of anemia associated with cancer therapy, the clinical and hematologic responses to the institution of anti-anemia therapy, and the outcomes associated with various doses of anti-anemia therapy.

While not specifically addressing other indications, the recent research on the adverse effects of ESAs in patients with cancer does raise concerns as to whether patients receiving ESAs for other conditions, such as in the treatment of HIV–AIDS and for some surgical patients, are also at higher risk. While not required by this statute, we are requesting public comment on the potential of expanding this regulation to include all uses of ESAs.

3. Section 104—Extension of Treatment of Certain Physician Pathology Services Under Medicare

[If you choose to comment on issues in this section, please include the caption ''TRHCA—SECTION 104: PHYSICIAN PATHOLOGY SERVICES'' at the beginning of your comments.]

The TC of physician pathology services refers to the preparation of the slide involving tissue or cells that a pathologist will interpret. (In contrast, the pathologist's interpretation of the slide is the PC service. If this service is furnished by the hospital pathologist for a hospital patient, it is separately billable. If the independent laboratory's pathologist furnishes the PC service, it is usually billed with the TC service as a combined service.)

In the CY 2000 PFS final rule, we stated that we would implement a policy to pay only the hospital for the TC of physician pathology services furnished to hospital patients. Before that provision, any independent laboratory could bill the carrier under the PFS for the TC of physician pathology services for hospital patients. As stated in the CY 2000 PFS final rule, this policy has contributed to the Medicare program paying twice for the TC service, first through the inpatient prospective payment rate to the hospital where the patient is an inpatient and again to the independent laboratory that bills the carrier, instead of the hospital, for the TC service.

Therefore, in the CY 2000 PFS final rule, in § 415.130 we specified that for services furnished on or after January 1, 2001, the carriers would no longer pay claims to the independent laboratory under the PFS for the TC of physician pathology services for hospital patients.

Ordinarily, the provisions in the PFS final rule are implemented in the following year. However, in this case, the change to § 415.130 was delayed one year (until January 1, 2001), at the request of the industry, to allow independent laboratories and hospitals sufficient time to negotiate arrangements. Moreover, our full implementation of § 415.130 was further delayed through CY 2006.

In the CY 2007 PFS final rule with comment period (71 FR 69700), we announced that beginning January 1, 2007, we would no longer allow the carriers to pay the independent laboratory for the TC of physician pathology services to hospital patients. In effect, we would be implementing the provisions of the CY 2000 PFS final rule whose implementation had been delayed by section 542 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (Pub. L. 106–554) (BIPA) and section 732 of the MMA.

Subsequent to publication of the CY 2007 PFS final rule with comment period, the MIEA–TRHCA was enacted. Section 104 of the MIEA–TRHCA provided for an additional 1 year extension to allow carriers to continue to pay independent laboratories under the PFS for the TC portion of physician pathology services furnished to patients of a covered hospital.

Consistent with this legislative change we are amending § 415.130(d) to reflect that for services furnished after December 31, 2007, an independent laboratory may not bill the carrier for physician pathology services furnished to a hospital inpatient or outpatient.

4. Section 201—Extension of Therapy Cap Exception Process

[If you choose to comment on issues in this section, please include the caption ''TRHCA—SECTION 201: THERAPY CAPS'' at the beginning of your comments.]

Section 1833(g)(1) of the Act applies an annual per beneficiary combined cap beginning January 1, 1999, on outpatient physical therapy and speech-language pathology services, and a similar separate cap on outpatient occupational therapy services. These caps apply to expenses incurred for the respective therapy services under Medicare Part B, with the exception of outpatient hospital services. The caps were implemented from January 1, 1999 through December 31, 1999, from September 1, 2003 through December 7, 2003, and beginning January 1, 2006 (with an exception process). In CY 2000 through CY 2002, and from December 8, 2003 through December 31, 2005, the Congress placed moratoria on implementation of the caps. Section 1833(g)(2) of the Act provides that, for CY 1999 through CY 2001, the caps were $1500, and for the calendar years after 2001, the caps are equal to the preceding year's cap increased by the percentage increase in the Medicare Economic Index (MEI) (except that if an increase for a year is not a multiple of $10, it is rounded to the nearest multiple of $10).

Section 5107(a) of the DRA required the Secretary to develop an exceptions process for the therapy caps effective for expenses incurred during CY 2006. Details of the CY 2006 exceptions process were published in a manual change on February 13, 2006 (CR4364 consists of Transmittal 855, Transmittal 47, and Transmittal 140). Section 201 of the MIEA–TRHCA extended the exceptions process to apply for expenses incurred through December 31, 2007. Therapy cap exception policies for 2007 were specified in Change Request 5478 which consists of three transmittals with current numbers of—

- Transmittal 1145CP, Pub. 100–04;
- Transmittal 63BP, Pub. 100–02; and
- Transmittal 181PI, Pub. 100–08.

The transmittals are incorporated into the Internet Only Manuals available at *http://www.cms.hhs.gov/Manuals* and are also available on our Web site at *http://www.cms.hhs.gov/Transmittals/*.

In accordance with the statute as amended by the MIEA–TRHCA, we will continue to implement therapy caps, but the exceptions process will no longer be applicable, for expenses incurred beginning on January 1, 2008. The dollar amount of the therapy caps in CY 2008 will be the CY 2007 rate ($1,780) increased by the percentage increase in the MEI.

As noted previously in this section, under current law therapy caps will continue to apply to expenses incurred for therapy services after December 31, 2007, with one exception. That is, the therapy caps will remain inapplicable to expenses incurred for therapy services furnished in the outpatient hospital setting as provided in section 1833(g) of the Act.

5. Section 101(d)—Physician Assistance and Quality Initiative (PAQI) Fund

[If you choose to comment on issues in this section, please include the caption ''TRHCA—SECTION 101(d): PAQI'' at the beginning of your comments.]

Section 1848(1) of the Act, as added by section 101(d) of the MIEA–TRHCA requires the Secretary to establish a Physician Assistance and Quality Initiative Fund (PAQI) which shall be available for physician payment and quality improvement initiatives, which may include application of an adjustment to the update of the PFS CF. The provision makes available $1.35 billion to the Fund for services furnished during 2008. Specifically, the provision directs the Secretary to provide for expenditures from the Fund

in a manner designed to provide (to the maximum extent feasible) for the obligation of the entire $1.35 billion for payment for physicians' services furnished during CY 2008. The provision also requires that if expenditures from the Fund are applied to, or otherwise affect, a conversion factor for a year, the conversion factor for a subsequent year shall be computed as if the adjustment to the conversion factor had never occurred.

As the legislation indicates, this Fund can be used to either buy down the negative update to the fee schedule or for quality improvement initiatives. We believe it is essential that Medicare continue to encourage improvement in the efficiency and quality of health care delivered to Medicare beneficiaries. Therefore, we are proposing that the $1.35 billion be used to fund bonus payments to be made during 2009 for physician reporting of measures during 2008. Specifically, we propose that the physician quality initiative for 2008 be structured and implemented in the same manner as the 2007 PQRI with regard to the professionals eligible to participate in the program, reporting quality measures via claims submission, and the standards for satisfactory reporting. If, as discussed in section II.T.1 of this proposed rule, we determine that a quality measure reporting mechanism based on EHRs can be effectively implemented in 2008, we would plan to also offer eligible professionals the option of reporting quality measures via such EHR-based mechanism based in lieu of claims-based reporting. If the EHR-based reporting mechanism is implemented for 2008, we would expect to apply to professionals opting to report via that mechanism the same standards for satisfactory reporting as are applicable to professionals reporting quality measures via claims.

The differences between 2007 and 2008 that we currently anticipate are noted below in this section. As we monitor the implementation of the 2007 PQRI and possibly make refinements to the 2007 program, we anticipate that such refinements would also apply under the 2008 program. Such refinements, should they be needed, will be noted with guidance linked from the CMS quality reporting Web site at *http://www.cms.hhs.gov/PQRI/01_Overview.asp#TopOfPage*.

As with the 2007 PQRI, we are proposing that eligible professionals who successfully report a designated set of quality measures in 2008 may earn a bonus payment of a percentage of total allowed charges for covered Medicare services, subject to a cap based on the volume of quality reporting. In contrast to 2007, we propose that physicians could report applicable measures for services furnished from January 1, 2008 through December 31, 2008, and allowed charges during such period would be the basis for calculating the bonus payments. We propose that the 2008 measures that we finalize in the PFS final rule would apply for 2008. We also propose to estimate all of the bonus payments that would be payable to physicians using the same method as the one used for reporting during 2007 and to calculate the amount of the bonus payment, after the close of 2008 reporting period. Given that we are proposing to use the PAQI Fund for the 2008 PQRI program, we also propose that the bonus payments to individual physicians be subject to an aggregate cap of $1.35 billion. Because we are proposing to scale aggregate payments to physicians in a manner such that Medicare would pay $1.35 billion during 2009 for measures reported for services furnished during 2008, we are unable to provide an exact percentage for the bonus payment at this time. However, we anticipate that the bonus payments will be approximately 1.5 percent of allowed charges for participating professionals (and we do not expect that the ultimate percentage amount will exceed 2 percent).

Medicare payment systems need to encourage reliable, high quality and efficient care, rather than making payment simply based on the quantity of services provided and resources consumed. This approach allows CMS to fully expend the $1.35 billion fund and further the goal of improving quality and efficiency by utilizing the infrastructure that both physicians and Medicare have invested in for the 2007 PQRI. We believe implementing this Fund through an extension of the PQRI program is the best way to ensure physicians get the greatest benefit from the Fund's resources while ensuring that the Fund is being used to increase quality and efficiency of care for Medicare beneficiaries.

We recognize that there is an alternative approach to using this fund. That is, the $1.35 billion could be used in some manner to reduce the update to the PFS of −9.9 percent that is projected for 2008. However, there are fundamental legal and operational problems with this approach that make it not feasible. The $1.35 billion is a fixed dollar amount. Once the amount is reached, there is no authority to pay any more than that amount. Medicare is an entitlement program that covers medically necessary services for eligible beneficiaries, but such coverage is not limited to a fixed dollar amount for a year. While we estimate that the $1.35 billion would reduce the negative update by approximately two percentage points, actual spending could be above or below the estimate. To insure that we do not exceed the Fund amount, we would have to estimate an amount to reduce the update by that is low enough to ensure the $1.35 billion funding cap is not exceeded. While this approach might reduce the 2008 negative update, it could still leave money in the Fund, and we would be faced with the same problem of how to spend such remaining funds in the future. Therefore, as previously stated, we believe the best use of the Fund is to apply it to extend PQRI into 2008.

6. Section 108—Payment Process Under the Competitive Acquisition Program (CAP)

[If you choose to comment on issues in this section, please include the caption ''TRHCA—SECTION 108: CAP'' at the beginning of your comments.]

Section 108 of the MIEA–TRHCA made changes to the CAP Payment methodology. Section 108(a)(1) of the MIEA–TRHCA amended section 1847B(a)(3)(A)(iii) of the Act by adding new language which requires that payment for drugs and biologicals shall be made upon receipt of a claim for a drug or biological supplied for administration to a beneficiary.

Section 108(a)(2) of the MIEA–TRHCA required the Secretary to establish (by program instruction or otherwise) a post-payment review process (which may include the use of statistical sampling) to assure that payment is made for a drug or biological only if the drug or biological has been administered to a beneficiary. The Secretary shall recoup, offset, or collect any overpayments determined by the Secretary under this process.

Section 108(b) of the MIEA–TRHCA, Construction, states that nothing in this section shall be construed as requiring the conduct of any additional competition under section 1847B(b)(1) of the Act; or requiring an additional physician election process.

Section 108(c) of the MIEA–TRHCA states that the amendments of this section apply to payments for drugs and biologicals supplied (1) on or after April 1, 2007, and (2) on or after July 1, 2006 and before April 1, 2007, for claims that are unpaid as of April 1, 2007.

III. Fee Schedule for Payment of Ambulance Services Update for CY 2007; Ambulance Inflation Factor Update for CY 2008; and Proposed Revisions to the Publication of the Ambulance Fee Schedule (§ 414.620)

[If you choose to comment on issues in this section, please include the caption ''AMBULANCE SERVICES'' at the beginning of your comments.]

Under the ambulance fee schedule, the Medicare program pays for transportation services for Medicare beneficiaries when other means of transportation are contraindicated. Ambulance services are classified into different levels of ground (including water) and air ambulance services based on the medically necessary treatment provided during transport. These services include the following levels of service:

For Ground—

- Basic Life Support (BLS)
- Advanced Life Support, Level 1 (ALS1)
- Advanced Life Support, Level 2 (ALS2)
- Specialty Care Transport (SCT)
- Paramedic ALS Intercept (PI)

For Air—

- Fixed Wing Air Ambulance (FW)
- Rotary Wing Air Ambulance (RW)

A. History of Medicare Ambulance Services

1. Statutory Coverage of Ambulance Services

Under sections 1834(l) and 1861(s)(7) of the Act, Medicare Part B covers and pays for ambulance services, to the extent prescribed in regulations, when the use of other methods of transportation would be contraindicated by the beneficiary's medical condition. The House Ways and Means Committee and Senate Finance Committee Reports that accompanied the 1965 Social Security Amendments suggest that the Congress intended that—

- The ambulance benefit cover transportation services only if other means of transportation are contraindicated by the beneficiary's medical condition; and
- Only ambulance service to local facilities be covered unless necessary services are not available locally, in which case, transportation to the nearest facility furnishing those services is covered (H.R. Rep. No. 213, 89th Cong., 1st Sess. 37 and Rep. No. 404, 89th Cong., 1st Sess. Pt 1, 43 (1965)).

The reports indicate that transportation may also be provided from one hospital to another, to the beneficiary's home, or to an extended care facility.

2. Medicare Regulations for Ambulance Services

Our regulations relating to ambulance services are set forth at 42 CFR part 410, subpart B and 42 CFR part 414, subpart H. Section 410.10(i) lists ambulance services as one of the covered medical and other health services under Medicare Part B. Therefore, ambulance services are subject to basic conditions and limitations set forth at § 410.12 and to specific conditions and limitations as specified in § 410.40. Part 414, subpart H, describes how payment is made for ambulance services covered by Medicare.

3. Transition to National Fee Schedule

The national fee schedule for ambulance services was phased in over a 5-year transitional period beginning April 1, 2002, as specified in § 414.615. As of January 1, 2006, the total payment amount for air ambulance providers and suppliers is based on 100 percent of the national ambulance fee schedule. In accordance with section 414 of the MMA, we added § 414.617 which specifies that for ambulance services furnished during the period July 1, 2004, through December 31, 2009, the ground ambulance base rate is subject to a floor amount, which is determined by establishing nine fee schedules based on each of the nine census divisions and using the same methodology as was used to establish the national fee schedule. If the regional fee schedule methodology for a given census division results in an amount that is lower than or equal to the national ground base rate, then it is not used, and the national fee schedule amount applies for all providers and suppliers in the census division. If the regional fee schedule methodology for a given census division results in an amount that is greater than the national ground base rate, then the fee schedule portion of the base rate for that census division is equal to a blend of the national rate and the regional rate through CY 2009. Thus, as of January 1, 2007, the total payment amount for ground ambulance providers and suppliers is based on either 100 percent of the national ambulance fee schedule amount, or a combination of 80 percent of the national ambulance fee schedule and 20 percent of the regional ambulance fee schedule.

B. Ambulance Inflation Factor (AIF) During the Transition Period

As we noted in the previous section, the national fee schedule for ambulance services was phased in over a 5-year transition period beginning April 1, 2002, as specified in § 414.615. During the transition period, the ambulance inflation factor (AIF) was applied separately to both the fee schedule portion of the blended payment amount (regardless of whether a national or regional fee schedule applied) and to the supplier's reasonable charge or provider's reasonable cost portion of the blended payment amount, respectively, for each ambulance provider or supplier. Then, the two amounts were added together to determine the total payment amount for each provider or supplier.

C. Ambulance Inflation Factor (AIF) for CY 2008

Section 1834(l)(3)(B) of the Act provides the basis for updating payment amounts for ambulance services. Section 414.610(f) specifies that certain components of the ambulance fee schedule are updated by the AIF annually, based on the consumer price index for all urban consumers (CPI-U) (U.S. city average) for the 12-month period ending with June of the previous year. At this time, the CPI-U for the 12-month period ending with June 2007 is not available. We will announce the AIF for CY 2008 in the final rule which will be published in the **Federal Register** later this year. In addition, as set forth in Section III.D., we propose to announce the AIF for CY 2009 and subsequent years via CMS instruction and on the CMS Web site.

D. Proposed Revisions to the Publication of the Ambulance Fee Schedule (§ 414.620)

Currently, section 414.620 specifies that changes in payment rates resulting from incorporation of the AIF will be announced by notice in the **Federal Register** without opportunity for prior comment. We believe it is unnecessary to undertake notice and comment rulemaking to update the AIF because the statute and regulations specify the methods of computation of annual inflation updates, and we have no discretion in that matter. Thus, the annual AIF notice does not change or establish policy, but merely applies the update methods specified in the statute and regulations.

By mid-July of each year, we have the CPI–U for the 12-month period ending with June of such year. Therefore, we know what the AIF for the upcoming calendar year will be by mid-July of each year. However, the AIF is not published by CMS until November because § 414.620 currently states that the AIF will be announced in the **Federal Register**. Each document published in the **Federal Register** requires scheduling and a thorough

review by CMS, HHS, and OMB prior to publication. Therefore, even though we know the AIF by mid-July of each year, the final rule announcing the AIF is not published until November. This publication timeframe does not allow Medicare contractors the optimal amount of time to update their systems so that they can effectuate the proper payment on Medicare ambulance claims timely. In addition, it does not provide an optimal amount of time for either the Medicare contractors or the ambulance industry to take advantage of testing practices to make sure that the update is working properly as implemented. We believe that announcing the AIF via CMS instructions and on the CMS Web site would enable the AIF to be released earlier in the calendar year, allowing the Medicare contractors to test their data systems, and to timely effectuate and provide accurate payments on Medicare ambulance claims.

Therefore, we are proposing to revise § 414.620 to state that we will announce the AIF via CMS instruction and on the CMS Web site and to remove the language that states that we will announce the AIF by notice in the **Federal Register**.

IV. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995, we are required to provide 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. To fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires that we solicit comment on the following issues:

- The need for the information collection and its usefulness in carrying out the proper functions of our agency.
- The accuracy of our estimate of the information collection burden.
- The quality, utility, and clarity of the information to be collected.
- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

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

Section 410.33 Independent diagnostic testing facility

Section 410.33(g)(2) states that an independent diagnostic testing facility (IDTF) should provide complete and accurate information on its Medicare enrollment application. In addition, an IDTF is required to notify its designated fee-for-service contractor within 30 days of any changes in ownership, location, general supervision, and any adverse legal actions. The notification must be made on the Medicare enrollment application. All of the changes to the enrollment application must be reported within 90 days.

The aforementioned requirements are not new. The burden associated with completing the Medicare enrollment application is currently approved under OMB control number 0938–0685. The collection has an expiration date of April 30, 2009.

Section 410.33(g)(6) states the comprehensive liability insurance requirements for IDTFs. Specifically, § 410.33(g)(6)(1) states that must have a comprehensive insurance policy or notify the CMS designated contractor, in writing, of any policy changes or cancellations. The burden associated with this requirement is the time and effort necessary to draft and submit the written notification to the CMS designated contractor. While this requirement is subject to the PRA, we believe it is exempt from the PRA as stipulated under 5 CFR 1320.3(h)(6). This information will be collected on a case-by-case basis.

Section 410.33(g)(8) requires an IDTF to answer, document, maintain documentation of beneficiaries questions, and responses to beneficiary complaints at the physical site of the IDTF. Sections 410.33(g)(8)(i) through (iii) list the minimum amount of documentation needed to comply with this requirement. The burden associated with these requirements is the time and effort associated with responding to beneficiary questions and complaints, documenting the actions taken in response to the questions and complaints, and maintaining the documentation. While this requirement is subject to the PRA, we believe the associated burden is exempt under 5 CFR 1320.3(b)(2). The burden associated with documenting and maintaining the documentation of the corrective actions is a usual and customary business practice. The time, effort, and financial resources necessary to comply this information collection requirement would be incurred by persons in the normal course of their activities (for example, in compiling and maintaining business records) is not subject to the PRA.

Section 414.707 Basis of payment

Section 414.707(c) states that effective January 1, 2008, each request for payment for anti-anemia drugs furnished to treat anemia resulting from the treatment of cancer must report the beneficiary's most recent hemoglobin or hematocrit level. The burden associated with this requirement is the time and effort associated with obtaining the most recent hemoglobin or hematocrit levels and documenting it on the request for payment. The requirement and its associated burden are not subject to the PRA under 5 CFR 1320.3(h)(5). The interpretation of biological analyses of body fluids, tissues, or other specimens, or the identification or classification of such specimens is not subject to the PRA.

Section 414.914 Term of contract

Section 414.914(h) states that the approved CAP vendor must verify drug administration prior to the collection of any applicable cost sharing amount. As part of the verification process, § 414.914(h)(1) through (2) lists the documentation that is required as part of the verification process. Section 414.914(h)(3) states that the approved CAP vendor must provide this information to CMS or the beneficiary upon request.

The burden associated with the requirements in § 414.914(1) through (3) is the time and effort needed to verify the drug administration. When obtaining written verification, the CAP vendor must document the elements listed in § 414.914(h)(1)(i) though (vi). When obtaining verbal verification, the CAP vendor must document the elements listed in § 414.914(h)(2)(i) though (ii). We believe the requirements and their associated burden are not subject to the PRA; they are part of the CAP vendor's usual and customary business practices as stipulated under 5 CFR 1320.3(h)(5).

In addition, § 414.914(h)(3) imposes both recordkeeping and reporting requirements. We believe that the burden associated with the recordkeeping requirement imposed by § 414.914(h)(3) is not subject to the PRA under 5 CFR 1320.3(c)(4) because it would affect less than 10 persons.

The reporting requirement places burden on the CAP vendor to provide the information listed in § 414.914(h)(1) through (2) to a beneficiary upon request. We estimate that the CAP vendor will receive 72 requests per year from beneficiaries. We believe it will take 15 minutes per request for the vendor to provide this information to the beneficiary. The total annual burden associated with this requirement is 1080 minutes or 18 burden hours. However, we believe this information collection requirement and the associated burden is not subject to the PRA as defined in

5 CFR 1320.3(c)(4) because it would affect less than 10 persons.

Section 414.930 Compendia for Determination of Medically-Accepted Indications for Off-Label Uses of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen

Section 414.930(b) states the process for listing compendia for determining medically-accepted uses of drugs and biologicals in anti-cancer treatment. We will annually solicit requests for changes to the list of compendia. As stated in § 414.930(c)(1), we will review a complete written request that is submitted in writing, electronically, or via hard copy. A complete written request must contain the following information as stated in § 414.930(c)(1)(i) through (vi):

- Full name and contact information for the requestor;
- Full identification of the compendium in question;
- A complete written copy of the compendium in question;
- The specific action requested of CMS;
- Supporting documentation for the requested action;
- Address a single compendium per request.

Section 414.930(d) states that for each compendium that is determined by CMS to be included on the list, the publisher or its designee must notify CMS, within 45 days of any update or revision, that a new edition or version is available.

The burden associated with the requirements contained in § 414.930(b) through (d) is the time and effort required to draft and submit to CMS a complete written request for changes to the list of compendia. In addition, there is additional time and effort for each compendium that is determined by CMS to be included on the list; the publisher or its designee must furnish to CMS, within 45 days of listing and within 45 days of any update or revision, a written copy of the current edition or version of the compendia, including updates. While these requirements are subject to the PRA, we believe the burden is exempt under 5 CFR 1320.3(c)(4) because it would affect less than 10 persons or entities. There are currently only 6 compendia that could reasonably be expected to be the subject of a request, so 6 requests is a likely maximum.

Section 424.36 Signature Requirements

Section 424.36(a) requires the beneficiary's signature on a claim for payment of services unless the beneficiary has died or the provisions of § 424.36(b), (c), or (d) apply. Section 424.36(b) states that if the beneficiary is physically or mentally incapable of signing the claim, the claim may be signed by one of the persons specified in § 424.36(b)(1) through (5). Proposed § 424.36(b)(6) states that, for emergency ambulance transport services, if certain conditions and documentation requirements are met, an ambulance provider or supplier would be permitted to sign the claim on behalf of the beneficiary. Specifically, § 424.36(b)(6)(ii)(A) through (C) lists the documentation that would be required, all of which would have to be maintained by the ambulance provider or supplier in its files for a period of at least 4 years from the date of service. An ambulance provider or supplier would be required to obtain a signed, contemporaneous statement from an ambulance employee present during transport of the patient that, at the time the service was provided, the beneficiary was physically or mentally incapable of signing the claim and that none of the other qualified persons listed in § 424.36(b)(1) through (5) were available or willing to sign the claim on behalf of the beneficiary.

The ambulance provider or supplier would also be required to maintain documentation of the date and time that the beneficiary was transported and the name and location of the facility that received the beneficiary. In addition, the ambulance provider or supplier would be required to obtain and maintain a signed contemporaneous statement from a representative of the facility that received the beneficiary. The statement would have to contain the name of the beneficiary and the date and time the beneficiary was received at the facility.

The burden associated with the recordkeeping requirements contained in § 424.36(b)(6) is the time and effort associated with drafting, obtaining, and maintaining written statements from both employees of the ambulance provider or supplier transporting the beneficiary and employees of the facility receiving the beneficiary. We estimate that approximately 9,000 ambulance providers or suppliers will comply with these requirements. We estimate that it will take no more than 5 minutes for each provider or supplier to comply with the recordkeeping requirements. Based on the best available data at this time, we estimate the total annual burden associated with the requirements in § 424.36(b)(6) to be 541,667 hours nationwide. The annual total number of burden hours was arrived at by multiplying 5 minutes by the total estimated number of emergency ambulance transports of 6,500,000. We note that the total number of burden hours may be overstated, because not every beneficiary who receives emergency ambulance transport services is unable to sign the claim. However, we also note that the 6.5 million figure for emergency transports is the estimated number of ALS1-emergency and BLS-emergency ambulance claims processed by Part B carriers, incurred in 2006 and processed through April 2007, and thus, does not include the number of emergency ambulance transport services billed to fiscal intermediaries by ambulance providers (this number is not available to us). In any event, we believe our proposal will benefit ambulance providers and suppliers by allowing them an alternative procedure for submitting claims to Medicare. In the absence of the proposed procedure for signing claims on behalf of beneficiaries for emergency ambulance transport services, ambulance suppliers and providers would be required to track down beneficiaries after the emergency transport services have been rendered, in an attempt to have the beneficiary sign the claim. Moreover, such attempts may prove fruitless, thereby preventing the ambulance suppliers and providers from submitting the claim to Medicare.

Additional Information Collection Requirements

This proposed rule imposes collection of information requirements as outlined in the regulation text and specified above. However, this proposed rule also makes reference to several associated information collections that are not discussed in the regulation text. The following is a discussion of these collections, which have already received OMB approval.

Part B Drug Payment

Section II.F.1 of the preamble of this proposed rule discusses payment for Medicare Part B drugs and biologicals under the ASP methodology. Drug manufacturers are required to submit ASP data to us on a quarterly basis. As stated in section II.F.1.a. of the preamble, the ASP reporting requirements are set forth in section 1927(b) of the Act.

The collection of ASP data imposes a reporting requirement on the public. The burden associated with this requirement is the time and effort required by manufacturers of Medicare Part B drugs and biologicals to calculate, record, and submit the required data to CMS. While the burden associated with this requirement is subject to the PRA, it is currently approved under OMB

control number 0938–0921, with an expiration date of May 31, 2009.

Competitive Acquisition Program (CAP)

In section II.F.2.c. of the preamble, we propose to revise the CAP physician election agreement. In conjunction with post-payment review process, we are revising the CAP physician election agreement to reflect the physician's obligation to provide medical records to assist with claims review. The CAP physician election agreement is currently approved under 0938–0955 with an expiration date of August 31, 2009. Under a separate notice, we will make the revised instrument available for public comment prior to submitting the revised information collection request to OMB for approval.

Section II.F.2.e. of the preamble discusses details of the CAP. Each year, physicians are given the option to elect to obtain Medicare Part B drugs and biologicals through the CAP. In addition, physicians are also given an opportunity to select an approved CAP vendor. The burden associated with these election requirements is the time and effort necessary for a physician to make an election and notify CMS. The burden associated with election requirements for participating in the CAP and selecting an approved CAP vendor is subject to the PRA. However, it is currently approved under OMB control numbers 0938–0955 and 0938–0987 with expiration dates of August 31, 2009 and April 30, 2009, respectively.

Section II.F.2.e. of the preamble also discusses the exigent circumstances exception for leaving the CAP outside of the annual election process. A physician may request a release from the CAP within the first 30 days of its participation if it can prove that staying in the program would impose a significant burden. Specifically, the physician must submit a release request to the CAP designated carrier.

While this burden is subject to the PRA, we believe it is exempt under 5 CFR 1320.3(h)(6). Facts or opinions collected from a single person or entity are not subject to the PRA. The aforementioned information collection request will be reviewed individually on a case-by-case basis.

Once the CAP-designated carrier receives a removal request, they are required to refer the physician to their approved CAP vendor. As part of the grievance process, the CAP vendor will try to work with the physician to address their concerns for participation in the program. Then, the CAP vendor has 2 business days to address the physician's concerns. If the CAP vendor and the physician cannot resolve the outstanding issues within 2 business days, the CAP vendor may submit a request to CMS for an extension to allow for an additional 2 business days to resolve the physician's issues.

The burden associated with this requirement is the time and effort necessary to submit an extension request to CMS. While this burden is subject to the PRA, we currently have no way to quantify how many requests of this type we will receive. Requests from physicians will be reviewed by CAP vendors on an individual case-by-case basis. Similarly, requests for extensions from the CAP vendors will be reviewed individually, on a case-by-case basis. We will continue to monitor the process. If we believe that we will receive 10 or more requests, we will submit an information collection request to OMB.

Physician Quality Reporting Initiative (PQRI)

Section II.T.1.a. of the preamble discusses the background of the reporting initiative and provides information about the measures available to eligible professionals who choose to participate in PQRI. Section 1848(k)(1) of the Act requires the Secretary to implement a system for eligible professionals to submit data pertaining to certain quality measures. As stated in section II.T.1.a., eligible professionals, for the purpose of the quality reporting system, include physicians, other practitioners as described in section 1842(b)(18)(c) of the Act, physical and occupational therapists, and qualified speech-language pathologists. As also stated in section II.T.1.a, this is a voluntary initiative. Eligible professionals may choose whether to participate and, to the extent they satisfactorily submit data on quality measures applicable to covered professional services they furnish to Medicare beneficiaries, they can qualify to receive a bonus incentive payment.

Specifically, to qualify to receive a bonus incentive payment for satisfactory reporting of quality data on covered professional services furnished in 2007, an eligible professional must submit data on at least 1, 2, or 3 measures selected from the 74 PQRI 2007 quality measures. The minimum number of measures each professional must report to qualify for the bonus payment is determined by how many available measures are applicable to the services that professional furnishes to Medicare beneficiaries. For a majority of the eligible professionals, three or more available measures will be applicable to their practice, and thus, the MIEA–TRHCA requires that they report on at least three measures at a rate of at least 80 percent for each of those three measures to meet statutory criteria for satisfactory reporting and qualify for the bonus payment. An eligible professional could meet the satisfactory reporting requirement, and thus be eligible for the bonus incentive payment, by reporting fewer than three measures only if his or her practice has fewer than three applicable measures available. The quality measures are posted and available for download on the CMS Web site at *http://www.cms.hhs.gov/pqri.*

The burden associated with this requirement is the time and effort associated with eligible professionals identifying applicable PQRI quality measures for which they can report the necessary information. In addition, they must gather the required information, select the appropriate quality-data codes, and include the appropriate quality-data codes on the claims they submit for payment.

In 2007, the PQRI will collect quality-data codes exclusively as additional (optional) line items on the existing HIPAA transaction 837–P and CMS Form 1500. There will be no new forms and no modifications to the existing transaction or form in support of 2007 PQRI. We also do not anticipate changes to the 837–P or CMS Form 1500 for 2008.

Because this is a voluntary program, it is impossible to estimate with any degree of accuracy how many eligible professionals will opt to participate in the PQRI in 2007. Moreover, the time needed for an eligible professional to review the quality measures and other information, select measures applicable to his or her patients and the services he or she furnishes to them, and incorporate the use of quality data codes into the office work flows is expected to vary along with the number of measures that are potentially applicable to a given professional's practice. We estimate that the additional time required to put quality data codes on each claim is not a material increment to the time required to code the claim for payment. The total estimated annual burden for this requirement will also vary along with the volume of claims on which quality data is reported.

TABLE 23.—ESTIMATED ANNUAL REPORTING AND RECORDKEEPING BURDEN

Regulation section(s)	OMB control number	Respondents	Responses	Total annual burden (hours)
Preamble section II.F.1	0938–0921	120	480	17,760
Preamble section II.F.2.f	0938–0955	12	12	480
	0938–0987	10,000	10,000	20,000
§ 410.33	0938–0685	400,000	400,000	1,000,000
§ 424.36	0938–New	9,000	6,500,000	541,667
Total				1,579,907

If you comment on these information collection and recordkeeping requirements, please mail copies directly to the following:

Centers for Medicare & Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Regulations Development Group, Attn: William N. Parham, III, CMS–1385–P, Room C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850; and Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn: Carolyn Lovett, CMS Desk Officer, [CMS–1385–P], *carolyn_lovett@omb.eop.gov.* Fax (202) 395–6974.

V. Response to Comments

Because of the large number of public comments we normally receive on **Federal Register** documents, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

VI. Regulatory Impact Analysis

[If you choose to comment on issues in this section, please include the caption ''IMPACT'' at the beginning of your comments.]

We have examined the impact of this rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), the Regulatory Flexibility Act (RFA) (September 19, 1980 Pub. L. 96–354), section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4), and Executive Order 13132.

Executive Order 12866 (as amended by Executive Order 13258, which merely reassigns responsibilities of duties) directs agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis must be prepared for proposed rules with economically significant effects (that is, a proposed rule that would have an annual effect on the economy of $100 million or more in any one year, or would adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities). As indicated in more detail below in this regulatory impact analysis, we estimate that the PFS provisions included in this proposed rule will redistribute more than $100 million in 1 year. We are considering this proposed rule to be economically significant because its provisions are estimated to result in an increase, decrease or aggregate redistribution of Medicare spending that will exceed $100 million. Therefore, this proposed rule is a major rule and we have prepared a regulatory impact analysis.

The RFA requires agencies to analyze options for regulatory relief of small entities. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and small governmental jurisdictions. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of $6.5 million to $31.5 million in any 1 year. (For further information, see the Small Business Administration's regulation at 70 FR 72577, December 6, 2003.) Individuals and States are not included in the definition of a small entity. The RFA requires that we analyze regulatory options for small businesses and other entities. We prepare a regulatory flexibility analysis unless we certify that a rule would not have a significant economic impact on a substantial number of small entities. The analysis must include a justification concerning the reason action is being taken, the kinds and number of small entities the rule affects, and an explanation of any meaningful options that achieve the objectives with less significant adverse economic impact on the small entities.

For purposes of the RFA, physicians, NPPs, and suppliers, including IDTFs, are considered small businesses if they generate revenues of $6.5 million or less. Approximately 95 percent of physicians are considered to be small entities. There are about 980,000 physicians, other practitioners and medical suppliers that receive Medicare payment under the PFS.

The CAP provides alternatives to physicians who do not wish to purchase drugs directly or collect coinsurance. The impact of the CAP provisions on an individual physician is dependent on whether the drugs they provide to Medicare beneficiaries are included in the list of CAP drugs, whether the physician chooses to obtain drugs administered to Medicare beneficiaries through the CAP. The proposed CAP provisions in this proposed rule will also have a potential impact on entities that are involved in the dispensing or distribution of drugs, plan to become approved CAP vendors, or are approved CAP vendors.

For purposes of the RFA, approximately 80 percent of clinical diagnostic laboratories are considered small businesses according to the Small Business Administration's size standards. Ambulance providers and suppliers for purposes of the RFA are also considered to be small entities.

In addition, most ESRD facilities are considered small entities, either based on nonprofit status or by having revenues of $31.5 million or less in any year. We consider a substantial number of entities to be affected if the proposed rule is estimated to impact more than 5 percent of the total number of small entities. Based on our analysis of the 930 nonprofit ESRD facilities considered small entities in accordance with the above definitions, we estimate that the combined impact of the proposed changes to payment for renal dialysis services included in this proposed rule would have a 0.8 percent increase in overall payments relative to current overall payments. The analysis

and discussion provided in this section, as well as elsewhere in this proposed rule, complies with the RFA requirements.

For the e-prescribing provisions, physician practices and independent pharmacies are considered small entities.

Because we acknowledge that many of the affected entities are small entities, the analysis discussed throughout the preamble of this proposed rule constitutes our initial regulatory flexibility analysis for the remaining provisions. Therefore, we are soliciting comments on our estimates and analysis of the impact of this proposed rule on those small entities.

Section 1102(b) of the Act requires us to prepare a regulatory impact analysis for any proposed rule that may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside a Metropolitan Statistical Area and has fewer than 100 beds. We have determined that this proposed rule would have minimal impact on small hospitals located in rural areas. Of the 202 hospital-based ESRD facilities located in rural areas, only 40 are affiliated with hospitals with fewer than 100 beds.

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in expenditures in any year by State, local, or tribal governments, in the aggregate, or by the private sector, of $120 million. This proposed rule will not mandate any requirements for State, local, or tribal governments. Medicare beneficiaries are considered to be part of the private sector for this purpose. A discussion concerning the impact of this rule on beneficiaries is found later in this section.

We have examined this proposed rule in accordance with Executive Order 13132 and have determined that this regulation would not have any significant impact on the rights, roles, or responsibilities of State, local, or tribal governments.

We have prepared the following analysis, which, together with the information provided in the rest of this preamble, meets all assessment requirements. The analysis explains the rationale for and purposes of this proposed rule; details the costs and benefits of the rule; analyzes alternatives; and presents the measures we propose to use to minimize the burden on small entities. As indicated elsewhere in this proposed rule, we propose a variety of changes to our regulations, payments, or payment policies to ensure that our payment systems reflect changes in medical practice and the relative value of services. We provide information for each of the policy changes in the relevant sections of this proposed rule. We are unaware of any relevant Federal rules that duplicate, overlap or conflict with this proposed rule. The relevant sections of this proposed rule contain a description of significant alternatives if applicable.

A. RVU Impacts

1. Resource-Based Work and PE RVUs

Section 1848(c)(2)(B)(ii) of the Act requires that increases or decreases in RVUs may not cause the amount of expenditures for the year to differ by more than $20 million from what expenditures would have been in the absence of these changes. If this threshold is exceeded, we make adjustments to preserve BN. In the CY 2007 PFS final rule with comment period, the $4 billion impact of changes in work RVUs resulting from the 5-Year Review required that a BN adjustment be made.

As discussed in section IV.D.3 of the CY 2007 PFS final rule with comment period (71 FR 69735), we carefully reviewed the comments received concerning the BN adjustment needed to offset the $4 billion impact of changes in work RVUs resulting from the 5-Year Review. To meet the requirements set forth in section 1848(c)(2)(B)(ii)(II) of the Act, we implemented a BN adjustor of 0.8994 or 10.1 percent to be applied to the work RVUs.

Subsequent to the publication of the CY 2007 PFS final rule with comment period and the announcement of the 0.8994 BN adjustment to the work RVUs, the AMA RUC supplied work RVU recommendations on additional CPT codes from the 5-Year Review and recommendations for an increase in the work of anesthesia services. See Table 10 in Section II.E. for a listing of the RUC recommendations and CMS decisions on these additional codes reviewed for the 5-Year Review. As stated in the CY 2007 PFS final rule with comment period, these additional codes are still considered part of the 5-Year Review. The impact of these additional recommendations and increases in the work of anesthesia services on the BN adjustment must be accounted for by revising the current work adjustor of 0.8994. The proposed revised work adjustor for 2008, based upon the proposed work RVUs for these additional CPT codes and proposed increases in the work of anesthesia services, is approximately 0.8816. Table 24 shows the specialty-level impact of the work and PE RVU changes.

Our estimates of changes in Medicare revenues for PFS services compare payment rates for CY 2007 with proposed payment rates for CY 2008 using CY 2006 Medicare utilization for all years. We are using CY 2006 Medicare claims processed and paid through March 30, 2007, that we estimate are 98 percent complete. To the extent that there are year-to-year changes in the volume and mix of services provided by physicians, the actual impact on total Medicare revenues will be different than those shown in Table 24. The payment impacts reflect averages for each specialty based on Medicare utilization. The payment impact for an individual physician would be different from the average, based on the mix of services the physician provides. The average change in total revenues would be less than the impact displayed here because physicians furnish services to both Medicare and non-Medicare patients and specialties may receive substantial Medicare revenues for services that are not paid under the PFS. For instance, independent laboratories receive approximately 80 percent of their Medicare revenues from clinical laboratory services that are not paid under the PFS.

Table 24 shows only the payment impact on PFS services. The following is an explanation of the information represented in Table 24. Note that Table 24 does not include the impact of the estimated CY 2008 update.

- Specialty: The physician specialty or type of practitioner/supplier.
- Allowed Charges: Allowed charges are the Medicare Fee Schedule amounts for covered services and include coinsurance and deductibles (which are the financial responsibility of the beneficiary.) These amounts have been summed across all services provided by physicians, practitioners, or suppliers with a specialty to arrive at the total allowed charges for the specialty.
- Impact of Work RVU Changes for additional proposed changes in work RVUs from the 5-Year Review.
- Impact of PE RVU changes. The impact is shown for both 2008 which is the second year of the 4-year transition using the new methodology and the fully implemented 2010 PE RVUs.
- Combined impact of the proposed work RVUs and PE RVUs for both 2008

and the fully implemented 2010 PE RVUs.

TABLE 24.—PROPOSED COMBINED TOTAL ALLOWED CHARGE IMPACT FOR WORK AND PRACTICE EXPENSE RVU CHANGES

Specialty	Impact of work RVU changes 2008 (percent)	Impact of PE RVU changes (percent)		Combined impact of PE and work changes* (percent)	
		2008 (PE trans. year 2)	2010 (PE full implement.)	2008 (PE trans. year 2)	2010 (PE full implement.)
TOTAL	0	0	0	0	0
ALLERGY/IMMUNOLOGY	0	1	2	1	3
ANESTHESIOLOGY	15	−1	−3	14	13
CARDIAC SURGERY	−1	−1	−2	−2	−3
CARDIOLOGY	−1	0	0	−1	−1
COLON AND RECTAL SURGERY	−1	1	2	0	1
CRITICAL CARE	−1	0	−1	−1	−2
DERMATOLOGY	−1	2	7	2	6
EMERGENCY MEDICINE	−1	0	−1	−2	−2
ENDOCRINOLOGY	−1	0	0	−1	−2
FAMILY PRACTICE	0	0	0	0	0
GASTROENTEROLOGY	−1	1	4	0	3
GENERAL PRACTICE	0	0	−1	0	−1
GENERAL SURGERY	−1	0	0	−1	−1
GERIATRICS	2	0	0	2	3
HAND SURGERY	−1	−1	−3	−2	−4
HEMATOLOGY/ONCOLOGY	−1	0	−1	−1	−2
INFECTIOUS DISEASE	−1	0	1	−1	0
INTERNAL MEDICINE	0	0	0	0	−1
INTERVENTIONAL RADIOLOGY	−1	−1	−4	−2	−4
NEPHROLOGY	−1	−1	−4	−2	−5
NEUROLOGY	−1	0	−1	−1	−2
NEUROSURGERY	−1	−1	−2	−2	−3
NUCLEAR MEDICINE	−1	4	13	4	12
OBSTETRICS/GYNECOLOGY	−1	0	−1	−1	−2
OPHTHALMOLOGY	2	−1	−3	1	−1
ORTHOPEDIC SURGERY	−1	−1	−2	−1	−2
OTOLARNGOLOGY	2	−1	−4	1	−2
PATHOLOGY	−1	−1	−3	−2	−4
PEDIATRICS	0	0	0	0	−1
PHYSICAL MEDICINE	0	−1	−2	−1	−2
PLASTIC SURGERY	−1	0	1	−1	0
PSYCHIATRY	−1	0	1	0	1
PULMONARY DISEASE	−1	0	1	−1	0
RADIATION ONCOLOGY	−1	0	1	0	1
RADIOLOGY	−1	1	2	0	1
RHEUMATOLOGY	−1	−1	−2	−2	−3
THORACIC SURGERY	−1	−1	−2	−2	−3
UROLOGY	−1	0	0	−1	−1
VASCULAR SURGERY	−1	0	−1	−1	−1
AUDIOLOGIST	26	−14	−43	12	−17
CHIROPRACTOR	−1	−1	−2	−2	−3
CLINICAL PSYCHOLOGIST	−1	−2	−6	−3	−7
CLINICAL SOCIAL WORKER	−1	−2	−5	−3	−6
NURSE ANESTHETIST	22	0	0	22	22
NURSE PRACTITIONER	1	0	1	2	2
OPTOMETRY	4	0	−1	4	3
ORAL/MAXILLOFACIAL SURGERY	−1	1	3	0	3
PHYSICAL/OCCUPATIONAL THERAPY	−1	1	4	1	4
PHYSICIAN ASSISTANT	−1	0	0	0	0
PODIATRY	−1	1	4	1	3
DIAGNOSTIC TESTING FACILITY	0	0	0	0	0
INDEPENDENT LABORATORY	0	3	9	3	9
PORTABLE X-RAY SUPPLIER	0	2	6	2	6

*Components may not sum to total due to rounding.

2. Adjustments for Payments for Imaging Services

Section 5102 of the Deficit Reduction Act of 2005 (Pub. L. 109–171) (DRA) exempts the estimated savings from the application of the OPPS-based payment limitation on PFS imaging services from the PFS BN requirement. We estimate that the combined impact of the current BN exemptions instituted by section 5102 of the DRA, the proposed addition of 6 codes to the list of services subject to the DRA OPPS cap (discussed in section II.E.1.), and the proposed payment revisions to OPPS cap amounts would result in no measurable changes in the specialty specific impacts of the DRA provisions with the exception of vascular surgery in CY 2008.

3. Combined Impact

Table 25 shows the specialty-level impact of the proposed work and PE RVU changes, section 5102 of the DRA (including the additional 6 services that were added to the list of services subject to the DRA OPPS cap and the proposed revision to OPPS payment amounts), and our most recent estimate (−9.9 percent) of the CY 2008 Medicare PFS update. Additionally, the impacts in this proposed rule reflect the use of updated physician time data from the AMA–RUC.

As indicated in Table 25, our estimates of changes in Medicare revenues for PFS services compare payment rates for CY 2007 with proposed payment rates for CY 2008 using CY 2006 Medicare utilization crosswalked to 2007 services. To the extent that there are year-to-year changes in the volume and mix of services provided by physicians, the actual impact on total Medicare revenues will be different than those shown in Table 25. The payment impacts reflect averages for each specialty based on Medicare utilization. The payment impact for an individual physician would be different from the average, based on the mix of services the physician provides.

Table 25 shows only the payment impact on PFS services. The following is an explanation of the information represented in Table 25.

- Specialty: The physician specialty or type of practitioner/supplier.
- Allowed Charges: Allowed charges are the Medicare Fee Schedule amounts for covered services and include copayments and deductibles (which are the financial responsibility of the beneficiary.) These amounts have been summed across all services provided by physicians, practitioners, or suppliers with a specialty to arrive at the total allowed charges for the specialty.
- Impact of the 2008 Work and PE RVU proposed changes using the methodology finalized in the CY 2007 PFS final rule with comment period and the revised data sources discussed in this proposed rule.
- Impact of section 5102 of the DRA: The CY 2008 percentage decrease in allowed charges attributed to section 5102 of the DRA with the proposed addition of six codes to the OPPS cap list.
- Combined impact of the proposed work and PE RVUs, section 5102 of the DRA and the proposed addition of six codes to the OPPS cap list, and the proposed revisions to OPPS payment amounts.
- CY 2008 Update: The percentage decrease in allowed charges attributed to the estimated CY 2008 PFS conversion factor update (−9.9 percent).
- Combined impact with CY 2008 update: The CY 2008 percentage decrease in allowed charges attributed to the impact of the work and PE RVU changes, section 5102 of the DRA (plus six proposed additions to OPPS cap list), and the proposed revisions to OPPS payment amounts, and the CY 2008 update.

TABLE 25.—COMBINED CY 2008 TOTAL ALLOWED CHARGE IMPACT FOR THE REMAINING 5-YEAR REVIEW OF WORK RVUS AND PRACTICE EXPENSE CHANGES, OPPS IMAGING CAP, AND THE CY 2008 UPDATE

Specialty	Allowed charges (mil)	Impact of work and PE RVU changes* (percent)	Impact of DRA 5102 (percent)	Combined impact RVU and DRA 5102** (percent)	CY 2008 update (percent)	Combined impact with CY 2008 update** (percent)
TOTAL	$75,819	0	0	0	−10	−10
ALLERGY/IMMUNOLOGY	172	1	0	1	−10	−9
ANESTHESIOLOGY	1,600	14	0	14	−10	4
CARDIAC SURGERY	393	−2	0	−2	−10	−12
CARDIOLOGY	7,447	−1	0	−1	−10	−11
COLON AND RECTAL SURGERY	121	0	0	0	−10	−10
CRITICAL CARE	197	−1	0	−1	−10	−11
DERMATOLOGY	2,237	2	0	2	−10	−8
EMERGENCY MEDICINE	2,170	−2	0	−2	−10	−12
ENDOCRINOLOGY	347	−1	0	−1	−10	−11
FAMILY PRACTICE	5,011	0	0	0	−10	−10
GASTROENTEROLOGY	1,737	0	0	0	−10	−10
GENERAL PRACTICE	964	0	0	0	−10	−10
GENERAL SURGERY	2,282	−1	0	−1	−10	−11
GERIATRICS	145	2	0	2	−10	−8
HAND SURGERY	79	−2	0	−2	−10	−12
HEMATOLOGY/ONCOLOGY	1,905	−1	0	−1	−10	−11
INFECTIOUS DISEASE	499	−1	0	−1	−10	−11
INTERNAL MEDICINE	9,867	0	0	−1	−10	−11
INTERVENTIONAL RADIOLOGY	241	−2	0	−2	−10	−12
NEPHROLOGY	1,649	−2	0	−2	−10	−12
NEUROLOGY	1,385	−1	0	−1	−10	−11
NEUROSURGERY	568	−2	0	−2	−10	−12
NUCLEAR MEDICINE	77	4	0	4	−10	−6
OBSTETRICS/GYNECOLOGY	621	−1	0	−1	−10	−11
OPHTHALMOLOGY	4,642	1	0	1	−10	−9
ORTHOPEDIC SURGERY	3,221	−1	0	−1	−10	−11
OTOLARNGOLOGY	906	1	0	0	−10	−10

TABLE 25.—COMBINED CY 2008 TOTAL ALLOWED CHARGE IMPACT FOR THE REMAINING 5-YEAR REVIEW OF WORK RVUS AND PRACTICE EXPENSE CHANGES, OPPS IMAGING CAP, AND THE CY 2008 UPDATE—Continued

Specialty	Allowed charges (mil)	Impact of work and PE RVU changes* (percent)	Impact of DRA 5102 (percent)	Combined impact RVU and DRA 5102** (percent)	CY 2008 update (percent)	Combined impact with CY 2008 update** (percent)
PATHOLOGY	939	−2	0	−2	−10	−12
PEDIATRICS	72	0	0	−1	−10	−11
PHYSICAL MEDICINE	775	−1	0	−1	−10	−11
PLASTIC SURGERY	268	−1	0	−1	−10	−11
PSYCHIATRY	1,076	0	0	0	−10	−10
PULMONARY DISEASE	1,679	−1	0	−1	−10	−11
RADIATION ONCOLOGY	1,599	0	0	0	−10	−10
RADIOLOGY	5,197	0	0	0	−10	−10
RHEUMATOLOGY	491	−2	0	−2	−10	−12
THORACIC SURGERY	432	−2	0	−2	−10	−12
UROLOGY	2,021	−1	0	0	−10	−10
VASCULAR SURGERY	634	−1	−1	−2	−10	−12
AUDIOLOGIST	31	12	0	12	−10	2
CHIROPRACTOR	717	−2	0	−2	−10	−12
CLINICAL PSYCHOLOGIST	521	−3	0	−3	−10	−13
CLINICAL SOCIAL WORKER	347	−3	0	−3	−10	−13
NURSE ANESTHETIST	605	22	0	22	−10	12
NURSE PRACTITIONER	783	2	0	2	−10	−8
OPTOMETRY	782	4	0	4	−10	−6
ORAL/MAXILLOFACIAL SURGERY	36	0	0	0	−10	−10
PHYSICAL/OCCUPATIONAL THERAPY	1,371	1	0	1	−10	−9
PHYSICIAN ASSISTANT	591	0	0	0	−10	−10
PODIATRY	1,554	1	0	1	−10	−9
DIAGNOSTIC TESTING FACILITY	1,162	0	0	0	−10	−10
INDEPENDENT LABORATORY	1,081	3	0	3	−10	−7
PORTABLE X-RAY SUPPLIER	80	2	0	2	−10	−8

* PE changes are CY 2008 second year transition changes. For fully implemented CY 2010 PE changes see Table 1.
** Components may not sum to total due to rounding.

Table 26 shows the estimated impact on total payments for selected high-volume procedures of all of the changes discussed previously. We selected these procedures because they are the most commonly provided by a broad spectrum of physician specialties. There are separate columns that show the change in the facility rates and the nonfacility rates. For an explanation of facility and nonfacility PE refer to Addendum A of this proposed rule.

TABLE 26.—IMPACT OF PROPOSED RULE AND ESTIMATED PHYSICIAN UPDATE ON PROPOSED 2008 PAYMENT FOR SELECTED PROCEDURES

CPT/ HCPCS	MOD	Description	Facility			Nonfacility		
			2007	Proposed 2008	Percent change	2007	Proposed 2008	Percent change
11721		Debride nail, 6 or more	$28.80	$24.92	−13	$39.03	$35.50	−9
17000		Destruct premalg lesion	44.72	41.64	−7	63.29	60.42	−5
27130		Total hip arthroplasty	1,360.52	1,199.16	−12	NA	NA	NA
27244		Treat thigh fracture	1,100.92	967.04	−12	NA	NA	NA
27447		Total knee arthroplasty	1,464.74	1,288.25	−12	NA	NA	NA
33533		CABG, arterial, single	1,908.52	1,664.76	−13	NA	NA	NA
35301		Rechanneling of artery	1,071.74	938.37	−12	NA	NA	NA
43239		Upper GI endoscopy, biopsy	155.00	140.98	−9	325.16	293.90	−10
66821		After cataract laser surgery	253.53	224.61	−11	270.97	239.63	−12
66984		Cataract surg w/iol, 1 stage	641.98	563.91	−12	NA	NA	NA
67210		Treatment of retinal lesion	556.34	491.54	−12	580.59	511.68	−12
71010		Chest x-ray	NA	NA	NA	26.15	22.87	−13
71010	26	Chest x-ray	8.72	7.85	−10	8.72	7.85	−10
77056		Mammogram, both breasts	NA	NA	NA	97.40	90.46	−7
77056	26	Mammogram, both breasts	41.31	37.55	−9	41.31	37.55	−9
77057		Mammogram, screening	NA	NA	NA	81.86	74.07	−10
77057	26	Mammogram, screening	33.35	30.38	−9	33.35	30.38	−9
77427		Radiation tx management, x5	176.22	159.07	−10	176.22	159.07	−10
78465	26	Heart image (3d), multiple	73.14	66.56	−9	73.14	66.56	−9
88305	26	Tissue exam by pathologist	37.90	32.77	−14	37.90	32.77	−14
90801		Psy dx interview	129.99	112.65	−13	145.15	131.76	−9
90862		Medication management	44.72	39.60	−11	50.40	46.76	−7
90935		Hemodialysis, one evaluation	67.46	59.05	−12	NA	NA	NA

TABLE 26.—IMPACT OF PROPOSED RULE AND ESTIMATED PHYSICIAN UPDATE ON PROPOSED 2008 PAYMENT FOR SELECTED PROCEDURES—Continued

CPT/ HCPCS	MOD	Description	Facility			Nonfacility		
			2007	Proposed 2008	Percent change	2007	Proposed 2008	Percent change
92012		Eye exam established pat	34.11	38.23	12	61.77	62.47	1
92014		Eye exam & treatment	55.71	59.39	7	91.33	91.14	0
92980		Insert intracoronary stent	795.85	721.61	−9	NA	NA	NA
93000		Electrocardiogram, complete	24.63	20.48	−17	24.63	20.48	−17
93010		Electrocardiogram report	8.34	7.51	−10	8.34	7.51	−10
93015		Cardiovascular stress test	104.22	92.51	−11	104.22	92.51	−11
93307	26	Echo exam of heart	46.99	42.33	−10	46.99	42.33	−10
93510	26	Left heart catheterization	242.92	215.73	−11	242.92	215.73	−11
98941		Chiropractic manipulation	28.80	25.60	−11	33.35	29.36	−12
99203		Office/outpatient visit, new	67.08	59.05	−12	91.71	81.58	−11
99213		Office/outpatient visit, est	42.07	37.55	−11	59.50	53.59	−10
99214		Office/outpatient visit, est	66.32	59.05	−11	90.20	80.56	−11
99222		Initial hospital care	119.00	105.48	−11	NA	NA	NA
99223		Initial hospital care	173.57	154.29	−11	NA	NA	NA
99231		Subsequent hospital care	35.62	31.75	−11	NA	NA	NA
99232		Subsequent hospital care	63.67	57.01	−10	NA	NA	NA
99233		Subsequent hospital care	90.95	81.24	−11	NA	NA	NA
99236		Observ/hosp same date	205.40	180.57	−12	NA	NA	NA
99239		Hospital discharge day	94.74	83.63	−12	NA	NA	NA
99243		Office consultation	93.23	83.29	−11	122.41	109.57	−10
99244		Office consultation	145.91	130.74	−10	179.26	160.43	−10
99253		Inpatient consultation	108.77	97.63	−10	NA	NA	NA
99254		Inpatient consultation	156.52	140.64	−10	NA	NA	NA
99283		Emergency dept visit	60.64	52.91	−13	NA	NA	NA
99284		Emergency dept visit	110.28	97.97	−11	NA	NA	NA
99291		Critical care, first hour	208.82	183.65	−12	256.19	224.95	−12
99292		Critical care, add'l 30 min	104.60	92.16	−12	114.45	100.70	−12
99348		Home visit, est patient	NA	NA	NA	66.32	58.03	−13
99350		Home visit, est patient	NA	NA	NA	150.83	131.42	−13
G0008		Admin influenza virus vac	NA	NA	NA	18.95	18.43	−3
G0317		ESRD related svs 4+mo 20+yrs	283.09	246.45	−13	283.09	246.45	−13

B. Geographic Practice Cost Index Changes

Section 1848(e)(1)(A) of the Act requires that payments under the Medicare PFS vary among payment areas only to the extent that area costs vary as reflected by the area GPCIs. The GPCIs measure area cost differences in the three components of the PFS: Physician work; PEs (employee wages, rent, medical supplies, and equipment); and malpractice insurance. Section 1848(e)(1)(C) of the Act requires that GPCIs be reviewed and, if necessary, revised at least every 3 years. The first GPCI revision was implemented in 1993. The second revision was implemented in 1998, the next in 2001, and the last in 2005. In section II.C. of this proposed rule, we are proposing the next GPCI update. The proposed GPCI values are shown in Addendum E. These values reflect the expiration of the 1.000 floor on physician work as provided under section 102 of the MIEA–TRHCA. Section 1848(e)(1)(c) of the Act also requires that the GPCI revisions be phased-in equally over a 2-year period if more than 1 year has elapsed since the last adjustment.

An estimate of the overall effects of proposed GPCI changes on fee schedule area payments can be demonstrated by a comparison of area geographic adjustment factors (GAFs). The GAFs are a weighted composite of each area's work, PE, and malpractice expense GPCIs using the national GPCI cost share weights. While we do not actually use the GAFs in computing the fee schedule payment for a specific service, they are useful in comparing overall area costs and payments. The actual effect on payment for any actual service will deviate from the GAF to the extent that the proportions of work, PE, and malpractice expense RVUs for the service differ from those of the GAF. Addendum D shows the estimated effects of the revised GPCIs on area GAFs in descending order. The GAFs reflect the expiration of the 1.000 floor on physician work as provided under section 102 of the MIEA–TRHCA.

The effects of the 2008 transition year will be only one-half of the total amount of the revisions associated with the updated GPCI values. As required by law, the GPCIs would be phased in over a 2 year period. The total impact of the GPCI revisions is shown in the 2009 GPCI values of Addendum E.

The most significant changes occur in 11 payment localities where the GAF moves up by 1 or more percent or down by more than 2 percent.

C. Telehealth

In section II.D of this rule, we are proposing to add neurobehavioral status exam as represented by HCPCS code 96116 to the list of telehealth services. To date, Medicare expenditures for telehealth services have been extremely low. For instance, in CY 2006, the *total* Medicare payment amount for telehealth services (including the originating site facility fee) was approximately $2 million. Moreover, previous additions to the list of Medicare telehealth services have not resulted in a significant increase in Medicare program expenditures. For example, the psychiatric diagnostic interview examination (as described by CPT code 90801) was added to the list of Medicare telehealth services in CY 2003. The addition of CPT code 90801 resulted in an increase in Medicare payment amounts of approximately $100,000 in CY 2006.

The neurobehavioral status exam (CPT code 96116) includes an initial assessment and evaluation of the mental status for a psychiatric patient. In this regard, the neurobehavioral status exam is similar to the psychiatric diagnostic interview examination (CPT code 90801). However, the utilization rate of psychiatric diagnostic interview examination is much greater than the neurobehavioral status exam. For instance, in CY 2006, the total allowed services for CPT code 90801 was approximately 1.3 million while total allowed services for neurobehavioral status exam in CY 2006 was approximately 105,000. Because utilization of neurobehavioral status exam is substantially less than the psychiatric diagnostic interview examination, we believe the budgetary impact of adding neurobehavioral status exam to the list of Medicare telehealth services will be even less than the previously added psychiatric diagnostic interview examination.

While we believe that addition of this service to the telehealth service list will enable more beneficiaries to access to these services, we do not anticipate that this proposed change will have a significant budgetary impact on the Medicare program.

D. Payment for Covered Outpatient Drugs and Biologicals

1. ASP Issues

The proposed changes discussed in section II.F.1. with respect to payment for covered outpatient drugs and biologicals, are estimated to have no impact on Medicare expenditures. However, we believe the changes will assist in clarifying existing policy with respect to ASP payment.

2. CAP Issues

This proposed rule describes a significant change in how CAP drug claims are paid due to the implementation of section 108(a)(2) of the MIEA–TRHCA. This rule also contains proposals and seeks comment on certain approaches to refining the CAP seek to improve service by improving compliance, increasing flexibility, and increasing choices available to participating CAP physicians. The proposed CAP provisions will also have a potential impact on entities that are involved in the dispensing or distribution of drugs, plan to become approved CAP vendors, or are approved CAP vendors. Changes associated with section 108(a)(2) of the MIEA–TRHCA, especially the provision for payment to vendors upon receipt of a claim, will almost certainly be perceived as a positive step. Other changes which are proposed or are being contemplated seek to improve service by improving compliance, and increasing the services that an approved CAP vendor may offer to participating CAP physicians. At this time we anticipate these changes will result in no significant additional cost savings or increases associated with the CAP, relative to the ASP payment system.

E. Clinical Laboratory Fee Schedule issues

As discussed in section II.G. of this preamble, we have proposed two additions to § 410.508 for determining payment for a new clinical diagnostic laboratory paid under the Medicare Part B clinical laboratory fee schedule. These proposals will not increase or decrease payment amounts for existing clinical diagnostic laboratory tests because the payment amounts are not subject to these regulatory changes. For new tests, the proposals would primarily permit additional comment opportunity for establishing a payment amount for a new test but not result in an increase or decrease in payment amounts. Because any new laboratory tests to undergo a reconsideration request of a payment amount are unknown to us at the current time, we do not have any data to estimate the impact of our proposal to establish a reconsideration process. By improving the comment opportunities and timeframes for establishing payment amount for new tests, we expect less than five tests per year to undergo a subsequent reconsideration process with the resulting adjustments in payment amounts to be very modest if any.

F. Provisions Related to Payment for Renal Dialysis Services Furnished by End State Renal Disease (ESRD) Facilities

The ESRD-related provisions in this proposed rule are discussed in section II.H. To understand the impact of the proposed changes affecting payments to different categories of ESRD facilities, it is necessary to compare estimated payments under the current year (CY 2007 payments) to estimated payments under the revisions to the composite rate payment system (CY 2008 payments) as discussed in II.H. of this proposed rule. To estimate the impact among various classes of ESRD facilities, it is imperative that the estimates of current payments and proposed payments contain similar inputs. Therefore, we simulated payments only for those ESRD facilities that we are able to calculate both current 2006 payments and proposed 2007 payments.

ESRD providers were grouped into the categories based on characteristics provided in the Online Survey and Certification and Reporting (OSCAR) file and the most recent cost report data from the Healthcare Cost Report Information System (HCRIS). We also used the December 2006 update of CY 2006 National Claims History file as a basis for Medicare dialysis treatments and separately billable drugs and biologicals. While the December 2006 update of the 2006 claims is not complete, we wanted to use the most recent data available, and plan to use an updated version of the 2006 claims file for the final rule. Due to data limitations, we are unable to estimate current and proposed payments for 168 of the 4,712 ESRD facilities that bill for ESRD dialysis treatments.

Table 27 shows the impact of this year's proposed changes to CY 2008 payments to hospital-based and independent ESRD facilities. The first column of Table 27 identifies the type of ESRD provider, the second column indicates the number of ESRD facilities for each type, and the third column indicates the number of dialysis treatments.

The fourth column shows the effect of the proposed change to the wage index floor as it affects the composite rate payments to ESRD facilities for CY 2008. The fourth column compares aggregate ESRD wage adjusted composite rate payments in the third year of the transition (CY 2008) using the CY 2008 wage index with a 0.80 floor compared to aggregate ESRD wage adjusted composite rate payments in the third year of the transition (CY 2008) using the CY 2008 wage index with a 0.75 floor. Note that the fourth column only includes the effect of the proposed change to the wage index floor and does not include the effects of other wage index changes, such as, moving from the second to third year of the transition and updated wage index values from CY 2007 to CY 2008.

The fifth column shows the effect of all proposed changes to the ESRD wage index for CY 2008 as it affects the composite rate payments to ESRD facilities. It is inclusive of the changes in the fourth column. The fifth column compares aggregate ESRD wage adjusted composite rate payments in the third year of the transition (CY 2008) to aggregate ESRD wage adjusted composite rate payments in the second year of the transition (CY 2007). In the third year of the transition (CY 2008), ESRD facilities receive 75 percent of the CBSA wage adjusted composite rate and

25 percent of the MSA wage adjusted composite rate. In the second year of the transition, ESRD facilities receive 50 percent of the CBSA wage adjusted composite rate and 50 percent of the MSA wage adjusted composite rate. The overall effect to all ESRD providers in aggregate is zero because the proposed CY 2008 ESRD wage index has been multiplied by a BN adjustment factor to comply with the statutory requirement that any wage index revisions be done in a manner that results in the same aggregate amount of expenditures as would have been made without any changes in the wage index. The decreases shown among census regions is primarily due to reducing the wage index floor, as there were areas in these areas with wage index values below the proposed floor.

The sixth column shows the overall effect of the proposed changes in composite rate payments to ESRD providers. The overall effect is measured as the difference between the proposed CY 2008 payment with all changes as proposed in this rule and current CY 2007 payment. This payment amount is computed by multiplying the wage adjusted composite rate with the drug add-on for each provider times the number of dialysis treatments from the CY 2006 claims. The CY 2008 proposed payment is the transition year 3 wage-adjusted composite rate for each provider (with the 15.5 percent drug add-on) times dialysis treatments from CY 2006 claims. The CY 2007 current payment is the transition year 2 wage-adjusted composite rate for each provider (with the current 14.9 percent drug add-on) times dialysis treatments from CY 2006 claims.

The overall impact to ESRD providers in aggregate is 0.5 percent. This increase corresponds to the proposed 0.5 percent increase to the drug add-on. The variation shown in column 6 is due to variation in changes in the wage index (column 5). All provider types receive the same 0.5 percent increase to the drug add-on.

TABLE 27.—IMPACT OF CY 2008 PROPOSED CHANGES IN PAYMENTS TO HOSPITAL-BASED AND INDEPENDENT ESRD FACILITIES

[Percent change in composite rate payments to ESRD facilities (both program and beneficiaries)]

ESRD provider	Number of facilities	Number of dialysis treatments (in millions)	Effect of changes in floor only [1]	Effect of changes in Wage Index [2]	Overall effect [3]
All Providers:	4,541	31.4	0.0	0.0	0.5
Independent	3,958	28.1	0.0	−0.1	0.5
Hospital-Based	583	3.3	0.0	0.5	1.0
By Facility Size:					
Less than 5000 treatments	1,821	5.4	−0.1	−0.2	0.3
5000 to 9999 treatments	1,805	13.0	0.0	0.0	0.6
Greater than 9999 treatments	915	13.0	0.0	0.1	0.6
Type of Ownership:					
Profit	3,611	25.6	0.0	−0.1	0.4
Nonprofit	930	5.9	0.0	0.3	0.8
By Geographic Location:					
Rural	1,227	6.5	−0.3	−0.5	0.0
Urban	3,314	25.0	0.1	0.1	0.6
By Region:					
New England	154	1.1	0.1	1.6	2.2
Middle Atlantic	549	4.0	0.1	0.4	1.0
East North Central	717	5.1	0.1	−0.7	−0.2
West North Central	343	1.7	0.0	−0.3	0.3
South Atlantic	1,023	7.3	0.0	0.1	0.6
East South Central	357	2.3	−0.3	−1.1	−0.6
West South Central	622	4.4	−0.1	−0.6	−0.1
Mountain	248	1.4	0.1	0.5	1.0
Pacific	498	3.9	0.1	1.3	1.8
Puerto Rico	30	0.4	−2.1	−3.1	−2.6

[1] This column only shows the effect of the proposed wage index floor changes on ESRD providers for CY 2008. Composite rate payments computed using the CY 2008 wage index with a 0.80 floor are compared to composite rate payments using the CY 2008 wage index with a 0.75 floor.

[2] This column shows the overall effect of wage index changes on ESRD providers. Composite rate payments computed using the current wage index are compared to composite rate payments using the CY 2008 wage index changes.

[2] This column shows the overall effect of wage index changes on ESRD providers. Composite rate payments computed using the current wage index are compared to composite rate payments using the CY 2008 wage index changes.

[3] This column shows the percent change between CY 2008 and CY 2007 composite rate payments to ESRD facilities. The CY 2008 payments include the CY 2008 wage adjusted composite rate, and the 15.5 percent drug add-on times treatments. The CY 2007 payments to ESRD facilities includes the CY 2007 wage adjusted composite rate and the 14.9 percent drug add-on times treatments.

G. IDTF Changes

We believe that our proposals regarding IDTFs as discussed in section II.I. of this proposed rule would have no budgetary impact. However, we believe that these changes are necessary to ensure that only legitimate IDTFs are enrolled into the program. In addition, we believe that the proposed IDTF provisions contained in this rule will help ensure that beneficiaries receive quality care. Therefore, we expect to have an impact on an unknown number of persons and entities who will be denied enrollment into the Medicare program.

H. CORF Issues

The revisions to the CORF regulations discussed in section II.K. update the regulations for consistency with the PFS payment rules. These revisions will help to clarify payment for CORF services and are expected to have minimal impact on Medicare expenditures.

I. Compendia for Determination of Medically-Accepted Indications for Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen

We anticipate that the proposals related to the compendia discussed in section II.L. of this proposed rule will have a negligible cost to the Medicare program. The proposed changes will enable CMS to respond quickly should changes in the number and quality of the compendia indicate a need to amend the list.

J. Physician Self-referral Provisions

We anticipate that our proposals in section II.M. of this proposed rule for the reassignment and anti-markup provisions, and the physician self-referral provisions would result in savings to the program by reducing overutilization and anti-competitive business arrangements. We cannot gauge with any certainty the extent of these savings to the Medicare program.

K. Beneficiary Signature for Ambulance Transport Services

We believe that our proposal in section II.N. of this proposed rule for allowing the ambulance provider or supplier to sign the claim on behalf of the beneficiary with respect to emergency transport services, provided that certain conditions are satisfied, will have no budget impact.

L. Update to Fee Schedules for Class III DME for CYs 2007 and 2008

In section II.O. of this proposed rule, we discuss the proposed update to the fee schedules for class III DME for CYs 2007 and 2008. Total allowed charges for class III devices in 2005 were $71 million. Accordingly, with a zero percent increase for DME, other than class III devices, for 2005 and 2006 and with the proposed establishment of an update for 2007 of zero percent for class III devices, rather than 4.3 percent based on the CPI–U, this would result in a savings to the Medicare program of approximately $2 million in FY 2007, $4 million in FY 2008, $4 million in FY 2009, $5 million in FY 2010, $5 million in FY 2011, and $5 million in FY 2012.

M. Therapy Services

In section II.S.2., we proposed to change the certification the plan of care, for outpatient physical therapy, occupational therapy and speech-language pathology services from every 30 days to an appropriate length, based on the patient's needs, limited to 90 days. Analysis of Medicare claims data shows negative or no impact for this change. In most cases, the appropriate length of treatment will be less than 30 days. Certification of the appropriate length of treatment will discourage the practice of billing for re-evaluations prior to recertification regardless of need.

The 30-day recertification allows treatment under a plan of care for 30 days after initial certification, regardless of the appropriate length of treatment. The initial certification cannot assure that a physician reviews the plan or follows the patient's progress.

In 2004 and again in 2006, we received an extensive analysis of the utilization of therapy services. The analysis indicates that the recertification has no impact on utilization of services and does not limit payment. About 70 percent of episodes are completed before the first 30-day recertification interval. Although CORFs have a 60-day certification period, and SNFs and outpatient rehabilitation facilities (ORFs) have 30-day certification periods, the average number of treatment days is similar in these settings. Contrary to the pattern expected if certification impacted length of care, the number of physical therapy treatment days is higher in SNF than in CORF.

We propose to review the utilization of therapy services after a 2-year trial to assess any changes that might be related to certification of a plan of care for an appropriate length of treatment. At that time, if we determine that this change has caused an increase in inappropriate utilization, we will reconsider the 30-day certification requirement.

N. TRHCA 101(b) Physician Quality Reporting Initiative

As discussed in section II.T.1. of this proposed rule, the proposed 2008 PQRI measures satisfy the requirement of section 1848(k)(2)(B)(ii) of the Act that the Secretary publish in the **Federal Register** by August 15, 2007 a proposed set of measures that the Secretary determines would be appropriate for eligible professionals to use to submit data to the Secretary in 2008. We also expect to address registry-based data submission on a test basis in 2008. As discussed in section II.T.1. of this proposed rule, we will also explore and may offer an option in 2008 for reporting some of the 2008 PQRI measures via submission of clinical data extracted from EHRs. Although there may be some cost incurred for maintaining the measures and their associated code sets, and for expanding an existing clinical data warehouse to accommodate registry-based data submission, we do not anticipate a significant cost impact on the Medicare program.

O. TRHCA 101(d) Physician Assistance and Quality Initiative Fund

As discussed in section II.T.5. of this proposed rule, section 101(d) of the MIEA–TRHCA created the Physician Assistance and Quality Initiative Fund (PAQI) which provides $1.35 billion for physician payment and quality improvement initiatives. The legislation directs the Secretary to provide for expenditures from the Fund in a manner designed to provide (to the maximum extent feasible) for the obligation of the entire $1.35 billion for payment for physician's services furnished during 2008.

P. TRHCA 110 Reporting of Anemia Quality Indicators

As discussed in section II.T.2. of this proposed rule, there are no program cost savings or increased expenditure associated with this proposed change; however, we expect that the regulation will have a positive impact on patient care.

Q. Proposed Elimination of Exemption From NCPDP SCRIPT Standard for Computer-Generated Facsimile Transmissions Under Medicare Part D

The proposed elimination of the exemption for computer-generated fax transactions under Medicare Part D is discussed in section II.S.3. of this proposed rule. E-prescribing is voluntary for providers and pharmacies. This proposal would affect only providers and pharmacies that already conduct e-prescribing using products that generate faxes rather than SCRIPT transactions.

We believe that providers and pharmacies that are now e-prescribing using products that generate faxes generally already possess the hardware necessary to e-prescribe. Many would need to obtain software upgrades to send and receive the SCRIPT transaction. This software will generally be available to providers through automatic version upgrades built into annual software vendor maintenance fees. However, providers currently using software that cannot be upgraded to generate SCRIPT transactions would need to purchase and install new e-prescribing software or revert to sending paper fax transactions to pharmacies.

Dispensers that currently e-prescribe but have not established the connectivity necessary to receive and send SCRIPT transactions would need to connect to a network, and may need to install software upgrades, which will generally be covered under annual fees. Because pharmacies customarily bear

the cost of transaction fees for the SCRIPT transactions they receive and send, these costs would increase as the rate of e-prescribing increases.

The proposed elimination of this exemption will have indirect benefits in that it will help to encourage e-prescribing using electronic data interchange, which will ultimately result in improved patient safety.

Because of the voluntary nature of e-prescribing for physicians and pharmacies, the relatively small number of entities currently e-prescribing, and the minimal nature of the anticipated costs, we believe this provision does not constitute a major rule for purposes of this analysis. However, we specifically solicit comments on the impact to providers and pharmacies.

R. Revisions to Payment Policies Under the Ambulance Fee Schedule and the Ambulance Inflation Factor Update for CY 2008

Ambulance providers and suppliers for purposes of the RFA are considered to be small entities. The proposal to remove the requirement that the AIF be published annually via **Federal Register** notice, as discussed in Section III. of this proposed rule has no monetary impact on small entities, or small businesses. It merely allows for the earlier dissemination of necessary information to the ambulance industry, the Medicare contractors, and the general public.

S. Alternatives Considered

This proposed rule contains a range of policies, including some provisions related to specific MMA provisions. The preamble provides descriptions of the statutory provisions that are addressed, identifies those policies when discretion has been exercised, presents rationale for our decisions and, where relevant, alternatives that were considered.

T. Impact on Beneficiaries

There are a number of changes made in this proposed rule that would have an effect on beneficiaries. In general, we believe these changes, particularly the implementation of the PQRI with its continuing focus on measuring, submitting, and analyzing quality data, will have a positive impact and improve the quality and value of care provided to Medicare beneficiaries.

We do not believe that beneficiaries will experience drug access issues as a result of the proposed changes with respect to Part B drugs and CAP.

As explained in more detail subsequently in this section, the regulatory provisions may affect beneficiary liability in some cases. Most changes in aggregate beneficiary liability from a particular provision would be a function of the coinsurance (20 percent if applicable for the particular provision after the beneficiary has met the deductible) and the effect of the aggregate cost (savings) of the provision on the calculation of the Medicare Part B premium rate (generally 25 percent of the provision's cost or savings). In 2008, total cost sharing (coinsurance and deductible) per Part B enrollee associated with physician fee schedule services is estimated to be $590. In addition, the portion of the 2008 standard monthly Part B premium attributable to PFS services is estimated to be $38.60.

To illustrate this point, as shown in Table 26, the 2007 national payment amount in the nonfacility setting for CPT code 99203 (Office/outpatient visit, new), is 91.71 which means that currently a beneficiary is responsible for 20 percent of this amount, or 18.34. Based on this proposed rule, the 2008 national payment amount in the nonfacility setting for CPT code 99203, as shown in Table 26, is $81.58 which means that, in 2008, the beneficiary coinsurance for this service would be $16.32.

Proposed policies discussed in this rule that do affect overall spending, such as the proposed additions to the list of codes that are subject to section 5102 of the DRA imaging provisions, would similarly impact beneficiaries' coinsurance.

U. Accounting Statement

As required by OMB Circular A–4 (available at *http://www.whitehouse.gov/omb/circulars/a004/a-4.pdf*), in Table 28, we have prepared an accounting statement showing the classification of the expenditures associated with this proposed rule. This estimate includes the incurred benefit impact associated with the estimated CY 2008 PFS update, shown in this proposed rule, based on the 2007 Trustees Report baseline. All estimated impacts are classified as transfers.

TABLE 28.—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED EXPENDITURES FROM CY 2007 TO CY 2008

Category	Transfers
Annualized Monetized Transfers	Estimated decrease in expenditures of $ 5.9 billion.
From Whom To Whom?	Physicians, other practitioners and suppliers who receive payment under the Medicare Physician Fee Schedule; ESRD Medicare Providers; ambulance suppliers, DME suppliers, and Medicare suppliers billing for Part B drugs to Federal Government.

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

List of Subjects

42 CFR Part 409

Health facilities, Medicare.

42 CFR Part 410

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

42 CFR Part 411

Kidney diseases, Medicare, Physician Referral, Reporting and recordkeeping requirements.

42 CFR Part 413

Health facilities, Kidney diseases, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 414

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping.

42 CFR Part 415

Health facilities, Health professions, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 418

Health facilities, Hospice care, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 423

Administrative practice and procedure, Emergency medical services, Health facilities, Health maintenance organizations (HMO), Health Professionals, Medicare, Penalties,

Privacy, Reporting and recordkeeping requirements.

42 CFR Part 424

Emergency medical services, Health facilities, Health professions, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 482

Grant programs-health, Hospitals, Medicaid, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 484

Grant programs-health, Health facilities, Health professions, Health records, Medicaid, Medicare, Nursing homes, Nutrition, Reporting and recordkeeping requirements, Safety.

42 CFR Part 485

Grant programs-health, Health facilities, Medicaid, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 491

Grant programs-health, Health facilities, Medicaid, Medicare, Reporting and recordkeeping requirements, Rural areas.

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

PART 409—HOSPITAL INSURANCE BENEFITS

1. The authority citation for part 409 continues to read as follows:

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

Subpart B—Inpatient Hospital Services and Inpatient Critical Access Hospital Services

2. A new § 409.17 is added to read as follows:

§ 409.17 Physical therapy, occupational therapy, and speech-language pathology services.

(a) *General rules.* (1)(i) Except as specified in paragraph (a)(1)(ii) of this section, physical therapy, occupational therapy or speech-language pathology services must be furnished by qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants or speech-language pathologists who meet the requirements specified in § 484.4 of this chapter.

(ii) Physical therapy, occupational therapy or speech-language pathology services may be furnished by qualified physical therapists, physical therapist assistants, occupational therapists, or occupational therapy assistants who have been licensed, certified, registered or otherwise regulated as physical therapists, physical therapist assistants, occupational therapists, or occupational therapy assistants by the State in which practicing before January 1, 2008 and continue to furnish Medicare services at least part time without an interruption in furnishing services of more than 2 years.

(2) Physical therapy, occupational therapy or speech-language pathology services must be furnished under a plan of treatment that meets the requirements of paragraphs (b) through (e) of this section.

(b) *Establishment of the plan.* The plan must be established before treatment begins by one of the following:

(1) A physician.

(2) A nurse practitioner, a clinical nurse specialist or a physician assistant.

(3) The physical therapist furnishing the physical therapy services.

(4) A speech-language pathologist furnishing the speech-language pathology services.

(5) An occupational therapist furnishing the occupational therapy services.

(c) *Content of the plan.* The plan must—

(1) Prescribe the type, amount, frequency, and duration of the physical therapy, occupational therapy, or speech-language pathology services to be furnished to the individual; and

(2) Indicate the diagnosis and anticipated goals.

(d) *Changes in the plan.* Any changes in the plan must be made in writing, incorporated immediately, and signed by one of the following:

(1) A physician.

(2) A nurse practitioner, clinical nurse specialist, or a physician assistant.

(3) The physical therapist furnishing the physical therapy services.

(4) The speech-language pathologist furnishing the speech-language pathology services.

(5) The occupational therapist furnishing the occupational therapy services.

(6) A registered professional nurse or a staff physician, in accordance with verbal orders from one the practitioners listed in paragraphs (1) through (5) of this section.

(e) *Review of the plan.* The physician, nurse practitioner, clinical nurse special or physician assistant reviews the plan as often as the individual's condition requires, but at least prior to certification.

Subpart C—Posthospital SNF Care

3. Section 409.23 is amended by adding paragraph (c) to read as follows:

§ 409.23 Physical, occupational, and speech therapy.

* * * * *

(c) Except as specified in paragraph (c)(1)(ii) of this section, physical therapy, occupational therapy or speech-language pathology services must be furnished—

(1)(i) By qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants or speech-language pathologists as defined in § 484.4; or

(ii) By qualified physical therapists, physical therapist assistants, occupational therapists, or occupational therapy assistants who have been licensed, certified, registered or otherwise recognized by the State in which practicing before January 1, 2008 and continue to furnish Medicare physical therapy or occupational therapy services at least part time without an interruption in furnishing services of more than 2 years.

(2) In accordance with a plan of treatment that meets the requirements of § 409.16(b) through (e) of this part.

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

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

Authority: Secs. 1102, 1834, 1871, and 1893 of the Social Security Act (42 U.S.C. 1302, 1395m, 1395hh, and 1395ddd).

Subpart B—Medical and Other Health Services

§ 410.32 [Amended]

5. Section 410.32 is amended by—

A. Removing paragraph (a)(1).

B. Redesignating paragraphs (a)(2) and (a)(3) as paragraphs (a)(1) and (a)(2).

6. Section 410.33 is amended by—

A. Removing the phrase, ''and (h)'' in the introductory text of paragraph (a)(2) and adding in its place, ''and (i)''.

B. Revising paragraphs (b)(1), (g)(2), (g)(6), and (g)(8).

C. Adding paragraphs (g)(15) and (i).

The revisions and additions read as follows:

§ 410.33 Independent diagnostic testing facility.

* * * * *

(b) * * *

(1) Each supervising physician must be limited to providing supervision to no more than three IDTF sites. This applies to both fixed sites and mobile

units where three concurrent operations are capable of performing tests.

* * * * *

(g) * * *

(2) Provides complete and accurate information on its enrollment application. Changes in ownership, changes of location, changes in general supervision, and adverse legal actions must be reported to the designated fee-for-service contractor on the Medicare enrollment application within 30 calendar days of the change. All other changes to the enrollment application must be reported within 90 days.

* * * * *

(6) Have a comprehensive liability insurance policy of at least $300,000 per location that covers both the place of business and all customers and employees of the IDTF. The policy must be carried by a nonrelative-owned company. Failure to maintain required insurance at all times will result in revocation of the IDTF's billing privileges retroactive to the date the insurance lapsed. IDTF suppliers are responsible for providing the contact information for the issuing insurance agent and the underwriter. In addition, the IDTF must—

(i) Ensure that the insurance policy must remain in force at all times and provide coverage of at least $300,000 per incident;

(ii) Notify the CMS designated contractor in writing of any policy changes or cancellations; and

(iii) List the CMS designated contractor as a Certificate Holder on the policy.

* * * * *

(8) Answer, document, and maintain documentation of all beneficiaries' questions and responses to their complaints at the physical site of the IDTF. This includes, but is not limited to, the following:

(i) The name, address, telephone number, and health insurance claim number of the beneficiary.

(ii) A summary of the complaint; the date it was received; the name of the person receiving the complaint; and a summary of actions taken to resolve the complaint.

(iii) If an investigation was not conducted, the name of the person making the decision and the reason for the decision. For mobile IDTFs, this documentation would be stored at their home office.

* * * * *

(15) Does not share space, equipment, or staff or sublease its operations to another individual or organization.

* * * * *

(i) *Effective date of billing privileges.* The effective date of billing privileges for a newly enrolled IDTF is the later of the following:

(1) The filing date of the Medicare enrollment application that was subsequently approved by a fee-for-service contractor;

(2) The date the IDTF first furnished services at its new practice location; or

(3) The filing date of the Medicare enrollment application or the date that the Medicare fee-for-service contractor receives a signed provider enrollment application that it is able to process for approval.

7. Section 410.43 is amended by revising paragraph (a)(3)(ii) to read as follows:

§ 410.43 Partial hospitalization services: Conditions and exclusions.

(a) * * *

(3) * * *

(ii) Occupational therapy requiring the skills of a qualified occupational therapist, provided by an occupational therapist, or under appropriate supervision of a qualified occupational therapist by an occupational therapy assistant—

(A) As specified in § 484.4 of this chapter; or

(B) Who has been licensed, certified, registered or otherwise recognized as an occupational therapist or occupational therapy assistant by the State in which practicing before January 1, 2008 and continues to furnish Medicare occupational therapy services at least part time without an interruption in furnishing services of more than 2 years.

* * * * *

8. Section 410.59 is amended by—

A. Removing the phrase ''paragraph (a)(3)(iii)'' in the introductory text to paragraph (a) and adding the phrase, ''paragraphs (a)(3)(iii) and (iv)'' in its place.

B. Adding a new paragraph (a)(3)(iv).

The addition reads as follows:

§ 410.59 Outpatient occupational therapy services: Conditions.

(a) * * *

(3) * * *

(iv) By qualified occupational therapists or appropriately supervised occupational therapy assistants who meet the qualifications in § 484.4 of this chapter or who have been licensed, certified, registered or otherwise recognized by the State in which practicing before January 1, 2008 and continue to furnish Medicare occupational therapy services at least part time without an interruption in furnishing services of more than 2 years;

* * * * *

9. Section 410.60 is amended by—

A. Removing the phrase ''paragraph (a)(3)(iii)'' in the introductory text to paragraph (a) and adding the phrase, ''paragraphs (a)(3)(iii) and (iv)'' in its place.

B. Adding a new paragraph (a)(3)(iv).

The addition reads as follows:

§ 410.60 Outpatient physical therapy services: Conditions.

(a) * * *

(3) * * *

(iv) By qualified physical therapists or appropriately supervised physical therapist assistants who meet the qualifications in § 484.4 of this chapter or who have been licensed, certified, registered or otherwise recognized by the State in which practicing before January 1, 2008 and continue to furnish Medicare physical therapy services at least part time without an interruption in furnishing services of more than 2 years;

* * * * *

10. Section 410.61 is amended by revising paragraph (e)(1) to read as follows:

§ 410.61 Plan of treatment requirements for outpatient rehabilitation services.

* * * * *

(e) * * *

(1) The physician, nurse practitioner, clinical nurse specialist or physician's assistant reviews the plan as often as the individual's condition requires, but at least at every certification and recertification.

* * * * *

11. Section 410.78 is amended by revising the introductory text of paragraph (b) to read as follows:

§ 410.78 Telehealth services.

* * * * *

(b) *General rule.* Medicare Part B pays for office and other outpatient visits, professional consultation, psychiatric diagnostic interview examination, individual psychotherapy, pharmacologic management, end stage renal disease related services included in the monthly capitation payment (except for one visit per month to examine the access site), individual medical nutrition therapy, and neurobehavioral status exam furnished by an interactive telecommunications system if the following conditions are met:

* * * * *

Subpart D—Comprehensive Outpatient Rehabilitation Facility (CORF) Services

12. Section 410.100 is amended by—

A. Revising the introductory text and paragraphs (a), (e), and (h).

B. Removing paragraphs (i) and (k).

C. Redesignating paragraphs (j), (l), and (m) to (i), (j), and (k), respectively.

D. Revising new paragraphs (i), (j), and (k).

The revisions read as follows:

§ 410.100 Included services.

Subject to the conditions and limitations set forth in § 410.102 and § 410.105, CORF services means the following services furnished to an outpatient of the CORF by personnel that meet the qualifications set forth in § 485.70 of this chapter. Payment for CORF services are made in accordance with § 414.1101 of this chapter.

(a) *Physician's services.* CORF facility physician services are administrative in nature and include consultation with and medical supervision of nonphysician staff, participate in plan of treatment reviews and patient care review conferences, and other medical and facility administration activities. Diagnostic and therapeutic services furnished to an individual CORF patient by a physician in a CORF facility are not CORF physician services. These services, if covered, are physician services under § 410.20 with payment for these services made to the physician in accordance with part 414 subpart B of this chapter.

* * * * *

(e) *Respiratory therapy services.* (1) Respiratory therapy services are for the treatment, and monitoring of patients with deficiencies or abnormalities of cardiopulmonary function.

(2) Respiratory therapy services include the following:

(i) Application of techniques for support of oxygenation and ventilation of the patient.

(ii) Therapeutic use and monitoring of gases, mists, and aerosols and related equipment.

(iii) Bronchial hygiene therapy.

(iv) Pulmonary rehabilitation techniques to develop strength and endurance of respiratory muscles and other techniques to increase respiratory function, such as graded activity services; these services include physiologic monitoring and patient education.

* * * * *

(h) *Social and psychological services.* Social and psychological services include the assessment and treatment of an individual's mental and emotional functioning and the response to and rate of progress as it relates to the individual's rehabilitation plan of treatment, including physical therapy services, occupational therapy services, speech-language pathology services and respiratory therapy services.

(i) *Nursing care services.* Nursing care services include nursing services provided by a registered nurse that are prescribed by a physician and are specified in or directly related to the rehabilitation treatment plan and necessary for the attainment of the rehabilitation goals of the physical therapy, occupational therapy, speech-language pathology, or respiratory therapy plan of treatment.

(j) *Supplies and durable medical equipment.* Supplies and durable medical equipment include the following:

(1) Disposable supplies.

(2) Durable medical equipment of the type specified in § 410.38 (except for renal dialysis systems) for a patient's use outside the CORF, whether purchased or rented.

(k) *Home environment evaluation.* A home environment evaluation—

(1) Is a single home visit to evaluate the potential impact of the home situation on the patient's rehabilitation goals.

(2) Requires the presence of the patient and the physical therapist, occupational therapist, or speech-language pathologist, as appropriate.

13. Section 410.105 is amended by revising paragraphs (b)(3)(i) and (ii), (c)(1) introductory text, and (c)(1)(ii) to read as follows:

§ 410.105 Requirements for coverage of CORF services.

* * * * *

(b) * * *

(3) * * *

(i) Physical therapy, occupational therapy, and speech-language pathology services may be furnished away from the premises of the CORF including the individual's home when payment is not otherwise made under Title XVIII of the Act.

(ii) The single home environment evaluation visit specified in § 410.100(m) is also covered.

(c) * * *

(1) The service must be furnished under a written rehabilitation plan of treatment that—

(i) * * *

(ii) Indicates the diagnosis and rehabilitation goals, and prescribes the type, amount, frequency, and duration of the services to be furnished that relate directly to such rehabilitation goals.

* * * * *

Subpart G—Medical Nutrition Therapy

14. Section 410.132 is amended by revising paragraph (a) to read as follows:

§ 410.132 Medical nutrition therapy.

(a) *Conditions for coverage of MNT services.* Medicare Part B pays for MNT services provided by a registered dietitian or nutrition professional as defined in § 410.134 when the beneficiary is referred for the service by the treating physician. Except as provided at § 410.78, services covered consist of face-to-face nutritional assessments and interventions in accordance with nationally-accepted dietary or nutritional protocols.

* * * * *

PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

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

Authority: Secs. 1102, 1860D–1 through 1860D–42, 1871, and 1877 of the Social Security Act (42 U.S.C. 1302, 1395w–101 through 1395w–152, 1395hh, and 1395nn).

Subpart A—General Exclusions and Exclusion of Particular Services

16. Section 411.15 is amended by—

A. Revising paragraph (a)(1).

B. Adding paragraphs (k)(13) and (k)(14).

The revision and additions read as follows:

§ 411.15 Particular services excluded from coverage.

* * * * *

(a) * * *

(1) Examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptoms, complaint, or injury, except for screening mammography, colorectal cancer screening tests, screening pelvic exams, prostate cancer screening tests, glaucoma screening exams, initial preventive physical exams, ultrasound screening for abdominal aortic aneurysms (AAA), cardiovascular disease screening tests, or diabetes screening tests that meet the criteria specified in paragraphs (k)(6) through (k)(14) of this section.

* * * * *

(k) * * *

(13) In the case of cardiovascular disease screening tests for the early detection of cardiovascular disease or abnormalities associated with an elevated risk for that disease, subject to the conditions specified in § 410.17 of this chapter.

(14) In the case of diabetes screening tests furnished to an individual at risk for diabetes for the purpose of the early detection of that disease, subject to the conditions specified in § 410.18 of this chapter.

* * * * *

Subpart J—Financial Relationships Between Physicians and Entities Furnishing Designated Health Services

17. Section 411.351 is amended by revising the definition of ''entity'' to read as follows:

§ 411.351 Definitions.

* * * * *

Entity means—

(1) A physician's sole practice or a practice of multiple physicians or any other person, sole proprietorship, public or private agency or trust, corporation, partnership, limited liability company, foundation, nonprofit corporation, or unincorporated association that furnishes DHS. An entity does not include the referring physician himself or herself, but does include his or her medical practice. A person or entity is considered to be furnishing DHS if it—

(i) Is the person or entity that has performed the DHS, or

(ii) Presented a claim or caused a claim to be presented for Medicare benefits for the DHS.

(2) For purposes of this subpart, ''entity'' includes a health plan, managed care organization (MCO), provider sponsored organization (PSO), or independent practice association (IPA) that employs a supplier or operates a facility that could accept reassignment from a supplier pursuant to § 424.80 of this chapter, with respect to any designated health services provided by that supplier; ''entity'' does not include a health care delivery system that is a health plan (as defined in § 1001.952(l) of this title), or any MCO, PSO or IPA with which a health plan contracts for services provided to plan enrollees.

(3) For purposes of this subpart, ''entity'' does not include a physician's practice when it bills Medicare for a diagnostic testing accordance with § 414.50 of this chapter (Physician billing for purchased diagnostic tests) and section 30.2.9 of the Internet-Only Manual, Pub.100–04, Chapter 1, General Billing Requirements.

* * * * *

18. Section 411.353 is amended by adding paragraph (g) to read as follows:

§ 411.353 Prohibition on certain referrals by physicians and limitations on billing.

* * * * *

(g) *Denial of payment for services furnished under a prohibited referral.* When payment for a designated health service is denied on the basis that the service was furnished pursuant to a prohibited referral, and such payment denial is appealed, the burden is on the entity submitting the claim for payment to establish that the service was not furnished pursuant to a prohibited referral (and not on CMS or its contractors to establish that the service was furnished pursuant to a prohibited referral).

19. Section 411.354 is amended by revising paragraphs (b)(3)(i) and (d)(1) to read as follows:

§ 411.354 Financial relationship, compensation, and ownership or investment interest.

* * * * *

(b) * * *

(3) * * *

(i) An interest in an entity that arises from a retirement plan offered by that entity to the physician or immediate family member through the physician's or immediate family member's employment with that entity;

* * * * *

(d) * * *

(1) Compensation will be considered ''set in advance'' if the aggregate compensation, a time-based or per unit of service based (whether per-use or per-service) amount, or a specific formula for calculating the compensation is set in an agreement between the parties before the furnishing of the items or services for which the compensation is to be paid. The formula for determining the compensation must be set forth in sufficient detail so that it can be objectively verified, and the formula may not be changed or modified during the course of the agreement in any manner that reflects the volume or value of referrals or other business generated by the referring physician. Percentage-based compensation, other than compensation based on revenues directly resulting from personally performed physician services (as defined in § 410.20(a)), is not considered set in advance.

* * * * *

20. Section 411.357 is amended by revising paragraphs (a)(5) and (b)(4) to read as follows:

§ 411.357 Exceptions to the referral prohibition related to compensation arrangements.

* * * * *

(a) * * *

(5) The rental charges over the term of the agreement are not determined in a manner that takes into account the volume or value of any referrals or other business generated between the parties. Per unit-of-service rental charges are not allowed to the extent that such charges reflect services provided to patients referred by the lessor to the lessee.

* * * * *

(b) * * *

(4) The rental charges over the term of the agreement are set in advance, are consistent with fair market value, and are not determined in a manner that takes into account the volume or value of any referrals or other business generated between the parties. Per unit-of-service rental charges are not allowed to the extent that such payments reflect services provided to patients referred by the lessor to the lessee.

* * * * *

PART 413—PRINCIPLES OF REASONABLE COST REIMBURSEMENT; PAYMENT FOR END-STAGE RENAL DISEASE SERVICES; PROSPECTIVELY DETERMINED PAYMENT RATES FOR SKILLED NURSING FACILITIES

21. The authority citation for part 413 continues to read as follows:

Authority: Secs. 1102, 1812(d), 1814(b), 1815, 1833(a), (i), and (n), 1861(v), 1871, 1881, 1883, and 1886 of the Social Security Act (42 U.S.C. 1302, 1395d(d), 1395f(b), 1395g, 1395l(a), (i), and (n), 1395x(v), 1395hh, 1395rr, 1395tt, and 1395ww); and sec. 124 of Pub. L. 106–133 (113 Stat. 1501A–332).

Subpart A—Introduction and General Rules

§ 413.1 [Amended]

22. Section 413.1 is amended by—

A. Removing paragraphs (a)(2)(iv) and (vi).

B. Redesignating paragraphs (a)(2)(v) and (vii) as paragraphs (a)(2)(iv) and (v), respectively.

Subpart H—Payment for End-Stage Renal Disease (ESRD) Services and Organ Procurement Costs

23. Section 413.184 is amended by revising the section heading as set forth below:

§ 413.184 Payment exception: Pediatric patient mix.

* * * * *

PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES

24. The authority citation for part 414 is revised to read as follows:

Authority: Secs. 1102, 1871, and 1881(b)(l) of the Social Security Act (42 U.S.C. 1302, 1395hh, and 1395rr(b)(l)).

Subpart B—Physicians and Other Practitioners

25. Section 414.50 is revised to read as follows:

§ 414.50 Physician billing for purchased diagnostic tests.

(a) *General rule.* (1) For services covered under section 1861(s)(3) of the Act and paid for under part 414 of this chapter (other than clinical diagnostic laboratory tests paid under section 1833(a)(2)(D) of the Act, which are subject to the special rules set forth in section 1833(h)(5)(A) of the Act), if a physician or medical group bills for the technical or professional component of a diagnostic test that was performed by an outside supplier, the payment to the physician or the medical group (less the applicable deductibles and coinsurance) for the technical or professional component of the test may not exceed the lowest of the following amounts:

(i) The supplier's net charge to the physician or medical group.

(ii) The physician's or medical group's actual charge.

(iii) The fee schedule amount for the test that would be allowed if the supplier billed directly.

(2) This provision applies regardless of whether the test or its interpretation was purchased by the physician or medical group billing for the test or the interpretation, or whether the right to bill for the test or its interpretation was reassigned to the physician or medical group billing for the test or the interpretation.

(3) For purposes of paragraph (a) of this section—

(i) The physician's or other supplier's net charge must be determined without regard to any charge that is intended to reflect the cost of equipment or space leased to the outside supplier by or through the billing physician or medical group.

(ii) An outside supplier is someone other than a full-time employee of the billing physician or medical group.

(b) *Restriction on payment.* (1) The physician or medical group must identify the supplier and indicate the supplier's net charge for the test. If the physician or medical group fails to provide this information, CMS makes no payment to the physician or medical group and the physician or medical group may not bill the beneficiary.

(2) Physicians and medical groups that accept Medicare assignment may bill beneficiaries for only the applicable deductibles and co-insurance.

(3) Physicians and medical groups that do not accept Medicare assignment may not bill the beneficiary more than the payment amount described in paragraph (a) of this section.

26. Section 414.65 is amended by revising paragraph (a)(1) to read as follows:

§ 414.65 Payment for telehealth services.

(a) * * *

(1) The Medicare payment amount for office or other outpatient visits, consultation, individual psychotherapy, psychiatric diagnostic interview examination, pharmacologic management, end stage renal disease related services included in the monthly capitation payment (except for one visit per month to examine the access site), individual medical nutrition therapy, and neurobehavioral status exam furnished via an interactive telecommunications system is equal to the current fee schedule amount applicable for the service of the physician or practitioner.

* * * * *

Subpart G—Payment for New Clinical Diagnostic Laboratory Tests

27. Section § 414.502 is amended by adding the definition, ''New test'' in alphabetical order to read as follows:

§ 414.502 Definitions.

* * * * *

New test means any clinical diagnostic laboratory test for which a new or substantially revised Healthcare Common Procedure Coding System Code is assigned on or after January 1, 2005.

* * * * *

28. Section 414.506 is amended by revising the introductory text to read as follows:

§ 414.506 Procedures for public consultation for payment for a new clinical diagnostic laboratory test.

For a new test, CMS determines the basis for and amount of payment after performance of the following:

* * * * *

29. Section 414.508 is amended by revising paragraph (b)(3) to read as follows:.

§ 414.508 Payment for a new clinical diagnostic laboratory test.

* * * * *

(b) * * *

(3) For a new test for which a new or substantially revised HCPCS code was assigned on or before December 31, 2007, after the first year of gapfilling, CMS determines whether the carrier-specific amounts will pay for the test appropriately. If CMS determines that the carrier-specific amounts will not pay for the test appropriately, CMS may crosswalk the test.

30. Section 414.509 is added to read as follows:

§ 414.509 Reconsideration of basis for and amount of payment for a new clinical diagnostic laboratory test.

For a new test for which a new or substantially revised HCPCS code was assigned on or after January 1, 2008, the following reconsideration procedures apply:

(a) *Reconsideration of basis for payment.* (1) CMS will receive public comments in written format for 60 days after making a determination of the basis for payment under § 414.506(d)(2) regarding whether CMS should reconsider the basis for payment and why a different basis for payment would be more appropriate. If a commenter recommends that the basis for payment should be changed from gapfilling to crosswalking, the commenter may also recommend the code or codes to which to crosswalk the new test.

(2) At the meeting convened under § 414.506(c), those commenters who submitted comments within the 60-day comment period may present their comments.

(3) Considering comments received, CMS may reconsider its determination of the basis for payment. As the result of such a reconsideration, CMS may change the basis for payment from crosswalking to gapfilling or from gapfilling to crosswalking.

(4) If the basis for payment is revised as the result of a reconsideration, the new basis for payment is final and is not subject to further reconsideration.

(b) *Reconsideration of amount of payment*—(1) *Crosswalking.* (i) For 60 days after making a determination under § 414.506(d)(2) of the code or codes to which a new test will be crosswalked, CMS receives public comments in written format regarding whether CMS should reconsider its determination and the recommended code or codes to which to crosswalk the new test.

(ii) At the meeting convened under § 414.506(c), those commenters who submitted comments within the 60-day comment period may present their comments.

(iii) Considering comments received, CMS may reconsider its determination of the amount of payment. As the result of such a reconsideration, CMS may change the code or codes to which the new test is crosswalked.

(iv) If CMS changes the basis for payment from gapfilling to crosswalking as a result of a reconsideration, the crosswalked amount of payment is not subject to reconsideration.

(2) *Gapfilling.* (i) By April 30 of the year after CMS makes a determination under § 414.506(d)(2) or § 414.509(a)(3) that the basis for payment for a new test will be gapfilling, CMS posts interim

carrier-specific amounts on the CMS Web site.

(ii) For 60 days after CMS posts interim carrier-specific amounts on the CMS Web site, CMS will receive public comments in written format regarding whether CMS should reconsider the interim payment amounts and the appropriate national limitation amount for the new test.

(iii) Considering comments received, CMS may reconsider its determination of the amount of payment. As the result of a reconsideration, CMS may revise the national limitation amount for the new test.

(3) For both gapfilled and crosswalked new tests, if CMS revises the amount of payment as the result of a reconsideration, the new amount of payment is final and is not subject to further reconsideration.

(c) *Effective date*. If CMS changes a determination as the result of a reconsideration, the new determination regarding the basis for or amount of payment is effective January 1 of the year following reconsideration. Claims for services with dates of service prior to the effective date will not be reopened or otherwise reprocessed.

(d) *Jurisdiction for Reconsideration Decisions*. Jurisdiction for reconsidering a determination rests exclusively with the Secretary. A decision whether to reconsider a determination is committed to the discretion of the Secretary. A decision not to reconsider an initial determination is not subject to administrative or judicial review.

31. Section 414.510 is amended by—

A. Revising the section heading to read as set forth below.

B. Revising the introductory text.

The revisions read as follows:

§ 414.510 Laboratory date of service for clinical laboratory and pathology specimens.

The date of service for either a clinical laboratory test or the technical component of physician pathology service is as follows:

* * * * *

Subpart H—Fee Schedule for Ambulance Services

§ 414.620 [Amended]

32. In § 414.620, the phrase ''notice in the **Federal Register** without opportunity for prior comment'' is removed and the phrase ''CMS by instruction and on the CMS Web site'' is added in its place.

Subpart I—Payment for Drugs and Biologicals

33. Section 414.707 is amended by adding paragraph (c) to read as follows:

§ 414.707 Basis of payment.

* * * * *

(c) *Mandatory reporting of anemia quality indicators for Medicare part B cancer anti-anemia drugs*. Effective January 1, 2008, each request for payment for anti-anemia drugs furnished to treat anemia resulting from the treatment of cancer must report the beneficiary's most recent hemoglobin or hematocrit level in a manner specified by the Secretary.

Subpart J—Submission of Manufacturer's Average Sales Price Data

34. Section 414.802 is amended by adding the definition of ''bundled arrangement'' in alphabetical order to read as follows:

§ 414.802 Definitions.

* * * * *

Bundled arrangement means an arrangement regardless of physical packaging under which the rebate, discount, or other price concession is conditioned upon the purchase of the same drug or biological or other drugs or biologicals or some other performance requirement (for example, the achievement of market share, inclusion or tier placement on a formulary, purchasing patterns, prior purchases), or where the resulting discounts or other price concessions are greater than those that would have been available had the bundled drugs or biologicals been purchased separately or outside of the bundled arrangement.

* * * * *

35. Section 414.804 is amended by adding paragraph (a)(2)(iii) to read as follows:

§ 414.804 Basis of payment.

(a) * * *

(2) * * *

(iii) For the purposes of paragraph (a)(2)(i) of this section, the total value of all price concessions on all drugs sold under a bundled arrangement must be allocated proportionately according to the dollar value of the units of each drug sold under the bundled arrangement.

* * * * *

Subpart K—Payment for Drugs and Biologicals Under Part B

36. Section 414.904 is amended by revising paragraph (d)(3) to read as follows:

§ 414.904 Average sales price as the basis for payment.

* * * * *

(d) * * *

(3) *Widely available market price and average manufacturer price*. If the Inspector General finds that the average sales price exceeds the widely available market price or the average manufacturer price by 5 percent or more in calendar year 2008, the payment limit in the quarter following the transmittal of this information to the Secretary is the lesser of the widely available market price or 103 percent of the average manufacturer price.

* * * * *

37. Section 414.908 is amended by—

A. Revising paragraph (a)(2)(iv).

B. Revising paragraph (a)(3)(xi).

C. Removing paragraph (a)(5).

The revision reads as follows:

§ 414.908 Competitive acquisition program.

(a) * * *

(2) * * *

(iv) For other exigent circumstances defined by CMS, including—

(A) If the approved CAP vendor refuses to ship to the participating CAP physician because the conditions of § 414.914(h) have been met, the physician can withdraw from the CAP category for the remainder of the year immediately upon notice to CMS and the approved CAP vendor.

(B) If, during the first 30 days of participation in the CAP, the participating physician can document significant burden to the practice and the physician has attempted resolution through the vendor's grievance process, the CAP dispute resolution process, and the request has been approved by CMS.

(3) * * *

(xi) Agrees to submit documentation such as medical records or certification, as necessary, to support payment for a CAP drug;

* * * * *

38. Section 414.914 is amended by—

A. Redesignating paragraph (h) as (i)

B. Adding new paragraph (h).

C. Revising new paragraphs (i)(1) and (2).

The addition and revision reads as follows:

§ 414.914 Terms of contract.

* * * * *

(h) The approved CAP vendor must verify drug administration prior to collection of any applicable cost sharing amount.

(1) The approved CAP vendor is expected to document, in writing, the following information necessary to verify drug administration:

(i) Beneficiary's name.

(ii) Medicare health insurance number (HIC).

(iii) Expected date of service.

(iv) Actual date of service.

(v) Name of the CAP physician.

(vi) CAP prescription order number.

(2) If the information is obtained verbally, the approved CAP vendor must also maintain the following information:

(i) The identities of individuals who exchanged the information.

(ii) The date and time that the information was obtained.

(3) The approved CAP vendor must provide this information to CMS or the beneficiary upon request.

(i) * * *

(1) Subsequent to receipt of payment by Medicare, or the verification of drug administration by the participating CAP physician, the approved CAP vendor must bill any applicable supplemental insurance policies.

(2) An approved CAP vendor that has received payment for the CAP-designated carrier for CAP drugs that have not been administered must promptly refund payment for such drugs to the CAP-designated carrier and must refund any coinsurance and deductible collected from the beneficiary and his or her supplemental insurer.

* * * * *

39. Section 414.917 is amended by—

A. Revising the section heading.

B. Adding paragraph (d).

The revision and addition reads as follows:

§ 414.917 Dispute resolution and process for suspension or termination of approved CAP contract and termination of physician participation under exigent circumstances.

* * * * *

(d) *CAP participating physicians' exigent circumstances provision.* The following process must be completed for CAP participating physicians' requesting to terminate their participation in the program under exigent circumstances provisions described in § 414.908(a)(2)(iv):

(1) The designated carrier must—

(i) Determine whether a request to terminate CAP participation was related to approved CAP vendor service and whether to forward the issue to the approved CAP vendor's grievance process within 1 business day of the receipt of the request; or,

(ii) Continue to investigate and within 2 business days of receipt, and may do any of the following:

(A) Request a single, 2-business day extension.

(B) Recommend to CMS that the requesting physician be permitted to terminate his or her participation in the CAP.

(C) Recommend to CMS that the physician not be permitted to terminate his or her participation in the CAP and refer to the CAP designated carrier's dispute resolution process.

(2) As a result of the findings as specified in paragraph (d)(1) of the section, CMS will—:

(i) Consider the designated carrier's recommendation and approve or deny the request to terminate participation in the CAP within 2 business days of receipt of the recommendation. A denial of the participating CAP physician's request to terminate participation in the CAP and will include notification of the right to request reconsideration under this section.

(ii) Communicate the decision to the appropriate Medicare contractors and the participating CAP physician.

(3) Upon termination of participation in the CAP a physician must agree to the following:

(i) Continue to submit claims for drugs supplied and administered under the CAP prior to the effective date of the physician's termination consistent with § 414.908(a) until all such claims are timely submitted.

(ii) Return any unused CAP drugs that had not been administered to the beneficiary prior to the effective date of the physician's termination from the CAP to the approved CAP vendor consistent with applicable law and regulation and any agreement with the approved CAP vendor.

(iii) Cooperate in any post-payment review activities on claims submitted under the CAP, as required under section 1847B(a)(3) of the Act.

(4) An approved CAP vendor that has billed and been paid for CAP drugs that have not been administered must refund any payments made by CMS or the beneficiary and his or her supplemental insurer in accordance with § 414.914(h)(3)(i)(2).

40. Section 414.930 is added to subpart K to read as follows:

§ 414.930 Compendia for determination of medically-accepted indications for off-label uses of drugs and biologicals in an anti-cancer chemotherapeutic regimen.

(a) *Definition.* For purposes of this section, *compendium* means a comprehensive listing of FDA-approved drugs and biologicals or a comprehensive listing of a specific subset of drugs and biologicals in a specialty compendium, for example a compendium of anti-cancer treatment. A compendium includes a summary of the pharmacologic characteristics of each drug or biological and may include information on dosage, as well as recommended or endorsed uses in specific diseases. A compendium is indexed by drug or biological.

(b) Process for listing compendia for determining medically-accepted uses of drugs and biologicals in anti-cancer treatment. (1) The process states that CMS—

(i) Solicits requests annually for changes to the list of compendia. This solicitation specifies a 30-day time period within which CMS receives requests, to begin no earlier than 45 days after publication of the solicitation.

(ii) Publishes a listing of the timely complete requests received and solicit public comment on the requests for 30 days. The listing identifies the requestor and the requested action.

(iii) Considers a compendium's attainment of the MedCAC (Medicare Evidence Development and Coverage Advisory Committee, previously known as the MCAC-Medicare Coverage Advisory Committee) recommended desirable characteristics of compendia in reviewing requests. CMS may consider additional reasonable factors.

(iv) Considers a compendium's grading of evidence used in making recommendations regarding off-label uses and the process by which the compendium grades the evidence.

(v) Publishes its decision no later than 120 days after the close of the public comment period.

(2) *Exception.* In addition to the annual process outlined in paragraph (b)(1) of this section, CMS may generate a request for changes to the list of compendia at any time.

(c) *Written request for review.* (1) CMS will review a complete, written request that is submitted in writing, electronically or via hard copy (no duplicate submissions) and includes the following:

(i) The full name and contact information of the requestor.

(ii) The full identification of the compendium that is the subject of the request, including name, publisher, edition if applicable, date of publication, and any other information needed for the accurate and precise identification of the specific compendium.

(iii) A complete written copy of the compendium that is the subject of the request.

(iv) The specific action that is requested of CMS.

(v) Materials that the requestor must submit for CMS review in support of the requested action.

(vi) A single compendium as its subject.

(2) CMS may at its discretion combine and consider multiple requests that refer to the same compendium.

(d) *Other provisions.* (1) For each compendium that is determined by CMS to be included on the list, the publisher or its designee must notify CMS, within 45 days of any update or revision that a new edition or version is available. Failure to meet this requirement may result in removal of the compendium from the list.

(2) For the purposes of this section, publication by CMS may be accomplished by posting on the CMS Web site.

41. Subpart M is added to read as follows:

Subpart M—Payment for Comprehensive Outpatient Rehabilitation Facility (CORF) Services

§ 414.1100 Basis and Scope.

This subpart implements sections 1834(k)(1) and (k)(3) of the Act by specifying the payment methodology for comprehensive outpatient rehabilitation facility services covered under Part B of Title XVIII of the Act that are described at section 1861(cc)(1) of the Act.

§ 414.1105 Payment for Comprehensive Outpatient Rehabilitation Facility (CORF) Services.

(a) *Payment under the physician fee schedule.* Except as otherwise specified under paragraphs (b), (c), and (d) of this section payment for CORF services, as defined under § 410.100 of this chapter, is paid the lesser of 80 percent of the following:

(1) The actual charge for the item or service; or

(2) The nonfacility amount determined under the physician fee schedule established under section 1848(b) of the Act for the item or service.

(b) *Payment for physician services.* No separate payment for physician services that are CORF services under § 410.100(a) of this chapter will be made.

(c) *Payment for supplies and durable medical equipment, and prosthetic and orthotic devices.* Supplies and durable medical equipment that are CORF services under § 410.100(l) of this chapter, prosthetic device services that are CORF services under § 410.100(f) and orthotic devices that are CORF services under § 410.100(g) of this chapter are paid the lesser of 80 percent of the following:

(1) The actual charge for the service provided that payment for such item is not included in the payment amount for other CORF services paid under paragraph (a) of this section; or

(2) The amount determined under the DMEPOS fee schedule established under part 414 Subparts D and F for the item, provided that payment for such item is not included in the payment amount for other CORF services paid under paragraph (a) of this section.

(d) *Payment for CORF services when no fee schedule amount for the service.* If there is no fee schedule amount established for a CORF service, payment for the item or service will be the lesser of 80 percent of:

(i) The actual charge for the service provided that payment for such item or service is not included in the payment amount for other CORF services paid under paragraphs (a) or (c) of this section.

(ii) The amount determined under the fee schedule established for a comparable service as specified by the Secretary provided that payment for such item or service is not included in the payment amount for other CORF services paid under paragraphs (a) or (c) of this section.

PART 415—SERVICES FURNISHED BY PHYSICIANS IN PROVIDERS, SUPERVISING PHYSICIANS IN TEACHING SETTINGS, AND RESIDENTS IN CERTAIN SETTINGS

42. The authority citation for part 415 continues to read as follows:

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

Subpart C—Part B Carrier Payments for Physician Services to Beneficiaries in Providers

43. Section 415.130 is amended by revising paragraph (d) to read as follows:

§ 415.130 Conditions for payment: Physician pathology services.

* * * * *

(d) *Physician pathology services furnished by an independent laboratory.* The technical component of physician pathology services furnished by an independent laboratory to a hospital inpatient or outpatient on or before December 31, 2007, may be paid to the laboratory by the carrier under the physician fee schedule if the Medicare beneficiary is a patient of a covered hospital as defined in paragraph (a)(1) of this section. For services furnished after December 31, 2007, an independent laboratory may not bill the carrier for the technical component of physician pathology services furnished to a hospital inpatient or outpatient. For services furnished on or after January 1, 2008, the date of service policy in § 414.510 of this chapter applies for the technical component of specimens for physician pathology services.

PART 418—HOSPICE CARE

44. The authority citation for part 418 continues to read as follows:

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

Subpart E—Condition of Participation: Other Services

45. Section 418.92 is amended by revising paragraph (a) to read as follows:

§ 418.92 Condition of participation—Physical therapy, occupational therapy, and speech-language pathology.

(a) Physical therapy, occupational therapy, and speech-language pathology services must be—

(1) Available, and when provided, offered in a manner consistent with accepted standards of practice; and

(2) Furnished by personnel who meet the qualifications specified in § 484.4 of this chapter.

* * * * *

PART 423—VOLUNTARY MEDICARE PRESCRIPTION DRUG BENEFIT

46. The authority citation for part 423 continues to read as follows:

Authority: Secs 1102, 1860D'1 through 1860D'42, and 1871 of the Social Security Act (42 U.S.C. 1302, 1395w'101 through 1395w'152, and 1395hh).

Subpart D—Cost Control and Quality Improvement Requirements

§ 423.160 [Amended]

47. Section 423.160 is amended by—

A. Removing paragraph (a)(3)(i).

B. Redesignating paragraphs (a)(3)(ii) and (iii) to (a)(3)(i) and (ii), respectively.

PART 424—CONDITIONS FOR MEDICARE PAYMENT

48. The authority citation for part 424 continues to read as follows:

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

Subpart B—Certification and Plan of Treatment Requirements

49. Section 424.24 is amended by revising paragraphs (c)(2) and (c)(4) to read as follows:

§ 424.24 Requirements for medical and other health services furnished by providers under Medicare Part B.

* * * * *

(c) * * *

(2) *Timing.* The certification must be obtained at the time the plan of treatment is established or as soon thereafter as possible.

(4) *Recertification*—(i) *Timing.* Recertification is required at least every 90 days.

(ii) *Content.* When it is recertified, the plan or other documentation in the patient's record must indicate the continuing need for physical therapy, occupational therapy or speech-language pathology services.

(iii) *Signature.* The physician, nurse practitioner, clinical nurse specialist, or physician assistant who reviews the plan of treatment must recertify the plan by signing the medical record.

* * * * *

Subpart C—Claims for Payment

50. Section 424.36 is amended by adding paragraph (b)(6) to read as follows:

§ 424.36 Signature requirements.

* * * * *

(b) * * *

(6) An ambulance provider or supplier with respect to emergency ambulance transport services, if the following conditions and documentation requirements are met.

(i) None of the individuals listed in paragraphs (b)(1) through (b)(5) of this section was available or willing to sign the claim on behalf of the beneficiary at the time the service was provided;

(ii) The ambulance provider or supplier maintains in its files the following information and documentation for a period of at least 4 years from the date of service:

(A) A contemporaneous statement, signed by an ambulance employee present during the trip to the receiving facility, that at the time the service was provided the beneficiary was physically or mentally incapable of signing the claim and that none of the individuals listed in paragraphs (b)(1) through (5) of this section were available or willing to sign the claim on behalf of the beneficiary.

(B) Documentation with the date and time the beneficiary was transported, and the name and location of the facility that received the beneficiary.

(C) A signed contemporaneous statement from a representative of the facility that received the beneficiary, which documents the name of the beneficiary and the date and time the beneficiary was received by that facility.

* * * * *

§ 424.37 [Amended]

51. Section 424.37(a) is amended by removing the reference to ''§ 424.36(b)'' and adding in its place the reference ''§ 424.36(b)(1) through (5).''

Subpart F—Limitations on Assignment and Reassignment of Claims

52. Section 424.80 is amended by adding paragraph (d)(3) to read as follows:

§ 424.80 Prohibition of reassignment of claims by suppliers.

* * * * *

(d) * * *

(3) *Reassignment of the technical or professional component of diagnostic test services.* If a physician or medical group bills for the technical or professional component of a diagnostic test covered under section 1861(s)(3) of the Act and paid for under part 414 of this chapter (other than clinical diagnostic laboratory tests paid under section 1833(a)(2)(D) of the Act, which are subject to the special rules set forth in section 1833(h)(5)(A) of the Act), following a reassignment from a physician or other supplier who performed the technical or professional component and who was not a full-time employee of the billing physician or medical group at the time the service was performed, each of the following conditions must be met:

(i) The payment to the billing physician, or medical group, less the applicable deductibles and coinsurance, may not exceed the lowest of the following amounts:

(A) The physician's or other supplier's net charge to the billing physician or medical group. The physician's or other supplier's net charge must be determined without regard to any charge that is intended to cover or address the cost of equipment or space leased to the physician or the other supplier by or through the billing physician or medical group.

(B) The billing physician's or medical group's actual charge.

(C) The fee schedule amount for the service that would be allowed if the physician or other supplier billed directly.

(ii) The physician or medical group billing for the test must identify the physician or other supplier that performed the test and indicate the supplier's net charge for the test. If the physician or medical group billing for the test fails to provide this information, CMS will not make any payment to the physician or medical group billing for the test and the billing physician or medical group can not bill the beneficiary.

(iii) To bill for the technical component of the service, the physician or medical group must directly perform the professional component of the service.

PART 482—CONDITIONS OF PARTICIPATION FOR HOSPITALS

53. The authority citation for part 482 continues to read as follows:

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

Subpart D—Optional Hospital Services

54. Section 482.56 is amended by revising paragraphs (a)(2) and (b) to read as follows:

§ 482.56 Condition of participation: Rehabilitation services.

(a) * * *

(2) Services must be given in accordance with orders of practitioners who are authorized by the medical staff to order the services, and the orders must be incorporated in the patient's record.

(b) *Standard: Delivery of services.* (1) Except as specified in paragraph (c)(1)(ii) of this section, physical therapy, occupational therapy, or speech-language pathology services must be furnished—

(i) By qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapist assistants, speech-language pathologists, or audiologists as defined in § 484.4 of this chapter; or

(ii) By qualified physical therapists, physical therapist assistants, occupational therapists, or occupational therapy assistants who have been licensed, certified, registered, or otherwise recognized by the State in which practicing before January 1, 2008 and continue to furnish Medicare services at least part time without an interruption in furnishing services of more than 2 years.

(2) The physical therapy, occupational therapy, or speech-language pathology must be in accordance with a written plan of treatment that meets the requirements of paragraphs (b)(3)(i) through (b)(3)(iv) of this section.

(3) *Plan of treatment requirements*—(i) *Establishment of the plan.* The plan must be established by one of the following before treatment begins:

(A) A physician.

(B) A nurse practitioner, a clinical nurse specialist, or a physician assistant.

(C) The physical therapist furnishing the physical therapy services.

(D) The speech-language pathologist furnishing the speech-language pathology services.

(E) The occupational therapist furnishing the occupational therapy services.

(ii) *Content of the plan.* The plan must—

(A) Prescribe the type, amount, frequency, and duration of the physical therapy, occupational therapy, or speech-language pathology services to be furnished to the individual; and

(B) Indicate the diagnosis and anticipated goals.

(iii) *Changes in the plan.* Any changes in the plan must be made in writing, incorporated immediately, and signed by one of the following:

(A) A physician.

(B) A nurse practitioner, clinical nurse specialist, or a physician assistant.

(C) The physical therapist furnishing the physical therapy services.

(D) The speech-language pathologist furnishing the speech-language pathology services.

(E) The occupational therapist furnishing the occupational therapy services.

(F) A registered professional nurse or a staff physician, in accordance with verbal orders from one the practitioners listed in paragraphs (b)(3)(iii)(A) through (iii)(E) of this section.

(iv) *Review of the plan.* The physician, nurse practitioner, clinical nurse specialist, or physician assistant reviews the plan as often as the individual's condition requires, but at least at the time of certification and at recertification, if applicable.

PART 484—HOME HEALTH SERVICES

55. The authority citation for part 484 continues to read as follows:

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

Subpart A—General Provisions

56. Section 484.4 is amended by revising the definitions of ''Occupational therapist,'' ''Occupational therapy assistant,'' ''Physical therapist,'' ''Physical therapist assistant'' and ''Speech-language pathologist'' to read as follows:

§ 484.4 Personnel Qualifications.

* * * * *

Occupational therapist. A person who meets one of the one of the following requirements:

(1) *Requirements for individuals beginning their practice on or after January 1, 2008.* Meets all practice requirements set forth by the State in which occupational therapy services are furnished and meets one of the following educational/training requirements on or after January 1, 2008:

(i)(A) Graduated after successful completion of an occupational therapist curriculum accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA); and

(B) Successfully completed the National Registration Examination for occupational therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

(ii) If educated outside the United States, or trained by the United States military—

(A) Graduated after successful completion of an occupational therapist curriculum accredited by the World Federation of Occupational Therapists, (WFOT));

(B) Is deemed eligible to test as a result of completing the NBCOT International Occupational Therapy Eligibility Determination (IOTED) review; and

(C) Successfully completed the National Registration Examination developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT)).

(2) *Requirements for individuals beginning their practice after December 31, 1977 and before January 1, 2008.* Meets the one following requirements after December 31, 1977 and before January 1, 2008:

(i) Is a graduate of an occupational therapy curriculum accredited jointly by the Committee on Allied Health Education and Accreditation of the American Medical Association and the American Occupational Therapy Association.

(ii) Is eligible for the National Registration Examination of the American Occupational Therapy Association.

(3) *Requirements for individuals beginning their practice on or before December 31, 1977.* (i) Has 2 years of appropriate experience as an occupational therapist; and

(ii) Has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service on or before December 31, 1977.

Occupational therapy assistant. A person who meets one of the following requirements:

(1) *Requirements for individuals beginning their practice on or after January 1, 2008.* Provides certain occupational therapy services under the supervision of a qualified occupational therapist, continues to meet all practice requirements set forth by the State in which occupational therapy services are furnished, and meets one of the educational/training requirements if his or her professional practice begins on or after January 1, 2008:

(i)(A) Graduated after successful completion of coursework and clinical field work from an occupational therapy assistant curriculum accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA); and

(B) Successfully completed the certification examination for Certified Occupational Therapy Assistant developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

(ii) If educated outside the United States or trained in the United States military, graduated after successful completion of an occupational therapy assistant curriculum that by credentials evaluation conducted or approved by the American Occupational Therapy Association is determined to be comparable, with respect to occupational therapy assistant entry level education in the United States.

(2) *Requirements for individuals beginning their practice after December 31, 1977 and before January 1, 2008.* Meets the requirements for certification as an occupational therapy assistant established by the American Occupational Therapy Association after December 31, 1977 and before January 1, 2008.

(3) *Requirements for individuals beginning their practice on or before December 31, 1977.* Has 2 years of appropriate experience as an occupational therapy assistant, and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service on or before December 31, 1977.

Physical therapist. A person who is licensed by the State in which practicing and meets one of the following requirements:

(1) *Requirements for individuals beginning their practice on or after January 1, 2008.* Meets all practice requirements set forth by the State in which the physical therapy services are furnished and meets one of the following educational/training requirements on or after January 1, 2008:

(i)(A) Graduated after successful completion of a college or university physical therapy curriculum approved by the Commission on Accreditation in

Physical Therapy Education (CAPTE); and

(B) Passed the National Examination approved by the American Physical Therapy Association.

(ii) If educated outside the United States or trained by the United States military—

(A) Graduated after successful completion of an education program that, by a credentials evaluation process approved by the American Physical Therapy Association, is determined to be comparable with respect to physical therapist entry level education in the United States; and

(B) Passed the National Examination approved by the American Physical Therapy Association.

(2) *Requirements for individuals beginning their practice after December 31, 1977 and before January 1, 2008.* Has graduated from a physical therapy curriculum approved by one of the following after December 31, 1977 and before January 1, 2008:

(i) The American Physical Therapy Association.

(ii) The Committee on Allied Health Education and Accreditation of the American Medical Association.

(iii) The Council on Medical Education of the American Medical Association and the American Physical Therapy Association.

(3) *Requirements for individuals beginning their practice on or after January 1, 1966 and on or before December 31, 1977.* Had 2 years of appropriate experience as a physical therapist, and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service on or before December 31, 1977.

(4) *Requirements for individuals beginning their practice before January 1, 1966.* Meets one of the following requirements before January 1, 1966:

(i) Was admitted to membership by the American Physical Therapy Association.

(ii) Was admitted to registration by the American Registry of Physical Therapists.

(iii) Graduated from a physical therapy curriculum in a 4-year college or university approved by a State department of education.

(iv) Was licensed or registered prior to January 1, 1966, and prior to January 1, 1970, had 15 years of full-time experience in the treatment of illness or injury through the practice of physical therapy in which services were rendered under the order and direction of attending and referring doctors of medicine or osteopathy.

(5) *Requirements for individuals trained outside of the United States before January 1, 2008.* If trained outside the United States before January 1, 2008 meets the following requirements:

(i) Was graduated since 1928 from a physical therapy curriculum approved in the country in which the curriculum was located and in which there is a member organization of the World Confederation for Physical Therapy.

(ii) Meets the requirements for membership in a member organization of the World Confederation for Physical Therapy.

Physical therapist assistant. A person who meets one of the following requirements:

(1) *Requirements for individuals beginning their practice on or after January 1, 2008.* A person who provides certain physical therapy services under the supervision of a qualified physical therapist and is licensed, registered, certified or otherwise recognized as a physical therapist assistant, if applicable, by the State in which practicing, continues to meet all practice requirements set forth by the State in which physical therapy services are furnished, and meets one of the following educational/training requirements:

(i) Graduated after successful completion of a physical therapist assistant curriculum approved by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

(ii) If educated outside the United States or trained in the United States military, graduated after successful completion of an education program that by a credentials evaluation process approved by the American Physical Therapy Association, is determined to be comparable with respect to physical therapist assistant entry level education in the United States.

(2) *Requirements for individuals beginning their practice before January 1, 2008.* Is licensed as a physical therapist assistant, if applicable, by the State in which practicing, meets either of the following requirements:

(i) Has graduated from a 2-year college-level program approved by the American Physical Therapy Association.

(ii) Has 2 years of appropriate experience as a physical therapist assistant, and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service, except that these determinations of proficiency do not apply with respect to persons initially licensed by a State or seeking initial qualification as a physical therapist assistant after December 31, 1977.

* * * * *

Speech-language pathologist. A person who meets either of the following requirements:

(1) The education and experience requirements for a Certificate of Clinical Competence in speech-language pathology granted by the American Speech-Language Hearing Association.

(2) The educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

PART 485—CONDITIONS OF PARTICIPATION: SPECIALIZED PROVIDERS

57. The authority citation for part 485 continues to read as follows:

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

Subpart B—Conditions of Participation: Comprehensive Outpatient Rehabilitation Facilities

58. Section 485.51 is amended by—

A. Revising paragraph (a).

B. Adding paragraph (c).

The revision and addition read as follows:

§ 485.51 Definition.

* * * * *

(a) Is established and operated exclusively for the purpose of providing diagnostic, therapeutic, and restorative services to outpatients for the rehabilitation of injured, disabled, or sick persons, at a single fixed location, by or under the supervision of a physician except as provided in paragraph (c) of this section;

* * * * *

(c) *Exception.* May provide influenza, pneumococcal and Hepatitis B vaccines provided the applicable conditions of coverage under § 410.58 and § 410.63 of this chapter are met.

59. Section 485.70 is amended by revising paragraphs (c), (e), and (m) to read as follows:

§ 485.70 Personnel qualifications.

* * * * *

(c) An occupational therapist and an occupational therapy assistant must meet one of the following qualifications:

(1) As set forth in § 484.4 of this chapter.

(2) Occupational therapists or occupational therapy assistants must have been licensed, certified, registered, or otherwise recognized as occupational

therapists or occupational therapy assistants by the State in which practicing before January 1, 2008, and continue to furnish Medicare services at least part time without an interruption in furnishing services of more than 2 years.

* * * * *

(e) A physical therapist and a physical therapist assistant must meet one of the following qualifications:

(1) As set forth in § 484.4 of this chapter.

(2) Qualified physical therapists or physical therapist assistants must have been licensed, certified, registered, or otherwise recognized as physical therapists or physical therapist assistants by the State in which practicing before January 1, 2008, and continue to furnish Medicare services at least part time without an interruption in furnishing services of more than 2 years.

* * * * *

(m) A speech-language pathologist must meet the qualifications set forth in § 484.4 of this chapter.

Subpart H—Conditions of Participation for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services

60. Section 485.705 is amended by revising paragraph (a) to read as follows:

§ 485.705 Personnel qualifications.

(a) *General qualification requirements.* Except as specified in paragraphs (b) and (c) of this section, all personnel who are involved in the furnishing of outpatient physical therapy, occupational therapy and speech-language pathology services directly by or under arrangements with an organization must—

(1) Be legally authorized (licensed or, if applicable, certified or registered) to practice by the State in which they perform the functions or actions.

(2) Act only within the scope of their State license or State certification or registration.

(3) Meet one of the following requirements:

(i) Meet the qualifications specified in § 484.4 of this chapter.

(ii) Physical therapy, occupational therapy or speech-language pathology services may be furnished by qualified physical therapists, physical therapist assistants, occupational therapists, or occupational therapy assistants who have been licensed, certified, registered or otherwise recognized as physical therapists, physical therapist assistants, occupational therapists, or occupational therapy assistants by the State in which practicing before January 1, 2008 and continue to furnish Medicare services at least part time without an interruption in furnishing services of more than 2 years.

* * * * *

PART 491—CERTIFICATION OF CERTAIN HEALTH FACILITIES

61. The authority citation for part 491 continues to read as follows:

Authority: Sec. 1102 of the Social Security Act (42 U.S.C. 1302); and sec. 353 of the Public Health Service Act (42 U.S.C. 263a).

Subpart A—Rural Health Clinics: Conditions for Certification; and FQHCs Conditions for Coverage

62. Section 491.9 is amended by adding paragraph (c)(4) to read as follows:

§ 491.9 Provision of services.

* * * * *

(c) * * *

(4) Physical therapy, occupational therapy or speech-language pathology services, if provided, must be furnished—

(i) By clinicians who meet either of the following qualifications:

(A) The qualifications specified in § 484.4 of this subchapter.

(B) Physical therapists, physical therapist assistants, occupational therapists, or occupational therapy assistants who have been licensed, certified, registered or otherwise recognized as physical therapists, physical therapist assistants, occupational therapists, or occupational therapy assistants by the State in which practicing before January 1, 2008 and continue to furnish Medicare services at least part time without an interruption in furnishing services of more than 2 years.

(ii) In accordance with a written plan of treatment as described in § 410.61 of this chapter.

* * * * *

Authority

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

Dated: May 24, 2007.

Leslie V. Norwalk,

Acting Administrator, Centers for Medicare & Medicaid Services.

Approved: June 28, 2007.

Michael O. Leavitt,

Secretary.

Note: These addenda will not appear in the Code of Federal Regulations.

The addenda on the following pages provide various data pertaining to the Medicare fee schedule for physicians' services furnished in 2008.

Addendum A: Explanation and Use of Addendum B

Addendum B contains the RVUs for work, non-facility PE, facility PE, and malpractice expense, and other information for all services included in the PFS.

In previous years, we have listed many services in Addendum B that are not paid under the PFS. To avoid publishing as many pages of codes for these services, we are not including clinical laboratory codes or the alphanumeric codes (Healthcare Common Procedure Coding System (HCPCS) codes not included in CPT) not paid under the PFS in Addendum B.

Addendum B contains the following information for each CPT code and alphanumeric HCPCS code, except for: alphanumeric codes beginning with B (enteral and parenteral therapy), E (durable medical equipment), K (temporary codes for nonphysicians' services or items), or L (orthotics); and codes for anesthesiology. Please also note the following:

- An ''NA'' in the ''Non-facility PE RVUs'' column of Addendum B means that CMS has not developed a PE RVU in the nonfacility setting for the service because it is typically performed in the hospital (for example, an open heart surgery is generally performed in the hospital setting and not a physician's office). If there is an ''NA'' in the nonfacility PE RVU column, and the contractor determines that this service can be performed in the nonfacility setting, the service will be paid at the facility PE RVU rate.
- Services that have an ''NA'' in the ''Facility PE RVUs'' column of Addendum B are typically not paid using the PFS when provided in a facility setting. These services (which include ''incident to'' services and the technical portion of diagnostic tests) are generally paid under either the outpatient hospital prospective payment system or bundled into the hospital inpatient prospective payment system payment.

1. *CPT/HCPCS code.* This is the CPT or alphanumeric HCPCS number for the service. Alphanumeric HCPCS codes are included at the end of this addendum.

2. *Modifier.* A modifier is shown if there is a technical component (modifier TC) and a professional component (PC) (modifier −26) for the service. If there is a PC and a TC for the service, Addendum B contains three entries for the code. A code for: the global values

(both professional and technical); modifier −26 (PC); and, modifier TC. The global service is not designated by a modifier, and physicians must bill using the code without a modifier if the physician furnishes both the PC and the TC of the service.

Modifier-53 is shown for a discontinued procedure, for example, a colonoscopy that is not completed. There will be RVUs for a code with this modifier.

3. *Status indicator.* This indicator shows whether the CPT/HCPCS code is in the PFS and whether it is separately payable if the service is covered.

A = Active code. These codes are separately payable under the PFS if covered. There will be RVUs for codes with this status. The presence of an ''A'' indicator does not mean that Medicare has made a national coverage determination regarding the service. Carriers remain responsible for coverage decisions in the absence of a national Medicare policy.

B = Bundled code. Payments for covered services are always bundled into payment for other services not specified. If RVUs are shown, they are not used for Medicare payment. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident (an example is a telephone call from a hospital nurse regarding care of a patient).

C = Carriers price the code. Carriers will establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation, such as an operative report.

D* = Deleted/discontinued code.

E = Excluded from the PFS by regulation. These codes are for items and services that CMS chose to exclude from the fee schedule payment by regulation. No RVUs are shown, and no payment may be made under the PFS for these codes. Payment for them, when covered, continues under reasonable charge procedures.

F = Deleted/discontinued codes. (Code not subject to a 90-day grace period.) These codes are deleted effective with the beginning of the year and are never subject to a grace period. This indicator is no longer effective beginning with the CY 2005 PFS as of January 1, 2005.

G = Code not valid for Medicare purposes. Medicare uses another code for reporting of, and payment for, these services. (Codes subject to a 90-day grace period.) This indicator is no longer effective with the 2005 PFS as of January 1, 2005.

H* = Deleted modifier. For 2000 and later years, either the TC or PC component shown for the code has been deleted and the deleted component is shown in the database with the H status indicator.

I = Not valid for Medicare purposes. Medicare uses another code for the reporting of, and the payment for these services. (Codes not subject to a 90-day grace period.)

L = Local codes. Carriers will apply this status to all local codes in effect on January 1, 1998 or subsequently approved by central office for use. Carriers will complete the RVUs and payment amounts for these codes.

M = Measurement codes, used for reporting purposes only. There are no RVUs and no payment amounts for these codes. Medicare uses them to aid with performance measurement.

N = Noncovered service. These codes are noncovered services. Medicare payment may not be made for these codes. If RVUs are shown, they are not used for Medicare payment.

R = Restricted coverage. Special coverage instructions apply. If the service is covered and no RVUs are shown, it is carrier-priced.

T = There are RVUs for these services, but they are only paid if there are no other services payable under the PFS billed on the same date by the same provider. If any other services payable under the PFS are billed on the same date by the same provider, these services are bundled into the service(s) for which payment is made.

X = Statutory exclusion. These codes represent an item or service that is not within the statutory definition of ''physicians' services'' for PFS payment purposes. No RVUs are shown for these codes, and no payment may be made under the PFS. (Examples are ambulance services and clinical diagnostic laboratory services.)

4. *Description of code.* This is an abbreviated version of the narrative description of the code.

5. *Physician work RVUs.* These are the RVUs for the physician work for this service in 2008.

Note: The separate BN adjustor is not reflected in these physician work RVUs.

6. *Fully implemented nonfacility practice expense RVUs.* These are the fully implemented resource-based PE RVUs for nonfacility settings.

7. *Year 2008 Transitional Nonfacility practice expense RVUs.* These are the 2008 resource-based PE RVUs for nonfacility settings.

8. *Fully implemented facility practice expense RVUs.* These are the fully implemented resource-based PE RVUs for facility settings.

9. *Year 2008 Transitional facility practice expense RVUs.* These are the 2008 resource-based PE RVUs for facility settings.

10. *Malpractice expense RVUs.* These are the RVUs for the malpractice expense for the service for 2006.

11. *Global period.* This indicator shows the number of days in the global period for the code (0, 10, or 90 days).

An explanation of the alpha codes follows:

MMM = Code describes a service furnished in uncomplicated maternity cases including antepartum care, delivery, and postpartum care. The usual global surgical concept does not apply. See the 1999 Physicians' Current Procedural Terminology for specific definitions.

XXX = The global concept does not apply.

YYY = The global period is to be set by the carrier (for example, unlisted surgery codes).

ZZZ = Code related to another service that is always included in the global period of the other service. (Note: Physician work and PE are associated with intra-service time and in some instances in the post-service time.)

*Codes with these indicators had a 90-day grace period before January 1, 2005.

ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
0016T		C	Thermotx choroid vasc lesion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0017T		C	Photocoagulat macular drusen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0019T		C	Extracorp shock wv tx,ms nos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0026T		C	Measure remnant lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0027T		C	Endoscopic epidural lysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0028T		C	Dexa body composition study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0029T		C	Magnetic tx for incontinence	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0030T		C	Antiprothrombin antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0031T		C	Speculoscopy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0032T		C	Speculoscopy w/direct sample	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0041T		C	Detect ur infect agnt w/cpas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0042T		C	Ct perfusion w/contrast, cbf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0043T		C	Co expired gas analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0046T		C	Cath lavage, mammary duct(s)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0047T		C	Cath lavage, mammary duct(s)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0048T		C	Implant ventricular device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0049T		C	External circulation assist	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0050T		C	Removal circulation assist	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0051T		C	Implant total heart system	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0052T		C	Replace component heart syst	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0053T		C	Replace component heart syst	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0054T		C	Bone surgery using computer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0055T		C	Bone surgery using computer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0056T		C	Bone surgery using computer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0058T		C	Cryopreservation, ovary tiss	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0059T		C	Cryopreservation, oocyte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0060T		C	Electrical impedance scan	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0061T		C	Destruction of tumor, breast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0062T		C	Rep intradisc annulus;1 lev	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0063T		C	Rep intradisc annulus;>1lev	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0064T		C	Spectroscop eval expired gas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0065T		C	Ocular photoscreen bilat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0067T		C	Ct colonography;dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0067T	26	C	Ct colonography;dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0067T	TC	C	Ct colonography;dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0068T		C	Interp/rept heart sound	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0069T		C	Analysis only heart sound	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0070T		C	Interp only heart sound	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0071T		C	U/s leiomyomata ablate <200	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0072T		C	U/s leiomyomata ablate >200	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0073T		A	Delivery, comp imrt	0.00	13.04	15.55	NA	NA	0.13	XXX
0075T		C	Perq stent/chest vert art	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0075T	26	C	Perq stent/chest vert art	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0075T	TC	C	Perq stent/chest vert art	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0076T		C	S&i stent/chest vert art	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0076T	26	C	S&i stent/chest vert art	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0076T	TC	C	S&i stent/chest vert art	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0077T		C	Cereb therm perfusion probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0078T		C	Endovasc aort repr w/device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0079T		C	Endovasc visc extnsn repr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0080T		C	Endovasc aort repr rad s&i	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0081T		C	Endovasc visc extnsn s&i	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0084T		C	Temp prostate urethral stent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0085T		C	Breath test heart reject	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0086T		C	L ventricle fill pressure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0087T		C	Sperm eval hyaluronan	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0088T		C	Rf tongue base vol reduxn	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0089T		C	Actigraphy testing, 3-day	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0090T		C	Cervical artific disc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0092T		C	Artific disc addl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0093T		C	Cervical artific diskectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0095T		C	Artific diskectomy addl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0096T		C	Rev cervical artific disc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0098T		C	Rev artific disc addl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0099T		C	Implant corneal ring	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0100T		C	Prosth retina receive&gen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0101T		C	Extracorp shockwv tx,hi enrg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0102T		C	Extracorp shockwv tx,anesth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0103T		C	Holotranscobalamin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0104T		C	At rest cardio gas rebreathe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0105T		C	Exerc cardio gas rebreathe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0106T		C	Touch quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0107T		C	Vibrate quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
0108T		C	Cool quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0109T		C	Heat quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0110T		C	Nos quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0111T		C	Rbc membranes fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0123T		C	Scleral fistulization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0126T		C	Chd risk imt study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0130T		C	Chron care drug investigatn	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0135T		C	Perq cryoablate renal tumor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0137T		C	Prostate saturation sampling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0140T		C	Exhaled breath condensate ph	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0144T		C	CT heart wo dye; qual calc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0144T	26	C	CT heart wo dye; qual calc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0144T	TC	C	CT heart wo dye; qual calc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0145T		C	CT heart w/wo dye funct	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0145T	26	C	CT heart w/wo dye funct	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0145T	TC	C	CT heart w/wo dye funct	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0146T		C	CCTA w/wo dye	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0146T	26	C	CCTA w/wo dye	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0146T	TC	C	CCTA w/wo dye	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0147T		C	CCTA w/wo, quan calcium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0147T	26	C	CCTA w/wo, quan calcium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0147T	TC	C	CCTA w/wo, quan calcium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0148T		C	CCTA w/wo, strxr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0148T	26	C	CCTA w/wo, strxr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0148T	TC	C	CCTA w/wo, strxr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0149T		C	CCTA w/wo, strxr quan calc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0149T	26	C	CCTA w/wo, strxr quan calc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0149T	TC	C	CCTA w/wo, strxr quan calc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0150T		C	CCTA w/wo, disease strxr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0150T	26	C	CCTA w/wo, disease strxr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0150T	TC	C	CCTA w/wo, disease strxr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0151T		C	CT heart funct add-on	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0151T	26	C	CT heart funct add-on	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0151T	TC	C	CT heart funct add-on	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0153T		C	Tcath sensor aneurysm sac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0154T		C	Study sensor aneurysm sac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0155T		C	Lap impl gast curve electrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0156T		C	Lap remv gast curve electrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0157T		C	Open impl gast curve electrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0158T		C	Open remv gast curve electrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0159T		C	Cad breast mri	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
0159T	26	C	Cad breast mri	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
0159T	TC	C	Cad breast mri	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
0160T		C	Tcranial magn stim tx plan	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0161T		C	Tcranial magn stim tx deliv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0162T		C	Anal program gast neurostim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0163T		C	Lumb artif diskectomy addl	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0164T		C	Remove lumb artif disc addl	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0165T		C	Revise lumb artif disc addl	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0166T		C	Tcath vsd close w/o bypass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0167T		C	Tcath vsd close w bypass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0168T		C	Rhinophototx light app bilat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0169T		C	Place stereo cath brain	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0170T		C	Anorectal fistula plug rpr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0171T		C	Lumbar spine proces distract	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0172T		C	Lumbar spine proces addl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0173T		C	Iop monit io pressure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0174T		C	Cad cxr with interp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0175T		C	Cad cxr remote	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0176T		C	Aqu canal dilat w/o retent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0177T		C	Aqu canal dilat w retent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
10021		A	Fna w/o image	1.27	2.17	2.15	0.38	0.46	0.10	XXX
10022		A	Fna w/image	1.27	2.14	2.32	0.41	0.40	0.08	XXX
10040		A	Acne surgery	1.19	1.34	1.17	0.98	0.89	0.05	010
10060		A	Drainage of skin abscess	1.19	1.48	1.35	1.06	1.00	0.12	010
10061		A	Drainage of skin abscess	2.42	2.03	1.94	1.48	1.50	0.26	010
10080		A	Drainage of pilonidal cyst	1.19	2.65	2.88	1.10	1.11	0.11	010
10081		A	Drainage of pilonidal cyst	2.47	3.45	3.76	1.44	1.47	0.24	010
10120		A	Remove foreign body	1.23	1.92	2.05	0.93	0.96	0.12	010
10121		A	Remove foreign body	2.71	3.45	3.49	1.63	1.71	0.33	010
10140		A	Drainage of hematoma/fluid	1.55	2.21	2.00	1.27	1.28	0.19	010
10160		A	Puncture drainage of lesion	1.22	1.82	1.71	1.06	1.07	0.14	010

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
10180		A	Complex drainage, wound	2.27	3.22	3.11	1.79	1.89	0.35	010
11000		A	Debride infected skin	0.60	0.71	0.65	0.16	0.19	0.07	000
11001		A	Debride infected skin add-on	0.30	0.23	0.23	0.08	0.09	0.04	ZZZ
11004		A	Debride genitalia & perineum	10.80	NA	NA	3.23	3.56	0.67	000
11005		A	Debride abdom wall	14.24	NA	NA	3.80	4.75	0.96	000
11006		A	Debride genit/per/abdom wall	13.10	NA	NA	4.00	4.39	1.28	000
11008		A	Remove mesh from abd wall	5.00	NA	NA	1.29	1.67	0.61	ZZZ
11010		A	Debride skin, fx	4.19	6.75	6.80	2.34	2.48	0.66	010
11011		A	Debride skin/muscle, fx	4.94	6.98	7.58	2.02	2.19	0.74	000
11012		A	Debride skin/muscle/bone, fx	6.87	8.95	10.53	3.12	3.49	1.16	000
11040		A	Debride skin, partial	0.50	0.66	0.59	0.16	0.19	0.06	000
11041		A	Debride skin, full	0.60	0.70	0.69	0.18	0.26	0.10	000
11042		A	Debride skin/tissue	0.80	0.94	0.96	0.24	0.34	0.13	000
11043		A	Debride tissue/muscle	3.04	3.46	3.45	2.57	2.60	0.32	010
11044		A	Debride tissue/muscle/bone	4.11	4.78	4.65	3.54	3.67	0.43	010
11055		R	Trim skin lesion	0.43	0.78	0.68	0.11	0.14	0.05	000
11056		R	Trim skin lesions, 2 to 4	0.61	0.86	0.75	0.15	0.20	0.07	000
11057		R	Trim skin lesions, over 4	0.79	0.96	0.86	0.20	0.25	0.10	000
11100		A	Biopsy, skin lesion	0.81	1.88	1.57	0.39	0.38	0.03	000
11101		A	Biopsy, skin add-on	0.41	0.41	0.37	0.20	0.20	0.02	ZZZ
11200		A	Removal of skin tags	0.79	1.23	1.14	0.90	0.83	0.04	010
11201		A	Remove skin tags add-on	0.29	0.16	0.16	0.11	0.12	0.02	ZZZ
11300		A	Shave skin lesion	0.51	1.19	1.09	0.21	0.21	0.03	000
11301		A	Shave skin lesion	0.85	1.50	1.31	0.39	0.38	0.04	000
11302		A	Shave skin lesion	1.05	1.77	1.54	0.49	0.48	0.05	000
11303		A	Shave skin lesion	1.24	2.03	1.80	0.56	0.54	0.07	000
11305		A	Shave skin lesion	0.67	1.04	0.95	0.20	0.24	0.07	000
11306		A	Shave skin lesion	0.99	1.41	1.26	0.38	0.40	0.07	000
11307		A	Shave skin lesion	1.14	1.70	1.50	0.48	0.49	0.07	000
11308		A	Shave skin lesion	1.41	1.69	1.58	0.50	0.55	0.13	000
11310		A	Shave skin lesion	0.73	1.38	1.25	0.32	0.32	0.04	000
11311		A	Shave skin lesion	1.05	1.64	1.44	0.49	0.49	0.05	000
11312		A	Shave skin lesion	1.20	1.92	1.67	0.57	0.56	0.06	000
11313		A	Shave skin lesion	1.62	2.19	2.00	0.74	0.73	0.10	000
11400		A	Exc tr-ext b9+marg 0.5 < cm	0.87	1.87	1.93	0.93	0.91	0.06	010
11401		A	Exc tr-ext b9+marg 0.6–1 cm	1.25	2.18	2.11	1.15	1.08	0.10	010
11402		A	Exc tr-ext b9+marg 1.1–2 cm	1.42	2.39	2.30	1.21	1.14	0.13	010
11403		A	Exc tr-ext b9+marg 2.1–3 cm	1.81	2.54	2.47	1.57	1.44	0.17	010
11404		A	Exc tr-ext b9+marg 3.1–4 cm	2.08	2.84	2.77	1.63	1.52	0.21	010
11406		A	Exc tr-ext b9+marg > 4.0 cm	3.47	3.51	3.28	2.09	1.87	0.32	010
11420		A	Exc h-f-nk-sp b9+marg 0.5 <	1.00	1.80	1.79	0.92	0.93	0.09	010
11421		A	Exc h-f-nk-sp b9+marg 0.6–1	1.44	2.20	2.13	1.16	1.14	0.13	010
11422		A	Exc h-f-nk-sp b9+marg 1.1–2	1.65	2.42	2.33	1.53	1.43	0.16	010
11423		A	Exc h-f-nk-sp b9+marg 2.1–3	2.03	2.65	2.62	1.65	1.55	0.20	010
11424		A	Exc h-f-nk-sp b9+marg 3.1–4	2.45	2.96	2.88	1.77	1.69	0.25	010
11426		A	Exc h-f-nk-sp b9+marg > 4 cm	4.04	3.57	3.53	2.30	2.21	0.44	010
11440		A	Exc face-mm b9+marg 0.5 < cm	1.02	1.99	2.10	1.31	1.31	0.08	010
11441		A	Exc face-mm b9+marg 0.6–1 cm	1.50	2.37	2.36	1.55	1.52	0.13	010
11442		A	Exc face-mm b9+marg 1.1–2 cm	1.74	2.63	2.58	1.66	1.61	0.16	010
11443		A	Exc face-mm b9+marg 2.1–3 cm	2.31	2.88	2.89	1.85	1.83	0.22	010
11444		A	Exc face-mm b9+marg 3.1–4 cm	3.16	3.31	3.38	2.11	2.14	0.30	010
11446		A	Exc face-mm b9+marg > 4 cm	4.75	4.09	4.06	2.69	2.73	0.43	010
11450		A	Removal, sweat gland lesion	3.14	5.07	5.06	2.39	2.21	0.34	090
11451		A	Removal, sweat gland lesion	4.35	6.32	6.43	2.90	2.70	0.53	090
11462		A	Removal, sweat gland lesion	2.92	5.27	5.20	2.45	2.24	0.32	090
11463		A	Removal, sweat gland lesion	4.35	6.47	6.67	2.93	2.82	0.54	090
11470		A	Removal, sweat gland lesion	3.66	5.43	5.27	2.62	2.45	0.40	090
11471		A	Removal, sweat gland lesion	4.81	6.45	6.58	2.99	2.88	0.58	090
11600		A	Exc tr-ext mlg+marg 0.5 < cm	1.58	2.73	2.68	1.14	1.06	0.10	010
11601		A	Exc tr-ext mlg+marg 0.6–1 cm	2.02	3.43	3.07	1.51	1.37	0.12	010
11602		A	Exc tr-ext mlg+marg 1.1–2 cm	2.22	3.84	3.33	1.70	1.49	0.12	010
11603		A	Exc tr-ext mlg+marg 2.1–3 cm	2.77	4.04	3.56	1.88	1.61	0.16	010
11604		A	Exc tr-ext mlg+marg 3.1–4 cm	3.12	4.33	3.86	1.94	1.67	0.20	010
11606		A	Exc tr-ext mlg+marg > 4 cm	4.97	5.47	4.77	2.47	2.10	0.36	010
11620		A	Exc h-f-nk-sp mlg+marg 0.5 <	1.59	2.84	2.72	1.20	1.07	0.09	010
11621		A	Exc h-f-nk-sp mlg+marg 0.6–1	2.03	3.49	3.10	1.54	1.39	0.12	010
11622		A	Exc h-f-nk-sp mlg+marg 1.1–2	2.36	3.89	3.43	1.76	1.58	0.14	010
11623		A	Exc h-f-nk-sp mlg+marg 2.1–3	3.06	4.11	3.72	1.97	1.78	0.20	010
11624		A	Exc h-f-nk-sp mlg+marg 3.1–4	3.57	4.42	4.09	2.10	1.94	0.27	010
11626		A	Exc h-f-nk-sp mlg+mar > 4 cm	4.56	4.95	4.79	2.34	2.37	0.45	010
11640		A	Exc face-mm malig+marg 0.5 <	1.62	3.04	2.85	1.29	1.20	0.11	010
11641		A	Exc face-mm malig+marg 0.6–1	2.12	3.62	3.33	1.62	1.58	0.16	010

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
11642		A	Exc face-mm malig+marg 1.1–2	2.57	4.04	3.72	1.86	1.79	0.19	010
11643		A	Exc face-mm malig+marg 2.1–3	3.37	4.28	4.04	2.12	2.04	0.26	010
11644		A	Exc face-mm malig+marg 3.1–4	4.29	5.07	4.88	2.48	2.47	0.37	010
11646		A	Exc face-mm mlg+marg > 4 cm	6.21	5.90	5.82	3.15	3.31	0.61	010
11719		R	Trim nail(s)	0.17	0.37	0.31	0.04	0.06	0.02	000
11720		A	Debride nail, 1–5	0.32	0.45	0.40	0.08	0.10	0.04	000
11721		A	Debride nail, 6 or more	0.54	0.53	0.49	0.14	0.18	0.07	000
11730		A	Removal of nail plate	1.10	1.29	1.17	0.27	0.36	0.14	000
11732		A	Remove nail plate, add-on	0.57	0.53	0.49	0.14	0.18	0.07	ZZZ
11740		A	Drain blood from under nail	0.37	0.78	0.67	0.42	0.39	0.04	000
11750		A	Removal of nail bed	2.40	2.88	2.54	1.83	1.80	0.22	010
11752		A	Remove nail bed/finger tip	3.48	3.97	3.51	2.72	2.87	0.35	010
11755		A	Biopsy, nail unit	1.31	1.98	1.79	0.74	0.76	0.14	000
11760		A	Repair of nail bed	1.60	3.34	3.00	1.41	1.60	0.21	010
11762		A	Reconstruction of nail bed	2.91	3.61	3.27	1.64	2.01	0.36	010
11765		A	Excision of nail fold, toe	0.71	2.60	2.21	0.98	0.88	0.08	010
11770		A	Removal of pilonidal lesion	2.63	3.43	3.46	1.51	1.51	0.33	010
11771		A	Removal of pilonidal lesion	5.98	6.57	6.12	3.66	3.49	0.74	090
11772		A	Removal of pilonidal lesion	7.23	7.97	7.74	5.51	5.29	0.89	090
11900		A	Injection into skin lesions	0.52	0.92	0.79	0.25	0.23	0.02	000
11901		A	Added skin lesions injection	0.80	1.02	0.84	0.40	0.38	0.03	000
11920		R	Correct skin color defects	1.61	2.34	3.03	1.10	1.11	0.24	000
11921		R	Correct skin color defects	1.93	2.65	3.32	1.26	1.27	0.29	000
11922		R	Correct skin color defects	0.49	0.92	1.03	0.22	0.24	0.07	ZZZ
11950		R	Therapy for contour defects	0.84	0.89	1.01	0.36	0.37	0.06	000
11951		R	Therapy for contour defects	1.19	0.88	1.24	0.35	0.46	0.11	000
11952		R	Therapy for contour defects	1.69	1.63	1.76	0.77	0.74	0.16	000
11954		R	Therapy for contour defects	1.85	1.78	2.11	0.77	0.84	0.25	000
11960		A	Insert tissue expander(s)	11.01	NA	NA	10.53	10.50	1.31	090
11970		A	Replace tissue expander	7.86	NA	NA	6.17	6.18	1.05	090
11971		A	Remove tissue expander(s)	3.21	7.35	8.25	4.00	3.91	0.32	090
11975		N	Insert contraceptive cap	1.48	1.52	1.47	0.34	0.45	0.17	XXX
11976		R	Removal of contraceptive cap	1.78	1.72	1.72	0.48	0.58	0.21	000
11977		N	Removal/reinsert contra cap	3.30	1.97	2.12	0.76	1.01	0.37	XXX
11980		A	Implant hormone pellet(s)	1.48	1.07	1.09	0.49	0.53	0.13	000
11981		A	Insert drug implant device	1.48	1.90	1.81	0.59	0.64	0.12	XXX
11982		A	Remove drug implant device	1.78	2.02	1.99	0.71	0.78	0.17	XXX
11983		A	Remove/insert drug implant	3.30	2.65	2.47	1.34	1.41	0.23	XXX
12001		A	Repair superficial wound(s)	1.72	1.72	1.85	0.73	0.75	0.15	010
12002		A	Repair superficial wound(s)	1.88	1.78	1.91	0.84	0.87	0.17	010
12004		A	Repair superficial wound(s)	2.26	2.06	2.19	0.92	0.97	0.21	010
12005		A	Repair superficial wound(s)	2.88	2.50	2.67	1.06	1.13	0.27	010
12006		A	Repair superficial wound(s)	3.68	3.03	3.21	1.29	1.40	0.35	010
12007		A	Repair superficial wound(s)	4.13	3.33	3.58	1.46	1.64	0.45	010
12011		A	Repair superficial wound(s)	1.78	1.89	2.01	0.75	0.77	0.16	010
12013		A	Repair superficial wound(s)	2.01	2.04	2.16	0.88	0.91	0.18	010
12014		A	Repair superficial wound(s)	2.48	2.27	2.42	0.97	1.02	0.23	010
12015		A	Repair superficial wound(s)	3.21	2.76	2.95	1.11	1.18	0.29	010
12016		A	Repair superficial wound(s)	3.94	3.14	3.35	1.27	1.40	0.37	010
12017		A	Repair superficial wound(s)	4.72	NA	NA	1.52	1.70	0.47	010
12018		A	Repair superficial wound(s)	5.54	NA	NA	1.94	2.11	0.64	010
12020		A	Closure of split wound	2.64	3.66	3.75	1.74	1.84	0.30	010
12021		A	Closure of split wound	1.86	1.83	1.83	1.32	1.37	0.24	010
12031		A	Layer closure of wound(s)	2.17	3.88	3.09	1.78	1.37	0.17	010
12032		A	Layer closure of wound(s)	2.49	5.21	4.53	2.29	2.04	0.16	010
12034		A	Layer closure of wound(s)	2.94	4.59	3.89	2.00	1.73	0.25	010
12035		A	Layer closure of wound(s)	3.44	5.26	5.23	2.11	2.13	0.39	010
12036		A	Layer closure of wound(s)	4.06	5.36	5.46	2.22	2.39	0.55	010
12037		A	Layer closure of wound(s)	4.68	5.95	6.02	2.63	2.80	0.66	010
12041		A	Layer closure of wound(s)	2.39	3.86	3.20	1.78	1.45	0.19	010
12042		A	Layer closure of wound(s)	2.76	4.49	3.88	2.14	1.80	0.17	010
12044		A	Layer closure of wound(s)	3.16	5.38	4.29	1.96	1.78	0.27	010
12045		A	Layer closure of wound(s)	3.65	4.99	5.14	2.05	2.17	0.41	010
12046		A	Layer closure of wound(s)	4.26	5.67	6.08	2.31	2.53	0.54	010
12047		A	Layer closure of wound(s)	4.66	6.44	6.35	2.66	2.85	0.58	010
12051		A	Layer closure of wound(s)	2.49	4.11	3.69	1.94	1.69	0.20	010
12052		A	Layer closure of wound(s)	2.81	4.86	4.05	2.57	2.00	0.17	010
12053		A	Layer closure of wound(s)	3.14	5.37	4.30	2.13	1.83	0.23	010
12054		A	Layer closure of wound(s)	3.47	5.40	4.48	2.06	1.85	0.30	010
12055		A	Layer closure of wound(s)	4.44	5.96	5.23	2.09	2.12	0.45	010
12056		A	Layer closure of wound(s)	5.25	6.57	6.60	2.61	2.80	0.59	010
12057		A	Layer closure of wound(s)	5.97	7.71	6.88	2.93	3.33	0.56	010

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
13100		A	Repair of wound or lesion	3.14	4.42	4.24	2.47	2.39	0.26	010
13101		A	Repair of wound or lesion	3.93	5.94	5.31	2.99	2.84	0.26	010
13102		A	Repair wound/lesion add-on	1.24	1.35	1.26	0.53	0.56	0.13	ZZZ
13120		A	Repair of wound or lesion	3.32	4.58	4.37	2.59	2.47	0.26	010
13121		A	Repair of wound or lesion	4.36	6.71	5.78	3.66	3.23	0.25	010
13122		A	Repair wound/lesion add-on	1.44	1.37	1.44	0.59	0.62	0.15	ZZZ
13131		A	Repair of wound or lesion	3.80	5.01	4.69	2.89	2.79	0.26	010
13132		A	Repair of wound or lesion	6.48	7.90	6.91	4.98	4.58	0.32	010
13133		A	Repair wound/lesion add-on	2.19	1.88	1.77	0.99	1.01	0.18	ZZZ
13150		A	Repair of wound or lesion	3.82	4.72	4.79	2.74	2.75	0.34	010
13151		A	Repair of wound or lesion	4.46	5.52	5.17	3.24	3.19	0.31	010
13152		A	Repair of wound or lesion	6.34	7.56	6.80	3.95	4.00	0.40	010
13153		A	Repair wound/lesion add-on	2.38	2.05	1.99	1.04	1.09	0.24	ZZZ
13160		A	Late closure of wound	11.84	NA	NA	7.00	7.10	1.54	090
14000		A	Skin tissue rearrangement	6.83	8.93	8.40	6.05	5.77	0.59	090
14001		A	Skin tissue rearrangement	9.60	11.01	10.24	7.51	7.32	0.82	090
14020		A	Skin tissue rearrangement	7.66	10.02	9.33	6.90	6.73	0.64	090
14021		A	Skin tissue rearrangement	11.18	12.48	11.25	8.70	8.51	0.81	090
14040		A	Skin tissue rearrangement	8.44	10.19	9.51	7.01	7.12	0.62	090
14041		A	Skin tissue rearrangement	12.67	13.60	12.11	9.40	9.05	0.73	090
14060		A	Skin tissue rearrangement	9.07	9.70	9.25	7.21	7.33	0.68	090
14061		A	Skin tissue rearrangement	13.67	14.87	13.26	10.24	9.89	0.76	090
14300		A	Skin tissue rearrangement	13.26	13.53	12.36	9.49	9.35	1.16	090
14350		A	Skin tissue rearrangement	10.82	NA	NA	6.82	7.02	1.34	090
15002		A	Wnd prep, ch/inf, trk/arm/lg	3.65	4.18	4.14	1.69	1.66	0.49	000
15003		A	Wnd prep, ch/inf addl 100 cm	0.80	0.90	0.91	0.27	0.28	0.11	ZZZ
15004		A	Wnd prep ch/inf, f/n/hf/g	4.58	4.84	4.79	2.02	1.99	0.62	000
15005		A	Wnd prep, f/n/hf/g, addl cm	1.60	1.23	1.26	0.53	0.55	0.22	ZZZ
15040		A	Harvest cultured skin graft	2.00	3.89	4.22	1.05	1.09	0.24	000
15050		A	Skin pinch graft	5.37	7.52	7.25	4.94	5.05	0.57	090
15100		A	Skin splt grft, trnk/arm/leg	9.74	9.72	11.18	6.67	7.27	1.28	090
15101		A	Skin splt grft t/a/l, add-on	1.72	2.46	3.11	0.85	1.02	0.24	ZZZ
15110		A	Epidrm autogrft trnk/arm/leg	10.88	8.72	9.75	6.36	6.72	1.31	090
15111		A	Epidrm autogrft t/a/l add-on	1.85	0.87	1.08	0.62	0.71	0.26	ZZZ
15115		A	Epidrm a-grft face/nck/hf/g	11.19	9.22	9.23	6.75	7.06	1.15	090
15116		A	Epidrm a-grft f/n/hf/g addl	2.50	1.20	1.40	0.87	1.00	0.33	ZZZ
15120		A	Skn splt a-grft fac/nck/hf/g	10.96	11.31	11.02	7.46	7.63	1.16	090
15121		A	Skn splt a-grft f/n/hf/g add	2.67	3.41	3.96	1.30	1.58	0.36	ZZZ
15130		A	Derm autograft, trnk/arm/leg	7.41	7.91	8.92	5.56	5.97	0.97	090
15131		A	Derm autograft t/a/l add-on	1.50	0.65	0.87	0.48	0.57	0.21	ZZZ
15135		A	Derm autograft face/nck/hf/g	10.91	9.47	9.68	7.06	7.61	1.23	090
15136		A	Derm autograft, f/n/hf/g add	1.50	0.66	0.78	0.52	0.60	0.20	ZZZ
15150		A	Cult epiderm grft t/arm/leg	9.30	7.02	7.79	5.75	6.14	1.14	090
15151		A	Cult epiderm grft t/a/l addl	2.00	0.88	1.10	0.68	0.77	0.28	ZZZ
15152		A	Cult epiderm graft t/a/l +%	2.50	1.07	1.32	0.86	0.97	0.35	ZZZ
15155		A	Cult epiderm graft, f/n/hf/g	10.05	7.65	7.75	6.31	6.65	1.05	090
15156		A	Cult epidrm grft f/n/hfg add	2.75	1.15	1.36	0.95	1.10	0.36	ZZZ
15157		A	Cult epiderm grft f/n/hfg +%	3.00	1.34	1.57	1.04	1.21	0.39	ZZZ
15170		A	Acell graft trunk/arms/legs	5.99	3.99	3.86	2.60	2.45	0.55	090
15171		A	Acell graft t/arm/leg add-on	1.55	0.60	0.65	0.47	0.56	0.19	ZZZ
15175		A	Acellular graft, f/n/hf/g	7.99	4.40	5.07	3.10	3.67	0.82	090
15176		A	Acell graft, f/n/hf/g add-on	2.45	1.04	1.08	0.79	0.90	0.29	ZZZ
15200		A	Skin full graft, trunk	8.97	9.89	9.66	6.37	6.30	0.98	090
15201		A	Skin full graft trunk add-on	1.32	2.00	2.30	0.47	0.56	0.19	ZZZ
15220		A	Skin full graft sclp/arm/leg	7.95	10.45	9.82	6.72	6.70	0.84	090
15221		A	Skin full graft add-on	1.19	2.00	2.17	0.51	0.54	0.16	ZZZ
15240		A	Skin full grft face/genit/hf	10.15	12.02	11.11	8.92	8.44	0.92	090
15241		A	Skin full graft add-on	1.86	2.53	2.49	0.82	0.87	0.23	ZZZ
15260		A	Skin full graft een & lips	11.39	13.03	11.63	9.38	8.99	0.69	090
15261		A	Skin full graft add-on	2.23	2.98	2.83	1.17	1.28	0.21	ZZZ
15300		A	Apply skinallogrft, t/arm/lg	4.65	3.42	3.31	2.15	2.19	0.49	090
15301		A	Apply sknallogrft t/a/l addl	1.00	0.45	0.46	0.32	0.37	0.14	ZZZ
15320		A	Apply skin allogrft f/n/hf/g	5.36	3.73	3.68	2.33	2.44	0.58	090
15321		A	Aply sknallogrft f/n/hfg add	1.50	0.69	0.69	0.51	0.55	0.21	ZZZ
15330		A	Aply acell alogrft t/arm/leg	3.99	3.48	3.28	2.14	2.15	0.49	090
15331		A	Aply acell grft t/a/l add-on	1.00	0.49	0.47	0.36	0.38	0.14	ZZZ
15335		A	Apply acell graft, f/n/hf/g	4.50	3.28	3.40	1.99	2.23	0.55	090
15336		A	Aply acell grft f/n/hf/g add	1.43	0.72	0.71	0.49	0.53	0.20	ZZZ
15340		A	Apply cult skin substitute	3.76	3.62	3.84	2.60	2.70	0.41	010
15341		A	Apply cult skin sub add-on	0.50	0.63	0.64	0.13	0.17	0.06	ZZZ
15360		A	Apply cult derm sub, t/a/l	3.93	4.81	4.58	3.51	3.26	0.43	090
15361		A	Aply cult derm sub t/a/l add	1.15	0.50	0.55	0.32	0.40	0.14	ZZZ

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
15365		A	Apply cult derm sub f/n/hf/g	4.21	4.11	4.37	3.02	3.14	0.46	090
15366		A	Apply cult derm f/hf/g add	1.45	0.67	0.69	0.47	0.53	0.17	ZZZ
15400		A	Apply skin xenograft, t/a/l	4.38	4.92	4.47	3.71	3.87	0.47	090
15401		A	Apply skn xenogrft t/a/l add	1.00	1.00	1.45	0.33	0.39	0.14	ZZZ
15420		A	Apply skin xgraft, f/n/hf/g	4.89	5.36	5.03	4.13	3.93	0.52	090
15421		A	Apply skn xgrft f/n/hf/g add	1.50	1.15	1.24	0.48	0.56	0.21	ZZZ
15430		A	Apply acellular xenograft	5.93	6.51	6.80	5.97	6.38	0.66	090
15431		C	Apply acellular xgraft add	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
15570		A	Form skin pedicle flap	10.00	10.03	10.74	6.26	6.56	1.34	090
15572		A	Form skin pedicle flap	9.94	9.77	9.65	6.68	6.58	1.20	090
15574		A	Form skin pedicle flap	10.52	10.54	10.61	7.06	7.42	1.20	090
15576		A	Form skin pedicle flap	9.24	9.68	9.72	6.55	6.72	0.87	090
15600		A	Skin graft	1.95	5.28	6.45	2.74	2.90	0.27	090
15610		A	Skin graft	2.46	5.52	5.12	3.03	3.23	0.35	090
15620		A	Skin graft	3.62	6.43	7.10	3.89	3.88	0.35	090
15630		A	Skin graft	3.95	7.05	7.04	4.31	4.23	0.34	090
15650		A	Transfer skin pedicle flap	4.64	7.26	7.18	4.39	4.28	0.42	090
15731		A	Forehead flap w/vasc pedicle	14.12	11.92	12.06	9.38	9.50	1.28	090
15732		A	Muscle-skin graft, head/neck	19.70	14.70	16.41	11.17	11.73	2.00	090
15734		A	Muscle-skin graft, trunk	19.62	15.67	16.94	11.87	12.17	2.62	090
15736		A	Muscle-skin graft, arm	16.92	13.37	15.90	9.61	10.51	2.46	090
15738		A	Muscle-skin graft, leg	18.92	13.75	15.94	10.21	11.04	2.66	090
15740		A	Island pedicle flap graft	11.57	13.59	11.87	9.47	8.88	0.63	090
15750		A	Neurovascular pedicle graft	12.73	NA	NA	8.87	8.98	1.42	090
15756		A	Free myo/skin flap microvasc	36.74	NA	NA	18.66	19.65	4.62	090
15757		A	Free skin flap, microvasc	36.95	NA	NA	17.98	19.63	3.90	090
15758		A	Free fascial flap, microvasc	36.70	NA	NA	17.66	19.49	4.24	090
15760		A	Composite skin graft	9.68	10.42	10.21	7.09	7.17	0.85	090
15770		A	Derma-fat-fascia graft	8.73	NA	NA	6.65	6.67	1.05	090
15775		R	Hair transplant punch grafts	3.95	2.86	3.65	1.23	1.35	0.52	000
15776		R	Hair transplant punch grafts	5.53	4.84	4.94	2.15	2.38	0.72	000
15780		A	Abrasion treatment of skin	8.50	11.44	11.55	6.70	7.51	0.67	090
15781		A	Abrasion treatment of skin	4.91	8.67	7.79	5.65	5.51	0.34	090
15782		A	Abrasion treatment of skin	4.36	8.65	9.42	4.94	5.85	0.34	090
15783		A	Abrasion treatment of skin	4.33	7.93	7.44	4.99	4.61	0.28	090
15786		A	Abrasion, lesion, single	2.05	3.89	3.61	1.25	1.29	0.11	010
15787		A	Abrasion, lesions, add-on	0.33	0.82	0.96	0.08	0.13	0.04	ZZZ
15788		R	Chemical peel, face, epiderm	2.09	9.40	7.91	4.11	3.53	0.11	090
15789		R	Chemical peel, face, dermal	4.91	9.43	8.73	5.85	5.31	0.20	090
15792		R	Chemical peel, nonfacial	1.86	8.88	7.65	4.54	4.32	0.13	090
15793		A	Chemical peel, nonfacial	3.82	8.08	6.76	4.91	4.38	0.19	090
15819		A	Plastic surgery, neck	10.45	NA	NA	6.71	6.96	0.97	090
15820		A	Revision of lower eyelid	6.09	6.43	6.72	5.24	5.41	0.40	090
15821		A	Revision of lower eyelid	6.66	6.61	7.01	5.33	5.54	0.45	090
15822		A	Revision of upper eyelid	4.51	5.24	5.56	4.11	4.32	0.37	090
15823		A	Revision of upper eyelid	8.12	7.42	7.67	6.15	6.32	0.50	090
15830		R	Exc skin abd	16.90	NA	NA	9.82	10.04	2.93	090
15832		A	Excise excessive skin tissue	12.65	NA	NA	8.31	8.34	1.66	090
15833		A	Excise excessive skin tissue	11.70	NA	NA	7.42	7.77	1.49	090
15834		A	Excise excessive skin tissue	11.97	NA	NA	8.13	7.86	1.61	090
15835		A	Excise excessive skin tissue	12.79	NA	NA	7.83	7.70	1.60	090
15836		A	Excise excessive skin tissue	10.41	NA	NA	6.88	6.87	1.34	090
15837		A	Excise excessive skin tissue	9.37	8.61	8.61	5.75	6.57	1.18	090
15838		A	Excise excessive skin tissue	8.07	NA	NA	5.45	5.68	0.58	090
15839		A	Excise excessive skin tissue	10.32	9.70	9.21	6.44	6.39	1.22	090
15840		A	Graft for face nerve palsy	14.76	NA	NA	8.97	9.44	1.32	090
15841		A	Graft for face nerve palsy	25.69	NA	NA	13.62	14.26	2.55	090
15842		A	Flap for face nerve palsy	40.68	NA	NA	20.89	22.02	4.94	090
15845		A	Skin and muscle repair, face	14.04	NA	NA	8.43	8.94	0.81	090
15847		C	Exc skin abd add-on	0.00	0.00	0.00	0.00	0.00	0.00	YYY
15850		B	Removal of sutures	0.78	1.19	1.38	0.18	0.24	0.05	XXX
15851		A	Removal of sutures	0.86	1.32	1.50	0.24	0.27	0.06	000
15852		A	Dressing change not for burn	0.86	NA	NA	0.26	0.29	0.09	000
15860		A	Test for blood flow in graft	1.95	NA	NA	0.64	0.72	0.27	000
15920		A	Removal of tail bone ulcer	8.15	NA	NA	5.32	5.53	1.04	090
15922		A	Removal of tail bone ulcer	10.23	NA	NA	7.20	7.19	1.42	090
15931		A	Remove sacrum pressure sore	9.96	NA	NA	5.54	5.61	1.25	090
15933		A	Remove sacrum pressure sore	11.60	NA	NA	7.29	7.59	1.52	090
15934		A	Remove sacrum pressure sore	13.54	NA	NA	7.70	7.87	1.79	090
15935		A	Remove sacrum pressure sore	15.58	NA	NA	9.15	9.94	2.10	090
15936		A	Remove sacrum pressure sore	13.04	NA	NA	7.42	7.85	1.77	090
15937		A	Remove sacrum pressure sore	15.00	NA	NA	8.96	9.42	2.07	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
15940		A	Remove hip pressure sore	10.11	NA	NA	5.78	6.00	1.31	090
15941		A	Remove hip pressure sore	12.24	NA	NA	8.43	8.98	1.66	090
15944		A	Remove hip pressure sore	12.27	NA	NA	8.12	8.41	1.65	090
15945		A	Remove hip pressure sore	13.57	NA	NA	8.81	9.32	1.85	090
15946		A	Remove hip pressure sore	23.80	NA	NA	13.73	14.14	3.17	090
15950		A	Remove thigh pressure sore	7.91	NA	NA	5.38	5.41	1.04	090
15951		A	Remove thigh pressure sore	11.41	NA	NA	7.31	7.72	1.49	090
15952		A	Remove thigh pressure sore	12.14	NA	NA	7.47	7.68	1.60	090
15953		A	Remove thigh pressure sore	13.39	NA	NA	8.22	8.78	1.80	090
15956		A	Remove thigh pressure sore	16.59	NA	NA	9.54	10.20	2.22	090
15958		A	Remove thigh pressure sore	16.55	NA	NA	10.48	10.76	2.26	090
15999		C	Removal of pressure sore	0.00	0.00	0.00	0.00	0.00	0.00	YYY
16000		A	Initial treatment of burn(s)	0.89	0.72	0.79	0.23	0.25	0.08	000
16020		A	Dress/debrid p-thick burn, s	0.80	1.10	1.20	0.56	0.57	0.08	000
16025		A	Dress/debrid p-thick burn, m	1.85	1.56	1.67	0.85	0.91	0.19	000
16030		A	Dress/debrid p-thick burn, l	2.08	2.07	2.10	1.02	1.06	0.24	000
16035		A	Incision of burn scab, initi	3.74	NA	NA	1.22	1.41	0.46	090
16036		A	Escharotomy; add⊥l incision	1.50	NA	NA	0.45	0.53	0.20	ZZZ
17000		A	Destruct premalg lesion	0.62	1.41	1.19	0.74	0.64	0.03	010
17003		A	Destruct premalg les, 2–14	0.07	0.10	0.11	0.03	0.05	0.01	ZZZ
17004		A	Destroy premlg lesions 15+	1.82	2.45	2.37	1.39	1.49	0.11	010
17106		A	Destruction of skin lesions	4.62	4.70	4.65	3.30	3.32	0.35	090
17107		A	Destruction of skin lesions	9.19	7.01	7.16	4.99	5.27	0.63	090
17108		A	Destruction of skin lesions	13.22	8.91	9.20	6.45	7.14	0.54	090
17110		A	Destruct b9 lesion, 1–14	0.67	1.77	1.70	0.88	0.79	0.05	010
17111		A	Destruct lesion, 15 or more	0.94	2.24	1.97	1.11	0.96	0.05	010
17250		A	Chemical cautery, tissue	0.50	1.30	1.27	0.38	0.36	0.06	000
17260		A	Destruction of skin lesions	0.93	1.41	1.35	0.71	0.70	0.04	010
17261		A	Destruction of skin lesions	1.19	2.49	2.06	1.07	0.96	0.05	010
17262		A	Destruction of skin lesions	1.60	2.83	2.36	1.28	1.15	0.06	010
17263		A	Destruction of skin lesions	1.81	3.07	2.56	1.38	1.24	0.07	010
17264		A	Destruction of skin lesions	1.96	3.27	2.75	1.45	1.29	0.08	010
17266		A	Destruction of skin lesions	2.36	3.50	3.01	1.60	1.42	0.09	010
17270		A	Destruction of skin lesions	1.34	2.43	2.07	1.10	0.99	0.05	010
17271		A	Destruction of skin lesions	1.51	2.66	2.22	1.23	1.11	0.06	010
17272		A	Destruction of skin lesions	1.79	2.97	2.48	1.38	1.25	0.07	010
17273		A	Destruction of skin lesions	2.07	3.21	2.71	1.50	1.36	0.08	010
17274		A	Destruction of skin lesions	2.61	3.61	3.10	1.76	1.61	0.10	010
17276		A	Destruction of skin lesions	3.22	3.89	3.42	1.99	1.84	0.16	010
17280		A	Destruction of skin lesions	1.19	2.36	1.99	1.04	0.93	0.05	010
17281		A	Destruction of skin lesions	1.74	2.74	2.33	1.34	1.22	0.07	010
17282		A	Destruction of skin lesions	2.06	3.15	2.66	1.51	1.38	0.08	010
17283		A	Destruction of skin lesions	2.66	3.56	3.06	1.79	1.64	0.11	010
17284		A	Destruction of skin lesions	3.23	3.98	3.46	2.05	1.91	0.13	010
17286		A	Destruction of skin lesions	4.45	4.46	4.07	2.51	2.48	0.23	010
17311		A	Mohs, 1 stage, h/n/hf/g	6.20	10.71	10.76	3.10	3.14	0.24	000
17312		A	Mohs addl stage	3.30	6.88	6.91	1.65	1.67	0.13	ZZZ
17313		A	Mohs, 1 stage, t/a/l	5.56	9.88	9.93	2.78	2.81	0.22	000
17314		A	Mohs, addl stage, t/a/l	3.06	6.37	6.40	1.53	1.54	0.12	ZZZ
17315		A	Mohs surg, addl block	0.87	1.14	1.15	0.43	0.44	0.03	ZZZ
17340		A	Cryotherapy of skin	0.76	0.35	0.36	0.38	0.37	0.05	010
17360		A	Skin peel therapy	1.44	1.86	1.65	1.02	0.95	0.06	010
17999		C	Skin tissue procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
19000		A	Drainage of breast lesion	0.84	1.89	1.92	0.27	0.28	0.08	000
19001		A	Drain breast lesion add-on	0.42	0.26	0.25	0.14	0.14	0.04	ZZZ
19020		A	Incision of breast lesion	3.74	6.57	6.45	3.02	2.85	0.45	090
19030		A	Injection for breast x-ray	1.53	2.65	2.72	0.55	0.50	0.09	000
19100		A	Bx breast percut w/o image	1.27	2.06	2.07	0.33	0.38	0.16	000
19101		A	Biopsy of breast, open	3.20	4.33	4.41	1.77	1.84	0.39	010
19102		A	Bx breast percut w/image	2.00	3.44	3.60	0.69	0.66	0.14	000
19103		A	Bx breast percut w/device	3.69	10.02	10.68	1.20	1.19	0.30	000
19105		A	Cryosurg ablate fa, each	3.69	45.89	45.89	0.99	0.99	0.30	000
19110		A	Nipple exploration	4.35	6.15	6.00	3.14	3.02	0.57	090
19112		A	Excise breast duct fistula	3.72	6.16	6.12	3.10	2.90	0.48	090
19120		A	Removal of breast lesion	5.84	5.04	4.79	3.35	3.21	0.73	090
19125		A	Excision, breast lesion	6.59	5.51	5.15	3.63	3.46	0.80	090
19126		A	Excision, addl breast lesion	2.93	NA	NA	0.75	0.88	0.38	ZZZ
19260		A	Removal of chest wall lesion	17.60	NA	NA	10.08	10.65	2.14	090
19271		A	Revision of chest wall	21.86	NA	NA	15.73	16.86	2.63	090
19272		A	Extensive chest wall surgery	24.82	NA	NA	16.86	17.92	3.00	090
19290		A	Place needle wire, breast	1.27	2.87	2.83	0.45	0.42	0.07	000
19291		A	Place needle wire, breast	0.63	1.13	1.16	0.22	0.21	0.04	ZZZ

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
19295		A	Place breast clip, percut	0.00	2.25	2.46	0.00	1.35	0.01	ZZZ
19296		A	Place po breast cath for rad	3.63	84.88	104.91	1.19	1.36	0.36	000
19297		A	Place breast cath for rad	1.72	NA	NA	0.44	0.55	0.17	ZZZ
19298		A	Place breast rad tube/caths	6.00	21.81	32.20	2.14	2.29	0.43	000
19300		A	Removal of breast tissue	5.20	7.97	7.43	3.83	3.54	0.69	090
19301		A	Partial mastectomy	10.00	NA	NA	4.61	3.82	0.79	090
19302		A	P-mastectomy w/ln removal	13.88	NA	NA	6.12	6.27	1.80	090
19303		A	Mast, simple, complete	15.67	NA	NA	6.97	5.68	1.18	090
19304		A	Mast, subq	7.81	NA	NA	4.91	4.81	1.04	090
19305		A	Mast, radical	17.23	NA	NA	8.09	8.02	1.93	090
19306		A	Mast, rad, urban type	17.85	NA	NA	8.68	8.39	2.08	090
19307		A	Mast, mod rad	17.95	NA	NA	8.72	8.39	2.13	090
19316		A	Suspension of breast	10.98	NA	NA	6.96	7.29	1.64	090
19318		A	Reduction of large breast	15.91	NA	NA	9.94	10.61	2.93	090
19324		A	Enlarge breast	6.65	NA	NA	4.45	4.71	0.84	090
19325		A	Enlarge breast with implant	8.52	NA	NA	6.42	6.51	1.33	090
19328		A	Removal of breast implant	6.35	NA	NA	4.98	5.03	0.91	090
19330		A	Removal of implant material	8.39	NA	NA	5.94	6.05	1.26	090
19340		A	Immediate breast prosthesis	6.32	NA	NA	2.83	2.99	1.06	ZZZ
19342		A	Delayed breast prosthesis	12.40	NA	NA	8.94	8.98	1.84	090
19350		A	Breast reconstruction	8.99	9.86	11.89	6.60	6.91	1.41	090
19355		A	Correct inverted nipple(s)	8.37	7.41	8.90	4.69	4.75	0.92	090
19357		A	Breast reconstruction	20.57	NA	NA	15.40	15.59	2.94	090
19361		A	Breast reconstr w/lat flap	23.17	NA	NA	16.83	14.71	2.93	090
19364		A	Breast reconstruction	42.40	NA	NA	22.28	23.13	6.24	090
19366		A	Breast reconstruction	21.70	NA	NA	9.91	10.81	3.25	090
19367		A	Breast reconstruction	26.59	NA	NA	15.24	16.05	4.04	090
19368		A	Breast reconstruction	33.61	NA	NA	18.12	18.63	5.54	090
19369		A	Breast reconstruction	31.02	NA	NA	16.41	17.40	4.51	090
19370		A	Surgery of breast capsule	8.99	NA	NA	6.79	6.88	1.29	090
19371		A	Removal of breast capsule	10.42	NA	NA	7.69	7.80	1.62	090
19380		A	Revise breast reconstruction	10.21	NA	NA	7.62	7.70	1.44	090
19396		A	Design custom breast implant	2.17	4.50	2.80	1.29	1.14	0.30	000
19499		C	Breast surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
20000		A	Incision of abscess	2.14	2.74	2.72	1.51	1.62	0.25	010
20005		A	Incision of deep abscess	3.55	3.62	3.57	1.99	2.13	0.46	010
20100		A	Explore wound, neck	10.33	NA	NA	3.59	4.04	1.21	010
20101		A	Explore wound, chest	3.22	6.53	6.20	1.53	1.57	0.44	010
20102		A	Explore wound, abdomen	3.95	6.88	7.17	1.83	1.87	0.49	010
20103		A	Explore wound, extremity	5.31	7.72	8.15	2.77	3.08	0.75	010
20150		A	Excise epiphyseal bar	14.60	NA	NA	7.67	7.38	2.04	090
20200		A	Muscle biopsy	1.46	3.06	3.06	0.69	0.72	0.23	000
20205		A	Deep muscle biopsy	2.35	3.79	3.84	1.10	1.15	0.33	000
20206		A	Needle biopsy, muscle	0.99	5.17	5.80	0.57	0.59	0.07	000
20220		A	Bone biopsy, trocar/needle	1.27	2.69	3.61	0.68	0.73	0.08	000
20225		A	Bone biopsy, trocar/needle	1.87	11.89	18.29	1.03	1.08	0.22	000
20240		A	Bone biopsy, excisional	3.25	NA	NA	2.02	2.30	0.44	010
20245		A	Bone biopsy, excisional	8.77	NA	NA	5.73	6.16	1.31	010
20250		A	Open bone biopsy	5.16	NA	NA	3.63	3.58	1.02	010
20251		A	Open bone biopsy	5.69	NA	NA	3.86	4.02	1.15	010
20500		A	Injection of sinus tract	1.25	1.32	1.78	0.87	1.20	0.12	010
20501		A	Inject sinus tract for x-ray	0.76	2.35	2.61	0.28	0.25	0.04	000
20520		A	Removal of foreign body	1.87	2.58	2.75	1.44	1.60	0.21	010
20525		A	Removal of foreign body	3.51	7.03	8.09	2.19	2.41	0.51	010
20526		A	Ther injection, carp tunnel	0.94	0.81	0.89	0.41	0.47	0.13	000
20550		A	Inj tendon sheath/ligament	0.75	0.62	0.67	0.28	0.26	0.09	000
20551		A	Inj tendon origin/insertion	0.75	0.64	0.66	0.29	0.31	0.08	000
20552		A	Inj trigger point, 1/2 muscl	0.66	0.58	0.65	0.25	0.22	0.05	000
20553		A	Inject trigger points, =/> 3	0.75	0.64	0.73	0.27	0.24	0.04	000
20600		A	Drain/inject, joint/bursa	0.66	0.65	0.66	0.31	0.33	0.08	000
20605		A	Drain/inject, joint/bursa	0.68	0.73	0.75	0.32	0.34	0.08	000
20610		A	Drain/inject, joint/bursa	0.79	1.06	1.01	0.40	0.41	0.11	000
20612		A	Aspirate/inj ganglion cyst	0.70	0.69	0.70	0.32	0.34	0.10	000
20615		A	Treatment of bone cyst	2.30	2.68	3.10	1.41	1.62	0.20	010
20650		A	Insert and remove bone pin	2.25	2.41	2.40	1.42	1.50	0.31	010
20660		A	Apply, rem fixation device	2.51	3.30	3.19	1.49	1.56	0.59	000
20661		A	Application of head brace	5.14	NA	NA	6.05	5.48	1.14	090
20662		A	Application of pelvis brace	6.26	NA	NA	4.91	5.21	0.56	090
20663		A	Application of thigh brace	5.62	NA	NA	4.84	4.89	0.94	090
20664		A	Halo brace application	9.86	NA	NA	7.83	7.50	1.75	090
20665		A	Removal of fixation device	1.33	1.37	1.78	0.98	1.17	0.19	010
20670		A	Removal of support implant	1.76	6.54	9.06	1.65	1.88	0.28	010

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
20680		A	Removal of support implant	5.90	8.07	8.44	4.05	3.90	0.56	090
20690		A	Apply bone fixation device	3.67	NA	NA	2.24	2.39	0.59	090
20692		A	Apply bone fixation device	6.40	NA	NA	3.18	3.49	1.05	090
20693		A	Adjust bone fixation device	5.97	NA	NA	4.45	4.96	0.98	090
20694		A	Remove bone fixation device	4.20	5.27	6.22	3.51	3.78	0.71	090
20802		A	Replantation, arm, complete	42.30	NA	NA	13.20	19.01	3.82	090
20805		A	Replant forearm, complete	51.14	NA	NA	23.87	29.46	4.85	090
20808		A	Replantation hand, complete	62.77	NA	NA	37.05	40.08	6.88	090
20816		A	Replantation digit, complete	31.74	NA	NA	25.24	31.41	4.53	090
20822		A	Replantation digit, complete	26.42	NA	NA	23.69	28.95	4.19	090
20824		A	Replantation thumb, complete	31.74	NA	NA	24.76	30.85	4.62	090
20827		A	Replantation thumb, complete	27.24	NA	NA	23.43	30.06	3.67	090
20838		A	Replantation foot, complete	42.56	NA	NA	14.01	18.06	1.12	090
20900		A	Removal of bone for graft	5.77	9.15	8.82	4.88	5.29	0.94	090
20902		A	Removal of bone for graft	7.98	NA	NA	5.97	6.41	1.30	090
20910		A	Remove cartilage for graft	5.41	NA	NA	4.55	4.89	0.71	090
20912		A	Remove cartilage for graft	6.42	NA	NA	4.96	5.34	0.69	090
20920		A	Removal of fascia for graft	5.42	NA	NA	4.35	4.30	0.66	090
20922		A	Removal of fascia for graft	6.84	7.56	7.55	5.02	4.95	0.70	090
20924		A	Removal of tendon for graft	6.59	NA	NA	4.94	5.43	1.04	090
20926		A	Removal of tissue for graft	5.70	NA	NA	4.49	4.61	0.87	090
20931		A	Spinal bone allograft	1.81	NA	NA	0.69	0.81	0.43	ZZZ
20937		A	Spinal bone autograft	2.79	NA	NA	1.09	1.28	0.54	ZZZ
20938		A	Spinal bone autograft	3.02	NA	NA	1.16	1.37	0.64	ZZZ
20950		A	Fluid pressure, muscle	1.26	4.18	5.51	0.88	0.93	0.20	000
20955		A	Fibula bone graft, microvasc	40.02	NA	NA	18.61	21.42	4.90	090
20956		A	Iliac bone graft, microvasc	40.93	NA	NA	20.42	22.67	7.03	090
20957		A	Mt bone graft, microvasc	42.33	NA	NA	15.50	17.91	7.07	090
20962		A	Other bone graft, microvasc	39.21	NA	NA	21.53	24.02	6.57	090
20969		A	Bone/skin graft, microvasc	45.11	NA	NA	21.25	23.86	4.80	090
20970		A	Bone/skin graft, iliac crest	44.26	NA	NA	21.03	23.12	6.62	090
20972		A	Bone/skin graft, metatarsal	44.19	NA	NA	14.42	18.07	5.32	090
20973		A	Bone/skin graft, great toe	46.95	NA	NA	14.14	19.83	5.56	090
20974		A	Electrical bone stimulation	0.62	0.97	0.84	0.48	0.51	0.11	000
20975		A	Electrical bone stimulation	2.60	NA	NA	1.46	1.59	0.51	000
20979		A	Us bone stimulation	0.62	0.60	0.70	0.20	0.27	0.09	000
20982		A	Ablate, bone tumor(s) perq	7.27	79.27	94.26	2.71	2.78	0.69	000
20999		C	Musculoskeletal surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21010		A	Incision of jaw joint	10.90	NA	NA	6.42	6.68	1.11	090
21015		A	Resection of facial tumor	5.59	NA	NA	4.30	4.67	0.70	090
21025		A	Excision of bone, lower jaw	11.07	12.59	12.41	8.80	9.07	1.32	090
21026		A	Excision of facial bone(s)	5.54	8.82	8.33	5.94	6.12	0.60	090
21029		A	Contour of face bone lesion	8.26	9.60	9.44	6.59	6.76	0.94	090
21030		A	Excise max/zygoma b9 tumor	4.80	7.19	6.76	4.70	4.87	0.54	090
21031		A	Remove exostosis, mandible	3.26	5.91	5.55	3.48	3.56	0.48	090
21032		A	Remove exostosis, maxilla	3.28	6.04	5.69	3.37	3.44	0.47	090
21034		A	Excise max/zygoma mlg tumor	17.17	13.98	14.84	10.19	11.34	1.72	090
21040		A	Excise mandible lesion	4.80	7.21	6.81	4.66	4.70	0.54	090
21044		A	Removal of jaw bone lesion	12.61	NA	NA	8.14	8.67	1.12	090
21045		A	Extensive jaw surgery	18.13	NA	NA	10.87	11.50	1.52	090
21046		A	Remove mandible cyst complex	13.97	NA	NA	11.59	11.77	1.86	090
21047		A	Excise lwr jaw cyst w/repair	19.83	NA	NA	10.32	11.81	2.13	090
21048		A	Remove maxilla cyst complex	14.47	NA	NA	11.45	11.80	1.77	090
21049		A	Excis uppr jaw cyst w/repair	19.08	NA	NA	10.36	11.51	1.59	090
21050		A	Removal of jaw joint	11.54	NA	NA	8.21	8.84	1.47	090
21060		A	Remove jaw joint cartilage	10.91	NA	NA	7.24	7.99	1.38	090
21070		A	Remove coronoid process	8.50	NA	NA	6.30	6.69	1.27	090
21076		A	Prepare face/oral prosthesis	13.40	7.83	10.12	4.78	7.41	2.00	010
21077		A	Prepare face/oral prosthesis	33.70	18.06	24.81	11.99	19.09	4.56	090
21079		A	Prepare face/oral prosthesis	22.31	13.62	17.61	8.24	12.73	3.16	090
21080		A	Prepare face/oral prosthesis	25.06	15.78	20.19	9.17	14.30	3.75	090
21081		A	Prepare face/oral prosthesis	22.85	14.72	18.53	8.55	13.04	3.21	090
21082		A	Prepare face/oral prosthesis	20.84	14.77	17.10	8.38	12.09	3.12	090
21083		A	Prepare face/oral prosthesis	19.27	14.58	16.72	7.89	11.19	2.89	090
21084		A	Prepare face/oral prosthesis	22.48	16.52	19.45	9.08	13.37	2.19	090
21085		A	Prepare face/oral prosthesis	8.99	6.80	7.56	3.57	5.19	1.27	010
21086		A	Prepare face/oral prosthesis	24.88	12.65	18.24	8.58	14.05	3.72	090
21087		A	Prepare face/oral prosthesis	24.88	12.80	18.10	8.70	14.00	3.45	090
21088		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	090
21089		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	090
21100		A	Maxillofacial fixation	4.56	14.76	12.98	5.52	5.06	0.34	090
21110		A	Interdental fixation	5.80	13.02	11.33	9.72	9.07	0.72	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
21116		A	Injection, jaw joint x-ray	0.81	2.50	3.39	0.23	0.28	0.06	000
21120		A	Reconstruction of chin	4.99	9.59	10.17	6.62	7.11	0.60	090
21121		A	Reconstruction of chin	7.70	10.67	10.20	7.63	7.72	0.90	090
21122		A	Reconstruction of chin	8.59	NA	NA	8.45	8.42	1.07	090
21123		A	Reconstruction of chin	11.22	NA	NA	6.98	9.42	1.40	090
21125		A	Augmentation, lower jaw bone	10.68	63.67	60.26	6.47	7.51	0.79	090
21127		A	Augmentation, lower jaw bone	12.24	84.66	64.16	7.56	8.58	1.52	090
21137		A	Reduction of forehead	10.12	NA	NA	7.45	7.42	1.32	090
21138		A	Reduction of forehead	12.73	NA	NA	7.71	8.81	1.75	090
21139		A	Reduction of forehead	14.90	NA	NA	6.95	9.26	1.18	090
21141		A	Reconstruct midface, lefort	19.27	NA	NA	12.00	12.77	2.36	090
21142		A	Reconstruct midface, lefort	19.98	NA	NA	10.06	11.54	2.39	090
21143		A	Reconstruct midface, lefort	20.75	NA	NA	11.86	12.57	1.66	090
21145		A	Reconstruct midface, lefort	23.64	NA	NA	13.11	13.44	2.85	090
21146		A	Reconstruct midface, lefort	24.54	NA	NA	9.15	12.24	3.10	090
21147		A	Reconstruct midface, lefort	26.14	NA	NA	15.48	14.98	1.85	090
21150		A	Reconstruct midface, lefort	25.78	NA	NA	16.97	16.21	2.56	090
21151		A	Reconstruct midface, lefort	28.84	NA	NA	11.56	17.26	2.31	090
21154		A	Reconstruct midface, lefort	31.05	NA	NA	18.20	21.26	2.49	090
21155		A	Reconstruct midface, lefort	34.98	NA	NA	18.27	20.25	6.66	090
21159		A	Reconstruct midface, lefort	42.90	NA	NA	15.08	22.09	8.20	090
21160		A	Reconstruct midface, lefort	46.95	NA	NA	23.29	25.52	4.14	090
21172		A	Reconstruct orbit/forehead	28.07	NA	NA	13.87	13.81	3.56	090
21175		A	Reconstruct orbit/forehead	33.43	NA	NA	13.63	15.64	4.84	090
21179		A	Reconstruct entire forehead	22.53	NA	NA	11.33	12.70	2.81	090
21180		A	Reconstruct entire forehead	25.46	NA	NA	13.14	14.20	3.49	090
21181		A	Contour cranial bone lesion	10.18	NA	NA	6.85	7.20	1.32	090
21182		A	Reconstruct cranial bone	32.45	NA	NA	15.45	17.10	2.81	090
21183		A	Reconstruct cranial bone	35.57	NA	NA	19.33	19.46	4.48	090
21184		A	Reconstruct cranial bone	38.49	NA	NA	15.78	19.80	5.72	090
21188		A	Reconstruction of midface	22.97	NA	NA	15.69	17.16	1.70	090
21193		A	Reconst lwr jaw w/o graft	18.65	NA	NA	9.92	11.29	2.24	090
21194		A	Reconst lwr jaw w/graft	21.54	NA	NA	12.22	12.86	2.03	090
21195		A	Reconst lwr jaw w/o fixation	18.88	NA	NA	13.15	14.04	1.64	090
21196		A	Reconst lwr jaw w/fixation	20.55	NA	NA	14.03	14.76	2.08	090
21198		A	Reconstr lwr jaw segment	15.48	NA	NA	11.92	12.19	1.44	090
21199		A	Reconstr lwr jaw w/advance	16.62	NA	NA	7.63	8.26	1.39	090
21206		A	Reconstruct upper jaw bone	15.36	NA	NA	10.92	11.83	1.33	090
21208		A	Augmentation of facial bones	11.15	33.03	27.58	8.06	8.78	1.09	090
21209		A	Reduction of facial bones	7.58	12.17	11.52	7.41	7.76	0.90	090
21210		A	Face bone graft	11.40	43.32	34.16	7.68	8.54	1.30	090
21215		A	Lower jaw bone graft	11.94	85.72	63.87	8.02	8.71	1.53	090
21230		A	Rib cartilage graft	11.06	NA	NA	7.00	7.51	1.29	090
21235		A	Ear cartilage graft	7.31	10.10	9.93	6.20	6.28	0.61	090
21240		A	Reconstruction of jaw joint	15.77	NA	NA	9.55	10.82	2.25	090
21242		A	Reconstruction of jaw joint	14.32	NA	NA	9.13	10.29	1.79	090
21243		A	Reconstruction of jaw joint	24.03	NA	NA	14.33	15.86	3.26	090
21244		A	Reconstruction of lower jaw	13.35	NA	NA	11.55	11.74	1.25	090
21245		A	Reconstruction of jaw	12.88	14.20	14.18	8.65	9.16	1.19	090
21246		A	Reconstruction of jaw	12.78	NA	NA	7.48	8.15	1.35	090
21247		A	Reconstruct lower jaw bone	24.05	NA	NA	12.79	14.96	2.84	090
21248		A	Reconstruction of jaw	12.54	12.62	12.38	7.57	8.49	1.55	090
21249		A	Reconstruction of jaw	18.57	15.81	16.34	9.72	11.27	2.49	090
21255		A	Reconstruct lower jaw bone	18.14	NA	NA	13.78	14.91	2.39	090
21256		A	Reconstruction of orbit	17.42	NA	NA	9.68	10.80	1.50	090
21260		A	Revise eye sockets	17.74	NA	NA	12.98	12.27	0.97	090
21261		A	Revise eye sockets	33.78	NA	NA	14.67	19.46	3.43	090
21263		A	Revise eye sockets	30.72	NA	NA	13.97	16.52	2.63	090
21267		A	Revise eye sockets	20.45	NA	NA	16.17	18.00	1.71	090
21268		A	Revise eye sockets	26.78	NA	NA	13.06	17.13	3.66	090
21270		A	Augmentation, cheek bone	10.52	11.19	11.43	5.96	6.61	0.72	090
21275		A	Revision, orbitofacial bones	11.65	NA	NA	7.19	7.74	1.29	090
21280		A	Revision of eyelid	6.92	NA	NA	5.68	5.84	0.42	090
21282		A	Revision of eyelid	4.11	NA	NA	4.17	4.35	0.26	090
21295		A	Revision of jaw muscle/bone	1.82	NA	NA	2.22	2.44	0.16	090
21296		A	Revision of jaw muscle/bone	4.67	NA	NA	4.12	4.75	0.34	090
21299		C	Cranio/maxillofacial surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21310		A	Treatment of nose fracture	0.58	1.97	2.12	0.11	0.13	0.05	000
21315		A	Treatment of nose fracture	1.78	4.68	4.42	1.77	1.81	0.14	010
21320		A	Treatment of nose fracture	1.86	4.27	4.06	1.36	1.47	0.18	010
21325		A	Treatment of nose fracture	4.07	NA	NA	6.91	7.74	0.31	090
21330		A	Treatment of nose fracture	5.68	NA	NA	7.59	8.64	0.56	090

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21335		A	Treatment of nose fracture	8.91	NA	NA	8.47	8.94	0.74	090
21336		A	Treat nasal septal fracture	6.56	NA	NA	8.64	9.06	0.55	090
21337		A	Treat nasal septal fracture	3.26	6.11	6.08	3.54	3.53	0.28	090
21338		A	Treat nasoethmoid fracture	6.76	NA	NA	9.89	11.93	0.82	090
21339		A	Treat nasoethmoid fracture	8.39	NA	NA	9.78	12.01	0.96	090
21340		A	Treatment of nose fracture	11.33	NA	NA	7.28	7.83	1.15	090
21343		A	Treatment of sinus fracture	14.11	NA	NA	12.76	14.10	1.47	090
21344		A	Treatment of sinus fracture	21.36	NA	NA	13.12	14.85	2.44	090
21345		A	Treat nose/jaw fracture	8.87	10.33	9.99	6.48	6.76	0.92	090
21346		A	Treat nose/jaw fracture	11.29	NA	NA	10.85	11.53	1.21	090
21347		A	Treat nose/jaw fracture	13.37	NA	NA	11.79	13.98	1.47	090
21348		A	Treat nose/jaw fracture	17.36	NA	NA	11.03	10.28	2.49	090
21355		A	Treat cheek bone fracture	4.32	5.89	6.02	3.25	3.33	0.34	010
21356		A	Treat cheek bone fracture	4.70	6.96	7.02	4.07	4.30	0.46	010
21360		A	Treat cheek bone fracture	7.03	NA	NA	5.41	5.66	0.74	090
21365		A	Treat cheek bone fracture	16.52	NA	NA	9.16	9.99	1.70	090
21366		A	Treat cheek bone fracture	18.44	NA	NA	10.42	10.88	2.50	090
21385		A	Treat eye socket fracture	9.46	NA	NA	7.13	7.68	0.97	090
21386		A	Treat eye socket fracture	9.46	NA	NA	6.05	6.53	0.97	090
21387		A	Treat eye socket fracture	10.00	NA	NA	7.47	8.20	1.08	090
21390		A	Treat eye socket fracture	11.07	NA	NA	7.05	7.44	0.90	090
21395		A	Treat eye socket fracture	14.62	NA	NA	8.33	8.62	1.44	090
21400		A	Treat eye socket fracture	1.44	2.70	2.66	1.96	1.92	0.15	090
21401		A	Treat eye socket fracture	3.57	7.03	7.54	3.06	3.29	0.38	090
21406		A	Treat eye socket fracture	7.31	NA	NA	5.34	5.68	0.73	090
21407		A	Treat eye socket fracture	8.91	NA	NA	5.94	6.41	0.94	090
21408		A	Treat eye socket fracture	12.67	NA	NA	7.42	8.26	1.44	090
21421		A	Treat mouth roof fracture	5.80	12.43	10.83	9.20	8.73	0.73	090
21422		A	Treat mouth roof fracture	8.62	NA	NA	7.05	7.54	0.99	090
21423		A	Treat mouth roof fracture	10.71	NA	NA	7.43	8.37	1.27	090
21431		A	Treat craniofacial fracture	7.74	NA	NA	10.80	9.93	0.70	090
21432		A	Treat craniofacial fracture	8.76	NA	NA	6.83	7.52	0.81	090
21433		A	Treat craniofacial fracture	26.13	NA	NA	12.30	14.39	2.79	090
21435		A	Treat craniofacial fracture	20.02	NA	NA	11.15	11.86	1.99	090
21436		A	Treat craniofacial fracture	30.01	NA	NA	13.27	15.94	3.10	090
21440		A	Treat dental ridge fracture	3.28	10.03	8.61	7.43	6.83	0.38	090
21445		A	Treat dental ridge fracture	6.04	12.27	11.05	8.47	8.45	0.78	090
21450		A	Treat lower jaw fracture	3.55	10.48	8.91	7.70	7.28	0.33	090
21451		A	Treat lower jaw fracture	5.46	12.94	11.15	9.66	9.03	0.63	090
21452		A	Treat lower jaw fracture	2.29	11.86	12.42	5.97	5.28	0.27	090
21453		A	Treat lower jaw fracture	6.40	14.78	12.76	11.65	11.19	0.74	090
21454		A	Treat lower jaw fracture	7.17	NA	NA	5.77	6.02	0.82	090
21461		A	Treat lower jaw fracture	9.07	41.49	32.92	12.79	12.70	0.98	090
21462		A	Treat lower jaw fracture	10.77	42.89	35.16	13.44	13.05	1.27	090
21465		A	Treat lower jaw fracture	12.88	NA	NA	8.18	9.03	1.50	090
21470		A	Treat lower jaw fracture	17.24	NA	NA	10.25	11.14	1.97	090
21480		A	Reset dislocated jaw	0.61	1.50	1.63	0.18	0.19	0.06	000
21485		A	Reset dislocated jaw	4.58	12.06	10.16	9.09	8.39	0.51	090
21490		A	Repair dislocated jaw	12.71	NA	NA	8.23	8.92	1.97	090
21495		A	Treat hyoid bone fracture	6.55	NA	NA	10.43	9.30	0.46	090
21497		A	Interdental wiring	4.45	12.20	10.29	9.34	8.47	0.50	090
21499		C	Head surgery procedure	0.00	0.00	1.58	0.00	0.17	0.00	YYY
21501		A	Drain neck/chest lesion	3.87	6.51	6.44	3.50	3.65	0.43	090
21502		A	Drain chest lesion	7.43	NA	NA	4.55	5.13	0.97	090
21510		A	Drainage of bone lesion	6.06	NA	NA	4.77	5.21	0.80	090
21550		A	Biopsy of neck/chest	2.08	4.33	3.94	1.79	1.74	0.16	010
21555		A	Remove lesion, neck/chest	4.40	5.74	5.63	3.42	3.31	0.56	090
21556		A	Remove lesion, neck/chest	5.63	NA	NA	4.12	4.09	0.65	090
21557		A	Remove tumor, neck/chest	8.91	NA	NA	4.51	4.92	1.08	090
21600		A	Partial removal of rib	7.14	NA	NA	5.92	5.81	0.99	090
21610		A	Partial removal of rib	15.76	NA	NA	8.90	8.77	3.08	090
21615		A	Removal of rib	10.31	NA	NA	5.17	5.98	1.45	090
21616		A	Removal of rib and nerves	12.54	NA	NA	6.48	7.36	1.87	090
21620		A	Partial removal of sternum	7.16	NA	NA	4.75	5.38	0.98	090
21627		A	Sternal debridement	7.18	NA	NA	5.51	5.93	1.02	090
21630		A	Extensive sternum surgery	19.01	NA	NA	10.35	11.16	2.59	090
21632		A	Extensive sternum surgery	19.51	NA	NA	9.28	10.25	2.66	090
21685		A	Hyoid myotomy & suspension	14.89	NA	NA	8.80	9.25	1.06	090
21700		A	Revision of neck muscle	6.23	NA	NA	4.41	4.36	0.32	090
21705		A	Revision of neck muscle/rib	9.83	NA	NA	4.35	5.02	1.43	090
21720		A	Revision of neck muscle	5.72	NA	NA	4.02	3.30	0.91	090
21725		A	Revision of neck muscle	7.10	NA	NA	5.14	5.20	1.21	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
21740		A	Reconstruction of sternum	17.47	NA	NA	8.04	8.41	2.37	090
21742		C	Repair stern/nuss w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	090
21743		C	Repair sternum/nuss w/scope	0.00	0.00	0.00	0.00	0.00	0.00	090
21750		A	Repair of sternum separation	11.35	NA	NA	5.30	5.73	1.63	090
21800		A	Treatment of rib fracture	0.98	1.35	1.34	1.41	1.36	0.09	090
21805		A	Treatment of rib fracture	2.80	NA	NA	3.27	3.28	0.38	090
21810		A	Treatment of rib fracture(s)	6.92	NA	NA	5.34	5.13	0.94	090
21820		A	Treat sternum fracture	1.31	1.81	1.82	1.88	1.81	0.16	090
21825		A	Treat sternum fracture	7.65	NA	NA	5.35	5.89	1.11	090
21899		C	Neck/chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21920		A	Biopsy soft tissue of back	2.08	4.42	3.85	1.89	1.68	0.14	010
21925		A	Biopsy soft tissue of back	4.54	5.30	5.26	3.34	3.31	0.60	090
21930		A	Remove lesion, back or flank	5.06	6.00	5.86	3.75	3.58	0.66	090
21935		A	Remove tumor, back	18.38	NA	NA	8.45	9.06	2.48	090
22010		A	I&d, p-spine, c/t/cerv-thor	12.57	NA	NA	8.35	8.54	1.74	090
22015		A	I&d, p-spine, l/s/ls	12.46	NA	NA	8.35	8.50	1.72	090
22100		A	Remove part of neck vertebra	10.80	NA	NA	8.20	7.85	2.14	090
22101		A	Remove part, thorax vertebra	10.88	NA	NA	8.10	7.91	1.91	090
22102		A	Remove part, lumbar vertebra	10.88	NA	NA	7.96	7.92	1.88	090
22103		A	Remove extra spine segment	2.34	NA	NA	0.91	1.06	0.44	ZZZ
22110		A	Remove part of neck vertebra	13.80	NA	NA	9.12	9.15	2.77	090
22112		A	Remove part, thorax vertebra	13.87	NA	NA	9.03	9.15	2.53	090
22114		A	Remove part, lumbar vertebra	13.87	NA	NA	8.99	9.14	2.64	090
22116		A	Remove extra spine segment	2.32	NA	NA	0.90	1.03	0.50	ZZZ
22210		A	Revision of neck spine	25.13	NA	NA	14.61	15.05	5.46	090
22212		A	Revision of thorax spine	20.74	NA	NA	12.48	12.89	3.91	090
22214		A	Revision of lumbar spine	20.77	NA	NA	12.58	13.21	3.92	090
22216		A	Revise, extra spine segment	6.03	NA	NA	2.35	2.75	1.29	ZZZ
22220		A	Revision of neck spine	22.69	NA	NA	13.42	13.55	5.08	090
22222		A	Revision of thorax spine	22.84	NA	NA	10.60	11.15	4.13	090
22224		A	Revision of lumbar spine	22.84	NA	NA	12.98	13.65	4.19	090
22226		A	Revise, extra spine segment	6.03	NA	NA	2.30	2.67	1.29	ZZZ
22305		A	Treat spine process fracture	2.08	2.14	2.23	1.80	1.86	0.39	090
22310		A	Treat spine fracture	3.69	2.98	2.89	2.50	2.43	0.50	090
22315		A	Treat spine fracture	9.91	9.88	9.77	7.45	7.39	1.86	090
22318		A	Treat odontoid fx w/o graft	22.54	NA	NA	13.35	13.38	5.30	090
22319		A	Treat odontoid fx w/graft	25.15	NA	NA	13.54	14.23	6.05	090
22325		A	Treat spine fracture	19.62	NA	NA	12.18	12.11	3.88	090
22326		A	Treat neck spine fracture	20.64	NA	NA	12.11	12.43	4.43	090
22327		A	Treat thorax spine fracture	20.52	NA	NA	12.38	12.37	3.99	090
22328		A	Treat each add spine fx	4.60	NA	NA	1.78	2.03	0.94	ZZZ
22505		A	Manipulation of spine	1.87	NA	NA	1.11	1.02	0.36	010
22520		A	Percut vertebroplasty thor	9.17	43.46	52.37	4.61	4.76	1.72	010
22521		A	Percut vertebroplasty lumb	8.60	44.62	50.12	4.38	4.59	1.60	010
22522		A	Percut vertebroplasty add⊥l	4.30	NA	NA	1.52	1.57	0.82	ZZZ
22523		A	Percut kyphoplasty, thor	9.21	NA	NA	4.70	5.30	1.72	010
22524		A	Percut kyphoplasty, lumbar	8.81	NA	NA	4.55	5.12	1.60	010
22525		A	Percut kyphoplasty, add-on	4.47	NA	NA	1.71	1.98	0.82	ZZZ
22526		A	Idet, single level	6.07	46.11	46.38	2.04	2.07	1.16	010
22527		A	Idet, 1 or more levels	3.03	39.85	39.88	0.70	0.70	0.58	ZZZ
22532		A	Lat thorax spine fusion	25.81	NA	NA	13.50	14.23	4.35	090
22533		A	Lat lumbar spine fusion	24.61	NA	NA	13.63	13.59	3.16	090
22534		A	Lat thor/lumb, add⊥l seg	5.99	NA	NA	2.30	2.67	1.25	ZZZ
22548		A	Neck spine fusion	26.86	NA	NA	15.03	15.46	5.61	090
22554		A	Neck spine fusion	17.54	NA	NA	10.70	11.55	4.46	090
22556		A	Thorax spine fusion	24.50	NA	NA	13.03	13.90	4.35	090
22558		A	Lumbar spine fusion	23.33	NA	NA	11.47	12.40	3.16	090
22585		A	Additional spinal fusion	5.52	NA	NA	2.08	2.44	1.25	ZZZ
22590		A	Spine & skull spinal fusion	21.56	NA	NA	13.16	13.25	4.79	090
22595		A	Neck spinal fusion	20.44	NA	NA	12.73	12.78	4.41	090
22600		A	Neck spine fusion	17.20	NA	NA	11.24	11.24	3.73	090
22610		A	Thorax spine fusion	17.08	NA	NA	10.86	11.15	3.53	090
22612		A	Lumbar spine fusion	23.38	NA	NA	12.56	13.41	4.47	090
22614		A	Spine fusion, extra segment	6.43	NA	NA	2.48	2.93	1.38	ZZZ
22630		A	Lumbar spine fusion	21.89	NA	NA	12.60	13.13	4.73	090
22632		A	Spine fusion, extra segment	5.22	NA	NA	2.01	2.34	1.16	ZZZ
22800		A	Fusion of spine	19.30	NA	NA	11.19	11.98	3.76	090
22802		A	Fusion of spine	31.91	NA	NA	16.07	17.86	6.17	090
22804		A	Fusion of spine	37.30	NA	NA	18.23	20.48	7.00	090
22808		A	Fusion of spine	27.31	NA	NA	14.12	15.18	4.93	090
22810		A	Fusion of spine	31.30	NA	NA	15.01	16.68	5.15	090
22812		A	Fusion of spine	34.00	NA	NA	17.46	18.67	5.30	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
22818		A	Kyphectomy, 1–2 segments	34.18	NA	NA	16.71	17.80	6.47	090
22819		A	Kyphectomy, 3 or more	39.18	NA	NA	18.99	19.62	7.67	090
22830		A	Exploration of spinal fusion	11.13	NA	NA	7.08	7.53	2.30	090
22840		A	Insert spine fixation device	12.52	NA	NA	4.83	5.68	2.79	ZZZ
22842		A	Insert spine fixation device	12.56	NA	NA	4.85	5.69	2.75	ZZZ
22843		A	Insert spine fixation device	13.44	NA	NA	5.21	5.92	2.86	ZZZ
22844		A	Insert spine fixation device	16.42	NA	NA	6.47	7.62	3.19	ZZZ
22845		A	Insert spine fixation device	11.94	NA	NA	4.54	5.32	2.86	ZZZ
22846		A	Insert spine fixation device	12.40	NA	NA	4.72	5.54	2.96	ZZZ
22847		A	Insert spine fixation device	13.78	NA	NA	5.26	6.17	3.00	ZZZ
22848		A	Insert pelv fixation device	5.99	NA	NA	2.36	2.77	1.15	ZZZ
22849		A	Reinsert spinal fixation	19.08	NA	NA	10.22	11.00	3.90	090
22850		A	Remove spine fixation device	9.74	NA	NA	6.43	6.73	2.05	090
22851		A	Apply spine prosth device	6.70	NA	NA	2.57	2.98	1.49	ZZZ
22852		A	Remove spine fixation device	9.29	NA	NA	6.19	6.50	1.90	090
22855		A	Remove spine fixation device	15.77	NA	NA	9.23	9.47	3.52	090
22857		R	Lumbar artif diskectomy	26.93	NA	NA	16.22	11.27	3.56	090
22862		R	Revise lumbar artif disc	32.43	NA	NA	10.05	10.06	5.36	090
22865		R	Remove lumb artif disc	31.55	NA	NA	9.85	9.86	5.18	090
22899		C	Spine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
22900		A	Remove abdominal wall lesion	6.14	NA	NA	3.51	3.37	0.76	090
22999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23000		A	Removal of calcium deposits	4.40	7.83	8.17	3.72	4.07	0.68	090
23020		A	Release shoulder joint	9.24	NA	NA	6.48	7.03	1.54	090
23030		A	Drain shoulder lesion	3.44	6.24	6.82	2.40	2.65	0.57	010
23031		A	Drain shoulder bursa	2.76	6.46	7.16	2.21	2.47	0.46	010
23035		A	Drain shoulder bone lesion	9.04	NA	NA	7.02	7.65	1.47	090
23040		A	Exploratory shoulder surgery	9.63	NA	NA	6.74	7.31	1.60	090
23044		A	Exploratory shoulder surgery	7.48	NA	NA	5.51	5.98	1.24	090
23065		A	Biopsy shoulder tissues	2.28	2.95	2.72	1.74	1.68	0.20	010
23066		A	Biopsy shoulder tissues	4.21	7.69	7.67	3.59	3.78	0.63	090
23075		A	Removal of shoulder lesion	2.41	3.67	3.67	1.71	1.75	0.34	010
23076		A	Removal of shoulder lesion	7.77	NA	NA	5.30	5.43	1.13	090
23077		A	Remove tumor of shoulder	18.08	NA	NA	9.61	9.95	2.34	090
23100		A	Biopsy of shoulder joint	6.09	NA	NA	4.98	5.35	1.04	090
23101		A	Shoulder joint surgery	5.63	NA	NA	4.52	4.93	0.96	090
23105		A	Remove shoulder joint lining	8.36	NA	NA	6.09	6.62	1.42	090
23106		A	Incision of collarbone joint	6.02	NA	NA	4.77	5.21	0.99	090
23107		A	Explore treat shoulder joint	8.75	NA	NA	6.25	6.83	1.49	090
23120		A	Partial removal, collar bone	7.23	NA	NA	5.46	5.97	1.23	090
23125		A	Removal of collar bone	9.52	NA	NA	6.38	6.97	1.62	090
23130		A	Remove shoulder bone, part	7.63	NA	NA	6.07	6.61	1.30	090
23140		A	Removal of bone lesion	7.01	NA	NA	4.88	5.04	1.08	090
23145		A	Removal of bone lesion	9.28	NA	NA	6.49	6.86	1.49	090
23146		A	Removal of bone lesion	7.96	NA	NA	5.90	6.52	1.35	090
23150		A	Removal of humerus lesion	8.79	NA	NA	6.25	6.56	1.32	090
23155		A	Removal of humerus lesion	10.72	NA	NA	7.25	7.81	1.81	090
23156		A	Removal of humerus lesion	8.99	NA	NA	6.29	6.86	1.50	090
23170		A	Remove collar bone lesion	7.10	NA	NA	4.99	5.52	1.12	090
23172		A	Remove shoulder blade lesion	7.20	NA	NA	5.51	5.82	1.01	090
23174		A	Remove humerus lesion	9.90	NA	NA	7.16	7.79	1.65	090
23180		A	Remove collar bone lesion	8.85	NA	NA	7.00	8.01	1.47	090
23182		A	Remove shoulder blade lesion	8.47	NA	NA	6.97	7.75	1.37	090
23184		A	Remove humerus lesion	9.76	NA	NA	7.49	8.41	1.63	090
23190		A	Partial removal of scapula	7.36	NA	NA	5.30	5.76	1.17	090
23195		A	Removal of head of humerus	10.24	NA	NA	6.91	7.30	1.71	090
23200		A	Removal of collar bone	12.69	NA	NA	7.09	7.98	1.94	090
23210		A	Removal of shoulder blade	13.16	NA	NA	7.82	8.48	2.03	090
23220		A	Partial removal of humerus	15.36	NA	NA	9.15	9.98	2.49	090
23221		A	Partial removal of humerus	18.41	NA	NA	10.64	10.51	3.06	090
23222		A	Partial removal of humerus	25.44	NA	NA	13.39	14.63	3.95	090
23330		A	Remove shoulder foreign body	1.87	3.32	3.51	1.50	1.70	0.24	010
23331		A	Remove shoulder foreign body	7.51	NA	NA	5.82	6.32	1.27	090
23332		A	Remove shoulder foreign body	12.23	NA	NA	7.96	8.66	2.03	090
23350		A	Injection for shoulder x-ray	1.00	2.71	3.06	0.36	0.33	0.06	000
23395		A	Muscle transfer,shoulder/arm	18.29	NA	NA	11.21	12.06	2.94	090
23397		A	Muscle transfers	16.62	NA	NA	9.55	10.50	2.74	090
23400		A	Fixation of shoulder blade	13.73	NA	NA	8.55	9.32	2.30	090
23405		A	Incision of tendon & muscle	8.43	NA	NA	5.92	6.43	1.45	090
23406		A	Incise tendon(s) & muscle(s)	10.90	NA	NA	6.91	7.64	1.88	090
23410		A	Repair rotator cuff, acute	12.63	NA	NA	7.79	8.61	2.17	090
23412		A	Repair rotator cuff, chronic	13.55	NA	NA	8.17	9.05	2.32	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
23415		A	Release of shoulder ligament	10.09	NA	NA	6.59	7.30	1.74	090
23420		A	Repair of shoulder	14.75	NA	NA	9.71	10.30	2.32	090
23430		A	Repair biceps tendon	10.05	NA	NA	6.78	7.45	1.74	090
23440		A	Remove/transplant tendon	10.53	NA	NA	6.78	7.53	1.83	090
23450		A	Repair shoulder capsule	13.58	NA	NA	8.19	9.02	2.33	090
23455		A	Repair shoulder capsule	14.55	NA	NA	8.57	9.52	2.50	090
23460		A	Repair shoulder capsule	15.68	NA	NA	9.37	10.38	2.67	090
23462		A	Repair shoulder capsule	15.60	NA	NA	9.09	9.93	2.60	090
23465		A	Repair shoulder capsule	16.16	NA	NA	9.52	10.37	2.77	090
23466		A	Repair shoulder capsule	15.55	NA	NA	10.00	10.71	2.47	090
23470		A	Reconstruct shoulder joint	17.75	NA	NA	10.14	11.21	2.99	090
23472		A	Reconstruct shoulder joint	22.47	NA	NA	12.17	13.32	3.67	090
23480		A	Revision of collar bone	11.42	NA	NA	7.29	8.05	1.95	090
23485		A	Revision of collar bone	13.79	NA	NA	8.21	9.08	2.34	090
23490		A	Reinforce clavicle	12.04	NA	NA	6.77	7.70	1.47	090
23491		A	Reinforce shoulder bones	14.40	NA	NA	8.73	9.76	2.47	090
23500		A	Treat clavicle fracture	2.13	2.63	2.75	2.70	2.60	0.30	090
23505		A	Treat clavicle fracture	3.74	3.99	4.20	3.60	3.73	0.61	090
23515		A	Treat clavicle fracture	7.47	NA	NA	5.56	6.07	1.28	090
23520		A	Treat clavicle dislocation	2.21	2.75	2.78	2.82	2.75	0.34	090
23525		A	Treat clavicle dislocation	3.67	4.15	4.40	3.63	3.84	0.46	090
23530		A	Treat clavicle dislocation	7.37	NA	NA	5.31	5.62	1.20	090
23532		A	Treat clavicle dislocation	8.08	NA	NA	6.01	6.50	1.38	090
23540		A	Treat clavicle dislocation	2.28	2.65	2.75	2.72	2.53	0.29	090
23545		A	Treat clavicle dislocation	3.32	3.72	3.96	3.24	3.31	0.35	090
23550		A	Treat clavicle dislocation	7.48	NA	NA	5.53	5.95	1.25	090
23552		A	Treat clavicle dislocation	8.70	NA	NA	6.25	6.79	1.46	090
23570		A	Treat shoulder blade fx	2.28	2.77	2.90	2.91	2.88	0.36	090
23575		A	Treat shoulder blade fx	4.12	4.57	4.69	4.07	4.16	0.59	090
23585		A	Treat scapula fracture	9.15	NA	NA	6.49	7.08	1.54	090
23600		A	Treat humerus fracture	3.00	4.05	4.30	3.63	3.60	0.48	090
23605		A	Treat humerus fracture	4.94	5.36	5.77	4.58	4.85	0.84	090
23615		A	Treat humerus fracture	10.93	NA	NA	8.27	8.56	1.62	090
23616		A	Treat humerus fracture	21.68	NA	NA	11.47	12.83	3.70	090
23620		A	Treat humerus fracture	2.46	3.39	3.50	3.13	3.06	0.40	090
23625		A	Treat humerus fracture	3.99	4.43	4.69	3.90	4.09	0.67	090
23630		A	Treat humerus fracture	7.47	NA	NA	5.64	6.15	1.27	090
23650		A	Treat shoulder dislocation	3.44	3.26	3.52	2.80	2.78	0.30	090
23655		A	Treat shoulder dislocation	4.64	NA	NA	4.13	4.16	0.69	090
23660		A	Treat shoulder dislocation	7.55	NA	NA	5.68	6.03	1.29	090
23665		A	Treat dislocation/fracture	4.54	4.83	5.08	4.25	4.49	0.71	090
23670		A	Treat dislocation/fracture	8.02	NA	NA	5.89	6.36	1.36	090
23675		A	Treat dislocation/fracture	6.13	6.10	6.47	5.11	5.48	1.01	090
23680		A	Treat dislocation/fracture	10.30	NA	NA	6.92	7.53	1.76	090
23700		A	Fixation of shoulder	2.54	NA	NA	1.90	2.04	0.44	010
23800		A	Fusion of shoulder joint	14.59	NA	NA	8.75	9.40	2.36	090
23802		A	Fusion of shoulder joint	18.17	NA	NA	11.21	10.67	2.71	090
23900		A	Amputation of arm & girdle	20.57	NA	NA	10.44	11.13	3.19	090
23920		A	Amputation at shoulder joint	16.03	NA	NA	9.14	9.61	2.47	090
23921		A	Amputation follow-up surgery	5.61	NA	NA	4.84	4.97	0.78	090
23929		C	Shoulder surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23930		A	Drainage of arm lesion	2.96	4.93	5.63	1.97	2.14	0.43	010
23931		A	Drainage of arm bursa	1.81	4.32	5.11	1.75	1.96	0.28	010
23935		A	Drain arm/elbow bone lesion	6.27	NA	NA	5.08	5.51	1.05	090
24000		A	Exploratory elbow surgery	5.99	NA	NA	4.74	5.09	0.97	090
24006		A	Release elbow joint	9.62	NA	NA	6.58	7.19	1.50	090
24065		A	Biopsy arm/elbow soft tissue	2.10	4.14	3.68	1.92	1.83	0.17	010
24066		A	Biopsy arm/elbow soft tissue	5.26	8.20	8.57	3.91	4.02	0.80	090
24075		A	Remove arm/elbow lesion	3.96	7.12	7.24	3.25	3.33	0.56	090
24076		A	Remove arm/elbow lesion	6.36	NA	NA	4.57	4.72	0.95	090
24077		A	Remove tumor of arm/elbow	11.95	NA	NA	6.86	7.33	1.73	090
24100		A	Biopsy elbow joint lining	4.98	NA	NA	4.08	4.33	0.85	090
24101		A	Explore/treat elbow joint	6.19	NA	NA	5.03	5.49	1.03	090
24102		A	Remove elbow joint lining	8.15	NA	NA	5.80	6.34	1.33	090
24105		A	Removal of elbow bursa	3.67	NA	NA	4.01	4.20	0.61	090
24110		A	Remove humerus lesion	7.46	NA	NA	5.64	6.16	1.28	090
24115		A	Remove/graft bone lesion	10.00	NA	NA	4.30	6.18	1.68	090
24116		A	Remove/graft bone lesion	12.11	NA	NA	7.69	8.38	2.06	090
24120		A	Remove elbow lesion	6.71	NA	NA	5.17	5.56	1.10	090
24125		A	Remove/graft bone lesion	8.02	NA	NA	5.99	6.08	1.06	090
24126		A	Remove/graft bone lesion	8.50	NA	NA	5.99	6.55	1.16	090
24130		A	Removal of head of radius	6.31	NA	NA	5.12	5.57	1.04	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
24134		A	Removal of arm bone lesion	10.10	NA	NA	7.46	8.17	1.64	090
24136		A	Remove radius bone lesion	8.29	NA	NA	5.77	6.48	1.38	090
24138		A	Remove elbow bone lesion	8.33	NA	NA	6.47	7.17	1.34	090
24140		A	Partial removal of arm bone	9.43	NA	NA	7.13	8.14	1.51	090
24145		A	Partial removal of radius	7.70	NA	NA	6.20	7.15	1.25	090
24147		A	Partial removal of elbow	7.69	NA	NA	6.83	7.73	1.30	090
24149		A	Radical resection of elbow	15.92	NA	NA	10.74	11.21	2.35	090
24150		A	Extensive humerus surgery	13.70	NA	NA	8.50	9.26	2.33	090
24151		A	Extensive humerus surgery	16.08	NA	NA	9.71	10.63	2.60	090
24152		A	Extensive radius surgery	10.24	NA	NA	6.19	6.99	1.48	090
24153		A	Extensive radius surgery	11.73	NA	NA	4.86	5.22	0.74	090
24155		A	Removal of elbow joint	11.97	NA	NA	7.40	7.94	1.93	090
24160		A	Remove elbow joint implant	7.89	NA	NA	5.81	6.36	1.30	090
24164		A	Remove radius head implant	6.34	NA	NA	4.88	5.33	1.03	090
24200		A	Removal of arm foreign body	1.78	2.72	3.07	1.36	1.50	0.20	010
24201		A	Removal of arm foreign body	4.61	7.76	8.80	3.66	3.95	0.72	090
24220		A	Injection for elbow x-ray	1.31	2.65	3.12	0.47	0.44	0.08	000
24300		A	Manipulate elbow w/anesth	3.86	NA	NA	5.13	5.43	0.65	090
24301		A	Muscle/tendon transfer	10.26	NA	NA	6.83	7.52	1.66	090
24305		A	Arm tendon lengthening	7.51	NA	NA	5.63	6.18	1.15	090
24310		A	Revision of arm tendon	6.03	NA	NA	4.72	5.17	0.96	090
24320		A	Repair of arm tendon	10.74	NA	NA	7.03	7.30	1.74	090
24330		A	Revision of arm muscles	9.67	NA	NA	6.63	7.26	1.60	090
24331		A	Revision of arm muscles	10.83	NA	NA	6.95	7.75	1.78	090
24332		A	Tenolysis, triceps	7.77	NA	NA	5.91	6.32	1.23	090
24340		A	Repair of biceps tendon	7.96	NA	NA	5.96	6.48	1.36	090
24341		A	Repair arm tendon/muscle	9.24	NA	NA	7.50	7.72	1.36	090
24342		A	Repair of ruptured tendon	10.74	NA	NA	7.06	7.81	1.86	090
24343		A	Repr elbow lat ligmnt w/tiss	8.99	NA	NA	6.97	7.58	1.43	090
24344		A	Reconstruct elbow lat ligmnt	14.97	NA	NA	9.95	10.76	2.37	090
24345		A	Repr elbw med ligmnt w/tissu	8.99	NA	NA	6.92	7.49	1.44	090
24346		A	Reconstruct elbow med ligmnt	14.97	NA	NA	10.01	10.69	2.34	090
24350		A	Repair of tennis elbow	5.32	NA	NA	4.85	5.22	0.87	090
24351		A	Repair of tennis elbow	5.97	NA	NA	4.98	5.46	1.02	090
24352		A	Repair of tennis elbow	6.49	NA	NA	5.19	5.70	1.10	090
24354		A	Repair of tennis elbow	6.54	NA	NA	5.20	5.69	1.07	090
24356		A	Revision of tennis elbow	6.74	NA	NA	5.29	5.81	1.11	090
24360		A	Reconstruct elbow joint	12.53	NA	NA	7.87	8.70	2.06	090
24361		A	Reconstruct elbow joint	14.27	NA	NA	8.75	9.68	2.19	090
24362		A	Reconstruct elbow joint	15.18	NA	NA	5.71	8.48	2.61	090
24363		A	Replace elbow joint	22.47	NA	NA	12.18	12.97	3.02	090
24365		A	Reconstruct head of radius	8.51	NA	NA	5.96	6.58	1.41	090
24366		A	Reconstruct head of radius	9.25	NA	NA	6.29	6.92	1.52	090
24400		A	Revision of humerus	11.19	NA	NA	7.50	8.20	1.93	090
24410		A	Revision of humerus	14.96	NA	NA	9.26	9.81	2.58	090
24420		A	Revision of humerus	13.58	NA	NA	8.48	9.58	2.18	090
24430		A	Repair of humerus	15.07	NA	NA	9.24	9.51	2.22	090
24435		A	Repair humerus with graft	14.74	NA	NA	9.81	10.36	2.28	090
24470		A	Revision of elbow joint	8.81	NA	NA	5.73	6.84	1.48	090
24495		A	Decompression of forearm	8.30	NA	NA	6.36	7.60	1.18	090
24498		A	Reinforce humerus	12.16	NA	NA	7.67	8.48	2.07	090
24500		A	Treat humerus fracture	3.29	4.42	4.64	3.79	3.74	0.50	090
24505		A	Treat humerus fracture	5.25	5.81	6.22	4.86	5.13	0.89	090
24515		A	Treat humerus fracture	11.97	NA	NA	8.04	8.73	2.03	090
24516		A	Treat humerus fracture	12.07	NA	NA	7.65	8.40	2.03	090
24530		A	Treat humerus fracture	3.57	4.71	4.96	3.99	4.02	0.57	090
24535		A	Treat humerus fracture	6.96	6.80	7.33	5.85	6.24	1.18	090
24538		A	Treat humerus fracture	9.63	NA	NA	7.18	7.95	1.64	090
24545		A	Treat humerus fracture	10.88	NA	NA	7.19	7.84	1.83	090
24546		A	Treat humerus fracture	15.99	NA	NA	9.43	10.40	2.74	090
24560		A	Treat humerus fracture	2.87	4.08	4.27	3.41	3.30	0.44	090
24565		A	Treat humerus fracture	5.64	5.90	6.25	5.02	5.27	0.93	090
24566		A	Treat humerus fracture	8.86	NA	NA	6.83	7.52	1.30	090
24575		A	Treat humerus fracture	11.02	NA	NA	7.18	7.81	1.87	090
24576		A	Treat humerus fracture	2.94	4.38	4.58	3.69	3.71	0.46	090
24577		A	Treat humerus fracture	5.87	6.00	6.47	5.06	5.45	0.95	090
24579		A	Treat humerus fracture	11.96	NA	NA	7.83	8.34	2.03	090
24582		A	Treat humerus fracture	9.89	NA	NA	8.15	8.64	1.48	090
24586		A	Treat elbow fracture	15.64	NA	NA	9.33	10.30	2.65	090
24587		A	Treat elbow fracture	15.65	NA	NA	9.32	10.19	2.53	090
24600		A	Treat elbow dislocation	4.28	3.84	4.35	3.26	3.39	0.50	090
24605		A	Treat elbow dislocation	5.50	NA	NA	4.89	5.14	0.89	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
24615		A	Treat elbow dislocation	9.72	NA	NA	6.55	7.20	1.60	090
24620		A	Treat elbow fracture	7.07	NA	NA	5.46	5.86	1.07	090
24635		A	Treat elbow fracture	13.56	NA	NA	8.36	11.52	2.29	090
24640		A	Treat elbow dislocation	1.22	1.51	1.67	0.82	0.81	0.12	010
24650		A	Treat radius fracture	2.22	3.41	3.60	2.98	2.87	0.35	090
24655		A	Treat radius fracture	4.48	5.15	5.56	4.37	4.59	0.70	090
24665		A	Treat radius fracture	8.22	NA	NA	6.50	7.01	1.41	090
24666		A	Treat radius fracture	9.74	NA	NA	6.94	7.52	1.62	090
24670		A	Treat ulnar fracture	2.60	3.70	3.91	3.13	3.10	0.41	090
24675		A	Treat ulnar fracture	4.79	5.35	5.67	4.55	4.76	0.81	090
24685		A	Treat ulnar fracture	8.92	NA	NA	6.43	6.99	1.52	090
24800		A	Fusion of elbow joint	11.27	NA	NA	6.86	7.94	1.63	090
24802		A	Fusion/graft of elbow joint	14.18	NA	NA	8.03	9.30	2.38	090
24900		A	Amputation of upper arm	10.04	NA	NA	6.40	6.75	1.53	090
24920		A	Amputation of upper arm	10.02	NA	NA	6.01	6.56	1.61	090
24925		A	Amputation follow-up surgery	7.19	NA	NA	4.93	5.51	1.14	090
24930		A	Amputation follow-up surgery	10.72	NA	NA	6.15	6.66	1.68	090
24931		A	Amputate upper arm & implant	13.32	NA	NA	5.06	5.95	1.90	090
24935		A	Revision of amputation	16.30	NA	NA	10.49	8.99	2.14	090
24940		C	Revision of upper arm	0.00	0.00	0.00	0.00	0.00	0.00	090
24999		C	Upper arm/elbow surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
25000		A	Incision of tendon sheath	3.44	NA	NA	5.03	5.96	0.55	090
25001		A	Incise flexor carpi radialis	3.68	NA	NA	3.92	4.07	0.55	090
25020		A	Decompress forearm 1 space	5.97	NA	NA	6.89	8.23	0.93	090
25023		A	Decompress forearm 1 space	13.69	NA	NA	11.36	13.18	2.04	090
25024		A	Decompress forearm 2 spaces	10.62	NA	NA	7.07	7.30	1.36	090
25025		A	Decompress forearm 2 spaces	17.77	NA	NA	9.63	9.72	1.83	090
25028		A	Drainage of forearm lesion	5.30	NA	NA	6.15	7.17	0.81	090
25031		A	Drainage of forearm bursa	4.18	NA	NA	5.42	6.68	0.63	090
25035		A	Treat forearm bone lesion	7.54	NA	NA	8.74	11.19	1.24	090
25040		A	Explore/treat wrist joint	7.41	NA	NA	5.85	6.59	1.15	090
25065		A	Biopsy forearm soft tissues	2.01	4.32	3.77	1.98	1.94	0.15	010
25066		A	Biopsy forearm soft tissues	4.18	NA	NA	5.45	6.26	0.64	090
25075		A	Removal forearm lesion subcu	3.78	NA	NA	4.87	5.38	0.55	090
25076		A	Removal forearm lesion deep	4.97	NA	NA	6.84	8.20	0.74	090
25077		A	Remove tumor, forearm/wrist	9.90	NA	NA	8.81	10.47	1.42	090
25085		A	Incision of wrist capsule	5.55	NA	NA	5.38	6.27	0.85	090
25100		A	Biopsy of wrist joint	3.94	NA	NA	4.22	4.76	0.59	090
25101		A	Explore/treat wrist joint	4.74	NA	NA	4.80	5.35	0.75	090
25105		A	Remove wrist joint lining	5.91	NA	NA	5.75	6.54	0.92	090
25107		A	Remove wrist joint cartilage	7.50	NA	NA	7.00	7.71	0.99	090
25109		A	Excise tendon forearm/wrist	6.81	NA	NA	5.26	5.30	0.96	090
25110		A	Remove wrist tendon lesion	3.96	NA	NA	5.22	6.15	0.62	090
25111		A	Remove wrist tendon lesion	3.44	NA	NA	4.06	4.39	0.53	090
25112		A	Reremove wrist tendon lesion	4.58	NA	NA	4.52	4.89	0.70	090
25115		A	Remove wrist/forearm lesion	9.89	NA	NA	10.13	12.10	1.31	090
25116		A	Remove wrist/forearm lesion	7.38	NA	NA	8.98	11.08	1.11	090
25118		A	Excise wrist tendon sheath	4.42	NA	NA	4.60	5.18	0.68	090
25119		A	Partial removal of ulna	6.10	NA	NA	5.83	6.72	0.96	090
25120		A	Removal of forearm lesion	6.16	NA	NA	7.90	9.99	1.00	090
25125		A	Remove/graft forearm lesion	7.55	NA	NA	8.68	10.77	1.06	090
25126		A	Remove/graft forearm lesion	7.62	NA	NA	8.69	10.87	1.27	090
25130		A	Removal of wrist lesion	5.32	NA	NA	5.17	5.80	0.80	090
25135		A	Remove & graft wrist lesion	6.96	NA	NA	6.06	6.81	1.02	090
25136		A	Remove & graft wrist lesion	6.03	NA	NA	5.53	6.06	1.03	090
25145		A	Remove forearm bone lesion	6.43	NA	NA	8.01	10.06	1.01	090
25150		A	Partial removal of ulna	7.27	NA	NA	6.30	7.27	1.14	090
25151		A	Partial removal of radius	7.57	NA	NA	8.45	10.60	1.18	090
25170		A	Extensive forearm surgery	11.34	NA	NA	10.36	12.79	1.78	090
25210		A	Removal of wrist bone	6.01	NA	NA	5.49	6.16	0.88	090
25215		A	Removal of wrist bones	8.02	NA	NA	6.79	7.78	1.19	090
25230		A	Partial removal of radius	5.28	NA	NA	4.94	5.55	0.79	090
25240		A	Partial removal of ulna	5.22	NA	NA	5.23	6.10	0.81	090
25246		A	Injection for wrist x-ray	1.45	2.72	3.05	0.53	0.49	0.09	000
25248		A	Remove forearm foreign body	5.20	NA	NA	6.57	7.54	0.72	090
25250		A	Removal of wrist prosthesis	6.66	NA	NA	5.25	5.70	1.01	090
25251		A	Removal of wrist prosthesis	9.70	NA	NA	6.72	7.33	1.26	090
25259		A	Manipulate wrist w/anesthes	3.86	NA	NA	5.12	5.43	0.62	090
25260		A	Repair forearm tendon/muscle	7.89	NA	NA	9.13	11.24	1.19	090
25263		A	Repair forearm tendon/muscle	7.90	NA	NA	8.93	11.11	1.18	090
25265		A	Repair forearm tendon/muscle	9.96	NA	NA	9.89	12.13	1.47	090
25270		A	Repair forearm tendon/muscle	6.06	NA	NA	7.73	9.91	0.95	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
25272		A	Repair forearm tendon/muscle	7.10	NA	NA	8.30	10.56	1.11	090
25274		A	Repair forearm tendon/muscle	8.82	NA	NA	9.19	11.42	1.36	090
25275		A	Repair forearm tendon sheath	8.82	NA	NA	6.46	7.04	1.31	090
25280		A	Revise wrist/forearm tendon	7.28	NA	NA	8.36	10.52	1.08	090
25290		A	Incise wrist/forearm tendon	5.34	NA	NA	9.03	12.03	0.82	090
25295		A	Release wrist/forearm tendon	6.61	NA	NA	8.09	10.14	1.00	090
25300		A	Fusion of tendons at wrist	8.88	NA	NA	7.09	7.80	1.26	090
25301		A	Fusion of tendons at wrist	8.47	NA	NA	6.64	7.38	1.29	090
25310		A	Transplant forearm tendon	8.26	NA	NA	8.74	10.91	1.21	090
25312		A	Transplant forearm tendon	9.70	NA	NA	9.52	11.75	1.41	090
25315		A	Revise palsy hand tendon(s)	10.56	NA	NA	9.89	12.18	1.58	090
25316		A	Revise palsy hand tendon(s)	12.76	NA	NA	10.53	13.47	1.75	090
25320		A	Repair/revise wrist joint	12.38	NA	NA	10.29	10.87	1.61	090
25332		A	Revise wrist joint	11.60	NA	NA	7.60	8.42	1.84	090
25335		A	Realignment of hand	13.25	NA	NA	9.11	10.01	1.93	090
25337		A	Reconstruct ulna/radioulnar	11.44	NA	NA	9.38	10.24	1.61	090
25350		A	Revision of radius	8.97	NA	NA	9.14	11.58	1.46	090
25355		A	Revision of radius	10.41	NA	NA	9.79	12.25	1.74	090
25360		A	Revision of ulna	8.62	NA	NA	9.05	11.47	1.41	090
25365		A	Revise radius & ulna	12.77	NA	NA	11.01	13.34	2.16	090
25370		A	Revise radius or ulna	13.93	NA	NA	11.86	13.98	2.29	090
25375		A	Revise radius & ulna	13.41	NA	NA	11.22	13.84	2.27	090
25390		A	Shorten radius or ulna	10.58	NA	NA	9.88	12.25	1.65	090
25391		A	Lengthen radius or ulna	14.14	NA	NA	11.47	14.05	2.22	090
25392		A	Shorten radius & ulna	14.44	NA	NA	11.70	13.86	2.11	090
25393		A	Lengthen radius & ulna	16.42	NA	NA	12.42	15.17	2.77	090
25394		A	Repair carpal bone, shorten	10.71	NA	NA	6.94	7.49	1.59	090
25400		A	Repair radius or ulna	11.16	NA	NA	10.08	12.65	1.83	090
25405		A	Repair/graft radius or ulna	14.87	NA	NA	11.75	14.54	2.33	090
25415		A	Repair radius & ulna	13.66	NA	NA	11.23	13.84	2.18	090
25420		A	Repair/graft radius & ulna	16.89	NA	NA	12.74	15.52	2.62	090
25425		A	Repair/graft radius or ulna	13.58	NA	NA	14.21	17.80	2.09	090
25426		A	Repair/graft radius & ulna	16.31	NA	NA	11.95	14.34	2.55	090
25430		A	Vasc graft into carpal bone	9.57	NA	NA	7.01	7.19	1.27	090
25431		A	Repair nonunion carpal bone	10.75	NA	NA	7.13	7.80	1.91	090
25440		A	Repair/graft wrist bone	10.56	NA	NA	7.33	8.40	1.63	090
25441		A	Reconstruct wrist joint	13.15	NA	NA	8.07	9.13	2.08	090
25442		A	Reconstruct wrist joint	10.98	NA	NA	7.46	8.17	1.53	090
25443		A	Reconstruct wrist joint	10.52	NA	NA	7.21	7.90	1.37	090
25444		A	Reconstruct wrist joint	11.28	NA	NA	7.44	8.29	1.72	090
25445		A	Reconstruct wrist joint	9.76	NA	NA	6.67	7.35	1.55	090
25446		A	Wrist replacement	17.16	NA	NA	9.96	10.95	2.48	090
25447		A	Repair wrist joint(s)	10.95	NA	NA	7.83	8.26	1.61	090
25449		A	Remove wrist joint implant	14.80	NA	NA	8.94	9.85	2.22	090
25450		A	Revision of wrist joint	7.94	NA	NA	5.85	8.26	1.36	090
25455		A	Revision of wrist joint	9.57	NA	NA	9.69	9.73	0.96	090
25490		A	Reinforce radius	9.61	NA	NA	9.33	11.56	1.43	090
25491		A	Reinforce ulna	10.03	NA	NA	9.63	12.06	1.60	090
25492		A	Reinforce radius and ulna	12.52	NA	NA	11.08	13.11	2.15	090
25500		A	Treat fracture of radius	2.51	3.29	3.44	2.85	2.79	0.35	090
25505		A	Treat fracture of radius	5.30	5.81	6.18	4.97	5.20	0.90	090
25515		A	Treat fracture of radius	9.37	NA	NA	6.69	7.09	1.59	090
25520		A	Treat fracture of radius	6.35	5.66	6.32	5.12	5.64	1.08	090
25525		A	Treat fracture of radius	12.69	NA	NA	8.67	9.35	2.13	090
25526		A	Treat fracture of radius	13.43	NA	NA	10.14	11.84	2.20	090
25530		A	Treat fracture of ulna	2.15	3.46	3.61	2.96	2.91	0.34	090
25535		A	Treat fracture of ulna	5.22	5.54	5.80	4.82	5.08	0.89	090
25545		A	Treat fracture of ulna	9.09	NA	NA	6.61	7.14	1.53	090
25560		A	Treat fracture radius & ulna	2.50	3.34	3.52	2.83	2.72	0.35	090
25565		A	Treat fracture radius & ulna	5.71	5.88	6.31	4.91	5.18	0.93	090
25574		A	Treat fracture radius & ulna	7.47	NA	NA	6.58	6.90	1.21	090
25575		A	Treat fracture radius/ulna	12.02	NA	NA	8.92	9.23	1.82	090
25600		A	Treat fracture radius/ulna	2.69	3.66	3.88	3.15	3.06	0.42	090
25605		A	Treat fracture radius/ulna	7.02	6.84	7.05	6.12	6.18	1.00	090
25606		A	Treat fx distal radial	8.10	NA	NA	6.68	8.22	1.26	090
25607		A	Treat fx rad extra-articul	9.35	NA	NA	7.18	7.23	1.36	090
25608		A	Treat fx rad intra-articul	10.86	NA	NA	7.78	7.85	1.84	090
25609		A	Treat fx radial 3+ frag	14.12	NA	NA	9.65	9.73	2.38	090
25622		A	Treat wrist bone fracture	2.68	3.88	4.08	3.33	3.22	0.41	090
25624		A	Treat wrist bone fracture	4.62	5.59	5.94	4.75	4.91	0.76	090
25628		A	Treat wrist bone fracture	9.50	NA	NA	7.29	7.57	1.37	090
25630		A	Treat wrist bone fracture	2.94	3.73	3.96	3.23	3.09	0.45	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
25635		A	Treat wrist bone fracture	4.47	5.07	5.56	4.31	4.15	0.74	090
25645		A	Treat wrist bone fracture	7.31	NA	NA	5.74	6.20	1.20	090
25650		A	Treat wrist bone fracture	3.12	3.82	4.07	3.43	3.30	0.45	090
25651		A	Pin ulnar styloid fracture	5.68	NA	NA	5.11	5.30	0.86	090
25652		A	Treat fracture ulnar styloid	7.92	NA	NA	6.14	6.59	1.21	090
25660		A	Treat wrist dislocation	4.84	NA	NA	4.29	4.54	0.58	090
25670		A	Treat wrist dislocation	7.98	NA	NA	6.00	6.50	1.28	090
25671		A	Pin radioulnar dislocation	6.32	NA	NA	5.47	5.82	1.00	090
25675		A	Treat wrist dislocation	4.75	4.68	5.20	3.97	4.34	0.62	090
25676		A	Treat wrist dislocation	8.17	NA	NA	6.33	6.81	1.34	090
25680		A	Treat wrist fracture	6.08	NA	NA	4.36	4.56	0.78	090
25685		A	Treat wrist fracture	9.97	NA	NA	6.80	7.29	1.60	090
25690		A	Treat wrist dislocation	5.58	NA	NA	4.89	5.19	0.88	090
25695		A	Treat wrist dislocation	8.40	NA	NA	6.19	6.65	1.32	090
25800		A	Fusion of wrist joint	9.95	NA	NA	7.25	8.18	1.57	090
25805		A	Fusion/graft of wrist joint	11.59	NA	NA	8.14	9.21	1.81	090
25810		A	Fusion/graft of wrist joint	11.75	NA	NA	8.49	9.22	1.68	090
25820		A	Fusion of hand bones	7.52	NA	NA	6.28	7.07	1.22	090
25825		A	Fuse hand bones with graft	9.54	NA	NA	7.50	8.39	1.41	090
25830		A	Fusion, radioulnar jnt/ulna	10.69	NA	NA	10.40	12.42	1.55	090
25900		A	Amputation of forearm	9.46	NA	NA	9.44	10.97	1.30	090
25905		A	Amputation of forearm	9.48	NA	NA	8.74	10.47	1.40	090
25907		A	Amputation follow-up surgery	7.98	NA	NA	8.53	10.02	1.10	090
25909		A	Amputation follow-up surgery	9.20	NA	NA	9.07	10.67	1.44	090
25915		A	Amputation of forearm	17.38	NA	NA	8.12	13.50	2.94	090
25920		A	Amputate hand at wrist	8.92	NA	NA	6.45	7.20	1.35	090
25922		A	Amputate hand at wrist	7.54	NA	NA	6.12	6.66	1.12	090
25924		A	Amputation follow-up surgery	8.70	NA	NA	6.02	7.18	1.32	090
25927		A	Amputation of hand	8.98	NA	NA	8.50	10.11	1.27	090
25929		A	Amputation follow-up surgery	7.71	NA	NA	5.66	5.73	1.14	090
25931		A	Amputation follow-up surgery	7.93	NA	NA	8.20	9.89	1.15	090
25999		C	Forearm or wrist surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26010		A	Drainage of finger abscess	1.56	4.02	4.79	1.51	1.57	0.18	010
26011		A	Drainage of finger abscess	2.21	6.20	7.51	1.95	2.14	0.33	010
26020		A	Drain hand tendon sheath	4.97	NA	NA	4.71	5.04	0.73	090
26025		A	Drainage of palm bursa	4.99	NA	NA	4.44	4.79	0.76	090
26030		A	Drainage of palm bursa(s)	6.16	NA	NA	4.98	5.36	0.92	090
26034		A	Treat hand bone lesion	6.49	NA	NA	5.55	5.96	1.01	090
26035		A	Decompress fingers/hand	11.14	NA	NA	8.12	7.99	1.47	090
26037		A	Decompress fingers/hand	7.48	NA	NA	5.49	5.92	1.13	090
26040		A	Release palm contracture	3.38	NA	NA	3.56	3.82	0.53	090
26045		A	Release palm contracture	5.62	NA	NA	4.87	5.26	0.93	090
26055		A	Incise finger tendon sheath	3.00	8.95	11.66	3.80	3.88	0.43	090
26060		A	Incision of finger tendon	2.85	NA	NA	3.03	3.28	0.45	090
26070		A	Explore/treat hand joint	3.73	NA	NA	3.04	3.20	0.48	090
26075		A	Explore/treat finger joint	3.83	NA	NA	3.35	3.58	0.53	090
26080		A	Explore/treat finger joint	4.36	NA	NA	4.29	4.58	0.66	090
26100		A	Biopsy hand joint lining	3.71	NA	NA	3.65	3.88	0.54	090
26105		A	Biopsy finger joint lining	3.75	NA	NA	3.66	3.96	0.59	090
26110		A	Biopsy finger joint lining	3.57	NA	NA	3.59	3.82	0.53	090
26115		A	Removal hand lesion subcut	3.92	9.75	11.43	4.21	4.50	0.59	090
26116		A	Removal hand lesion, deep	5.61	NA	NA	5.28	5.65	0.84	090
26117		A	Remove tumor, hand/finger	8.62	NA	NA	6.16	6.63	1.26	090
26121		A	Release palm contracture	7.61	NA	NA	5.90	6.45	1.17	090
26123		A	Release palm contracture	10.63	NA	NA	8.18	8.54	1.43	090
26125		A	Release palm contracture	4.60	NA	NA	1.88	2.17	0.70	ZZZ
26130		A	Remove wrist joint lining	5.48	NA	NA	4.88	5.11	0.94	090
26135		A	Revise finger joint, each	7.02	NA	NA	5.44	5.97	1.07	090
26140		A	Revise finger joint, each	6.23	NA	NA	5.13	5.60	0.92	090
26145		A	Tendon excision, palm/finger	6.38	NA	NA	5.16	5.62	0.97	090
26160		A	Remove tendon sheath lesion	3.46	8.94	10.67	3.91	4.02	0.49	090
26170		A	Removal of palm tendon, each	4.82	NA	NA	4.35	4.66	0.69	090
26180		A	Removal of finger tendon	5.24	NA	NA	4.68	5.07	0.78	090
26185		A	Remove finger bone	6.32	NA	NA	5.69	5.88	0.81	090
26200		A	Remove hand bone lesion	5.56	NA	NA	4.53	4.95	0.88	090
26205		A	Remove/graft bone lesion	7.82	NA	NA	5.83	6.37	1.20	090
26210		A	Removal of finger lesion	5.21	NA	NA	4.71	5.08	0.79	090
26215		A	Remove/graft finger lesion	7.16	NA	NA	5.51	5.92	0.98	090
26230		A	Partial removal of hand bone	6.38	NA	NA	4.93	5.44	1.01	090
26235		A	Partial removal, finger bone	6.24	NA	NA	4.92	5.38	0.95	090
26236		A	Partial removal, finger bone	5.37	NA	NA	4.55	4.94	0.81	090
26250		A	Extensive hand surgery	7.61	NA	NA	5.69	5.98	1.07	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
26255		A	Extensive hand surgery	12.80	NA	NA	8.22	8.85	1.69	090
26260		A	Extensive finger surgery	7.09	NA	NA	5.45	5.81	1.01	090
26261		A	Extensive finger surgery	9.28	NA	NA	6.73	6.50	1.14	090
26262		A	Partial removal of finger	5.72	NA	NA	4.73	5.02	0.88	090
26320		A	Removal of implant from hand	4.02	NA	NA	3.77	4.05	0.59	090
26340		A	Manipulate finger w/anesth	2.62	NA	NA	4.57	4.74	0.39	090
26350		A	Repair finger/hand tendon	6.07	NA	NA	9.35	12.00	0.93	090
26352		A	Repair/graft hand tendon	7.75	NA	NA	9.89	12.65	1.13	090
26356		A	Repair finger/hand tendon	10.22	NA	NA	13.51	15.98	1.21	090
26357		A	Repair finger/hand tendon	8.65	NA	NA	10.19	12.92	1.33	090
26358		A	Repair/graft hand tendon	9.22	NA	NA	10.77	13.72	1.38	090
26370		A	Repair finger/hand tendon	7.17	NA	NA	9.35	12.26	1.12	090
26372		A	Repair/graft hand tendon	8.89	NA	NA	10.36	13.47	1.40	090
26373		A	Repair finger/hand tendon	8.29	NA	NA	9.98	13.05	1.23	090
26390		A	Revise hand/finger tendon	9.31	NA	NA	9.04	11.17	1.40	090
26392		A	Repair/graft hand tendon	10.38	NA	NA	10.98	13.87	1.57	090
26410		A	Repair hand tendon	4.68	NA	NA	7.49	9.73	0.73	090
26412		A	Repair/graft hand tendon	6.37	NA	NA	8.46	10.88	0.97	090
26415		A	Excision, hand/finger tendon	8.40	NA	NA	7.35	9.46	0.98	090
26416		A	Graft hand or finger tendon	9.44	NA	NA	8.90	11.71	0.79	090
26418		A	Repair finger tendon	4.33	NA	NA	7.98	10.17	0.67	090
26420		A	Repair/graft finger tendon	6.83	NA	NA	8.64	11.15	1.07	090
26426		A	Repair finger/hand tendon	6.21	NA	NA	8.40	10.81	0.95	090
26428		A	Repair/graft finger tendon	7.28	NA	NA	9.07	11.50	1.09	090
26432		A	Repair finger tendon	4.07	NA	NA	6.63	8.46	0.64	090
26433		A	Repair finger tendon	4.61	NA	NA	6.86	8.84	0.72	090
26434		A	Repair/graft finger tendon	6.15	NA	NA	7.79	9.68	0.93	090
26437		A	Realignment of tendons	5.88	NA	NA	7.64	9.62	0.89	090
26440		A	Release palm/finger tendon	5.07	NA	NA	8.31	10.89	0.75	090
26442		A	Release palm & finger tendon	9.50	NA	NA	11.63	13.79	1.20	090
26445		A	Release hand/finger tendon	4.36	NA	NA	8.05	10.60	0.65	090
26449		A	Release forearm/hand tendon	8.34	NA	NA	11.18	13.50	1.06	090
26450		A	Incision of palm tendon	3.71	NA	NA	5.04	6.20	0.59	090
26455		A	Incision of finger tendon	3.68	NA	NA	5.00	6.15	0.58	090
26460		A	Incise hand/finger tendon	3.50	NA	NA	4.97	6.06	0.55	090
26471		A	Fusion of finger tendons	5.79	NA	NA	7.63	9.44	0.88	090
26474		A	Fusion of finger tendons	5.38	NA	NA	7.44	9.43	0.76	090
26476		A	Tendon lengthening	5.24	NA	NA	7.17	9.09	0.79	090
26477		A	Tendon shortening	5.21	NA	NA	7.40	9.25	0.81	090
26478		A	Lengthening of hand tendon	5.86	NA	NA	7.62	9.73	0.90	090
26479		A	Shortening of hand tendon	5.80	NA	NA	7.60	9.60	0.92	090
26480		A	Transplant hand tendon	6.76	NA	NA	9.47	12.28	1.02	090
26483		A	Transplant/graft hand tendon	8.36	NA	NA	10.06	12.81	1.26	090
26485		A	Transplant palm tendon	7.77	NA	NA	9.90	12.64	1.15	090
26489		A	Transplant/graft palm tendon	9.74	NA	NA	10.64	11.29	1.26	090
26490		A	Revise thumb tendon	8.48	NA	NA	8.71	10.80	1.21	090
26492		A	Tendon transfer with graft	9.70	NA	NA	9.66	11.66	1.40	090
26494		A	Hand tendon/muscle transfer	8.54	NA	NA	9.05	11.00	1.28	090
26496		A	Revise thumb tendon	9.66	NA	NA	9.40	11.33	1.45	090
26497		A	Finger tendon transfer	9.64	NA	NA	9.38	11.49	1.41	090
26498		A	Finger tendon transfer	14.07	NA	NA	11.46	13.83	2.11	090
26499		A	Revision of finger	9.05	NA	NA	8.66	10.87	1.35	090
26500		A	Hand tendon reconstruction	6.02	NA	NA	7.60	9.56	0.90	090
26502		A	Hand tendon reconstruction	7.20	NA	NA	8.18	10.13	1.13	090
26508		A	Release thumb contracture	6.07	NA	NA	7.64	9.68	0.98	090
26510		A	Thumb tendon transfer	5.49	NA	NA	7.47	9.42	0.79	090
26516		A	Fusion of knuckle joint	7.21	NA	NA	8.13	10.20	1.10	090
26517		A	Fusion of knuckle joints	8.96	NA	NA	8.86	11.25	1.41	090
26518		A	Fusion of knuckle joints	9.15	NA	NA	8.79	11.16	1.35	090
26520		A	Release knuckle contracture	5.36	NA	NA	8.69	11.31	0.80	090
26525		A	Release finger contracture	5.39	NA	NA	8.71	11.36	0.81	090
26530		A	Revise knuckle joint	6.76	NA	NA	5.39	5.78	1.04	090
26531		A	Revise knuckle with implant	7.99	NA	NA	6.12	6.64	1.17	090
26535		A	Revise finger joint	5.30	NA	NA	4.03	3.90	0.71	090
26536		A	Revise/implant finger joint	6.44	NA	NA	9.05	9.37	0.96	090
26540		A	Repair hand joint	6.49	NA	NA	7.89	9.90	0.99	090
26541		A	Repair hand joint with graft	8.69	NA	NA	8.95	11.19	1.28	090
26542		A	Repair hand joint with graft	6.84	NA	NA	8.04	10.05	1.02	090
26545		A	Reconstruct finger joint	6.99	NA	NA	8.30	10.23	1.05	090
26546		A	Repair nonunion hand	10.53	NA	NA	11.33	13.20	1.44	090
26548		A	Reconstruct finger joint	8.10	NA	NA	8.64	10.78	1.20	090
26550		A	Construct thumb replacement	21.54	NA	NA	14.40	16.17	2.46	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
26551		A	Great toe-hand transfer	48.23	NA	NA	17.12	25.55	7.98	090
26553		A	Single transfer, toe-hand	47.92	NA	NA	27.43	23.93	2.42	090
26554		A	Double transfer, toe-hand	56.73	NA	NA	36.06	34.01	9.44	090
26555		A	Positional change of finger	16.94	NA	NA	13.85	16.03	2.49	090
26556		A	Toe joint transfer	49.43	NA	NA	17.98	25.63	2.58	090
26560		A	Repair of web finger	5.43	NA	NA	6.52	8.26	0.85	090
26561		A	Repair of web finger	10.98	NA	NA	9.36	10.87	1.45	090
26562		A	Repair of web finger	16.40	NA	NA	8.64	13.81	2.24	090
26565		A	Correct metacarpal flaw	6.80	NA	NA	7.99	9.99	1.00	090
26567		A	Correct finger deformity	6.88	NA	NA	7.96	9.99	1.04	090
26568		A	Lengthen metacarpal/finger	9.15	NA	NA	10.50	12.91	1.49	090
26580		A	Repair hand deformity	19.50	NA	NA	9.66	11.93	2.29	090
26587		A	Reconstruct extra finger	14.36	NA	NA	7.95	8.67	1.53	090
26590		A	Repair finger deformity	18.51	NA	NA	12.27	12.82	2.78	090
26591		A	Repair muscles of hand	3.30	NA	NA	6.07	7.88	0.48	090
26593		A	Release muscles of hand	5.38	NA	NA	7.64	9.41	0.78	090
26596		A	Excision constricting tissue	9.02	NA	NA	7.36	8.11	1.43	090
26600		A	Treat metacarpal fracture	2.48	3.81	3.72	3.47	3.06	0.30	090
26605		A	Treat metacarpal fracture	2.92	4.06	4.31	3.48	3.57	0.49	090
26607		A	Treat metacarpal fracture	5.40	NA	NA	4.87	5.58	0.87	090
26608		A	Treat metacarpal fracture	5.43	NA	NA	5.21	5.74	0.88	090
26615		A	Treat metacarpal fracture	5.38	NA	NA	4.70	5.01	0.86	090
26641		A	Treat thumb dislocation	4.01	4.02	4.32	3.39	3.48	0.39	090
26645		A	Treat thumb fracture	4.47	4.58	4.88	3.90	4.05	0.67	090
26650		A	Treat thumb fracture	5.80	NA	NA	5.07	5.98	0.94	090
26665		A	Treat thumb fracture	7.72	NA	NA	5.84	6.24	0.90	090
26670		A	Treat hand dislocation	3.74	3.59	3.92	3.01	2.97	0.39	090
26675		A	Treat hand dislocation	4.71	5.22	5.29	4.49	4.43	0.77	090
26676		A	Pin hand dislocation	5.60	NA	NA	5.54	6.13	0.91	090
26685		A	Treat hand dislocation	7.09	NA	NA	5.35	5.76	1.09	090
26686		A	Treat hand dislocation	8.06	NA	NA	6.05	6.50	1.24	090
26700		A	Treat knuckle dislocation	3.74	3.27	3.52	2.91	2.90	0.35	090
26705		A	Treat knuckle dislocation	4.26	4.73	5.04	4.03	4.18	0.66	090
26706		A	Pin knuckle dislocation	5.19	NA	NA	4.68	4.89	0.81	090
26715		A	Treat knuckle dislocation	5.79	NA	NA	4.86	5.20	0.91	090
26720		A	Treat finger fracture, each	1.70	2.56	2.67	2.29	2.18	0.24	090
26725		A	Treat finger fracture, each	3.39	4.06	4.42	3.39	3.45	0.53	090
26727		A	Treat finger fracture, each	5.30	NA	NA	5.15	5.70	0.84	090
26735		A	Treat finger fracture, each	6.03	NA	NA	4.94	5.26	0.95	090
26740		A	Treat finger fracture, each	1.99	2.98	3.05	2.69	2.69	0.31	090
26742		A	Treat finger fracture, each	3.90	4.24	4.63	3.55	3.73	0.58	090
26746		A	Treat finger fracture, each	5.86	NA	NA	4.91	5.25	0.91	090
26750		A	Treat finger fracture, each	1.74	2.23	2.36	2.24	2.13	0.22	090
26755		A	Treat finger fracture, each	3.15	3.72	4.09	2.92	2.97	0.42	090
26756		A	Pin finger fracture, each	4.46	NA	NA	4.83	5.28	0.71	090
26765		A	Treat finger fracture, each	4.21	NA	NA	4.00	4.20	0.66	090
26770		A	Treat finger dislocation	3.07	2.90	3.17	2.53	2.47	0.27	090
26775		A	Treat finger dislocation	3.78	4.60	4.89	3.86	3.83	0.54	090
26776		A	Pin finger dislocation	4.87	NA	NA	4.95	5.49	0.77	090
26785		A	Treat finger dislocation	4.25	NA	NA	4.03	4.29	0.68	090
26820		A	Thumb fusion with graft	8.33	NA	NA	8.81	11.02	1.30	090
26841		A	Fusion of thumb	7.21	NA	NA	8.61	10.94	1.18	090
26842		A	Thumb fusion with graft	8.37	NA	NA	8.87	11.14	1.32	090
26843		A	Fusion of hand joint	7.67	NA	NA	8.40	10.34	1.15	090
26844		A	Fusion/graft of hand joint	8.86	NA	NA	9.01	11.22	1.33	090
26850		A	Fusion of knuckle	7.03	NA	NA	8.20	10.22	1.06	090
26852		A	Fusion of knuckle with graft	8.59	NA	NA	9.06	10.99	1.22	090
26860		A	Fusion of finger joint	4.76	NA	NA	7.47	9.34	0.73	090
26861		A	Fusion of finger jnt, add-on	1.74	NA	NA	0.70	0.82	0.27	ZZZ
26862		A	Fusion/graft of finger joint	7.44	NA	NA	8.59	10.49	1.10	090
26863		A	Fuse/graft added joint	3.89	NA	NA	1.59	1.86	0.56	ZZZ
26910		A	Amputate metacarpal bone	7.67	NA	NA	8.23	9.74	1.16	090
26951		A	Amputation of finger/thumb	5.85	NA	NA	8.33	9.25	0.71	090
26952		A	Amputation of finger/thumb	6.37	NA	NA	7.86	9.78	0.95	090
26989		C	Hand/finger surgery	0.00	0.00	8.41	0.00	8.41	0.00	YYY
26990		A	Drainage of pelvis lesion	7.84	NA	NA	6.19	6.72	1.22	090
26991		A	Drainage of pelvis bursa	6.97	8.57	9.86	4.87	5.15	1.11	090
26992		A	Drainage of bone lesion	13.37	NA	NA	8.42	9.44	2.17	090
27000		A	Incision of hip tendon	5.66	NA	NA	4.51	4.90	0.98	090
27001		A	Incision of hip tendon	7.05	NA	NA	5.22	5.66	1.24	090
27003		A	Incision of hip tendon	7.70	NA	NA	5.72	6.12	1.12	090
27005		A	Incision of hip tendon	9.96	NA	NA	6.52	7.22	1.73	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
27006		A	Incision of hip tendons	9.99	NA	NA	6.77	7.39	1.70	090
27025		A	Incision of hip/thigh fascia	12.66	NA	NA	8.23	8.37	1.85	090
27030		A	Drainage of hip joint	13.54	NA	NA	8.05	8.86	2.27	090
27033		A	Exploration of hip joint	13.99	NA	NA	8.40	9.17	2.33	090
27035		A	Denervation of hip joint	17.23	NA	NA	8.56	10.09	2.16	090
27036		A	Excision of hip joint/muscle	14.18	NA	NA	8.93	9.48	2.27	090
27040		A	Biopsy of soft tissues	2.89	5.16	5.17	1.87	1.92	0.27	010
27041		A	Biopsy of soft tissues	10.07	NA	NA	5.74	6.19	1.35	090
27047		A	Remove hip/pelvis lesion	7.51	6.97	7.06	4.48	4.64	1.03	090
27048		A	Remove hip/pelvis lesion	6.44	NA	NA	4.59	4.70	0.92	090
27049		A	Remove tumor, hip/pelvis	15.20	NA	NA	8.17	8.30	2.07	090
27050		A	Biopsy of sacroiliac joint	4.65	NA	NA	3.00	3.84	0.60	090
27052		A	Biopsy of hip joint	7.27	NA	NA	5.64	5.77	1.08	090
27054		A	Removal of hip joint lining	9.09	NA	NA	6.49	6.92	1.47	090
27060		A	Removal of ischial bursa	5.78	NA	NA	4.36	4.38	0.80	090
27062		A	Remove femur lesion/bursa	5.66	NA	NA	4.59	4.90	0.93	090
27065		A	Removal of hip bone lesion	6.44	NA	NA	4.99	5.24	1.01	090
27066		A	Removal of hip bone lesion	11.06	NA	NA	7.43	7.94	1.80	090
27067		A	Remove/graft hip bone lesion	14.57	NA	NA	8.85	9.76	1.85	090
27070		A	Partial removal of hip bone	11.44	NA	NA	8.03	8.57	1.75	090
27071		A	Partial removal of hip bone	12.25	NA	NA	8.47	9.31	1.93	090
27075		A	Extensive hip surgery	36.77	NA	NA	16.17	17.78	5.66	090
27076		A	Extensive hip surgery	24.25	NA	NA	12.89	13.69	3.71	090
27077		A	Extensive hip surgery	42.54	NA	NA	20.04	21.36	6.14	090
27078		A	Extensive hip surgery	14.54	NA	NA	8.78	9.37	2.23	090
27079		A	Extensive hip surgery	14.91	NA	NA	8.00	8.69	1.95	090
27080		A	Removal of tail bone	6.80	NA	NA	4.56	4.73	0.93	090
27086		A	Remove hip foreign body	1.89	3.58	4.09	1.46	1.65	0.25	010
27087		A	Remove hip foreign body	8.72	NA	NA	5.64	6.15	1.35	090
27090		A	Removal of hip prosthesis	11.57	NA	NA	7.41	8.10	1.95	090
27091		A	Removal of hip prosthesis	24.15	NA	NA	12.95	13.50	3.85	090
27093		A	Injection for hip x-ray	1.30	3.13	3.77	0.48	0.47	0.13	000
27095		A	Injection for hip x-ray	1.50	3.69	4.69	0.51	0.51	0.14	000
27096		A	Inject sacroiliac joint	1.40	2.50	3.42	0.33	0.33	0.08	000
27097		A	Revision of hip tendon	9.16	NA	NA	6.33	6.38	1.57	090
27098		A	Transfer tendon to pelvis	9.20	NA	NA	4.92	5.97	0.95	090
27100		A	Transfer of abdominal muscle	11.21	NA	NA	7.39	8.03	1.86	090
27105		A	Transfer of spinal muscle	11.90	NA	NA	7.35	8.36	1.73	090
27110		A	Transfer of iliopsoas muscle	13.63	NA	NA	8.28	8.76	2.19	090
27111		A	Transfer of iliopsoas muscle	12.46	NA	NA	8.08	8.62	1.95	090
27120		A	Reconstruction of hip socket	19.10	NA	NA	10.83	11.34	3.09	090
27122		A	Reconstruction of hip socket	15.95	NA	NA	9.45	10.26	2.62	090
27125		A	Partial hip replacement	16.46	NA	NA	9.61	10.14	2.55	090
27130		A	Total hip arthroplasty	21.61	NA	NA	11.80	12.57	3.51	090
27132		A	Total hip arthroplasty	25.49	NA	NA	13.47	14.58	4.05	090
27134		A	Revise hip joint replacement	30.13	NA	NA	14.75	16.30	4.95	090
27137		A	Revise hip joint replacement	22.55	NA	NA	11.77	12.87	3.68	090
27138		A	Revise hip joint replacement	23.55	NA	NA	12.15	13.30	3.85	090
27140		A	Transplant femur ridge	12.66	NA	NA	7.88	8.64	2.12	090
27146		A	Incision of hip bone	18.72	NA	NA	10.70	11.43	2.97	090
27147		A	Revision of hip bone	21.87	NA	NA	12.04	12.65	3.58	090
27151		A	Incision of hip bones	23.92	NA	NA	12.92	10.37	3.92	090
27156		A	Revision of hip bones	26.03	NA	NA	13.76	14.89	4.22	090
27158		A	Revision of pelvis	20.89	NA	NA	11.55	10.52	3.17	090
27161		A	Incision of neck of femur	17.74	NA	NA	10.38	11.25	2.95	090
27165		A	Incision/fixation of femur	20.06	NA	NA	11.60	12.29	3.11	090
27170		A	Repair/graft femur head/neck	17.46	NA	NA	9.78	10.55	2.82	090
27175		A	Treat slipped epiphysis	9.29	NA	NA	5.16	6.03	1.46	090
27176		A	Treat slipped epiphysis	12.78	NA	NA	8.19	8.62	2.23	090
27177		A	Treat slipped epiphysis	15.94	NA	NA	9.65	10.28	2.62	090
27178		A	Treat slipped epiphysis	12.78	NA	NA	7.98	8.25	2.09	090
27179		A	Revise head/neck of femur	13.83	NA	NA	8.58	9.29	2.26	090
27181		A	Treat slipped epiphysis	15.98	NA	NA	9.76	10.00	1.57	090
27185		A	Revision of femur epiphysis	9.67	NA	NA	6.64	7.09	2.40	090
27187		A	Reinforce hip bones	14.09	NA	NA	8.70	9.52	2.38	090
27193		A	Treat pelvic ring fracture	5.98	4.62	4.86	4.75	4.90	0.96	090
27194		A	Treat pelvic ring fracture	10.08	NA	NA	6.63	7.14	1.65	090
27200		A	Treat tail bone fracture	1.87	2.06	2.15	2.21	2.16	0.28	090
27202		A	Treat tail bone fracture	7.25	NA	NA	10.28	13.71	1.06	090
27215		A	Treat pelvic fracture(s)	10.45	NA	NA	6.58	6.83	1.98	090
27216		A	Treat pelvic ring fracture	15.73	NA	NA	9.17	9.40	2.64	090
27217		A	Treat pelvic ring fracture	14.65	NA	NA	8.64	9.41	2.42	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
27218		A	Treat pelvic ring fracture	20.93	NA	NA	11.36	11.39	3.49	090
27220		A	Treat hip socket fracture	6.72	5.23	5.48	5.14	5.39	1.07	090
27222		A	Treat hip socket fracture	13.97	NA	NA	8.52	9.25	2.20	090
27226		A	Treat hip wall fracture	15.45	NA	NA	8.94	8.39	2.49	090
27227		A	Treat hip fracture(s)	25.21	NA	NA	13.42	14.43	4.06	090
27228		A	Treat hip fracture(s)	29.13	NA	NA	14.90	16.29	4.67	090
27230		A	Treat thigh fracture	5.69	4.92	5.23	4.85	4.99	0.95	090
27232		A	Treat thigh fracture	11.66	NA	NA	6.11	6.62	1.86	090
27235		A	Treat thigh fracture	12.88	NA	NA	7.99	8.74	2.12	090
27236		A	Treat thigh fracture	17.43	NA	NA	10.15	10.62	2.72	090
27238		A	Treat thigh fracture	5.64	NA	NA	4.64	4.90	0.89	090
27240		A	Treat thigh fracture	13.66	NA	NA	8.21	8.82	2.17	090
27244		A	Treat thigh fracture	17.08	NA	NA	9.64	10.49	2.78	090
27245		A	Treat thigh fracture	21.09	NA	NA	11.37	12.58	3.53	090
27246		A	Treat thigh fracture	4.75	3.90	4.19	3.94	4.18	0.81	090
27248		A	Treat thigh fracture	10.80	NA	NA	6.94	7.59	1.82	090
27250		A	Treat hip dislocation	7.21	NA	NA	4.26	4.45	0.62	090
27252		A	Treat hip dislocation	10.92	NA	NA	6.48	6.97	1.66	090
27253		A	Treat hip dislocation	13.46	NA	NA	8.18	9.00	2.25	090
27254		A	Treat hip dislocation	18.80	NA	NA	10.56	11.30	3.18	090
27256		A	Treat hip dislocation	4.25	2.50	2.99	1.40	1.74	0.46	010
27257		A	Treat hip dislocation	5.35	NA	NA	2.48	2.66	0.69	010
27258		A	Treat hip dislocation	16.04	NA	NA	9.50	10.19	2.65	090
27259		A	Treat hip dislocation	23.03	NA	NA	12.81	13.49	3.75	090
27265		A	Treat hip dislocation	5.12	NA	NA	3.92	4.37	0.63	090
27266		A	Treat hip dislocation	7.67	NA	NA	5.50	5.93	1.29	090
27275		A	Manipulation of hip joint	2.29	NA	NA	1.85	1.98	0.39	010
27280		A	Fusion of sacroiliac joint	14.49	NA	NA	8.89	9.61	2.54	090
27282		A	Fusion of pubic bones	11.71	NA	NA	7.78	7.91	1.87	090
27284		A	Fusion of hip joint	24.91	NA	NA	12.00	13.53	3.93	090
27286		A	Fusion of hip joint	24.97	NA	NA	12.65	14.37	3.13	090
27290		A	Amputation of leg at hip	24.38	NA	NA	12.14	13.17	3.44	090
27295		A	Amputation of leg at hip	19.54	NA	NA	9.61	10.50	2.96	090
27299		C	Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27301		A	Drain thigh/knee lesion	6.67	8.15	9.12	4.64	4.89	1.04	090
27303		A	Drainage of bone lesion	8.52	NA	NA	5.99	6.50	1.43	090
27305		A	Incise thigh tendon & fascia	6.09	NA	NA	4.68	4.92	1.01	090
27306		A	Incision of thigh tendon	4.66	NA	NA	4.07	4.40	0.85	090
27307		A	Incision of thigh tendons	5.97	NA	NA	4.73	5.07	1.04	090
27310		A	Exploration of knee joint	9.88	NA	NA	6.78	7.19	1.61	090
27323		A	Biopsy, thigh soft tissues	2.30	4.17	3.83	1.93	1.90	0.24	010
27324		A	Biopsy, thigh soft tissues	4.95	NA	NA	3.81	4.00	0.75	090
27325		A	Neurectomy, hamstring	7.09	NA	NA	4.97	4.96	1.09	090
27326		A	Neurectomy, popliteal	6.36	NA	NA	5.11	5.20	1.06	090
27327		A	Removal of thigh lesion	4.52	5.98	5.99	3.55	3.64	0.64	090
27328		A	Removal of thigh lesion	5.62	NA	NA	4.05	4.21	0.84	090
27329		A	Remove tumor, thigh/knee	15.68	NA	NA	8.47	8.76	2.15	090
27330		A	Biopsy, knee joint lining	5.02	NA	NA	4.25	4.39	0.86	090
27331		A	Explore/treat knee joint	5.93	NA	NA	4.79	5.16	1.02	090
27332		A	Removal of knee cartilage	8.34	NA	NA	6.12	6.63	1.43	090
27333		A	Removal of knee cartilage	7.43	NA	NA	5.68	6.19	1.26	090
27334		A	Remove knee joint lining	9.07	NA	NA	6.43	6.94	1.51	090
27335		A	Remove knee joint lining	10.43	NA	NA	7.02	7.63	1.75	090
27340		A	Removal of kneecap bursa	4.23	NA	NA	4.02	4.29	0.72	090
27345		A	Removal of knee cyst	5.98	NA	NA	4.87	5.25	1.00	090
27347		A	Remove knee cyst	6.58	NA	NA	5.24	5.33	0.98	090
27350		A	Removal of kneecap	8.54	NA	NA	6.24	6.75	1.41	090
27355		A	Remove femur lesion	7.89	NA	NA	5.81	6.30	1.32	090
27356		A	Remove femur lesion/graft	9.97	NA	NA	6.83	7.35	1.65	090
27357		A	Remove femur lesion/graft	11.02	NA	NA	7.48	8.11	1.96	090
27358		A	Remove femur lesion/fixation	4.73	NA	NA	1.81	2.18	0.82	ZZZ
27360		A	Partial removal, leg bone(s)	11.34	NA	NA	8.04	8.81	1.84	090
27365		A	Extensive leg surgery	17.93	NA	NA	10.43	11.08	2.80	090
27370		A	Injection for knee x-ray	0.96	2.98	3.31	0.36	0.33	0.08	000
27372		A	Removal of foreign body	5.12	8.25	9.16	4.03	4.36	0.84	090
27380		A	Repair of kneecap tendon	7.34	NA	NA	6.04	6.67	1.24	090
27381		A	Repair/graft kneecap tendon	10.64	NA	NA	7.56	8.33	1.80	090
27385		A	Repair of thigh muscle	8.00	NA	NA	6.30	6.98	1.36	090
27386		A	Repair/graft of thigh muscle	10.99	NA	NA	7.92	8.73	1.86	090
27390		A	Incision of thigh tendon	5.44	NA	NA	4.46	4.81	0.92	090
27391		A	Incision of thigh tendons	7.38	NA	NA	5.54	6.05	1.23	090
27392		A	Incision of thigh tendons	9.51	NA	NA	6.67	7.14	1.57	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
27393		A	Lengthening of thigh tendon	6.50	NA	NA	4.95	5.40	1.10	090
27394		A	Lengthening of thigh tendons	8.68	NA	NA	6.14	6.69	1.47	090
27395		A	Lengthening of thigh tendons	12.10	NA	NA	7.93	8.64	2.05	090
27396		A	Transplant of thigh tendon	8.04	NA	NA	5.83	6.44	1.34	090
27397		A	Transplants of thigh tendons	12.46	NA	NA	8.35	8.71	1.83	090
27400		A	Revise thigh muscles/tendons	9.21	NA	NA	6.49	6.82	1.31	090
27403		A	Repair of knee cartilage	8.51	NA	NA	6.02	6.61	1.44	090
27405		A	Repair of knee ligament	8.96	NA	NA	6.38	6.95	1.51	090
27407		A	Repair of knee ligament	10.71	NA	NA	6.84	7.56	1.79	090
27409		A	Repair of knee ligaments	13.57	NA	NA	8.26	9.14	2.25	090
27412		A	Autochondrocyte implant knee	24.53	NA	NA	13.69	14.25	4.36	090
27415		A	Osteochondral knee allograft	19.79	NA	NA	11.80	12.19	4.36	090
27418		A	Repair degenerated kneecap	11.46	NA	NA	7.57	8.25	1.89	090
27420		A	Revision of unstable kneecap	10.14	NA	NA	6.91	7.52	1.72	090
27422		A	Revision of unstable kneecap	10.09	NA	NA	6.88	7.51	1.71	090
27424		A	Revision/removal of kneecap	10.12	NA	NA	6.90	7.50	1.71	090
27425		A	Lat retinacular release open	5.28	NA	NA	4.69	5.11	0.90	090
27427		A	Reconstruction, knee	9.67	NA	NA	6.69	7.25	1.63	090
27428		A	Reconstruction, knee	15.33	NA	NA	10.04	10.66	2.43	090
27429		A	Reconstruction, knee	17.24	NA	NA	11.27	11.86	2.71	090
27430		A	Revision of thigh muscles	10.04	NA	NA	6.84	7.43	1.70	090
27435		A	Incision of knee joint	10.68	NA	NA	7.58	8.05	1.70	090
27437		A	Revise kneecap	8.82	NA	NA	6.19	6.72	1.49	090
27438		A	Revise kneecap with implant	11.77	NA	NA	7.51	8.04	1.96	090
27440		A	Revision of knee joint	10.97	NA	NA	7.01	6.53	1.82	090
27441		A	Revision of knee joint	11.42	NA	NA	7.35	7.06	1.89	090
27442		A	Revision of knee joint	12.25	NA	NA	7.65	8.31	2.10	090
27443		A	Revision of knee joint	11.29	NA	NA	7.35	8.05	1.91	090
27445		A	Revision of knee joint	18.52	NA	NA	10.44	11.42	3.09	090
27446		A	Revision of knee joint	16.26	NA	NA	9.30	10.31	2.81	090
27447		A	Total knee arthroplasty	23.04	NA	NA	12.61	13.63	3.80	090
27448		A	Incision of thigh	11.48	NA	NA	7.32	7.99	1.95	090
27450		A	Incision of thigh	14.47	NA	NA	8.85	9.72	2.43	090
27454		A	Realignment of thigh bone	18.97	NA	NA	10.74	11.63	3.13	090
27455		A	Realignment of knee	13.24	NA	NA	8.31	9.12	2.25	090
27457		A	Realignment of knee	13.92	NA	NA	8.24	9.09	2.35	090
27465		A	Shortening of thigh bone	18.44	NA	NA	10.31	10.28	2.48	090
27466		A	Lengthening of thigh bone	17.13	NA	NA	10.08	10.97	2.78	090
27468		A	Shorten/lengthen thighs	19.82	NA	NA	11.20	11.80	3.31	090
27470		A	Repair of thigh	16.97	NA	NA	10.18	11.00	2.80	090
27472		A	Repair/graft of thigh	18.57	NA	NA	10.66	11.69	3.08	090
27475		A	Surgery to stop leg growth	8.82	NA	NA	6.20	6.82	1.36	090
27477		A	Surgery to stop leg growth	10.03	NA	NA	6.60	7.18	1.74	090
27479		A	Surgery to stop leg growth	13.04	NA	NA	8.90	8.63	2.79	090
27485		A	Surgery to stop leg growth	9.02	NA	NA	6.19	6.81	1.53	090
27486		A	Revise/replace knee joint	20.92	NA	NA	11.66	12.60	3.37	090
27487		A	Revise/replace knee joint	26.91	NA	NA	14.02	15.32	4.40	090
27488		A	Removal of knee prosthesis	17.40	NA	NA	10.27	11.00	2.75	090
27495		A	Reinforce thigh	16.40	NA	NA	9.61	10.53	2.72	090
27496		A	Decompression of thigh/knee	6.66	NA	NA	4.95	5.29	0.99	090
27497		A	Decompression of thigh/knee	7.70	NA	NA	4.97	5.15	1.15	090
27498		A	Decompression of thigh/knee	8.54	NA	NA	5.21	5.61	1.24	090
27499		A	Decompression of thigh/knee	9.31	NA	NA	5.97	6.38	1.47	090
27500		A	Treatment of thigh fracture	6.21	5.34	5.75	4.57	4.80	1.02	090
27501		A	Treatment of thigh fracture	6.34	5.00	5.41	4.91	5.16	1.03	090
27502		A	Treatment of thigh fracture	11.24	NA	NA	6.86	7.50	1.79	090
27503		A	Treatment of thigh fracture	11.13	NA	NA	7.21	7.76	1.85	090
27506		A	Treatment of thigh fracture	19.42	NA	NA	11.38	12.06	3.04	090
27507		A	Treatment of thigh fracture	14.39	NA	NA	8.15	9.01	2.43	090
27508		A	Treatment of thigh fracture	6.08	5.67	6.07	5.04	5.27	0.97	090
27509		A	Treatment of thigh fracture	8.02	NA	NA	6.53	7.25	1.34	090
27510		A	Treatment of thigh fracture	9.68	NA	NA	6.27	6.82	1.53	090
27511		A	Treatment of thigh fracture	13.94	NA	NA	9.04	10.13	2.38	090
27513		A	Treatment of thigh fracture	19.45	NA	NA	11.75	12.84	3.13	090
27514		A	Treatment of thigh fracture	19.09	NA	NA	11.87	12.64	3.01	090
27516		A	Treat thigh fx growth plate	5.45	5.69	6.02	5.05	5.28	0.81	090
27517		A	Treat thigh fx growth plate	8.98	NA	NA	6.41	6.88	1.22	090
27519		A	Treat thigh fx growth plate	15.80	NA	NA	9.80	10.71	2.56	090
27520		A	Treat kneecap fracture	2.93	4.07	4.31	3.51	3.48	0.47	090
27524		A	Treat kneecap fracture	10.25	NA	NA	6.94	7.59	1.75	090
27530		A	Treat knee fracture	3.97	4.80	5.06	4.24	4.33	0.65	090
27532		A	Treat knee fracture	7.43	6.38	6.88	5.62	6.05	1.26	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
27535		A	Treat knee fracture	11.80	NA	NA	8.20	9.17	2.01	090
27536		A	Treat knee fracture	17.19	NA	NA	10.21	10.93	2.74	090
27538		A	Treat knee fracture(s)	4.95	5.49	5.82	4.87	5.04	0.84	090
27540		A	Treat knee fracture	13.45	NA	NA	7.97	8.76	2.28	090
27550		A	Treat knee dislocation	5.84	5.20	5.63	4.50	4.73	0.76	090
27552		A	Treat knee dislocation	8.04	NA	NA	6.08	6.53	1.36	090
27556		A	Treat knee dislocation	14.95	NA	NA	9.27	10.48	2.51	090
27557		A	Treat knee dislocation	17.31	NA	NA	10.50	11.83	2.98	090
27558		A	Treat knee dislocation	18.01	NA	NA	10.37	11.76	3.09	090
27560		A	Treat kneecap dislocation	3.88	4.21	4.48	3.68	3.39	0.40	090
27562		A	Treat kneecap dislocation	5.86	NA	NA	4.59	4.66	0.94	090
27566		A	Treat kneecap dislocation	12.59	NA	NA	7.89	8.60	2.13	090
27570		A	Fixation of knee joint	1.76	NA	NA	1.61	1.69	0.30	010
27580		A	Fusion of knee	20.90	NA	NA	12.21	13.54	3.38	090
27590		A	Amputate leg at thigh	13.35	NA	NA	6.00	6.35	1.75	090
27591		A	Amputate leg at thigh	13.82	NA	NA	7.35	8.01	2.03	090
27592		A	Amputate leg at thigh	10.86	NA	NA	5.44	5.81	1.45	090
27594		A	Amputation follow-up surgery	7.17	NA	NA	4.71	4.95	1.02	090
27596		A	Amputation follow-up surgery	11.15	NA	NA	5.95	6.40	1.57	090
27598		A	Amputate lower leg at knee	11.08	NA	NA	6.18	6.63	1.65	090
27599		C	Leg surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27600		A	Decompression of lower leg	5.94	NA	NA	3.78	4.17	0.86	090
27601		A	Decompression of lower leg	5.94	NA	NA	4.13	4.51	0.80	090
27602		A	Decompression of lower leg	7.71	NA	NA	4.27	4.72	1.10	090
27603		A	Drain lower leg lesion	5.12	6.97	7.24	3.88	4.03	0.74	090
27604		A	Drain lower leg bursa	4.51	6.40	6.25	3.39	3.68	0.69	090
27605		A	Incision of achilles tendon	2.89	5.06	6.41	1.71	2.03	0.41	010
27606		A	Incision of achilles tendon	4.15	NA	NA	2.62	3.00	0.69	010
27607		A	Treat lower leg bone lesion	8.51	NA	NA	5.68	5.95	1.31	090
27610		A	Explore/treat ankle joint	9.01	NA	NA	6.08	6.56	1.40	090
27612		A	Exploration of ankle joint	8.01	NA	NA	5.10	5.65	1.13	090
27613		A	Biopsy lower leg soft tissue	2.19	3.87	3.55	1.76	1.78	0.20	010
27614		A	Biopsy lower leg soft tissue	5.71	7.66	7.43	3.90	4.19	0.78	090
27615		A	Remove tumor, lower leg	12.93	NA	NA	7.93	8.69	1.84	090
27618		A	Remove lower leg lesion	5.14	6.37	6.19	3.77	3.88	0.72	090
27619		A	Remove lower leg lesion	8.47	9.91	9.74	5.24	5.61	1.25	090
27620		A	Explore/treat ankle joint	6.04	NA	NA	4.54	5.01	0.97	090
27625		A	Remove ankle joint lining	8.37	NA	NA	5.45	5.98	1.28	090
27626		A	Remove ankle joint lining	8.98	NA	NA	5.73	6.37	1.48	090
27630		A	Removal of tendon lesion	4.85	7.88	7.73	3.77	4.08	0.74	090
27635		A	Remove lower leg bone lesion	7.91	NA	NA	5.61	6.19	1.31	090
27637		A	Remove/graft leg bone lesion	10.17	NA	NA	6.96	7.67	1.66	090
27638		A	Remove/graft leg bone lesion	10.87	NA	NA	7.04	7.66	1.85	090
27640		A	Partial removal of tibia	12.10	NA	NA	8.13	9.24	1.89	090
27641		A	Partial removal of fibula	9.73	NA	NA	6.71	7.54	1.46	090
27645		A	Extensive lower leg surgery	14.78	NA	NA	9.42	10.75	2.42	090
27646		A	Extensive lower leg surgery	13.21	NA	NA	8.25	9.68	2.06	090
27647		A	Extensive ankle/heel surgery	12.85	NA	NA	6.44	7.07	1.76	090
27648		A	Injection for ankle x-ray	0.96	2.85	3.15	0.34	0.33	0.08	000
27650		A	Repair achilles tendon	9.94	NA	NA	6.13	6.86	1.59	090
27652		A	Repair/graft achilles tendon	10.64	NA	NA	6.37	7.22	1.72	090
27654		A	Repair of achilles tendon	10.32	NA	NA	5.93	6.55	1.58	090
27656		A	Repair leg fascia defect	4.62	7.88	8.23	3.56	3.69	0.69	090
27658		A	Repair of leg tendon, each	5.03	NA	NA	3.85	4.22	0.79	090
27659		A	Repair of leg tendon, each	6.99	NA	NA	4.62	5.18	1.09	090
27664		A	Repair of leg tendon, each	4.64	NA	NA	3.84	4.21	0.76	090
27665		A	Repair of leg tendon, each	5.46	NA	NA	4.28	4.66	0.89	090
27675		A	Repair lower leg tendons	7.24	NA	NA	4.61	5.20	1.11	090
27676		A	Repair lower leg tendons	8.61	NA	NA	5.68	6.23	1.37	090
27680		A	Release of lower leg tendon	5.79	NA	NA	4.12	4.66	0.93	090
27681		A	Release of lower leg tendons	6.94	NA	NA	5.07	5.44	1.15	090
27685		A	Revision of lower leg tendon	6.57	8.62	7.99	4.50	5.01	0.97	090
27686		A	Revise lower leg tendons	7.64	NA	NA	5.25	5.90	1.24	090
27687		A	Revision of calf tendon	6.30	NA	NA	4.42	4.89	1.00	090
27690		A	Revise lower leg tendon	8.96	NA	NA	5.30	5.87	1.33	090
27691		A	Revise lower leg tendon	10.28	NA	NA	6.63	7.22	1.64	090
27692		A	Revise additional leg tendon	1.87	NA	NA	0.71	0.82	0.32	ZZZ
27695		A	Repair of ankle ligament	6.58	NA	NA	4.83	5.38	1.05	090
27696		A	Repair of ankle ligaments	8.46	NA	NA	5.19	5.86	1.28	090
27698		A	Repair of ankle ligament	9.49	NA	NA	5.81	6.40	1.47	090
27700		A	Revision of ankle joint	9.54	NA	NA	5.10	5.41	1.30	090
27702		A	Reconstruct ankle joint	14.28	NA	NA	8.65	9.58	2.38	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
27703		A	Reconstruction, ankle joint	16.79	NA	NA	9.78	10.53	2.77	090
27704		A	Removal of ankle implant	7.69	NA	NA	5.59	5.61	1.27	090
27705		A	Incision of tibia	10.74	NA	NA	6.94	7.56	1.81	090
27707		A	Incision of fibula	4.67	NA	NA	4.46	4.71	0.76	090
27709		A	Incision of tibia & fibula	17.32	NA	NA	9.99	9.06	1.74	090
27712		A	Realignment of lower leg	15.67	NA	NA	9.63	10.12	2.48	090
27715		A	Revision of lower leg	15.36	NA	NA	9.08	9.92	2.50	090
27720		A	Repair of tibia	12.22	NA	NA	7.92	8.67	2.05	090
27722		A	Repair/graft of tibia	12.31	NA	NA	7.88	8.54	2.06	090
27724		A	Repair/graft of tibia	19.18	NA	NA	10.31	11.35	3.17	090
27725		A	Repair of lower leg	17.15	NA	NA	10.58	11.25	2.72	090
27727		A	Repair of lower leg	14.69	NA	NA	9.07	9.64	2.44	090
27730		A	Repair of tibia epiphysis	7.59	NA	NA	5.30	5.87	1.73	090
27732		A	Repair of fibula epiphysis	5.37	NA	NA	4.12	4.62	0.77	090
27734		A	Repair lower leg epiphyses	8.72	NA	NA	6.16	6.23	1.35	090
27740		A	Repair of leg epiphyses	9.49	NA	NA	6.60	7.31	1.62	090
27742		A	Repair of leg epiphyses	10.49	NA	NA	4.58	5.29	1.80	090
27745		A	Reinforce tibia	10.37	NA	NA	6.99	7.59	1.76	090
27750		A	Treatment of tibia fracture	3.26	4.30	4.53	3.72	3.79	0.55	090
27752		A	Treatment of tibia fracture	6.15	5.92	6.29	5.09	5.39	1.01	090
27756		A	Treatment of tibia fracture	7.33	NA	NA	5.75	6.11	1.17	090
27758		A	Treatment of tibia fracture	12.40	NA	NA	8.02	8.61	2.04	090
27759		A	Treatment of tibia fracture	14.31	NA	NA	8.68	9.51	2.39	090
27760		A	Treatment of ankle fracture	3.09	4.25	4.47	3.65	3.63	0.48	090
27762		A	Treatment of ankle fracture	5.33	5.44	5.91	4.63	4.97	0.85	090
27766		A	Treatment of ankle fracture	8.73	NA	NA	6.24	6.74	1.44	090
27780		A	Treatment of fibula fracture	2.72	3.84	4.02	3.29	3.26	0.41	090
27781		A	Treatment of fibula fracture	4.47	4.85	5.19	4.24	4.46	0.73	090
27784		A	Treatment of fibula fracture	7.41	NA	NA	5.56	6.03	1.23	090
27786		A	Treatment of ankle fracture	2.91	4.02	4.25	3.41	3.38	0.46	090
27788		A	Treatment of ankle fracture	4.52	4.94	5.30	4.21	4.44	0.74	090
27792		A	Treatment of ankle fracture	7.91	NA	NA	5.90	6.44	1.32	090
27808		A	Treatment of ankle fracture	2.91	4.37	4.59	3.68	3.69	0.46	090
27810		A	Treatment of ankle fracture	5.20	5.37	5.82	4.53	4.86	0.82	090
27814		A	Treatment of ankle fracture	11.10	NA	NA	7.23	7.91	1.86	090
27816		A	Treatment of ankle fracture	2.96	3.96	4.18	3.31	3.37	0.43	090
27818		A	Treatment of ankle fracture	5.57	5.38	5.89	4.42	4.81	0.82	090
27822		A	Treatment of ankle fracture	12.12	NA	NA	8.84	9.75	1.92	090
27823		A	Treatment of ankle fracture	14.26	NA	NA	9.40	10.46	2.26	090
27824		A	Treat lower leg fracture	3.20	3.63	3.86	3.44	3.52	0.45	090
27825		A	Treat lower leg fracture	6.60	5.76	6.20	4.75	5.08	1.02	090
27826		A	Treat lower leg fracture	8.97	NA	NA	7.00	7.91	1.47	090
27827		A	Treat lower leg fracture	15.75	NA	NA	10.75	11.77	2.44	090
27828		A	Treat lower leg fracture	18.19	NA	NA	12.22	13.11	2.82	090
27829		A	Treat lower leg joint	5.68	NA	NA	5.47	6.14	0.95	090
27830		A	Treat lower leg dislocation	3.85	4.06	4.27	3.54	3.73	0.54	090
27831		A	Treat lower leg dislocation	4.62	NA	NA	4.04	4.25	0.73	090
27832		A	Treat lower leg dislocation	6.67	NA	NA	5.11	5.58	1.03	090
27840		A	Treat ankle dislocation	4.65	NA	NA	3.62	3.69	0.46	090
27842		A	Treat ankle dislocation	6.34	NA	NA	4.84	4.99	1.00	090
27846		A	Treat ankle dislocation	10.16	NA	NA	6.75	7.36	1.71	090
27848		A	Treat ankle dislocation	11.56	NA	NA	7.70	8.71	1.95	090
27860		A	Fixation of ankle joint	2.36	NA	NA	1.68	1.83	0.39	010
27870		A	Fusion of ankle joint, open	15.21	NA	NA	9.06	9.82	2.37	090
27871		A	Fusion of tibiofibular joint	9.42	NA	NA	6.52	7.05	1.59	090
27880		A	Amputation of lower leg	15.24	NA	NA	6.63	6.90	1.76	090
27881		A	Amputation of lower leg	13.32	NA	NA	7.36	8.12	1.99	090
27882		A	Amputation of lower leg	9.67	NA	NA	5.47	5.98	1.29	090
27884		A	Amputation follow-up surgery	8.64	NA	NA	5.08	5.42	1.22	090
27886		A	Amputation follow-up surgery	9.88	NA	NA	5.63	6.09	1.40	090
27888		A	Amputation of foot at ankle	10.23	NA	NA	5.96	6.78	1.51	090
27889		A	Amputation of foot at ankle	10.72	NA	NA	5.41	5.93	1.46	090
27892		A	Decompression of leg	7.82	NA	NA	5.10	5.31	1.10	090
27893		A	Decompression of leg	7.78	NA	NA	5.10	5.29	1.10	090
27894		A	Decompression of leg	12.42	NA	NA	7.33	7.56	1.65	090
27899		C	Leg/ankle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
28001		A	Drainage of bursa of foot	2.75	3.89	3.46	1.56	1.77	0.33	010
28002		A	Treatment of foot infection	5.78	6.52	5.80	3.49	3.66	0.61	010
28003		A	Treatment of foot infection	8.95	7.62	6.97	4.47	4.88	1.12	090
28005		A	Treat foot bone lesion	9.30	NA	NA	5.27	5.70	1.16	090
28008		A	Incision of foot fascia	4.50	6.03	5.32	2.93	3.09	0.57	090
28010		A	Incision of toe tendon	2.89	2.79	2.60	2.29	2.34	0.36	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
28011		A	Incision of toe tendons	4.19	3.71	3.53	2.96	3.15	0.59	090
28020		A	Exploration of foot joint	5.06	7.22	6.67	3.52	3.86	0.72	090
28022		A	Exploration of foot joint	4.72	6.77	6.01	3.25	3.57	0.62	090
28024		A	Exploration of toe joint	4.43	6.40	5.86	3.05	3.52	0.58	090
28035		A	Decompression of tibia nerve	5.14	7.13	6.56	3.48	3.83	0.70	090
28043		A	Excision of foot lesion	3.58	4.67	4.27	2.67	2.94	0.46	090
28045		A	Excision of foot lesion	4.77	6.86	6.16	3.17	3.41	0.63	090
28046		A	Resection of tumor, foot	10.55	10.19	9.53	5.67	6.11	1.36	090
28050		A	Biopsy of foot joint lining	4.30	6.81	5.87	3.23	3.42	0.60	090
28052		A	Biopsy of foot joint lining	3.98	6.16	5.59	2.81	3.15	0.53	090
28054		A	Biopsy of toe joint lining	3.49	6.10	5.43	2.73	3.00	0.46	090
28055		A	Neurectomy, foot	6.20	NA	NA	3.34	3.55	0.74	090
28060		A	Partial removal, foot fascia	5.29	6.90	6.23	3.45	3.69	0.70	090
28062		A	Removal of foot fascia	6.58	7.61	7.12	3.71	3.90	0.83	090
28070		A	Removal of foot joint lining	5.15	7.21	6.22	3.47	3.65	0.73	090
28072		A	Removal of foot joint lining	4.63	7.46	6.52	3.56	3.95	0.68	090
28080		A	Removal of foot lesion	4.65	7.49	6.34	4.09	3.92	0.47	090
28086		A	Excise foot tendon sheath	4.83	7.75	7.88	3.77	4.24	0.76	090
28088		A	Excise foot tendon sheath	3.90	6.89	6.34	3.15	3.53	0.61	090
28090		A	Removal of foot lesion	4.46	6.61	5.92	3.10	3.30	0.59	090
28092		A	Removal of toe lesions	3.69	6.32	5.81	2.92	3.24	0.49	090
28100		A	Removal of ankle/heel lesion	5.72	7.96	8.01	3.94	4.35	0.82	090
28102		A	Remove/graft foot lesion	7.80	NA	NA	4.76	5.39	1.14	090
28103		A	Remove/graft foot lesion	6.56	NA	NA	3.94	4.32	0.91	090
28104		A	Removal of foot lesion	5.17	7.08	6.32	3.40	3.68	0.70	090
28106		A	Remove/graft foot lesion	7.23	NA	NA	4.12	4.34	0.97	090
28107		A	Remove/graft foot lesion	5.62	7.52	7.09	3.57	3.92	0.74	090
28108		A	Removal of toe lesions	4.21	6.18	5.43	2.91	3.10	0.53	090
28110		A	Part removal of metatarsal	4.13	6.77	6.03	2.99	3.13	0.54	090
28111		A	Part removal of metatarsal	5.06	6.95	6.68	3.13	3.43	0.67	090
28112		A	Part removal of metatarsal	4.54	7.03	6.46	3.17	3.40	0.61	090
28113		A	Part removal of metatarsal	5.88	8.16	7.16	4.49	4.44	0.63	090
28114		A	Removal of metatarsal heads	11.61	13.18	12.44	8.18	8.31	1.42	090
28116		A	Revision of foot	8.94	9.24	8.07	5.23	5.24	1.03	090
28118		A	Removal of heel bone	6.02	7.77	7.04	3.95	4.17	0.84	090
28119		A	Removal of heel spur	5.45	7.03	6.27	3.48	3.63	0.70	090
28120		A	Part removal of ankle/heel	5.64	7.94	7.65	3.90	4.17	0.77	090
28122		A	Partial removal of foot bone	7.56	8.27	7.60	4.67	5.00	0.98	090
28124		A	Partial removal of toe	4.88	6.59	5.84	3.36	3.53	0.60	090
28126		A	Partial removal of toe	3.56	5.81	5.04	2.59	2.81	0.45	090
28130		A	Removal of ankle bone	9.30	NA	NA	6.06	6.37	1.26	090
28140		A	Removal of metatarsal	7.03	7.66	7.48	4.04	4.43	0.92	090
28150		A	Removal of toe	4.14	6.20	5.56	2.90	3.12	0.53	090
28153		A	Partial removal of toe	3.71	6.05	5.21	2.81	2.76	0.47	090
28160		A	Partial removal of toe	3.79	6.15	5.40	2.85	3.12	0.49	090
28171		A	Extensive foot surgery	9.85	NA	NA	4.98	5.27	1.33	090
28173		A	Extensive foot surgery	9.05	8.55	8.13	4.51	4.89	1.12	090
28175		A	Extensive foot surgery	6.17	6.95	6.37	3.52	3.64	0.73	090
28190		A	Removal of foot foreign body	1.98	3.92	3.67	1.31	1.40	0.22	010
28192		A	Removal of foot foreign body	4.69	6.56	6.05	3.11	3.40	0.61	090
28193		A	Removal of foot foreign body	5.79	7.17	6.42	3.55	3.76	0.73	090
28200		A	Repair of foot tendon	4.65	6.72	5.95	3.16	3.38	0.61	090
28202		A	Repair/graft of foot tendon	6.96	7.53	7.46	3.81	4.20	0.91	090
28208		A	Repair of foot tendon	4.42	6.54	5.71	3.11	3.22	0.58	090
28210		A	Repair/graft of foot tendon	6.41	7.42	6.85	3.82	3.95	0.81	090
28220		A	Release of foot tendon	4.58	6.24	5.49	2.99	3.23	0.57	090
28222		A	Release of foot tendons	5.67	6.74	6.03	3.25	3.71	0.69	090
28225		A	Release of foot tendon	3.70	5.86	5.11	2.64	2.79	0.46	090
28226		A	Release of foot tendons	4.58	6.74	5.81	3.19	3.50	0.58	090
28230		A	Incision of foot tendon(s)	4.28	6.10	5.43	2.80	3.26	0.55	090
28232		A	Incision of toe tendon	3.43	5.77	5.18	2.60	2.97	0.44	090
28234		A	Incision of foot tendon	3.43	6.14	5.44	2.98	3.19	0.44	090
28238		A	Revision of foot tendon	7.85	8.21	7.76	4.28	4.63	1.06	090
28240		A	Release of big toe	4.40	6.19	5.46	2.87	3.20	0.58	090
28250		A	Revision of foot fascia	5.97	7.40	6.53	3.75	3.95	0.82	090
28260		A	Release of midfoot joint	8.08	8.28	7.37	4.53	4.80	1.14	090
28261		A	Revision of foot tendon	12.91	10.42	9.59	6.18	6.79	1.57	090
28262		A	Revision of foot and ankle	17.01	15.42	14.52	9.71	10.34	2.60	090
28264		A	Release of midfoot joint	10.53	10.12	8.99	5.85	6.61	1.54	090
28270		A	Release of foot contracture	4.82	6.75	5.86	3.36	3.57	0.62	090
28272		A	Release of toe joint, each	3.84	5.67	4.96	2.57	2.73	0.46	090
28280		A	Fusion of toes	5.24	7.14	6.73	3.47	4.00	0.73	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
28285		A	Repair of hammertoe	4.65	6.54	5.74	3.26	3.37	0.59	090
28286		A	Repair of hammertoe	4.61	6.35	5.60	2.97	3.13	0.57	090
28288		A	Partial removal of foot bone	5.81	8.42	7.22	4.60	4.77	0.65	090
28289		A	Repair hallux rigidus	8.11	9.25	8.66	5.24	5.53	1.02	090
28290		A	Correction of bunion	5.72	8.02	7.17	3.89	4.33	0.82	090
28292		A	Correction of bunion	8.72	10.08	8.83	6.00	5.81	0.91	090
28293		A	Correction of bunion	11.10	14.07	12.50	6.72	6.47	1.13	090
28294		A	Correction of bunion	8.63	9.21	8.32	4.64	4.68	1.09	090
28296		A	Correction of bunion	9.31	9.33	8.80	4.67	5.08	1.19	090
28297		A	Correction of bunion	9.31	10.29	9.66	5.25	5.78	1.32	090
28298		A	Correction of bunion	8.01	9.07	8.18	4.48	4.77	1.05	090
28299		A	Correction of bunion	11.39	10.29	9.59	5.58	5.87	1.37	090
28300		A	Incision of heel bone	9.61	NA	NA	5.99	6.54	1.54	090
28302		A	Incision of ankle bone	9.62	NA	NA	6.18	6.47	1.42	090
28304		A	Incision of midfoot bones	9.29	9.38	8.70	4.99	5.39	1.27	090
28305		A	Incise/graft midfoot bones	10.63	NA	NA	5.68	6.21	1.27	090
28306		A	Incision of metatarsal	5.91	8.26	7.57	3.82	4.01	0.84	090
28307		A	Incision of metatarsal	6.39	9.12	10.14	4.27	4.82	0.90	090
28308		A	Incision of metatarsal	5.36	7.73	6.78	3.74	3.73	0.70	090
28309		A	Incision of metatarsals	13.96	NA	NA	7.62	7.83	2.05	090
28310		A	Revision of big toe	5.48	7.35	6.58	3.33	3.46	0.70	090
28312		A	Revision of toe	4.60	7.19	6.35	3.16	3.41	0.63	090
28313		A	Repair deformity of toe	5.06	7.13	6.24	3.54	4.21	0.73	090
28315		A	Removal of sesamoid bone	4.91	6.51	5.74	3.14	3.26	0.63	090
28320		A	Repair of foot bones	9.25	NA	NA	5.63	6.20	1.43	090
28322		A	Repair of metatarsals	8.41	9.61	9.46	5.26	5.84	1.27	090
28340		A	Resect enlarged toe tissue	7.04	7.90	7.21	3.98	4.14	0.84	090
28341		A	Resect enlarged toe	8.60	8.36	7.71	4.29	4.60	1.01	090
28344		A	Repair extra toe(s)	4.31	6.28	6.10	2.87	3.30	0.51	090
28345		A	Repair webbed toe(s)	5.98	7.45	6.88	3.70	4.23	0.80	090
28360		A	Reconstruct cleft foot	14.67	NA	NA	6.31	8.40	2.29	090
28400		A	Treatment of heel fracture	2.22	3.33	3.49	2.89	2.98	0.35	090
28405		A	Treatment of heel fracture	4.63	4.36	4.63	3.62	4.15	0.73	090
28406		A	Treatment of heel fracture	6.44	NA	NA	5.52	6.19	1.11	090
28415		A	Treat heel fracture	17.54	NA	NA	10.92	12.11	2.67	090
28420		A	Treat/graft heel fracture	17.07	NA	NA	9.59	11.36	2.81	090
28430		A	Treatment of ankle fracture	2.14	3.09	3.25	2.55	2.56	0.31	090
28435		A	Treatment of ankle fracture	3.45	3.94	3.89	3.22	3.46	0.55	090
28436		A	Treatment of ankle fracture	4.78	NA	NA	4.65	5.34	0.81	090
28445		A	Treat ankle fracture	17.07	NA	NA	9.72	10.39	2.59	090
28450		A	Treat midfoot fracture, each	1.95	2.87	3.00	2.38	2.43	0.28	090
28455		A	Treat midfoot fracture, each	3.15	3.69	3.56	3.06	3.24	0.44	090
28456		A	Treat midfoot fracture	2.75	NA	NA	3.51	3.85	0.44	090
28465		A	Treat midfoot fracture, each	7.13	NA	NA	5.04	5.69	1.10	090
28470		A	Treat metatarsal fracture	1.99	2.77	2.96	2.34	2.40	0.30	090
28475		A	Treat metatarsal fracture	2.97	3.08	3.22	2.47	2.86	0.44	090
28476		A	Treat metatarsal fracture	3.46	NA	NA	4.27	4.64	0.54	090
28485		A	Treat metatarsal fracture	5.77	NA	NA	4.48	4.98	0.83	090
28490		A	Treat big toe fracture	1.12	2.05	2.04	1.64	1.65	0.14	090
28495		A	Treat big toe fracture	1.62	2.41	2.30	1.82	1.95	0.20	090
28496		A	Treat big toe fracture	2.39	7.31	7.76	2.95	3.06	0.36	090
28505		A	Treat big toe fracture	3.86	7.23	7.71	3.15	3.55	0.56	090
28510		A	Treatment of toe fracture	1.12	1.65	1.60	1.58	1.56	0.14	090
28515		A	Treatment of toe fracture	1.50	2.17	2.04	1.78	1.85	0.18	090
28525		A	Treat toe fracture	3.37	6.82	7.18	2.89	3.17	0.49	090
28530		A	Treat sesamoid bone fracture	1.08	1.58	1.52	1.31	1.38	0.14	090
28531		A	Treat sesamoid bone fracture	2.51	6.42	6.75	2.38	2.18	0.34	090
28540		A	Treat foot dislocation	2.10	2.68	2.56	2.25	2.34	0.26	090
28545		A	Treat foot dislocation	2.51	3.42	2.87	2.80	2.56	0.37	090
28546		A	Treat foot dislocation	3.28	7.91	7.37	3.58	3.97	0.52	090
28555		A	Repair foot dislocation	6.42	9.38	9.71	4.75	5.25	1.04	090
28570		A	Treat foot dislocation	1.70	2.43	2.46	1.87	2.12	0.23	090
28575		A	Treat foot dislocation	3.38	4.37	4.05	3.68	3.70	0.56	090
28576		A	Treat foot dislocation	4.48	NA	NA	4.01	4.10	0.69	090
28585		A	Repair foot dislocation	8.17	9.70	8.55	5.10	5.51	1.25	090
28600		A	Treat foot dislocation	1.94	2.98	2.91	2.34	2.52	0.27	090
28605		A	Treat foot dislocation	2.78	3.90	3.49	3.29	3.18	0.40	090
28606		A	Treat foot dislocation	4.97	NA	NA	4.10	4.43	0.82	090
28615		A	Repair foot dislocation	8.96	NA	NA	6.87	7.48	1.30	090
28630		A	Treat toe dislocation	1.72	1.81	1.72	0.90	0.96	0.20	010
28635		A	Treat toe dislocation	1.93	2.21	2.13	1.30	1.42	0.26	010
28636		A	Treat toe dislocation	2.77	4.33	4.10	2.03	2.33	0.43	010

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
28645		A	Repair toe dislocation	4.27	6.72	5.87	3.13	3.22	0.57	090
28660		A	Treat toe dislocation	1.25	1.28	1.27	0.77	0.78	0.13	010
28665		A	Treat toe dislocation	1.94	1.79	1.62	1.30	1.37	0.26	010
28666		A	Treat toe dislocation	2.66	NA	NA	1.80	2.21	0.43	010
28675		A	Repair of toe dislocation	2.97	6.61	6.89	2.84	3.10	0.45	090
28705		A	Fusion of foot bones	20.12	NA	NA	10.61	11.56	3.09	090
28715		A	Fusion of foot bones	14.40	NA	NA	8.45	9.12	2.17	090
28725		A	Fusion of foot bones	11.97	NA	NA	6.77	7.54	1.87	090
28730		A	Fusion of foot bones	12.21	NA	NA	7.68	8.11	1.71	090
28735		A	Fusion of foot bones	12.03	NA	NA	6.90	7.39	1.69	090
28737		A	Revision of foot bones	10.83	NA	NA	5.99	6.43	1.47	090
28740		A	Fusion of foot bones	9.09	10.71	10.83	5.91	6.22	1.22	090
28750		A	Fusion of big toe joint	8.37	10.62	11.31	5.82	6.27	1.13	090
28755		A	Fusion of big toe joint	4.79	7.10	6.63	3.28	3.53	0.65	090
28760		A	Fusion of big toe joint	8.94	9.63	8.87	5.14	5.37	1.05	090
28800		A	Amputation of midfoot	8.65	NA	NA	4.93	5.39	1.15	090
28805		A	Amputation thru metatarsal	12.55	NA	NA	5.83	5.77	1.18	090
28810		A	Amputation toe & metatarsal	6.52	NA	NA	4.01	4.26	0.86	090
28820		A	Amputation of toe	4.89	7.51	7.57	3.49	3.66	0.61	090
28825		A	Partial amputation of toe	3.71	7.00	7.03	3.07	3.29	0.50	090
28890		A	High energy eswt, plantar f	3.36	4.43	5.13	2.13	2.14	0.41	090
28899		C	Foot/toes surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29000		A	Application of body cast	2.25	3.94	3.58	1.63	1.72	0.41	000
29010		A	Application of body cast	2.06	4.35	3.65	1.62	1.65	0.45	000
29015		A	Application of body cast	2.41	3.58	3.24	1.56	1.57	0.28	000
29020		A	Application of body cast	2.11	3.79	3.49	1.41	1.43	0.28	000
29025		A	Application of body cast	2.40	4.02	3.51	1.77	1.78	0.44	000
29035		A	Application of body cast	1.77	3.67	3.64	1.47	1.52	0.28	000
29040		A	Application of body cast	2.22	3.25	2.92	1.34	1.45	0.36	000
29044		A	Application of body cast	2.12	3.83	3.92	1.65	1.84	0.35	000
29046		A	Application of body cast	2.41	4.46	3.80	1.91	1.98	0.42	000
29049		A	Application of figure eight	0.89	1.11	1.21	0.59	0.56	0.13	000
29055		A	Application of shoulder cast	1.78	2.79	2.90	1.22	1.36	0.30	000
29058		A	Application of shoulder cast	1.31	1.25	1.40	0.67	0.70	0.17	000
29065		A	Application of long arm cast	0.87	1.27	1.30	0.70	0.73	0.15	000
29075		A	Application of forearm cast	0.77	1.23	1.24	0.66	0.67	0.13	000
29085		A	Apply hand/wrist cast	0.87	1.25	1.27	0.68	0.66	0.14	000
29086		A	Apply finger cast	0.62	1.07	1.01	0.55	0.52	0.07	000
29105		A	Apply long arm splint	0.87	1.08	1.16	0.53	0.52	0.12	000
29125		A	Apply forearm splint	0.59	0.96	0.99	0.42	0.41	0.07	000
29126		A	Apply forearm splint	0.77	1.01	1.11	0.48	0.47	0.07	000
29130		A	Application of finger splint	0.50	0.43	0.45	0.18	0.18	0.06	000
29131		A	Application of finger splint	0.55	0.59	0.67	0.24	0.25	0.03	000
29200		A	Strapping of chest	0.65	0.60	0.66	0.34	0.34	0.04	000
29220		A	Strapping of low back	0.64	0.64	0.67	0.38	0.38	0.04	000
29240		A	Strapping of shoulder	0.71	0.68	0.77	0.40	0.38	0.06	000
29260		A	Strapping of elbow or wrist	0.55	0.67	0.70	0.37	0.34	0.05	000
29280		A	Strapping of hand or finger	0.51	0.66	0.73	0.37	0.34	0.03	000
29305		A	Application of hip cast	2.03	3.26	3.32	1.55	1.66	0.35	000
29325		A	Application of hip casts	2.32	3.32	3.49	1.59	1.80	0.40	000
29345		A	Application of long leg cast	1.40	1.65	1.71	0.94	1.00	0.24	000
29355		A	Application of long leg cast	1.53	1.61	1.66	0.93	1.03	0.26	000
29358		A	Apply long leg cast brace	1.43	1.99	2.04	0.91	1.00	0.25	000
29365		A	Application of long leg cast	1.18	1.57	1.62	0.85	0.90	0.20	000
29405		A	Apply short leg cast	0.86	1.18	1.21	0.65	0.68	0.14	000
29425		A	Apply short leg cast	1.01	1.20	1.22	0.65	0.70	0.15	000
29435		A	Apply short leg cast	1.18	1.52	1.54	0.81	0.87	0.20	000
29440		A	Addition of walker to cast	0.57	0.63	0.66	0.26	0.27	0.08	000
29445		A	Apply rigid leg cast	1.78	1.54	1.69	0.88	0.93	0.27	000
29450		A	Application of leg cast	2.08	1.56	1.51	0.88	0.99	0.27	000
29505		A	Application, long leg splint	0.69	1.06	1.12	0.45	0.45	0.08	000
29515		A	Application lower leg splint	0.73	0.94	0.91	0.45	0.46	0.09	000
29520		A	Strapping of hip	0.54	0.65	0.76	0.37	0.42	0.03	000
29530		A	Strapping of knee	0.57	0.65	0.72	0.36	0.35	0.05	000
29540		A	Strapping of ankle and/or ft	0.51	0.53	0.48	0.30	0.31	0.06	000
29550		A	Strapping of toes	0.47	0.54	0.49	0.29	0.29	0.06	000
29580		A	Application of paste boot	0.55	0.70	0.68	0.33	0.34	0.07	000
29590		A	Application of foot splint	0.76	0.58	0.55	0.25	0.28	0.09	000
29700		A	Removal/revision of cast	0.57	0.94	0.92	0.25	0.27	0.08	000
29705		A	Removal/revision of cast	0.76	0.76	0.79	0.36	0.37	0.13	000
29710		A	Removal/revision of cast	1.34	1.30	1.44	0.55	0.64	0.20	000
29715		A	Removal/revision of cast	0.94	1.21	1.18	0.44	0.41	0.09	000

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
29720		A	Repair of body cast	0.68	1.16	1.16	0.35	0.37	0.12	000
29730		A	Windowing of cast	0.75	0.73	0.78	0.33	0.34	0.12	000
29740		A	Wedging of cast	1.12	1.03	1.10	0.47	0.48	0.18	000
29750		A	Wedging of clubfoot cast	1.26	1.05	1.04	0.52	0.54	0.21	000
29799		C	Casting/strapping procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29800		A	Jaw arthroscopy/surgery	6.73	NA	NA	4.64	5.86	0.99	090
29804		A	Jaw arthroscopy/surgery	8.71	NA	NA	5.77	6.68	1.38	090
29805		A	Shoulder arthroscopy, dx	5.94	NA	NA	4.70	5.19	1.02	090
29806		A	Shoulder arthroscopy/surgery	14.95	NA	NA	9.37	10.28	2.50	090
29807		A	Shoulder arthroscopy/surgery	14.48	NA	NA	9.21	10.12	2.42	090
29819		A	Shoulder arthroscopy/surgery	7.68	NA	NA	5.62	6.21	1.32	090
29820		A	Shoulder arthroscopy/surgery	7.12	NA	NA	5.18	5.71	1.22	090
29821		A	Shoulder arthroscopy/surgery	7.78	NA	NA	5.65	6.24	1.33	090
29822		A	Shoulder arthroscopy/surgery	7.49	NA	NA	5.57	6.14	1.28	090
29823		A	Shoulder arthroscopy/surgery	8.24	NA	NA	6.04	6.64	1.41	090
29824		A	Shoulder arthroscopy/surgery	8.82	NA	NA	6.53	7.04	1.42	090
29825		A	Shoulder arthroscopy/surgery	7.68	NA	NA	5.63	6.20	1.32	090
29826		A	Shoulder arthroscopy/surgery	9.05	NA	NA	6.18	6.87	1.55	090
29827		A	Arthroscop rotator cuff repr	15.44	NA	NA	9.33	10.45	2.67	090
29830		A	Elbow arthroscopy	5.80	NA	NA	4.48	4.92	0.99	090
29834		A	Elbow arthroscopy/surgery	6.33	NA	NA	4.85	5.35	1.08	090
29835		A	Elbow arthroscopy/surgery	6.53	NA	NA	4.96	5.43	1.13	090
29836		A	Elbow arthroscopy/surgery	7.61	NA	NA	5.58	6.19	1.22	090
29837		A	Elbow arthroscopy/surgery	6.92	NA	NA	5.06	5.61	1.19	090
29838		A	Elbow arthroscopy/surgery	7.77	NA	NA	5.65	6.28	1.30	090
29840		A	Wrist arthroscopy	5.59	NA	NA	4.60	4.97	0.84	090
29843		A	Wrist arthroscopy/surgery	6.06	NA	NA	4.78	5.23	0.92	090
29844		A	Wrist arthroscopy/surgery	6.42	NA	NA	4.86	5.36	1.04	090
29845		A	Wrist arthroscopy/surgery	7.58	NA	NA	5.58	6.02	0.99	090
29846		A	Wrist arthroscopy/surgery	6.80	NA	NA	5.09	5.58	1.07	090
29847		A	Wrist arthroscopy/surgery	7.13	NA	NA	5.24	5.71	1.08	090
29848		A	Wrist endoscopy/surgery	6.24	NA	NA	5.25	5.44	0.86	090
29850		A	Knee arthroscopy/surgery	8.18	NA	NA	4.71	4.97	1.25	090
29851		A	Knee arthroscopy/surgery	13.08	NA	NA	8.23	9.02	2.35	090
29855		A	Tibial arthroscopy/surgery	10.60	NA	NA	7.28	8.04	1.85	090
29856		A	Tibial arthroscopy/surgery	14.12	NA	NA	8.71	9.70	2.40	090
29860		A	Hip arthroscopy, dx	8.85	NA	NA	6.25	6.60	1.36	090
29861		A	Hip arthroscopy/surgery	9.95	NA	NA	6.39	6.91	1.59	090
29862		A	Hip arthroscopy/surgery	10.97	NA	NA	7.58	8.08	1.62	090
29863		A	Hip arthroscopy/surgery	10.97	NA	NA	7.51	8.02	1.42	090
29866		A	Autgrft implnt, knee w/scope	14.48	NA	NA	9.48	10.43	2.40	090
29867		A	Allgrft implnt, knee w/scope	18.18	NA	NA	11.16	12.21	2.79	090
29868		A	Meniscal trnspl, knee w/scpe	24.89	NA	NA	13.83	15.34	4.36	090
29870		A	Knee arthroscopy, dx	5.11	NA	NA	4.17	4.54	0.85	090
29871		A	Knee arthroscopy/drainage	6.60	NA	NA	5.05	5.46	1.14	090
29873		A	Knee arthroscopy/surgery	6.09	NA	NA	5.58	6.08	1.04	090
29874		A	Knee arthroscopy/surgery	7.10	NA	NA	5.08	5.59	1.11	090
29875		A	Knee arthroscopy/surgery	6.36	NA	NA	4.88	5.37	1.09	090
29876		A	Knee arthroscopy/surgery	8.72	NA	NA	6.19	6.62	1.37	090
29877		A	Knee arthroscopy/surgery	8.15	NA	NA	5.98	6.37	1.28	090
29879		A	Knee arthroscopy/surgery	8.84	NA	NA	6.23	6.68	1.39	090
29880		A	Knee arthroscopy/surgery	9.30	NA	NA	6.43	6.90	1.47	090
29881		A	Knee arthroscopy/surgery	8.56	NA	NA	6.14	6.56	1.34	090
29882		A	Knee arthroscopy/surgery	9.45	NA	NA	6.46	6.86	1.50	090
29883		A	Knee arthroscopy/surgery	11.61	NA	NA	7.59	8.34	1.93	090
29884		A	Knee arthroscopy/surgery	8.13	NA	NA	5.96	6.34	1.27	090
29885		A	Knee arthroscopy/surgery	10.03	NA	NA	7.03	7.51	1.58	090
29886		A	Knee arthroscopy/surgery	8.34	NA	NA	6.03	6.45	1.30	090
29887		A	Knee arthroscopy/surgery	9.98	NA	NA	6.96	7.46	1.57	090
29888		A	Knee arthroscopy/surgery	14.14	NA	NA	8.28	9.26	2.42	090
29889		A	Knee arthroscopy/surgery	17.15	NA	NA	10.63	11.56	2.79	090
29891		A	Ankle arthroscopy/surgery	9.47	NA	NA	6.62	7.08	1.39	090
29892		A	Ankle arthroscopy/surgery	10.07	NA	NA	6.35	7.09	1.41	090
29893		A	Scope, plantar fasciotomy	6.08	8.59	7.49	4.53	4.30	0.63	090
29894		A	Ankle arthroscopy/surgery	7.26	NA	NA	4.68	5.09	1.15	090
29895		A	Ankle arthroscopy/surgery	7.04	NA	NA	4.47	4.99	1.11	090
29897		A	Ankle arthroscopy/surgery	7.23	NA	NA	4.79	5.37	1.17	090
29898		A	Ankle arthroscopy/surgery	8.38	NA	NA	5.19	5.72	1.28	090
29899		A	Ankle arthroscopy/surgery	15.21	NA	NA	9.21	9.90	2.41	090
29900		A	Mcp joint arthroscopy, dx	5.74	NA	NA	4.67	5.29	0.94	090
29901		A	Mcp joint arthroscopy, surg	6.45	NA	NA	5.05	5.74	1.06	090
29902		A	Mcp joint arthroscopy, surg	7.02	NA	NA	4.72	5.46	1.12	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
29999		C	Arthroscopy of joint	0.00	0.00	0.00	0.00	0.00	0.00	YYY
30000		A	Drainage of nose lesion	1.45	3.98	3.98	1.34	1.35	0.12	010
30020		A	Drainage of nose lesion	1.45	4.15	3.66	1.39	1.41	0.12	010
30100		A	Intranasal biopsy	0.94	2.57	2.24	0.75	0.78	0.07	000
30110		A	Removal of nose polyp(s)	1.65	3.88	3.52	1.45	1.49	0.14	010
30115		A	Removal of nose polyp(s)	4.38	NA	NA	5.97	5.79	0.41	090
30117		A	Removal of intranasal lesion	3.20	18.04	15.41	4.90	4.71	0.26	090
30118		A	Removal of intranasal lesion	9.81	NA	NA	8.55	8.76	0.78	090
30120		A	Revision of nose	5.31	7.06	6.75	5.09	5.52	0.52	090
30124		A	Removal of nose lesion	3.14	NA	NA	3.68	3.64	0.25	090
30125		A	Removal of nose lesion	7.21	NA	NA	7.40	7.80	0.63	090
30130		A	Excise inferior turbinate	3.41	NA	NA	5.62	5.55	0.31	090
30140		A	Resect inferior turbinate	3.48	NA	NA	7.07	6.55	0.35	090
30150		A	Partial removal of nose	9.44	NA	NA	9.03	9.96	0.93	090
30160		A	Removal of nose	9.88	NA	NA	8.88	9.43	0.88	090
30200		A	Injection treatment of nose	0.78	2.01	1.80	0.67	0.70	0.06	000
30210		A	Nasal sinus therapy	1.10	2.50	2.27	1.27	1.28	0.09	010
30220		A	Insert nasal septal button	1.56	5.78	4.95	1.43	1.46	0.12	010
30300		A	Remove nasal foreign body	1.06	4.27	4.43	1.86	1.87	0.08	010
30310		A	Remove nasal foreign body	1.98	NA	NA	2.90	2.97	0.16	010
30320		A	Remove nasal foreign body	4.56	NA	NA	6.33	6.63	0.39	090
30400		R	Reconstruction of nose	10.58	NA	NA	13.86	14.67	1.04	090
30410		R	Reconstruction of nose	13.72	NA	NA	15.27	16.68	1.42	090
30420		R	Reconstruction of nose	16.62	NA	NA	15.79	16.70	1.46	090
30430		R	Revision of nose	7.96	NA	NA	13.20	14.55	0.77	090
30435		R	Revision of nose	12.45	NA	NA	15.34	17.27	1.22	090
30450		R	Revision of nose	19.38	NA	NA	16.88	19.30	1.97	090
30460		A	Revision of nose	10.24	NA	NA	7.49	8.68	1.03	090
30462		A	Revision of nose	20.12	NA	NA	14.68	17.44	2.54	090
30465		A	Repair nasal stenosis	12.20	NA	NA	11.07	11.41	1.06	090
30520		A	Repair of nasal septum	6.85	NA	NA	8.03	7.24	0.46	090
30540		A	Repair nasal defect	7.81	NA	NA	8.53	8.66	0.67	090
30545		A	Repair nasal defect	11.50	NA	NA	11.08	11.33	1.71	090
30560		A	Release of nasal adhesions	1.28	5.25	4.96	2.02	2.05	0.10	010
30580		A	Repair upper jaw fistula	6.76	8.17	7.98	4.73	5.26	0.89	090
30600		A	Repair mouth/nose fistula	6.07	7.67	7.57	4.20	4.59	0.70	090
30620		A	Intranasal reconstruction	6.04	NA	NA	8.64	8.65	0.57	090
30630		A	Repair nasal septum defect	7.18	NA	NA	7.72	7.74	0.61	090
30801		A	Ablate inf turbinate, superf	1.11	4.27	4.16	2.11	1.99	0.09	010
30802		A	Cauterization, inner nose	2.05	4.95	4.72	2.51	2.40	0.16	010
30901		A	Control of nosebleed	1.21	1.27	1.30	0.31	0.31	0.11	000
30903		A	Control of nosebleed	1.54	3.26	2.95	0.43	0.46	0.13	000
30905		A	Control of nosebleed	1.97	3.91	3.68	0.51	0.63	0.17	000
30906		A	Repeat control of nosebleed	2.45	4.27	4.03	0.77	0.97	0.20	000
30915		A	Ligation, nasal sinus artery	7.36	NA	NA	6.46	6.48	0.58	090
30920		A	Ligation, upper jaw artery	11.03	NA	NA	8.97	8.85	0.80	090
30930		A	Ther fx, nasal inf turbinate	1.28	NA	NA	1.64	1.61	0.12	010
30999		C	Nasal surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31000		A	Irrigation, maxillary sinus	1.17	3.19	2.98	1.33	1.35	0.09	010
31002		A	Irrigation, sphenoid sinus	1.93	NA	NA	2.67	2.93	0.15	010
31020		A	Exploration, maxillary sinus	2.99	8.56	8.47	5.52	5.29	0.29	090
31030		A	Exploration, maxillary sinus	5.95	10.38	10.84	6.44	6.49	0.60	090
31032		A	Explore sinus, remove polyps	6.61	NA	NA	7.00	7.04	0.59	090
31040		A	Exploration behind upper jaw	9.66	NA	NA	7.38	8.59	0.87	090
31050		A	Exploration, sphenoid sinus	5.31	NA	NA	6.50	6.37	0.49	090
31051		A	Sphenoid sinus surgery	7.16	NA	NA	8.31	8.18	0.62	090
31070		A	Exploration of frontal sinus	4.32	NA	NA	6.17	5.98	0.38	090
31075		A	Exploration of frontal sinus	9.40	NA	NA	9.29	9.40	0.75	090
31080		A	Removal of frontal sinus	12.54	NA	NA	10.75	12.10	1.23	090
31081		A	Removal of frontal sinus	13.99	NA	NA	15.48	14.63	2.47	090
31084		A	Removal of frontal sinus	14.75	NA	NA	12.88	13.04	1.19	090
31085		A	Removal of frontal sinus	15.44	NA	NA	14.48	13.98	1.73	090
31086		A	Removal of frontal sinus	14.16	NA	NA	12.78	12.87	1.07	090
31087		A	Removal of frontal sinus	14.39	NA	NA	11.66	11.96	1.44	090
31090		A	Exploration of sinuses	10.88	NA	NA	13.38	12.80	0.94	090
31200		A	Removal of ethmoid sinus	5.03	NA	NA	7.44	8.33	0.29	090
31201		A	Removal of ethmoid sinus	8.49	NA	NA	8.99	8.97	0.82	090
31205		A	Removal of ethmoid sinus	10.47	NA	NA	9.55	10.72	0.67	090
31225		A	Removal of upper jaw	26.44	NA	NA	17.94	17.65	1.59	090
31230		A	Removal of upper jaw	30.56	NA	NA	19.56	19.08	1.78	090
31231		A	Nasal endoscopy, dx	1.10	3.57	3.44	0.77	0.82	0.09	000
31233		A	Nasal/sinus endoscopy, dx	2.18	4.25	4.22	1.13	1.29	0.20	000

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
31235		A	Nasal/sinus endoscopy, dx	2.64	4.63	4.72	1.27	1.48	0.26	000
31237		A	Nasal/sinus endoscopy, surg	2.98	4.89	4.98	1.40	1.61	0.28	000
31238		A	Nasal/sinus endoscopy, surg	3.26	4.81	4.96	1.49	1.76	0.27	000
31239		A	Nasal/sinus endoscopy, surg	9.23	NA	NA	6.46	7.21	0.62	010
31240		A	Nasal/sinus endoscopy, surg	2.61	NA	NA	1.27	1.48	0.24	000
31254		A	Revision of ethmoid sinus	4.64	NA	NA	1.95	2.36	0.45	000
31255		A	Removal of ethmoid sinus	6.95	NA	NA	2.72	3.37	0.73	000
31256		A	Exploration maxillary sinus	3.29	NA	NA	1.50	1.78	0.33	000
31267		A	Endoscopy, maxillary sinus	5.45	NA	NA	2.22	2.71	0.55	000
31276		A	Sinus endoscopy, surgical	8.84	NA	NA	3.35	4.17	0.92	000
31287		A	Nasal/sinus endoscopy, surg	3.91	NA	NA	1.71	2.05	0.39	000
31288		A	Nasal/sinus endoscopy, surg	4.57	NA	NA	1.93	2.34	0.46	000
31290		A	Nasal/sinus endoscopy, surg	18.50	NA	NA	9.11	10.43	1.40	010
31291		A	Nasal/sinus endoscopy, surg	19.45	NA	NA	9.60	10.90	1.69	010
31292		A	Nasal/sinus endoscopy, surg	15.79	NA	NA	8.11	9.24	1.21	010
31293		A	Nasal/sinus endoscopy, surg	17.36	NA	NA	8.74	9.94	1.28	010
31294		A	Nasal/sinus endoscopy, surg	20.20	NA	NA	9.74	11.17	1.53	010
31299		C	Sinus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31300		A	Removal of larynx lesion	15.71	NA	NA	14.58	14.61	1.17	090
31320		A	Diagnostic incision, larynx	5.62	NA	NA	10.11	10.06	0.46	090
31360		A	Removal of larynx	29.57	NA	NA	20.13	18.12	1.38	090
31365		A	Removal of larynx	38.47	NA	NA	23.08	21.36	1.98	090
31367		A	Partial removal of larynx	30.23	NA	NA	22.55	21.88	1.79	090
31368		A	Partial removal of larynx	33.85	NA	NA	24.64	24.70	2.21	090
31370		A	Partial removal of larynx	27.23	NA	NA	22.16	21.91	1.75	090
31375		A	Partial removal of larynx	25.73	NA	NA	21.16	20.49	1.63	090
31380		A	Partial removal of larynx	25.23	NA	NA	20.80	20.43	1.71	090
31382		A	Partial removal of larynx	28.23	NA	NA	22.72	21.83	1.68	090
31390		A	Removal of larynx & pharynx	42.17	NA	NA	26.07	24.82	2.24	090
31395		A	Reconstruct larynx & pharynx	43.46	NA	NA	28.60	28.01	2.49	090
31400		A	Revision of larynx	11.48	NA	NA	12.47	12.96	0.83	090
31420		A	Removal of epiglottis	11.32	NA	NA	8.59	8.96	0.83	090
31500		A	Insert emergency airway	2.33	NA	NA	0.42	0.49	0.17	000
31502		A	Change of windpipe airway	0.65	NA	NA	0.21	0.24	0.05	000
31505		A	Diagnostic laryngoscopy	0.61	1.42	1.42	0.59	0.60	0.05	000
31510		A	Laryngoscopy with biopsy	1.92	3.21	3.22	1.01	1.12	0.16	000
31511		A	Remove foreign body, larynx	2.16	2.92	2.99	1.03	1.03	0.19	000
31512		A	Removal of larynx lesion	2.07	2.95	3.04	1.06	1.19	0.18	000
31513		A	Injection into vocal cord	2.10	NA	NA	1.09	1.26	0.17	000
31515		A	Laryngoscopy for aspiration	1.80	3.17	3.34	0.88	0.97	0.14	000
31520		A	Dx laryngoscopy, newborn	2.56	NA	NA	1.22	1.37	0.20	000
31525		A	Dx laryngoscopy excl nb	2.63	3.44	3.51	1.24	1.43	0.21	000
31526		A	Dx laryngoscopy w/oper scope	2.57	NA	NA	1.26	1.47	0.21	000
31527		A	Laryngoscopy for treatment	3.27	NA	NA	1.39	1.62	0.26	000
31528		A	Laryngoscopy and dilation	2.37	NA	NA	1.10	1.26	0.19	000
31529		A	Laryngoscopy and dilation	2.68	NA	NA	1.26	1.46	0.22	000
31530		A	Laryngoscopy w/fb removal	3.38	NA	NA	1.46	1.68	0.29	000
31531		A	Laryngoscopy w/fb & op scope	3.58	NA	NA	1.60	1.91	0.29	000
31535		A	Laryngoscopy w/biopsy	3.16	NA	NA	1.45	1.70	0.26	000
31536		A	Laryngoscopy w/bx & op scope	3.55	NA	NA	1.59	1.89	0.29	000
31540		A	Laryngoscopy w/exc of tumor	4.12	NA	NA	1.77	2.12	0.33	000
31541		A	Larynscop w/tumr exc + scope	4.52	NA	NA	1.91	2.31	0.37	000
31545		A	Remove vc lesion w/scope	6.30	NA	NA	2.54	2.96	0.37	000
31546		A	Remove vc lesion scope/graft	9.73	NA	NA	3.47	4.27	0.78	000
31560		A	Laryngoscop w/arytenoidectom	5.45	NA	NA	2.17	2.62	0.43	000
31561		A	Larynscop, remve cart + scop	5.99	NA	NA	2.35	2.82	0.49	000
31570		A	Laryngoscope w/vc inj	3.86	4.25	4.91	1.66	1.99	0.31	000
31571		A	Laryngoscop w/vc inj + scope	4.26	NA	NA	1.83	2.18	0.35	000
31575		A	Diagnostic laryngoscopy	1.10	1.69	1.78	0.76	0.81	0.09	000
31576		A	Laryngoscopy with biopsy	1.97	3.50	3.55	1.05	1.16	0.14	000
31577		A	Remove foreign body, larynx	2.47	3.36	3.54	1.17	1.34	0.21	000
31578		A	Removal of larynx lesion	2.84	3.98	4.08	1.35	1.41	0.23	000
31579		A	Diagnostic laryngoscopy	2.26	2.86	3.29	1.15	1.30	0.18	000
31580		A	Revision of larynx	14.46	NA	NA	13.81	14.81	1.00	090
31582		A	Revision of larynx	22.87	NA	NA	22.55	23.84	1.76	090
31584		A	Treat larynx fracture	20.35	NA	NA	15.29	16.56	1.72	090
31587		A	Revision of larynx	15.12	NA	NA	8.67	8.86	0.97	090
31588		A	Revision of larynx	14.62	NA	NA	12.51	12.88	1.06	090
31590		A	Reinnervate larynx	7.63	NA	NA	12.73	14.02	0.84	090
31595		A	Larynx nerve surgery	8.75	NA	NA	9.62	9.97	0.68	090
31599		C	Larynx surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31600		A	Incision of windpipe	7.17	NA	NA	2.30	2.73	0.80	000

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
31601		A	Incision of windpipe	4.44	NA	NA	1.76	2.06	0.40	000
31603		A	Incision of windpipe	4.14	NA	NA	1.20	1.45	0.44	000
31605		A	Incision of windpipe	3.57	NA	NA	0.82	1.01	0.40	000
31610		A	Incision of windpipe	9.29	NA	NA	7.72	7.90	0.79	090
31611		A	Surgery/speech prosthesis	5.92	NA	NA	7.06	6.97	0.46	090
31612		A	Puncture/clear windpipe	0.91	1.08	1.09	0.26	0.31	0.08	000
31613		A	Repair windpipe opening	4.63	NA	NA	6.11	6.00	0.42	090
31614		A	Repair windpipe opening	8.47	NA	NA	9.56	9.03	0.58	090
31615		A	Visualization of windpipe	2.09	2.37	2.46	1.05	1.11	0.16	000
31620		A	Endobronchial us add-on	1.40	5.96	5.81	0.33	0.44	0.11	ZZZ
31622		A	Dx bronchoscope/wash	2.78	5.19	5.43	0.90	0.98	0.18	000
31623		A	Dx bronchoscope/brush	2.88	5.92	6.19	0.90	0.98	0.13	000
31624		A	Dx bronchoscope/lavage	2.88	5.29	5.54	0.90	0.98	0.13	000
31625		A	Bronchoscopy w/biopsy(s)	3.36	5.43	5.63	1.02	1.12	0.18	000
31628		A	Bronchoscopy/lung bx, each	3.80	6.90	6.98	1.11	1.21	0.18	000
31629		A	Bronchoscopy/needle bx, each	4.09	11.90	13.10	1.18	1.29	0.16	000
31630		A	Bronchoscopy dilate/fx repr	3.81	NA	NA	1.27	1.50	0.32	000
31631		A	Bronchoscopy, dilate w/stent	4.36	NA	NA	1.42	1.59	0.34	000
31632		A	Bronchoscopy/lung bx, add⊥l	1.03	0.85	0.84	0.24	0.28	0.18	ZZZ
31633		A	Bronchoscopy/needle bx add⊥l	1.32	0.98	0.95	0.31	0.36	0.16	ZZZ
31635		A	Bronchoscopy w/fb removal	3.67	5.16	5.64	1.14	1.29	0.24	000
31636		A	Bronchoscopy, bronch stents	4.30	NA	NA	1.35	1.56	0.31	000
31637		A	Bronchoscopy, stent add-on	1.58	NA	NA	0.41	0.49	0.13	ZZZ
31638		A	Bronchoscopy, revise stent	4.88	NA	NA	1.54	1.76	0.22	000
31640		A	Bronchoscopy w/tumor excise	4.93	NA	NA	1.54	1.81	0.46	000
31641		A	Bronchoscopy, treat blockage	5.02	NA	NA	1.50	1.69	0.35	000
31643		A	Diag bronchoscope/catheter	3.49	NA	NA	1.04	1.14	0.20	000
31645		A	Bronchoscopy, clear airways	3.16	4.69	4.93	0.97	1.05	0.16	000
31646		A	Bronchoscopy, reclear airway	2.72	4.38	4.63	0.85	0.93	0.14	000
31656		A	Bronchoscopy, inj for x-ray	2.17	5.69	6.42	0.69	0.76	0.15	000
31715		A	Injection for bronchus x-ray	1.11	NA	NA	0.25	0.30	0.07	000
31717		A	Bronchial brush biopsy	2.12	5.78	7.03	0.72	0.77	0.14	000
31720		A	Clearance of airways	1.06	NA	NA	0.27	0.30	0.07	000
31725		A	Clearance of airways	1.96	NA	NA	0.41	0.50	0.14	000
31730		A	Intro, windpipe wire/tube	2.85	25.45	13.80	0.75	0.88	0.21	000
31750		A	Repair of windpipe	15.19	NA	NA	17.43	17.29	1.05	090
31755		A	Repair of windpipe	17.19	NA	NA	23.90	23.95	1.29	090
31760		A	Repair of windpipe	23.36	NA	NA	9.75	10.23	2.95	090
31766		A	Reconstruction of windpipe	31.58	NA	NA	11.72	12.64	4.53	090
31770		A	Repair/graft of bronchus	23.48	NA	NA	8.55	9.44	2.84	090
31775		A	Reconstruct bronchus	24.51	NA	NA	9.46	10.53	3.02	090
31780		A	Reconstruct windpipe	19.70	NA	NA	8.84	9.83	1.65	090
31781		A	Reconstruct windpipe	24.77	NA	NA	9.67	10.83	2.25	090
31785		A	Remove windpipe lesion	18.29	NA	NA	7.75	8.61	1.59	090
31786		A	Remove windpipe lesion	25.34	NA	NA	9.65	11.40	3.30	090
31800		A	Repair of windpipe injury	8.10	NA	NA	8.64	8.89	0.79	090
31805		A	Repair of windpipe injury	13.34	NA	NA	6.21	6.73	1.83	090
31820		A	Closure of windpipe lesion	4.58	5.83	5.68	3.27	3.42	0.38	090
31825		A	Repair of windpipe defect	6.98	7.43	7.45	4.49	4.86	0.53	090
31830		A	Revise windpipe scar	4.54	5.91	5.79	3.55	3.74	0.44	090
31899		C	Airways surgical procedure	0.00	0.00	1.44	0.00	0.45	0.00	YYY
32000		A	Drainage of chest	1.54	2.39	2.70	0.47	0.46	0.08	000
32002		A	Treatment of collapsed lung	2.19	2.86	3.01	1.04	1.03	0.12	000
32005		A	Treat lung lining chemically	2.19	5.01	5.74	0.59	0.64	0.23	000
32019		A	Insert pleural catheter	4.17	15.00	17.51	1.52	1.57	0.42	000
32020		A	Insertion of chest tube	3.29	NA	NA	0.97	1.16	0.43	000
32035		A	Exploration of chest	11.20	NA	NA	6.04	5.95	1.26	090
32036		A	Exploration of chest	12.21	NA	NA	6.29	6.38	1.43	090
32095		A	Biopsy through chest wall	10.06	NA	NA	5.08	5.24	1.22	090
32100		A	Exploration/biopsy of chest	16.08	NA	NA	6.99	7.42	2.24	090
32110		A	Explore/repair chest	25.15	NA	NA	9.86	10.32	3.22	090
32120		A	Re-exploration of chest	14.27	NA	NA	6.76	6.93	1.63	090
32124		A	Explore chest free adhesions	15.33	NA	NA	6.95	7.10	1.90	090
32140		A	Removal of lung lesion(s)	16.54	NA	NA	7.37	7.54	1.97	090
32141		A	Remove/treat lung lesions	27.10	NA	NA	10.18	8.89	2.01	090
32150		A	Removal of lung lesion(s)	16.70	NA	NA	7.49	7.55	2.01	090
32151		A	Remove lung foreign body	16.82	NA	NA	7.86	8.08	2.04	090
32160		A	Open chest heart massage	13.02	NA	NA	5.83	5.55	1.31	090
32200		A	Drain, open, lung lesion	18.48	NA	NA	8.76	8.69	2.14	090
32201		A	Drain, percut, lung lesion	3.99	19.70	20.04	1.45	1.32	0.24	000
32215		A	Treat chest lining	12.93	NA	NA	6.20	6.58	1.69	090
32220		A	Release of lung	26.41	NA	NA	11.88	12.45	3.57	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
32225		A	Partial release of lung	16.63	NA	NA	7.43	7.56	2.07	090
32310		A	Removal of chest lining	15.16	NA	NA	6.93	7.16	2.00	090
32320		A	Free/remove chest lining	27.04	NA	NA	11.44	11.82	3.52	090
32400		A	Needle biopsy chest lining	1.76	2.14	2.11	0.57	0.54	0.10	000
32402		A	Open biopsy chest lining	8.89	NA	NA	4.68	4.91	1.07	090
32405		A	Biopsy, lung or mediastinum	1.93	0.70	0.66	0.70	0.64	0.11	000
32420		A	Puncture/clear lung	2.18	NA	NA	0.72	0.68	0.12	000
32440		A	Removal of lung	27.17	NA	NA	10.91	11.93	3.69	090
32442		A	Sleeve pneumonectomy	56.37	NA	NA	18.84	16.75	3.85	090
32445		A	Removal of lung	63.60	NA	NA	22.86	18.49	3.72	090
32480		A	Partial removal of lung	25.71	NA	NA	10.19	11.15	3.50	090
32482		A	Bilobectomy	27.28	NA	NA	11.08	12.01	3.67	090
32484		A	Segmentectomy	25.30	NA	NA	9.58	10.49	3.04	090
32486		A	Sleeve lobectomy	42.80	NA	NA	14.66	14.04	3.52	090
32488		A	Completion pneumonectomy	42.83	NA	NA	15.59	14.70	3.81	090
32491		R	Lung volume reduction	25.09	NA	NA	10.44	11.57	2.99	090
32500		A	Partial removal of lung	24.48	NA	NA	10.26	11.33	3.26	090
32501		A	Repair bronchus add-on	4.68	NA	NA	1.35	1.45	0.65	ZZZ
32503		A	Resect apical lung tumor	31.61	NA	NA	12.10	13.61	4.38	090
32504		A	Resect apical lung tum/chest	36.41	NA	NA	13.49	15.12	5.09	090
32540		A	Removal of lung lesion	30.22	NA	NA	11.49	10.68	2.08	090
32601		A	Thoracoscopy, diagnostic	5.45	NA	NA	2.07	2.22	0.80	000
32602		A	Thoracoscopy, diagnostic	5.95	NA	NA	2.23	2.38	0.87	000
32603		A	Thoracoscopy, diagnostic	7.80	NA	NA	2.75	2.93	1.14	000
32604		A	Thoracoscopy, diagnostic	8.77	NA	NA	3.05	3.25	1.25	000
32605		A	Thoracoscopy, diagnostic	6.92	NA	NA	2.58	2.73	1.00	000
32606		A	Thoracoscopy, diagnostic	8.39	NA	NA	2.97	3.16	1.22	000
32650		A	Thoracoscopy, surgical	10.77	NA	NA	5.23	6.00	1.58	090
32651		A	Thoracoscopy, surgical	18.70	NA	NA	7.69	7.47	1.87	090
32652		A	Thoracoscopy, surgical	29.00	NA	NA	11.14	10.65	2.73	090
32653		A	Thoracoscopy, surgical	18.09	NA	NA	7.45	7.22	1.89	090
32654		A	Thoracoscopy, surgical	20.44	NA	NA	7.96	7.75	1.63	090
32655		A	Thoracoscopy, surgical	16.09	NA	NA	6.87	7.08	1.90	090
32656		A	Thoracoscopy, surgical	13.18	NA	NA	5.96	6.96	1.90	090
32657		A	Thoracoscopy, surgical	12.85	NA	NA	5.96	6.84	2.00	090
32658		A	Thoracoscopy, surgical	11.65	NA	NA	5.48	6.44	1.70	090
32659		A	Thoracoscopy, surgical	11.86	NA	NA	5.78	6.64	1.62	090
32660		A	Thoracoscopy, surgical	17.69	NA	NA	7.58	8.51	2.09	090
32661		A	Thoracoscopy, surgical	13.27	NA	NA	6.04	6.94	1.93	090
32662		A	Thoracoscopy, surgical	14.91	NA	NA	6.64	7.74	2.18	090
32663		A	Thoracoscopy, surgical	24.56	NA	NA	9.41	10.10	2.73	090
32664		A	Thoracoscopy, surgical	14.22	NA	NA	5.62	6.75	2.33	090
32665		A	Thoracoscopy, surgical	21.45	NA	NA	8.54	8.35	2.16	090
32800		A	Repair lung hernia	15.59	NA	NA	6.86	7.17	1.99	090
32810		A	Close chest after drainage	14.83	NA	NA	6.98	7.27	1.94	090
32815		A	Close bronchial fistula	49.79	NA	NA	18.63	14.86	3.28	090
32820		A	Reconstruct injured chest	22.33	NA	NA	10.56	11.57	2.53	090
32851		A	Lung transplant, single	40.94	NA	NA	20.18	24.04	5.58	090
32852		A	Lung transplant with bypass	44.65	NA	NA	22.54	28.05	6.02	090
32853		A	Lung transplant, double	50.11	NA	NA	22.79	27.36	7.07	090
32854		A	Lung transplant with bypass	53.88	NA	NA	25.79	30.38	7.22	090
32855		C	Prepare donor lung, single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32856		C	Prepare donor lung, double	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32900		A	Removal of rib(s)	23.69	NA	NA	9.62	9.78	2.94	090
32905		A	Revise & repair chest wall	23.17	NA	NA	9.54	9.85	3.16	090
32906		A	Revise & repair chest wall	29.18	NA	NA	11.04	11.60	3.98	090
32940		A	Revision of lung	21.22	NA	NA	8.50	9.01	2.89	090
32960		A	Therapeutic pneumothorax	1.84	1.61	1.66	0.69	0.62	0.16	000
32997		A	Total lung lavage	7.31	NA	NA	1.85	1.88	0.55	000
32998		A	Perq rf ablate tx, pul tumor	5.68	69.54	68.94	2.00	1.85	0.36	000
32999		C	Chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
33010		A	Drainage of heart sac	2.24	NA	NA	1.00	0.90	0.14	000
33011		A	Repeat drainage of heart sac	2.24	NA	NA	1.09	0.96	0.15	000
33015		A	Incision of heart sac	8.44	NA	NA	5.04	5.00	0.65	090
33020		A	Incision of heart sac	14.87	NA	NA	6.36	6.59	1.80	090
33025		A	Incision of heart sac	13.65	NA	NA	5.83	6.11	1.81	090
33030		A	Partial removal of heart sac	22.27	NA	NA	9.11	9.34	2.84	090
33031		A	Partial removal of heart sac	25.30	NA	NA	9.58	9.87	3.14	090
33050		A	Removal of heart sac lesion	16.85	NA	NA	7.37	7.64	2.15	090
33120		A	Removal of heart lesion	27.33	NA	NA	10.56	11.10	3.70	090
33130		A	Removal of heart lesion	24.05	NA	NA	9.39	9.76	3.01	090
33140		A	Heart revascularize (tmr)	28.26	NA	NA	10.32	10.65	2.86	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
33141		A	Heart tmr w/other procedure	2.54	NA	NA	0.78	1.19	0.69	ZZZ
33202		A	Insert epicard eltrd, open	13.15	NA	NA	6.03	6.16	1.71	090
33203		A	Insert epicard eltrd, endo	13.92	NA	NA	6.09	6.22	1.39	090
33206		A	Insertion of heart pacemaker	7.31	NA	NA	4.96	4.75	0.52	090
33207		A	Insertion of heart pacemaker	8.00	NA	NA	5.06	4.99	0.59	090
33208		A	Insertion of heart pacemaker	8.72	NA	NA	5.47	5.12	0.56	090
33210		A	Insertion of heart electrode	3.30	NA	NA	1.60	1.45	0.18	000
33211		A	Insertion of heart electrode	3.39	NA	NA	1.54	1.45	0.21	000
33212		A	Insertion of pulse generator	5.51	NA	NA	3.59	3.50	0.43	090
33213		A	Insertion of pulse generator	6.36	NA	NA	4.07	3.94	0.45	090
33214		A	Upgrade of pacemaker system	7.78	NA	NA	5.19	5.08	0.58	090
33215		A	Reposition pacing-defib lead	4.89	NA	NA	3.36	3.30	0.37	090
33216		A	Insert lead pace-defib, one	5.81	NA	NA	4.38	4.33	0.36	090
33217		A	Insert lead pace-defib, dual	5.78	NA	NA	4.29	4.30	0.39	090
33218		A	Repair lead pace-defib, one	5.97	NA	NA	4.66	4.51	0.37	090
33220		A	Repair lead pace-defib, dual	6.05	NA	NA	4.62	4.50	0.37	090
33222		A	Revise pocket, pacemaker	5.01	NA	NA	4.18	4.27	0.42	090
33223		A	Revise pocket, pacing-defib	6.49	NA	NA	4.71	4.70	0.45	090
33224		A	Insert pacing lead & connect	9.04	NA	NA	4.73	4.43	0.54	000
33225		A	L ventric pacing lead add-on	8.33	NA	NA	4.18	3.77	0.45	ZZZ
33226		A	Reposition l ventric lead	8.68	NA	NA	4.57	4.26	0.59	000
33233		A	Removal of pacemaker system	3.33	NA	NA	3.16	3.25	0.22	090
33234		A	Removal of pacemaker system	7.85	NA	NA	5.30	5.15	0.56	090
33235		A	Removal pacemaker electrode	9.93	NA	NA	7.01	6.98	0.73	090
33236		A	Remove electrode/thoracotomy	12.64	NA	NA	6.36	6.95	1.69	090
33237		A	Remove electrode/thoracotomy	13.75	NA	NA	7.80	7.77	1.59	090
33238		A	Remove electrode/thoracotomy	15.28	NA	NA	7.98	8.15	2.03	090
33240		A	Insert pulse generator	7.61	NA	NA	5.06	4.88	0.41	090
33241		A	Remove pulse generator	3.26	NA	NA	2.89	2.96	0.18	090
33243		A	Remove eltrd/thoracotomy	23.42	NA	NA	10.84	11.18	2.10	090
33244		A	Remove eltrd, transven	13.84	NA	NA	9.12	9.09	0.99	090
33249		A	Eltrd/insert pace-defib	15.02	NA	NA	9.78	9.19	0.77	090
33250		A	Ablate heart dysrhythm focus	25.78	NA	NA	10.80	10.80	3.19	090
33251		A	Ablate heart dysrhythm focus	28.80	NA	NA	10.97	11.34	3.60	090
33254		A	Ablate atria, lmtd	23.58	NA	NA	9.76	9.88	3.35	090
33255		A	Ablate atria w/o bypass, ext	28.91	NA	NA	11.36	11.50	3.94	090
33256		A	Ablate atria w/bypass, exten	34.77	NA	NA	13.11	13.28	4.95	090
33261		A	Ablate heart dysrhythm focus	28.80	NA	NA	11.63	11.64	3.46	090
33265		A	Ablate atria w/bypass, endo	23.58	NA	NA	9.76	9.88	3.35	090
33266		A	Ablate atria w/o bypass endo	32.91	NA	NA	12.55	12.72	4.80	090
33282		A	Implant pat-active ht record	4.70	NA	NA	4.08	4.09	0.23	090
33284		A	Remove pat-active ht record	3.04	NA	NA	3.26	3.42	0.14	090
33300		A	Repair of heart wound	44.89	NA	NA	15.08	12.25	2.66	090
33305		A	Repair of heart wound	76.85	NA	NA	25.16	17.89	3.13	090
33310		A	Exploratory heart surgery	20.22	NA	NA	8.36	9.05	2.59	090
33315		A	Exploratory heart surgery	26.05	NA	NA	10.35	10.63	3.28	090
33320		A	Repair major blood vessel(s)	18.46	NA	NA	7.93	8.20	2.08	090
33321		A	Repair major vessel	20.71	NA	NA	8.38	9.40	2.91	090
33322		A	Repair major blood vessel(s)	24.30	NA	NA	9.55	10.00	2.86	090
33330		A	Insert major vessel graft	25.17	NA	NA	9.49	9.92	2.82	090
33332		A	Insert major vessel graft	24.46	NA	NA	9.47	10.01	3.03	090
33335		A	Insert major vessel graft	33.79	NA	NA	12.50	12.99	4.28	090
33400		A	Repair of aortic valve	41.37	NA	NA	14.60	15.23	4.11	090
33401		A	Valvuloplasty, open	24.41	NA	NA	10.28	11.81	3.57	090
33403		A	Valvuloplasty, w/cp bypass	25.39	NA	NA	12.17	12.96	3.55	090
33404		A	Prepare heart-aorta conduit	31.25	NA	NA	12.02	13.31	4.33	090
33405		A	Replacement of aortic valve	41.19	NA	NA	15.12	16.76	5.33	090
33406		A	Replacement of aortic valve	52.55	NA	NA	18.40	18.82	5.45	090
33410		A	Replacement of aortic valve	46.28	NA	NA	16.57	16.63	4.69	090
33411		A	Replacement of aortic valve	61.94	NA	NA	21.16	20.01	5.48	090
33412		A	Replacement of aortic valve	43.77	NA	NA	16.27	18.37	6.39	090
33413		A	Replacement of aortic valve	59.74	NA	NA	23.31	21.60	6.53	090
33414		A	Repair of aortic valve	39.29	NA	NA	14.29	14.36	4.57	090
33415		A	Revision, subvalvular tissue	37.19	NA	NA	13.15	12.56	4.14	090
33416		A	Revise ventricle muscle	36.43	NA	NA	13.26	13.43	4.57	090
33417		A	Repair of aortic valve	29.17	NA	NA	11.69	12.72	4.10	090
33420		A	Revision of mitral valve	25.67	NA	NA	9.47	9.44	1.82	090
33422		A	Revision of mitral valve	29.61	NA	NA	11.36	12.69	3.94	090
33425		A	Repair of mitral valve	49.83	NA	NA	17.63	15.38	4.07	090
33426		A	Repair of mitral valve	43.15	NA	NA	15.75	16.49	5.03	090
33427		A	Repair of mitral valve	44.70	NA	NA	15.72	17.59	6.09	090
33430		A	Replacement of mitral valve	50.75	NA	NA	18.57	18.00	5.10	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
33460		A	Revision of tricuspid valve	44.62	NA	NA	14.77	13.16	3.45	090
33463		A	Valvuloplasty, tricuspid	56.95	NA	NA	19.74	16.33	3.87	090
33464		A	Valvuloplasty, tricuspid	44.49	NA	NA	15.85	14.75	4.15	090
33465		A	Replace tricuspid valve	50.59	NA	NA	17.67	15.33	4.39	090
33468		A	Revision of tricuspid valve	32.82	NA	NA	14.95	14.37	4.07	090
33470		A	Revision of pulmonary valve	21.32	NA	NA	7.93	9.44	1.03	090
33471		A	Valvotomy, pulmonary valve	22.83	NA	NA	11.33	9.94	3.39	090
33472		A	Revision of pulmonary valve	22.90	NA	NA	8.80	10.07	3.55	090
33474		A	Revision of pulmonary valve	39.27	NA	NA	13.25	12.73	3.22	090
33475		A	Replacement, pulmonary valve	42.27	NA	NA	15.11	15.34	4.93	090
33476		A	Revision of heart chamber	26.41	NA	NA	10.39	11.35	2.42	090
33478		A	Revision of heart chamber	27.38	NA	NA	11.02	12.03	3.89	090
33496		A	Repair, prosth valve clot	29.71	NA	NA	11.12	11.99	4.13	090
33500		A	Repair heart vessel fistula	27.82	NA	NA	11.00	11.24	3.87	090
33501		A	Repair heart vessel fistula	19.43	NA	NA	8.17	8.24	1.91	090
33502		A	Coronary artery correction	21.69	NA	NA	9.31	10.18	3.00	090
33503		A	Coronary artery graft	22.29	NA	NA	11.18	10.37	1.78	090
33504		A	Coronary artery graft	25.30	NA	NA	10.57	11.12	3.36	090
33505		A	Repair artery w/tunnel	38.35	NA	NA	14.84	13.45	2.19	090
33506		A	Repair artery, translocation	37.80	NA	NA	12.76	14.13	4.66	090
33507		A	Repair art, intramural	31.35	NA	NA	11.10	12.48	4.06	090
33508		A	Endoscopic vein harvest	0.31	NA	NA	0.09	0.10	0.04	ZZZ
33510		A	CABG, vein, single	34.87	NA	NA	12.91	14.67	4.41	090
33511		A	CABG, vein, two	38.34	NA	NA	14.16	15.67	4.56	090
33512		A	CABG, vein, three	43.87	NA	NA	15.94	16.82	4.67	090
33513		A	CABG, vein, four	45.26	NA	NA	16.36	17.15	4.88	090
33514		A	CABG, vein, five	47.97	NA	NA	17.32	17.74	4.77	090
33516		A	Cabg, vein, six or more	49.65	NA	NA	17.93	18.47	5.13	090
33517		A	CABG, artery-vein, single	3.61	NA	NA	1.08	0.97	0.39	ZZZ
33518		A	CABG, artery-vein, two	7.93	NA	NA	2.37	1.98	0.73	ZZZ
33519		A	CABG, artery-vein, three	10.49	NA	NA	3.15	2.74	1.04	ZZZ
33521		A	CABG, artery-vein, four	12.59	NA	NA	3.78	3.44	1.37	ZZZ
33522		A	CABG, artery-vein, five	14.14	NA	NA	4.25	4.04	1.78	ZZZ
33523		A	Cabg, art-vein, six or more	16.08	NA	NA	4.80	4.69	2.13	ZZZ
33530		A	Coronary artery, bypass/reop	10.13	NA	NA	2.96	2.46	0.88	ZZZ
33533		A	CABG, arterial, single	33.64	NA	NA	12.56	14.55	4.56	090
33534		A	CABG, arterial, two	39.77	NA	NA	14.74	16.27	4.70	090
33535		A	CABG, arterial, three	44.64	NA	NA	16.28	17.26	5.03	090
33536		A	Cabg, arterial, four or more	48.32	NA	NA	17.31	17.84	5.44	090
33542		A	Removal of heart lesion	48.08	NA	NA	16.91	15.05	4.38	090
33545		A	Repair of heart damage	56.93	NA	NA	20.10	17.93	5.21	090
33548		A	Restore/remodel, ventricle	53.96	NA	NA	19.36	19.44	5.53	090
33572		A	Open coronary endarterectomy	4.44	NA	NA	1.32	1.39	0.65	ZZZ
33600		A	Closure of valve	30.15	NA	NA	12.08	12.36	4.42	090
33602		A	Closure of valve	29.18	NA	NA	11.26	12.24	3.82	090
33606		A	Anastomosis/artery-aorta	31.37	NA	NA	11.94	12.83	4.41	090
33608		A	Repair anomaly w/conduit	31.72	NA	NA	12.80	13.55	4.74	090
33610		A	Repair by enlargement	31.24	NA	NA	13.56	13.20	4.56	090
33611		A	Repair double ventricle	35.49	NA	NA	12.41	13.30	4.37	090
33612		A	Repair double ventricle	36.49	NA	NA	14.19	14.46	5.30	090
33615		A	Repair, modified fontan	35.76	NA	NA	13.70	13.23	4.32	090
33617		A	Repair single ventricle	38.96	NA	NA	14.02	15.41	5.66	090
33619		A	Repair single ventricle	48.60	NA	NA	18.07	19.46	6.46	090
33641		A	Repair heart septum defect	29.50	NA	NA	10.89	10.25	3.23	090
33645		A	Revision of heart veins	27.98	NA	NA	10.71	11.28	3.79	090
33647		A	Repair heart septum defects	29.37	NA	NA	12.61	13.14	3.32	090
33660		A	Repair of heart defects	31.75	NA	NA	11.76	12.57	4.49	090
33665		A	Repair of heart defects	34.77	NA	NA	12.23	13.06	4.00	090
33670		A	Repair of heart chambers	36.58	NA	NA	15.34	13.74	4.65	090
33675		A	Close mult vsd	35.87	NA	NA	15.47	17.04	4.95	090
33676		A	Close mult vsd w/resection	36.87	NA	NA	15.78	17.37	5.44	090
33677		A	Cl mult vsd w/rem pul band	38.37	NA	NA	16.34	17.99	5.68	090
33681		A	Repair heart septum defect	32.16	NA	NA	12.88	13.84	4.45	090
33684		A	Repair heart septum defect	34.29	NA	NA	13.45	14.57	3.39	090
33688		A	Repair heart septum defect	34.67	NA	NA	11.68	10.70	4.73	090
33690		A	Reinforce pulmonary artery	20.20	NA	NA	8.64	9.39	1.97	090
33692		A	Repair of heart defects	31.38	NA	NA	18.79	14.76	4.58	090
33694		A	Repair of heart defects	35.49	NA	NA	10.04	12.13	5.28	090
33697		A	Repair of heart defects	37.49	NA	NA	16.62	16.63	4.09	090
33702		A	Repair of heart defects	27.11	NA	NA	10.54	11.71	3.68	090
33710		A	Repair of heart defects	30.28	NA	NA	11.28	12.68	4.43	090
33720		A	Repair of heart defect	27.13	NA	NA	10.68	11.55	3.84	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
33722		A	Repair of heart defect	29.05	NA	NA	10.66	11.92	1.30	090
33724		A	Repair venous anomaly	27.55	NA	NA	10.37	10.50	4.00	090
33726		A	Repair pul venous stenosis	37.04	NA	NA	13.22	13.38	5.03	090
33730		A	Repair heart-vein defect(s)	36.01	NA	NA	12.82	13.55	5.03	090
33732		A	Repair heart-vein defect	28.80	NA	NA	12.55	13.34	3.68	090
33735		A	Revision of heart chamber	22.04	NA	NA	10.86	9.67	1.92	090
33736		A	Revision of heart chamber	24.16	NA	NA	11.91	11.68	3.09	090
33737		A	Revision of heart chamber	22.34	NA	NA	9.14	9.77	3.25	090
33750		A	Major vessel shunt	22.06	NA	NA	9.61	10.21	1.16	090
33755		A	Major vessel shunt	22.44	NA	NA	7.77	8.29	3.26	090
33762		A	Major vessel shunt	22.44	NA	NA	8.72	9.17	3.14	090
33764		A	Major vessel shunt & graft	22.44	NA	NA	8.94	9.63	3.01	090
33766		A	Major vessel shunt	23.41	NA	NA	8.46	10.08	3.70	090
33767		A	Major vessel shunt	25.14	NA	NA	8.52	10.27	3.82	090
33768		A	Cavopulmonary shunting	8.00	NA	NA	1.84	2.31	1.19	ZZZ
33770		A	Repair great vessels defect	39.02	NA	NA	11.91	13.07	5.74	090
33771		A	Repair great vessels defect	40.58	NA	NA	13.14	12.33	5.68	090
33774		A	Repair great vessels defect	31.54	NA	NA	12.22	13.47	4.81	090
33775		A	Repair great vessels defect	32.83	NA	NA	10.09	12.54	4.99	090
33776		A	Repair great vessels defect	34.53	NA	NA	10.22	13.53	5.09	090
33777		A	Repair great vessels defect	33.95	NA	NA	9.91	12.76	5.49	090
33778		A	Repair great vessels defect	42.62	NA	NA	14.99	15.98	6.20	090
33779		A	Repair great vessels defect	43.15	NA	NA	12.50	13.75	2.92	090
33780		A	Repair great vessels defect	43.85	NA	NA	13.14	15.87	3.68	090
33781		A	Repair great vessels defect	43.16	NA	NA	11.13	12.74	5.97	090
33786		A	Repair arterial trunk	41.74	NA	NA	14.15	14.98	5.71	090
33788		A	Revision of pulmonary artery	27.26	NA	NA	8.23	10.34	4.03	090
33800		A	Aortic suspension	17.23	NA	NA	6.84	7.55	2.46	090
33802		A	Repair vessel defect	18.24	NA	NA	7.96	8.52	2.27	090
33803		A	Repair vessel defect	20.18	NA	NA	6.38	8.33	3.20	090
33813		A	Repair septal defect	21.23	NA	NA	8.82	9.89	3.13	090
33814		A	Repair septal defect	26.41	NA	NA	10.41	11.53	3.85	090
33820		A	Revise major vessel	16.61	NA	NA	6.98	7.91	2.35	090
33822		A	Revise major vessel	17.63	NA	NA	5.92	7.44	2.68	090
33824		A	Revise major vessel	20.10	NA	NA	8.47	9.24	2.89	090
33840		A	Remove aorta constriction	21.21	NA	NA	9.36	9.76	2.16	090
33845		A	Remove aorta constriction	22.77	NA	NA	9.39	10.40	3.22	090
33851		A	Remove aorta constriction	21.85	NA	NA	8.88	9.82	3.18	090
33852		A	Repair septal defect	24.28	NA	NA	14.27	12.08	2.16	090
33853		A	Repair septal defect	32.35	NA	NA	12.28	13.67	4.48	090
33860		A	Ascending aortic graft	59.33	NA	NA	20.24	18.40	5.76	090
33861		A	Ascending aortic graft	43.94	NA	NA	15.73	16.78	6.37	090
33863		A	Ascending aortic graft	58.71	NA	NA	19.64	19.22	6.59	090
33870		A	Transverse aortic arch graft	45.93	NA	NA	16.30	17.40	6.62	090
33875		A	Thoracic aortic graft	35.68	NA	NA	12.91	13.54	4.89	090
33877		A	Thoracoabdominal graft	68.85	NA	NA	21.04	18.79	5.94	090
33880		A	Endovasc taa repr incl subcl	34.48	NA	NA	10.90	12.12	2.75	090
33881		A	Endovasc taa repr w/o subcl	29.48	NA	NA	9.65	10.74	2.33	090
33883		A	Insert endovasc prosth, taa	20.99	NA	NA	7.21	8.15	2.11	090
33884		A	Endovasc prosth, taa, add-on	8.20	NA	NA	2.09	2.32	0.86	ZZZ
33886		A	Endovasc prosth, delayed	17.99	NA	NA	6.29	7.24	1.80	090
33889		A	Artery transpose/endovas taa	15.92	NA	NA	3.97	4.60	2.18	000
33891		A	Car-car bp grft/endovas taa	20.00	NA	NA	5.80	6.47	2.73	000
33910		A	Remove lung artery emboli	29.59	NA	NA	11.34	11.37	3.70	090
33915		A	Remove lung artery emboli	24.83	NA	NA	9.16	9.44	1.44	090
33916		A	Surgery of great vessel	28.30	NA	NA	10.90	11.11	3.67	090
33917		A	Repair pulmonary artery	25.14	NA	NA	10.04	11.17	3.70	090
33920		A	Repair pulmonary atresia	32.58	NA	NA	9.46	11.95	4.38	090
33922		A	Transect pulmonary artery	24.09	NA	NA	10.19	10.76	3.10	090
33924		A	Remove pulmonary shunt	5.49	NA	NA	1.61	1.82	0.82	ZZZ
33925		A	Rpr pul art unifocal w/o cpb	31.25	NA	NA	15.94	14.34	4.61	090
33926		A	Repr pul art, unifocal w/cpb	44.68	NA	NA	14.86	16.18	6.22	090
33933		C	Prepare donor heart/lung	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33935		R	Transplantation, heart/lung	61.68	NA	NA	22.99	25.92	9.06	090
33944		C	Prepare donor heart	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33945		R	Transplantation of heart	89.08	NA	NA	30.44	25.97	6.26	090
33960		A	External circulation assist	19.33	NA	NA	5.42	5.20	2.67	000
33961		A	External circulation assist	10.91	NA	NA	2.97	3.29	0.88	ZZZ
33967		A	Insert ia percut device	4.84	NA	NA	2.32	2.11	0.35	000
33968		A	Remove aortic assist device	0.64	NA	NA	0.25	0.24	0.07	000
33970		A	Aortic circulation assist	6.74	NA	NA	2.49	2.40	0.82	000
33971		A	Aortic circulation assist	11.91	NA	NA	5.92	5.99	1.25	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
33973		A	Insert balloon device	9.75	NA	NA	3.85	3.59	1.26	000
33974		A	Remove intra-aortic balloon	14.93	NA	NA	7.59	7.77	1.74	090
33975		A	Implant ventricular device	20.97	NA	NA	6.33	6.36	3.07	XXX
33976		A	Implant ventricular device	22.97	NA	NA	7.59	7.62	3.26	XXX
33977		A	Remove ventricular device	20.07	NA	NA	9.40	10.23	2.81	090
33978		A	Remove ventricular device	22.51	NA	NA	10.41	11.09	3.31	090
33979		A	Insert intracorporeal device	45.93	NA	NA	13.34	14.31	6.97	XXX
33980		A	Remove intracorporeal device	64.86	NA	NA	23.15	24.50	8.59	090
33999		C	Cardiac surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
34001		A	Removal of artery clot	17.78	NA	NA	6.35	6.58	1.85	090
34051		A	Removal of artery clot	16.91	NA	NA	7.39	7.50	2.21	090
34101		A	Removal of artery clot	10.85	NA	NA	4.29	4.84	1.41	090
34111		A	Removal of arm artery clot	10.85	NA	NA	4.27	4.84	1.40	090
34151		A	Removal of artery clot	26.41	NA	NA	8.66	9.55	3.56	090
34201		A	Removal of artery clot	19.38	NA	NA	6.53	6.01	1.45	090
34203		A	Removal of leg artery clot	17.73	NA	NA	6.36	7.24	2.36	090
34401		A	Removal of vein clot	26.41	NA	NA	9.28	10.02	3.10	090
34421		A	Removal of vein clot	13.29	NA	NA	5.17	5.74	1.55	090
34451		A	Removal of vein clot	28.41	NA	NA	9.39	10.46	3.84	090
34471		A	Removal of vein clot	21.00	NA	NA	7.81	6.53	1.18	090
34490		A	Removal of vein clot	10.83	NA	NA	4.34	4.90	1.41	090
34501		A	Repair valve, femoral vein	16.74	NA	NA	6.41	7.54	2.35	090
34502		A	Reconstruct vena cava	27.86	NA	NA	10.51	11.44	3.63	090
34510		A	Transposition of vein valve	19.80	NA	NA	7.55	8.43	2.33	090
34520		A	Cross-over vein graft	19.05	NA	NA	7.00	8.10	2.29	090
34530		A	Leg vein fusion	17.77	NA	NA	6.75	7.87	1.74	090
34800		A	Endovas aaa repr w/sm tube	21.46	NA	NA	7.23	8.22	2.46	090
34802		A	Endovas aaa repr w/2-p part	23.71	NA	NA	8.14	8.97	2.33	090
34803		A	Endovas aaa repr w/3-p part	24.74	NA	NA	8.00	9.12	2.01	090
34804		A	Endovas aaa repr w/1–p part	23.71	NA	NA	8.04	8.93	2.30	090
34805		A	Endovas aaa repr w/long tube	22.59	NA	NA	7.25	8.44	2.01	090
34808		A	Endovas iliac a device addon	4.12	NA	NA	1.05	1.22	0.59	ZZZ
34812		A	Xpose for endoprosth, femorl	6.74	NA	NA	1.67	1.96	1.18	000
34813		A	Femoral endovas graft add-on	4.79	NA	NA	1.16	1.37	0.67	ZZZ
34820		A	Xpose for endoprosth, iliac	9.74	NA	NA	2.46	2.85	1.50	000
34825		A	Endovasc extend prosth, init	12.72	NA	NA	5.12	5.63	1.28	090
34826		A	Endovasc exten prosth, add-l	4.12	NA	NA	1.13	1.25	0.44	ZZZ
34830		A	Open aortic tube prosth repr	35.10	NA	NA	10.35	12.09	4.55	090
34831		A	Open aortoiliac prosth repr	37.85	NA	NA	11.29	11.64	4.89	090
34832		A	Open aortofemor prosth repr	37.85	NA	NA	11.78	13.17	4.85	090
34833		A	Xpose for endoprosth, iliac	11.98	NA	NA	3.29	3.86	1.70	000
34834		A	Xpose, endoprosth, brachial	5.34	NA	NA	1.55	1.88	0.76	000
34900		A	Endovasc iliac repr w/graft	16.77	NA	NA	6.04	6.84	2.00	090
35001		A	Repair defect of artery	20.70	NA	NA	7.69	8.61	2.81	090
35002		A	Repair artery rupture, neck	22.12	NA	NA	7.44	8.63	3.00	090
35005		A	Repair defect of artery	19.18	NA	NA	8.58	8.54	1.77	090
35011		A	Repair defect of artery	18.50	NA	NA	6.29	7.16	2.55	090
35013		A	Repair artery rupture, arm	23.10	NA	NA	7.73	8.74	3.10	090
35021		A	Repair defect of artery	22.09	NA	NA	8.44	8.97	2.87	090
35022		A	Repair artery rupture, chest	25.62	NA	NA	10.45	9.98	3.17	090
35045		A	Repair defect of arm artery	17.94	NA	NA	6.26	6.93	2.45	090
35081		A	Repair defect of artery	33.37	NA	NA	10.70	11.14	4.01	090
35082		A	Repair artery rupture, aorta	41.93	NA	NA	12.78	14.09	5.44	090
35091		A	Repair defect of artery	35.35	NA	NA	10.00	11.85	5.14	090
35092		A	Repair artery rupture, aorta	50.81	NA	NA	14.51	16.16	6.40	090
35102		A	Repair defect of artery	36.37	NA	NA	11.29	11.88	4.48	090
35103		A	Repair artery rupture, groin	43.49	NA	NA	12.64	14.34	5.76	090
35111		A	Repair defect of artery	26.17	NA	NA	8.50	9.49	3.47	090
35112		A	Repair artery rupture,spleen	32.44	NA	NA	10.07	11.08	4.08	090
35121		A	Repair defect of artery	31.41	NA	NA	9.96	11.25	4.30	090
35122		A	Repair artery rupture, belly	37.76	NA	NA	11.57	12.77	4.75	090
35131		A	Repair defect of artery	26.29	NA	NA	8.63	9.73	3.80	090
35132		A	Repair artery rupture, groin	32.44	NA	NA	10.30	11.33	4.30	090
35141		A	Repair defect of artery	20.83	NA	NA	6.92	7.95	2.90	090
35142		A	Repair artery rupture, thigh	25.03	NA	NA	8.23	9.32	3.36	090
35151		A	Repair defect of artery	23.61	NA	NA	7.63	8.85	3.24	090
35152		A	Repair artery rupture, knee	27.53	NA	NA	9.09	10.22	3.61	090
35180		A	Repair blood vessel lesion	15.01	NA	NA	6.28	6.52	1.00	090
35182		A	Repair blood vessel lesion	31.58	NA	NA	10.85	11.97	4.36	090
35184		A	Repair blood vessel lesion	18.72	NA	NA	6.48	7.46	2.53	090
35188		A	Repair blood vessel lesion	15.05	NA	NA	6.19	6.92	2.16	090
35189		A	Repair blood vessel lesion	29.85	NA	NA	10.56	11.18	4.01	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
35190		A	Repair blood vessel lesion	13.33	NA	NA	5.22	5.86	1.80	090
35201		A	Repair blood vessel lesion	16.84	NA	NA	6.31	7.17	2.34	090
35206		A	Repair blood vessel lesion	13.76	NA	NA	5.29	5.94	1.87	090
35207		A	Repair blood vessel lesion	10.85	NA	NA	6.62	7.00	1.48	090
35211		A	Repair blood vessel lesion	24.50	NA	NA	9.70	10.22	3.20	090
35216		A	Repair blood vessel lesion	36.47	NA	NA	13.56	11.32	2.65	090
35221		A	Repair blood vessel lesion	26.54	NA	NA	8.35	9.17	3.37	090
35226		A	Repair blood vessel lesion	15.22	NA	NA	5.77	6.62	2.02	090
35231		A	Repair blood vessel lesion	21.08	NA	NA	7.72	8.74	2.89	090
35236		A	Repair blood vessel lesion	17.94	NA	NA	6.29	7.12	2.43	090
35241		A	Repair blood vessel lesion	25.50	NA	NA	10.02	10.55	3.53	090
35246		A	Repair blood vessel lesion	28.15	NA	NA	10.14	11.09	3.86	090
35251		A	Repair blood vessel lesion	31.83	NA	NA	9.45	10.68	4.13	090
35256		A	Repair blood vessel lesion	18.98	NA	NA	6.36	7.40	2.63	090
35261		A	Repair blood vessel lesion	18.88	NA	NA	6.94	7.52	2.61	090
35266		A	Repair blood vessel lesion	15.75	NA	NA	5.46	6.27	2.10	090
35271		A	Repair blood vessel lesion	24.50	NA	NA	9.67	10.09	3.16	090
35276		A	Repair blood vessel lesion	25.72	NA	NA	9.76	10.45	3.49	090
35281		A	Repair blood vessel lesion	29.93	NA	NA	9.27	10.57	3.97	090
35286		A	Repair blood vessel lesion	17.06	NA	NA	6.30	7.20	2.35	090
35301		A	Rechanneling of artery	19.53	NA	NA	6.68	7.59	2.68	090
35302		A	Rechanneling of artery	21.27	NA	NA	6.90	7.06	2.98	090
35303		A	Rechanneling of artery	23.52	NA	NA	7.45	7.63	3.26	090
35304		A	Rechanneling of artery	24.52	NA	NA	7.70	7.88	3.41	090
35305		A	Rechanneling of artery	23.52	NA	NA	7.45	7.63	3.26	090
35306		A	Rechanneling of artery	9.25	NA	NA	2.28	2.35	1.34	ZZZ
35311		A	Rechanneling of artery	28.52	NA	NA	9.63	10.69	3.42	090
35321		A	Rechanneling of artery	16.51	NA	NA	5.77	6.61	2.25	090
35331		A	Rechanneling of artery	27.61	NA	NA	8.81	10.05	3.83	090
35341		A	Rechanneling of artery	26.10	NA	NA	8.23	9.60	3.78	090
35351		A	Rechanneling of artery	24.53	NA	NA	7.65	8.67	3.35	090
35355		A	Rechanneling of artery	19.78	NA	NA	6.35	7.24	2.67	090
35361		A	Rechanneling of artery	30.11	NA	NA	9.60	10.67	4.15	090
35363		A	Rechanneling of artery	32.22	NA	NA	10.45	11.53	4.33	090
35371		A	Rechanneling of artery	15.23	NA	NA	5.32	6.16	2.14	090
35372		A	Rechanneling of artery	18.50	NA	NA	6.12	7.11	2.63	090
35390		A	Reoperation, carotid add-on	3.19	NA	NA	0.82	0.95	0.46	ZZZ
35400		A	Angioscopy	3.00	NA	NA	0.72	0.92	0.43	ZZZ
35450		A	Repair arterial blockage	10.05	NA	NA	2.96	3.30	1.25	000
35452		A	Repair arterial blockage	6.90	NA	NA	2.06	2.34	0.94	000
35454		A	Repair arterial blockage	6.03	NA	NA	1.76	2.05	0.87	000
35456		A	Repair arterial blockage	7.34	NA	NA	2.12	2.47	1.04	000
35458		A	Repair arterial blockage	9.48	NA	NA	2.80	3.15	1.26	000
35459		A	Repair arterial blockage	8.62	NA	NA	2.63	2.88	1.21	000
35460		A	Repair venous blockage	6.03	NA	NA	1.75	2.02	0.83	000
35470		A	Repair arterial blockage	8.62	59.93	74.50	3.39	3.38	0.69	000
35471		A	Repair arterial blockage	10.05	64.34	82.51	4.56	4.27	0.67	000
35472		A	Repair arterial blockage	6.90	46.58	55.56	2.77	2.76	0.58	000
35473		A	Repair arterial blockage	6.03	45.57	52.79	2.46	2.44	0.51	000
35474		A	Repair arterial blockage	7.35	59.20	73.53	2.93	2.91	0.57	000
35475		R	Repair arterial blockage	9.48	48.02	51.97	3.38	3.45	0.62	000
35476		A	Repair venous blockage	6.03	36.79	40.56	2.25	2.26	0.34	000
35480		A	Atherectomy, open	11.06	NA	NA	3.98	4.01	1.28	000
35481		A	Atherectomy, open	7.60	NA	NA	2.58	2.71	1.13	000
35482		A	Atherectomy, open	6.64	NA	NA	2.01	2.30	0.89	000
35483		A	Atherectomy, open	8.09	NA	NA	2.55	2.82	1.15	000
35484		A	Atherectomy, open	10.42	NA	NA	2.90	3.36	1.27	000
35485		A	Atherectomy, open	9.48	NA	NA	2.86	3.22	1.35	000
35490		A	Atherectomy, percutaneous	11.06	NA	NA	5.04	5.09	0.71	000
35491		A	Atherectomy, percutaneous	7.60	NA	NA	3.74	3.55	0.74	000
35492		A	Atherectomy, percutaneous	6.64	NA	NA	3.40	3.33	0.43	000
35493		A	Atherectomy, percutaneous	8.09	NA	NA	3.87	3.88	0.56	000
35494		A	Atherectomy, percutaneous	10.42	NA	NA	5.01	4.76	0.59	000
35495		A	Atherectomy, percutaneous	9.48	NA	NA	4.35	4.42	0.69	000
35500		A	Harvest vein for bypass	6.44	NA	NA	1.60	1.83	0.93	ZZZ
35501		A	Artery bypass graft	28.99	NA	NA	11.04	9.83	4.10	090
35506		A	Artery bypass graft	25.23	NA	NA	8.34	8.92	2.87	090
35508		A	Artery bypass graft	25.99	NA	NA	8.77	9.16	2.78	090
35509		A	Artery bypass graft	27.99	NA	NA	10.74	9.74	3.92	090
35510		A	Artery bypass graft	24.29	NA	NA	7.68	8.94	2.12	090
35511		A	Artery bypass graft	22.12	NA	NA	7.58	8.41	2.91	090
35512		A	Artery bypass graft	23.79	NA	NA	7.47	8.74	2.12	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
35515		A	Artery bypass graft	25.99	NA	NA	9.09	9.07	2.78	090
35516		A	Artery bypass graft	24.11	NA	NA	7.46	7.18	2.34	090
35518		A	Artery bypass graft	22.57	NA	NA	7.36	8.19	3.03	090
35521		A	Artery bypass graft	24.00	NA	NA	7.96	8.92	3.13	090
35522		A	Artery bypass graft	23.05	NA	NA	7.40	8.59	2.12	090
35525		A	Artery bypass graft	21.59	NA	NA	7.03	8.22	2.12	090
35526		A	Artery bypass graft	31.47	NA	NA	13.81	13.92	3.63	090
35531		A	Artery bypass graft	38.98	NA	NA	11.47	13.04	5.18	090
35533		A	Artery bypass graft	29.79	NA	NA	9.50	10.69	3.85	090
35536		A	Artery bypass graft	33.60	NA	NA	9.50	11.39	4.62	090
35537		A	Artery bypass graft	41.75	NA	NA	13.08	13.17	5.72	090
35538		A	Artery bypass graft	46.82	NA	NA	14.44	14.55	6.39	090
35539		A	Artery bypass graft	43.98	NA	NA	13.48	13.65	6.02	090
35540		A	Artery bypass graft	49.20	NA	NA	14.82	15.01	6.76	090
35548		A	Artery bypass graft	22.57	NA	NA	7.73	8.60	2.98	090
35549		A	Artery bypass graft	24.34	NA	NA	8.74	9.63	3.30	090
35551		A	Artery bypass graft	27.72	NA	NA	9.39	10.52	3.75	090
35556		A	Artery bypass graft	26.62	NA	NA	8.63	9.22	3.10	090
35558		A	Artery bypass graft	23.00	NA	NA	7.85	8.73	3.00	090
35560		A	Artery bypass graft	33.90	NA	NA	10.63	11.99	4.75	090
35563		A	Artery bypass graft	25.99	NA	NA	8.84	9.63	3.52	090
35565		A	Artery bypass graft	25.00	NA	NA	8.15	9.19	3.30	090
35566		A	Artery bypass graft	32.22	NA	NA	9.84	10.66	3.83	090
35571		A	Artery bypass graft	25.39	NA	NA	8.08	9.51	3.43	090
35572		A	Harvest femoropopliteal vein	6.81	NA	NA	1.92	2.07	0.99	ZZZ
35583		A	Vein bypass graft	27.62	NA	NA	8.64	9.45	3.17	090
35585		A	Vein bypass graft	32.22	NA	NA	10.10	11.19	4.02	090
35587		A	Vein bypass graft	26.08	NA	NA	8.48	9.99	3.52	090
35600		A	Harvest artery for cabg	4.94	NA	NA	1.53	1.58	0.73	ZZZ
35601		A	Artery bypass graft	26.99	NA	NA	10.38	9.52	3.72	090
35606		A	Artery bypass graft	22.36	NA	NA	7.30	8.21	2.70	090
35612		A	Artery bypass graft	16.71	NA	NA	6.29	7.10	2.09	090
35616		A	Artery bypass graft	21.74	NA	NA	7.09	7.60	2.20	090
35621		A	Artery bypass graft	20.95	NA	NA	6.77	7.76	2.92	090
35623		A	Bypass graft, not vein	25.79	NA	NA	8.43	9.49	3.46	090
35626		A	Artery bypass graft	29.06	NA	NA	10.20	11.09	4.08	090
35631		A	Artery bypass graft	35.90	NA	NA	10.54	12.26	4.96	090
35636		A	Artery bypass graft	31.62	NA	NA	9.72	11.03	4.10	090
35637		A	Artery bypass graft	32.92	NA	NA	10.65	10.83	4.44	090
35638		A	Artery bypass graft	33.47	NA	NA	10.79	10.97	4.52	090
35642		A	Artery bypass graft	18.85	NA	NA	6.20	7.69	2.28	090
35645		A	Artery bypass graft	18.34	NA	NA	7.86	7.97	2.50	090
35646		A	Artery bypass graft	32.84	NA	NA	10.44	11.82	4.44	090
35647		A	Artery bypass graft	29.62	NA	NA	9.65	10.73	3.99	090
35650		A	Artery bypass graft	20.08	NA	NA	6.90	7.61	2.72	090
35651		A	Artery bypass graft	25.97	NA	NA	8.75	9.74	3.36	090
35654		A	Artery bypass graft	26.17	NA	NA	8.34	9.53	3.53	090
35656		A	Artery bypass graft	20.39	NA	NA	6.83	7.75	2.80	090
35661		A	Artery bypass graft	20.22	NA	NA	7.03	8.02	2.72	090
35663		A	Artery bypass graft	23.80	NA	NA	7.92	8.97	3.11	090
35665		A	Artery bypass graft	22.22	NA	NA	7.35	8.44	3.01	090
35666		A	Artery bypass graft	23.53	NA	NA	8.48	9.60	3.16	090
35671		A	Artery bypass graft	20.64	NA	NA	7.61	8.54	2.78	090
35681		A	Composite bypass graft	1.60	NA	NA	0.40	0.47	0.23	ZZZ
35682		A	Composite bypass graft	7.19	NA	NA	1.70	2.05	1.03	ZZZ
35683		A	Composite bypass graft	8.49	NA	NA	1.96	2.41	1.20	ZZZ
35685		A	Bypass graft patency/patch	4.04	NA	NA	0.96	1.16	0.58	ZZZ
35686		A	Bypass graft/av fist patency	3.34	NA	NA	0.84	0.99	0.47	ZZZ
35691		A	Arterial transposition	18.32	NA	NA	5.88	7.21	2.59	090
35693		A	Arterial transposition	15.64	NA	NA	6.10	6.90	2.22	090
35694		A	Arterial transposition	19.19	NA	NA	6.32	7.50	2.70	090
35695		A	Arterial transposition	19.97	NA	NA	6.70	7.61	2.74	090
35697		A	Reimplant artery each	3.00	NA	NA	0.74	0.89	0.41	ZZZ
35700		A	Reoperation, bypass graft	3.08	NA	NA	0.77	0.90	0.44	ZZZ
35701		A	Exploration, carotid artery	9.11	NA	NA	4.31	4.72	1.12	090
35721		A	Exploration, femoral artery	7.66	NA	NA	3.79	4.10	1.03	090
35741		A	Exploration popliteal artery	8.61	NA	NA	3.86	4.28	1.12	090
35761		A	Exploration of artery/vein	5.84	NA	NA	3.42	3.73	0.75	090
35800		A	Explore neck vessels	7.99	NA	NA	3.94	4.30	0.95	090
35820		A	Explore chest vessels	36.81	NA	NA	12.92	10.11	1.95	090
35840		A	Explore abdominal vessels	10.87	NA	NA	4.79	5.05	1.34	090
35860		A	Explore limb vessels	6.72	NA	NA	3.36	3.71	0.78	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
35870		A	Repair vessel graft defect	24.39	NA	NA	7.90	8.88	3.01	090
35875		A	Removal of clot in graft	10.64	NA	NA	4.27	4.74	1.41	090
35876		A	Removal of clot in graft	17.74	NA	NA	5.94	6.75	2.40	090
35879		A	Revise graft w/vein	17.28	NA	NA	5.96	6.85	2.28	090
35881		A	Revise graft w/vein	19.22	NA	NA	6.45	7.60	2.56	090
35883		A	Revise graft w/nonauto graft	23.07	NA	NA	8.45	8.79	3.19	090
35884		A	Revise graft w/vein	24.57	NA	NA	8.89	9.25	3.41	090
35901		A	Excision, graft, neck	8.26	NA	NA	4.23	4.78	1.15	090
35903		A	Excision, graft, extremity	9.44	NA	NA	4.58	5.39	1.30	090
35905		A	Excision, graft, thorax	33.39	NA	NA	10.65	11.93	4.44	090
35907		A	Excision, graft, abdomen	37.14	NA	NA	10.89	12.59	4.92	090
36000		A	Place needle in vein	0.18	0.45	0.51	0.06	0.05	0.01	XXX
36002		A	Pseudoaneurysm injection trt	1.96	2.23	2.53	0.86	0.90	0.17	000
36005		A	Injection ext venography	0.95	8.31	7.97	0.38	0.34	0.05	000
36010		A	Place catheter in vein	2.43	10.97	15.10	0.79	0.78	0.20	XXX
36011		A	Place catheter in vein	3.14	19.38	23.54	1.01	1.02	0.27	XXX
36012		A	Place catheter in vein	3.51	20.00	19.39	1.28	1.21	0.23	XXX
36013		A	Place catheter in artery	2.52	18.38	19.98	0.91	0.81	0.25	XXX
36014		A	Place catheter in artery	3.02	18.75	19.33	1.12	1.05	0.19	XXX
36015		A	Place catheter in artery	3.51	18.34	20.87	1.05	1.10	0.21	XXX
36100		A	Establish access to artery	3.02	10.95	11.54	1.18	1.15	0.26	XXX
36120		A	Establish access to artery	2.01	9.11	9.90	0.60	0.62	0.14	XXX
36140		A	Establish access to artery	2.01	10.28	11.53	0.70	0.67	0.16	XXX
36145		A	Artery to vein shunt	2.01	10.19	11.31	0.66	0.65	0.11	XXX
36160		A	Establish access to aorta	2.52	11.30	12.43	1.04	0.89	0.26	XXX
36200		A	Place catheter in aorta	3.02	13.45	14.95	1.01	1.00	0.24	XXX
36215		A	Place catheter in artery	4.67	25.46	26.21	1.87	1.72	0.27	XXX
36216		A	Place catheter in artery	5.27	27.57	28.24	2.07	1.90	0.31	XXX
36217		A	Place catheter in artery	6.29	45.25	50.18	2.43	2.26	0.44	XXX
36218		A	Place catheter in artery	1.01	3.72	4.39	0.39	0.36	0.07	ZZZ
36245		A	Place catheter in artery	4.67	28.07	30.14	2.06	1.87	0.31	XXX
36246		A	Place catheter in artery	5.27	26.94	28.43	1.97	1.88	0.38	XXX
36247		A	Place catheter in artery	6.29	44.33	46.92	2.33	2.22	0.47	XXX
36248		A	Place catheter in artery	1.01	3.12	3.58	0.38	0.36	0.07	ZZZ
36260		A	Insertion of infusion pump	9.82	NA	NA	4.63	4.79	1.29	090
36261		A	Revision of infusion pump	5.55	NA	NA	3.04	3.37	0.70	090
36262		A	Removal of infusion pump	4.05	NA	NA	2.69	2.72	0.54	090
36299		C	Vessel injection procedure	0.00	0.00	6.30	0.00	6.30	0.00	YYY
36400		A	Bl draw < 3 yrs fem/jugular	0.38	0.28	0.29	0.09	0.10	0.03	XXX
36405		A	Bl draw < 3 yrs scalp vein	0.31	0.27	0.27	0.08	0.08	0.03	XXX
36406		A	Bl draw < 3 yrs other vein	0.18	0.24	0.27	0.04	0.05	0.01	XXX
36410		A	Non-routine bl draw > 3 yrs	0.18	0.31	0.30	0.05	0.05	0.01	XXX
36420		A	Vein access cutdown < 1 yr	1.01	NA	NA	0.21	0.24	0.07	XXX
36425		A	Vein access cutdown > 1 yr	0.76	NA	NA	0.20	0.21	0.06	XXX
36430		A	Blood transfusion service	0.00	0.93	0.97	0.00	0.51	0.06	XXX
36440		A	Bl push transfuse, 2 yr or <	1.03	NA	NA	0.25	0.30	0.10	XXX
36450		A	Bl exchange/transfuse, nb	2.23	NA	NA	0.77	0.74	0.21	XXX
36455		A	Bl exchange/transfuse non-nb	2.43	NA	NA	0.67	0.86	0.15	XXX
36460		A	Transfusion service, fetal	6.58	NA	NA	1.84	2.01	0.79	XXX
36470		A	Injection therapy of vein	1.09	2.38	2.54	0.64	0.69	0.12	010
36471		A	Injection therapy of veins	1.60	2.54	2.81	0.79	0.88	0.19	010
36475		A	Endovenous rf, 1st vein	6.72	35.43	43.52	1.88	2.22	0.37	000
36476		A	Endovenous rf, vein add-on	3.38	6.09	6.96	0.83	1.00	0.18	ZZZ
36478		A	Endovenous laser, 1st vein	6.72	26.65	36.69	2.05	2.29	0.37	000
36479		A	Endovenous laser vein addon	3.38	6.29	7.16	0.95	1.05	0.18	ZZZ
36481		A	Insertion of catheter, vein	6.98	NA	NA	2.35	2.42	0.55	000
36500		A	Insertion of catheter, vein	3.51	NA	NA	1.26	1.30	0.20	000
36510		A	Insertion of catheter, vein	1.09	1.05	2.48	0.29	0.46	0.10	000
36511		A	Apheresis wbc	1.74	NA	NA	0.58	0.65	0.08	000
36512		A	Apheresis rbc	1.74	NA	NA	0.61	0.68	0.08	000
36513		A	Apheresis platelets	1.74	NA	NA	0.55	0.64	0.17	000
36514		A	Apheresis plasma	1.74	10.41	13.69	0.54	0.63	0.08	000
36515		A	Apheresis, adsorp/reinfuse	1.74	45.00	55.61	0.48	0.58	0.08	000
36516		A	Apheresis, selective	1.22	48.74	66.49	0.39	0.44	0.08	000
36522		A	Photopheresis	1.67	37.04	34.36	0.94	0.94	0.13	000
36550		A	Declot vascular device	0.00	0.32	0.35	0.06	0.23	0.37	XXX
36555		A	Insert non-tunnel cv cath	2.68	3.77	4.82	0.59	0.70	0.11	000
36556		A	Insert non-tunnel cv cath	2.50	2.83	4.23	0.56	0.65	0.19	000
36557		A	Insert tunneled cv cath	5.11	14.84	17.90	2.26	2.45	0.57	010
36558		A	Insert tunneled cv cath	4.81	14.71	17.82	2.36	2.43	0.57	010
36560		A	Insert tunneled cv cath	6.26	21.07	25.32	2.69	2.83	0.57	010
36561		A	Insert tunneled cv cath	6.01	22.02	25.76	2.64	2.78	0.57	010

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
36563		A	Insert tunneled cv cath	6.21	22.86	24.79	2.59	2.79	0.84	010
36565		A	Insert tunneled cv cath	6.01	17.33	21.04	2.47	2.71	0.57	010
36566		A	Insert tunneled cv cath	6.51	110.45	68.26	2.59	2.86	0.57	010
36568		A	Insert picc cath	1.92	5.81	6.62	0.60	0.58	0.11	000
36569		A	Insert picc cath	1.82	4.44	5.85	0.67	0.60	0.19	000
36570		A	Insert picvad cath	5.33	20.99	27.31	2.10	2.44	0.57	010
36571		A	Insert picvad cath	5.31	24.25	28.75	2.44	2.56	0.57	010
36575		A	Repair tunneled cv cath	0.67	3.27	3.65	0.23	0.24	0.20	000
36576		A	Repair tunneled cv cath	3.21	5.86	6.37	1.56	1.69	0.19	010
36578		A	Replace tunneled cv cath	3.51	9.10	10.05	2.00	2.12	0.19	010
36580		A	Replace cvad cath	1.31	3.93	5.42	0.43	0.42	0.19	000
36581		A	Replace tunneled cv cath	3.45	15.37	17.34	1.74	1.80	0.19	010
36582		A	Replace tunneled cv cath	5.21	21.33	23.45	2.46	2.62	0.19	010
36583		A	Replace tunneled cv cath	5.26	21.33	23.46	2.49	2.65	0.19	010
36584		A	Replace picc cath	1.20	3.94	5.42	0.62	0.57	0.19	000
36585		A	Replace picvad cath	4.81	22.31	24.96	2.44	2.54	0.19	010
36589		A	Removal tunneled cv cath	2.27	1.85	2.04	1.23	1.30	0.24	010
36590		A	Removal tunneled cv cath	3.32	3.60	3.48	1.60	1.65	0.44	010
36595		A	Mech remov tunneled cv cath	3.59	10.76	13.92	1.39	1.39	0.21	000
36596		A	Mech remov tunneled cv cath	0.75	2.56	3.11	0.43	0.46	0.05	000
36597		A	Reposition venous catheter	1.21	2.03	2.20	0.46	0.44	0.07	000
36598		T	Inj w/fluor, eval cv device	0.74	2.19	2.41	0.27	1.45	0.05	000
36600		A	Withdrawal of arterial blood	0.32	0.49	0.49	0.07	0.08	0.02	XXX
36620		A	Insertion catheter, artery	1.15	NA	NA	0.15	0.20	0.07	000
36625		A	Insertion catheter, artery	2.11	NA	NA	0.51	0.52	0.26	000
36640		A	Insertion catheter, artery	2.10	NA	NA	0.91	0.98	0.21	000
36660		A	Insertion catheter, artery	1.40	NA	NA	0.40	0.39	0.14	000
36680		A	Insert needle, bone cavity	1.20	NA	NA	0.28	0.39	0.11	000
36800		A	Insertion of cannula	2.43	NA	NA	1.52	1.67	0.25	000
36810		A	Insertion of cannula	3.96	NA	NA	1.32	1.51	0.45	000
36815		A	Insertion of cannula	2.62	NA	NA	1.04	1.11	0.35	000
36818		A	Av fuse, uppr arm, cephalic	11.81	NA	NA	4.48	5.31	1.90	090
36819		A	Av fuse, uppr arm, basilic	14.39	NA	NA	5.11	5.76	1.96	090
36820		A	Av fusion/forearm vein	14.39	NA	NA	5.24	5.82	1.95	090
36821		A	Av fusion direct any site	9.15	NA	NA	3.93	4.30	1.23	090
36822		A	Insertion of cannula(s)	5.51	NA	NA	3.73	4.06	0.79	090
36823		A	Insertion of cannula(s)	22.82	NA	NA	8.63	9.03	2.89	090
36825		A	Artery-vein autograft	10.00	NA	NA	4.21	4.65	1.35	090
36830		A	Artery-vein nonautograft	12.00	NA	NA	4.12	4.69	1.66	090
36831		A	Open thrombect av fistula	8.01	NA	NA	3.18	3.57	1.09	090
36832		A	Av fistula revision, open	10.50	NA	NA	3.74	4.25	1.44	090
36833		A	Av fistula revision	11.95	NA	NA	4.11	4.68	1.65	090
36834		A	Repair A–V aneurysm	11.11	NA	NA	4.20	4.52	1.37	090
36835		A	Artery to vein shunt	7.43	NA	NA	3.73	4.05	0.98	090
36838		A	Dist revas ligation, hemo	21.59	NA	NA	7.03	8.22	3.02	090
36860		A	External cannula declotting	2.01	3.33	2.55	0.63	0.66	0.11	000
36861		A	Cannula declotting	2.52	NA	NA	1.22	1.35	0.27	000
36870		A	Percut thrombect av fistula	5.17	40.42	46.50	2.77	2.92	0.29	090
37140		A	Revision of circulation	25.12	NA	NA	8.95	9.70	2.02	090
37145		A	Revision of circulation	26.13	NA	NA	10.29	10.37	3.26	090
37160		A	Revision of circulation	23.13	NA	NA	7.87	8.60	2.82	090
37180		A	Revision of circulation	26.13	NA	NA	9.32	9.75	3.35	090
37181		A	Splice spleen/kidney veins	28.26	NA	NA	8.83	10.00	3.41	090
37182		A	Insert hepatic shunt (tips)	16.97	NA	NA	6.41	6.02	1.00	000
37183		A	Remove hepatic shunt (tips)	7.99	NA	NA	3.12	2.97	0.47	000
37184		A	Prim art mech thrombectomy	8.66	49.36	60.20	3.24	3.22	0.55	000
37185		A	Prim art m-thrombect add-on	3.28	16.17	19.40	1.12	1.09	0.21	ZZZ
37186		A	Sec art m-thrombect add-on	4.92	34.32	41.56	1.78	1.66	0.32	ZZZ
37187		A	Venous mech thrombectomy	8.03	47.81	58.74	3.02	3.01	0.51	000
37188		A	Venous m-thrombectomy add-on	5.71	41.84	51.67	2.20	2.23	0.37	000
37195		C	Thrombolytic therapy, stroke	0.00	0.00	4.03	0.00	4.03	0.00	XXX
37200		A	Transcatheter biopsy	4.55	NA	NA	1.67	1.53	0.27	000
37201		A	Transcatheter therapy infuse	4.99	NA	NA	2.33	2.40	0.33	000
37202		A	Transcatheter therapy infuse	5.67	NA	NA	3.28	3.18	0.43	000
37203		A	Transcatheter retrieval	5.02	29.76	31.17	2.08	2.01	0.29	000
37204		A	Transcatheter occlusion	18.11	NA	NA	6.29	5.93	1.48	000
37205		A	Transcath iv stent, percut	8.27	73.69	27.08	3.20	3.58	0.60	000
37206		A	Transcath iv stent/perc addl	4.12	62.08	21.67	1.55	1.49	0.31	ZZZ
37207		A	Transcath iv stent, open	8.27	NA	NA	2.38	2.78	1.17	000
37208		A	Transcath iv stent/open addl	4.12	NA	NA	1.01	1.20	0.59	ZZZ
37209		A	Change iv cath at thromb tx	2.27	NA	NA	0.78	0.74	0.15	000
37210		A	Embolization uterine fibroid	10.60	82.44	80.73	3.71	3.32	0.60	000

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
37215		R	Transcath stent, cca w/eps	19.58	NA	NA	9.70	9.46	1.09	090
37216		N	Transcath stent, cca w/o eps	18.85	NA	NA	5.75	7.28	1.04	090
37250		A	Iv us first vessel add-on	2.10	NA	NA	0.75	0.76	0.21	ZZZ
37251		A	Iv us each add vessel add-on	1.60	NA	NA	0.49	0.52	0.19	ZZZ
37500		A	Endoscopy ligate perf veins	11.54	NA	NA	5.34	6.11	1.54	090
37501		C	Vascular endoscopy procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
37565		A	Ligation of neck vein	11.97	NA	NA	5.15	5.38	1.33	090
37600		A	Ligation of neck artery	12.34	NA	NA	4.92	5.76	1.41	090
37605		A	Ligation of neck artery	14.20	NA	NA	5.48	6.21	1.99	090
37606		A	Ligation of neck artery	8.72	NA	NA	4.85	4.71	1.23	090
37607		A	Ligation of a-v fistula	6.19	NA	NA	3.01	3.30	0.85	090
37609		A	Temporal artery procedure	3.02	4.17	4.34	1.82	1.89	0.36	010
37615		A	Ligation of neck artery	7.72	NA	NA	4.10	4.09	0.68	090
37616		A	Ligation of chest artery	18.89	NA	NA	7.92	8.00	2.33	090
37617		A	Ligation of abdomen artery	23.71	NA	NA	7.91	8.54	2.98	090
37618		A	Ligation of extremity artery	5.95	NA	NA	3.35	3.48	0.67	090
37620		A	Revision of major vein	11.49	NA	NA	5.45	5.50	0.91	090
37650		A	Revision of major vein	8.41	NA	NA	3.99	4.37	1.01	090
37660		A	Revision of major vein	22.20	NA	NA	7.63	8.40	2.49	090
37700		A	Revise leg vein	3.76	NA	NA	2.37	2.59	0.53	090
37718		A	Ligate/strip short leg vein	7.05	NA	NA	3.46	3.77	0.14	090
37722		A	Ligate/strip long leg vein	8.08	NA	NA	3.67	4.06	0.86	090
37735		A	Removal of leg veins/lesion	10.81	NA	NA	4.67	5.08	1.48	090
37760		A	Ligation, leg veins, open	10.69	NA	NA	4.47	4.92	1.44	090
37765		A	Phleb veins—extrem—to 20	7.63	NA	NA	3.57	4.10	0.48	090
37766		A	Phleb veins—extrem 20+	9.58	NA	NA	4.12	4.71	0.48	090
37780		A	Revision of leg vein	3.87	NA	NA	2.37	2.63	0.53	090
37785		A	Ligate/divide/excise vein	3.87	4.87	5.04	2.56	2.65	0.54	090
37788		A	Revascularization, penis	23.21	NA	NA	12.19	10.63	2.26	090
37790		A	Penile venous occlusion	8.37	NA	NA	5.16	4.76	0.59	090
37799		C	Vascular surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38100		A	Removal of spleen, total	19.47	NA	NA	6.83	6.51	1.92	090
38101		A	Removal of spleen, partial	19.47	NA	NA	6.93	6.79	2.05	090
38102		A	Removal of spleen, total	4.79	NA	NA	1.23	1.44	0.63	ZZZ
38115		A	Repair of ruptured spleen	21.80	NA	NA	7.43	7.06	2.09	090
38120		A	Laparoscopy, splenectomy	16.97	NA	NA	6.91	7.15	2.25	090
38129		C	Laparoscope proc, spleen	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38200		A	Injection for spleen x-ray	2.64	NA	NA	1.11	0.98	0.14	000
38204		B	Bl donor search management	2.00	0.46	0.76	0.46	0.76	0.06	XXX
38205		R	Harvest allogenic stem cells	1.50	NA	NA	0.54	0.61	0.07	000
38206		R	Harvest auto stem cells	1.50	NA	NA	0.55	0.61	0.07	000
38207		I	Cryopreserve stem cells	0.89	0.40	0.41	0.40	0.41	0.01	XXX
38208		I	Thaw preserved stem cells	0.56	0.25	0.25	0.25	0.25	0.02	XXX
38209		I	Wash harvest stem cells	0.24	0.11	0.11	0.11	0.11	0.01	XXX
38210		I	T-cell depletion of harvest	1.57	0.71	0.72	0.71	0.72	0.03	XXX
38211		I	Tumor cell deplete of harvst	1.42	0.65	0.65	0.65	0.65	0.02	XXX
38212		I	Rbc depletion of harvest	0.94	0.43	0.43	0.43	0.43	0.02	XXX
38213		I	Platelet deplete of harvest	0.24	0.11	0.11	0.11	0.11	0.01	XXX
38214		I	Volume deplete of harvest	0.81	0.37	0.37	0.37	0.37	0.01	XXX
38215		I	Harvest stem cell concentrte	0.94	0.43	0.43	0.43	0.43	0.02	XXX
38220		A	Bone marrow aspiration	1.08	2.66	3.19	0.45	0.48	0.05	XXX
38221		A	Bone marrow biopsy	1.37	2.77	3.35	0.58	0.61	0.07	XXX
38230		R	Bone marrow collection	4.80	NA	NA	3.14	3.13	0.48	010
38240		R	Bone marrow/stem transplant	2.24	NA	NA	0.95	0.99	0.11	XXX
38241		R	Bone marrow/stem transplant	2.24	NA	NA	0.95	1.00	0.11	XXX
38242		A	Lymphocyte infuse transplant	1.71	NA	NA	0.69	0.74	0.08	000
38300		A	Drainage, lymph node lesion	2.28	4.18	4.14	2.02	1.99	0.25	010
38305		A	Drainage, lymph node lesion	6.55	NA	NA	4.19	4.18	0.88	090
38308		A	Incision of lymph channels	6.73	NA	NA	3.53	3.64	0.85	090
38380		A	Thoracic duct procedure	8.34	NA	NA	5.04	5.31	0.74	090
38381		A	Thoracic duct procedure	13.32	NA	NA	6.07	6.48	1.85	090
38382		A	Thoracic duct procedure	10.51	NA	NA	5.43	5.60	1.37	090
38500		A	Biopsy/removal, lymph nodes	3.76	3.72	3.71	2.02	2.05	0.49	010
38505		A	Needle biopsy, lymph nodes	1.14	2.10	2.06	0.74	0.75	0.09	000
38510		A	Biopsy/removal, lymph nodes	6.69	5.36	5.43	3.09	3.27	0.72	010
38520		A	Biopsy/removal, lymph nodes	6.95	NA	NA	3.74	3.89	0.84	090
38525		A	Biopsy/removal, lymph nodes	6.35	NA	NA	3.45	3.37	0.80	090
38530		A	Biopsy/removal, lymph nodes	8.26	NA	NA	4.09	4.24	1.12	090
38542		A	Explore deep node(s), neck	6.08	NA	NA	3.97	4.19	0.60	090
38550		A	Removal, neck/armpit lesion	6.99	NA	NA	4.25	4.08	0.88	090
38555		A	Removal, neck/armpit lesion	15.42	NA	NA	7.45	7.96	1.76	090
38562		A	Removal, pelvic lymph nodes	10.92	NA	NA	5.77	5.77	1.20	090

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38564		A	Removal, abdomen lymph nodes	11.29	NA	NA	5.21	5.23	1.32	090
38570		A	Laparoscopy, lymph node biop	9.28	NA	NA	4.06	4.01	1.13	010
38571		A	Laparoscopy, lymphadenectomy	14.70	NA	NA	6.90	6.28	1.15	010
38572		A	Laparoscopy, lymphadenectomy	16.86	NA	NA	5.99	6.57	1.91	010
38589		C	Laparoscope proc, lymphatic	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38700		A	Removal of lymph nodes, neck	12.68	NA	NA	6.54	6.30	0.72	090
38720		A	Removal of lymph nodes, neck	21.72	NA	NA	10.23	9.65	1.20	090
38724		A	Removal of lymph nodes, neck	23.72	NA	NA	11.00	10.25	1.28	090
38740		A	Remove armpit lymph nodes	10.57	NA	NA	4.98	4.97	1.32	090
38745		A	Remove armpit lymph nodes	13.71	NA	NA	6.04	6.06	1.74	090
38746		A	Remove thoracic lymph nodes	4.88	NA	NA	1.43	1.52	0.72	ZZZ
38747		A	Remove abdominal lymph nodes	4.88	NA	NA	1.27	1.47	0.64	ZZZ
38760		A	Remove groin lymph nodes	13.49	NA	NA	5.91	6.03	1.72	090
38765		A	Remove groin lymph nodes	21.78	NA	NA	8.38	8.64	2.48	090
38770		A	Remove pelvis lymph nodes	13.98	NA	NA	6.77	6.29	1.40	090
38780		A	Remove abdomen lymph nodes	17.56	NA	NA	8.03	8.12	1.89	090
38790		A	Inject for lymphatic x-ray	1.29	NA	NA	0.75	0.75	0.13	000
38792		A	Identify sentinel node	0.52	NA	NA	0.49	0.46	0.06	000
38794		A	Access thoracic lymph duct	4.51	NA	NA	3.18	3.26	0.32	090
38999		C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39000		A	Exploration of chest	7.49	NA	NA	4.26	4.47	0.89	090
39010		A	Exploration of chest	13.11	NA	NA	5.99	6.79	1.76	090
39200		A	Removal chest lesion	15.04	NA	NA	6.20	6.87	2.03	090
39220		A	Removal chest lesion	19.47	NA	NA	8.00	8.69	2.46	090
39400		A	Visualization of chest	8.00	NA	NA	4.14	4.50	0.82	010
39499		C	Chest procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39501		A	Repair diaphragm laceration	13.89	NA	NA	5.81	6.15	1.78	090
39502		A	Repair paraesophageal hernia	17.09	NA	NA	6.57	6.86	2.17	090
39503		A	Repair of diaphragm hernia	108.67	NA	NA	26.87	30.78	10.98	090
39520		A	Repair of diaphragm hernia	16.63	NA	NA	6.79	7.44	2.24	090
39530		A	Repair of diaphragm hernia	16.22	NA	NA	6.22	6.71	2.11	090
39531		A	Repair of diaphragm hernia	17.23	NA	NA	6.58	6.98	2.22	090
39540		A	Repair of diaphragm hernia	14.51	NA	NA	5.73	5.96	1.80	090
39541		A	Repair of diaphragm hernia	15.67	NA	NA	6.05	6.34	1.93	090
39545		A	Revision of diaphragm	14.58	NA	NA	6.87	7.26	1.84	090
39560		A	Resect diaphragm, simple	12.97	NA	NA	5.52	5.91	1.59	090
39561		A	Resect diaphragm, complex	19.75	NA	NA	9.30	9.33	2.45	090
39599		C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40490		A	Biopsy of lip	1.22	2.09	1.86	0.59	0.60	0.05	000
40500		A	Partial excision of lip	4.35	7.88	7.37	4.36	4.33	0.38	090
40510		A	Partial excision of lip	4.74	6.73	6.64	3.63	3.80	0.49	090
40520		A	Partial excision of lip	4.71	6.98	7.25	3.82	3.96	0.52	090
40525		A	Reconstruct lip with flap	7.61	NA	NA	5.35	5.82	0.85	090
40527		A	Reconstruct lip with flap	9.20	NA	NA	6.16	6.73	0.97	090
40530		A	Partial removal of lip	5.45	7.57	7.66	4.27	4.40	0.55	090
40650		A	Repair lip	3.69	5.93	6.36	3.15	3.22	0.38	090
40652		A	Repair lip	4.32	7.23	7.46	4.11	4.18	0.52	090
40654		A	Repair lip	5.37	8.06	8.34	4.68	4.81	0.60	090
40700		A	Repair cleft lip/nasal	13.97	NA	NA	8.71	8.99	0.95	090
40701		A	Repair cleft lip/nasal	17.03	NA	NA	7.83	10.18	1.65	090
40702		A	Repair cleft lip/nasal	14.09	NA	NA	5.83	7.29	1.23	090
40720		A	Repair cleft lip/nasal	14.54	NA	NA	9.55	9.66	1.80	090
40761		A	Repair cleft lip/nasal	15.69	NA	NA	9.32	9.75	1.94	090
40799		C	Lip surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40800		A	Drainage of mouth lesion	1.19	3.83	3.40	1.88	1.83	0.13	010
40801		A	Drainage of mouth lesion	2.57	4.88	4.45	2.59	2.66	0.31	010
40804		A	Removal, foreign body, mouth	1.26	3.77	3.56	1.83	1.83	0.11	010
40805		A	Removal, foreign body, mouth	2.73	5.12	4.79	2.66	2.73	0.32	010
40806		A	Incision of lip fold	0.31	2.41	2.12	0.51	0.50	0.04	000
40808		A	Biopsy of mouth lesion	0.98	3.59	3.11	1.62	1.55	0.10	010
40810		A	Excision of mouth lesion	1.33	3.67	3.26	1.72	1.68	0.13	010
40812		A	Excise/repair mouth lesion	2.33	4.54	4.13	2.29	2.34	0.28	010
40814		A	Excise/repair mouth lesion	3.45	5.69	5.30	3.70	3.79	0.41	090
40816		A	Excision of mouth lesion	3.70	5.90	5.52	3.78	3.88	0.40	090
40818		A	Excise oral mucosa for graft	2.72	5.81	5.48	3.74	3.85	0.21	090
40819		A	Excise lip or cheek fold	2.45	4.93	4.50	3.11	3.10	0.29	090
40820		A	Treatment of mouth lesion	1.30	5.28	4.58	2.93	2.67	0.11	010
40830		A	Repair mouth laceration	1.78	4.01	3.88	1.99	2.04	0.19	010
40831		A	Repair mouth laceration	2.50	5.21	4.96	2.69	2.88	0.30	010
40840		R	Reconstruction of mouth	9.03	10.03	9.91	5.63	6.30	1.08	090
40842		R	Reconstruction of mouth	9.03	10.35	10.11	5.81	6.23	1.08	090
40843		R	Reconstruction of mouth	12.62	11.36	11.73	5.81	6.86	1.39	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
40844		R	Reconstruction of mouth	16.57	15.45	15.51	9.34	10.37	2.00	090
40845		R	Reconstruction of mouth	19.13	16.03	16.44	10.26	11.65	2.01	090
40899		C	Mouth surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41000		A	Drainage of mouth lesion	1.32	2.55	2.42	1.33	1.37	0.12	010
41005		A	Drainage of mouth lesion	1.28	4.30	3.80	1.77	1.74	0.12	010
41006		A	Drainage of mouth lesion	3.28	5.46	5.10	2.85	3.00	0.35	090
41007		A	Drainage of mouth lesion	3.14	5.34	5.24	2.73	2.88	0.31	090
41008		A	Drainage of mouth lesion	3.40	5.52	5.09	2.87	3.03	0.42	090
41009		A	Drainage of mouth lesion	3.63	5.85	5.40	3.17	3.37	0.47	090
41010		A	Incision of tongue fold	1.08	3.86	3.56	1.56	1.55	0.07	010
41015		A	Drainage of mouth lesion	4.00	6.30	5.84	4.00	4.06	0.46	090
41016		A	Drainage of mouth lesion	4.11	6.23	5.91	4.08	4.15	0.53	090
41017		A	Drainage of mouth lesion	4.11	6.38	6.00	4.14	4.21	0.53	090
41018		A	Drainage of mouth lesion	5.14	6.77	6.42	4.51	4.52	0.68	090
41100		A	Biopsy of tongue	1.39	2.68	2.53	1.18	1.29	0.15	010
41105		A	Biopsy of tongue	1.44	2.67	2.47	1.20	1.25	0.13	010
41108		A	Biopsy of floor of mouth	1.07	2.51	2.27	1.08	1.10	0.10	010
41110		A	Excision of tongue lesion	1.53	3.64	3.28	1.64	1.63	0.13	010
41112		A	Excision of tongue lesion	2.77	5.25	4.84	3.24	3.22	0.28	090
41113		A	Excision of tongue lesion	3.23	5.52	5.11	3.40	3.43	0.34	090
41114		A	Excision of tongue lesion	8.71	NA	NA	6.33	6.71	0.83	090
41115		A	Excision of tongue fold	1.76	4.19	3.75	1.73	1.80	0.18	010
41116		A	Excision of mouth lesion	2.47	5.54	4.91	2.80	2.78	0.23	090
41120		A	Partial removal of tongue	10.91	NA	NA	14.29	14.64	0.79	090
41130		A	Partial removal of tongue	15.51	NA	NA	15.88	15.83	0.93	090
41135		A	Tongue and neck surgery	29.83	NA	NA	21.89	22.26	1.89	090
41140		A	Removal of tongue	28.81	NA	NA	23.58	24.79	2.27	090
41145		A	Tongue removal, neck surgery	37.59	NA	NA	28.85	29.32	2.55	090
41150		A	Tongue, mouth, jaw surgery	29.52	NA	NA	23.06	23.60	1.95	090
41153		A	Tongue, mouth, neck surgery	33.28	NA	NA	23.98	24.19	2.01	090
41155		A	Tongue, jaw, & neck surgery	43.96	NA	NA	27.67	26.88	2.34	090
41250		A	Repair tongue laceration	1.93	3.83	3.28	1.60	1.39	0.18	010
41251		A	Repair tongue laceration	2.29	3.47	3.32	1.77	1.64	0.22	010
41252		A	Repair tongue laceration	2.99	4.57	4.20	2.13	2.16	0.29	010
41500		A	Fixation of tongue	3.74	NA	NA	7.49	7.31	0.30	090
41510		A	Tongue to lip surgery	3.45	NA	NA	6.42	7.28	0.20	090
41520		A	Reconstruction, tongue fold	2.77	5.77	5.19	3.25	3.43	0.27	090
41599		C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41800		A	Drainage of gum lesion	1.21	4.77	3.68	2.11	1.70	0.12	010
41805		A	Removal foreign body, gum	1.28	4.61	3.66	2.69	2.46	0.13	010
41806		A	Removal foreign body,jawbone	2.73	5.82	4.71	3.35	3.20	0.37	010
41822		R	Excision of gum lesion	2.35	4.80	4.32	1.86	1.85	0.31	010
41823		R	Excision of gum lesion	3.63	6.41	6.00	3.71	3.87	0.47	090
41825		A	Excision of gum lesion	1.35	3.68	3.36	1.47	1.85	0.15	010
41826		A	Excision of gum lesion	2.35	5.09	3.76	2.58	2.35	0.30	010
41827		A	Excision of gum lesion	3.72	6.63	6.07	3.39	3.52	0.35	090
41828		R	Excision of gum lesion	3.11	4.10	3.95	1.66	2.31	0.44	010
41830		R	Removal of gum tissue	3.38	5.98	5.48	3.13	3.38	0.44	010
41872		R	Repair gum	2.90	6.02	5.50	3.30	3.38	0.30	090
41874		R	Repair tooth socket	3.13	5.67	5.27	2.73	2.96	0.45	090
41899		C	Dental surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42000		A	Drainage mouth roof lesion	1.25	2.47	2.50	1.20	1.22	0.12	010
42100		A	Biopsy roof of mouth	1.33	2.27	2.16	1.26	1.31	0.13	010
42104		A	Excision lesion, mouth roof	1.66	3.56	3.03	1.67	1.60	0.16	010
42106		A	Excision lesion, mouth roof	2.12	4.45	3.83	2.08	2.26	0.25	010
42107		A	Excision lesion, mouth roof	4.48	6.53	6.09	3.70	3.81	0.44	090
42120		A	Remove palate/lesion	11.70	NA	NA	12.27	11.90	0.52	090
42140		A	Excision of uvula	1.65	4.55	4.08	2.11	2.08	0.13	090
42145		A	Repair palate, pharynx/uvula	9.63	NA	NA	7.50	7.39	0.65	090
42160		A	Treatment mouth roof lesion	1.82	3.77	3.99	1.69	1.98	0.17	010
42180		A	Repair palate	2.52	3.36	3.19	1.86	1.97	0.21	010
42182		A	Repair palate	3.84	3.99	3.94	2.41	2.72	0.40	010
42200		A	Reconstruct cleft palate	12.41	NA	NA	8.64	9.36	1.27	090
42205		A	Reconstruct cleft palate	13.57	NA	NA	7.37	8.76	1.58	090
42210		A	Reconstruct cleft palate	14.91	NA	NA	10.29	10.80	2.17	090
42215		A	Reconstruct cleft palate	8.88	NA	NA	7.43	8.24	1.31	090
42220		A	Reconstruct cleft palate	7.07	NA	NA	7.20	6.93	0.73	090
42225		A	Reconstruct cleft palate	9.66	NA	NA	12.28	14.65	0.86	090
42226		A	Lengthening of palate	10.24	NA	NA	11.88	13.22	1.01	090
42227		A	Lengthening of palate	9.81	NA	NA	11.19	13.13	0.98	090
42235		A	Repair palate	7.92	NA	NA	10.31	11.09	0.72	090
42260		A	Repair nose to lip fistula	10.10	9.75	9.96	6.08	6.55	1.26	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
42280		A	Preparation, palate mold	1.56	2.23	2.10	0.84	0.99	0.19	010
42281		A	Insertion, palate prosthesis	1.95	3.02	2.79	1.69	1.76	0.17	010
42299		C	Palate/uvula surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42300		A	Drainage of salivary gland	1.95	3.12	2.94	1.74	1.75	0.16	010
42305		A	Drainage of salivary gland	6.23	NA	NA	4.00	4.31	0.51	090
42310		A	Drainage of salivary gland	1.58	2.28	2.25	1.39	1.46	0.13	010
42320		A	Drainage of salivary gland	2.37	3.73	3.47	1.88	1.97	0.21	010
42330		A	Removal of salivary stone	2.23	3.40	3.24	1.74	1.77	0.19	010
42335		A	Removal of salivary stone	3.35	5.75	5.28	2.85	2.97	0.29	090
42340		A	Removal of salivary stone	4.64	6.69	6.30	3.49	3.67	0.42	090
42400		A	Biopsy of salivary gland	0.78	1.99	1.80	0.65	0.68	0.06	000
42405		A	Biopsy of salivary gland	3.31	3.96	3.95	2.16	2.28	0.28	010
42408		A	Excision of salivary cyst	4.58	6.41	6.11	3.28	3.41	0.45	090
42409		A	Drainage of salivary cyst	2.85	5.30	4.87	2.54	2.63	0.27	090
42410		A	Excise parotid gland/lesion	9.46	NA	NA	5.38	5.73	0.91	090
42415		A	Excise parotid gland/lesion	17.99	NA	NA	8.68	9.63	1.43	090
42420		A	Excise parotid gland/lesion	20.87	NA	NA	9.64	10.85	1.65	090
42425		A	Excise parotid gland/lesion	13.31	NA	NA	6.87	7.62	1.05	090
42426		A	Excise parotid gland/lesion	22.54	NA	NA	10.09	11.36	1.81	090
42440		A	Excise submaxillary gland	7.05	NA	NA	3.88	4.28	0.59	090
42450		A	Excise sublingual gland	4.66	6.37	6.06	4.03	4.08	0.42	090
42500		A	Repair salivary duct	4.34	6.11	5.85	3.87	3.99	0.41	090
42505		A	Repair salivary duct	6.23	7.27	7.12	4.73	4.99	0.55	090
42507		A	Parotid duct diversion	6.16	NA	NA	6.33	6.37	0.49	090
42508		A	Parotid duct diversion	9.22	NA	NA	8.07	8.12	1.04	090
42509		A	Parotid duct diversion	11.65	NA	NA	8.93	9.53	0.93	090
42510		A	Parotid duct diversion	8.26	NA	NA	6.95	7.28	0.66	090
42550		A	Injection for salivary x-ray	1.25	2.27	2.71	0.45	0.42	0.07	000
42600		A	Closure of salivary fistula	4.86	6.55	6.56	3.43	3.77	0.43	090
42650		A	Dilation of salivary duct	0.77	1.28	1.18	0.66	0.68	0.07	000
42660		A	Dilation of salivary duct	1.13	1.46	1.40	0.75	0.80	0.09	000
42665		A	Ligation of salivary duct	2.57	4.98	4.53	2.40	2.47	0.23	090
42699		C	Salivary surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42700		A	Drainage of tonsil abscess	1.64	2.96	2.77	1.65	1.66	0.13	010
42720		A	Drainage of throat abscess	6.31	4.72	4.71	3.20	3.45	0.44	010
42725		A	Drainage of throat abscess	12.28	NA	NA	7.07	7.58	0.91	090
42800		A	Biopsy of throat	1.41	2.46	2.29	1.30	1.33	0.11	010
42802		A	Biopsy of throat	1.56	4.11	4.39	1.67	1.84	0.12	010
42804		A	Biopsy of upper nose/throat	1.26	3.56	3.61	1.49	1.59	0.10	010
42806		A	Biopsy of upper nose/throat	1.60	3.81	3.90	1.61	1.75	0.13	010
42808		A	Excise pharynx lesion	2.32	3.22	3.12	1.61	1.75	0.19	010
42809		A	Remove pharynx foreign body	1.83	2.22	2.26	1.31	1.31	0.16	010
42810		A	Excision of neck cyst	3.30	6.19	5.88	3.72	3.58	0.29	090
42815		A	Excision of neck cyst	7.23	NA	NA	6.25	6.25	0.61	090
42820		A	Remove tonsils and adenoids	4.17	NA	NA	2.86	3.03	0.31	090
42821		A	Remove tonsils and adenoids	4.31	NA	NA	3.00	3.21	0.35	090
42825		A	Removal of tonsils	3.45	NA	NA	2.90	2.96	0.25	090
42826		A	Removal of tonsils	3.40	NA	NA	2.69	2.82	0.27	090
42830		A	Removal of adenoids	2.60	NA	NA	2.43	2.46	0.20	090
42831		A	Removal of adenoids	2.75	NA	NA	2.66	2.71	0.22	090
42835		A	Removal of adenoids	2.33	NA	NA	1.76	2.11	0.21	090
42836		A	Removal of adenoids	3.21	NA	NA	2.65	2.77	0.26	090
42842		A	Extensive surgery of throat	12.02	NA	NA	12.03	11.35	0.71	090
42844		A	Extensive surgery of throat	17.57	NA	NA	15.48	15.64	1.16	090
42845		A	Extensive surgery of throat	32.35	NA	NA	21.21	21.88	1.99	090
42860		A	Excision of tonsil tags	2.25	NA	NA	2.30	2.32	0.18	090
42870		A	Excision of lingual tonsil	5.44	NA	NA	8.68	8.51	0.44	090
42890		A	Partial removal of pharynx	18.92	NA	NA	15.27	14.50	1.05	090
42892		A	Revision of pharyngeal walls	25.77	NA	NA	19.24	17.93	1.28	090
42894		A	Revision of pharyngeal walls	33.61	NA	NA	23.59	22.44	1.87	090
42900		A	Repair throat wound	5.26	NA	NA	2.96	3.27	0.50	010
42950		A	Reconstruction of throat	8.16	NA	NA	11.04	11.33	0.72	090
42953		A	Repair throat, esophagus	9.33	NA	NA	13.73	15.40	0.88	090
42955		A	Surgical opening of throat	7.92	NA	NA	10.07	10.25	0.80	090
42960		A	Control throat bleeding	2.35	NA	NA	1.72	1.82	0.19	010
42961		A	Control throat bleeding	5.69	NA	NA	4.50	4.67	0.45	090
42962		A	Control throat bleeding	7.31	NA	NA	5.19	5.48	0.58	090
42970		A	Control nose/throat bleeding	5.76	NA	NA	3.57	3.87	0.39	090
42971		A	Control nose/throat bleeding	6.54	NA	NA	4.52	4.76	0.51	090
42972		A	Control nose/throat bleeding	7.53	NA	NA	5.00	5.27	0.62	090
42999		C	Throat surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43020		A	Incision of esophagus	8.14	NA	NA	4.55	4.95	0.87	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
43030		A	Throat muscle surgery	7.91	NA	NA	4.53	4.96	0.70	090
43045		A	Incision of esophagus	21.70	NA	NA	9.31	10.13	2.59	090
43100		A	Excision of esophagus lesion	9.55	NA	NA	5.21	5.70	0.93	090
43101		A	Excision of esophagus lesion	16.99	NA	NA	7.17	7.54	2.32	090
43107		A	Removal of esophagus	43.97	NA	NA	16.27	17.32	5.24	090
43108		A	Removal of esophagus	82.66	NA	NA	24.57	19.58	4.08	090
43112		A	Removal of esophagus	47.27	NA	NA	17.03	18.20	5.81	090
43113		A	Removal of esophagus	79.85	NA	NA	25.44	20.67	4.43	090
43116		A	Partial removal of esophagus	92.78	NA	NA	30.90	23.47	3.06	090
43117		A	Partial removal of esophagus	43.52	NA	NA	15.19	16.25	5.19	090
43118		A	Partial removal of esophagus	66.86	NA	NA	21.59	17.65	4.11	090
43121		A	Partial removal of esophagus	51.22	NA	NA	18.33	15.99	3.91	090
43122		A	Partial removal of esophagus	43.97	NA	NA	15.61	16.52	5.42	090
43123		A	Partial removal of esophagus	82.91	NA	NA	25.88	19.99	4.16	090
43124		A	Removal of esophagus	68.83	NA	NA	24.51	18.70	3.74	090
43130		A	Removal of esophagus pouch	12.41	NA	NA	6.40	6.91	1.16	090
43135		A	Removal of esophagus pouch	26.09	NA	NA	9.93	9.02	2.34	090
43200		A	Esophagus endoscopy	1.59	3.70	3.89	0.98	1.02	0.13	000
43201		A	Esoph scope w/submucous inj	2.09	5.58	5.10	1.20	1.15	0.15	000
43202		A	Esophagus endoscopy, biopsy	1.89	5.14	5.34	0.99	0.96	0.15	000
43204		A	Esoph scope w/sclerosis inj	3.76	NA	NA	2.02	1.76	0.30	000
43205		A	Esophagus endoscopy/ligation	3.78	NA	NA	2.07	1.80	0.28	000
43215		A	Esophagus endoscopy	2.60	NA	NA	1.29	1.24	0.22	000
43216		A	Esophagus endoscopy/lesion	2.40	3.10	2.07	1.28	1.16	0.20	000
43217		A	Esophagus endoscopy	2.90	6.53	6.74	1.39	1.30	0.26	000
43219		A	Esophagus endoscopy	2.80	NA	NA	1.56	1.45	0.24	000
43220		A	Esoph endoscopy, dilation	2.10	NA	NA	1.13	1.05	0.17	000
43226		A	Esoph endoscopy, dilation	2.34	NA	NA	1.29	1.16	0.19	000
43227		A	Esoph endoscopy, repair	3.59	NA	NA	1.77	1.62	0.28	000
43228		A	Esoph endoscopy, ablation	3.76	NA	NA	1.90	1.72	0.34	000
43231		A	Esoph endoscopy w/us exam	3.19	NA	NA	1.77	1.54	0.23	000
43232		A	Esoph endoscopy w/us fn bx	4.47	NA	NA	2.40	2.11	0.34	000
43234		A	Upper GI endoscopy, exam	2.01	4.94	5.13	1.02	0.95	0.17	000
43235		A	Uppr gi endoscopy, diagnosis	2.39	5.26	5.21	1.36	1.19	0.19	000
43236		A	Uppr gi scope w/submuc inj	2.92	6.67	6.54	1.66	1.44	0.21	000
43237		A	Endoscopic us exam, esoph	3.98	NA	NA	2.18	1.89	0.43	000
43238		A	Uppr gi endoscopy w/us fn bx	5.02	NA	NA	2.59	2.27	0.43	000
43239		A	Upper GI endoscopy, biopsy	2.87	6.01	5.86	1.56	1.38	0.22	000
43240		A	Esoph endoscope w/drain cyst	6.85	NA	NA	3.30	2.98	0.56	000
43241		A	Upper GI endoscopy with tube	2.59	NA	NA	1.41	1.26	0.21	000
43242		A	Uppr gi endoscopy w/us fn bx	7.30	NA	NA	3.70	3.22	0.53	000
43243		A	Upper gi endoscopy & inject	4.56	NA	NA	2.37	2.08	0.33	000
43244		A	Upper GI endoscopy/ligation	5.04	NA	NA	2.66	2.31	0.37	000
43245		A	Uppr gi scope dilate strictr	3.18	NA	NA	1.64	1.47	0.26	000
43246		A	Place gastrostomy tube	4.32	NA	NA	2.12	1.91	0.34	000
43247		A	Operative upper GI endoscopy	3.38	NA	NA	1.79	1.58	0.27	000
43248		A	Uppr gi endoscopy/guide wire	3.15	NA	NA	1.78	1.55	0.23	000
43249		A	Esoph endoscopy, dilation	2.90	NA	NA	1.63	1.42	0.22	000
43250		A	Upper GI endoscopy/tumor	3.20	NA	NA	1.62	1.47	0.26	000
43251		A	Operative upper GI endoscopy	3.69	NA	NA	1.93	1.71	0.29	000
43255		A	Operative upper GI endoscopy	4.81	NA	NA	2.54	2.21	0.35	000
43256		A	Uppr gi endoscopy w/stent	4.34	NA	NA	2.27	1.99	0.32	000
43257		A	Uppr gi scope w/thrml txmnt	5.50	NA	NA	2.15	2.16	0.36	000
43258		A	Operative upper GI endoscopy	4.54	NA	NA	2.38	2.09	0.33	000
43259		A	Endoscopic ultrasound exam	5.19	NA	NA	2.71	2.35	0.35	000
43260		A	Endo cholangiopancreatograph	5.95	NA	NA	3.08	2.69	0.43	000
43261		A	Endo cholangiopancreatograph	6.26	NA	NA	3.23	2.82	0.46	000
43262		A	Endo cholangiopancreatograph	7.38	NA	NA	3.76	3.27	0.54	000
43263		A	Endo cholangiopancreatograph	7.28	NA	NA	3.66	3.23	0.54	000
43264		A	Endo cholangiopancreatograph	8.89	NA	NA	4.47	3.90	0.65	000
43265		A	Endo cholangiopancreatograph	10.00	NA	NA	5.02	4.36	0.73	000
43267		A	Endo cholangiopancreatograph	7.38	NA	NA	3.41	3.14	0.54	000
43268		A	Endo cholangiopancreatograph	7.38	NA	NA	3.91	3.40	0.54	000
43269		A	Endo cholangiopancreatograph	8.20	NA	NA	4.13	3.61	0.60	000
43271		A	Endo cholangiopancreatograph	7.38	NA	NA	3.73	3.26	0.54	000
43272		A	Endo cholangiopancreatograph	7.38	NA	NA	3.80	3.30	0.54	000
43280		A	Laparoscopy, fundoplasty	18.00	NA	NA	6.64	6.97	2.28	090
43289		C	Laparoscope proc, esoph	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43300		A	Repair of esophagus	9.21	NA	NA	5.38	5.85	1.12	090
43305		A	Repair esophagus and fistula	17.98	NA	NA	8.39	9.42	1.54	090
43310		A	Repair of esophagus	26.18	NA	NA	9.83	10.49	3.61	090
43312		A	Repair esophagus and fistula	29.23	NA	NA	10.28	11.03	4.01	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
43313		A	Esophagoplasty congenital	48.17	NA	NA	17.46	18.11	5.47	090
43314		A	Tracheo-esophagoplasty cong	53.15	NA	NA	17.17	18.38	6.65	090
43320		A	Fuse esophagus & stomach	23.18	NA	NA	8.66	8.96	2.74	090
43324		A	Revise esophagus & stomach	22.86	NA	NA	8.33	8.56	2.76	090
43325		A	Revise esophagus & stomach	22.47	NA	NA	8.29	8.55	2.60	090
43326		A	Revise esophagus & stomach	22.15	NA	NA	9.19	9.26	2.85	090
43330		A	Repair of esophagus	22.06	NA	NA	8.09	8.34	2.63	090
43331		A	Repair of esophagus	22.93	NA	NA	9.83	9.76	2.94	090
43340		A	Fuse esophagus & intestine	22.86	NA	NA	9.29	9.09	2.46	090
43341		A	Fuse esophagus & intestine	24.10	NA	NA	9.63	9.90	2.92	090
43350		A	Surgical opening, esophagus	19.31	NA	NA	8.77	8.48	1.42	090
43351		A	Surgical opening, esophagus	21.87	NA	NA	10.81	10.10	2.47	090
43352		A	Surgical opening, esophagus	17.68	NA	NA	7.94	8.20	2.06	090
43360		A	Gastrointestinal repair	39.90	NA	NA	14.92	15.15	4.97	090
43361		A	Gastrointestinal repair	45.50	NA	NA	17.70	17.15	4.50	090
43400		A	Ligate esophagus veins	25.47	NA	NA	13.65	11.56	1.96	090
43401		A	Esophagus surgery for veins	26.36	NA	NA	9.56	9.50	3.05	090
43405		A	Ligate/staple esophagus	24.55	NA	NA	10.62	10.06	2.84	090
43410		A	Repair esophagus wound	16.28	NA	NA	7.67	7.63	1.72	090
43415		A	Repair esophagus wound	28.70	NA	NA	11.82	11.80	3.53	090
43420		A	Repair esophagus opening	16.65	NA	NA	7.52	7.37	1.43	090
43425		A	Repair esophagus opening	24.91	NA	NA	10.47	10.20	3.03	090
43450		A	Dilate esophagus	1.38	2.66	2.65	0.93	0.81	0.11	000
43453		A	Dilate esophagus	1.51	6.26	6.17	1.01	0.87	0.11	000
43456		A	Dilate esophagus	2.57	12.90	13.33	1.46	1.29	0.20	000
43458		A	Dilate esophagus	3.06	6.88	6.77	1.60	1.45	0.24	000
43460		A	Pressure treatment esophagus	3.79	NA	NA	1.77	1.62	0.31	000
43496		C	Free jejunum flap, microvasc	2.20	0.00	0.00	0.00	0.00	0.00	090
43499		C	Esophagus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43500		A	Surgical opening of stomach	12.71	NA	NA	5.27	5.12	1.45	090
43501		A	Surgical repair of stomach	22.47	NA	NA	8.08	8.20	2.65	090
43502		A	Surgical repair of stomach	25.56	NA	NA	8.95	9.21	3.10	090
43510		A	Surgical opening of stomach	15.01	NA	NA	9.10	7.47	1.48	090
43520		A	Incision of pyloric muscle	11.21	NA	NA	4.82	5.04	1.36	090
43600		A	Biopsy of stomach	1.91	NA	NA	0.78	0.73	0.14	000
43605		A	Biopsy of stomach	13.64	NA	NA	5.35	5.33	1.58	090
43610		A	Excision of stomach lesion	16.26	NA	NA	6.02	6.09	1.94	090
43611		A	Excision of stomach lesion	20.25	NA	NA	7.47	7.53	2.36	090
43620		A	Removal of stomach	33.91	NA	NA	11.10	11.45	3.96	090
43621		A	Removal of stomach	39.40	NA	NA	12.41	12.20	4.04	090
43622		A	Removal of stomach	39.90	NA	NA	12.51	12.56	4.30	090
43631		A	Removal of stomach, partial	24.38	NA	NA	8.58	8.87	2.99	090
43632		A	Removal of stomach, partial	35.01	NA	NA	11.27	10.22	2.99	090
43633		A	Removal of stomach, partial	33.01	NA	NA	10.75	10.06	3.06	090
43634		A	Removal of stomach, partial	36.51	NA	NA	11.81	10.96	3.33	090
43635		A	Removal of stomach, partial	2.06	NA	NA	0.52	0.61	0.27	ZZZ
43640		A	Vagotomy & pylorus repair	19.43	NA	NA	7.33	7.30	2.26	090
43641		A	Vagotomy & pylorus repair	19.68	NA	NA	7.60	7.50	2.25	090
43644		A	Lap gastric bypass/roux-en-y	29.24	NA	NA	10.09	10.68	3.16	090
43645		A	Lap gastr bypass incl smll i	31.37	NA	NA	10.46	11.35	3.54	090
43647		C	Lap impl electrode, antrum	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43648		C	Lap revise/remv eltrd antrum	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43651		A	Laparoscopy, vagus nerve	10.13	NA	NA	4.60	4.69	1.33	090
43652		A	Laparoscopy, vagus nerve	12.13	NA	NA	5.20	5.47	1.55	090
43653		A	Laparoscopy, gastrostomy	8.38	NA	NA	4.44	4.30	1.01	090
43659		C	Laparoscope proc, stom	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43750		A	Place gastrostomy tube	4.62	NA	NA	2.03	2.09	0.43	010
43752		A	Nasal/orogastric w/stent	0.81	NA	NA	0.27	0.26	0.02	000
43760		A	Change gastrostomy tube	1.10	12.86	7.47	0.40	0.43	0.09	000
43761		A	Reposition gastrostomy tube	2.01	1.04	1.09	0.71	0.66	0.13	000
43770		A	Lap, place gastr adjust band	17.85	NA	NA	7.38	7.56	2.19	090
43771		A	Lap, revise adjust gast band	20.64	NA	NA	8.10	8.35	2.55	090
43772		A	Lap, remove adjust gast band	15.62	NA	NA	5.98	6.20	1.93	090
43773		A	Lap, change adjust gast band	20.64	NA	NA	8.09	8.35	2.56	090
43774		A	Lap remov adj gast band/port	15.66	NA	NA	6.17	6.36	1.85	090
43800		A	Reconstruction of pylorus	15.35	NA	NA	5.80	5.86	1.82	090
43810		A	Fusion of stomach and bowel	16.80	NA	NA	6.14	6.18	1.94	090
43820		A	Fusion of stomach and bowel	22.40	NA	NA	8.06	7.25	2.04	090
43825		A	Fusion of stomach and bowel	21.63	NA	NA	7.89	7.96	2.54	090
43830		A	Place gastrostomy tube	10.75	NA	NA	5.15	5.00	1.25	090
43831		A	Place gastrostomy tube	8.38	NA	NA	4.90	4.75	1.03	090
43832		A	Place gastrostomy tube	17.26	NA	NA	7.06	6.97	1.98	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
43840		A	Repair of stomach lesion	22.70	NA	NA	8.13	7.46	2.06	090
43842		N	V-band gastroplasty	20.90	NA	NA	6.74	7.27	2.45	090
43843		A	Gastroplasty w/o v-band	21.08	NA	NA	7.82	7.79	2.46	090
43845		A	Gastroplasty duodenal switch	33.12	NA	NA	12.93	11.77	4.06	090
43846		A	Gastric bypass for obesity	27.23	NA	NA	9.95	10.00	3.19	090
43847		A	Gastric bypass incl small i	30.10	NA	NA	10.50	10.73	3.56	090
43848		A	Revision gastroplasty	32.57	NA	NA	11.28	11.56	3.88	090
43850		A	Revise stomach-bowel fusion	27.45	NA	NA	9.50	9.65	3.28	090
43855		A	Revise stomach-bowel fusion	28.56	NA	NA	9.69	10.02	3.47	090
43860		A	Revise stomach-bowel fusion	27.76	NA	NA	9.46	9.72	3.31	090
43865		A	Revise stomach-bowel fusion	28.92	NA	NA	9.72	10.18	3.51	090
43870		A	Repair stomach opening	11.36	NA	NA	4.94	4.74	1.27	090
43880		A	Repair stomach-bowel fistula	27.05	NA	NA	9.26	9.59	3.27	090
43881		C	Impl/redo electrd, antrum	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43882		C	Revise/remove electrd antrum	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43886		A	Revise gastric port, open	4.54	NA	NA	3.43	3.27	0.25	090
43887		A	Remove gastric port, open	4.24	NA	NA	3.04	2.89	0.51	090
43888		A	Change gastric port, open	6.34	NA	NA	4.00	3.86	0.70	090
43999		C	Stomach surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44005		A	Freeing of bowel adhesion	18.38	NA	NA	6.57	6.65	2.15	090
44010		A	Incision of small bowel	14.18	NA	NA	5.52	5.49	1.64	090
44015		A	Insert needle cath bowel	2.62	NA	NA	0.68	0.78	0.35	ZZZ
44020		A	Explore small intestine	16.14	NA	NA	6.00	5.97	1.86	090
44021		A	Decompress small bowel	16.23	NA	NA	6.14	6.08	1.87	090
44025		A	Incision of large bowel	16.43	NA	NA	6.04	6.05	1.90	090
44050		A	Reduce bowel obstruction	15.44	NA	NA	5.81	5.89	1.86	090
44055		A	Correct malrotation of bowel	25.53	NA	NA	8.50	8.62	2.91	090
44100		A	Biopsy of bowel	2.01	NA	NA	0.92	0.81	0.17	000
44110		A	Excise intestine lesion(s)	13.96	NA	NA	5.51	5.38	1.55	090
44111		A	Excision of bowel lesion(s)	16.44	NA	NA	6.09	6.11	1.87	090
44120		A	Removal of small intestine	20.74	NA	NA	7.14	7.12	2.25	090
44121		A	Removal of small intestine	4.44	NA	NA	1.12	1.33	0.58	ZZZ
44125		A	Removal of small intestine	19.93	NA	NA	7.02	7.15	2.27	090
44126		A	Enterectomy w/o taper, cong	42.02	NA	NA	13.59	13.90	4.69	090
44127		A	Enterectomy w/taper, cong	49.09	NA	NA	15.65	15.54	5.77	090
44128		A	Enterectomy cong, add-on	4.44	NA	NA	1.22	1.35	0.61	ZZZ
44130		A	Bowel to bowel fusion	21.98	NA	NA	7.96	7.09	1.88	090
44137		C	Remove intestinal allograft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44139		A	Mobilization of colon	2.23	NA	NA	0.56	0.66	0.28	ZZZ
44140		A	Partial removal of colon	22.46	NA	NA	8.06	8.37	2.71	090
44141		A	Partial removal of colon	29.75	NA	NA	11.81	10.94	2.53	090
44143		A	Partial removal of colon	27.63	NA	NA	10.27	10.49	3.05	090
44144		A	Partial removal of colon	29.75	NA	NA	10.61	10.12	2.86	090
44145		A	Partial removal of colon	28.45	NA	NA	9.49	10.16	3.29	090
44146		A	Partial removal of colon	35.14	NA	NA	13.35	13.11	3.41	090
44147		A	Partial removal of colon	33.56	NA	NA	10.79	9.78	2.56	090
44150		A	Removal of colon	29.99	NA	NA	12.57	12.32	3.04	090
44151		A	Removal of colon/ileostomy	34.73	NA	NA	13.89	13.68	3.49	090
44155		A	Removal of colon/ileostomy	34.23	NA	NA	13.44	13.39	3.28	090
44156		A	Removal of colon/ileostomy	37.23	NA	NA	14.45	14.80	3.95	090
44157		A	Colectomy w/ileoanal anast	35.49	NA	NA	17.13	16.16	3.93	090
44158		A	Colectomy w/neo-rectum pouch	36.49	NA	NA	17.47	16.47	4.06	090
44160		A	Removal of colon	20.78	NA	NA	7.51	7.64	2.37	090
44180		A	Lap, enterolysis	15.19	NA	NA	5.79	5.99	1.86	090
44186		A	Lap, jejunostomy	10.30	NA	NA	4.57	4.66	1.27	090
44187		A	Lap, ileo/jejuno-stomy	17.27	NA	NA	8.10	8.20	1.96	090
44188		A	Lap, colostomy	19.20	NA	NA	8.65	8.76	2.24	090
44202		A	Lap, enterectomy	23.26	NA	NA	8.30	8.62	2.85	090
44203		A	Lap resect s/intestine, addl	4.44	NA	NA	1.12	1.31	0.57	ZZZ
44204		A	Laparo partial colectomy	26.29	NA	NA	8.88	9.43	3.11	090
44205		A	Lap colectomy part w/ileum	22.86	NA	NA	7.81	8.34	2.75	090
44206		A	Lap part colectomy w/stoma	29.63	NA	NA	10.46	10.87	3.46	090
44207		A	L colectomy/coloproctostomy	31.79	NA	NA	10.12	10.82	3.67	090
44208		A	L colectomy/coloproctostomy	33.86	NA	NA	12.02	12.60	3.88	090
44210		A	Laparo total proctocolectomy	29.88	NA	NA	11.17	11.54	3.42	090
44211		A	Lap colectomy w/proctectomy	36.87	NA	NA	13.56	14.17	4.17	090
44212		A	Laparo total proctocolectomy	34.37	NA	NA	13.04	13.40	3.78	090
44213		A	Lap, mobil splenic fl add-on	3.50	NA	NA	0.87	1.05	0.44	ZZZ
44227		A	Lap, close enterostomy	28.49	NA	NA	9.49	10.07	3.38	090
44238		C	Laparoscope proc, intestine	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44300		A	Open bowel to skin	13.65	NA	NA	5.54	5.52	1.60	090
44310		A	Ileostomy/jejunostomy	17.49	NA	NA	6.40	6.55	1.99	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
44312		A	Revision of ileostomy	9.33	NA	NA	4.66	4.33	0.92	090
44314		A	Revision of ileostomy	16.61	NA	NA	6.77	6.68	1.75	090
44316		A	Devise bowel pouch	23.46	NA	NA	8.89	8.79	2.38	090
44320		A	Colostomy	19.75	NA	NA	7.58	7.63	2.26	090
44322		A	Colostomy with biopsies	13.15	NA	NA	9.04	8.87	1.54	090
44340		A	Revision of colostomy	9.12	NA	NA	4.91	4.60	0.99	090
44345		A	Revision of colostomy	17.06	NA	NA	6.91	6.90	1.97	090
44346		A	Revision of colostomy	19.47	NA	NA	7.51	7.46	2.13	090
44360		A	Small bowel endoscopy	2.59	NA	NA	1.50	1.31	0.19	000
44361		A	Small bowel endoscopy/biopsy	2.87	NA	NA	1.63	1.42	0.21	000
44363		A	Small bowel endoscopy	3.49	NA	NA	1.87	1.64	0.27	000
44364		A	Small bowel endoscopy	3.73	NA	NA	1.99	1.75	0.27	000
44365		A	Small bowel endoscopy	3.31	NA	NA	1.75	1.56	0.24	000
44366		A	Small bowel endoscopy	4.40	NA	NA	2.39	2.06	0.32	000
44369		A	Small bowel endoscopy	4.51	NA	NA	2.38	2.07	0.33	000
44370		A	Small bowel endoscopy/stent	4.79	NA	NA	2.57	2.27	0.37	000
44372		A	Small bowel endoscopy	4.40	NA	NA	2.14	1.94	0.35	000
44373		A	Small bowel endoscopy	3.49	NA	NA	1.78	1.59	0.27	000
44376		A	Small bowel endoscopy	5.25	NA	NA	2.49	2.26	0.42	000
44377		A	Small bowel endoscopy/biopsy	5.52	NA	NA	2.78	2.47	0.40	000
44378		A	Small bowel endoscopy	7.12	NA	NA	3.60	3.15	0.52	000
44379		A	S bowel endoscope w/stent	7.46	NA	NA	3.95	3.33	0.62	000
44380		A	Small bowel endoscopy	1.05	NA	NA	0.75	0.65	0.08	000
44382		A	Small bowel endoscopy	1.27	NA	NA	0.84	0.73	0.12	000
44383		A	Ileoscopy w/stent	2.94	NA	NA	1.63	1.45	0.21	000
44385		A	Endoscopy of bowel pouch	1.82	4.86	4.11	0.89	0.82	0.15	000
44386		A	Endoscopy, bowel pouch/biop	2.12	6.60	6.64	1.02	0.96	0.20	000
44388		A	Colonoscopy	2.82	6.08	5.59	1.36	1.26	0.26	000
44389		A	Colonoscopy with biopsy	3.13	7.06	6.84	1.58	1.43	0.27	000
44390		A	Colonoscopy for foreign body	3.82	8.29	7.64	1.93	1.69	0.32	000
44391		A	Colonoscopy for bleeding	4.31	8.88	8.81	2.23	1.96	0.34	000
44392		A	Colonoscopy & polypectomy	3.81	7.31	6.96	1.72	1.61	0.34	000
44393		A	Colonoscopy, lesion removal	4.83	7.99	7.42	2.15	1.99	0.42	000
44394		A	Colonoscopy w/snare	4.42	8.45	8.13	2.09	1.90	0.38	000
44397		A	Colonoscopy w/stent	4.70	NA	NA	2.17	2.01	0.39	000
44500		A	Intro, gastrointestinal tube	0.49	NA	NA	0.17	0.16	0.03	000
44602		A	Suture, small intestine	24.64	NA	NA	7.62	7.02	2.12	090
44603		A	Suture, small intestine	28.03	NA	NA	8.97	8.14	2.42	090
44604		A	Suture, large intestine	18.06	NA	NA	6.07	6.27	2.12	090
44605		A	Repair of bowel lesion	22.00	NA	NA	7.82	8.13	2.52	090
44615		A	Intestinal stricturoplasty	18.08	NA	NA	6.53	6.62	2.07	090
44620		A	Repair bowel opening	14.35	NA	NA	5.50	5.42	1.51	090
44625		A	Repair bowel opening	17.20	NA	NA	6.14	6.23	1.86	090
44626		A	Repair bowel opening	27.82	NA	NA	8.89	9.37	3.27	090
44640		A	Repair bowel-skin fistula	24.12	NA	NA	8.01	8.31	2.78	090
44650		A	Repair bowel fistula	25.04	NA	NA	8.30	8.61	2.93	090
44660		A	Repair bowel-bladder fistula	23.83	NA	NA	9.84	9.08	2.14	090
44661		A	Repair bowel-bladder fistula	27.27	NA	NA	9.43	9.50	2.81	090
44680		A	Surgical revision, intestine	17.88	NA	NA	6.66	6.54	2.00	090
44700		A	Suspend bowel w/prosthesis	17.40	NA	NA	6.17	6.44	1.84	090
44701		A	Intraop colon lavage add-on	3.10	NA	NA	0.76	0.91	0.37	ZZZ
44715		C	Prepare donor intestine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44720		A	Prep donor intestine/venous	5.00	NA	NA	1.27	1.49	0.37	XXX
44721		A	Prep donor intestine/artery	7.00	NA	NA	1.77	2.09	0.97	XXX
44799		C	Unlisted procedure intestine	0.00	0.00	7.75	0.00	7.75	0.00	YYY
44800		A	Excision of bowel pouch	11.94	NA	NA	5.48	5.44	1.47	090
44820		A	Excision of mesentery lesion	13.63	NA	NA	5.56	5.53	1.59	090
44850		A	Repair of mesentery	12.03	NA	NA	5.00	5.01	1.39	090
44899		C	Bowel surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44900		A	Drain app abscess, open	12.44	NA	NA	5.01	4.86	1.33	090
44901		A	Drain app abscess, percut	3.37	19.64	23.62	1.21	1.12	0.22	000
44950		A	Appendectomy	10.52	NA	NA	4.03	4.18	1.31	090
44955		A	Appendectomy add-on	1.53	NA	NA	0.40	0.47	0.20	ZZZ
44960		A	Appendectomy	14.39	NA	NA	5.39	5.37	1.63	090
44970		A	Laparoscopy, appendectomy	9.35	NA	NA	4.18	4.13	1.14	090
44979		C	Laparoscope proc, app	0.00	0.00	0.00	0.00	0.00	0.00	YYY
45000		A	Drainage of pelvic abscess	6.20	NA	NA	3.56	3.25	0.52	090
45005		A	Drainage of rectal abscess	2.00	3.95	4.00	1.58	1.58	0.25	010
45020		A	Drainage of rectal abscess	8.43	NA	NA	4.54	3.90	0.55	090
45100		A	Biopsy of rectum	3.96	NA	NA	2.80	2.59	0.44	090
45108		A	Removal of anorectal lesion	5.04	NA	NA	3.09	2.92	0.59	090
45110		A	Removal of rectum	30.57	NA	NA	11.84	12.14	3.36	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
45111		A	Partial removal of rectum	17.89	NA	NA	6.99	7.08	2.07	090
45112		A	Removal of rectum	33.05	NA	NA	10.33	11.06	3.43	090
45113		A	Partial proctectomy	33.09	NA	NA	11.59	12.10	3.49	090
45114		A	Partial removal of rectum	30.63	NA	NA	10.29	10.60	3.36	090
45116		A	Partial removal of rectum	27.56	NA	NA	9.58	9.78	2.88	090
45119		A	Remove rectum w/reservoir	33.35	NA	NA	11.55	12.04	3.36	090
45120		A	Removal of rectum	26.25	NA	NA	9.24	9.72	2.90	090
45121		A	Removal of rectum and colon	28.93	NA	NA	10.04	10.62	3.25	090
45123		A	Partial proctectomy	18.70	NA	NA	6.95	6.93	1.86	090
45126		A	Pelvic exenteration	48.89	NA	NA	18.00	18.50	4.33	090
45130		A	Excision of rectal prolapse	18.37	NA	NA	6.67	6.74	1.80	090
45135		A	Excision of rectal prolapse	22.15	NA	NA	8.62	8.64	2.36	090
45136		A	Excise ileoanal reservior	30.63	NA	NA	11.94	12.23	2.82	090
45150		A	Excision of rectal stricture	5.77	NA	NA	3.34	3.17	0.61	090
45160		A	Excision of rectal lesion	16.17	NA	NA	6.43	6.56	1.68	090
45170		A	Excision of rectal lesion	12.48	NA	NA	5.35	5.30	1.35	090
45190		A	Destruction, rectal tumor	10.29	NA	NA	5.51	5.08	1.13	090
45300		A	Proctosigmoidoscopy dx	0.80	1.95	1.74	0.45	0.35	0.04	000
45303		A	Proctosigmoidoscopy dilate	1.50	19.71	19.14	0.66	0.45	0.05	000
45305		A	Proctosigmoidoscopy w/bx	1.25	3.16	2.91	0.59	0.54	0.11	000
45307		A	Proctosigmoidoscopy fb	1.70	3.22	3.14	0.70	0.56	0.11	000
45308		A	Proctosigmoidoscopy removal	1.40	3.37	2.66	0.63	0.51	0.09	000
45309		A	Proctosigmoidoscopy removal	1.50	3.49	3.20	0.67	0.78	0.22	000
45315		A	Proctosigmoidoscopy removal	1.80	3.79	3.29	0.88	0.72	0.15	000
45317		A	Proctosigmoidoscopy bleed	2.00	3.35	2.91	0.77	0.70	0.15	000
45320		A	Proctosigmoidoscopy ablate	1.78	3.37	3.24	0.80	0.75	0.16	000
45321		A	Proctosigmoidoscopy volvul	1.75	NA	NA	0.86	0.67	0.13	000
45327		A	Proctosigmoidoscopy w/stent	2.00	NA	NA	0.91	0.78	0.16	000
45330		A	Diagnostic sigmoidoscopy	0.96	2.50	2.39	0.62	0.56	0.08	000
45331		A	Sigmoidoscopy and biopsy	1.15	3.25	3.16	0.79	0.69	0.09	000
45332		A	Sigmoidoscopy w/fb removal	1.79	5.49	5.26	1.00	0.91	0.16	000
45333		A	Sigmoidoscopy & polypectomy	1.79	5.62	5.25	0.99	0.90	0.15	000
45334		A	Sigmoidoscopy for bleeding	2.73	NA	NA	1.55	1.34	0.20	000
45335		A	Sigmoidoscopy w/submuc inj	1.46	5.30	4.26	0.90	0.80	0.11	000
45337		A	Sigmoidoscopy & decompress	2.36	NA	NA	1.25	1.12	0.21	000
45338		A	Sigmoidoscopy w/tumr remove	2.34	5.86	5.53	1.28	1.14	0.19	000
45339		A	Sigmoidoscopy w/ablate tumr	3.14	5.70	4.59	1.67	1.48	0.26	000
45340		A	Sig w/balloon dilation	1.89	10.17	8.18	1.04	0.94	0.15	000
45341		A	Sigmoidoscopy w/ultrasound	2.60	NA	NA	1.48	1.27	0.19	000
45342		A	Sigmoidoscopy w/us guide bx	4.05	NA	NA	2.18	1.87	0.30	000
45345		A	Sigmoidoscopy w/stent	2.92	NA	NA	1.51	1.34	0.23	000
45355		A	Surgical colonoscopy	3.51	NA	NA	1.59	1.48	0.36	000
45378		A	Diagnostic colonoscopy	3.69	6.35	6.25	1.83	1.66	0.30	000
45378	53	A	Diagnostic colonoscopy	0.96	2.50	2.39	0.62	0.56	0.08	000
45379		A	Colonoscopy w/fb removal	4.68	8.03	7.86	2.18	2.01	0.39	000
45380		A	Colonoscopy and biopsy	4.43	7.71	7.46	2.25	2.00	0.35	000
45381		A	Colonoscopy, submucous inj	4.19	7.68	7.40	2.17	1.92	0.30	000
45382		A	Colonoscopy/control bleeding	5.68	10.30	10.13	2.90	2.55	0.41	000
45383		A	Lesion removal colonoscopy	5.86	8.51	8.22	2.65	2.44	0.48	000
45384		A	Lesion remove colonoscopy	4.69	7.15	6.98	2.19	2.02	0.38	000
45385		A	Lesion removal colonoscopy	5.30	8.33	8.07	2.60	2.32	0.42	000
45386		A	Colonoscopy dilate stricture	4.57	12.27	12.34	2.19	1.99	0.39	000
45387		A	Colonoscopy w/stent	5.90	NA	NA	2.81	2.60	0.48	000
45391		A	Colonoscopy w/endoscope us	5.09	NA	NA	2.62	2.29	0.42	000
45392		A	Colonoscopy w/endoscopic fnb	6.54	NA	NA	3.23	2.84	0.42	000
45395		A	Lap, removal of rectum	32.79	NA	NA	12.94	13.32	3.63	090
45397		A	Lap, remove rectum w/pouch	36.29	NA	NA	13.40	13.87	3.67	090
45400		A	Laparoscopic proc	19.31	NA	NA	7.09	7.48	2.03	090
45402		A	Lap proctopexy w/sig resect	26.38	NA	NA	8.76	9.39	2.82	090
45499		C	Laparoscope proc, rectum	0.00	0.00	0.00	0.00	0.00	0.00	YYY
45500		A	Repair of rectum	7.64	NA	NA	4.45	3.98	0.75	090
45505		A	Repair of rectum	8.20	NA	NA	5.02	4.45	0.86	090
45520		A	Treatment of rectal prolapse	0.55	2.83	2.27	0.38	0.38	0.05	000
45540		A	Correct rectal prolapse	18.02	NA	NA	5.83	6.31	1.85	090
45541		A	Correct rectal prolapse	14.72	NA	NA	6.58	6.27	1.55	090
45550		A	Repair rectum/remove sigmoid	24.67	NA	NA	8.96	9.10	2.62	090
45560		A	Repair of rectocele	11.42	NA	NA	5.55	5.30	1.13	090
45562		A	Exploration/repair of rectum	17.82	NA	NA	8.12	7.56	1.84	090
45563		A	Exploration/repair of rectum	26.22	NA	NA	10.74	10.66	3.11	090
45800		A	Repair rect/bladder fistula	20.18	NA	NA	9.24	8.34	1.86	090
45805		A	Repair fistula w/colostomy	23.19	NA	NA	9.94	9.61	2.03	090
45820		A	Repair rectourethral fistula	20.24	NA	NA	9.14	8.42	1.58	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
45825		A	Repair fistula w/colostomy	24.01	NA	NA	9.49	9.91	2.32	090
45900		A	Reduction of rectal prolapse	2.96	NA	NA	1.65	1.58	0.30	010
45905		A	Dilation of anal sphincter	2.32	NA	NA	1.60	1.53	0.27	010
45910		A	Dilation of rectal narrowing	2.82	NA	NA	1.85	1.75	0.30	010
45915		A	Remove rectal obstruction	3.16	4.18	4.26	2.01	2.06	0.30	010
45990		A	Surg dx exam, anorectal	1.80	NA	NA	0.72	0.77	0.17	000
45999		C	Rectum surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
46020		A	Placement of seton	2.94	3.24	2.79	2.33	2.10	0.31	010
46030		A	Removal of rectal marker	1.24	1.87	1.61	0.81	0.76	0.14	010
46040		A	Incision of rectal abscess	5.26	6.48	5.99	3.96	3.77	0.62	090
46045		A	Incision of rectal abscess	5.79	NA	NA	3.92	3.41	0.54	090
46050		A	Incision of anal abscess	1.21	3.16	2.85	0.97	0.91	0.14	010
46060		A	Incision of rectal abscess	6.24	NA	NA	4.39	3.82	0.67	090
46070		A	Incision of anal septum	2.74	NA	NA	2.33	2.08	0.36	090
46080		A	Incision of anal sphincter	2.50	3.04	2.70	1.12	1.13	0.30	010
46083		A	Incise external hemorrhoid	1.42	2.34	2.43	0.95	0.94	0.15	010
46200		A	Removal of anal fissure	3.48	6.24	5.05	3.70	3.29	0.39	090
46210		A	Removal of anal crypt	2.73	5.77	5.47	3.27	2.96	0.31	090
46211		A	Removal of anal crypts	4.31	7.79	6.48	4.64	3.98	0.48	090
46220		A	Removal of anal tag	1.58	2.99	2.64	1.09	1.02	0.17	010
46221		A	Ligation of hemorrhoid(s)	2.31	3.70	3.17	1.99	1.87	0.23	010
46230		A	Removal of anal tags	2.59	3.48	3.28	1.33	1.31	0.30	010
46250		A	Hemorrhoidectomy	4.17	5.90	5.61	2.82	2.72	0.48	090
46255		A	Hemorrhoidectomy	4.88	6.28	6.07	3.05	2.95	0.58	090
46257		A	Remove hemorrhoids & fissure	5.68	NA	NA	3.83	3.35	0.64	090
46258		A	Remove hemorrhoids & fistula	6.28	NA	NA	3.94	3.62	0.68	090
46260		A	Hemorrhoidectomy	6.65	NA	NA	4.04	3.61	0.76	090
46261		A	Remove hemorrhoids & fissure	7.63	NA	NA	4.28	3.95	0.79	090
46262		A	Remove hemorrhoids & fistula	7.80	NA	NA	4.62	4.19	0.83	090
46270		A	Removal of anal fistula	4.81	6.33	5.65	3.88	3.35	0.46	090
46275		A	Removal of anal fistula	5.31	6.57	5.60	3.95	3.46	0.52	090
46280		A	Removal of anal fistula	6.28	NA	NA	4.25	3.76	0.66	090
46285		A	Removal of anal fistula	5.31	6.49	5.13	3.94	3.35	0.44	090
46288		A	Repair anal fistula	7.68	NA	NA	4.66	4.17	0.79	090
46320		A	Removal of hemorrhoid clot	1.62	2.39	2.26	0.88	0.87	0.18	010
46500		A	Injection into hemorrhoid(s)	1.64	3.58	2.85	1.24	1.20	0.16	010
46505		A	Chemodenervation anal musc	3.13	3.26	3.15	2.27	2.12	0.14	010
46600		A	Diagnostic anoscopy	0.55	1.36	1.47	0.38	0.36	0.05	000
46604		A	Anoscopy and dilation	1.03	12.39	10.78	0.51	0.58	0.12	000
46606		A	Anoscopy and biopsy	1.20	3.84	3.82	0.58	0.49	0.09	000
46608		A	Anoscopy, remove for body	1.30	3.73	4.10	0.58	0.62	0.16	000
46610		A	Anoscopy, remove lesion	1.28	3.76	3.95	0.59	0.62	0.15	000
46611		A	Anoscopy	1.30	2.52	2.97	0.57	0.70	0.19	000
46612		A	Anoscopy, remove lesions	1.50	4.66	5.02	0.72	0.89	0.28	000
46614		A	Anoscopy, control bleeding	1.00	1.92	2.23	0.52	0.73	0.20	000
46615		A	Anoscopy	1.50	1.76	2.21	0.64	0.91	0.33	000
46700		A	Repair of anal stricture	9.68	NA	NA	5.14	4.68	0.94	090
46705		A	Repair of anal stricture	7.32	NA	NA	4.04	3.86	0.91	090
46706		A	Repr of anal fistula w/glue	2.41	NA	NA	1.48	1.36	0.28	010
46710		A	Repr per/vag pouch sngl proc	17.01	NA	NA	7.54	7.69	1.38	090
46712		A	Repr per/vag pouch dbl proc	36.32	NA	NA	14.06	14.59	3.67	090
46715		A	Rep perf anoper fistu	7.54	NA	NA	3.73	3.65	0.92	090
46716		A	Rep perf anoper/vestib fistu	17.14	NA	NA	9.53	8.76	1.58	090
46730		A	Construction of absent anus	30.17	NA	NA	12.51	12.10	2.47	090
46735		A	Construction of absent anus	35.66	NA	NA	14.95	14.02	3.21	090
46740		A	Construction of absent anus	33.42	NA	NA	15.36	14.16	2.42	090
46742		A	Repair of imperforated anus	39.66	NA	NA	13.72	15.95	3.20	090
46744		A	Repair of cloacal anomaly	58.46	NA	NA	18.11	20.16	6.40	090
46746		A	Repair of cloacal anomaly	64.93	NA	NA	19.65	22.40	7.70	090
46748		A	Repair of cloacal anomaly	70.91	NA	NA	21.03	22.34	3.37	090
46750		A	Repair of anal sphincter	12.02	NA	NA	5.77	5.42	1.10	090
46751		A	Repair of anal sphincter	9.19	NA	NA	5.04	5.12	0.94	090
46753		A	Reconstruction of anus	8.81	NA	NA	4.57	4.22	0.94	090
46754		A	Removal of suture from anus	2.88	3.60	3.61	2.20	1.95	0.19	010
46760		A	Repair of anal sphincter	17.21	NA	NA	7.87	7.54	1.59	090
46761		A	Repair of anal sphincter	15.16	NA	NA	6.48	6.25	1.43	090
46762		A	Implant artificial sphincter	14.66	NA	NA	7.09	6.26	1.24	090
46900		A	Destruction, anal lesion(s)	1.91	3.63	3.10	1.31	1.29	0.17	010
46910		A	Destruction, anal lesion(s)	1.88	3.85	3.38	1.20	1.13	0.19	010
46916		A	Cryosurgery, anal lesion(s)	1.88	3.76	3.46	1.59	1.50	0.11	010
46917		A	Laser surgery, anal lesions	1.88	8.72	8.91	1.22	1.17	0.21	010
46922		A	Excision of anal lesion(s)	1.88	4.10	3.69	1.19	1.13	0.22	010

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
46924		A	Destruction, anal lesion(s)	2.78	9.50	9.11	1.52	1.44	0.26	010
46934		A	Destruction of hemorrhoids	3.79	5.53	5.28	2.87	2.90	0.32	090
46935		A	Destruction of hemorrhoids	2.44	3.84	3.63	1.11	1.16	0.23	010
46936		A	Destruction of hemorrhoids	3.70	6.20	5.53	2.65	2.56	0.34	090
46937		A	Cryotherapy of rectal lesion	2.70	3.39	3.21	1.43	1.40	0.14	010
46938		A	Cryotherapy of rectal lesion	4.70	5.58	4.82	3.53	3.31	0.58	090
46940		A	Treatment of anal fissure	2.33	2.83	2.41	1.04	1.07	0.23	010
46942		A	Treatment of anal fissure	2.05	2.78	2.31	0.96	0.99	0.19	010
46945		A	Ligation of hemorrhoids	2.13	4.76	4.02	2.96	2.72	0.19	090
46946		A	Ligation of hemorrhoids	2.60	4.60	4.17	2.63	2.52	0.27	090
46947		A	Hemorrhoidopexy by stapling	5.49	NA	NA	3.09	2.90	0.75	090
46999		C	Anus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47000		A	Needle biopsy of liver	1.90	7.61	5.28	0.71	0.65	0.12	000
47001		A	Needle biopsy, liver add-on	1.90	NA	NA	0.49	0.57	0.25	ZZZ
47010		A	Open drainage, liver lesion	19.27	NA	NA	8.31	8.32	1.81	090
47011		A	Percut drain, liver lesion	3.69	NA	NA	1.33	1.22	0.22	000
47015		A	Inject/aspirate liver cyst	18.37	NA	NA	8.16	7.76	1.84	090
47100		A	Wedge biopsy of liver	12.78	NA	NA	6.29	6.17	1.53	090
47120		A	Partial removal of liver	38.82	NA	NA	14.07	14.61	4.66	090
47122		A	Extensive removal of liver	59.35	NA	NA	18.78	20.12	7.21	090
47125		A	Partial removal of liver	52.91	NA	NA	17.18	18.33	6.47	090
47130		A	Partial removal of liver	57.06	NA	NA	18.14	19.54	6.96	090
47135		R	Transplantation of liver	83.29	NA	NA	27.72	29.63	9.96	090
47136		R	Transplantation of liver	70.39	NA	NA	24.50	25.63	8.44	090
47140		A	Partial removal, donor liver	59.22	NA	NA	21.57	21.95	5.19	090
47141		A	Partial removal, donor liver	71.27	NA	NA	25.30	26.13	5.19	090
47142		A	Partial removal, donor liver	79.21	NA	NA	27.31	28.42	5.19	090
47143		C	Prep donor liver, whole	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47144		C	Prep donor liver, 3-segment	0.00	0.00	0.00	0.00	0.00	0.00	090
47145		C	Prep donor liver, lobe split	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47146		A	Prep donor liver/venous	6.00	NA	NA	1.52	1.79	0.83	XXX
47147		A	Prep donor liver/arterial	7.00	NA	NA	1.78	2.09	0.97	XXX
47300		A	Surgery for liver lesion	18.01	NA	NA	7.72	7.46	1.99	090
47350		A	Repair liver wound	22.36	NA	NA	8.75	8.83	2.59	090
47360		A	Repair liver wound	31.18	NA	NA	11.23	11.42	3.38	090
47361		A	Repair liver wound	52.47	NA	NA	17.43	17.87	5.87	090
47362		A	Repair liver wound	23.41	NA	NA	9.28	9.00	2.51	090
47370		A	Laparo ablate liver tumor rf	20.67	NA	NA	7.67	7.90	2.56	090
47371		A	Laparo ablate liver cryosurg	20.67	NA	NA	7.90	8.06	2.61	090
47379		C	Laparoscope procedure, liver	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47380		A	Open ablate liver tumor rf	24.43	NA	NA	8.60	8.96	2.87	090
47381		A	Open ablate liver tumor cryo	24.72	NA	NA	9.34	9.41	2.85	090
47382		A	Percut ablate liver rf	15.19	NA	NA	6.26	5.97	0.96	010
47399		C	Liver surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47400		A	Incision of liver duct	36.23	NA	NA	13.02	13.24	3.08	090
47420		A	Incision of bile duct	21.92	NA	NA	8.53	8.66	2.63	090
47425		A	Incision of bile duct	22.20	NA	NA	8.63	8.71	2.62	090
47460		A	Incise bile duct sphincter	20.41	NA	NA	9.13	8.72	2.21	090
47480		A	Incision of gallbladder	13.12	NA	NA	6.61	6.26	1.42	090
47490		A	Incision of gallbladder	8.05	NA	NA	5.31	5.32	0.43	090
47500		A	Injection for liver x-rays	1.96	NA	NA	0.72	0.65	0.12	000
47505		A	Injection for liver x-rays	0.76	NA	NA	0.28	0.25	0.04	000
47510		A	Insert catheter, bile duct	7.94	NA	NA	4.65	4.72	0.46	090
47511		A	Insert bile duct drain	10.74	NA	NA	5.08	4.94	0.62	090
47525		A	Change bile duct catheter	5.55	14.76	14.79	2.71	2.68	0.33	010
47530		A	Revise/reinsert bile tube	5.96	30.34	31.82	3.46	3.51	0.37	090
47550		A	Bile duct endoscopy add-on	3.02	NA	NA	0.78	0.90	0.40	ZZZ
47552		A	Biliary endoscopy thru skin	6.03	NA	NA	2.50	2.37	0.42	000
47553		A	Biliary endoscopy thru skin	6.34	NA	NA	2.28	2.10	0.37	000
47554		A	Biliary endoscopy thru skin	9.05	NA	NA	3.31	3.26	0.96	000
47555		A	Biliary endoscopy thru skin	7.55	NA	NA	2.78	2.53	0.45	000
47556		A	Biliary endoscopy thru skin	8.55	NA	NA	3.13	2.84	0.50	000
47560		A	Laparoscopy w/cholangio	4.88	NA	NA	1.24	1.46	0.65	000
47561		A	Laparo w/cholangio/biopsy	5.17	NA	NA	1.59	1.74	0.66	000
47562		A	Laparoscopic cholecystectomy	11.63	NA	NA	5.25	5.12	1.46	090
47563		A	Laparo cholecystectomy/graph	12.03	NA	NA	5.05	5.18	1.58	090
47564		A	Laparo cholecystectomy/explr	14.21	NA	NA	5.40	5.68	1.89	090
47570		A	Laparo cholecystoenterostomy	12.56	NA	NA	4.95	5.17	1.65	090
47579		C	Laparoscope proc, biliary	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47600		A	Removal of gallbladder	17.35	NA	NA	7.20	6.67	1.80	090
47605		A	Removal of gallbladder	15.90	NA	NA	6.37	6.44	1.95	090
47610		A	Removal of gallbladder	20.84	NA	NA	7.64	7.79	2.49	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
47612		A	Removal of gallbladder	21.13	NA	NA	7.66	7.78	2.48	090
47620		A	Removal of gallbladder	22.99	NA	NA	8.15	8.34	2.74	090
47630		A	Remove bile duct stone	9.57	NA	NA	4.75	4.72	0.65	090
47700		A	Exploration of bile ducts	16.39	NA	NA	7.28	7.34	2.07	090
47701		A	Bile duct revision	28.62	NA	NA	10.62	10.96	3.68	090
47711		A	Excision of bile duct tumor	25.77	NA	NA	9.64	9.77	3.05	090
47712		A	Excision of bile duct tumor	33.59	NA	NA	11.65	12.02	3.93	090
47715		A	Excision of bile duct cyst	21.42	NA	NA	8.58	8.50	2.49	090
47719		A	Fusion of bile duct cyst	19.07	NA	NA	7.93	7.86	2.15	090
47720		A	Fuse gallbladder & bowel	18.21	NA	NA	7.71	7.59	2.11	090
47721		A	Fuse upper gi structures	21.86	NA	NA	8.53	8.56	2.53	090
47740		A	Fuse gallbladder & bowel	21.10	NA	NA	8.31	8.37	2.42	090
47741		A	Fuse gallbladder & bowel	24.08	NA	NA	9.23	9.26	2.83	090
47760		A	Fuse bile ducts and bowel	38.14	NA	NA	13.03	11.95	3.42	090
47765		A	Fuse liver ducts & bowel	52.01	NA	NA	16.94	13.87	3.30	090
47780		A	Fuse bile ducts and bowel	42.14	NA	NA	14.11	12.66	3.50	090
47785		A	Fuse bile ducts and bowel	56.01	NA	NA	17.87	15.40	4.10	090
47800		A	Reconstruction of bile ducts	26.04	NA	NA	9.75	9.90	3.08	090
47801		A	Placement, bile duct support	17.47	NA	NA	8.47	8.16	1.16	090
47802		A	Fuse liver duct & intestine	24.80	NA	NA	9.66	9.63	2.86	090
47900		A	Suture bile duct injury	22.31	NA	NA	8.83	8.83	2.65	090
47999		C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
48000		A	Drainage of abdomen	31.82	NA	NA	10.86	11.18	3.48	090
48001		A	Placement of drain, pancreas	39.56	NA	NA	12.77	13.31	4.69	090
48020		A	Removal of pancreatic stone	18.96	NA	NA	7.57	7.44	2.13	090
48100		A	Biopsy of pancreas, open	14.38	NA	NA	5.95	5.76	1.62	090
48102		A	Needle biopsy, pancreas	4.68	9.56	8.66	1.93	1.88	0.28	010
48105		A	Resect/debride pancreas	49.05	NA	NA	15.77	16.32	5.56	090
48120		A	Removal of pancreas lesion	18.33	NA	NA	6.85	6.86	2.10	090
48140		A	Partial removal of pancreas	26.19	NA	NA	9.37	9.45	3.03	090
48145		A	Partial removal of pancreas	27.26	NA	NA	9.54	9.71	3.18	090
48146		A	Pancreatectomy	30.42	NA	NA	11.91	11.94	3.50	090
48148		A	Removal of pancreatic duct	20.26	NA	NA	8.20	7.88	2.30	090
48150		A	Partial removal of pancreas	52.63	NA	NA	18.02	18.77	6.32	090
48152		A	Pancreatectomy	48.47	NA	NA	16.83	17.48	5.80	090
48153		A	Pancreatectomy	52.61	NA	NA	17.90	18.73	6.31	090
48154		A	Pancreatectomy	48.70	NA	NA	17.05	17.62	5.84	090
48155		A	Removal of pancreas	29.27	NA	NA	11.93	11.80	3.27	090
48400		A	Injection, intraop add-on	1.95	NA	NA	0.67	0.68	0.15	ZZZ
48500		A	Surgery of pancreatic cyst	18.03	NA	NA	7.64	7.55	2.03	090
48510		A	Drain pancreatic pseudocyst	17.06	NA	NA	7.58	7.50	1.83	090
48511		A	Drain pancreatic pseudocyst	3.99	20.03	20.30	1.45	1.33	0.24	000
48520		A	Fuse pancreas cyst and bowel	18.07	NA	NA	6.82	6.75	2.06	090
48540		A	Fuse pancreas cyst and bowel	21.86	NA	NA	7.79	7.94	2.61	090
48545		A	Pancreatorrhaphy	22.10	NA	NA	8.40	8.14	2.38	090
48547		A	Duodenal exclusion	30.25	NA	NA	10.28	10.38	3.42	090
48548		A	Fuse pancreas and bowel	27.96	NA	NA	9.88	10.07	3.28	090
48551		C	Prep donor pancreas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48552		A	Prep donor pancreas/venous	4.30	NA	NA	1.15	1.30	0.31	XXX
48554		R	Transpl allograft pancreas	37.03	NA	NA	20.43	19.36	4.19	090
48556		A	Removal, allograft pancreas	19.24	NA	NA	9.18	8.66	2.08	090
48999		C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49000		A	Exploration of abdomen	12.44	NA	NA	5.20	5.29	1.52	090
49002		A	Reopening of abdomen	17.55	NA	NA	6.38	5.71	1.37	090
49010		A	Exploration behind abdomen	15.98	NA	NA	6.21	6.07	1.51	090
49020		A	Drain abdominal abscess	26.46	NA	NA	9.88	10.03	2.85	090
49021		A	Drain abdominal abscess	3.37	19.48	20.11	1.23	1.12	0.20	000
49040		A	Drain, open, abdom abscess	16.41	NA	NA	6.50	6.46	1.70	090
49041		A	Drain, percut, abdom abscess	3.99	19.76	19.47	1.45	1.33	0.24	000
49060		A	Drain, open, retrop abscess	18.42	NA	NA	7.25	7.32	1.75	090
49061		A	Drain, percut, retroper absc	3.69	19.59	19.45	1.34	1.23	0.22	000
49062		A	Drain to peritoneal cavity	12.12	NA	NA	5.12	5.29	1.39	090
49080		A	Puncture, peritoneal cavity	1.35	2.71	3.32	0.49	0.46	0.08	000
49081		A	Removal of abdominal fluid	1.26	2.92	2.74	0.47	0.44	0.09	000
49180		A	Biopsy, abdominal mass	1.73	2.47	2.75	0.63	0.58	0.10	000
49200		A	Removal of abdominal lesion	10.94	NA	NA	4.85	4.94	1.24	090
49201		A	Remove abdom lesion, complex	15.67	NA	NA	6.42	6.73	1.88	090
49215		A	Excise sacral spine tumor	37.66	NA	NA	12.75	13.40	4.38	090
49220		A	Multiple surgery, abdomen	15.70	NA	NA	6.48	6.51	1.89	090
49250		A	Excision of umbilicus	8.93	NA	NA	4.34	4.29	1.08	090
49255		A	Removal of omentum	12.41	NA	NA	5.61	5.61	1.43	090
49320		A	Diag laparo separate proc	5.09	NA	NA	2.44	2.54	0.65	010

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
49321		A	Laparoscopy, biopsy	5.39	NA	NA	2.56	2.60	0.70	010
49322		A	Laparoscopy, aspiration	5.96	NA	NA	2.63	2.81	0.71	010
49323		A	Laparo drain lymphocele	10.13	NA	NA	4.68	4.59	1.20	090
49324		A	Lap insertion perm ip cath	6.27	NA	NA	2.78	2.79	0.73	010
49325		A	Lap revision perm ip cath	6.77	NA	NA	2.90	2.92	0.86	010
49326		A	Lap w/omentopexy add-on	3.50	NA	NA	0.92	0.92	0.44	ZZZ
49329		C	Laparo proc, abdm/per/oment	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49400		A	Air injection into abdomen	1.88	2.46	2.74	0.62	0.61	0.15	000
49402		A	Remove foreign body, adbomen	14.01	NA	NA	5.51	5.51	1.62	090
49419		A	Insrt abdom cath for chemotx	7.03	NA	NA	3.44	3.49	0.81	090
49420		A	Insert abdom drain, temp	2.22	NA	NA	1.19	1.14	0.21	000
49421		A	Insert abdom drain, perm	5.87	NA	NA	3.10	3.13	0.74	090
49422		A	Remove perm cannula/catheter	6.26	NA	NA	2.60	2.75	0.83	010
49423		A	Exchange drainage catheter	1.46	12.97	13.44	0.57	0.53	0.09	000
49424		A	Assess cyst, contrast inject	0.76	3.06	3.36	0.31	0.29	0.04	000
49425		A	Insert abdomen-venous drain	12.13	NA	NA	5.29	5.44	1.54	090
49426		A	Revise abdomen-venous shunt	10.33	NA	NA	4.55	4.65	1.28	090
49427		A	Injection, abdominal shunt	0.89	NA	NA	0.32	0.30	0.07	000
49428		A	Ligation of shunt	6.79	NA	NA	2.99	3.47	0.80	010
49429		A	Removal of shunt	7.41	NA	NA	2.99	3.20	1.02	010
49435		A	Insert subq exten to ip cath	2.25	NA	NA	0.62	0.61	0.28	ZZZ
49436		A	Embedded ip cath exit-site	2.69	NA	NA	1.66	1.64	0.28	010
49491		A	Rpr hern preemie reduc	12.42	NA	NA	4.60	4.97	1.40	090
49492		A	Rpr ing hern premie, blocked	15.32	NA	NA	6.21	6.10	1.81	090
49495		A	Rpr ing hernia baby, reduc	6.15	NA	NA	3.04	2.99	0.74	090
49496		A	Rpr ing hernia baby, blocked	9.32	NA	NA	4.42	4.33	1.07	090
49500		A	Rpr ing hernia, init, reduce	5.76	NA	NA	3.69	3.39	0.71	090
49501		A	Rpr ing hernia, init blocked	9.28	NA	NA	4.25	4.22	1.12	090
49505		A	Prp i/hern init reduc >5 yr	7.88	NA	NA	3.86	3.81	1.03	090
49507		A	Prp i/hern init block >5 yr	9.97	NA	NA	4.43	4.45	1.27	090
49520		A	Rerepair ing hernia, reduce	9.91	NA	NA	4.36	4.40	1.28	090
49521		A	Rerepair ing hernia, blocked	12.36	NA	NA	4.97	5.11	1.59	090
49525		A	Repair ing hernia, sliding	8.85	NA	NA	4.10	4.09	1.13	090
49540		A	Repair lumbar hernia	10.66	NA	NA	4.56	4.67	1.37	090
49550		A	Rpr rem hernia, init, reduce	8.91	NA	NA	4.09	4.11	1.14	090
49553		A	Rpr fem hernia, init blocked	9.84	NA	NA	4.39	4.40	1.24	090
49555		A	Rerepair fem hernia, reduce	9.31	NA	NA	4.19	4.23	1.20	090
49557		A	Rerepair fem hernia, blocked	11.54	NA	NA	4.81	4.90	1.47	090
49560		A	Rpr ventral hern init, reduc	11.84	NA	NA	4.86	5.01	1.52	090
49561		A	Rpr ventral hern init, block	15.30	NA	NA	5.78	5.93	1.89	090
49565		A	Rerepair ventrl hern, reduce	12.29	NA	NA	5.07	5.15	1.52	090
49566		A	Rerepair ventrl hern, block	15.45	NA	NA	5.83	5.98	1.91	090
49568		A	Hernia repair w/mesh	4.88	NA	NA	1.25	1.46	0.64	ZZZ
49570		A	Rpr epigastric hern, reduce	5.97	NA	NA	3.36	3.26	0.75	090
49572		A	Rpr epigastric hern, blocked	7.79	NA	NA	3.81	3.64	0.88	090
49580		A	Rpr umbil hern, reduc < 5 yr	4.39	NA	NA	2.91	2.76	0.54	090
49582		A	Rpr umbil hern, block < 5 yr	7.05	NA	NA	3.67	3.56	0.88	090
49585		A	Rpr umbil hern, reduc > 5 yr	6.51	NA	NA	3.49	3.40	0.82	090
49587		A	Rpr umbil hern, block > 5 yr	7.96	NA	NA	3.84	3.79	0.99	090
49590		A	Repair spigelian hernia	8.82	NA	NA	4.07	4.08	1.13	090
49600		A	Repair umbilical lesion	11.47	NA	NA	5.39	5.32	1.32	090
49605		A	Repair umbilical lesion	86.85	NA	NA	26.29	27.42	9.39	090
49606		A	Repair umbilical lesion	18.92	NA	NA	6.77	7.20	2.46	090
49610		A	Repair umbilical lesion	10.83	NA	NA	5.31	5.15	1.07	090
49611		A	Repair umbilical lesion	9.26	NA	NA	4.24	5.51	0.78	090
49650		A	Laparo hernia repair initial	6.30	NA	NA	3.32	3.26	0.93	090
49651		A	Laparo hernia repair recur	8.29	NA	NA	4.21	4.13	1.14	090
49659		C	Laparo proc, hernia repair	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49900		A	Repair of abdominal wall	12.26	NA	NA	6.26	6.25	1.62	090
49904		A	Omental flap, extra-abdom	22.16	NA	NA	11.89	13.62	2.70	090
49905		A	Omental flap, intra-abdom	6.54	NA	NA	1.71	2.01	0.75	ZZZ
49906		C	Free omental flap, microvasc	2.08	0.00	0.00	0.00	0.00	0.00	090
49999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50010		A	Exploration of kidney	12.13	NA	NA	6.79	6.02	0.93	090
50020		A	Renal abscess, open drain	17.88	NA	NA	8.52	8.13	1.34	090
50021		A	Renal abscess, percut drain	3.37	20.92	21.13	1.23	1.12	0.20	000
50040		A	Drainage of kidney	16.48	NA	NA	8.94	7.87	1.03	090
50045		A	Exploration of kidney	16.67	NA	NA	8.19	7.45	1.24	090
50060		A	Removal of kidney stone	20.80	NA	NA	10.95	9.44	1.36	090
50065		A	Incision of kidney	22.17	NA	NA	11.67	8.90	1.59	090
50070		A	Incision of kidney	21.70	NA	NA	11.47	9.87	1.44	090
50075		A	Removal of kidney stone	26.91	NA	NA	13.67	11.83	1.81	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
50080		A	Removal of kidney stone	15.61	NA	NA	8.65	7.47	1.04	090
50081		A	Removal of kidney stone	23.32	NA	NA	12.33	10.56	1.54	090
50100		A	Revise kidney blood vessels	17.30	NA	NA	6.37	7.22	2.07	090
50120		A	Exploration of kidney	17.06	NA	NA	9.22	7.94	1.21	090
50125		A	Explore and drain kidney	17.67	NA	NA	9.83	8.42	1.43	090
50130		A	Removal of kidney stone	18.67	NA	NA	10.17	8.68	1.22	090
50135		A	Exploration of kidney	20.44	NA	NA	10.81	9.32	1.33	090
50200		A	Biopsy of kidney	2.63	NA	NA	1.19	1.22	0.16	000
50205		A	Biopsy of kidney	12.19	NA	NA	5.52	5.28	1.30	090
50220		A	Remove kidney, open	18.53	NA	NA	9.62	8.45	1.35	090
50225		A	Removal kidney open, complex	21.73	NA	NA	11.15	9.66	1.50	090
50230		A	Removal kidney open, radical	23.68	NA	NA	11.80	10.21	1.55	090
50234		A	Removal of kidney & ureter	23.90	NA	NA	12.19	10.54	1.59	090
50236		A	Removal of kidney & ureter	26.74	NA	NA	14.08	12.19	1.77	090
50240		A	Partial removal of kidney	24.01	NA	NA	12.76	10.91	1.55	090
50250		A	Cryoablate renal mass open	22.06	NA	NA	11.63	10.25	1.39	090
50280		A	Removal of kidney lesion	16.94	NA	NA	9.15	7.96	1.19	090
50290		A	Removal of kidney lesion	16.00	NA	NA	7.78	7.20	1.41	090
50320		A	Remove kidney, living donor	22.28	NA	NA	12.27	11.49	2.36	090
50323		C	Prep cadaver renal allograft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50325		C	Prep donor renal graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50327		A	Prep renal graft/venous	4.00	NA	NA	1.10	1.23	0.29	XXX
50328		A	Prep renal graft/arterial	3.50	NA	NA	0.99	1.08	0.26	XXX
50329		A	Prep renal graft/ureteral	3.34	NA	NA	1.07	1.08	0.25	XXX
50340		A	Removal of kidney	13.86	NA	NA	7.86	7.14	1.65	090
50360		A	Transplantation of kidney	40.45	NA	NA	18.64	17.09	3.82	090
50365		A	Transplantation of kidney	45.68	NA	NA	19.28	18.78	4.43	090
50370		A	Remove transplanted kidney	18.68	NA	NA	9.18	8.18	1.68	090
50380		A	Reimplantation of kidney	29.66	NA	NA	16.13	14.12	2.51	090
50382		A	Change ureter stent, percut	5.50	26.17	30.92	2.08	1.90	0.34	000
50384		A	Remove ureter stent, percut	5.00	20.53	27.71	1.88	1.73	0.31	000
50387		A	Change ext/int ureter stent	2.00	12.51	15.28	0.74	0.68	0.12	000
50389		A	Remove renal tube w/fluoro	1.10	6.63	9.64	0.41	0.38	0.07	000
50390		A	Drainage of kidney lesion	1.96	NA	NA	0.72	0.65	0.12	000
50391		A	Instll rx agnt into rnal tub	1.96	1.39	1.50	0.73	0.69	0.14	000
50392		A	Insert kidney drain	3.37	NA	NA	1.53	1.48	0.20	000
50393		A	Insert ureteral tube	4.15	NA	NA	1.82	1.75	0.25	000
50394		A	Injection for kidney x-ray	0.76	1.86	2.25	0.58	0.61	0.05	000
50395		A	Create passage to kidney	3.37	NA	NA	1.58	1.51	0.21	000
50396		A	Measure kidney pressure	2.09	NA	NA	1.09	1.06	0.13	000
50398		A	Change kidney tube	1.46	11.74	13.95	0.57	0.53	0.09	000
50400		A	Revision of kidney/ureter	21.12	NA	NA	11.08	9.51	1.38	090
50405		A	Revision of kidney/ureter	25.68	NA	NA	13.07	11.09	1.79	090
50500		A	Repair of kidney wound	21.07	NA	NA	8.75	8.66	2.02	090
50520		A	Close kidney-skin fistula	18.73	NA	NA	9.33	8.41	1.49	090
50525		A	Repair renal-abdomen fistula	24.21	NA	NA	11.91	10.31	1.84	090
50526		A	Repair renal-abdomen fistula	26.13	NA	NA	8.14	9.00	1.97	090
50540		A	Revision of horseshoe kidney	20.95	NA	NA	10.74	9.56	1.36	090
50541		A	Laparo ablate renal cyst	16.76	NA	NA	8.81	7.66	1.13	090
50542		A	Laparo ablate renal mass	21.18	NA	NA	11.32	9.73	1.39	090
50543		A	Laparo partial nephrectomy	27.18	NA	NA	14.27	12.25	1.81	090
50544		A	Laparoscopy, pyeloplasty	23.27	NA	NA	11.59	10.07	1.58	090
50545		A	Laparo radical nephrectomy	24.93	NA	NA	12.31	10.78	1.71	090
50546		A	Laparoscopic nephrectomy	21.69	NA	NA	11.42	9.91	1.57	090
50547		A	Laparo removal donor kidney	26.24	NA	NA	12.54	11.85	2.77	090
50548		A	Laparo remove w/ureter	25.26	NA	NA	12.29	10.76	1.73	090
50549		C	Laparoscope proc, renal	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50551		A	Kidney endoscopy	5.59	4.62	4.38	2.69	2.33	0.40	000
50553		A	Kidney endoscopy	5.98	4.51	4.40	2.66	2.39	0.39	000
50555		A	Kidney endoscopy & biopsy	6.52	5.13	4.97	3.07	2.70	0.45	000
50557		A	Kidney endoscopy & treatment	6.61	5.30	4.94	3.12	2.71	0.47	000
50561		A	Kidney endoscopy & treatment	7.58	5.84	5.45	3.46	3.05	0.54	000
50562		A	Renal scope w/tumor resect	10.90	NA	NA	5.43	4.88	0.73	090
50570		A	Kidney endoscopy	9.53	NA	NA	4.21	3.73	0.68	000
50572		A	Kidney endoscopy	10.33	NA	NA	4.38	3.99	0.85	000
50574		A	Kidney endoscopy & biopsy	11.00	NA	NA	4.87	4.30	0.77	000
50575		A	Kidney endoscopy	13.96	NA	NA	6.05	5.36	0.99	000
50576		A	Kidney endoscopy & treatment	10.97	NA	NA	4.85	4.27	0.78	000
50580		A	Kidney endoscopy & treatment	11.84	NA	NA	5.17	4.58	0.83	000
50590		A	Fragmenting of kidney stone	9.64	17.08	14.76	6.18	5.16	0.65	090
50592		A	Perc rf ablate renal tumor	6.77	74.72	111.68	3.03	2.94	0.43	010
50600		A	Exploration of ureter	17.04	NA	NA	8.60	7.65	1.13	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
50605		A	Insert ureteral support	16.66	NA	NA	7.94	7.35	1.45	090
50610		A	Removal of ureter stone	17.12	NA	NA	9.01	8.02	1.43	090
50620		A	Removal of ureter stone	16.30	NA	NA	8.98	7.67	1.07	090
50630		A	Removal of ureter stone	16.08	NA	NA	8.24	7.28	1.09	090
50650		A	Removal of ureter	18.67	NA	NA	10.11	8.69	1.23	090
50660		A	Removal of ureter	20.87	NA	NA	10.85	9.42	1.38	090
50684		A	Injection for ureter x-ray	0.76	3.94	4.47	0.63	0.55	0.05	000
50686		A	Measure ureter pressure	1.51	2.28	2.82	0.82	0.80	0.11	000
50688		A	Change of ureter tube/stent	1.18	NA	NA	0.95	0.99	0.07	010
50690		A	Injection for ureter x-ray	1.16	1.45	1.62	0.75	0.72	0.07	000
50700		A	Revision of ureter	16.54	NA	NA	8.86	7.91	1.27	090
50715		A	Release of ureter	20.49	NA	NA	8.63	8.70	2.14	090
50722		A	Release of ureter	17.80	NA	NA	7.32	7.68	1.91	090
50725		A	Release/revise ureter	20.05	NA	NA	8.89	8.61	1.52	090
50727		A	Revise ureter	8.17	NA	NA	5.76	5.02	0.61	090
50728		A	Revise ureter	12.00	NA	NA	6.79	6.25	1.00	090
50740		A	Fusion of ureter & kidney	19.92	NA	NA	8.99	8.38	1.97	090
50750		A	Fusion of ureter & kidney	21.07	NA	NA	11.22	9.38	1.38	090
50760		A	Fusion of ureters	19.92	NA	NA	9.98	8.81	1.55	090
50770		A	Splicing of ureters	21.07	NA	NA	11.01	9.46	1.45	090
50780		A	Reimplant ureter in bladder	19.80	NA	NA	10.22	8.91	1.51	090
50782		A	Reimplant ureter in bladder	19.51	NA	NA	10.19	9.20	1.61	090
50783		A	Reimplant ureter in bladder	20.52	NA	NA	10.31	9.23	1.99	090
50785		A	Reimplant ureter in bladder	22.08	NA	NA	11.33	9.81	1.45	090
50800		A	Implant ureter in bowel	16.23	NA	NA	9.25	7.88	1.19	090
50810		A	Fusion of ureter & bowel	22.38	NA	NA	10.64	9.69	2.32	090
50815		A	Urine shunt to intestine	22.06	NA	NA	11.59	10.04	1.54	090
50820		A	Construct bowel bladder	23.89	NA	NA	11.97	10.33	1.90	090
50825		A	Construct bowel bladder	30.48	NA	NA	15.08	13.13	2.08	090
50830		A	Revise urine flow	33.57	NA	NA	15.78	14.03	2.38	090
50840		A	Replace ureter by bowel	22.19	NA	NA	12.06	10.25	1.47	090
50845		A	Appendico-vesicostomy	22.21	NA	NA	12.35	10.66	1.57	090
50860		A	Transplant ureter to skin	16.93	NA	NA	9.31	7.94	1.29	090
50900		A	Repair of ureter	14.89	NA	NA	8.06	7.11	1.14	090
50920		A	Closure ureter/skin fistula	15.66	NA	NA	8.60	7.57	1.01	090
50930		A	Closure ureter/bowel fistula	20.04	NA	NA	9.56	8.90	1.28	090
50940		A	Release of ureter	15.78	NA	NA	7.85	7.20	1.26	090
50945		A	Laparoscopy ureterolithotomy	17.87	NA	NA	9.40	8.13	1.36	090
50947		A	Laparo new ureter/bladder	25.63	NA	NA	12.42	11.09	2.17	090
50948		A	Laparo new ureter/bladder	23.69	NA	NA	11.31	10.14	1.71	090
50949		C	Laparoscope proc, ureter	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50951		A	Endoscopy of ureter	5.83	4.85	4.58	2.80	2.43	0.41	000
50953		A	Endoscopy of ureter	6.23	4.95	4.69	3.25	2.82	0.43	000
50955		A	Ureter endoscopy & biopsy	6.74	5.17	5.80	3.49	3.09	0.48	000
50957		A	Ureter endoscopy & treatment	6.78	5.41	4.98	3.19	2.78	0.48	000
50961		A	Ureter endoscopy & treatment	6.04	4.77	4.57	2.82	2.49	0.41	000
50970		A	Ureter endoscopy	7.13	NA	NA	3.29	2.88	0.52	000
50972		A	Ureter endoscopy & catheter	6.88	NA	NA	3.10	2.77	0.49	000
50974		A	Ureter endoscopy & biopsy	9.16	NA	NA	3.82	3.49	0.64	000
50976		A	Ureter endoscopy & treatment	9.03	NA	NA	3.91	3.45	0.66	000
50980		A	Ureter endoscopy & treatment	6.84	NA	NA	3.17	2.76	0.48	000
51000		A	Drainage of bladder	0.78	0.92	1.43	0.27	0.26	0.05	000
51005		A	Drainage of bladder	1.02	2.40	3.55	0.35	0.34	0.10	000
51010		A	Drainage of bladder	4.27	4.75	5.18	2.39	2.13	0.28	010
51020		A	Incise & treat bladder	7.56	NA	NA	5.42	4.63	0.47	090
51030		A	Incise & treat bladder	7.68	NA	NA	4.78	4.39	0.58	090
51040		A	Incise & drain bladder	4.43	NA	NA	3.71	3.24	0.31	090
51045		A	Incise bladder/drain ureter	7.68	NA	NA	5.18	4.57	0.52	090
51050		A	Removal of bladder stone	7.87	NA	NA	5.37	4.52	0.49	090
51060		A	Removal of ureter stone	9.82	NA	NA	6.48	5.49	0.62	090
51065		A	Remove ureter calculus	9.82	NA	NA	6.30	5.35	0.63	090
51080		A	Drainage of bladder abscess	6.61	NA	NA	4.67	4.04	0.43	090
51500		A	Removal of bladder cyst	10.92	NA	NA	5.76	5.40	1.03	090
51520		A	Removal of bladder lesion	10.08	NA	NA	6.37	5.56	0.69	090
51525		A	Removal of bladder lesion	15.29	NA	NA	8.56	7.37	0.99	090
51530		A	Removal of bladder lesion	13.58	NA	NA	7.45	6.58	1.05	090
51535		A	Repair of ureter lesion	13.77	NA	NA	7.43	6.80	1.23	090
51550		A	Partial removal of bladder	17.10	NA	NA	8.79	7.79	1.31	090
51555		A	Partial removal of bladder	23.03	NA	NA	11.48	10.09	1.70	090
51565		A	Revise bladder & ureter(s)	23.50	NA	NA	12.26	10.60	1.63	090
51570		A	Removal of bladder	27.31	NA	NA	13.65	11.68	1.72	090
51575		A	Removal of bladder & nodes	34.00	NA	NA	16.66	14.40	2.17	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
51580		A	Remove bladder/revise tract	35.14	NA	NA	17.81	15.16	2.25	090
51585		A	Removal of bladder & nodes	39.41	NA	NA	19.51	16.67	2.49	090
51590		A	Remove bladder/revise tract	36.15	NA	NA	17.48	15.08	2.28	090
51595		A	Remove bladder/revise tract	41.12	NA	NA	19.85	17.02	2.60	090
51596		A	Remove bladder/create pouch	44.01	NA	NA	21.49	18.38	2.78	090
51597		A	Removal of pelvic structures	42.61	NA	NA	20.44	17.62	2.82	090
51600		A	Injection for bladder x-ray	0.88	4.21	4.61	0.33	0.30	0.06	000
51605		A	Preparation for bladder xray	0.64	NA	NA	0.43	0.39	0.04	000
51610		A	Injection for bladder x-ray	1.05	1.91	2.09	0.71	0.65	0.07	000
51700		A	Irrigation of bladder	0.88	1.50	1.55	0.35	0.32	0.06	000
51701		A	Insert bladder catheter	0.50	1.03	1.31	0.25	0.22	0.04	000
51702		A	Insert temp bladder cath	0.50	1.52	1.80	0.34	0.29	0.04	000
51703		A	Insert bladder cath, complex	1.47	2.26	2.50	0.81	0.69	0.10	000
51705		A	Change of bladder tube	1.03	2.02	2.15	0.85	0.73	0.07	010
51710		A	Change of bladder tube	1.50	2.72	3.03	1.18	0.98	0.11	010
51715		A	Endoscopic injection/implant	3.73	4.42	4.17	1.75	1.56	0.29	000
51720		A	Treatment of bladder lesion	1.50	1.62	1.69	0.75	0.72	0.14	000
51725		A	Simple cystometrogram	1.51	4.22	4.91	4.22	4.91	0.16	000
51725	26	A	Simple cystometrogram	1.51	0.56	0.53	0.56	0.53	0.12	000
51725	TC	A	Simple cystometrogram	0.00	3.66	4.39	3.66	4.39	0.04	000
51726		A	Complex cystometrogram	1.71	7.08	7.30	7.08	7.30	0.18	000
51726	26	A	Complex cystometrogram	1.71	0.65	0.61	0.65	0.61	0.13	000
51726	TC	A	Complex cystometrogram	0.00	6.43	6.69	6.43	6.69	0.05	000
51736		A	Urine flow measurement	0.61	0.94	0.76	0.94	0.76	0.06	000
51736	26	A	Urine flow measurement	0.61	0.24	0.22	0.24	0.22	0.05	000
51736	TC	A	Urine flow measurement	0.00	0.70	0.54	0.70	0.54	0.01	000
51741		A	Electro-uroflowmetry, first	1.14	1.28	1.03	1.28	1.03	0.11	000
51741	26	A	Electro-uroflowmetry, first	1.14	0.45	0.41	0.45	0.41	0.09	000
51741	TC	A	Electro-uroflowmetry, first	0.00	0.82	0.62	0.82	0.62	0.02	000
51772		A	Urethra pressure profile	1.61	5.03	5.30	5.03	5.30	0.20	000
51772	26	A	Urethra pressure profile	1.61	0.55	0.55	0.55	0.55	0.15	000
51772	TC	A	Urethra pressure profile	0.00	4.48	4.75	4.48	4.75	0.05	000
51784		A	Anal/urinary muscle study	1.53	4.11	4.00	4.11	4.00	0.16	000
51784	26	A	Anal/urinary muscle study	1.53	0.57	0.53	0.57	0.53	0.12	000
51784	TC	A	Anal/urinary muscle study	0.00	3.54	3.47	3.54	3.47	0.04	000
51785		A	Anal/urinary muscle study	1.53	4.54	4.49	4.54	4.49	0.15	000
51785	26	A	Anal/urinary muscle study	1.53	0.57	0.54	0.57	0.54	0.11	000
51785	TC	A	Anal/urinary muscle study	0.00	3.97	3.95	3.97	3.95	0.04	000
51792		A	Urinary reflex study	1.10	5.07	5.52	5.07	5.52	0.20	000
51792	26	A	Urinary reflex study	1.10	0.40	0.41	0.40	0.41	0.07	000
51792	TC	A	Urinary reflex study	0.00	4.67	5.11	4.67	5.11	0.13	000
51795		A	Urine voiding pressure study	1.53	6.69	7.00	6.69	7.00	0.22	000
51795	26	A	Urine voiding pressure study	1.53	0.58	0.54	0.58	0.54	0.12	000
51795	TC	A	Urine voiding pressure study	0.00	6.11	6.46	6.11	6.46	0.10	000
51797		A	Intraabdominal pressure test	1.60	4.82	5.31	4.82	5.31	0.17	000
51797	26	A	Intraabdominal pressure test	1.60	0.60	0.57	0.60	0.57	0.12	000
51797	TC	A	Intraabdominal pressure test	0.00	4.22	4.74	4.22	4.74	0.05	000
51798		A	Us urine capacity measure	0.00	0.59	0.46	NA	NA	0.08	XXX
51800		A	Revision of bladder/urethra	18.74	NA	NA	9.83	8.76	1.32	090
51820		A	Revision of urinary tract	19.41	NA	NA	9.75	9.16	1.75	090
51840		A	Attach bladder/urethra	11.28	NA	NA	5.80	5.68	1.06	090
51841		A	Attach bladder/urethra	13.60	NA	NA	6.95	6.65	1.24	090
51845		A	Repair bladder neck	10.07	NA	NA	5.94	5.34	0.79	090
51860		A	Repair of bladder wound	12.49	NA	NA	6.76	6.27	1.16	090
51865		A	Repair of bladder wound	15.69	NA	NA	8.41	7.56	1.23	090
51880		A	Repair of bladder opening	7.81	NA	NA	4.75	4.35	0.72	090
51900		A	Repair bladder/vagina lesion	14.48	NA	NA	8.07	7.07	1.21	090
51920		A	Close bladder-uterus fistula	13.26	NA	NA	8.12	6.83	1.18	090
51925		A	Hysterectomy/bladder repair	17.35	NA	NA	11.93	10.01	2.04	090
51940		A	Correction of bladder defect	30.48	NA	NA	11.80	11.89	2.15	090
51960		A	Revision of bladder & bowel	25.20	NA	NA	13.02	11.37	1.63	090
51980		A	Construct bladder opening	12.44	NA	NA	7.12	6.29	0.86	090
51990		A	Laparo urethral suspension	13.26	NA	NA	5.97	6.06	1.39	090
51992		A	Laparo sling operation	14.77	NA	NA	6.57	6.40	1.41	090
51999		C	Laparoscope proc, bla	0.00	0.00	0.00	0.00	0.00	0.00	YYY
52000		A	Cystoscopy	2.23	3.66	3.49	1.33	1.05	0.14	000
52001		A	Cystoscopy, removal of clots	5.44	5.07	5.08	2.60	2.24	0.39	000
52005		A	Cystoscopy & ureter catheter	2.37	5.72	5.65	1.38	1.14	0.17	000
52007		A	Cystoscopy and biopsy	3.02	10.67	13.56	1.63	1.40	0.22	000
52010		A	Cystoscopy & duct catheter	3.02	8.02	9.41	1.63	1.40	0.21	000
52204		A	Cystoscopy w/biopsy(s)	2.59	8.28	11.41	1.39	1.15	0.17	000
52214		A	Cystoscopy and treatment	3.70	19.80	28.97	1.85	1.60	0.26	000

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
52224		A	Cystoscopy and treatment	3.14	18.98	27.73	1.62	1.39	0.22	000
52234		A	Cystoscopy and treatment	4.62	NA	NA	2.30	1.99	0.33	000
52235		A	Cystoscopy and treatment	5.44	NA	NA	2.67	2.31	0.39	000
52240		A	Cystoscopy and treatment	9.71	NA	NA	4.41	3.87	0.69	000
52250		A	Cystoscopy and radiotracer	4.49	NA	NA	2.33	2.00	0.32	000
52260		A	Cystoscopy and treatment	3.91	NA	NA	1.96	1.70	0.28	000
52265		A	Cystoscopy and treatment	2.94	7.47	10.44	1.48	1.31	0.22	000
52270		A	Cystoscopy & revise urethra	3.36	7.01	9.03	1.76	1.51	0.24	000
52275		A	Cystoscopy & revise urethra	4.69	9.28	12.43	2.30	1.99	0.33	000
52276		A	Cystoscopy and treatment	4.99	NA	NA	2.48	2.13	0.35	000
52277		A	Cystoscopy and treatment	6.16	NA	NA	2.94	2.58	0.44	000
52281		A	Cystoscopy and treatment	2.80	5.28	6.19	1.56	1.33	0.20	000
52282		A	Cystoscopy, implant stent	6.39	NA	NA	3.00	2.63	0.45	000
52283		A	Cystoscopy and treatment	3.73	4.08	4.02	1.89	1.64	0.26	000
52285		A	Cystoscopy and treatment	3.60	4.33	4.18	1.85	1.60	0.26	000
52290		A	Cystoscopy and treatment	4.58	NA	NA	2.29	1.98	0.32	000
52300		A	Cystoscopy and treatment	5.30	NA	NA	2.59	2.26	0.38	000
52301		A	Cystoscopy and treatment	5.50	NA	NA	2.72	2.26	0.46	000
52305		A	Cystoscopy and treatment	5.30	NA	NA	2.52	2.19	0.38	000
52310		A	Cystoscopy and treatment	2.81	4.01	4.36	1.45	1.24	0.20	000
52315		A	Cystoscopy and treatment	5.20	6.63	7.66	2.50	2.17	0.37	000
52317		A	Remove bladder stone	6.71	17.02	23.00	3.04	2.67	0.48	000
52318		A	Remove bladder stone	9.18	NA	NA	4.10	3.61	0.65	000
52320		A	Cystoscopy and treatment	4.69	NA	NA	2.24	1.94	0.33	000
52325		A	Cystoscopy, stone removal	6.15	NA	NA	2.82	2.48	0.44	000
52327		A	Cystoscopy, inject material	5.18	18.03	24.89	2.41	2.11	0.37	000
52330		A	Cystoscopy and treatment	5.03	20.33	29.60	2.38	2.07	0.36	000
52332		A	Cystoscopy and treatment	2.83	12.37	9.07	1.57	1.32	0.21	000
52334		A	Create passage to kidney	4.82	NA	NA	2.36	2.05	0.35	000
52341		A	Cysto w/ureter stricture tx	6.11	NA	NA	3.08	2.65	0.43	000
52342		A	Cysto w/up stricture tx	6.61	NA	NA	3.30	2.83	0.46	000
52343		A	Cysto w/renal stricture tx	7.31	NA	NA	3.53	3.07	0.51	000
52344		A	Cysto/uretero, stricture tx	7.81	NA	NA	3.95	3.38	0.55	000
52345		A	Cysto/uretero w/up stricture	8.31	NA	NA	4.16	3.57	0.58	000
52346		A	Cystouretero w/renal strict	9.34	NA	NA	4.57	3.94	0.65	000
52351		A	Cystouretero & or pyeloscope	5.85	NA	NA	2.99	2.57	0.41	000
52352		A	Cystouretero w/stone remove	6.87	NA	NA	3.51	3.02	0.49	000
52353		A	Cystouretero w/lithotripsy	7.96	NA	NA	3.95	3.41	0.57	000
52354		A	Cystouretero w/biopsy	7.33	NA	NA	3.69	3.19	0.52	000
52355		A	Cystouretero w/excise tumor	8.81	NA	NA	4.30	3.73	0.63	000
52400		A	Cystouretero w/congen repr	10.06	NA	NA	5.45	4.60	0.68	090
52402		A	Cystourethro cut ejacul duct	5.27	NA	NA	2.19	1.96	0.40	000
52450		A	Incision of prostate	7.63	NA	NA	5.52	4.61	0.54	090
52500		A	Revision of bladder neck	9.39	NA	NA	6.23	5.09	0.60	090
52510		A	Dilation prostatic urethra	7.49	NA	NA	4.94	4.03	0.48	090
52601		A	Prostatectomy (TURP)	15.13	NA	NA	8.52	6.83	0.87	090
52606		A	Control postop bleeding	8.84	NA	NA	5.53	4.56	0.57	090
52612		A	Prostatectomy, first stage	9.07	NA	NA	5.93	4.84	0.56	090
52614		A	Prostatectomy, second stage	7.81	NA	NA	5.41	4.39	0.48	090
52620		A	Remove residual prostate	7.19	NA	NA	4.66	3.83	0.47	090
52630		A	Remove prostate regrowth	7.65	NA	NA	4.84	4.03	0.51	090
52640		A	Relieve bladder contracture	6.89	NA	NA	4.45	3.72	0.47	090
52647		A	Laser surgery of prostate	11.15	41.80	57.91	6.96	5.76	0.73	090
52648		A	Laser surgery of prostate	12.00	42.34	58.18	7.29	6.06	0.79	090
52700		A	Drainage of prostate abscess	7.39	NA	NA	4.94	4.08	0.48	090
53000		A	Incision of urethra	2.30	NA	NA	1.78	1.67	0.16	010
53010		A	Incision of urethra	4.35	NA	NA	3.85	3.38	0.24	090
53020		A	Incision of urethra	1.77	NA	NA	0.96	0.82	0.13	000
53025		A	Incision of urethra	1.13	NA	NA	0.82	0.67	0.08	000
53040		A	Drainage of urethra abscess	6.49	NA	NA	4.43	3.94	0.45	090
53060		A	Drainage of urethra abscess	2.65	2.10	2.07	1.55	1.44	0.28	010
53080		A	Drainage of urinary leakage	6.82	NA	NA	5.00	5.47	0.52	090
53085		A	Drainage of urinary leakage	11.05	NA	NA	4.43	5.94	0.92	090
53200		A	Biopsy of urethra	2.59	1.71	1.52	1.31	1.15	0.20	000
53210		A	Removal of urethra	13.59	NA	NA	7.76	6.81	0.89	090
53215		A	Removal of urethra	16.72	NA	NA	9.23	7.94	1.10	090
53220		A	Treatment of urethra lesion	7.53	NA	NA	5.03	4.38	0.49	090
53230		A	Removal of urethra lesion	10.31	NA	NA	6.43	5.59	0.73	090
53235		A	Removal of urethra lesion	10.86	NA	NA	6.97	5.95	0.72	090
53240		A	Surgery for urethra pouch	6.98	NA	NA	4.90	4.20	0.52	090
53250		A	Removal of urethra gland	6.42	NA	NA	4.41	3.91	0.49	090
53260		A	Treatment of urethra lesion	3.00	2.46	2.35	1.85	1.64	0.25	010

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
53265		A	Treatment of urethra lesion	3.14	2.95	2.84	2.00	1.71	0.24	010
53270		A	Removal of urethra gland	3.11	2.47	2.31	1.86	1.68	0.30	010
53275		A	Repair of urethra defect	4.54	NA	NA	2.79	2.52	0.32	010
53400		A	Revise urethra, stage 1	13.98	NA	NA	8.28	7.15	0.98	090
53405		A	Revise urethra, stage 2	15.51	NA	NA	8.78	7.59	1.10	090
53410		A	Reconstruction of urethra	17.53	NA	NA	9.77	8.44	1.16	090
53415		A	Reconstruction of urethra	20.55	NA	NA	10.88	9.15	1.37	090
53420		A	Reconstruct urethra, stage 1	15.04	NA	NA	7.07	6.60	0.96	090
53425		A	Reconstruct urethra, stage 2	16.94	NA	NA	9.10	8.05	1.13	090
53430		A	Reconstruction of urethra	17.30	NA	NA	8.92	7.94	1.15	090
53431		A	Reconstruct urethra/bladder	21.03	NA	NA	11.11	9.60	1.41	090
53440		A	Male sling procedure	15.34	NA	NA	9.27	7.64	0.96	090
53442		A	Remove/revise male sling	13.29	NA	NA	8.43	6.95	0.82	090
53444		A	Insert tandem cuff	14.06	NA	NA	8.11	7.00	0.94	090
53445		A	Insert uro/ves nck sphincter	15.21	NA	NA	8.85	7.98	0.99	090
53446		A	Remove uro sphincter	10.89	NA	NA	7.06	6.15	0.72	090
53447		A	Remove/replace ur sphincter	14.15	NA	NA	8.46	7.46	0.95	090
53448		A	Remov/replc ur sphinctr comp	23.26	NA	NA	12.47	10.79	1.50	090
53449		A	Repair uro sphincter	10.43	NA	NA	6.67	5.71	0.68	090
53450		A	Revision of urethra	6.67	NA	NA	4.79	4.05	0.43	090
53460		A	Revision of urethra	7.65	NA	NA	5.08	4.41	0.50	090
53500		A	Urethrlys, transvag w/ scope	12.87	NA	NA	7.49	6.85	0.90	090
53502		A	Repair of urethra injury	8.16	NA	NA	5.11	4.54	0.62	090
53505		A	Repair of urethra injury	8.16	NA	NA	5.42	4.65	0.54	090
53510		A	Repair of urethra injury	10.83	NA	NA	6.88	6.01	0.74	090
53515		A	Repair of urethra injury	14.09	NA	NA	8.04	6.97	1.05	090
53520		A	Repair of urethra defect	9.35	NA	NA	6.25	5.36	0.61	090
53600		A	Dilate urethra stricture	1.21	1.16	1.15	0.58	0.51	0.09	000
53601		A	Dilate urethra stricture	0.98	1.36	1.32	0.52	0.45	0.07	000
53605		A	Dilate urethra stricture	1.28	NA	NA	0.52	0.47	0.09	000
53620		A	Dilate urethra stricture	1.62	1.70	1.85	0.84	0.72	0.11	000
53621		A	Dilate urethra stricture	1.35	1.81	1.94	0.68	0.59	0.10	000
53660		A	Dilation of urethra	0.71	1.32	1.31	0.46	0.39	0.05	000
53661		A	Dilation of urethra	0.72	1.29	1.30	0.42	0.36	0.05	000
53665		A	Dilation of urethra	0.76	NA	NA	0.27	0.26	0.06	000
53850		A	Prostatic microwave thermotx	9.98	49.02	71.59	5.93	4.95	0.67	090
53852		A	Prostatic rf thermotx	10.68	46.18	67.53	6.72	5.56	0.70	090
53853		A	Prostatic water thermother	5.54	28.96	42.18	4.37	3.62	0.37	090
53899		C	Urology surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54000		A	Slitting of prepuce	1.56	2.70	2.81	1.49	1.21	0.11	010
54001		A	Slitting of prepuce	2.21	3.06	3.12	1.68	1.40	0.15	010
54015		A	Drain penis lesion	5.33	NA	NA	3.24	2.89	0.38	010
54050		A	Destruction, penis lesion(s)	1.26	2.09	1.88	1.40	1.21	0.08	010
54055		A	Destruction, penis lesion(s)	1.23	1.97	1.78	1.24	1.03	0.08	010
54056		A	Cryosurgery, penis lesion(s)	1.26	2.37	2.03	1.54	1.33	0.06	010
54057		A	Laser surg, penis lesion(s)	1.26	2.62	2.41	1.37	1.10	0.09	010
54060		A	Excision of penis lesion(s)	1.95	3.09	3.10	1.64	1.35	0.13	010
54065		A	Destruction, penis lesion(s)	2.44	3.30	2.97	2.01	1.62	0.13	010
54100		A	Biopsy of penis	1.90	3.35	3.08	1.38	1.10	0.10	000
54105		A	Biopsy of penis	3.51	3.98	4.14	2.45	2.20	0.25	010
54110		A	Treatment of penis lesion	10.79	NA	NA	6.78	5.75	0.72	090
54111		A	Treat penis lesion, graft	14.29	NA	NA	8.12	6.96	0.96	090
54112		A	Treat penis lesion, graft	16.83	NA	NA	9.41	8.12	1.11	090
54115		A	Treatment of penis lesion	6.82	5.78	5.09	4.97	4.23	0.43	090
54120		A	Partial removal of penis	10.88	NA	NA	6.79	5.75	0.68	090
54125		A	Removal of penis	14.43	NA	NA	8.16	7.02	0.95	090
54130		A	Remove penis & nodes	21.66	NA	NA	11.72	9.92	1.52	090
54135		A	Remove penis & nodes	27.99	NA	NA	14.29	12.26	1.88	090
54150		A	Circumcision w/regionl block	1.90	2.40	3.38	0.75	0.73	0.16	000
54160		A	Circumcision, neonate	2.50	3.80	3.95	1.49	1.29	0.19	010
54161		A	Circum 28 days or older	3.29	NA	NA	2.22	1.89	0.23	010
54162		A	Lysis penil circumic lesion	3.27	4.01	4.33	2.28	1.86	0.21	010
54163		A	Repair of circumcision	3.27	NA	NA	2.86	2.44	0.21	010
54164		A	Frenulotomy of penis	2.77	NA	NA	2.66	2.25	0.18	010
54200		A	Treatment of penis lesion	1.08	2.01	1.90	1.31	1.14	0.08	010
54205		A	Treatment of penis lesion	8.84	NA	NA	6.10	5.41	0.56	090
54220		A	Treatment of penis lesion	2.42	3.32	3.59	1.36	1.16	0.17	000
54230		A	Prepare penis study	1.34	1.41	1.24	0.91	0.77	0.09	000
54231		A	Dynamic cavernosometry	2.04	1.98	1.66	1.26	1.05	0.16	000
54235		A	Penile injection	1.19	1.39	1.18	0.90	0.74	0.08	000
54240		A	Penis study	1.31	1.51	1.28	1.51	1.28	0.17	000
54240	26	A	Penis study	1.31	0.49	0.46	0.49	0.46	0.11	000

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
54240	TC	A	Penis study	0.00	1.02	0.81	1.02	0.81	0.06	000
54250		A	Penis study	2.22	1.23	1.08	1.23	1.08	0.18	000
54250	26	A	Penis study	2.22	0.87	0.80	0.87	0.80	0.16	000
54250	TC	A	Penis study	0.00	0.37	0.28	0.37	0.28	0.02	000
54300		A	Revision of penis	11.07	NA	NA	6.76	6.18	0.76	090
54304		A	Revision of penis	13.15	NA	NA	7.87	7.12	0.88	090
54308		A	Reconstruction of urethra	12.49	NA	NA	4.74	5.83	0.84	090
54312		A	Reconstruction of urethra	14.36	NA	NA	9.28	8.03	1.24	090
54316		A	Reconstruction of urethra	17.90	NA	NA	10.05	9.02	1.21	090
54318		A	Reconstruction of urethra	12.28	NA	NA	4.81	5.54	1.39	090
54322		A	Reconstruction of urethra	13.85	NA	NA	8.02	7.23	0.92	090
54324		A	Reconstruction of urethra	17.40	NA	NA	9.85	8.92	1.14	090
54326		A	Reconstruction of urethra	16.87	NA	NA	9.24	8.59	1.11	090
54328		A	Revise penis/urethra	16.74	NA	NA	9.58	8.46	0.98	090
54332		A	Revise penis/urethra	18.22	NA	NA	10.18	8.97	1.21	090
54336		A	Revise penis/urethra	21.44	NA	NA	7.29	9.58	2.21	090
54340		A	Secondary urethral surgery	9.58	NA	NA	6.41	5.74	0.63	090
54344		A	Secondary urethral surgery	16.91	NA	NA	9.64	8.74	1.54	090
54348		A	Secondary urethral surgery	18.17	NA	NA	10.24	8.64	1.23	090
54352		A	Reconstruct urethra/penis	25.95	NA	NA	14.13	12.61	2.25	090
54360		A	Penis plastic surgery	12.65	NA	NA	7.52	6.79	0.84	090
54380		A	Repair penis	14.03	NA	NA	8.04	6.93	0.93	090
54385		A	Repair penis	16.38	NA	NA	11.34	9.31	0.86	090
54390		A	Repair penis and bladder	22.59	NA	NA	7.40	8.40	1.54	090
54400		A	Insert semi-rigid prosthesis	9.09	NA	NA	5.80	5.08	0.64	090
54401		A	Insert self-contd prosthesis	10.26	NA	NA	8.20	6.97	0.73	090
54405		A	Insert multi-comp penis pros	14.39	NA	NA	8.20	7.07	0.95	090
54406		A	Remove muti-comp penis pros	12.76	NA	NA	7.68	6.57	0.86	090
54408		A	Repair multi-comp penis pros	13.73	NA	NA	8.32	7.03	0.90	090
54410		A	Remove/replace penis prosth	16.48	NA	NA	9.45	8.05	1.10	090
54411		A	Remov/replc penis pros, comp	18.14	NA	NA	10.51	8.79	1.13	090
54415		A	Remove self-contd penis pros	8.75	NA	NA	6.05	5.13	0.58	090
54416		A	Remv/repl penis contain pros	11.87	NA	NA	7.96	6.67	0.77	090
54417		A	Remv/replc penis pros, compl	15.94	NA	NA	9.19	7.70	1.00	090
54420		A	Revision of penis	12.26	NA	NA	7.46	6.55	0.81	090
54430		A	Revision of penis	10.93	NA	NA	7.04	6.07	0.72	090
54435		A	Revision of penis	6.71	NA	NA	5.03	4.32	0.43	090
54440		C	Repair of penis	0.42	NA	NA	0.00	0.00	0.00	090
54450		A	Preputial stretching	1.12	0.86	0.91	0.49	0.46	0.08	000
54500		A	Biopsy of testis	1.31	NA	NA	0.77	0.67	0.10	000
54505		A	Biopsy of testis	3.47	NA	NA	2.46	2.18	0.27	010
54512		A	Excise lesion testis	9.23	NA	NA	5.72	4.93	0.67	090
54520		A	Removal of testis	5.25	NA	NA	3.74	3.27	0.50	090
54522		A	Orchiectomy, partial	10.15	NA	NA	5.59	5.26	0.89	090
54530		A	Removal of testis	9.31	NA	NA	6.11	5.18	0.66	090
54535		A	Extensive testis surgery	13.06	NA	NA	6.95	6.36	0.95	090
54550		A	Exploration for testis	8.31	NA	NA	5.24	4.55	0.59	090
54560		A	Exploration for testis	11.97	NA	NA	6.92	5.94	0.90	090
54600		A	Reduce testis torsion	7.54	NA	NA	5.15	4.36	0.51	090
54620		A	Suspension of testis	5.16	NA	NA	3.25	2.85	0.37	010
54640		A	Suspension of testis	7.57	NA	NA	5.38	4.58	0.62	090
54650		A	Orchiopexy (Fowler-Stephens)	12.24	NA	NA	5.68	5.89	1.16	090
54660		A	Revision of testis	5.64	NA	NA	4.37	3.70	0.44	090
54670		A	Repair testis injury	6.57	NA	NA	4.81	4.18	0.47	090
54680		A	Relocation of testis(es)	13.91	NA	NA	7.74	6.96	1.16	090
54690		A	Laparoscopy, orchiectomy	11.60	NA	NA	5.60	5.37	1.02	090
54692		A	Laparoscopy, orchiopexy	13.64	NA	NA	7.64	6.55	1.30	090
54699		C	Laparoscope proc, testis	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54700		A	Drainage of scrotum	3.44	NA	NA	2.39	2.16	0.28	010
54800		A	Biopsy of epididymis	2.33	NA	NA	1.24	1.03	0.23	000
54830		A	Remove epididymis lesion	5.91	NA	NA	4.46	3.75	0.41	090
54840		A	Remove epididymis lesion	5.22	NA	NA	3.82	3.31	0.37	090
54860		A	Removal of epididymis	6.85	NA	NA	4.91	4.12	0.45	090
54861		A	Removal of epididymis	9.57	NA	NA	6.30	5.31	0.63	090
54865		A	Explore epididymis	5.67	NA	NA	4.28	3.39	0.40	090
54900		A	Fusion of spermatic ducts	14.05	NA	NA	5.23	5.50	0.93	090
54901		A	Fusion of spermatic ducts	18.92	NA	NA	10.63	8.40	1.83	090
55000		A	Drainage of hydrocele	1.43	1.85	1.96	0.92	0.79	0.11	000
55040		A	Removal of hydrocele	5.39	NA	NA	3.97	3.44	0.43	090
55041		A	Removal of hydroceles	8.41	NA	NA	5.72	4.85	0.60	090
55060		A	Repair of hydrocele	6.05	NA	NA	4.48	3.78	0.46	090
55100		A	Drainage of scrotum abscess	2.40	3.49	3.58	2.11	1.84	0.17	010

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
55110		A	Explore scrotum	6.23	NA	NA	4.51	3.82	0.43	090
55120		A	Removal of scrotum lesion	5.62	NA	NA	4.23	3.60	0.39	090
55150		A	Removal of scrotum	8.01	NA	NA	5.49	4.67	0.56	090
55175		A	Revision of scrotum	5.77	NA	NA	4.36	3.69	0.37	090
55180		A	Revision of scrotum	11.63	NA	NA	7.33	6.36	0.90	090
55200		A	Incision of sperm duct	4.50	7.99	10.19	3.34	2.87	0.33	090
55250		A	Removal of sperm duct(s)	3.32	7.83	9.63	3.08	2.63	0.25	090
55300		A	Prepare, sperm duct x-ray	3.50	NA	NA	1.77	1.52	0.25	000
55400		A	Repair of sperm duct	8.53	NA	NA	5.46	4.77	0.64	090
55450		A	Ligation of sperm duct	4.38	5.46	6.31	2.58	2.27	0.29	010
55500		A	Removal of hydrocele	6.12	NA	NA	4.21	3.66	0.55	090
55520		A	Removal of sperm cord lesion	6.56	NA	NA	3.80	3.53	0.75	090
55530		A	Revise spermatic cord veins	5.69	NA	NA	4.11	3.57	0.45	090
55535		A	Revise spermatic cord veins	7.09	NA	NA	4.86	4.13	0.47	090
55540		A	Revise hernia & sperm veins	8.20	NA	NA	4.23	4.02	0.94	090
55550		A	Laparo ligate spermatic vein	7.10	NA	NA	4.57	3.94	0.57	090
55559		C	Laparo proc, spermatic cord	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55600		A	Incise sperm duct pouch	6.91	NA	NA	4.94	4.14	0.62	090
55605		A	Incise sperm duct pouch	8.63	NA	NA	4.60	4.50	0.64	090
55650		A	Remove sperm duct pouch	12.52	NA	NA	7.47	6.35	0.92	090
55680		A	Remove sperm pouch lesion	5.59	NA	NA	3.95	3.45	0.47	090
55700		A	Biopsy of prostate	2.58	3.71	3.96	1.34	0.99	0.11	000
55705		A	Biopsy of prostate	4.58	NA	NA	2.88	2.59	0.32	010
55720		A	Drainage of prostate abscess	7.67	NA	NA	4.93	4.36	0.95	090
55725		A	Drainage of prostate abscess	9.90	NA	NA	6.32	5.41	0.70	090
55801		A	Removal of prostate	19.62	NA	NA	10.44	9.08	1.34	090
55810		A	Extensive prostate surgery	24.14	NA	NA	12.49	10.74	1.60	090
55812		A	Extensive prostate surgery	29.69	NA	NA	14.55	12.88	2.05	090
55815		A	Extensive prostate surgery	32.75	NA	NA	16.40	14.19	2.17	090
55821		A	Removal of prostate	15.63	NA	NA	8.77	7.50	1.01	090
55831		A	Removal of prostate	17.06	NA	NA	9.35	8.02	1.10	090
55840		A	Extensive prostate surgery	24.45	NA	NA	12.84	11.07	1.61	090
55842		A	Extensive prostate surgery	26.31	NA	NA	13.64	11.77	1.73	090
55845		A	Extensive prostate surgery	30.52	NA	NA	15.06	13.03	2.03	090
55860		A	Surgical exposure, prostate	15.71	NA	NA	8.64	7.55	1.02	090
55862		A	Extensive prostate surgery	19.89	NA	NA	10.82	9.35	1.49	090
55865		A	Extensive prostate surgery	24.39	NA	NA	12.56	11.00	1.63	090
55866		A	Laparo radical prostatectomy	32.25	NA	NA	16.16	13.97	2.17	090
55870		A	Electroejaculation	2.58	2.49	2.01	1.47	1.28	0.16	000
55873		A	Cryoablate prostate	20.25	NA	NA	11.41	10.20	1.38	090
55875		A	Transperi needle place, pros	13.31	NA	NA	7.91	6.54	0.89	090
55876		A	Place rt device/marker, pros	1.73	2.07	2.05	1.06	1.04	0.28	000
55899		C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
56405		A	I & D of vulva/perineum	1.46	1.17	1.25	1.16	1.15	0.17	010
56420		A	Drainage of gland abscess	1.41	1.51	1.89	0.78	0.91	0.16	010
56440		A	Surgery for vulva lesion	2.86	NA	NA	1.57	1.64	0.34	010
56441		A	Lysis of labial lesion(s)	1.99	1.71	1.76	1.56	1.49	0.20	010
56442		A	Hymenotomy	0.68	NA	NA	0.52	0.51	0.08	000
56501		A	Destroy, vulva lesions, sim	1.55	1.63	1.70	1.22	1.23	0.18	010
56515		A	Destroy vulva lesion/s compl	3.03	2.39	2.46	1.74	1.77	0.33	010
56605		A	Biopsy of vulva/perineum	1.10	0.92	0.99	0.35	0.40	0.13	000
56606		A	Biopsy of vulva/perineum	0.55	0.36	0.43	0.15	0.18	0.07	ZZZ
56620		A	Partial removal of vulva	8.44	NA	NA	4.41	4.60	0.90	090
56625		A	Complete removal of vulva	9.55	NA	NA	4.83	5.06	1.02	090
56630		A	Extensive vulva surgery	14.67	NA	NA	6.32	6.57	1.49	090
56631		A	Extensive vulva surgery	18.81	NA	NA	7.83	8.30	1.96	090
56632		A	Extensive vulva surgery	21.61	NA	NA	9.36	9.43	2.39	090
56633		A	Extensive vulva surgery	19.47	NA	NA	7.87	8.22	1.98	090
56634		A	Extensive vulva surgery	20.48	NA	NA	8.25	8.83	2.17	090
56637		A	Extensive vulva surgery	24.57	NA	NA	9.38	10.21	2.61	090
56640		A	Extensive vulva surgery	24.65	NA	NA	8.91	9.79	2.89	090
56700		A	Partial removal of hymen	2.79	NA	NA	1.77	1.80	0.30	010
56740		A	Remove vagina gland lesion	4.83	NA	NA	2.34	2.45	0.56	010
56800		A	Repair of vagina	3.90	NA	NA	1.97	2.08	0.44	010
56805		A	Repair clitoris	19.75	NA	NA	7.75	8.84	2.15	090
56810		A	Repair of perineum	4.26	NA	NA	2.05	2.17	0.49	010
56820		A	Exam of vulva w/scope	1.50	1.19	1.25	0.53	0.59	0.18	000
56821		A	Exam/biopsy of vulva w/scope	2.05	1.53	1.64	0.69	0.80	0.25	000
57000		A	Exploration of vagina	2.99	NA	NA	1.77	1.74	0.31	010
57010		A	Drainage of pelvic abscess	6.74	NA	NA	3.80	3.81	0.71	090
57020		A	Drainage of pelvic fluid	1.50	0.78	0.85	0.46	0.52	0.18	000
57022		A	I & d vaginal hematoma, pp	2.70	NA	NA	1.43	1.46	0.26	010

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
57023		A	I & d vag hematoma, non-ob	5.13	NA	NA	2.38	2.48	0.58	010
57061		A	Destroy vag lesions, simple	1.27	1.52	1.58	1.11	1.12	0.15	010
57065		A	Destroy vag lesions, complex	2.63	2.03	2.16	1.50	1.59	0.31	010
57100		A	Biopsy of vagina	1.20	0.95	1.01	0.37	0.42	0.14	000
57105		A	Biopsy of vagina	1.71	1.59	1.69	1.33	1.38	0.20	010
57106		A	Remove vagina wall, partial	7.35	NA	NA	4.28	4.23	0.73	090
57107		A	Remove vagina tissue, part	24.43	NA	NA	9.14	9.79	2.72	090
57109		A	Vaginectomy partial w/nodes	28.25	NA	NA	10.36	10.81	3.22	090
57110		A	Remove vagina wall, complete	15.38	NA	NA	6.24	6.75	1.74	090
57111		A	Remove vagina tissue, compl	28.25	NA	NA	10.53	11.52	3.18	090
57112		A	Vaginectomy w/nodes, compl	30.37	NA	NA	10.71	11.56	3.08	090
57120		A	Closure of vagina	8.18	NA	NA	4.21	4.40	0.89	090
57130		A	Remove vagina lesion	2.44	1.96	2.06	1.47	1.51	0.29	010
57135		A	Remove vagina lesion	2.68	2.03	2.14	1.54	1.59	0.31	010
57150		A	Treat vagina infection	0.55	0.58	0.84	0.15	0.18	0.07	000
57155		A	Insert uteri tandems/ovoids	6.79	NA	NA	3.52	4.04	0.43	090
57160		A	Insert pessary/other device	0.89	1.04	1.03	0.26	0.30	0.10	000
57170		A	Fitting of diaphragm/cap	0.91	0.57	1.02	0.25	0.29	0.11	000
57180		A	Treat vaginal bleeding	1.60	1.85	2.00	0.93	1.10	0.19	010
57200		A	Repair of vagina	4.34	NA	NA	3.00	2.93	0.46	090
57210		A	Repair vagina/perineum	5.63	NA	NA	3.28	3.35	0.62	090
57220		A	Revision of urethra	4.77	NA	NA	3.01	3.06	0.51	090
57230		A	Repair of urethral lesion	6.22	NA	NA	3.66	3.55	0.54	090
57240		A	Repair bladder & vagina	11.42	NA	NA	5.53	4.66	0.62	090
57250		A	Repair rectum & vagina	11.42	NA	NA	5.07	4.31	0.65	090
57260		A	Repair of vagina	14.36	NA	NA	5.90	5.35	0.97	090
57265		A	Extensive repair of vagina	15.86	NA	NA	6.37	6.19	1.32	090
57267		A	Insert mesh/pelvic flr addon	4.88	NA	NA	1.52	1.75	0.64	ZZZ
57268		A	Repair of bowel bulge	7.47	NA	NA	4.35	4.26	0.79	090
57270		A	Repair of bowel pouch	13.57	NA	NA	5.89	6.03	1.42	090
57280		A	Suspension of vagina	16.62	NA	NA	7.03	7.19	1.68	090
57282		A	Colpopexy, extraperitoneal	7.84	NA	NA	4.51	4.49	1.02	090
57283		A	Colpopexy, intraperitoneal	11.58	NA	NA	5.15	5.54	1.02	090
57284		A	Repair paravaginal defect	13.51	NA	NA	6.92	7.00	1.41	090
57287		A	Revise/remove sling repair	11.49	NA	NA	6.40	5.95	0.90	090
57288		A	Repair bladder defect	14.01	NA	NA	7.09	6.50	1.12	090
57289		A	Repair bladder & vagina	12.69	NA	NA	6.72	6.29	1.21	090
57291		A	Construction of vagina	8.54	NA	NA	4.91	4.82	0.93	090
57292		A	Construct vagina with graft	13.91	NA	NA	5.95	6.46	1.58	090
57295		A	Revise vag graft via vagina	7.74	NA	NA	4.11	4.26	0.91	090
57296		A	Revise vag graft, open abd	16.46	NA	NA	6.73	6.74	1.68	090
57300		A	Repair rectum-vagina fistula	8.58	NA	NA	4.44	4.37	0.87	090
57305		A	Repair rectum-vagina fistula	15.24	NA	NA	6.19	6.22	1.73	090
57307		A	Fistula repair & colostomy	17.02	NA	NA	6.91	6.97	2.02	090
57308		A	Fistula repair, transperine	10.48	NA	NA	4.97	5.02	1.14	090
57310		A	Repair urethrovaginal lesion	7.55	NA	NA	5.03	4.44	0.54	090
57311		A	Repair urethrovaginal lesion	8.81	NA	NA	5.56	4.78	0.65	090
57320		A	Repair bladder-vagina lesion	8.78	NA	NA	5.32	4.85	0.69	090
57330		A	Repair bladder-vagina lesion	13.11	NA	NA	7.28	6.49	1.06	090
57335		A	Repair vagina	19.87	NA	NA	7.89	8.65	1.92	090
57400		A	Dilation of vagina	2.27	NA	NA	1.01	1.06	0.26	000
57410		A	Pelvic examination	1.75	NA	NA	0.92	0.91	0.18	000
57415		A	Remove vaginal foreign body	2.44	NA	NA	1.50	1.46	0.24	010
57420		A	Exam of vagina w/scope	1.60	1.23	1.29	0.56	0.62	0.19	000
57421		A	Exam/biopsy of vag w/scope	2.20	1.59	1.72	0.73	0.84	0.27	000
57425		A	Laparoscopy, surg, colpopexy	16.93	NA	NA	6.97	6.80	1.76	090
57452		A	Exam of cervix w/scope	1.50	1.18	1.23	0.74	0.75	0.18	000
57454		A	Bx/curett of cervix w/scope	2.33	1.39	1.52	0.95	1.05	0.28	000
57455		A	Biopsy of cervix w/scope	1.99	1.50	1.61	0.66	0.77	0.24	000
57456		A	Endocerv curettage w/scope	1.85	1.45	1.55	0.63	0.72	0.22	000
57460		A	Bx of cervix w/scope, leep	2.83	4.26	5.05	1.10	1.24	0.34	000
57461		A	Conz of cervix w/scope, leep	3.43	4.55	5.32	1.06	1.27	0.41	000
57500		A	Biopsy of cervix	1.20	2.00	2.27	0.64	0.63	0.12	000
57505		A	Endocervical curettage	1.16	1.32	1.39	1.06	1.08	0.14	010
57510		A	Cauterization of cervix	1.90	1.31	1.44	0.90	0.97	0.23	010
57511		A	Cryocautery of cervix	1.92	1.60	1.71	1.27	1.32	0.23	010
57513		A	Laser surgery of cervix	1.92	1.57	1.64	1.28	1.34	0.23	010
57520		A	Conization of cervix	4.06	3.37	3.65	2.51	2.69	0.49	090
57522		A	Conization of cervix	3.62	2.77	2.96	2.25	2.35	0.41	090
57530		A	Removal of cervix	5.19	NA	NA	3.11	3.24	0.58	090
57531		A	Removal of cervix, radical	29.77	NA	NA	10.96	12.03	3.35	090
57540		A	Removal of residual cervix	13.19	NA	NA	5.47	5.88	1.49	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
57545		A	Remove cervix/repair pelvis	14.00	NA	NA	5.74	6.29	1.52	090
57550		A	Removal of residual cervix	6.24	NA	NA	3.62	3.72	0.67	090
57555		A	Remove cervix/repair vagina	9.84	NA	NA	4.78	4.93	1.09	090
57556		A	Remove cervix, repair bowel	9.26	NA	NA	4.64	4.75	0.92	090
57558		A	D&c of cervical stump	1.69	1.34	1.43	1.05	1.11	0.20	010
57700		A	Revision of cervix	4.22	NA	NA	3.27	3.18	0.41	090
57720		A	Revision of cervix	4.53	NA	NA	2.94	3.01	0.49	090
57800		A	Dilation of cervical canal	0.77	0.72	0.74	0.41	0.44	0.09	000
58100		A	Biopsy of uterus lining	1.53	1.14	1.23	0.58	0.65	0.18	000
58110		A	Bx done w/colposcopy add-on	0.77	0.40	0.47	0.21	0.26	0.09	ZZZ
58120		A	Dilation and curettage	3.54	2.70	2.50	1.66	1.77	0.39	010
58140		A	Myomectomy abdom method	15.69	NA	NA	6.21	6.66	1.82	090
58145		A	Myomectomy vag method	8.81	NA	NA	4.25	4.52	0.97	090
58146		A	Myomectomy abdom complex	20.24	NA	NA	7.40	8.19	2.33	090
58150		A	Total hysterectomy	17.21	NA	NA	6.61	7.04	1.85	090
58152		A	Total hysterectomy	21.73	NA	NA	8.10	8.98	2.48	090
58180		A	Partial hysterectomy	16.50	NA	NA	6.38	6.91	1.64	090
58200		A	Extensive hysterectomy	23.00	NA	NA	8.23	9.10	2.55	090
58210		A	Extensive hysterectomy	30.76	NA	NA	10.82	12.00	3.38	090
58240		A	Removal of pelvis contents	49.02	NA	NA	17.79	17.70	4.23	090
58260		A	Vaginal hysterectomy	14.02	NA	NA	5.82	6.25	1.57	090
58262		A	Vag hyst including t/o	15.81	NA	NA	6.28	6.83	1.80	090
58263		A	Vag hyst w/t/o & vag repair	17.10	NA	NA	6.69	7.28	1.95	090
58267		A	Vag hyst w/urinary repair	18.23	NA	NA	7.02	7.69	2.07	090
58270		A	Vag hyst w/enterocele repair	15.20	NA	NA	5.98	6.51	1.74	090
58275		A	Hysterectomy/revise vagina	16.90	NA	NA	6.66	7.21	1.92	090
58280		A	Hysterectomy/revise vagina	18.20	NA	NA	7.01	7.64	2.07	090
58285		A	Extensive hysterectomy	23.30	NA	NA	8.01	8.98	2.71	090
58290		A	Vag hyst complex	20.17	NA	NA	7.41	8.26	2.30	090
58291		A	Vag hyst incl t/o, complex	21.96	NA	NA	7.89	8.87	2.53	090
58292		A	Vag hyst t/o & repair, compl	23.25	NA	NA	8.29	9.32	2.68	090
58293		A	Vag hyst w/uro repair, compl	24.23	NA	NA	8.60	9.61	2.79	090
58294		A	Vag hyst w/enterocele, compl	21.45	NA	NA	7.57	8.50	2.40	090
58300		N	Insert intrauterine device	1.01	0.63	1.02	0.23	0.30	0.12	XXX
58301		A	Remove intrauterine device	1.27	1.04	1.18	0.35	0.42	0.15	000
58321		A	Artificial insemination	0.92	0.93	1.04	0.23	0.30	0.10	000
58322		A	Artificial insemination	1.10	1.03	1.12	0.31	0.36	0.13	000
58323		A	Sperm washing	0.23	0.16	0.35	0.07	0.08	0.03	000
58340		A	Catheter for hysterography	0.88	2.14	2.65	0.57	0.61	0.09	000
58345		A	Reopen fallopian tube	4.67	NA	NA	2.13	2.26	0.41	010
58346		A	Insert heyman uteri capsule	7.48	NA	NA	3.76	3.85	0.56	090
58350		A	Reopen fallopian tube	1.03	1.35	1.42	0.88	0.90	0.12	010
58353		A	Endometr ablate, thermal	3.57	22.66	29.16	1.72	1.89	0.43	010
58356		A	Endometrial cryoablation	6.36	43.03	52.21	1.88	2.28	0.82	010
58400		A	Suspension of uterus	7.06	NA	NA	3.88	3.89	0.75	090
58410		A	Suspension of uterus	13.70	NA	NA	5.61	6.06	1.45	090
58520		A	Repair of ruptured uterus	13.38	NA	NA	5.53	5.77	1.47	090
58540		A	Revision of uterus	15.61	NA	NA	6.19	6.57	1.79	090
58541		A	Lsh, uterus 250 g or less	14.57	NA	NA	6.17	6.15	1.68	090
58542		A	Lsh w/t/o ut 250 g or less	16.43	NA	NA	6.68	6.67	1.69	090
58543		A	Lsh uterus above 250 g	16.74	NA	NA	6.76	6.74	1.73	090
58544		A	Lsh w/t/o uterus above 250 g	18.24	NA	NA	7.18	7.17	1.89	090
58545		A	Laparoscopic myomectomy	15.45	NA	NA	5.91	6.55	1.78	090
58546		A	Laparo-myomectomy, complex	19.84	NA	NA	7.12	8.01	2.31	090
58548		A	Lap radical hyst	31.45	NA	NA	12.62	12.70	3.52	090
58550		A	Laparo-asst vag hysterectomy	14.97	NA	NA	6.17	6.73	1.73	090
58552		A	Laparo-vag hyst incl t/o	16.78	NA	NA	6.61	7.31	1.73	090
58553		A	Laparo-vag hyst, complex	19.96	NA	NA	7.15	8.03	2.31	090
58554		A	Laparo-vag hyst w/t/o, compl	22.98	NA	NA	8.33	9.36	2.28	090
58555		A	Hysteroscopy, dx, sep proc	3.33	2.75	2.46	1.24	1.39	0.40	000
58558		A	Hysteroscopy, biopsy	4.74	3.62	2.89	1.67	1.92	0.57	000
58559		A	Hysteroscopy, lysis	6.16	NA	NA	2.06	2.39	0.74	000
58560		A	Hysteroscopy, resect septum	6.99	NA	NA	2.34	2.70	0.84	000
58561		A	Hysteroscopy, remove myoma	9.99	NA	NA	3.15	3.72	1.21	000
58562		A	Hysteroscopy, remove fb	5.20	3.53	2.93	1.77	2.06	0.63	000
58563		A	Hysteroscopy, ablation	6.16	36.96	46.57	2.06	2.41	0.74	000
58565		A	Hysteroscopy, sterilization	7.06	41.68	44.35	3.39	3.64	1.19	090
58578		C	Laparo proc, uterus	0.00	0.00	0.00	0.00	0.00	0.00	YYY
58579		C	Hysteroscope procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
58600		A	Division of fallopian tube	5.86	NA	NA	2.93	3.13	0.66	090
58605		A	Division of fallopian tube	5.25	NA	NA	2.72	2.91	0.59	090
58611		A	Ligate oviduct(s) add-on	1.45	NA	NA	0.40	0.49	0.18	ZZZ

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
58615		A	Occlude fallopian tube(s)	3.91	NA	NA	2.04	2.36	0.47	010
58660		A	Laparoscopy, lysis	11.54	NA	NA	4.52	4.89	1.40	090
58661		A	Laparoscopy, remove adnexa	11.30	NA	NA	4.02	4.57	1.34	010
58662		A	Laparoscopy, excise lesions	12.08	NA	NA	4.79	5.28	1.43	090
58670		A	Laparoscopy, tubal cautery	5.86	NA	NA	2.96	3.11	0.67	090
58671		A	Laparoscopy, tubal block	5.86	NA	NA	2.95	3.11	0.68	090
58672		A	Laparoscopy, fimbrioplasty	12.88	NA	NA	4.82	5.49	1.60	090
58673		A	Laparoscopy, salpingostomy	13.99	NA	NA	5.16	5.87	1.70	090
58679		C	Laparo proc, oviduct-ovary	0.00	0.00	0.00	0.00	0.00	0.00	YYY
58700		A	Removal of fallopian tube	12.84	NA	NA	5.50	5.75	1.51	090
58720		A	Removal of ovary/tube(s)	12.08	NA	NA	5.11	5.44	1.39	090
58740		A	Revise fallopian tube(s)	14.79	NA	NA	6.08	6.61	1.72	090
58750		A	Repair oviduct	15.56	NA	NA	6.09	6.72	1.85	090
58752		A	Revise ovarian tube(s)	15.56	NA	NA	5.97	6.46	1.81	090
58760		A	Remove tubal obstruction	13.85	NA	NA	5.62	6.17	1.80	090
58770		A	Create new tubal opening	14.69	NA	NA	5.79	6.34	1.74	090
58800		A	Drainage of ovarian cyst(s)	4.54	3.21	3.41	2.69	2.78	0.43	090
58805		A	Drainage of ovarian cyst(s)	6.34	NA	NA	3.50	3.49	0.69	090
58820		A	Drain ovary abscess, open	4.62	NA	NA	2.90	3.09	0.52	090
58822		A	Drain ovary abscess, percut	11.71	NA	NA	5.16	5.17	1.16	090
58823		A	Drain pelvic abscess, percut	3.37	19.80	20.43	1.17	1.11	0.24	000
58825		A	Transposition, ovary(s)	11.70	NA	NA	4.86	5.35	1.32	090
58900		A	Biopsy of ovary(s)	6.51	NA	NA	3.55	3.54	0.69	090
58920		A	Partial removal of ovary(s)	11.87	NA	NA	5.08	5.35	1.43	090
58925		A	Removal of ovarian cyst(s)	12.33	NA	NA	5.26	5.47	1.41	090
58940		A	Removal of ovary(s)	8.12	NA	NA	4.04	4.07	0.91	090
58943		A	Removal of ovary(s)	19.42	NA	NA	7.22	7.93	2.23	090
58950		A	Resect ovarian malignancy	18.24	NA	NA	7.30	7.85	2.05	090
58951		A	Resect ovarian malignancy	24.15	NA	NA	8.67	9.55	2.64	090
58952		A	Resect ovarian malignancy	27.15	NA	NA	9.90	10.82	3.03	090
58953		A	Tah, rad dissect for debulk	33.97	NA	NA	11.75	13.14	3.84	090
58954		A	Tah rad debulk/lymph remove	36.97	NA	NA	12.63	14.16	4.18	090
58956		A	Bso, omentectomy w/tah	22.65	NA	NA	8.65	9.48	4.01	090
58957		A	Resect recurrent gyn mal	26.06	NA	NA	9.58	9.61	2.95	090
58958		A	Resect recur gyn mal w/lym	29.06	NA	NA	10.39	10.42	3.29	090
58960		A	Exploration of abdomen	15.68	NA	NA	6.29	6.82	1.80	090
58970		A	Retrieval of oocyte	3.52	1.85	2.08	1.28	1.38	0.43	000
58974		C	Transfer of embryo	0.00	0.00	0.00	0.00	0.00	0.00	000
58976		A	Transfer of embryo	3.82	1.93	2.30	1.20	1.51	0.47	000
58999		C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59000		A	Amniocentesis, diagnostic	1.30	1.74	1.90	0.55	0.61	0.31	000
59001		A	Amniocentesis, therapeutic	3.00	NA	NA	1.08	1.25	0.71	000
59012		A	Fetal cord puncture,prenatal	3.44	NA	NA	1.14	1.34	0.82	000
59015		A	Chorion biopsy	2.20	1.43	1.49	0.80	0.92	0.52	000
59020		A	Fetal contract stress test	0.66	1.07	0.92	1.07	0.92	0.26	000
59020	26	A	Fetal contract stress test	0.66	0.18	0.22	0.18	0.22	0.16	000
59020	TC	A	Fetal contract stress test	0.00	0.88	0.70	0.88	0.70	0.10	000
59025		A	Fetal non-stress test	0.53	0.63	0.54	0.63	0.54	0.15	000
59025	26	A	Fetal non-stress test	0.53	0.15	0.18	0.15	0.18	0.13	000
59025	TC	A	Fetal non-stress test	0.00	0.48	0.35	0.48	0.35	0.02	000
59030		A	Fetal scalp blood sample	1.99	NA	NA	0.46	0.63	0.47	000
59050		A	Fetal monitor w/report	0.89	NA	NA	0.27	0.31	0.21	XXX
59051		A	Fetal monitor/interpret only	0.74	NA	NA	0.20	0.25	0.17	XXX
59070		A	Transabdom amnioinfus w/us	5.24	4.38	4.76	1.78	2.04	0.28	000
59072		A	Umbilical cord occlud w/us	8.99	NA	NA	2.39	2.84	0.16	000
59074		A	Fetal fluid drainage w/us	5.24	3.58	4.12	1.53	1.95	0.28	000
59076		A	Fetal shunt placement, w/us	8.99	NA	NA	2.39	2.76	0.16	000
59100		A	Remove uterus lesion	13.26	NA	NA	5.57	6.05	2.95	090
59120		A	Treat ectopic pregnancy	12.56	NA	NA	5.43	5.84	2.73	090
59121		A	Treat ectopic pregnancy	12.64	NA	NA	5.38	5.85	2.79	090
59130		A	Treat ectopic pregnancy	14.98	NA	NA	6.74	5.65	3.39	090
59135		A	Treat ectopic pregnancy	14.82	NA	NA	5.07	6.14	3.31	090
59136		A	Treat ectopic pregnancy	14.15	NA	NA	4.92	5.89	3.14	090
59140		A	Treat ectopic pregnancy	5.86	NA	NA	3.31	2.69	1.29	090
59150		A	Treat ectopic pregnancy	12.19	NA	NA	5.27	5.62	2.79	090
59151		A	Treat ectopic pregnancy	12.01	NA	NA	4.90	5.47	2.74	090
59160		A	D & c after delivery	2.73	1.99	2.64	1.18	1.65	0.64	010
59200		A	Insert cervical dilator	0.79	0.94	1.07	0.22	0.26	0.19	000
59300		A	Episiotomy or vaginal repair	2.41	2.19	2.18	1.01	0.99	0.57	000
59320		A	Revision of cervix	2.48	NA	NA	1.01	1.12	0.59	000
59325		A	Revision of cervix	4.06	NA	NA	1.45	1.64	0.88	000
59350		A	Repair of uterus	4.94	NA	NA	1.22	1.57	1.17	000

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
59400		A	Obstetrical care	26.80	NA	NA	14.13	14.75	5.50	MMM
59409		A	Obstetrical care	13.48	NA	NA	3.75	4.52	3.22	MMM
59410		A	Obstetrical care	15.29	NA	NA	4.97	5.63	3.52	MMM
59412		A	Antepartum manipulation	1.71	NA	NA	0.65	0.73	0.40	MMM
59414		A	Deliver placenta	1.61	NA	NA	0.44	0.54	0.38	MMM
59425		A	Antepartum care only	6.22	4.24	4.22	1.70	1.77	1.14	MMM
59426		A	Antepartum care only	11.04	7.78	7.66	3.03	3.12	1.98	MMM
59430		A	Care after delivery	2.13	1.08	1.15	0.72	0.83	0.50	MMM
59510		A	Cesarean delivery	30.34	NA	NA	16.03	16.62	6.25	MMM
59514		A	Cesarean delivery only	15.95	NA	NA	4.49	5.35	3.80	MMM
59515		A	Cesarean delivery	18.26	NA	NA	6.20	7.02	4.13	MMM
59525		A	Remove uterus after cesarean	8.53	NA	NA	2.28	2.81	1.95	ZZZ
59610		A	Vbac delivery	28.21	NA	NA	14.99	15.34	5.87	MMM
59612		A	Vbac delivery only	15.04	NA	NA	4.25	5.15	3.59	MMM
59614		A	Vbac care after delivery	16.59	NA	NA	5.18	6.05	3.89	MMM
59618		A	Attempted vbac delivery	31.78	NA	NA	16.40	17.29	6.61	MMM
59620		A	Attempted vbac delivery only	17.50	NA	NA	4.70	5.75	4.17	MMM
59622		A	Attempted vbac after care	19.70	NA	NA	6.76	7.68	4.50	MMM
59812		A	Treatment of miscarriage	4.39	3.10	2.82	2.36	2.45	0.95	090
59820		A	Care of miscarriage	4.68	4.07	4.24	3.46	3.51	0.95	090
59821		A	Treatment of miscarriage	4.97	3.91	4.07	3.24	3.31	1.06	090
59830		A	Treat uterus infection	6.51	NA	NA	3.45	3.72	1.44	090
59840		R	Abortion	3.01	2.00	2.06	1.77	1.95	0.71	010
59841		R	Abortion	5.57	3.12	3.31	2.56	2.77	1.24	010
59850		R	Abortion	5.90	NA	NA	2.44	2.88	1.28	090
59851		R	Abortion	5.92	NA	NA	3.30	3.52	1.28	090
59852		R	Abortion	8.23	NA	NA	3.80	4.42	1.81	090
59855		R	Abortion	6.38	NA	NA	3.09	3.30	1.45	090
59856		R	Abortion	7.74	NA	NA	3.33	3.78	1.79	090
59857		R	Abortion	9.30	NA	NA	3.67	4.10	2.02	090
59866		R	Abortion (mpr)	3.99	NA	NA	1.37	1.61	0.87	000
59870		A	Evacuate mole of uterus	6.40	NA	NA	4.38	4.41	1.42	090
59871		A	Remove cerclage suture	2.13	NA	NA	0.91	1.02	0.50	000
59897		C	Fetal invas px w/us	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59898		C	Laparo proc, ob care/deliver	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59899		C	Maternity care procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
60000		A	Drain thyroid/tongue cyst	1.78	2.04	1.98	1.66	1.69	0.15	010
60001		A	Aspirate/inject thyriod cyst	0.97	1.93	1.66	0.31	0.32	0.07	000
60100		A	Biopsy of thyroid	1.56	1.32	1.34	0.53	0.52	0.10	000
60200		A	Remove thyroid lesion	9.91	NA	NA	5.50	5.70	1.01	090
60210		A	Partial thyroid excision	11.15	NA	NA	5.23	5.40	1.23	090
60212		A	Partial thyroid excision	16.32	NA	NA	6.95	7.28	1.95	090
60220		A	Partial removal of thyroid	12.29	NA	NA	5.67	5.86	1.32	090
60225		A	Partial removal of thyroid	14.67	NA	NA	6.92	7.12	1.64	090
60240		A	Removal of thyroid	16.18	NA	NA	6.41	6.96	1.86	090
60252		A	Removal of thyroid	21.88	NA	NA	8.85	9.40	2.30	090
60254		A	Extensive thyroid surgery	28.29	NA	NA	11.28	12.57	2.61	090
60260		A	Repeat thyroid surgery	18.18	NA	NA	7.43	7.97	1.94	090
60270		A	Removal of thyroid	23.07	NA	NA	9.31	9.82	2.33	090
60271		A	Removal of thyroid	17.54	NA	NA	7.17	7.82	1.75	090
60280		A	Remove thyroid duct lesion	6.05	NA	NA	4.48	4.51	0.54	090
60281		A	Remove thyroid duct lesion	8.71	NA	NA	5.33	5.47	0.73	090
60500		A	Explore parathyroid glands	16.69	NA	NA	6.85	7.10	2.01	090
60502		A	Re-explore parathyroids	21.01	NA	NA	8.61	8.96	2.54	090
60505		A	Explore parathyroid glands	22.91	NA	NA	9.40	10.13	2.65	090
60512		A	Autotransplant parathyroid	4.44	NA	NA	1.21	1.41	0.53	ZZZ
60520		A	Removal of thymus gland	17.07	NA	NA	7.00	7.63	2.20	090
60521		A	Removal of thymus gland	19.11	NA	NA	8.13	8.86	2.82	090
60522		A	Removal of thymus gland	23.37	NA	NA	9.61	10.46	3.27	090
60540		A	Explore adrenal gland	17.91	NA	NA	8.28	7.91	1.75	090
60545		A	Explore adrenal gland	20.82	NA	NA	8.96	8.73	2.08	090
60600		A	Remove carotid body lesion	24.99	NA	NA	8.84	9.89	2.20	090
60605		A	Remove carotid body lesion	31.86	NA	NA	12.12	12.21	2.50	090
60650		A	Laparoscopy adrenalectomy	20.63	NA	NA	8.12	8.07	2.29	090
60659		C	Laparo proc, endocrine	0.00	0.00	0.00	0.00	0.00	0.00	YYY
60699		C	Endocrine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
61000		A	Remove cranial cavity fluid	1.58	NA	NA	1.23	1.09	0.13	000
61001		A	Remove cranial cavity fluid	1.49	NA	NA	1.06	1.09	0.16	000
61020		A	Remove brain cavity fluid	1.51	NA	NA	1.63	1.48	0.34	000
61026		A	Injection into brain canal	1.69	NA	NA	1.30	1.38	0.33	000
61050		A	Remove brain canal fluid	1.51	NA	NA	1.15	1.20	0.11	000
61055		A	Injection into brain canal	2.10	NA	NA	1.33	1.36	0.17	000

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
61070		A	Brain canal shunt procedure	0.89	NA	NA	1.15	1.08	0.17	000
61105		A	Twist drill hole	5.40	NA	NA	4.95	4.44	1.32	090
61107		A	Drill skull for implantation	4.99	NA	NA	1.86	2.20	1.29	000
61108		A	Drill skull for drainage	11.51	NA	NA	8.40	7.79	2.64	090
61120		A	Burr hole for puncture	9.52	NA	NA	6.81	6.39	2.10	090
61140		A	Pierce skull for biopsy	17.10	NA	NA	10.49	10.19	4.12	090
61150		A	Pierce skull for drainage	18.80	NA	NA	10.75	10.58	4.32	090
61151		A	Pierce skull for drainage	13.41	NA	NA	8.49	8.17	3.01	090
61154		A	Pierce skull & remove clot	16.92	NA	NA	10.90	10.19	4.21	090
61156		A	Pierce skull for drainage	17.37	NA	NA	9.79	9.85	4.23	090
61210		A	Pierce skull, implant device	5.83	NA	NA	2.18	2.55	1.50	000
61215		A	Insert brain-fluid device	5.77	NA	NA	5.47	4.74	1.26	090
61250		A	Pierce skull & explore	11.41	NA	NA	7.43	7.18	2.77	090
61253		A	Pierce skull & explore	13.41	NA	NA	7.63	7.72	2.62	090
61304		A	Open skull for exploration	23.31	NA	NA	12.63	12.76	5.63	090
61305		A	Open skull for exploration	28.51	NA	NA	15.08	15.23	6.09	090
61312		A	Open skull for drainage	30.07	NA	NA	15.38	15.24	6.36	090
61313		A	Open skull for drainage	27.94	NA	NA	15.49	15.18	6.45	090
61314		A	Open skull for drainage	25.77	NA	NA	14.29	13.68	6.28	090
61315		A	Open skull for drainage	29.52	NA	NA	15.63	15.85	7.16	090
61316		A	Implt cran bone flap to abdo	1.39	NA	NA	0.52	0.56	0.35	ZZZ
61320		A	Open skull for drainage	27.32	NA	NA	14.37	14.58	6.62	090
61321		A	Open skull for drainage	30.40	NA	NA	16.21	15.88	7.14	090
61322		A	Decompressive craniotomy	34.08	NA	NA	17.72	16.75	7.63	090
61323		A	Decompressive lobectomy	34.93	NA	NA	17.48	16.75	8.03	090
61330		A	Decompress eye socket	25.17	NA	NA	11.70	12.77	2.32	090
61332		A	Explore/biopsy eye socket	28.50	NA	NA	13.06	14.43	4.83	090
61333		A	Explore orbit/remove lesion	29.17	NA	NA	13.09	14.41	3.92	090
61334		A	Explore orbit/remove object	19.50	NA	NA	9.15	9.91	1.75	090
61340		A	Subtemporal decompression	20.01	NA	NA	11.77	11.41	4.84	090
61343		A	Incise skull (press relief)	31.73	NA	NA	16.12	16.51	7.64	090
61345		A	Relieve cranial pressure	29.10	NA	NA	14.98	15.27	7.04	090
61440		A	Incise skull for surgery	28.53	NA	NA	15.37	14.60	6.90	090
61450		A	Incise skull for surgery	27.59	NA	NA	14.38	14.08	5.79	090
61458		A	Incise skull for brain wound	28.71	NA	NA	15.02	15.30	7.03	090
61460		A	Incise skull for surgery	30.11	NA	NA	14.70	15.67	6.04	090
61470		A	Incise skull for surgery	27.52	NA	NA	14.18	13.87	5.90	090
61480		A	Incise skull for surgery	27.95	NA	NA	8.13	11.70	6.73	090
61490		A	Incise skull for surgery	27.12	NA	NA	14.36	14.37	6.92	090
61500		A	Removal of skull lesion	19.05	NA	NA	10.77	10.78	4.11	090
61501		A	Remove infected skull bone	16.22	NA	NA	9.53	9.39	3.22	090
61510		A	Removal of brain lesion	30.63	NA	NA	17.09	16.93	7.35	090
61512		A	Remove brain lining lesion	36.99	NA	NA	18.64	19.19	9.08	090
61514		A	Removal of brain abscess	27.10	NA	NA	14.53	14.52	6.54	090
61516		A	Removal of brain lesion	26.45	NA	NA	14.16	14.27	6.35	090
61517		A	Implt brain chemotx add-on	1.38	NA	NA	0.52	0.58	0.35	ZZZ
61518		A	Removal of brain lesion	39.69	NA	NA	20.49	20.84	9.65	090
61519		A	Remove brain lining lesion	43.28	NA	NA	20.91	21.82	10.63	090
61520		A	Removal of brain lesion	56.89	NA	NA	26.23	28.26	11.21	090
61521		A	Removal of brain lesion	46.84	NA	NA	22.38	23.32	11.39	090
61522		A	Removal of brain abscess	31.41	NA	NA	15.95	16.15	7.62	090
61524		A	Removal of brain lesion	29.76	NA	NA	15.84	15.78	7.16	090
61526		A	Removal of brain lesion	53.90	NA	NA	22.68	25.99	7.07	090
61530		A	Removal of brain lesion	45.43	NA	NA	19.69	22.19	6.15	090
61531		A	Implant brain electrodes	16.28	NA	NA	10.52	9.80	3.79	090
61533		A	Implant brain electrodes	21.36	NA	NA	11.88	11.71	5.12	090
61534		A	Removal of brain lesion	22.88	NA	NA	13.23	12.68	5.44	090
61535		A	Remove brain electrodes	13.05	NA	NA	8.89	8.18	3.02	090
61536		A	Removal of brain lesion	37.59	NA	NA	18.72	19.26	9.21	090
61537		A	Removal of brain tissue	36.35	NA	NA	17.21	16.08	6.94	090
61538		A	Removal of brain tissue	39.35	NA	NA	18.56	17.03	6.94	090
61539		A	Removal of brain tissue	34.15	NA	NA	16.98	17.17	8.32	090
61540		A	Removal of brain tissue	31.30	NA	NA	16.45	16.80	8.32	090
61541		A	Incision of brain tissue	30.81	NA	NA	16.23	16.24	6.60	090
61542		A	Removal of brain tissue	33.03	NA	NA	16.94	17.30	8.03	090
61543		A	Removal of brain tissue	31.18	NA	NA	13.94	15.60	7.56	090
61544		A	Remove & treat brain lesion	27.26	NA	NA	14.41	14.15	5.97	090
61545		A	Excision of brain tumor	46.23	NA	NA	23.05	23.58	10.63	090
61546		A	Removal of pituitary gland	33.31	NA	NA	16.90	17.19	7.67	090
61548		A	Removal of pituitary gland	23.27	NA	NA	11.74	12.23	3.43	090
61550		A	Release of skull seams	15.44	NA	NA	5.63	6.28	0.98	090
61552		A	Release of skull seams	20.27	NA	NA	12.24	9.74	1.06	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
61556		A	Incise skull/sutures	24.00	NA	NA	13.40	12.31	4.65	090
61557		A	Incise skull/sutures	23.16	NA	NA	13.74	13.71	5.80	090
61558		A	Excision of skull/sutures	26.35	NA	NA	14.82	13.39	1.36	090
61559		A	Excision of skull/sutures	33.82	NA	NA	18.54	19.07	8.51	090
61563		A	Excision of skull tumor	28.35	NA	NA	13.20	14.45	5.17	090
61564		A	Excision of skull tumor	34.59	NA	NA	18.07	17.92	8.78	090
61566		A	Removal of brain tissue	32.32	NA	NA	16.79	17.30	6.94	090
61567		A	Incision of brain tissue	36.84	NA	NA	19.25	19.60	6.54	090
61570		A	Remove foreign body, brain	26.38	NA	NA	14.11	14.06	5.88	090
61571		A	Incise skull for brain wound	28.29	NA	NA	14.77	15.06	6.79	090
61575		A	Skull base/brainstem surgery	36.43	NA	NA	16.33	17.91	5.34	090
61576		A	Skull base/brainstem surgery	55.11	NA	NA	28.10	31.11	5.58	090
61580		A	Craniofacial approach, skull	34.34	NA	NA	22.87	23.92	3.37	090
61581		A	Craniofacial approach, skull	38.88	NA	NA	27.92	25.23	3.92	090
61582		A	Craniofacial approach, skull	34.93	NA	NA	30.64	28.97	7.21	090
61583		A	Craniofacial approach, skull	38.41	NA	NA	26.05	25.59	9.21	090
61584		A	Orbitocranial approach/skull	37.61	NA	NA	26.18	25.29	8.18	090
61585		A	Orbitocranial approach/skull	42.46	NA	NA	25.17	25.83	7.03	090
61586		A	Resect nasopharynx, skull	27.28	NA	NA	22.71	22.89	4.37	090
61590		A	Infratemporal approach/skull	46.87	NA	NA	24.91	26.54	5.31	090
61591		A	Infratemporal approach/skull	46.87	NA	NA	24.75	27.05	5.66	090
61592		A	Orbitocranial approach/skull	42.98	NA	NA	27.05	26.92	10.07	090
61595		A	Transtemporal approach/skull	33.57	NA	NA	21.25	21.52	3.98	090
61596		A	Transcochlear approach/skull	39.31	NA	NA	20.95	22.34	3.40	090
61597		A	Transcondylar approach/skull	40.73	NA	NA	23.27	23.11	8.84	090
61598		A	Transpetrosal approach/skull	36.41	NA	NA	22.34	22.61	5.70	090
61600		A	Resect/excise cranial lesion	29.84	NA	NA	19.82	19.59	3.79	090
61601		A	Resect/excise cranial lesion	31.04	NA	NA	22.47	21.50	6.63	090
61605		A	Resect/excise cranial lesion	32.40	NA	NA	19.52	20.47	2.86	090
61606		A	Resect/excise cranial lesion	41.94	NA	NA	23.89	24.64	8.97	090
61607		A	Resect/excise cranial lesion	40.82	NA	NA	21.22	22.45	6.90	090
61608		A	Resect/excise cranial lesion	45.45	NA	NA	26.57	26.63	10.75	090
61609		A	Transect artery, sinus	9.88	NA	NA	3.30	4.16	2.56	ZZZ
61610		A	Transect artery, sinus	29.63	NA	NA	11.23	12.22	7.68	ZZZ
61611		A	Transect artery, sinus	7.41	NA	NA	1.71	2.96	1.89	ZZZ
61612		A	Transect artery, sinus	27.84	NA	NA	6.42	10.19	4.31	ZZZ
61613		A	Remove aneurysm, sinus	44.94	NA	NA	27.55	26.96	8.45	090
61615		A	Resect/excise lesion, skull	35.63	NA	NA	21.37	21.75	4.73	090
61616		A	Resect/excise lesion, skull	46.60	NA	NA	27.46	27.97	8.26	090
61618		A	Repair dura	18.58	NA	NA	10.51	10.43	3.72	090
61619		A	Repair dura	22.01	NA	NA	11.76	11.90	3.95	090
61623		A	Endovasc tempory vessel occl	9.95	NA	NA	3.77	3.82	1.05	000
61624		A	Transcath occlusion, cns	20.12	NA	NA	7.39	6.96	1.96	000
61626		A	Transcath occlusion, non-cns	16.60	NA	NA	6.05	5.59	1.24	000
61630		N	Intracranial angioplasty	22.07	NA	NA	6.43	9.46	2.02	090
61635		N	Intracran angioplsty w/stent	24.28	NA	NA	6.94	10.24	2.21	090
61640		N	Dilate ic vasospasm, init	12.32	NA	NA	2.84	2.85	0.71	000
61641		N	Dilate ic vasospasm add-on	4.33	NA	NA	1.00	1.00	0.25	ZZZ
61642		N	Dilate ic vasospasm add-on	8.66	NA	NA	2.00	2.00	0.50	ZZZ
61680		A	Intracranial vessel surgery	32.40	NA	NA	16.89	17.20	7.95	090
61682		A	Intracranial vessel surgery	63.31	NA	NA	27.86	30.03	15.90	090
61684		A	Intracranial vessel surgery	41.49	NA	NA	20.58	21.33	10.31	090
61686		A	Intracranial vessel surgery	67.32	NA	NA	30.81	32.76	16.71	090
61690		A	Intracranial vessel surgery	31.18	NA	NA	16.67	16.60	6.94	090
61692		A	Intracranial vessel surgery	54.43	NA	NA	24.63	26.12	13.43	090
61697		A	Brain aneurysm repr, complx	63.22	NA	NA	28.96	28.54	12.85	090
61698		A	Brain aneurysm repr, complx	69.45	NA	NA	31.15	28.97	12.54	090
61700		A	Brain aneurysm repr, simple	50.44	NA	NA	24.27	26.06	13.02	090
61702		A	Inner skull vessel surgery	59.86	NA	NA	27.80	27.02	10.79	090
61703		A	Clamp neck artery	18.70	NA	NA	10.17	10.45	4.06	090
61705		A	Revise circulation to head	37.97	NA	NA	18.51	18.78	8.87	090
61708		A	Revise circulation to head	37.07	NA	NA	15.03	14.73	2.51	090
61710		A	Revise circulation to head	31.19	NA	NA	13.90	13.58	4.52	090
61711		A	Fusion of skull arteries	38.10	NA	NA	18.79	19.31	9.42	090
61720		A	Incise skull/brain surgery	17.52	NA	NA	7.97	9.02	2.79	090
61735		A	Incise skull/brain surgery	22.22	NA	NA	9.22	11.07	2.73	090
61750		A	Incise skull/brain biopsy	19.73	NA	NA	11.03	10.84	4.72	090
61751		A	Brain biopsy w/ct/mr guide	18.64	NA	NA	11.45	11.16	4.56	090
61760		A	Implant brain electrodes	22.24	NA	NA	12.15	10.42	5.42	090
61770		A	Incise skull for treatment	23.09	NA	NA	10.05	11.15	3.55	090
61790		A	Treat trigeminal nerve	11.50	NA	NA	7.74	6.85	2.82	090
61791		A	Treat trigeminal tract	15.31	NA	NA	8.27	8.50	3.40	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
61793		A	Focus radiation beam	17.75	NA	NA	9.62	9.93	4.46	090
61795		A	Brain surgery using computer	4.03	NA	NA	1.45	1.73	0.79	ZZZ
61850		A	Implant neuroelectrodes	13.26	NA	NA	7.94	7.42	3.22	090
61860		A	Implant neuroelectrodes	22.16	NA	NA	11.71	11.83	4.95	090
61863		A	Implant neuroelectrode	20.56	NA	NA	12.51	12.16	5.43	090
61864		A	Implant neuroelectrde, addl	4.49	NA	NA	1.70	1.99	5.43	ZZZ
61867		A	Implant neuroelectrode	32.88	NA	NA	16.50	17.33	5.43	090
61868		A	Implant neuroelectrde, add⊥l	7.91	NA	NA	2.98	3.50	5.43	ZZZ
61870		A	Implant neuroelectrodes	16.24	NA	NA	9.76	9.57	3.87	090
61875		A	Implant neuroelectrodes	16.36	NA	NA	5.32	6.95	2.95	090
61880		A	Revise/remove neuroelectrode	6.87	NA	NA	5.19	4.94	1.66	090
61885		A	Insrt/redo neurostim 1 array	7.37	NA	NA	7.07	6.26	1.59	090
61886		A	Implant neurostim arrays	9.73	NA	NA	8.53	7.49	1.97	090
61888		A	Revise/remove neuroreceiver	5.20	NA	NA	3.48	3.60	1.33	010
62000		A	Treat skull fracture	13.83	NA	NA	7.69	6.53	1.06	090
62005		A	Treat skull fracture	17.53	NA	NA	9.67	9.22	3.87	090
62010		A	Treatment of head injury	21.30	NA	NA	11.91	11.84	5.14	090
62100		A	Repair brain fluid leakage	23.40	NA	NA	12.18	12.46	4.84	090
62115		A	Reduction of skull defect	22.71	NA	NA	13.99	12.84	5.51	090
62116		A	Reduction of skull defect	24.90	NA	NA	13.45	13.40	6.11	090
62117		A	Reduction of skull defect	28.26	NA	NA	12.86	14.46	4.53	090
62120		A	Repair skull cavity lesion	24.39	NA	NA	17.26	17.65	3.00	090
62121		A	Incise skull repair	22.93	NA	NA	14.26	14.85	4.17	090
62140		A	Repair of skull defect	14.45	NA	NA	8.70	8.51	3.47	090
62141		A	Repair of skull defect	15.97	NA	NA	9.41	9.23	3.76	090
62142		A	Remove skull plate/flap	11.73	NA	NA	7.84	7.41	2.73	090
62143		A	Replace skull plate/flap	14.05	NA	NA	8.79	8.43	3.37	090
62145		A	Repair of skull & brain	19.99	NA	NA	10.33	10.62	4.50	090
62146		A	Repair of skull with graft	17.18	NA	NA	9.59	9.55	3.62	090
62147		A	Repair of skull with graft	20.57	NA	NA	11.07	11.13	4.32	090
62148		A	Retr bone flap to fix skull	2.00	NA	NA	0.75	0.81	0.48	ZZZ
62160		A	Neuroendoscopy add-on	3.00	NA	NA	1.12	1.33	0.77	ZZZ
62161		A	Dissect brain w/scope	21.10	NA	NA	12.25	12.18	5.19	090
62162		A	Remove colloid cyst w/scope	26.67	NA	NA	14.77	14.69	5.91	090
62163		A	Neuroendoscopy w/fb removal	16.40	NA	NA	9.31	9.84	4.01	090
62164		A	Remove brain tumor w/scope	29.27	NA	NA	16.35	15.45	5.38	090
62165		A	Remove pituit tumor w/scope	23.10	NA	NA	11.86	12.59	3.01	090
62180		A	Establish brain cavity shunt	22.45	NA	NA	12.63	12.38	4.98	090
62190		A	Establish brain cavity shunt	12.07	NA	NA	7.59	7.36	2.80	090
62192		A	Establish brain cavity shunt	13.25	NA	NA	8.06	7.91	3.02	090
62194		A	Replace/irrigate catheter	5.68	NA	NA	3.17	2.90	0.92	010
62200		A	Establish brain cavity shunt	19.19	NA	NA	10.79	10.82	4.65	090
62201		A	Brain cavity shunt w/scope	15.89	NA	NA	10.41	9.96	3.68	090
62220		A	Establish brain cavity shunt	14.00	NA	NA	8.68	8.30	3.35	090
62223		A	Establish brain cavity shunt	13.90	NA	NA	9.41	8.84	3.14	090
62225		A	Replace/irrigate catheter	6.11	NA	NA	5.50	4.80	1.39	090
62230		A	Replace/revise brain shunt	11.35	NA	NA	7.26	6.89	2.71	090
62252		A	Csf shunt reprogram	0.74	1.76	1.62	NA	NA	0.21	XXX
62252	26	A	Csf shunt reprogram	0.74	0.27	0.32	0.27	0.32	0.19	XXX
62252	TC	A	Csf shunt reprogram	0.00	1.49	1.30	NA	NA	0.02	XXX
62256		A	Remove brain cavity shunt	7.30	NA	NA	5.92	5.31	1.72	090
62258		A	Replace brain cavity shunt	15.54	NA	NA	9.37	9.04	3.74	090
62263		A	Epidural lysis mult sessions	6.41	9.42	10.99	2.99	3.07	0.41	010
62264		A	Epidural lysis on single day	4.42	5.61	6.67	1.26	1.34	0.27	010
62268		A	Drain spinal cord cyst	4.73	6.65	9.06	1.82	1.95	0.43	000
62269		A	Needle biopsy, spinal cord	5.01	6.24	10.53	1.50	1.75	0.37	000
62270		A	Spinal fluid tap, diagnostic	1.37	2.38	2.67	0.58	0.56	0.08	000
62272		A	Drain cerebro spinal fluid	1.35	3.11	3.35	0.62	0.66	0.18	000
62273		A	Inject epidural patch	2.15	1.66	2.19	0.58	0.65	0.13	000
62280		A	Treat spinal cord lesion	2.63	4.62	5.71	1.16	1.07	0.30	010
62281		A	Treat spinal cord lesion	2.66	4.05	4.79	1.03	0.94	0.19	010
62282		A	Treat spinal canal lesion	2.33	4.06	6.19	1.12	1.01	0.17	010
62284		A	Injection for myelogram	1.54	3.77	4.34	0.72	0.69	0.13	000
62287		A	Percutaneous diskectomy	8.88	NA	NA	4.30	4.89	0.58	090
62290		A	Inject for spine disk x-ray	3.00	4.48	5.78	1.16	1.26	0.23	000
62291		A	Inject for spine disk x-ray	2.91	4.20	5.05	1.09	1.15	0.26	000
62292		A	Injection into disk lesion	9.14	NA	NA	2.90	3.73	0.82	090
62294		A	Injection into spinal artery	12.77	NA	NA	6.54	5.90	1.24	090
62310		A	Inject spine c/t	1.91	2.98	3.89	0.57	0.61	0.12	000
62311		A	Inject spine l/s (cd)	1.54	2.64	3.78	0.53	0.56	0.09	000
62318		A	Inject spine w/cath, c/t	2.04	3.07	4.42	0.43	0.55	0.12	000
62319		A	Inject spine w/cath l/s (cd)	1.87	2.78	3.89	0.44	0.53	0.11	000

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
62350		A	Implant spinal canal cath	8.04	NA	NA	4.01	4.00	1.02	090
62351		A	Implant spinal canal cath	11.54	NA	NA	7.66	7.41	2.25	090
62355		A	Remove spinal canal catheter	6.60	NA	NA	3.54	3.36	0.71	090
62360		A	Insert spine infusion device	3.68	NA	NA	3.15	2.96	0.34	090
62361		A	Implant spine infusion pump	6.59	NA	NA	4.06	3.98	0.80	090
62362		A	Implant spine infusion pump	8.58	NA	NA	4.68	4.53	1.18	090
62365		A	Remove spine infusion device	6.57	NA	NA	3.73	3.68	0.86	090
62367		A	Analyze spine infusion pump	0.48	0.42	0.51	0.12	0.11	0.03	XXX
62368		A	Analyze spine infusion pump	0.75	0.58	0.64	0.18	0.17	0.06	XXX
63001		A	Removal of spinal lamina	17.51	NA	NA	9.83	9.70	3.77	090
63003		A	Removal of spinal lamina	17.64	NA	NA	9.78	9.84	3.73	090
63005		A	Removal of spinal lamina	16.28	NA	NA	9.78	9.89	3.35	090
63011		A	Removal of spinal lamina	15.78	NA	NA	9.05	8.70	3.38	090
63012		A	Removal of spinal lamina	16.72	NA	NA	9.81	9.99	3.49	090
63015		A	Removal of spinal lamina	20.70	NA	NA	11.94	11.94	4.76	090
63016		A	Removal of spinal lamina	21.90	NA	NA	11.72	11.81	4.59	090
63017		A	Removal of spinal lamina	17.18	NA	NA	10.41	10.42	3.64	090
63020		A	Neck spine disk surgery	16.05	NA	NA	9.94	9.83	3.72	090
63030		A	Low back disk surgery	13.03	NA	NA	8.64	8.55	3.01	090
63035		A	Spinal disk surgery add-on	3.15	NA	NA	1.21	1.40	0.79	ZZZ
63040		A	Laminotomy, single cervical	20.18	NA	NA	11.11	11.32	4.68	090
63042		A	Laminotomy, single lumbar	18.61	NA	NA	10.64	11.01	4.26	090
63043		C	Laminotomy, add⊥l cervical	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
63044		C	Laminotomy, add⊥lumbar	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
63045		A	Removal of spinal lamina	17.82	NA	NA	10.40	10.40	3.99	090
63046		A	Removal of spinal lamina	17.12	NA	NA	9.83	10.03	3.56	090
63047		A	Removal of spinal lamina	15.22	NA	NA	9.38	9.65	3.24	090
63048		A	Remove spinal lamina add-on	3.47	NA	NA	1.33	1.50	0.72	ZZZ
63050		A	Cervical laminoplasty	21.88	NA	NA	11.89	11.37	4.67	090
63051		A	C-laminoplasty w/graft/plate	25.38	NA	NA	13.15	13.08	4.67	090
63055		A	Decompress spinal cord	23.42	NA	NA	12.55	12.84	5.29	090
63056		A	Decompress spinal cord	21.73	NA	NA	11.46	12.03	4.76	090
63057		A	Decompress spine cord add-on	5.25	NA	NA	2.01	2.32	1.22	ZZZ
63064		A	Decompress spinal cord	26.09	NA	NA	13.30	13.91	5.71	090
63066		A	Decompress spine cord add-on	3.26	NA	NA	1.23	1.45	0.69	ZZZ
63075		A	Neck spine disk surgery	19.47	NA	NA	11.07	11.60	4.63	090
63076		A	Neck spine disk surgery	4.04	NA	NA	1.53	1.80	0.96	ZZZ
63077		A	Spine disk surgery, thorax	22.75	NA	NA	11.15	11.99	3.99	090
63078		A	Spine disk surgery, thorax	3.28	NA	NA	1.22	1.43	0.66	ZZZ
63081		A	Removal of vertebral body	25.97	NA	NA	13.59	13.99	5.56	090
63082		A	Remove vertebral body add-on	4.36	NA	NA	1.66	1.95	1.02	ZZZ
63085		A	Removal of vertebral body	29.34	NA	NA	13.64	14.60	4.49	090
63086		A	Remove vertebral body add-on	3.19	NA	NA	1.18	1.39	0.59	ZZZ
63087		A	Removal of vertebral body	37.38	NA	NA	16.74	18.14	6.22	090
63088		A	Remove vertebral body add-on	4.32	NA	NA	1.61	1.90	0.82	ZZZ
63090		A	Removal of vertebral body	30.78	NA	NA	14.47	15.21	4.22	090
63091		A	Remove vertebral body add-on	3.03	NA	NA	1.15	1.30	0.48	ZZZ
63101		A	Removal of vertebral body	33.92	NA	NA	17.17	18.26	5.71	090
63102		A	Removal of vertebral body	33.92	NA	NA	16.94	18.13	5.71	090
63103		A	Remove vertebral body add-on	4.82	NA	NA	1.77	2.14	0.69	ZZZ
63170		A	Incise spinal cord tract(s)	22.08	NA	NA	10.52	11.57	4.87	090
63172		A	Drainage of spinal cyst	19.66	NA	NA	11.15	10.94	4.49	090
63173		A	Drainage of spinal cyst	24.18	NA	NA	13.68	13.22	5.70	090
63180		A	Revise spinal cord ligaments	20.40	NA	NA	11.04	11.00	3.96	090
63182		A	Revise spinal cord ligaments	22.69	NA	NA	7.17	9.06	5.32	090
63185		A	Incise spinal column/nerves	16.36	NA	NA	10.19	9.14	2.80	090
63190		A	Incise spinal column/nerves	18.76	NA	NA	9.66	9.99	3.25	090
63191		A	Incise spinal column/nerves	18.79	NA	NA	4.14	8.43	6.36	090
63194		A	Incise spinal column & cord	21.97	NA	NA	11.28	11.10	3.27	090
63195		A	Incise spinal column & cord	21.54	NA	NA	12.20	11.65	4.88	090
63196		A	Incise spinal column & cord	25.14	NA	NA	13.90	13.67	5.78	090
63197		A	Incise spinal column & cord	23.95	NA	NA	7.46	10.85	5.38	090
63198		A	Incise spinal column & cord	29.75	NA	NA	8.91	8.68	6.45	090
63199		A	Incise spinal column & cord	31.32	NA	NA	9.27	12.16	1.40	090
63200		A	Release of spinal cord	21.31	NA	NA	12.18	11.69	4.97	090
63250		A	Revise spinal cord vessels	43.73	NA	NA	21.13	20.58	9.04	090
63251		A	Revise spinal cord vessels	44.49	NA	NA	21.75	22.16	10.44	090
63252		A	Revise spinal cord vessels	44.48	NA	NA	21.08	21.74	10.67	090
63265		A	Excise intraspinal lesion	23.69	NA	NA	13.11	12.96	5.45	090
63266		A	Excise intraspinal lesion	24.55	NA	NA	13.27	13.25	5.56	090
63267		A	Excise intraspinal lesion	19.32	NA	NA	11.20	11.16	4.38	090
63268		A	Excise intraspinal lesion	19.89	NA	NA	10.93	10.65	3.70	090

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
63270		A	Excise intraspinal lesion	29.67	NA	NA	15.49	15.56	6.84	090
63271		A	Excise intraspinal lesion	29.79	NA	NA	15.44	15.52	6.92	090
63272		A	Excise intraspinal lesion	27.37	NA	NA	14.42	14.57	6.20	090
63273		A	Excise intraspinal lesion	26.34	NA	NA	14.16	14.22	5.76	090
63275		A	Biopsy/excise spinal tumor	25.73	NA	NA	13.84	13.77	5.82	090
63276		A	Biopsy/excise spinal tumor	25.56	NA	NA	13.62	13.69	5.85	090
63277		A	Biopsy/excise spinal tumor	22.26	NA	NA	12.21	12.38	5.03	090
63278		A	Biopsy/excise spinal tumor	21.99	NA	NA	11.99	12.22	4.56	090
63280		A	Biopsy/excise spinal tumor	30.14	NA	NA	16.01	16.20	7.29	090
63281		A	Biopsy/excise spinal tumor	29.84	NA	NA	16.00	16.09	7.19	090
63282		A	Biopsy/excise spinal tumor	28.00	NA	NA	15.13	15.26	6.78	090
63283		A	Biopsy/excise spinal tumor	26.61	NA	NA	14.80	14.65	6.28	090
63285		A	Biopsy/excise spinal tumor	37.90	NA	NA	18.24	19.27	9.21	090
63286		A	Biopsy/excise spinal tumor	37.47	NA	NA	18.87	19.42	9.24	090
63287		A	Biopsy/excise spinal tumor	39.93	NA	NA	19.80	20.11	9.42	090
63290		A	Biopsy/excise spinal tumor	40.67	NA	NA	19.44	20.17	9.05	090
63295		A	Repair of laminectomy defect	5.25	NA	NA	1.99	1.96	1.03	ZZZ
63300		A	Removal of vertebral body	26.67	NA	NA	13.92	14.07	5.99	090
63301		A	Removal of vertebral body	31.42	NA	NA	14.24	15.05	5.41	090
63302		A	Removal of vertebral body	31.00	NA	NA	13.91	15.05	5.55	090
63303		A	Removal of vertebral body	33.42	NA	NA	15.03	15.92	4.69	090
63304		A	Removal of vertebral body	33.70	NA	NA	17.74	17.43	6.43	090
63305		A	Removal of vertebral body	36.09	NA	NA	17.08	17.67	5.73	090
63306		A	Removal of vertebral body	35.40	NA	NA	16.75	17.12	8.35	090
63307		A	Removal of vertebral body	34.81	NA	NA	14.75	16.30	4.47	090
63308		A	Remove vertebral body add-on	5.24	NA	NA	1.97	2.28	1.29	ZZZ
63600		A	Remove spinal cord lesion	15.02	NA	NA	4.08	4.81	1.52	090
63610		A	Stimulation of spinal cord	8.72	13.66	36.72	1.46	1.87	0.86	000
63615		A	Remove lesion of spinal cord	17.22	NA	NA	8.59	8.50	2.85	090
63650		A	Implant neuroelectrodes	7.57	NA	NA	2.94	3.05	0.53	090
63655		A	Implant neuroelectrodes	11.43	NA	NA	7.67	7.32	2.44	090
63660		A	Revise/remove neuroelectrode	6.87	NA	NA	3.45	3.51	0.78	090
63685		A	Insrt/redo spine n generator	7.87	NA	NA	3.68	3.91	1.05	090
63688		A	Revise/remove neuroreceiver	6.10	NA	NA	3.54	3.55	0.89	090
63700		A	Repair of spinal herniation	17.32	NA	NA	9.95	10.12	3.53	090
63702		A	Repair of spinal herniation	19.26	NA	NA	10.03	10.70	4.13	090
63704		A	Repair of spinal herniation	22.23	NA	NA	11.72	12.48	4.58	090
63706		A	Repair of spinal herniation	25.15	NA	NA	14.39	14.13	6.25	090
63707		A	Repair spinal fluid leakage	12.52	NA	NA	7.87	7.80	2.52	090
63709		A	Repair spinal fluid leakage	15.52	NA	NA	9.02	9.23	3.10	090
63710		A	Graft repair of spine defect	15.27	NA	NA	9.25	9.16	3.41	090
63740		A	Install spinal shunt	12.50	NA	NA	8.31	7.83	2.94	090
63741		A	Install spinal shunt	9.02	NA	NA	4.96	4.84	1.66	090
63744		A	Revision of spinal shunt	8.86	NA	NA	5.82	5.59	1.90	090
63746		A	Removal of spinal shunt	7.25	NA	NA	5.69	4.58	1.53	090
64400		A	N block inj, trigeminal	1.11	1.40	1.65	0.44	0.44	0.07	000
64402		A	N block inj, facial	1.25	1.40	1.51	0.50	0.55	0.09	000
64405		A	N block inj, occipital	1.32	1.15	1.31	0.50	0.48	0.08	000
64408		A	N block inj, vagus	1.41	1.44	1.51	0.71	0.78	0.10	000
64410		A	N block inj, phrenic	1.43	1.91	2.19	0.56	0.51	0.09	000
64412		A	N block inj, spinal accessor	1.18	2.12	2.37	0.59	0.50	0.08	000
64413		A	N block inj, cervical plexus	1.40	1.30	1.57	0.48	0.49	0.08	000
64415		A	N block inj, brachial plexus	1.48	1.40	2.11	0.31	0.39	0.09	000
64416		A	N block cont infuse, b plex	3.85	NA	NA	0.47	0.65	0.31	010
64417		A	N block inj, axillary	1.44	1.42	2.24	0.32	0.41	0.11	000
64418		A	N block inj, suprascapular	1.32	1.89	2.25	0.52	0.48	0.07	000
64420		A	N block inj, intercost, sng	1.18	2.38	3.13	0.45	0.44	0.08	000
64421		A	N block inj, intercost, mlt	1.68	3.53	4.80	0.53	0.52	0.11	000
64425		A	N block inj, ilio-ing/hypogi	1.75	1.29	1.48	0.53	0.54	0.13	000
64430		A	N block inj, pudendal	1.46	2.39	2.45	0.78	0.67	0.10	000
64435		A	N block inj, paracervical	1.45	1.99	2.25	0.56	0.63	0.16	000
64445		A	N block inj, sciatic, sng	1.48	1.62	2.15	0.51	0.51	0.10	000
64446		A	N blk inj, sciatic, cont inf	3.61	NA	NA	0.49	0.76	0.20	010
64447		A	N block inj fem, single	1.50	NA	NA	0.18	0.31	0.09	000
64448		A	N block inj fem, cont inf	3.36	NA	NA	0.40	0.62	0.18	010
64449		A	N block inj, lumbar plexus	3.24	NA	NA	0.42	0.70	0.15	010
64450		A	N block, other peripheral	1.27	1.25	1.25	0.48	0.49	0.13	000
64470		A	Inj paravertebral c/t	1.85	3.79	5.51	0.70	0.71	0.11	000
64472		A	Inj paravertebral c/t add-on	1.29	1.21	1.77	0.33	0.34	0.08	ZZZ
64475		A	Inj paravertebral l/s	1.41	3.62	5.25	0.58	0.61	0.10	000
64476		A	Inj paravertebral l/s add-on	0.98	1.10	1.61	0.23	0.24	0.07	ZZZ
64479		A	Inj foramen epidural c/t	2.20	3.73	5.61	0.81	0.85	0.12	000

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
64480		A	Inj foramen epidural add-on	1.54	1.54	2.18	0.40	0.43	0.10	ZZZ
64483		A	Inj foramen epidural l/s	1.90	3.80	5.84	0.75	0.79	0.11	000
64484		A	Inj foramen epidural add-on	1.33	1.62	2.45	0.33	0.35	0.08	ZZZ
64505		A	N block, spenopalatine gangl	1.36	1.13	1.18	0.74	0.70	0.10	000
64508		A	N block, carotid sinus s/p	1.12	2.00	2.64	0.55	0.64	0.07	000
64510		A	N block, stellate ganglion	1.22	1.89	2.67	0.43	0.47	0.07	000
64517		A	N block inj, hypogas plxs	2.20	1.72	2.21	0.69	0.77	0.11	000
64520		A	N block, lumbar/thoracic	1.35	2.56	3.85	0.51	0.53	0.08	000
64530		A	N block inj, celiac pelus	1.58	2.78	3.58	0.66	0.64	0.10	000
64550		A	Apply neurostimulator	0.18	0.20	0.24	0.05	0.05	0.01	000
64553		A	Implant neuroelectrodes	2.33	2.67	2.72	1.46	1.64	0.18	010
64555		A	Implant neuroelectrodes	2.29	2.77	2.90	1.49	1.32	0.19	010
64560		A	Implant neuroelectrodes	2.38	2.40	2.53	1.26	1.29	0.22	010
64561		A	Implant neuroelectrodes	7.07	19.55	24.86	3.80	3.30	0.51	010
64565		A	Implant neuroelectrodes	1.78	2.44	2.87	1.28	1.27	0.13	010
64573		A	Implant neuroelectrodes	8.15	NA	NA	5.18	5.27	1.60	090
64575		A	Implant neuroelectrodes	4.37	NA	NA	2.06	2.35	0.61	090
64577		A	Implant neuroelectrodes	4.64	NA	NA	4.79	3.71	1.04	090
64580		A	Implant neuroelectrodes	4.14	NA	NA	2.72	3.13	0.36	090
64581		A	Implant neuroelectrodes	14.15	NA	NA	6.69	6.05	1.05	090
64585		A	Revise/remove neuroelectrode	2.08	5.89	8.56	2.29	2.20	0.20	010
64590		A	Insrt/redo pn/gastr stimul	2.42	6.38	6.76	2.46	2.37	0.19	010
64595		A	Revise/rmv pn/gastr stimul	1.75	6.41	8.41	2.17	2.05	0.19	010
64600		A	Injection treatment of nerve	3.46	5.41	7.35	1.65	1.64	0.34	010
64605		A	Injection treatment of nerve	5.62	7.16	8.41	2.28	2.25	0.79	010
64610		A	Injection treatment of nerve	7.17	9.24	9.08	3.48	3.61	1.58	010
64612		A	Destroy nerve, face muscle	1.98	1.59	2.04	1.34	1.34	0.11	010
64613		A	Destroy nerve, neck muscle	1.98	1.37	2.15	1.14	1.18	0.11	010
64614		A	Destroy nerve, extrem musc	2.20	1.61	2.42	1.31	1.31	0.10	010
64620		A	Injection treatment of nerve	2.86	3.29	4.19	1.11	1.22	0.20	010
64622		A	Destr paravertebrl nerve l/s	3.02	4.04	5.89	1.26	1.31	0.18	010
64623		A	Destr paravertebral n add-on	0.99	1.67	2.30	0.22	0.22	0.06	ZZZ
64626		A	Destr paravertebrl nerve c/t	3.82	4.72	6.23	1.88	1.91	0.20	010
64627		A	Destr paravertebral n add-on	1.16	2.36	3.44	0.25	0.26	0.07	ZZZ
64630		A	Injection treatment of nerve	3.02	2.77	2.75	1.85	1.64	0.22	010
64640		A	Injection treatment of nerve	2.78	2.36	3.29	1.38	1.63	0.29	010
64650		A	Chemodenerv eccrine glands	0.70	0.71	0.80	0.16	0.23	0.06	000
64653		A	Chemodenerv eccrine glands	0.88	0.75	0.85	0.19	0.29	0.08	000
64680		A	Injection treatment of nerve	2.64	4.22	5.42	1.20	1.29	0.18	010
64681		A	Injection treatment of nerve	3.78	4.74	7.03	1.26	1.67	0.28	010
64702		A	Revise finger/toe nerve	6.10	NA	NA	5.15	4.54	0.61	090
64704		A	Revise hand/foot nerve	4.61	NA	NA	3.05	3.21	0.61	090
64708		A	Revise arm/leg nerve	6.22	NA	NA	4.16	4.54	0.96	090
64712		A	Revision of sciatic nerve	7.98	NA	NA	4.34	4.69	0.95	090
64713		A	Revision of arm nerve(s)	11.29	NA	NA	6.05	6.04	1.83	090
64714		A	Revise low back nerve(s)	10.44	NA	NA	4.37	4.38	1.19	090
64716		A	Revision of cranial nerve	6.86	NA	NA	5.47	5.68	0.63	090
64718		A	Revise ulnar nerve at elbow	7.06	NA	NA	6.18	6.10	1.05	090
64719		A	Revise ulnar nerve at wrist	4.89	NA	NA	4.12	4.33	0.77	090
64721		A	Carpal tunnel surgery	4.84	4.69	5.04	4.63	5.00	0.73	090
64722		A	Relieve pressure on nerve(s)	4.74	NA	NA	2.98	2.99	0.48	090
64726		A	Release foot/toe nerve	4.21	NA	NA	2.59	2.72	0.54	090
64727		A	Internal nerve revision	3.10	NA	NA	1.19	1.36	0.48	ZZZ
64732		A	Incision of brow nerve	4.81	NA	NA	3.67	3.70	0.98	090
64734		A	Incision of cheek nerve	5.45	NA	NA	4.45	4.29	0.89	090
64736		A	Incision of chin nerve	5.13	NA	NA	3.74	3.91	0.52	090
64738		A	Incision of jaw nerve	6.26	NA	NA	4.67	4.58	1.08	090
64740		A	Incision of tongue nerve	6.12	NA	NA	5.02	4.97	0.69	090
64742		A	Incision of facial nerve	6.75	NA	NA	4.31	4.52	0.73	090
64744		A	Incise nerve, back of head	5.64	NA	NA	4.08	4.01	1.16	090
64746		A	Incise diaphragm nerve	6.46	NA	NA	3.86	4.18	0.82	090
64752		A	Incision of vagus nerve	7.59	NA	NA	3.78	4.07	0.93	090
64755		A	Incision of stomach nerves	14.97	NA	NA	5.50	5.61	1.84	090
64760		A	Incision of vagus nerve	7.49	NA	NA	3.76	3.62	0.81	090
64761		A	Incision of pelvis nerve	6.94	NA	NA	4.28	3.85	0.53	090
64763		A	Incise hip/thigh nerve	7.46	NA	NA	3.89	4.75	0.94	090
64766		A	Incise hip/thigh nerve	9.34	NA	NA	4.55	5.02	1.06	090
64771		A	Sever cranial nerve	8.02	NA	NA	5.65	5.55	1.23	090
64772		A	Incision of spinal nerve	7.74	NA	NA	5.09	5.05	1.40	090
64774		A	Remove skin nerve lesion	5.70	NA	NA	4.00	3.91	0.74	090
64776		A	Remove digit nerve lesion	5.52	NA	NA	3.69	3.70	0.76	090
64778		A	Digit nerve surgery add-on	3.11	NA	NA	1.21	1.36	0.46	ZZZ

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
64782		A	Remove limb nerve lesion	6.76	NA	NA	4.01	3.91	0.86	090
64783		A	Limb nerve surgery add-on	3.71	NA	NA	1.37	1.61	0.51	ZZZ
64784		A	Remove nerve lesion	10.49	NA	NA	6.38	6.47	1.38	090
64786		A	Remove sciatic nerve lesion	16.12	NA	NA	8.46	9.25	2.61	090
64787		A	Implant nerve end	4.29	NA	NA	1.64	1.88	0.58	ZZZ
64788		A	Remove skin nerve lesion	5.14	NA	NA	4.05	3.73	0.73	090
64790		A	Removal of nerve lesion	11.97	NA	NA	6.97	7.07	2.11	090
64792		A	Removal of nerve lesion	15.71	NA	NA	8.31	8.60	2.49	090
64795		A	Biopsy of nerve	3.01	NA	NA	1.43	1.50	0.52	000
64802		A	Remove sympathetic nerves	10.24	NA	NA	3.51	4.44	1.29	090
64804		A	Remove sympathetic nerves	15.78	NA	NA	6.02	6.59	2.15	090
64809		A	Remove sympathetic nerves	14.61	NA	NA	6.90	6.29	1.50	090
64818		A	Remove sympathetic nerves	11.24	NA	NA	4.33	4.80	1.33	090
64820		A	Remove sympathetic nerves	10.64	NA	NA	6.93	7.06	1.49	090
64821		A	Remove sympathetic nerves	9.19	NA	NA	6.50	6.96	1.24	090
64822		A	Remove sympathetic nerves	9.19	NA	NA	6.40	6.84	1.30	090
64823		A	Remove sympathetic nerves	10.80	NA	NA	6.34	7.38	1.57	090
64831		A	Repair of digit nerve	10.23	NA	NA	6.60	6.87	1.41	090
64832		A	Repair nerve add-on	5.65	NA	NA	2.31	2.64	0.85	ZZZ
64834		A	Repair of hand or foot nerve	10.71	NA	NA	6.43	6.80	1.54	090
64835		A	Repair of hand or foot nerve	11.60	NA	NA	6.93	7.39	1.74	090
64836		A	Repair of hand or foot nerve	11.60	NA	NA	7.12	7.39	1.68	090
64837		A	Repair nerve add-on	6.25	NA	NA	2.62	2.95	0.97	ZZZ
64840		A	Repair of leg nerve	13.87	NA	NA	7.44	7.47	1.37	090
64856		A	Repair/transpose nerve	14.94	NA	NA	8.47	8.87	2.13	090
64857		A	Repair arm/leg nerve	15.69	NA	NA	8.75	9.24	2.22	090
64858		A	Repair sciatic nerve	17.69	NA	NA	9.59	10.32	3.34	090
64859		A	Nerve surgery	4.25	NA	NA	1.76	2.01	0.67	ZZZ
64861		A	Repair of arm nerves	20.74	NA	NA	10.02	10.92	4.09	090
64862		A	Repair of low back nerves	20.94	NA	NA	9.78	10.35	4.32	090
64864		A	Repair of facial nerve	13.31	NA	NA	7.50	8.08	1.26	090
64865		A	Repair of facial nerve	15.96	NA	NA	11.55	12.29	1.50	090
64866		A	Fusion of facial/other nerve	16.70	NA	NA	11.13	12.36	2.05	090
64868		A	Fusion of facial/other nerve	14.80	NA	NA	9.82	10.52	1.43	090
64870		A	Fusion of facial/other nerve	16.95	NA	NA	8.17	8.51	1.30	090
64872		A	Subsequent repair of nerve	1.99	NA	NA	0.78	0.94	0.29	ZZZ
64874		A	Repair & revise nerve add-on	2.98	NA	NA	1.27	1.40	0.42	ZZZ
64876		A	Repair nerve/shorten bone	3.37	NA	NA	1.44	1.48	0.47	ZZZ
64885		A	Nerve graft, head or neck	17.50	NA	NA	9.00	10.31	1.63	090
64886		A	Nerve graft, head or neck	20.72	NA	NA	10.45	11.92	2.09	090
64890		A	Nerve graft, hand or foot	16.11	NA	NA	8.96	9.52	2.30	090
64891		A	Nerve graft, hand or foot	17.22	NA	NA	9.53	8.64	1.63	090
64892		A	Nerve graft, arm or leg	15.61	NA	NA	9.14	8.99	2.48	090
64893		A	Nerve graft, arm or leg	16.74	NA	NA	9.60	9.78	2.62	090
64895		A	Nerve graft, hand or foot	20.26	NA	NA	11.09	10.24	2.58	090
64896		A	Nerve graft, hand or foot	21.81	NA	NA	11.67	11.39	3.17	090
64897		A	Nerve graft, arm or leg	19.25	NA	NA	10.51	10.62	2.55	090
64898		A	Nerve graft, arm or leg	20.82	NA	NA	11.50	11.65	2.78	090
64901		A	Nerve graft add-on	10.20	NA	NA	3.55	4.47	1.37	ZZZ
64902		A	Nerve graft add-on	11.81	NA	NA	4.68	5.27	1.55	ZZZ
64905		A	Nerve pedicle transfer	14.98	NA	NA	7.01	7.75	2.01	090
64907		A	Nerve pedicle transfer	19.90	NA	NA	6.34	9.43	3.17	090
64910		A	Nerve repair w/allograft	11.21	NA	NA	4.63	5.02	1.74	090
64911		A	Neurorraphy w/vein autograft	14.21	NA	NA	5.29	5.74	1.91	090
64999		C	Nervous system surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
65091		A	Revise eye	7.13	NA	NA	6.76	7.59	0.32	090
65093		A	Revise eye with implant	6.93	NA	NA	6.82	7.80	0.34	090
65101		A	Removal of eye	8.10	NA	NA	7.99	8.79	0.35	090
65103		A	Remove eye/insert implant	8.64	NA	NA	8.16	8.99	0.37	090
65105		A	Remove eye/attach implant	9.70	NA	NA	8.81	9.69	0.42	090
65110		A	Removal of eye	15.42	NA	NA	11.50	12.62	0.81	090
65112		A	Remove eye/revise socket	18.18	NA	NA	13.29	14.70	1.30	090
65114		A	Remove eye/revise socket	19.32	NA	NA	13.58	15.01	1.02	090
65125		A	Revise ocular implant	3.18	6.69	7.76	3.17	3.39	0.19	090
65130		A	Insert ocular implant	8.22	NA	NA	7.71	8.49	0.35	090
65135		A	Insert ocular implant	8.40	NA	NA	7.78	8.59	0.36	090
65140		A	Attach ocular implant	9.23	NA	NA	8.42	9.19	0.40	090
65150		A	Revise ocular implant	6.32	NA	NA	6.31	7.18	0.31	090
65155		A	Reinsert ocular implant	9.87	NA	NA	8.81	9.66	0.50	090
65175		A	Removal of ocular implant	7.22	NA	NA	7.07	7.82	0.31	090
65205		A	Remove foreign body from eye	0.71	0.57	0.61	0.32	0.31	0.03	000
65210		A	Remove foreign body from eye	0.84	0.71	0.76	0.39	0.39	0.04	000

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
65220		A	Remove foreign body from eye	0.71	0.59	0.62	0.28	0.28	0.05	000
65222		A	Remove foreign body from eye	0.93	0.78	0.84	0.42	0.41	0.04	000
65235		A	Remove foreign body from eye	8.78	NA	NA	6.83	6.82	0.37	090
65260		A	Remove foreign body from eye	12.29	NA	NA	8.80	9.28	0.57	090
65265		A	Remove foreign body from eye	14.06	NA	NA	9.67	10.20	0.62	090
65270		A	Repair of eye wound	1.92	3.82	4.53	1.21	1.30	0.09	010
65272		A	Repair of eye wound	4.49	6.30	7.04	3.18	3.26	0.19	090
65273		A	Repair of eye wound	5.03	NA	NA	3.34	3.48	0.22	090
65275		A	Repair of eye wound	6.14	6.31	6.34	3.93	3.96	0.26	090
65280		A	Repair of eye wound	8.87	NA	NA	5.88	6.09	0.38	090
65285		A	Repair of eye wound	14.43	NA	NA	8.47	8.90	0.64	090
65286		A	Repair of eye wound	6.45	8.71	9.97	4.42	4.55	0.27	090
65290		A	Repair of eye socket wound	6.35	NA	NA	4.43	4.62	0.31	090
65400		A	Removal of eye lesion	7.27	7.47	7.94	5.88	6.03	0.30	090
65410		A	Biopsy of cornea	1.47	1.67	1.90	0.87	0.92	0.07	000
65420		A	Removal of eye lesion	4.24	6.85	7.88	3.98	4.23	0.21	090
65426		A	Removal of eye lesion	5.93	8.10	9.19	4.53	4.76	0.25	090
65430		A	Corneal smear	1.47	1.10	1.20	0.87	0.93	0.07	000
65435		A	Curette/treat cornea	0.92	0.86	0.93	0.65	0.68	0.04	000
65436		A	Curette/treat cornea	4.72	3.78	3.96	3.45	3.58	0.21	090
65450		A	Treatment of corneal lesion	3.35	3.68	3.89	3.61	3.79	0.16	090
65600		A	Revision of cornea	4.07	4.44	4.75	3.40	3.40	0.17	090
65710		A	Corneal transplant	14.09	NA	NA	10.22	10.77	0.61	090
65730		A	Corneal transplant	15.99	NA	NA	11.05	11.60	0.70	090
65750		A	Corneal transplant	16.60	NA	NA	10.71	11.41	0.74	090
65755		A	Corneal transplant	16.49	NA	NA	10.68	11.35	0.73	090
65770		A	Revise cornea with implant	19.41	NA	NA	11.77	12.56	0.87	090
65772		A	Correction of astigmatism	4.96	4.86	5.22	3.94	4.06	0.21	090
65775		A	Correction of astigmatism	6.73	NA	NA	5.33	5.67	0.28	090
65780		A	Ocular reconst, transplant	10.43	NA	NA	8.98	9.69	0.44	090
65781		A	Ocular reconst, transplant	17.84	NA	NA	11.68	12.75	0.44	090
65782		A	Ocular reconst, transplant	15.16	NA	NA	10.28	11.20	0.44	090
65800		A	Drainage of eye	1.91	1.40	1.61	1.03	1.12	0.09	000
65805		A	Drainage of eye	1.91	1.70	1.95	1.03	1.12	0.09	000
65810		A	Drainage of eye	5.67	NA	NA	4.69	4.72	0.24	090
65815		A	Drainage of eye	5.85	7.92	9.00	4.61	4.74	0.25	090
65820		A	Relieve inner eye pressure	8.72	NA	NA	7.68	8.41	0.40	090
65850		A	Incision of eye	11.24	NA	NA	7.39	7.96	0.52	090
65855		A	Laser surgery of eye	3.90	3.51	3.93	2.65	2.89	0.19	010
65860		A	Incise inner eye adhesions	3.56	3.27	3.68	2.10	2.31	0.18	090
65865		A	Incise inner eye adhesions	5.66	NA	NA	4.72	5.20	0.28	090
65870		A	Incise inner eye adhesions	7.21	NA	NA	5.74	6.11	0.31	090
65875		A	Incise inner eye adhesions	7.61	NA	NA	6.17	6.52	0.32	090
65880		A	Incise inner eye adhesions	8.16	NA	NA	6.34	6.73	0.35	090
65900		A	Remove eye lesion	12.26	NA	NA	8.95	9.65	0.54	090
65920		A	Remove implant of eye	9.74	NA	NA	7.51	7.89	0.41	090
65930		A	Remove blood clot from eye	8.24	NA	NA	5.81	6.36	0.37	090
66020		A	Injection treatment of eye	1.61	2.42	2.78	1.28	1.37	0.08	010
66030		A	Injection treatment of eye	1.27	2.29	2.64	1.15	1.22	0.06	010
66130		A	Remove eye lesion	7.74	7.54	8.62	4.91	5.30	0.38	090
66150		A	Glaucoma surgery	10.18	NA	NA	8.85	9.17	0.46	090
66155		A	Glaucoma surgery	10.17	NA	NA	8.85	9.14	0.41	090
66160		A	Glaucoma surgery	12.04	NA	NA	9.53	9.92	0.50	090
66165		A	Glaucoma surgery	9.89	NA	NA	8.81	9.07	0.40	090
66170		A	Glaucoma surgery	14.57	NA	NA	11.61	11.98	0.60	090
66172		A	Incision of eye	18.26	NA	NA	14.72	15.05	0.74	090
66180		A	Implant eye shunt	16.02	NA	NA	9.78	10.34	0.71	090
66185		A	Revise eye shunt	9.35	NA	NA	7.09	7.28	0.40	090
66220		A	Repair eye lesion	8.98	NA	NA	7.20	7.17	0.40	090
66225		A	Repair/graft eye lesion	12.38	NA	NA	8.18	8.51	0.55	090
66250		A	Follow-up surgery of eye	6.92	9.25	10.52	5.28	5.41	0.30	090
66500		A	Incision of iris	3.75	NA	NA	3.96	4.32	0.18	090
66505		A	Incision of iris	4.13	NA	NA	4.32	4.68	0.20	090
66600		A	Remove iris and lesion	9.89	NA	NA	8.33	8.32	0.43	090
66605		A	Removal of iris	13.99	NA	NA	9.54	9.77	0.77	090
66625		A	Removal of iris	5.19	NA	NA	4.23	4.50	0.26	090
66630		A	Removal of iris	7.10	NA	NA	5.38	5.58	0.31	090
66635		A	Removal of iris	7.19	NA	NA	5.41	5.61	0.31	090
66680		A	Repair iris & ciliary body	6.24	NA	NA	5.09	5.21	0.27	090
66682		A	Repair iris & ciliary body	7.15	NA	NA	6.73	6.71	0.31	090
66700		A	Destruction, ciliary body	5.06	4.80	5.05	3.61	3.80	0.24	090
66710		A	Ciliary transsleral therapy	5.06	4.62	4.92	3.62	3.75	0.23	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
66711		A	Ciliary endoscopic ablation	7.70	NA	NA	6.32	6.43	0.30	090
66720		A	Destruction, ciliary body	4.86	5.38	5.61	4.33	4.54	0.26	090
66740		A	Destruction, ciliary body	5.06	4.55	4.84	3.63	3.82	0.23	090
66761		A	Revision of iris	4.87	5.03	5.34	4.21	4.28	0.20	090
66762		A	Revision of iris	5.25	5.12	5.41	4.09	4.22	0.23	090
66770		A	Removal of inner eye lesion	5.98	5.55	5.85	4.61	4.74	0.26	090
66820		A	Incision, secondary cataract	3.93	NA	NA	4.63	5.24	0.19	090
66821		A	After cataract laser surgery	3.32	3.84	3.98	3.43	3.54	0.11	090
66825		A	Reposition intraocular lens	8.82	NA	NA	7.81	8.48	0.40	090
66830		A	Removal of lens lesion	9.27	NA	NA	6.42	6.73	0.36	090
66840		A	Removal of lens material	8.98	NA	NA	6.34	6.64	0.39	090
66850		A	Removal of lens material	10.32	NA	NA	7.12	7.43	0.45	090
66852		A	Removal of lens material	11.18	NA	NA	7.45	7.82	0.49	090
66920		A	Extraction of lens	9.93	NA	NA	6.70	7.04	0.44	090
66930		A	Extraction of lens	11.38	NA	NA	7.52	7.88	0.49	090
66940		A	Extraction of lens	10.14	NA	NA	7.06	7.38	0.43	090
66982		A	Cataract surgery, complex	14.83	NA	NA	9.04	9.51	0.63	090
66983		A	Cataract surg w/iol, 1 stage	10.20	NA	NA	6.57	6.31	0.14	090
66984		A	Cataract surg w/iol, 1 stage	10.36	NA	NA	6.51	7.00	0.39	090
66985		A	Insert lens prosthesis	9.73	NA	NA	7.18	7.35	0.36	090
66986		A	Exchange lens prosthesis	12.26	NA	NA	8.12	8.70	0.60	090
66990		A	Ophthalmic endoscope add-on	1.51	NA	NA	0.55	0.62	0.07	ZZZ
66999		C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67005		A	Partial removal of eye fluid	5.77	NA	NA	4.60	4.76	0.28	090
67010		A	Partial removal of eye fluid	6.94	NA	NA	5.03	5.25	0.34	090
67015		A	Release of eye fluid	7.00	NA	NA	5.73	6.12	0.34	090
67025		A	Replace eye fluid	7.91	7.89	8.60	5.95	6.12	0.34	090
67027		A	Implant eye drug system	11.43	NA	NA	7.43	7.76	0.54	090
67028		A	Injection eye drug	2.52	2.16	2.45	1.26	1.37	0.12	000
67030		A	Incise inner eye strands	5.91	NA	NA	5.62	5.77	0.24	090
67031		A	Laser surgery, eye strands	4.34	4.11	4.38	3.45	3.56	0.18	090
67036		A	Removal of inner eye fluid	13.09	NA	NA	8.13	8.68	0.58	090
67038		A	Strip retinal membrane	23.30	NA	NA	13.59	14.64	1.04	090
67039		A	Laser treatment of retina	16.39	NA	NA	10.80	11.56	0.71	090
67040		A	Laser treatment of retina	19.23	NA	NA	12.11	12.98	0.85	090
67101		A	Repair detached retina	8.60	8.52	8.87	6.22	6.41	0.37	090
67105		A	Repair detached retina	8.35	7.45	7.81	5.83	6.03	0.37	090
67107		A	Repair detached retina	16.35	NA	NA	10.44	10.94	0.73	090
67108		A	Repair detached retina	22.49	NA	NA	13.08	13.84	1.02	090
67110		A	Repair detached retina	10.02	8.97	9.65	7.02	7.25	0.44	090
67112		A	Rerepair detached retina	18.45	NA	NA	10.97	11.46	0.83	090
67115		A	Release encircling material	5.93	NA	NA	4.96	5.05	0.25	090
67120		A	Remove eye implant material	6.92	7.37	8.02	5.31	5.45	0.29	090
67121		A	Remove eye implant material	12.00	NA	NA	8.02	8.33	0.53	090
67141		A	Treatment of retina	6.00	5.44	5.68	4.68	4.80	0.26	090
67145		A	Treatment of retina	6.17	5.37	5.58	4.74	4.87	0.27	090
67208		A	Treatment of retinal lesion	7.50	5.69	5.94	5.24	5.41	0.33	090
67210		A	Treatment of retinal lesion	9.35	5.97	6.31	5.49	5.72	0.44	090
67218		A	Treatment of retinal lesion	20.22	NA	NA	10.74	11.53	0.92	090
67220		A	Treatment of choroid lesion	14.19	9.30	9.92	8.25	8.68	0.65	090
67221		R	Ocular photodynamic ther	3.45	2.93	3.65	1.40	1.61	0.20	000
67225		A	Eye photodynamic ther add-on	0.47	0.23	0.24	0.17	0.19	0.02	ZZZ
67227		A	Treatment of retinal lesion	7.38	6.03	6.34	5.20	5.39	0.33	090
67228		A	Treatment of retinal lesion	13.67	9.99	10.80	7.76	8.21	0.63	090
67250		A	Reinforce eye wall	9.46	NA	NA	7.71	8.48	0.47	090
67255		A	Reinforce/graft eye wall	9.97	NA	NA	8.47	9.23	0.44	090
67299		C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67311		A	Revise eye muscle	7.59	NA	NA	5.54	5.81	0.37	090
67312		A	Revise two eye muscles	9.48	NA	NA	6.25	6.54	0.43	090
67314		A	Revise eye muscle	8.59	NA	NA	6.20	6.41	0.39	090
67316		A	Revise two eye muscles	10.73	NA	NA	6.98	7.29	0.49	090
67318		A	Revise eye muscle(s)	8.92	NA	NA	6.56	6.79	0.41	090
67320		A	Revise eye muscle(s) add-on	5.40	NA	NA	1.96	1.97	0.22	ZZZ
67331		A	Eye surgery follow-up add-on	5.13	NA	NA	1.85	1.86	0.21	ZZZ
67332		A	Rerevise eye muscles add-on	5.56	NA	NA	2.01	2.04	0.23	ZZZ
67334		A	Revise eye muscle w/suture	5.05	NA	NA	1.84	1.83	0.20	ZZZ
67335		A	Eye suture during surgery	2.49	NA	NA	0.91	1.02	0.13	ZZZ
67340		A	Revise eye muscle add-on	6.00	NA	NA	2.18	2.21	0.25	ZZZ
67343		A	Release eye tissue	8.29	NA	NA	6.11	6.34	0.37	090
67345		A	Destroy nerve of eye muscle	2.98	2.18	2.40	1.71	1.88	0.17	010
67346		A	Biopsy, eye muscle	2.87	NA	NA	1.64	1.80	0.15	000
67399		C	Eye muscle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
67400		A	Explore/biopsy eye socket	10.97	NA	NA	9.46	10.41	0.56	090
67405		A	Explore/drain eye socket	9.00	NA	NA	8.36	9.09	0.44	090
67412		A	Explore/treat eye socket	10.17	NA	NA	8.58	9.81	0.48	090
67413		A	Explore/treat eye socket	10.09	NA	NA	8.73	9.80	0.50	090
67414		A	Explr/decompress eye socket	17.78	NA	NA	11.73	11.95	0.65	090
67415		A	Aspiration, orbital contents	1.76	NA	NA	0.63	0.70	0.09	000
67420		A	Explore/treat eye socket	21.62	NA	NA	14.36	15.94	1.15	090
67430		A	Explore/treat eye socket	14.99	NA	NA	11.92	13.55	0.86	090
67440		A	Explore/drain eye socket	14.56	NA	NA	11.94	13.15	0.70	090
67445		A	Explr/decompress eye socket	18.96	NA	NA	12.26	13.16	0.90	090
67450		A	Explore/biopsy eye socket	15.11	NA	NA	12.37	13.59	0.68	090
67500		A	Inject/treat eye socket	1.44	0.58	0.63	0.45	0.38	0.05	000
67505		A	Inject/treat eye socket	1.27	0.66	0.65	0.51	0.40	0.05	000
67515		A	Inject/treat eye socket	1.40	0.78	0.69	0.62	0.51	0.03	000
67550		A	Insert eye socket implant	11.52	NA	NA	9.88	10.63	0.72	090
67560		A	Revise eye socket implant	11.93	NA	NA	9.84	10.66	0.60	090
67570		A	Decompress optic nerve	14.21	NA	NA	11.10	12.39	0.68	090
67599		C	Orbit surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67700		A	Drainage of eyelid abscess	1.37	4.29	5.18	1.18	1.23	0.07	010
67710		A	Incision of eyelid	1.04	3.69	4.54	1.08	1.15	0.05	010
67715		A	Incision of eyelid fold	1.24	3.82	4.61	1.16	1.23	0.06	010
67800		A	Remove eyelid lesion	1.39	1.40	1.52	0.91	0.98	0.07	010
67801		A	Remove eyelid lesions	1.89	1.68	1.83	1.09	1.18	0.09	010
67805		A	Remove eyelid lesions	2.24	2.19	2.37	1.42	1.55	0.11	010
67808		A	Remove eyelid lesion(s)	4.47	NA	NA	3.62	3.71	0.19	090
67810		A	Biopsy of eyelid	1.48	3.93	3.64	0.69	0.69	0.06	000
67820		A	Revise eyelashes	0.71	0.44	0.53	0.51	0.53	0.04	000
67825		A	Revise eyelashes	1.40	1.40	1.57	1.26	1.35	0.07	010
67830		A	Revise eyelashes	1.72	3.99	4.78	1.33	1.42	0.08	010
67835		A	Revise eyelashes	5.61	NA	NA	4.15	4.40	0.28	090
67840		A	Remove eyelid lesion	2.06	3.90	4.70	1.46	1.57	0.10	010
67850		A	Treat eyelid lesion	1.71	3.28	3.33	1.45	1.46	0.07	010
67875		A	Closure of eyelid by suture	1.35	2.38	2.85	0.84	0.89	0.07	000
67880		A	Revision of eyelid	4.47	5.44	6.05	3.59	3.72	0.19	090
67882		A	Revision of eyelid	5.87	6.37	7.04	4.49	4.68	0.25	090
67900		A	Repair brow defect	6.69	7.38	8.25	4.64	4.97	0.38	090
67901		A	Repair eyelid defect	7.47	9.00	7.25	5.32	5.39	0.54	090
67902		A	Repair eyelid defect	9.68	NA	NA	6.39	5.97	0.60	090
67903		A	Repair eyelid defect	6.42	6.65	8.14	4.37	4.97	0.47	090
67904		A	Repair eyelid defect	7.83	8.19	8.96	5.41	5.36	0.41	090
67906		A	Repair eyelid defect	6.84	NA	NA	4.51	4.80	0.46	090
67908		A	Repair eyelid defect	5.19	5.57	6.13	4.15	4.77	0.28	090
67909		A	Revise eyelid defect	5.46	6.19	7.15	4.19	4.60	0.31	090
67911		A	Revise eyelid defect	7.38	NA	NA	5.09	4.97	0.31	090
67912		A	Correction eyelid w/implant	6.23	13.10	16.03	4.76	5.15	0.28	090
67914		A	Repair eyelid defect	3.70	4.75	5.57	2.69	2.89	0.19	090
67915		A	Repair eyelid defect	3.21	4.32	5.19	2.44	2.65	0.16	090
67916		A	Repair eyelid defect	5.37	6.38	7.25	4.17	4.49	0.28	090
67917		A	Repair eyelid defect	6.08	6.74	7.63	4.44	4.78	0.36	090
67921		A	Repair eyelid defect	3.42	4.63	5.43	2.58	2.75	0.17	090
67922		A	Repair eyelid defect	3.09	4.16	5.09	2.34	2.58	0.15	090
67923		A	Repair eyelid defect	5.94	6.46	7.33	4.36	4.69	0.30	090
67924		A	Repair eyelid defect	5.84	6.93	7.96	4.09	4.41	0.30	090
67930		A	Repair eyelid wound	3.62	4.37	5.06	1.80	2.00	0.19	010
67935		A	Repair eyelid wound	6.27	6.78	7.69	3.62	4.04	0.39	090
67938		A	Remove eyelid foreign body	1.35	3.81	4.62	1.22	1.25	0.06	010
67950		A	Revision of eyelid	5.88	6.67	7.68	4.40	4.83	0.36	090
67961		A	Revision of eyelid	5.75	6.83	7.79	4.33	4.71	0.33	090
67966		A	Revision of eyelid	8.83	8.08	8.65	5.79	5.71	0.37	090
67971		A	Reconstruction of eyelid	9.87	NA	NA	6.23	6.80	0.53	090
67973		A	Reconstruction of eyelid	12.96	NA	NA	7.79	8.61	0.75	090
67974		A	Reconstruction of eyelid	12.93	NA	NA	7.77	8.56	0.75	090
67975		A	Reconstruction of eyelid	9.21	NA	NA	6.00	6.52	0.50	090
67999		C	Revision of eyelid	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68020		A	Incise/drain eyelid lining	1.39	1.24	1.33	1.06	1.14	0.06	010
68040		A	Treatment of eyelid lesions	0.85	0.61	0.66	0.36	0.40	0.04	000
68100		A	Biopsy of eyelid lining	1.35	2.36	2.81	0.87	0.92	0.07	000
68110		A	Remove eyelid lining lesion	1.79	3.07	3.60	1.49	1.58	0.09	010
68115		A	Remove eyelid lining lesion	2.38	4.33	5.16	1.70	1.81	0.12	010
68130		A	Remove eyelid lining lesion	4.99	6.65	7.72	4.05	4.35	0.24	090
68135		A	Remove eyelid lining lesion	1.86	1.59	1.71	1.48	1.57	0.09	010
68200		A	Treat eyelid by injection	0.49	0.45	0.50	0.29	0.31	0.02	000

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
68320		A	Revise/graft eyelid lining	6.44	9.17	10.27	5.34	5.46	0.27	090
68325		A	Revise/graft eyelid lining	8.43	NA	NA	6.15	6.36	0.44	090
68326		A	Revise/graft eyelid lining	8.22	NA	NA	5.96	6.22	0.35	090
68328		A	Revise/graft eyelid lining	9.25	NA	NA	6.42	6.91	0.54	090
68330		A	Revise eyelid lining	5.63	7.42	8.45	4.47	4.62	0.24	090
68335		A	Revise/graft eyelid lining	8.26	NA	NA	5.96	6.21	0.36	090
68340		A	Separate eyelid adhesions	4.84	6.88	7.91	3.89	4.02	0.21	090
68360		A	Revise eyelid lining	5.04	6.44	7.27	3.98	4.10	0.22	090
68362		A	Revise eyelid lining	8.41	NA	NA	6.02	6.25	0.36	090
68371		A	Harvest eye tissue, alograft	4.97	NA	NA	4.08	4.43	0.44	010
68399		C	Eyelid lining surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68400		A	Incise/drain tear gland	1.71	4.41	5.16	1.22	1.53	0.08	010
68420		A	Incise/drain tear sac	2.32	4.59	5.41	1.43	1.78	0.11	010
68440		A	Incise tear duct opening	0.96	1.25	1.67	1.19	1.24	0.05	010
68500		A	Removal of tear gland	12.49	NA	NA	9.55	9.56	0.55	090
68505		A	Partial removal, tear gland	12.41	NA	NA	8.97	9.85	0.55	090
68510		A	Biopsy of tear gland	4.60	5.23	6.30	2.06	2.09	0.23	000
68520		A	Removal of tear sac	8.58	NA	NA	6.53	7.01	0.37	090
68525		A	Biopsy of tear sac	4.42	NA	NA	1.60	1.83	0.22	000
68530		A	Clearance of tear duct	3.67	5.60	6.91	2.10	2.38	0.18	010
68540		A	Remove tear gland lesion	11.93	NA	NA	8.55	9.02	0.52	090
68550		A	Remove tear gland lesion	14.86	NA	NA	9.74	10.69	0.80	090
68700		A	Repair tear ducts	7.67	NA	NA	5.60	5.83	0.32	090
68705		A	Revise tear duct opening	2.08	3.04	3.62	1.59	1.70	0.10	010
68720		A	Create tear sac drain	9.78	NA	NA	6.93	7.44	0.44	090
68745		A	Create tear duct drain	9.70	NA	NA	7.03	7.53	0.52	090
68750		A	Create tear duct drain	9.87	NA	NA	7.48	7.91	0.43	090
68760		A	Close tear duct opening	1.75	2.59	3.08	1.46	1.55	0.09	010
68761		A	Close tear duct opening	1.38	1.83	2.06	1.25	1.29	0.06	010
68770		A	Close tear system fistula	8.09	NA	NA	5.79	4.51	0.35	090
68801		A	Dilate tear duct opening	0.96	1.77	1.86	1.41	1.46	0.05	010
68810		A	Probe nasolacrimal duct	2.63	3.39	3.54	2.69	2.70	0.10	010
68811		A	Probe nasolacrimal duct	2.39	NA	NA	2.13	2.28	0.13	010
68815		A	Probe nasolacrimal duct	3.24	6.41	7.35	2.45	2.64	0.17	010
68840		A	Explore/irrigate tear ducts	1.27	1.51	1.56	1.28	1.21	0.06	010
68850		A	Injection for tear sac x-ray	0.80	0.72	0.79	0.60	0.63	0.04	000
68899		C	Tear duct system surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69000		A	Drain external ear lesion	1.47	2.87	2.85	1.34	1.34	0.12	010
69005		A	Drain external ear lesion	2.13	2.98	2.92	1.61	1.70	0.17	010
69020		A	Drain outer ear canal lesion	1.50	4.07	4.00	1.90	1.96	0.12	010
69100		A	Biopsy of external ear	0.81	1.84	1.78	0.40	0.40	0.03	000
69105		A	Biopsy of external ear canal	0.85	2.62	2.46	0.71	0.73	0.07	000
69110		A	Remove external ear, partial	3.47	7.80	7.24	4.44	4.43	0.30	090
69120		A	Removal of external ear	4.08	NA	NA	5.34	5.72	0.38	090
69140		A	Remove ear canal lesion(s)	8.03	NA	NA	13.17	13.10	0.65	090
69145		A	Remove ear canal lesion(s)	2.65	6.99	6.31	3.36	3.29	0.21	090
69150		A	Extensive ear canal surgery	13.49	NA	NA	11.45	12.30	1.22	090
69155		A	Extensive ear/neck surgery	23.06	NA	NA	16.99	17.94	1.93	090
69200		A	Clear outer ear canal	0.77	2.14	2.24	0.61	0.58	0.06	000
69205		A	Clear outer ear canal	1.20	NA	NA	1.24	1.29	0.10	010
69210		A	Remove impacted ear wax	0.61	0.58	0.60	0.17	0.20	0.05	000
69220		A	Clean out mastoid cavity	0.83	2.55	2.43	0.68	0.69	0.07	000
69222		A	Clean out mastoid cavity	1.42	3.95	3.86	1.89	1.95	0.12	010
69300		R	Revise external ear	6.69	10.69	7.30	5.20	4.63	0.72	YYY
69310		A	Rebuild outer ear canal	10.85	NA	NA	15.45	15.68	0.85	090
69320		A	Rebuild outer ear canal	17.03	NA	NA	20.02	20.65	1.37	090
69399		C	Outer ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69400		A	Inflate middle ear canal	0.83	2.80	2.45	0.68	0.67	0.07	000
69401		A	Inflate middle ear canal	0.63	1.52	1.37	0.60	0.62	0.05	000
69405		A	Catheterize middle ear canal	2.65	3.65	3.54	1.97	2.12	0.21	010
69420		A	Incision of eardrum	1.35	3.30	3.19	1.55	1.55	0.11	010
69421		A	Incision of eardrum	1.75	NA	NA	1.85	1.98	0.15	010
69424		A	Remove ventilating tube	0.85	2.32	2.23	0.68	0.67	0.07	000
69433		A	Create eardrum opening	1.54	3.30	3.16	1.59	1.60	0.13	010
69436		A	Create eardrum opening	1.98	NA	NA	1.90	2.07	0.19	010
69440		A	Exploration of middle ear	7.62	NA	NA	9.10	8.82	0.61	090
69450		A	Eardrum revision	5.61	NA	NA	7.59	7.22	0.45	090
69501		A	Mastoidectomy	9.12	NA	NA	8.65	8.70	0.73	090
69502		A	Mastoidectomy	12.44	NA	NA	11.04	11.17	1.00	090
69505		A	Remove mastoid structures	13.05	NA	NA	16.10	16.45	1.05	090
69511		A	Extensive mastoid surgery	13.58	NA	NA	16.29	16.67	1.09	090
69530		A	Extensive mastoid surgery	20.24	NA	NA	19.65	20.40	1.54	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
69535		A	Remove part of temporal bone	37.27	NA	NA	26.82	29.01	2.93	090
69540		A	Remove ear lesion	1.22	3.88	3.77	1.85	1.89	0.10	010
69550		A	Remove ear lesion	11.04	NA	NA	14.24	14.37	0.89	090
69552		A	Remove ear lesion	19.69	NA	NA	18.18	19.19	1.59	090
69554		A	Remove ear lesion	35.71	NA	NA	24.04	26.97	2.92	090
69601		A	Mastoid surgery revision	13.31	NA	NA	11.92	12.14	1.07	090
69602		A	Mastoid surgery revision	13.64	NA	NA	12.80	12.83	1.10	090
69603		A	Mastoid surgery revision	14.08	NA	NA	16.41	17.18	1.14	090
69604		A	Mastoid surgery revision	14.08	NA	NA	12.77	13.07	1.14	090
69605		A	Mastoid surgery revision	18.55	NA	NA	19.27	19.85	1.50	090
69610		A	Repair of eardrum	4.44	4.90	5.16	2.59	2.89	0.36	010
69620		A	Repair of eardrum	5.94	10.87	10.87	5.83	5.98	0.48	090
69631		A	Repair eardrum structures	9.93	NA	NA	11.50	11.20	0.80	090
69632		A	Rebuild eardrum structures	12.82	NA	NA	13.30	13.21	1.03	090
69633		A	Rebuild eardrum structures	12.17	NA	NA	13.07	12.89	0.98	090
69635		A	Repair eardrum structures	13.39	NA	NA	16.26	16.29	1.08	090
69636		A	Rebuild eardrum structures	15.29	NA	NA	18.16	18.50	1.23	090
69637		A	Rebuild eardrum structures	15.18	NA	NA	18.07	18.42	1.22	090
69641		A	Revise middle ear & mastoid	12.77	NA	NA	12.47	12.46	1.03	090
69642		A	Revise middle ear & mastoid	16.91	NA	NA	15.53	15.69	1.36	090
69643		A	Revise middle ear & mastoid	15.45	NA	NA	14.16	14.29	1.24	090
69644		A	Revise middle ear & mastoid	17.09	NA	NA	18.71	19.32	1.37	090
69645		A	Revise middle ear & mastoid	16.57	NA	NA	18.57	19.06	1.33	090
69646		A	Revise middle ear & mastoid	18.23	NA	NA	19.09	19.68	1.46	090
69650		A	Release middle ear bone	9.71	NA	NA	9.52	9.59	0.78	090
69660		A	Revise middle ear bone	11.94	NA	NA	10.50	10.70	0.96	090
69661		A	Revise middle ear bone	15.80	NA	NA	13.47	13.90	1.27	090
69662		A	Revise middle ear bone	15.49	NA	NA	12.52	12.96	1.25	090
69666		A	Repair middle ear structures	9.80	NA	NA	9.79	9.75	0.79	090
69667		A	Repair middle ear structures	9.81	NA	NA	9.83	9.76	0.79	090
69670		A	Remove mastoid air cells	11.62	NA	NA	11.24	11.31	0.93	090
69676		A	Remove middle ear nerve	9.58	NA	NA	10.60	10.53	0.81	090
69700		A	Close mastoid fistula	8.28	NA	NA	8.67	8.80	0.67	090
69711		A	Remove/repair hearing aid	10.50	NA	NA	10.40	10.45	0.83	090
69714		A	Implant temple bone w/stimul	14.31	NA	NA	11.81	12.06	1.13	090
69715		A	Temple bne implnt w/stimulat	18.80	NA	NA	13.36	13.99	1.48	090
69717		A	Temple bone implant revision	15.29	NA	NA	11.98	13.13	0.90	090
69718		A	Revise temple bone implant	19.05	NA	NA	13.44	15.53	3.22	090
69720		A	Release facial nerve	14.57	NA	NA	14.02	14.09	1.16	090
69725		A	Release facial nerve	27.44	NA	NA	18.08	18.86	2.45	090
69740		A	Repair facial nerve	16.18	NA	NA	11.56	12.45	1.27	090
69745		A	Repair facial nerve	16.91	NA	NA	9.87	12.78	1.14	090
69799		C	Middle ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69801		A	Incise inner ear	8.61	NA	NA	9.60	9.41	0.69	090
69802		A	Incise inner ear	13.39	NA	NA	11.86	11.89	1.06	090
69805		A	Explore inner ear	14.55	NA	NA	10.92	11.24	1.12	090
69806		A	Explore inner ear	12.52	NA	NA	10.40	10.57	1.00	090
69820		A	Establish inner ear window	10.40	NA	NA	10.25	10.68	0.90	090
69840		A	Revise inner ear window	10.32	NA	NA	11.39	12.34	0.79	090
69905		A	Remove inner ear	11.15	NA	NA	11.03	11.05	0.90	090
69910		A	Remove inner ear & mastoid	13.80	NA	NA	10.90	11.25	1.07	090
69915		A	Incise inner ear nerve	22.65	NA	NA	14.86	15.45	1.70	090
69930		A	Implant cochlear device	17.60	NA	NA	13.13	13.75	1.36	090
69949		C	Inner ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69950		A	Incise inner ear nerve	27.44	NA	NA	16.94	17.69	2.29	090
69955		A	Release facial nerve	29.22	NA	NA	19.51	20.12	2.49	090
69960		A	Release inner ear canal	29.22	NA	NA	17.99	18.64	2.18	090
69970		A	Remove inner ear lesion	32.21	NA	NA	19.60	21.18	2.42	090
69979		C	Temporal bone surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69990		R	Microsurgery add-on	3.46	NA	NA	1.29	1.54	0.89	ZZZ
70010		A	Contrast x-ray of brain	1.19	2.80	3.73	NA	NA	0.27	XXX
70010	26	A	Contrast x-ray of brain	1.19	0.42	0.39	0.42	0.39	0.05	XXX
70010	TC	A	Contrast x-ray of brain	0.00	2.37	3.34	NA	NA	0.22	XXX
70015		A	Contrast x-ray of brain	1.19	2.90	2.29	NA	NA	0.16	XXX
70015	26	A	Contrast x-ray of brain	1.19	0.43	0.40	0.43	0.40	0.08	XXX
70015	TC	A	Contrast x-ray of brain	0.00	2.47	1.89	NA	NA	0.08	XXX
70030		A	X-ray eye for foreign body	0.17	0.60	0.54	NA	NA	0.03	XXX
70030	26	A	X-ray eye for foreign body	0.17	0.06	0.06	0.06	0.06	0.01	XXX
70030	TC	A	X-ray eye for foreign body	0.00	0.54	0.48	NA	NA	0.02	XXX
70100		A	X-ray exam of jaw	0.18	0.63	0.60	NA	NA	0.03	XXX
70100	26	A	X-ray exam of jaw	0.18	0.06	0.06	0.06	0.06	0.01	XXX
70100	TC	A	X-ray exam of jaw	0.00	0.58	0.55	NA	NA	0.02	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
70110		A	X-ray exam of jaw	0.25	0.80	0.75	NA	NA	0.05	XXX
70110	26	A	X-ray exam of jaw	0.25	0.09	0.08	0.09	0.08	0.01	XXX
70110	TC	A	X-ray exam of jaw	0.00	0.71	0.66	NA	NA	0.04	XXX
70120		A	X-ray exam of mastoids	0.18	0.69	0.68	NA	NA	0.05	XXX
70120	26	A	X-ray exam of mastoids	0.18	0.06	0.06	0.06	0.06	0.01	XXX
70120	TC	A	X-ray exam of mastoids	0.00	0.63	0.62	NA	NA	0.04	XXX
70130		A	X-ray exam of mastoids	0.34	1.14	1.01	NA	NA	0.07	XXX
70130	26	A	X-ray exam of mastoids	0.34	0.11	0.11	0.11	0.11	0.02	XXX
70130	TC	A	X-ray exam of mastoids	0.00	1.03	0.90	NA	NA	0.05	XXX
70134		A	X-ray exam of middle ear	0.34	0.91	0.87	NA	NA	0.07	XXX
70134	26	A	X-ray exam of middle ear	0.34	0.12	0.11	0.12	0.11	0.02	XXX
70134	TC	A	X-ray exam of middle ear	0.00	0.79	0.76	NA	NA	0.05	XXX
70140		A	X-ray exam of facial bones	0.19	0.54	0.61	NA	NA	0.05	XXX
70140	26	A	X-ray exam of facial bones	0.19	0.05	0.06	0.05	0.06	0.01	XXX
70140	TC	A	X-ray exam of facial bones	0.00	0.49	0.55	NA	NA	0.04	XXX
70150		A	X-ray exam of facial bones	0.26	0.85	0.85	NA	NA	0.06	XXX
70150	26	A	X-ray exam of facial bones	0.26	0.08	0.08	0.08	0.08	0.01	XXX
70150	TC	A	X-ray exam of facial bones	0.00	0.76	0.77	NA	NA	0.05	XXX
70160		A	X-ray exam of nasal bones	0.17	0.70	0.63	NA	NA	0.03	XXX
70160	26	A	X-ray exam of nasal bones	0.17	0.06	0.06	0.06	0.06	0.01	XXX
70160	TC	A	X-ray exam of nasal bones	0.00	0.64	0.57	NA	NA	0.02	XXX
70170		C	X-ray exam of tear duct	0.30	NA	NA	NA	NA	0.07	XXX
70170	26	A	X-ray exam of tear duct	0.30	0.11	0.10	0.11	0.10	0.01	XXX
70170	TC	C	X-ray exam of tear duct	0.00	NA	NA	NA	NA	0.06	XXX
70190		A	X-ray exam of eye sockets	0.21	0.72	0.70	NA	NA	0.05	XXX
70190	26	A	X-ray exam of eye sockets	0.21	0.07	0.07	0.07	0.07	0.01	XXX
70190	TC	A	X-ray exam of eye sockets	0.00	0.65	0.63	NA	NA	0.04	XXX
70200		A	X-ray exam of eye sockets	0.28	0.87	0.86	NA	NA	0.06	XXX
70200	26	A	X-ray exam of eye sockets	0.28	0.10	0.09	0.10	0.09	0.01	XXX
70200	TC	A	X-ray exam of eye sockets	0.00	0.78	0.77	NA	NA	0.05	XXX
70210		A	X-ray exam of sinuses	0.17	0.58	0.63	NA	NA	0.05	XXX
70210	26	A	X-ray exam of sinuses	0.17	0.05	0.06	0.05	0.06	0.01	XXX
70210	TC	A	X-ray exam of sinuses	0.00	0.52	0.57	NA	NA	0.04	XXX
70220		A	X-ray exam of sinuses	0.25	0.72	0.79	NA	NA	0.06	XXX
70220	26	A	X-ray exam of sinuses	0.25	0.08	0.08	0.08	0.08	0.01	XXX
70220	TC	A	X-ray exam of sinuses	0.00	0.65	0.71	NA	NA	0.05	XXX
70240		A	X-ray exam, pituitary saddle	0.19	0.60	0.54	NA	NA	0.03	XXX
70240	26	A	X-ray exam, pituitary saddle	0.19	0.06	0.06	0.06	0.06	0.01	XXX
70240	TC	A	X-ray exam, pituitary saddle	0.00	0.54	0.48	NA	NA	0.02	XXX
70250		A	X-ray exam of skull	0.24	0.69	0.70	NA	NA	0.05	XXX
70250	26	A	X-ray exam of skull	0.24	0.07	0.08	0.07	0.08	0.01	XXX
70250	TC	A	X-ray exam of skull	0.00	0.62	0.62	NA	NA	0.04	XXX
70260		A	X-ray exam of skull	0.34	0.87	0.93	NA	NA	0.08	XXX
70260	26	A	X-ray exam of skull	0.34	0.11	0.11	0.11	0.11	0.02	XXX
70260	TC	A	X-ray exam of skull	0.00	0.77	0.82	NA	NA	0.06	XXX
70300		A	X-ray exam of teeth	0.10	0.24	0.28	NA	NA	0.03	XXX
70300	26	A	X-ray exam of teeth	0.10	0.03	0.04	0.03	0.04	0.01	XXX
70300	TC	A	X-ray exam of teeth	0.00	0.21	0.24	NA	NA	0.02	XXX
70310		A	X-ray exam of teeth	0.16	0.81	0.66	NA	NA	0.03	XXX
70310	26	A	X-ray exam of teeth	0.16	0.05	0.06	0.05	0.06	0.01	XXX
70310	TC	A	X-ray exam of teeth	0.00	0.76	0.59	NA	NA	0.02	XXX
70320		A	Full mouth x-ray of teeth	0.22	1.06	0.95	NA	NA	0.06	XXX
70320	26	A	Full mouth x-ray of teeth	0.22	0.07	0.08	0.07	0.08	0.01	XXX
70320	TC	A	Full mouth x-ray of teeth	0.00	0.99	0.87	NA	NA	0.05	XXX
70328		A	X-ray exam of jaw joint	0.18	0.62	0.58	NA	NA	0.03	XXX
70328	26	A	X-ray exam of jaw joint	0.18	0.06	0.06	0.06	0.06	0.01	XXX
70328	TC	A	X-ray exam of jaw joint	0.00	0.56	0.52	NA	NA	0.02	XXX
70330		A	X-ray exam of jaw joints	0.24	1.00	0.95	NA	NA	0.06	XXX
70330	26	A	X-ray exam of jaw joints	0.24	0.08	0.08	0.08	0.08	0.01	XXX
70330	TC	A	X-ray exam of jaw joints	0.00	0.92	0.87	NA	NA	0.05	XXX
70332		A	X-ray exam of jaw joint	0.54	1.45	1.87	NA	NA	0.14	XXX
70332	26	A	X-ray exam of jaw joint	0.54	0.17	0.18	0.17	0.18	0.02	XXX
70332	TC	A	X-ray exam of jaw joint	0.00	1.28	1.69	NA	NA	0.12	XXX
70336		A	Magnetic image, jaw joint	1.48	12.06	11.80	NA	NA	0.66	XXX
70336	26	A	Magnetic image, jaw joint	1.48	0.51	0.48	0.51	0.48	0.07	XXX
70336	TC	A	Magnetic image, jaw joint	0.00	11.55	11.32	NA	NA	0.59	XXX
70350		A	X-ray head for orthodontia	0.17	0.33	0.39	NA	NA	0.03	XXX
70350	26	A	X-ray head for orthodontia	0.17	0.06	0.07	0.06	0.07	0.01	XXX
70350	TC	A	X-ray head for orthodontia	0.00	0.27	0.32	NA	NA	0.02	XXX
70355		A	Panoramic x-ray of jaws	0.20	0.30	0.47	NA	NA	0.05	XXX
70355	26	A	Panoramic x-ray of jaws	0.20	0.07	0.07	0.07	0.07	0.01	XXX
70355	TC	A	Panoramic x-ray of jaws	0.00	0.23	0.40	NA	NA	0.04	XXX

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70360		A	X-ray exam of neck	0.17	0.56	0.52	NA	NA	0.03	XXX
70360	26	A	X-ray exam of neck	0.17	0.06	0.06	0.06	0.06	0.01	XXX
70360	TC	A	X-ray exam of neck	0.00	0.50	0.46	NA	NA	0.02	XXX
70370		A	Throat x-ray & fluoroscopy	0.32	1.63	1.52	NA	NA	0.08	XXX
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.10	0.10	0.10	0.10	0.01	XXX
70370	TC	A	Throat x-ray & fluoroscopy	0.00	1.53	1.42	NA	NA	0.07	XXX
70371		A	Speech evaluation, complex	0.84	1.46	1.91	NA	NA	0.16	XXX
70371	26	A	Speech evaluation, complex	0.84	0.26	0.27	0.26	0.27	0.04	XXX
70371	TC	A	Speech evaluation, complex	0.00	1.20	1.65	NA	NA	0.12	XXX
70373		A	Contrast x-ray of larynx	0.44	1.56	1.74	NA	NA	0.13	XXX
70373	26	A	Contrast x-ray of larynx	0.44	0.11	0.12	0.11	0.12	0.02	XXX
70373	TC	A	Contrast x-ray of larynx	0.00	1.45	1.62	NA	NA	0.11	XXX
70380		A	X-ray exam of salivary gland	0.17	0.82	0.77	NA	NA	0.05	XXX
70380	26	A	X-ray exam of salivary gland	0.17	0.06	0.06	0.06	0.06	0.01	XXX
70380	TC	A	X-ray exam of salivary gland	0.00	0.76	0.71	NA	NA	0.04	XXX
70390		A	X-ray exam of salivary duct	0.38	2.32	2.09	NA	NA	0.13	XXX
70390	26	A	X-ray exam of salivary duct	0.38	0.14	0.13	0.14	0.13	0.02	XXX
70390	TC	A	X-ray exam of salivary duct	0.00	2.18	1.97	NA	NA	0.11	XXX
70450		A	Ct head/brain w/o dye	0.85	4.88	4.90	NA	NA	0.29	XXX
70450	26	A	Ct head/brain w/o dye	0.85	0.31	0.28	0.31	0.28	0.04	XXX
70450	TC	A	Ct head/brain w/o dye	0.00	4.57	4.62	NA	NA	0.25	XXX
70460		A	Ct head/brain w/dye	1.13	6.46	6.19	NA	NA	0.35	XXX
70460	26	A	Ct head/brain w/dye	1.13	0.41	0.38	0.41	0.38	0.05	XXX
70460	TC	A	Ct head/brain w/dye	0.00	6.05	5.82	NA	NA	0.30	XXX
70470		A	Ct head/brain w/o & w/dye	1.27	7.86	7.61	NA	NA	0.43	XXX
70470	26	A	Ct head/brain w/o & w/dye	1.27	0.45	0.42	0.45	0.42	0.06	XXX
70470	TC	A	Ct head/brain w/o & w/dye	0.00	7.41	7.19	NA	NA	0.37	XXX
70480		A	Ct orbit/ear/fossa w/o dye	1.28	8.41	6.71	NA	NA	0.31	XXX
70480	26	A	Ct orbit/ear/fossa w/o dye	1.28	0.45	0.42	0.45	0.42	0.06	XXX
70480	TC	A	Ct orbit/ear/fossa w/o dye	0.00	7.96	6.29	NA	NA	0.25	XXX
70481		A	Ct orbit/ear/fossa w/dye	1.38	9.88	7.93	NA	NA	0.36	XXX
70481	26	A	Ct orbit/ear/fossa w/dye	1.38	0.49	0.46	0.49	0.46	0.06	XXX
70481	TC	A	Ct orbit/ear/fossa w/dye	0.00	9.39	7.47	NA	NA	0.30	XXX
70482		A	Ct orbit/ear/fossa w/o&w/dye	1.45	11.30	9.34	NA	NA	0.43	XXX
70482	26	A	Ct orbit/ear/fossa w/o&w/dye	1.45	0.51	0.48	0.51	0.48	0.06	XXX
70482	TC	A	Ct orbit/ear/fossa w/o&w/dye	0.00	10.79	8.86	NA	NA	0.37	XXX
70486		A	Ct maxillofacial w/o dye	1.14	6.74	5.86	NA	NA	0.30	XXX
70486	26	A	Ct maxillofacial w/o dye	1.14	0.40	0.37	0.40	0.37	0.05	XXX
70486	TC	A	Ct maxillofacial w/o dye	0.00	6.33	5.48	NA	NA	0.25	XXX
70487		A	Ct maxillofacial w/dye	1.30	8.28	7.13	NA	NA	0.36	XXX
70487	26	A	Ct maxillofacial w/dye	1.30	0.47	0.44	0.47	0.44	0.06	XXX
70487	TC	A	Ct maxillofacial w/dye	0.00	7.81	6.69	NA	NA	0.30	XXX
70488		A	Ct maxillofacial w/o & w/dye	1.42	10.31	8.84	NA	NA	0.43	XXX
70488	26	A	Ct maxillofacial w/o & w/dye	1.42	0.50	0.47	0.50	0.47	0.06	XXX
70488	TC	A	Ct maxillofacial w/o & w/dye	0.00	9.81	8.38	NA	NA	0.37	XXX
70490		A	Ct soft tissue neck w/o dye	1.28	6.44	5.74	NA	NA	0.31	XXX
70490	26	A	Ct soft tissue neck w/o dye	1.28	0.46	0.43	0.46	0.43	0.06	XXX
70490	TC	A	Ct soft tissue neck w/o dye	0.00	5.98	5.31	NA	NA	0.25	XXX
70491		A	Ct soft tissue neck w/dye	1.38	7.97	6.98	NA	NA	0.36	XXX
70491	26	A	Ct soft tissue neck w/dye	1.38	0.50	0.46	0.50	0.46	0.06	XXX
70491	TC	A	Ct soft tissue neck w/dye	0.00	7.48	6.52	NA	NA	0.30	XXX
70492		A	Ct sft tsue nck w/o & w/dye	1.45	9.94	8.67	NA	NA	0.43	XXX
70492	26	A	Ct sft tsue nck w/o & w/dye	1.45	0.51	0.48	0.51	0.48	0.06	XXX
70492	TC	A	Ct sft tsue nck w/o & w/dye	0.00	9.43	8.20	NA	NA	0.37	XXX
70496		A	Ct angiography, head	1.75	16.92	13.93	NA	NA	0.66	XXX
70496	26	A	Ct angiography, head	1.75	0.64	0.59	0.64	0.59	0.08	XXX
70496	TC	A	Ct angiography, head	0.00	16.28	13.34	NA	NA	0.58	XXX
70498		A	Ct angiography, neck	1.75	17.03	13.98	NA	NA	0.66	XXX
70498	26	A	Ct angiography, neck	1.75	0.65	0.59	0.65	0.59	0.08	XXX
70498	TC	A	Ct angiography, neck	0.00	16.38	13.39	NA	NA	0.58	XXX
70540		A	Mri orbit/face/neck w/o dye	1.35	14.05	12.76	NA	NA	0.45	XXX
70540	26	A	Mri orbit/face/neck w/o dye	1.35	0.47	0.44	0.47	0.44	0.06	XXX
70540	TC	A	Mri orbit/face/neck w/o dye	0.00	13.58	12.31	NA	NA	0.39	XXX
70542		A	Mri orbit/face/neck w/dye	1.62	15.16	14.45	NA	NA	0.54	XXX
70542	26	A	Mri orbit/face/neck w/dye	1.62	0.57	0.53	0.57	0.53	0.07	XXX
70542	TC	A	Mri orbit/face/neck w/dye	0.00	14.59	13.92	NA	NA	0.47	XXX
70543		A	Mri orbt/fac/nck w/o & w/dye	2.15	18.60	21.97	NA	NA	0.94	XXX
70543	26	A	Mri orbt/fac/nck w/o & w/dye	2.15	0.75	0.71	0.75	0.71	0.10	XXX
70543	TC	A	Mri orbt/fac/nck w/o & w/dye	0.00	17.85	21.26	NA	NA	0.84	XXX
70544		A	Mr angiography head w/o dye	1.20	15.70	13.54	NA	NA	0.64	XXX
70544	26	A	Mr angiography head w/o dye	1.20	0.42	0.40	0.42	0.40	0.05	XXX
70544	TC	A	Mr angiography head w/o dye	0.00	15.28	13.14	NA	NA	0.59	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
70545		A	Mr angiography head w/dye	1.20	15.58	13.49	NA	NA	0.64	XXX
70545	26	A	Mr angiography head w/dye	1.20	0.42	0.39	0.42	0.39	0.05	XXX
70545	TC	A	Mr angiography head w/dye	0.00	15.15	13.09	NA	NA	0.59	XXX
70546		A	Mr angiograph head w/o&w/dye	1.80	23.80	23.25	NA	NA	0.67	XXX
70546	26	A	Mr angiograph head w/o&w/dye	1.80	0.63	0.59	0.63	0.59	0.08	XXX
70546	TC	A	Mr angiograph head w/o&w/dye	0.00	23.17	22.66	NA	NA	0.59	XXX
70547		A	Mr angiography neck w/o dye	1.20	15.64	13.51	NA	NA	0.64	XXX
70547	26	A	Mr angiography neck w/o dye	1.20	0.42	0.39	0.42	0.39	0.05	XXX
70547	TC	A	Mr angiography neck w/o dye	0.00	15.22	13.12	NA	NA	0.59	XXX
70548		A	Mr angiography neck w/dye	1.20	16.49	13.93	NA	NA	0.64	XXX
70548	26	A	Mr angiography neck w/dye	1.20	0.43	0.40	0.43	0.40	0.05	XXX
70548	TC	A	Mr angiography neck w/dye	0.00	16.06	13.53	NA	NA	0.59	XXX
70549		A	Mr angiograph neck w/o&w/dye	1.80	23.81	23.24	NA	NA	0.67	XXX
70549	26	A	Mr angiograph neck w/o&w/dye	1.80	0.64	0.59	0.64	0.59	0.08	XXX
70549	TC	A	Mr angiograph neck w/o&w/dye	0.00	23.18	22.65	NA	NA	0.59	XXX
70551		A	Mri brain w/o dye	1.48	14.30	12.90	NA	NA	0.66	XXX
70551	26	A	Mri brain w/o dye	1.48	0.52	0.49	0.52	0.49	0.07	XXX
70551	TC	A	Mri brain w/o dye	0.00	13.79	12.42	NA	NA	0.59	XXX
70552		A	Mri brain w/dye	1.78	15.45	14.63	NA	NA	0.78	XXX
70552	26	A	Mri brain w/dye	1.78	0.63	0.59	0.63	0.59	0.08	XXX
70552	TC	A	Mri brain w/dye	0.00	14.82	14.04	NA	NA	0.70	XXX
70553		A	Mri brain w/o & w/dye	2.36	17.92	21.66	NA	NA	1.41	XXX
70553	26	A	Mri brain w/o & w/dye	2.36	0.83	0.78	0.83	0.78	0.10	XXX
70553	TC	A	Mri brain w/o & w/dye	0.00	17.09	20.88	NA	NA	1.31	XXX
70554		A	Fmri brain by tech	2.11	15.22	14.07	NA	NA	0.92	XXX
70554	26	A	Fmri brain by tech	2.11	0.70	0.63	0.70	0.63	0.10	XXX
70554	TC	A	Fmri brain by tech	0.00	14.53	13.44	NA	NA	0.82	XXX
70555		C	Fmri brain by phys/psych	0.00	NA	NA	NA	NA	0.11	XXX
70555	26	A	Fmri brain by phys/psych	2.54	0.89	0.78	0.89	0.78	0.11	XXX
70555	TC	C	Fmri brain by phys/psych	0.00	0.00	0.00	0.00	0.00	0.00	XXX
70557		C	Mri brain w/o dye	2.90	0.00	0.71	0.00	0.71	0.08	XXX
70557	26	A	Mri brain w/o dye	2.90	1.05	1.06	1.05	1.06	0.08	XXX
70557	TC	C	Mri brain w/o dye	0.00	0.00	0.00	0.00	0.00	0.00	XXX
70558		C	Mri brain w/dye	3.20	0.00	0.79	0.00	0.79	0.10	XXX
70558	26	A	Mri brain w/dye	3.20	1.11	1.16	1.11	1.16	0.10	XXX
70558	TC	C	Mri brain w/dye	0.00	0.00	0.00	0.00	0.00	0.00	XXX
70559		C	Mri brain w/o & w/dye	3.20	0.00	0.78	0.00	0.78	0.12	XXX
70559	26	A	Mri brain w/o & w/dye	3.20	1.15	1.16	1.15	1.16	0.12	XXX
70559	TC	C	Mri brain w/o & w/dye	0.00	0.00	0.00	0.00	0.00	0.00	XXX
71010		A	Chest x-ray	0.18	0.43	0.48	NA	NA	0.03	XXX
71010	26	A	Chest x-ray	0.18	0.06	0.06	0.06	0.06	0.01	XXX
71010	TC	A	Chest x-ray	0.00	0.37	0.42	NA	NA	0.02	XXX
71015		A	Chest x-ray	0.21	0.57	0.58	NA	NA	0.03	XXX
71015	26	A	Chest x-ray	0.21	0.07	0.07	0.07	0.07	0.01	XXX
71015	TC	A	Chest x-ray	0.00	0.50	0.51	NA	NA	0.02	XXX
71020		A	Chest x-ray	0.22	0.57	0.63	NA	NA	0.05	XXX
71020	26	A	Chest x-ray	0.22	0.07	0.07	0.07	0.07	0.01	XXX
71020	TC	A	Chest x-ray	0.00	0.50	0.56	NA	NA	0.04	XXX
71021		A	Chest x-ray	0.27	0.70	0.76	NA	NA	0.06	XXX
71021	26	A	Chest x-ray	0.27	0.09	0.09	0.09	0.09	0.01	XXX
71021	TC	A	Chest x-ray	0.00	0.62	0.67	NA	NA	0.05	XXX
71022		A	Chest x-ray	0.31	0.89	0.86	NA	NA	0.06	XXX
71022	26	A	Chest x-ray	0.31	0.10	0.10	0.10	0.10	0.01	XXX
71022	TC	A	Chest x-ray	0.00	0.79	0.76	NA	NA	0.05	XXX
71023		A	Chest x-ray and fluoroscopy	0.38	1.52	1.21	NA	NA	0.06	XXX
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.14	0.13	0.14	0.13	0.01	XXX
71023	TC	A	Chest x-ray and fluoroscopy	0.00	1.37	1.08	NA	NA	0.05	XXX
71030		A	Chest x-ray	0.31	0.92	0.89	NA	NA	0.06	XXX
71030	26	A	Chest x-ray	0.31	0.10	0.10	0.10	0.10	0.01	XXX
71030	TC	A	Chest x-ray	0.00	0.81	0.79	NA	NA	0.05	XXX
71034		A	Chest x-ray and fluoroscopy	0.46	2.07	1.82	NA	NA	0.10	XXX
71034	26	A	Chest x-ray and fluoroscopy	0.46	0.20	0.17	0.20	0.17	0.02	XXX
71034	TC	A	Chest x-ray and fluoroscopy	0.00	1.86	1.64	NA	NA	0.08	XXX
71035		A	Chest x-ray	0.18	0.78	0.67	NA	NA	0.03	XXX
71035	26	A	Chest x-ray	0.18	0.07	0.06	0.07	0.06	0.01	XXX
71035	TC	A	Chest x-ray	0.00	0.71	0.61	NA	NA	0.02	XXX
71040		A	Contrast x-ray of bronchi	0.58	2.04	1.84	NA	NA	0.11	XXX
71040	26	A	Contrast x-ray of bronchi	0.58	0.18	0.18	0.18	0.18	0.03	XXX
71040	TC	A	Contrast x-ray of bronchi	0.00	1.86	1.66	NA	NA	0.08	XXX
71060		A	Contrast x-ray of bronchi	0.74	3.07	2.73	NA	NA	0.16	XXX
71060	26	A	Contrast x-ray of bronchi	0.74	0.26	0.24	0.26	0.24	0.03	XXX
71060	TC	A	Contrast x-ray of bronchi	0.00	2.81	2.49	NA	NA	0.13	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
71090		C	X-ray & pacemaker insertion	0.54	NA	NA	NA	NA	0.13	XXX
71090	26	A	X-ray & pacemaker insertion	0.54	0.27	0.24	0.27	0.24	0.02	XXX
71090	TC	C	X-ray & pacemaker insertion	0.00	NA	NA	NA	NA	0.11	XXX
71100		A	X-ray exam of ribs	0.22	0.61	0.62	NA	NA	0.05	XXX
71100	26	A	X-ray exam of ribs	0.22	0.07	0.07	0.07	0.07	0.01	XXX
71100	TC	A	X-ray exam of ribs	0.00	0.54	0.55	NA	NA	0.04	XXX
71101		A	X-ray exam of ribs/chest	0.27	0.76	0.75	NA	NA	0.05	XXX
71101	26	A	X-ray exam of ribs/chest	0.27	0.09	0.09	0.09	0.09	0.01	XXX
71101	TC	A	X-ray exam of ribs/chest	0.00	0.67	0.66	NA	NA	0.04	XXX
71110		A	X-ray exam of ribs	0.27	0.77	0.82	NA	NA	0.06	XXX
71110	26	A	X-ray exam of ribs	0.27	0.08	0.09	0.08	0.09	0.01	XXX
71110	TC	A	X-ray exam of ribs	0.00	0.68	0.73	NA	NA	0.05	XXX
71111		A	X-ray exam of ribs/chest	0.32	1.05	1.02	NA	NA	0.07	XXX
71111	26	A	X-ray exam of ribs/chest	0.32	0.10	0.10	0.10	0.10	0.01	XXX
71111	TC	A	X-ray exam of ribs/chest	0.00	0.95	0.92	NA	NA	0.06	XXX
71120		A	X-ray exam of breastbone	0.20	0.63	0.67	NA	NA	0.05	XXX
71120	26	A	X-ray exam of breastbone	0.20	0.07	0.07	0.07	0.07	0.01	XXX
71120	TC	A	X-ray exam of breastbone	0.00	0.56	0.60	NA	NA	0.04	XXX
71130		A	X-ray exam of breastbone	0.22	0.75	0.76	NA	NA	0.05	XXX
71130	26	A	X-ray exam of breastbone	0.22	0.08	0.07	0.08	0.07	0.01	XXX
71130	TC	A	X-ray exam of breastbone	0.00	0.67	0.69	NA	NA	0.04	XXX
71250		A	Ct thorax w/o dye	1.16	6.39	6.29	NA	NA	0.36	XXX
71250	26	A	Ct thorax w/o dye	1.16	0.41	0.38	0.41	0.38	0.05	XXX
71250	TC	A	Ct thorax w/o dye	0.00	5.98	5.91	NA	NA	0.31	XXX
71260		A	Ct thorax w/dye	1.24	7.93	7.64	NA	NA	0.42	XXX
71260	26	A	Ct thorax w/dye	1.24	0.44	0.41	0.44	0.41	0.05	XXX
71260	TC	A	Ct thorax w/dye	0.00	7.48	7.23	NA	NA	0.37	XXX
71270		A	Ct thorax w/o & w/dye	1.38	9.95	9.56	NA	NA	0.52	XXX
71270	26	A	Ct thorax w/o & w/dye	1.38	0.49	0.46	0.49	0.46	0.06	XXX
71270	TC	A	Ct thorax w/o & w/dye	0.00	9.47	9.10	NA	NA	0.46	XXX
71275		A	Ct angiography, chest	1.92	11.65	12.24	NA	NA	0.48	XXX
71275	26	A	Ct angiography, chest	1.92	0.70	0.64	0.70	0.64	0.09	XXX
71275	TC	A	Ct angiography, chest	0.00	10.95	11.60	NA	NA	0.39	XXX
71550		A	Mri chest w/o dye	1.46	16.21	13.84	NA	NA	0.51	XXX
71550	26	A	Mri chest w/o dye	1.46	0.51	0.48	0.51	0.48	0.06	XXX
71550	TC	A	Mri chest w/o dye	0.00	15.70	13.36	NA	NA	0.45	XXX
71551		A	Mri chest w/dye	1.73	17.75	15.76	NA	NA	0.60	XXX
71551	26	A	Mri chest w/dye	1.73	0.61	0.57	0.61	0.57	0.08	XXX
71551	TC	A	Mri chest w/dye	0.00	17.15	15.19	NA	NA	0.52	XXX
71552		A	Mri chest w/o & w/dye	2.26	22.34	23.82	NA	NA	0.78	XXX
71552	26	A	Mri chest w/o & w/dye	2.26	0.81	0.75	0.81	0.75	0.10	XXX
71552	TC	A	Mri chest w/o & w/dye	0.00	21.52	23.07	NA	NA	0.68	XXX
71555		R	Mri angio chest w or w/o dye	1.81	15.13	13.39	NA	NA	0.67	XXX
71555	26	R	Mri angio chest w or w/o dye	1.81	0.66	0.61	0.66	0.61	0.08	XXX
71555	TC	R	Mri angio chest w or w/o dye	0.00	14.47	12.78	NA	NA	0.59	XXX
72010		A	X-ray exam of spine	0.45	1.42	1.29	NA	NA	0.08	XXX
72010	26	A	X-ray exam of spine	0.45	0.13	0.14	0.13	0.14	0.02	XXX
72010	TC	A	X-ray exam of spine	0.00	1.29	1.16	NA	NA	0.06	XXX
72020		A	X-ray exam of spine	0.15	0.47	0.46	NA	NA	0.03	XXX
72020	26	A	X-ray exam of spine	0.15	0.05	0.05	0.05	0.05	0.01	XXX
72020	TC	A	X-ray exam of spine	0.00	0.41	0.41	NA	NA	0.02	XXX
72040		A	X-ray exam of neck spine	0.22	0.76	0.71	NA	NA	0.05	XXX
72040	26	A	X-ray exam of neck spine	0.22	0.07	0.07	0.07	0.07	0.01	XXX
72040	TC	A	X-ray exam of neck spine	0.00	0.69	0.64	NA	NA	0.04	XXX
72050		A	X-ray exam of neck spine	0.31	1.07	1.02	NA	NA	0.07	XXX
72050	26	A	X-ray exam of neck spine	0.31	0.11	0.10	0.11	0.10	0.01	XXX
72050	TC	A	X-ray exam of neck spine	0.00	0.96	0.92	NA	NA	0.06	XXX
72052		A	X-ray exam of neck spine	0.36	1.38	1.31	NA	NA	0.08	XXX
72052	26	A	X-ray exam of neck spine	0.36	0.12	0.12	0.12	0.12	0.02	XXX
72052	TC	A	X-ray exam of neck spine	0.00	1.26	1.19	NA	NA	0.06	XXX
72069		A	X-ray exam of trunk spine	0.22	0.75	0.66	NA	NA	0.03	XXX
72069	26	A	X-ray exam of trunk spine	0.22	0.08	0.08	0.08	0.08	0.01	XXX
72069	TC	A	X-ray exam of trunk spine	0.00	0.67	0.58	NA	NA	0.02	XXX
72070		A	X-ray exam of thoracic spine	0.22	0.63	0.67	NA	NA	0.05	XXX
72070	26	A	X-ray exam of thoracic spine	0.22	0.07	0.07	0.07	0.07	0.01	XXX
72070	TC	A	X-ray exam of thoracic spine	0.00	0.56	0.60	NA	NA	0.04	XXX
72072		A	X-ray exam of thoracic spine	0.22	0.77	0.78	NA	NA	0.06	XXX
72072	26	A	X-ray exam of thoracic spine	0.22	0.08	0.07	0.08	0.07	0.01	XXX
72072	TC	A	X-ray exam of thoracic spine	0.00	0.69	0.70	NA	NA	0.05	XXX
72074		A	X-ray exam of thoracic spine	0.22	0.94	0.95	NA	NA	0.07	XXX
72074	26	A	X-ray exam of thoracic spine	0.22	0.07	0.07	0.07	0.07	0.01	XXX
72074	TC	A	X-ray exam of thoracic spine	0.00	0.87	0.88	NA	NA	0.06	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
72080		A	X-ray exam of trunk spine	0.22	0.69	0.71	NA	NA	0.05	XXX
72080	26	A	X-ray exam of trunk spine	0.22	0.08	0.07	0.08	0.07	0.01	XXX
72080	TC	A	X-ray exam of trunk spine	0.00	0.61	0.64	NA	NA	0.04	XXX
72090		A	X-ray exam of trunk spine	0.28	1.00	0.87	NA	NA	0.05	XXX
72090	26	A	X-ray exam of trunk spine	0.28	0.10	0.09	0.10	0.09	0.01	XXX
72090	TC	A	X-ray exam of trunk spine	0.00	0.89	0.78	NA	NA	0.04	XXX
72100		A	X-ray exam of lower spine	0.22	0.80	0.77	NA	NA	0.05	XXX
72100	26	A	X-ray exam of lower spine	0.22	0.07	0.07	0.07	0.07	0.01	XXX
72100	TC	A	X-ray exam of lower spine	0.00	0.73	0.70	NA	NA	0.04	XXX
72110		A	X-ray exam of lower spine	0.31	1.13	1.06	NA	NA	0.07	XXX
72110	26	A	X-ray exam of lower spine	0.31	0.11	0.10	0.11	0.10	0.01	XXX
72110	TC	A	X-ray exam of lower spine	0.00	1.03	0.96	NA	NA	0.06	XXX
72114		A	X-ray exam of lower spine	0.36	1.55	1.42	NA	NA	0.08	XXX
72114	26	A	X-ray exam of lower spine	0.36	0.13	0.12	0.13	0.12	0.02	XXX
72114	TC	A	X-ray exam of lower spine	0.00	1.42	1.30	NA	NA	0.06	XXX
72120		A	X-ray exam of lower spine	0.22	1.06	1.01	NA	NA	0.07	XXX
72120	26	A	X-ray exam of lower spine	0.22	0.08	0.07	0.08	0.07	0.01	XXX
72120	TC	A	X-ray exam of lower spine	0.00	0.99	0.94	NA	NA	0.06	XXX
72125		A	Ct neck spine w/o dye	1.16	6.41	6.30	NA	NA	0.36	XXX
72125	26	A	Ct neck spine w/o dye	1.16	0.41	0.38	0.41	0.38	0.05	XXX
72125	TC	A	Ct neck spine w/o dye	0.00	6.00	5.91	NA	NA	0.31	XXX
72126		A	Ct neck spine w/dye	1.22	7.93	7.64	NA	NA	0.42	XXX
72126	26	A	Ct neck spine w/dye	1.22	0.44	0.41	0.44	0.41	0.05	XXX
72126	TC	A	Ct neck spine w/dye	0.00	7.49	7.23	NA	NA	0.37	XXX
72127		A	Ct neck spine w/o & w/dye	1.27	9.95	9.52	NA	NA	0.52	XXX
72127	26	A	Ct neck spine w/o & w/dye	1.27	0.44	0.42	0.44	0.42	0.06	XXX
72127	TC	A	Ct neck spine w/o & w/dye	0.00	9.51	9.10	NA	NA	0.46	XXX
72128		A	Ct chest spine w/o dye	1.16	6.40	6.29	NA	NA	0.36	XXX
72128	26	A	Ct chest spine w/o dye	1.16	0.41	0.38	0.41	0.38	0.05	XXX
72128	TC	A	Ct chest spine w/o dye	0.00	5.98	5.91	NA	NA	0.31	XXX
72129		A	Ct chest spine w/dye	1.22	7.94	7.64	NA	NA	0.42	XXX
72129	26	A	Ct chest spine w/dye	1.22	0.44	0.41	0.44	0.41	0.05	XXX
72129	TC	A	Ct chest spine w/dye	0.00	7.50	7.23	NA	NA	0.37	XXX
72130		A	Ct chest spine w/o & w/dye	1.27	9.89	9.49	NA	NA	0.52	XXX
72130	26	A	Ct chest spine w/o & w/dye	1.27	0.45	0.42	0.45	0.42	0.06	XXX
72130	TC	A	Ct chest spine w/o & w/dye	0.00	9.44	9.07	NA	NA	0.46	XXX
72131		A	Ct lumbar spine w/o dye	1.16	6.38	6.29	NA	NA	0.36	XXX
72131	26	A	Ct lumbar spine w/o dye	1.16	0.41	0.38	0.41	0.38	0.05	XXX
72131	TC	A	Ct lumbar spine w/o dye	0.00	5.97	5.90	NA	NA	0.31	XXX
72132		A	Ct lumbar spine w/dye	1.22	7.91	7.63	NA	NA	0.42	XXX
72132	26	A	Ct lumbar spine w/dye	1.22	0.44	0.41	0.44	0.41	0.05	XXX
72132	TC	A	Ct lumbar spine w/dye	0.00	7.47	7.22	NA	NA	0.37	XXX
72133		A	Ct lumbar spine w/o & w/dye	1.27	9.93	9.54	NA	NA	0.52	XXX
72133	26	A	Ct lumbar spine w/o & w/dye	1.27	0.45	0.42	0.45	0.42	0.06	XXX
72133	TC	A	Ct lumbar spine w/o & w/dye	0.00	9.48	9.11	NA	NA	0.46	XXX
72141		A	Mri neck spine w/o dye	1.60	12.35	11.96	NA	NA	0.66	XXX
72141	26	A	Mri neck spine w/o dye	1.60	0.56	0.53	0.56	0.53	0.07	XXX
72141	TC	A	Mri neck spine w/o dye	0.00	11.79	11.43	NA	NA	0.59	XXX
72142		A	Mri neck spine w/dye	1.92	15.48	14.67	NA	NA	0.79	XXX
72142	26	A	Mri neck spine w/dye	1.92	0.67	0.64	0.67	0.64	0.09	XXX
72142	TC	A	Mri neck spine w/dye	0.00	14.81	14.03	NA	NA	0.70	XXX
72146		A	Mri chest spine w/o dye	1.60	12.37	12.58	NA	NA	0.71	XXX
72146	26	A	Mri chest spine w/o dye	1.60	0.56	0.53	0.56	0.53	0.07	XXX
72146	TC	A	Mri chest spine w/o dye	0.00	11.81	12.06	NA	NA	0.64	XXX
72147		A	Mri chest spine w/dye	1.92	13.46	13.66	NA	NA	0.79	XXX
72147	26	A	Mri chest spine w/dye	1.92	0.68	0.63	0.68	0.63	0.09	XXX
72147	TC	A	Mri chest spine w/dye	0.00	12.78	13.03	NA	NA	0.70	XXX
72148		A	Mri lumbar spine w/o dye	1.48	12.30	12.54	NA	NA	0.71	XXX
72148	26	A	Mri lumbar spine w/o dye	1.48	0.51	0.49	0.51	0.49	0.07	XXX
72148	TC	A	Mri lumbar spine w/o dye	0.00	11.79	12.05	NA	NA	0.64	XXX
72149		A	Mri lumbar spine w/dye	1.78	15.38	14.61	NA	NA	0.78	XXX
72149	26	A	Mri lumbar spine w/dye	1.78	0.63	0.60	0.63	0.60	0.08	XXX
72149	TC	A	Mri lumbar spine w/dye	0.00	14.75	14.02	NA	NA	0.70	XXX
72156		A	Mri neck spine w/o & w/dye	2.57	17.62	21.55	NA	NA	1.42	XXX
72156	26	A	Mri neck spine w/o & w/dye	2.57	0.90	0.85	0.90	0.85	0.11	XXX
72156	TC	A	Mri neck spine w/o & w/dye	0.00	16.72	20.71	NA	NA	1.31	XXX
72157		A	Mri chest spine w/o & w/dye	2.57	16.07	20.77	NA	NA	1.42	XXX
72157	26	A	Mri chest spine w/o & w/dye	2.57	0.91	0.84	0.91	0.84	0.11	XXX
72157	TC	A	Mri chest spine w/o & w/dye	0.00	15.16	19.93	NA	NA	1.31	XXX
72158		A	Mri lumbar spine w/o & w/dye	2.36	17.54	21.48	NA	NA	1.41	XXX
72158	26	A	Mri lumbar spine w/o & w/dye	2.36	0.83	0.78	0.83	0.78	0.10	XXX
72158	TC	A	Mri lumbar spine w/o & w/dye	0.00	16.71	20.70	NA	NA	1.31	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
72159		N	Mr angio spine w/o&w/dye	1.80	14.47	13.70	NA	NA	0.74	XXX
72159	26	N	Mr angio spine w/o&w/dye	1.80	0.42	0.55	0.42	0.55	0.10	XXX
72159	TC	N	Mr angio spine w/o&w/dye	0.00	14.06	13.15	NA	NA	0.64	XXX
72170		A	X-ray exam of pelvis	0.17	0.49	0.54	NA	NA	0.03	XXX
72170	26	A	X-ray exam of pelvis	0.17	0.06	0.06	0.06	0.06	0.01	XXX
72170	TC	A	X-ray exam of pelvis	0.00	0.43	0.48	NA	NA	0.02	XXX
72190		A	X-ray exam of pelvis	0.21	0.84	0.79	NA	NA	0.05	XXX
72190	26	A	X-ray exam of pelvis	0.21	0.08	0.07	0.08	0.07	0.01	XXX
72190	TC	A	X-ray exam of pelvis	0.00	0.77	0.72	NA	NA	0.04	XXX
72191		A	Ct angiograph pelv w/o&w/dye	1.81	11.23	11.84	NA	NA	0.47	XXX
72191	26	A	Ct angiograph pelv w/o&w/dye	1.81	0.66	0.61	0.66	0.61	0.08	XXX
72191	TC	A	Ct angiograph pelv w/o&w/dye	0.00	10.57	11.24	NA	NA	0.39	XXX
72192		A	Ct pelvis w/o dye	1.09	5.98	6.07	NA	NA	0.36	XXX
72192	26	A	Ct pelvis w/o dye	1.09	0.39	0.36	0.39	0.36	0.05	XXX
72192	TC	A	Ct pelvis w/o dye	0.00	5.59	5.71	NA	NA	0.31	XXX
72193		A	Ct pelvis w/dye	1.16	7.49	7.30	NA	NA	0.41	XXX
72193	26	A	Ct pelvis w/dye	1.16	0.42	0.39	0.42	0.39	0.05	XXX
72193	TC	A	Ct pelvis w/dye	0.00	7.07	6.91	NA	NA	0.36	XXX
72194		A	Ct pelvis w/o & w/dye	1.22	10.04	9.39	NA	NA	0.48	XXX
72194	26	A	Ct pelvis w/o & w/dye	1.22	0.44	0.41	0.44	0.41	0.05	XXX
72194	TC	A	Ct pelvis w/o & w/dye	0.00	9.60	8.98	NA	NA	0.43	XXX
72195		A	Mri pelvis w/o dye	1.46	14.30	12.89	NA	NA	0.51	XXX
72195	26	A	Mri pelvis w/o dye	1.46	0.51	0.48	0.51	0.48	0.06	XXX
72195	TC	A	Mri pelvis w/o dye	0.00	13.79	12.41	NA	NA	0.45	XXX
72196		A	Mri pelvis w/dye	1.73	15.39	14.58	NA	NA	0.60	XXX
72196	26	A	Mri pelvis w/dye	1.73	0.62	0.57	0.62	0.57	0.08	XXX
72196	TC	A	Mri pelvis w/dye	0.00	14.77	14.01	NA	NA	0.52	XXX
72197		A	Mri pelvis w/o & w/dye	2.26	18.79	22.07	NA	NA	1.02	XXX
72197	26	A	Mri pelvis w/o & w/dye	2.26	0.80	0.75	0.80	0.75	0.10	XXX
72197	TC	A	Mri pelvis w/o & w/dye	0.00	18.00	21.33	NA	NA	0.92	XXX
72198		A	Mr angio pelvis w/o & w/dye	1.80	14.94	13.25	NA	NA	0.67	XXX
72198	26	A	Mr angio pelvis w/o & w/dye	1.80	0.65	0.60	0.65	0.60	0.08	XXX
72198	TC	A	Mr angio pelvis w/o & w/dye	0.00	14.30	12.66	NA	NA	0.59	XXX
72200		A	X-ray exam sacroiliac joints	0.17	0.59	0.58	NA	NA	0.03	XXX
72200	26	A	X-ray exam sacroiliac joints	0.17	0.06	0.06	0.06	0.06	0.01	XXX
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.54	0.53	NA	NA	0.02	XXX
72202		A	X-ray exam sacroiliac joints	0.19	0.73	0.70	NA	NA	0.05	XXX
72202	26	A	X-ray exam sacroiliac joints	0.19	0.07	0.06	0.07	0.06	0.01	XXX
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.67	0.64	NA	NA	0.04	XXX
72220		A	X-ray exam of tailbone	0.17	0.57	0.60	NA	NA	0.05	XXX
72220	26	A	X-ray exam of tailbone	0.17	0.06	0.06	0.06	0.06	0.01	XXX
72220	TC	A	X-ray exam of tailbone	0.00	0.52	0.54	NA	NA	0.04	XXX
72240		A	Contrast x-ray of neck spine	0.91	2.55	3.76	NA	NA	0.29	XXX
72240	26	A	Contrast x-ray of neck spine	0.91	0.32	0.29	0.32	0.29	0.04	XXX
72240	TC	A	Contrast x-ray of neck spine	0.00	2.24	3.47	NA	NA	0.25	XXX
72255		A	Contrast x-ray, thorax spine	0.91	2.23	3.40	NA	NA	0.26	XXX
72255	26	A	Contrast x-ray, thorax spine	0.91	0.29	0.27	0.29	0.27	0.04	XXX
72255	TC	A	Contrast x-ray, thorax spine	0.00	1.94	3.13	NA	NA	0.22	XXX
72265		A	Contrast x-ray, lower spine	0.83	2.51	3.39	NA	NA	0.26	XXX
72265	26	A	Contrast x-ray, lower spine	0.83	0.29	0.26	0.29	0.26	0.04	XXX
72265	TC	A	Contrast x-ray, lower spine	0.00	2.22	3.13	NA	NA	0.22	XXX
72270		A	Contrast x-ray, spine	1.33	3.97	5.20	NA	NA	0.39	XXX
72270	26	A	Contrast x-ray, spine	1.33	0.48	0.43	0.48	0.43	0.06	XXX
72270	TC	A	Contrast x-ray, spine	0.00	3.49	4.76	NA	NA	0.33	XXX
72275		A	Epidurography	0.76	1.71	2.00	NA	NA	0.26	XXX
72275	26	A	Epidurography	0.76	0.20	0.20	0.20	0.20	0.04	XXX
72275	TC	A	Epidurography	0.00	1.51	1.80	NA	NA	0.22	XXX
72285		A	X-ray c/t spine disk	1.16	1.43	5.08	NA	NA	0.50	XXX
72285	26	A	X-ray c/t spine disk	1.16	0.30	0.33	0.30	0.33	0.07	XXX
72285	TC	A	X-ray c/t spine disk	0.00	1.13	4.75	NA	NA	0.43	XXX
72291		C	Perq vertebroplasty, fluor	1.31	0.00	0.00	0.00	0.00	0.10	XXX
72291	26	A	Perq vertebroplasty, fluor	1.31	0.48	0.47	0.48	0.47	0.10	XXX
72291	TC	C	Perq vertebroplasty, fluor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
72292		C	Perq vertebroplasty, ct	1.38	0.00	0.00	0.00	0.00	0.07	XXX
72292	26	A	Perq vertebroplasty, ct	1.38	0.51	0.49	0.51	0.49	0.07	XXX
72292	TC	C	Perq vertebroplasty, ct	0.00	0.00	0.00	0.00	0.00	0.00	XXX
72295		A	X-ray of lower spine disk	0.83	1.45	4.78	NA	NA	0.46	XXX
72295	26	A	X-ray of lower spine disk	0.83	0.25	0.26	0.25	0.26	0.06	XXX
72295	TC	A	X-ray of lower spine disk	0.00	1.20	4.52	NA	NA	0.40	XXX
73000		A	X-ray exam of collar bone	0.16	0.55	0.56	NA	NA	0.03	XXX
73000	26	A	X-ray exam of collar bone	0.16	0.05	0.05	0.05	0.05	0.01	XXX
73000	TC	A	X-ray exam of collar bone	0.00	0.50	0.51	NA	NA	0.02	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
73010		A	X-ray exam of shoulder blade	0.17	0.58	0.58	NA	NA	0.03	XXX
73010	26	A	X-ray exam of shoulder blade	0.17	0.06	0.06	0.06	0.06	0.01	XXX
73010	TC	A	X-ray exam of shoulder blade	0.00	0.52	0.52	NA	NA	0.02	XXX
73020		A	X-ray exam of shoulder	0.15	0.44	0.48	NA	NA	0.03	XXX
73020	26	A	X-ray exam of shoulder	0.15	0.05	0.05	0.05	0.05	0.01	XXX
73020	TC	A	X-ray exam of shoulder	0.00	0.39	0.43	NA	NA	0.02	XXX
73030		A	X-ray exam of shoulder	0.18	0.57	0.60	NA	NA	0.05	XXX
73030	26	A	X-ray exam of shoulder	0.18	0.06	0.06	0.06	0.06	0.01	XXX
73030	TC	A	X-ray exam of shoulder	0.00	0.50	0.53	NA	NA	0.04	XXX
73040		A	Contrast x-ray of shoulder	0.54	2.23	2.24	NA	NA	0.14	XXX
73040	26	A	Contrast x-ray of shoulder	0.54	0.19	0.18	0.19	0.18	0.02	XXX
73040	TC	A	Contrast x-ray of shoulder	0.00	2.04	2.05	NA	NA	0.12	XXX
73050		A	X-ray exam of shoulders	0.20	0.73	0.73	NA	NA	0.05	XXX
73050	26	A	X-ray exam of shoulders	0.20	0.08	0.07	0.08	0.07	0.01	XXX
73050	TC	A	X-ray exam of shoulders	0.00	0.65	0.66	NA	NA	0.04	XXX
73060		A	X-ray exam of humerus	0.17	0.57	0.60	NA	NA	0.05	XXX
73060	26	A	X-ray exam of humerus	0.17	0.06	0.06	0.06	0.06	0.01	XXX
73060	TC	A	X-ray exam of humerus	0.00	0.51	0.54	NA	NA	0.04	XXX
73070		A	X-ray exam of elbow	0.15	0.55	0.56	NA	NA	0.03	XXX
73070	26	A	X-ray exam of elbow	0.15	0.05	0.05	0.05	0.05	0.01	XXX
73070	TC	A	X-ray exam of elbow	0.00	0.50	0.51	NA	NA	0.02	XXX
73080		A	X-ray exam of elbow	0.17	0.75	0.69	NA	NA	0.05	XXX
73080	26	A	X-ray exam of elbow	0.17	0.06	0.06	0.06	0.06	0.01	XXX
73080	TC	A	X-ray exam of elbow	0.00	0.69	0.63	NA	NA	0.04	XXX
73085		A	Contrast x-ray of elbow	0.54	1.82	2.04	NA	NA	0.14	XXX
73085	26	A	Contrast x-ray of elbow	0.54	0.18	0.18	0.18	0.18	0.02	XXX
73085	TC	A	Contrast x-ray of elbow	0.00	1.64	1.86	NA	NA	0.12	XXX
73090		A	X-ray exam of forearm	0.16	0.55	0.56	NA	NA	0.03	XXX
73090	26	A	X-ray exam of forearm	0.16	0.05	0.05	0.05	0.05	0.01	XXX
73090	TC	A	X-ray exam of forearm	0.00	0.50	0.51	NA	NA	0.02	XXX
73092		A	X-ray exam of arm, infant	0.16	0.57	0.56	NA	NA	0.03	XXX
73092	26	A	X-ray exam of arm, infant	0.16	0.05	0.05	0.05	0.05	0.01	XXX
73092	TC	A	X-ray exam of arm, infant	0.00	0.52	0.51	NA	NA	0.02	XXX
73100		A	X-ray exam of wrist	0.16	0.60	0.57	NA	NA	0.03	XXX
73100	26	A	X-ray exam of wrist	0.16	0.06	0.05	0.06	0.05	0.01	XXX
73100	TC	A	X-ray exam of wrist	0.00	0.54	0.51	NA	NA	0.02	XXX
73110		A	X-ray exam of wrist	0.17	0.77	0.68	NA	NA	0.03	XXX
73110	26	A	X-ray exam of wrist	0.17	0.06	0.06	0.06	0.06	0.01	XXX
73110	TC	A	X-ray exam of wrist	0.00	0.71	0.62	NA	NA	0.02	XXX
73115		A	Contrast x-ray of wrist	0.54	2.31	2.03	NA	NA	0.12	XXX
73115	26	A	Contrast x-ray of wrist	0.54	0.19	0.18	0.19	0.18	0.02	XXX
73115	TC	A	Contrast x-ray of wrist	0.00	2.12	1.85	NA	NA	0.10	XXX
73120		A	X-ray exam of hand	0.16	0.55	0.54	NA	NA	0.03	XXX
73120	26	A	X-ray exam of hand	0.16	0.05	0.05	0.05	0.05	0.01	XXX
73120	TC	A	X-ray exam of hand	0.00	0.50	0.49	NA	NA	0.02	XXX
73130		A	X-ray exam of hand	0.17	0.65	0.62	NA	NA	0.03	XXX
73130	26	A	X-ray exam of hand	0.17	0.06	0.06	0.06	0.06	0.01	XXX
73130	TC	A	X-ray exam of hand	0.00	0.60	0.56	NA	NA	0.02	XXX
73140		A	X-ray exam of finger(s)	0.13	0.67	0.56	NA	NA	0.03	XXX
73140	26	A	X-ray exam of finger(s)	0.13	0.04	0.04	0.04	0.04	0.01	XXX
73140	TC	A	X-ray exam of finger(s)	0.00	0.63	0.52	NA	NA	0.02	XXX
73200		A	Ct upper extremity w/o dye	1.09	6.34	5.78	NA	NA	0.30	XXX
73200	26	A	Ct upper extremity w/o dye	1.09	0.39	0.36	0.39	0.36	0.05	XXX
73200	TC	A	Ct upper extremity w/o dye	0.00	5.96	5.42	NA	NA	0.25	XXX
73201		A	Ct upper extremity w/dye	1.16	7.84	7.00	NA	NA	0.36	XXX
73201	26	A	Ct upper extremity w/dye	1.16	0.41	0.38	0.41	0.38	0.05	XXX
73201	TC	A	Ct upper extremity w/dye	0.00	7.43	6.62	NA	NA	0.31	XXX
73202		A	Ct uppr extremity w/o&w/dye	1.22	10.46	9.07	NA	NA	0.44	XXX
73202	26	A	Ct uppr extremity w/o&w/dye	1.22	0.43	0.40	0.43	0.40	0.05	XXX
73202	TC	A	Ct uppr extremity w/o&w/dye	0.00	10.03	8.67	NA	NA	0.39	XXX
73206		A	Ct angio upr extrm w/o&w/dye	1.81	10.81	11.08	NA	NA	0.47	XXX
73206	26	A	Ct angio upr extrm w/o&w/dye	1.81	0.68	0.61	0.68	0.61	0.08	XXX
73206	TC	A	Ct angio upr extrm w/o&w/dye	0.00	10.13	10.47	NA	NA	0.39	XXX
73218		A	Mri upper extremity w/o dye	1.35	14.51	13.00	NA	NA	0.45	XXX
73218	26	A	Mri upper extremity w/o dye	1.35	0.46	0.44	0.46	0.44	0.06	XXX
73218	TC	A	Mri upper extremity w/o dye	0.00	14.05	12.56	NA	NA	0.39	XXX
73219		A	Mri upper extremity w/dye	1.62	15.26	14.52	NA	NA	0.54	XXX
73219	26	A	Mri upper extremity w/dye	1.62	0.57	0.54	0.57	0.54	0.07	XXX
73219	TC	A	Mri upper extremity w/dye	0.00	14.69	13.98	NA	NA	0.47	XXX
73220		A	Mri uppr extremity w/o&w/dye	2.15	18.88	22.11	NA	NA	0.94	XXX
73220	26	A	Mri uppr extremity w/o&w/dye	2.15	0.76	0.71	0.76	0.71	0.10	XXX
73220	TC	A	Mri uppr extremity w/o&w/dye	0.00	18.13	21.40	NA	NA	0.84	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
73221		A	Mri joint upr extrem w/o dye	1.35	13.43	12.46	NA	NA	0.45	XXX
73221	26	A	Mri joint upr extrem w/o dye	1.35	0.47	0.44	0.47	0.44	0.06	XXX
73221	TC	A	Mri joint upr extrem w/o dye	0.00	12.96	12.02	NA	NA	0.39	XXX
73222		A	Mri joint upr extrem w/dye	1.62	14.17	13.98	NA	NA	0.54	XXX
73222	26	A	Mri joint upr extrem w/dye	1.62	0.57	0.54	0.57	0.54	0.07	XXX
73222	TC	A	Mri joint upr extrem w/dye	0.00	13.61	13.45	NA	NA	0.47	XXX
73223		A	Mri joint upr extr w/o&w/dye	2.15	17.42	21.39	NA	NA	0.94	XXX
73223	26	A	Mri joint upr extr w/o&w/dye	2.15	0.75	0.71	0.75	0.71	0.10	XXX
73223	TC	A	Mri joint upr extr w/o&w/dye	0.00	16.67	20.68	NA	NA	0.84	XXX
73225		N	Mr angio upr extr w/o&w/dye	1.73	14.46	13.07	NA	NA	0.69	XXX
73225	26	N	Mr angio upr extr w/o&w/dye	1.73	0.40	0.53	0.40	0.53	0.10	XXX
73225	TC	N	Mr angio upr extr w/o&w/dye	0.00	14.06	12.54	NA	NA	0.59	XXX
73500		A	X-ray exam of hip	0.17	0.49	0.51	NA	NA	0.03	XXX
73500	26	A	X-ray exam of hip	0.17	0.06	0.06	0.06	0.06	0.01	XXX
73500	TC	A	X-ray exam of hip	0.00	0.42	0.45	NA	NA	0.02	XXX
73510		A	X-ray exam of hip	0.21	0.77	0.70	NA	NA	0.05	XXX
73510	26	A	X-ray exam of hip	0.21	0.07	0.07	0.07	0.07	0.01	XXX
73510	TC	A	X-ray exam of hip	0.00	0.70	0.63	NA	NA	0.04	XXX
73520		A	X-ray exam of hips	0.26	0.78	0.77	NA	NA	0.05	XXX
73520	26	A	X-ray exam of hips	0.26	0.09	0.09	0.09	0.09	0.01	XXX
73520	TC	A	X-ray exam of hips	0.00	0.69	0.68	NA	NA	0.04	XXX
73525		A	Contrast x-ray of hip	0.54	1.81	2.04	NA	NA	0.15	XXX
73525	26	A	Contrast x-ray of hip	0.54	0.18	0.18	0.18	0.18	0.03	XXX
73525	TC	A	Contrast x-ray of hip	0.00	1.63	1.86	NA	NA	0.12	XXX
73530		C	X-ray exam of hip	0.29	NA	NA	NA	NA	0.03	XXX
73530	26	A	X-ray exam of hip	0.29	0.11	0.10	0.11	0.10	0.01	XXX
73530	TC	C	X-ray exam of hip	0.00	NA	NA	NA	NA	0.02	XXX
73540		A	X-ray exam of pelvis & hips	0.20	0.81	0.72	NA	NA	0.05	XXX
73540	26	A	X-ray exam of pelvis & hips	0.20	0.07	0.07	0.07	0.07	0.01	XXX
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.73	0.65	NA	NA	0.04	XXX
73542		A	X-ray exam, sacroiliac joint	0.59	1.12	1.69	NA	NA	0.15	XXX
73542	26	A	X-ray exam, sacroiliac joint	0.59	0.14	0.15	0.14	0.15	0.03	XXX
73542	TC	A	X-ray exam, sacroiliac joint	0.00	0.98	1.54	NA	NA	0.12	XXX
73550		A	X-ray exam of thigh	0.17	0.54	0.59	NA	NA	0.05	XXX
73550	26	A	X-ray exam of thigh	0.17	0.06	0.06	0.06	0.06	0.01	XXX
73550	TC	A	X-ray exam of thigh	0.00	0.48	0.53	NA	NA	0.04	XXX
73560		A	X-ray exam of knee, 1 or 2	0.17	0.58	0.58	NA	NA	0.03	XXX
73560	26	A	X-ray exam of knee, 1 or 2	0.17	0.06	0.06	0.06	0.06	0.01	XXX
73560	TC	A	X-ray exam of knee, 1 or 2	0.00	0.52	0.52	NA	NA	0.02	XXX
73562		A	X-ray exam of knee, 3	0.18	0.72	0.67	NA	NA	0.05	XXX
73562	26	A	X-ray exam of knee, 3	0.18	0.07	0.06	0.07	0.06	0.01	XXX
73562	TC	A	X-ray exam of knee, 3	0.00	0.66	0.61	NA	NA	0.04	XXX
73564		A	X-ray exam, knee, 4 or more	0.22	0.86	0.77	NA	NA	0.05	XXX
73564	26	A	X-ray exam, knee, 4 or more	0.22	0.08	0.07	0.08	0.07	0.01	XXX
73564	TC	A	X-ray exam, knee, 4 or more	0.00	0.78	0.70	NA	NA	0.04	XXX
73565		A	X-ray exam of knees	0.17	0.65	0.60	NA	NA	0.03	XXX
73565	26	A	X-ray exam of knees	0.17	0.06	0.06	0.06	0.06	0.01	XXX
73565	TC	A	X-ray exam of knees	0.00	0.58	0.53	NA	NA	0.02	XXX
73580		A	Contrast x-ray of knee joint	0.54	2.54	2.63	NA	NA	0.17	XXX
73580	26	A	Contrast x-ray of knee joint	0.54	0.20	0.18	0.20	0.18	0.03	XXX
73580	TC	A	Contrast x-ray of knee joint	0.00	2.35	2.45	NA	NA	0.14	XXX
73590		A	X-ray exam of lower leg	0.17	0.53	0.56	NA	NA	0.03	XXX
73590	26	A	X-ray exam of lower leg	0.17	0.06	0.06	0.06	0.06	0.01	XXX
73590	TC	A	X-ray exam of lower leg	0.00	0.48	0.50	NA	NA	0.02	XXX
73592		A	X-ray exam of leg, infant	0.16	0.57	0.56	NA	NA	0.03	XXX
73592	26	A	X-ray exam of leg, infant	0.16	0.05	0.05	0.05	0.05	0.01	XXX
73592	TC	A	X-ray exam of leg, infant	0.00	0.52	0.51	NA	NA	0.02	XXX
73600		A	X-ray exam of ankle	0.16	0.55	0.54	NA	NA	0.03	XXX
73600	26	A	X-ray exam of ankle	0.16	0.05	0.05	0.05	0.05	0.01	XXX
73600	TC	A	X-ray exam of ankle	0.00	0.50	0.49	NA	NA	0.02	XXX
73610		A	X-ray exam of ankle	0.17	0.67	0.63	NA	NA	0.03	XXX
73610	26	A	X-ray exam of ankle	0.17	0.06	0.06	0.06	0.06	0.01	XXX
73610	TC	A	X-ray exam of ankle	0.00	0.61	0.57	NA	NA	0.02	XXX
73615		A	Contrast x-ray of ankle	0.54	1.98	2.11	NA	NA	0.15	XXX
73615	26	A	Contrast x-ray of ankle	0.54	0.18	0.18	0.18	0.18	0.03	XXX
73615	TC	A	Contrast x-ray of ankle	0.00	1.80	1.93	NA	NA	0.12	XXX
73620		A	X-ray exam of foot	0.16	0.52	0.53	NA	NA	0.03	XXX
73620	26	A	X-ray exam of foot	0.16	0.04	0.05	0.04	0.05	0.01	XXX
73620	TC	A	X-ray exam of foot	0.00	0.47	0.48	NA	NA	0.02	XXX
73630		A	X-ray exam of foot	0.17	0.65	0.62	NA	NA	0.03	XXX
73630	26	A	X-ray exam of foot	0.17	0.05	0.06	0.05	0.06	0.01	XXX
73630	TC	A	X-ray exam of foot	0.00	0.59	0.56	NA	NA	0.02	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
73650		A	X-ray exam of heel	0.16	0.54	0.53	NA	NA	0.03	XXX
73650	26	A	X-ray exam of heel	0.16	0.05	0.05	0.05	0.05	0.01	XXX
73650	TC	A	X-ray exam of heel	0.00	0.49	0.48	NA	NA	0.02	XXX
73660		A	X-ray exam of toe(s)	0.13	0.63	0.54	NA	NA	0.03	XXX
73660	26	A	X-ray exam of toe(s)	0.13	0.04	0.04	0.04	0.04	0.01	XXX
73660	TC	A	X-ray exam of toe(s)	0.00	0.59	0.50	NA	NA	0.02	XXX
73700		A	Ct lower extremity w/o dye	1.09	6.35	5.78	NA	NA	0.30	XXX
73700	26	A	Ct lower extremity w/o dye	1.09	0.39	0.36	0.39	0.36	0.05	XXX
73700	TC	A	Ct lower extremity w/o dye	0.00	5.97	5.42	NA	NA	0.25	XXX
73701		A	Ct lower extremity w/dye	1.16	7.90	7.03	NA	NA	0.36	XXX
73701	26	A	Ct lower extremity w/dye	1.16	0.42	0.39	0.42	0.39	0.05	XXX
73701	TC	A	Ct lower extremity w/dye	0.00	7.49	6.65	NA	NA	0.31	XXX
73702		A	Ct lwr extremity w/o&w/dye	1.22	10.62	9.14	NA	NA	0.44	XXX
73702	26	A	Ct lwr extremity w/o&w/dye	1.22	0.45	0.41	0.45	0.41	0.05	XXX
73702	TC	A	Ct lwr extremity w/o&w/dye	0.00	10.17	8.73	NA	NA	0.39	XXX
73706		A	Ct angio lwr extr w/o&w/dye	1.90	12.19	11.80	NA	NA	0.47	XXX
73706	26	A	Ct angio lwr extr w/o&w/dye	1.90	0.72	0.65	0.72	0.65	0.08	XXX
73706	TC	A	Ct angio lwr extr w/o&w/dye	0.00	11.47	11.15	NA	NA	0.39	XXX
73718		A	Mri lower extremity w/o dye	1.35	14.13	12.80	NA	NA	0.45	XXX
73718	26	A	Mri lower extremity w/o dye	1.35	0.47	0.44	0.47	0.44	0.06	XXX
73718	TC	A	Mri lower extremity w/o dye	0.00	13.66	12.36	NA	NA	0.39	XXX
73719		A	Mri lower extremity w/dye	1.62	15.26	14.50	NA	NA	0.54	XXX
73719	26	A	Mri lower extremity w/dye	1.62	0.57	0.53	0.57	0.53	0.07	XXX
73719	TC	A	Mri lower extremity w/dye	0.00	14.69	13.97	NA	NA	0.47	XXX
73720		A	Mri lwr extremity w/o&w/dye	2.15	18.82	22.07	NA	NA	0.94	XXX
73720	26	A	Mri lwr extremity w/o&w/dye	2.15	0.76	0.71	0.76	0.71	0.10	XXX
73720	TC	A	Mri lwr extremity w/o&w/dye	0.00	18.06	21.37	NA	NA	0.84	XXX
73721		A	Mri jnt of lwr extre w/o dye	1.35	13.74	12.61	NA	NA	0.45	XXX
73721	26	A	Mri jnt of lwr extre w/o dye	1.35	0.47	0.44	0.47	0.44	0.06	XXX
73721	TC	A	Mri jnt of lwr extre w/o dye	0.00	13.27	12.17	NA	NA	0.39	XXX
73722		A	Mri joint of lwr extr w/dye	1.62	14.36	14.09	NA	NA	0.54	XXX
73722	26	A	Mri joint of lwr extr w/dye	1.62	0.57	0.54	0.57	0.54	0.07	XXX
73722	TC	A	Mri joint of lwr extr w/dye	0.00	13.79	13.55	NA	NA	0.47	XXX
73723		A	Mri joint lwr extr w/o&w/dye	2.15	17.40	21.38	NA	NA	0.94	XXX
73723	26	A	Mri joint lwr extr w/o&w/dye	2.15	0.75	0.71	0.75	0.71	0.10	XXX
73723	TC	A	Mri joint lwr extr w/o&w/dye	0.00	16.64	20.67	NA	NA	0.84	XXX
73725		R	Mr ang lwr ext w or w/o dye	1.82	14.98	13.29	NA	NA	0.67	XXX
73725	26	R	Mr ang lwr ext w or w/o dye	1.82	0.65	0.60	0.65	0.60	0.08	XXX
73725	TC	R	Mr ang lwr ext w or w/o dye	0.00	14.33	12.68	NA	NA	0.59	XXX
74000		A	X-ray exam of abdomen	0.18	0.46	0.52	NA	NA	0.03	XXX
74000	26	A	X-ray exam of abdomen	0.18	0.06	0.06	0.06	0.06	0.01	XXX
74000	TC	A	X-ray exam of abdomen	0.00	0.40	0.46	NA	NA	0.02	XXX
74010		A	X-ray exam of abdomen	0.23	0.78	0.71	NA	NA	0.05	XXX
74010	26	A	X-ray exam of abdomen	0.23	0.08	0.08	0.08	0.08	0.01	XXX
74010	TC	A	X-ray exam of abdomen	0.00	0.71	0.64	NA	NA	0.04	XXX
74020		A	X-ray exam of abdomen	0.27	0.81	0.75	NA	NA	0.05	XXX
74020	26	A	X-ray exam of abdomen	0.27	0.10	0.09	0.10	0.09	0.01	XXX
74020	TC	A	X-ray exam of abdomen	0.00	0.71	0.66	NA	NA	0.04	XXX
74022		A	X-ray exam series, abdomen	0.32	0.98	0.89	NA	NA	0.06	XXX
74022	26	A	X-ray exam series, abdomen	0.32	0.11	0.10	0.11	0.10	0.01	XXX
74022	TC	A	X-ray exam series, abdomen	0.00	0.87	0.79	NA	NA	0.05	XXX
74150		A	Ct abdomen w/o dye	1.19	6.02	5.99	NA	NA	0.35	XXX
74150	26	A	Ct abdomen w/o dye	1.19	0.43	0.40	0.43	0.40	0.05	XXX
74150	TC	A	Ct abdomen w/o dye	0.00	5.59	5.59	NA	NA	0.30	XXX
74160		A	Ct abdomen w/dye	1.27	8.75	7.94	NA	NA	0.42	XXX
74160	26	A	Ct abdomen w/dye	1.27	0.46	0.43	0.46	0.43	0.06	XXX
74160	TC	A	Ct abdomen w/dye	0.00	8.29	7.51	NA	NA	0.36	XXX
74170		A	Ct abdomen w/o & w/dye	1.40	12.08	10.43	NA	NA	0.49	XXX
74170	26	A	Ct abdomen w/o & w/dye	1.40	0.50	0.47	0.50	0.47	0.06	XXX
74170	TC	A	Ct abdomen w/o & w/dye	0.00	11.58	9.96	NA	NA	0.43	XXX
74175		A	Ct angio abdom w/o & w/dye	1.90	12.15	12.31	NA	NA	0.47	XXX
74175	26	A	Ct angio abdom w/o & w/dye	1.90	0.70	0.64	0.70	0.64	0.08	XXX
74175	TC	A	Ct angio abdom w/o & w/dye	0.00	11.46	11.67	NA	NA	0.39	XXX
74181		A	Mri abdomen w/o dye	1.46	12.34	11.92	NA	NA	0.51	XXX
74181	26	A	Mri abdomen w/o dye	1.46	0.52	0.48	0.52	0.48	0.06	XXX
74181	TC	A	Mri abdomen w/o dye	0.00	11.82	11.44	NA	NA	0.45	XXX
74182		A	Mri abdomen w/dye	1.73	17.28	15.51	NA	NA	0.60	XXX
74182	26	A	Mri abdomen w/dye	1.73	0.62	0.57	0.62	0.57	0.08	XXX
74182	TC	A	Mri abdomen w/dye	0.00	16.67	14.94	NA	NA	0.52	XXX
74183		A	Mri abdomen w/o & w/dye	2.26	18.82	22.09	NA	NA	1.02	XXX
74183	26	A	Mri abdomen w/o & w/dye	2.26	0.80	0.75	0.80	0.75	0.10	XXX
74183	TC	A	Mri abdomen w/o & w/dye	0.00	18.02	21.34	NA	NA	0.92	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
74185		R	Mri angio, abdom w orw/o dye	1.80	14.94	13.26	NA	NA	0.67	XXX
74185	26	R	Mri angio, abdom w orw/o dye	1.80	0.64	0.59	0.64	0.59	0.08	XXX
74185	TC	R	Mri angio, abdom w orw/o dye	0.00	14.30	12.67	NA	NA	0.59	XXX
74190		C	X-ray exam of peritoneum	0.48	NA	NA	NA	NA	0.09	XXX
74190	26	A	X-ray exam of peritoneum	0.48	0.17	0.16	0.17	0.16	0.02	XXX
74190	TC	C	X-ray exam of peritoneum	0.00	NA	NA	NA	NA	0.07	XXX
74210		A	Contrst x-ray exam of throat	0.36	1.76	1.52	NA	NA	0.08	XXX
74210	26	A	Contrst x-ray exam of throat	0.36	0.13	0.12	0.13	0.12	0.02	XXX
74210	TC	A	Contrst x-ray exam of throat	0.00	1.63	1.40	NA	NA	0.06	XXX
74220		A	Contrast x-ray, esophagus	0.46	2.00	1.65	NA	NA	0.08	XXX
74220	26	A	Contrast x-ray, esophagus	0.46	0.16	0.15	0.16	0.15	0.02	XXX
74220	TC	A	Contrast x-ray, esophagus	0.00	1.83	1.50	NA	NA	0.06	XXX
74230		A	Cine/vid x-ray, throat/esoph	0.53	1.94	1.69	NA	NA	0.09	XXX
74230	26	A	Cine/vid x-ray, throat/esoph	0.53	0.19	0.18	0.19	0.18	0.02	XXX
74230	TC	A	Cine/vid x-ray, throat/esoph	0.00	1.75	1.52	NA	NA	0.07	XXX
74235		C	Remove esophagus obstruction	1.19	0.00	0.26	0.00	0.26	0.05	XXX
74235	26	A	Remove esophagus obstruction	1.19	0.46	0.41	0.46	0.41	0.05	XXX
74235	TC	C	Remove esophagus obstruction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74240		A	X-ray exam, upper gi tract	0.69	2.29	1.96	NA	NA	0.11	XXX
74240	26	A	X-ray exam, upper gi tract	0.69	0.25	0.23	0.25	0.23	0.03	XXX
74240	TC	A	X-ray exam, upper gi tract	0.00	2.04	1.73	NA	NA	0.08	XXX
74241		A	X-ray exam, upper gi tract	0.69	2.54	2.11	NA	NA	0.11	XXX
74241	26	A	X-ray exam, upper gi tract	0.69	0.24	0.23	0.24	0.23	0.03	XXX
74241	TC	A	X-ray exam, upper gi tract	0.00	2.30	1.88	NA	NA	0.08	XXX
74245		A	X-ray exam, upper gi tract	0.91	3.93	3.27	NA	NA	0.17	XXX
74245	26	A	X-ray exam, upper gi tract	0.91	0.32	0.30	0.32	0.30	0.04	XXX
74245	TC	A	X-ray exam, upper gi tract	0.00	3.60	2.97	NA	NA	0.13	XXX
74246		A	Contrst x-ray uppr gi tract	0.69	2.78	2.30	NA	NA	0.13	XXX
74246	26	A	Contrst x-ray uppr gi tract	0.69	0.25	0.23	0.25	0.23	0.03	XXX
74246	TC	A	Contrst x-ray uppr gi tract	0.00	2.53	2.07	NA	NA	0.10	XXX
74247		A	Contrst x-ray uppr gi tract	0.69	3.19	2.52	NA	NA	0.14	XXX
74247	26	A	Contrst x-ray uppr gi tract	0.69	0.25	0.23	0.25	0.23	0.03	XXX
74247	TC	A	Contrst x-ray uppr gi tract	0.00	2.95	2.29	NA	NA	0.11	XXX
74249		A	Contrst x-ray uppr gi tract	0.91	4.32	3.55	NA	NA	0.18	XXX
74249	26	A	Contrst x-ray uppr gi tract	0.91	0.32	0.30	0.32	0.30	0.04	XXX
74249	TC	A	Contrst x-ray uppr gi tract	0.00	3.99	3.25	NA	NA	0.14	XXX
74250		A	X-ray exam of small bowel	0.47	2.46	1.94	NA	NA	0.09	XXX
74250	26	A	X-ray exam of small bowel	0.47	0.17	0.16	0.17	0.16	0.02	XXX
74250	TC	A	X-ray exam of small bowel	0.00	2.30	1.79	NA	NA	0.07	XXX
74251		A	X-ray exam of small bowel	0.69	9.92	5.65	NA	NA	0.10	XXX
74251	26	A	X-ray exam of small bowel	0.69	0.25	0.23	0.25	0.23	0.03	XXX
74251	TC	A	X-ray exam of small bowel	0.00	9.67	5.42	NA	NA	0.07	XXX
74260		A	X-ray exam of small bowel	0.50	8.23	4.88	NA	NA	0.10	XXX
74260	26	A	X-ray exam of small bowel	0.50	0.18	0.17	0.18	0.17	0.02	XXX
74260	TC	A	X-ray exam of small bowel	0.00	8.05	4.72	NA	NA	0.08	XXX
74270		A	Contrast x-ray exam of colon	0.69	3.56	2.71	NA	NA	0.14	XXX
74270	26	A	Contrast x-ray exam of colon	0.69	0.25	0.23	0.25	0.23	0.03	XXX
74270	TC	A	Contrast x-ray exam of colon	0.00	3.31	2.48	NA	NA	0.11	XXX
74280		A	Contrast x-ray exam of colon	0.99	4.91	3.68	NA	NA	0.17	XXX
74280	26	A	Contrast x-ray exam of colon	0.99	0.35	0.32	0.35	0.32	0.04	XXX
74280	TC	A	Contrast x-ray exam of colon	0.00	4.55	3.36	NA	NA	0.13	XXX
74283		A	Contrast x-ray exam of colon	2.02	3.47	3.31	NA	NA	0.23	XXX
74283	26	A	Contrast x-ray exam of colon	2.02	0.70	0.66	0.70	0.66	0.09	XXX
74283	TC	A	Contrast x-ray exam of colon	0.00	2.77	2.65	NA	NA	0.14	XXX
74290		A	Contrast x-ray, gallbladder	0.32	1.57	1.18	NA	NA	0.06	XXX
74290	26	A	Contrast x-ray, gallbladder	0.32	0.11	0.10	0.11	0.10	0.01	XXX
74290	TC	A	Contrast x-ray, gallbladder	0.00	1.46	1.08	NA	NA	0.05	XXX
74291		A	Contrast x-rays, gallbladder	0.20	1.54	1.02	NA	NA	0.03	XXX
74291	26	A	Contrast x-rays, gallbladder	0.20	0.07	0.07	0.07	0.07	0.01	XXX
74291	TC	A	Contrast x-rays, gallbladder	0.00	1.47	0.95	NA	NA	0.02	XXX
74300		C	X-ray bile ducts/pancreas	0.36	0.00	0.08	0.00	0.08	0.02	XXX
74300	26	A	X-ray bile ducts/pancreas	0.36	0.13	0.12	0.13	0.12	0.02	XXX
74300	TC	C	X-ray bile ducts/pancreas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74301		C	X-rays at surgery add-on	0.21	0.00	0.05	0.00	0.05	0.01	ZZZ
74301	26	A	X-rays at surgery add-on	0.21	0.08	0.07	0.08	0.07	0.01	ZZZ
74301	TC	C	X-rays at surgery add-on	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
74305		C	X-ray bile ducts/pancreas	0.42	NA	NA	NA	NA	0.07	XXX
74305	26	A	X-ray bile ducts/pancreas	0.42	0.15	0.14	0.15	0.14	0.02	XXX
74305	TC	C	X-ray bile ducts/pancreas	0.00	NA	NA	NA	NA	0.05	XXX
74320		A	Contrast x-ray of bile ducts	0.54	2.12	2.71	NA	NA	0.19	XXX
74320	26	A	Contrast x-ray of bile ducts	0.54	0.20	0.19	0.20	0.19	0.02	XXX
74320	TC	A	Contrast x-ray of bile ducts	0.00	1.92	2.52	NA	NA	0.17	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
74327		A	X-ray bile stone removal	0.70	2.95	2.44	NA	NA	0.14	XXX
74327	26	A	X-ray bile stone removal	0.70	0.26	0.23	0.26	0.23	0.03	XXX
74327	TC	A	X-ray bile stone removal	0.00	2.69	2.21	NA	NA	0.11	XXX
74328		C	X-ray bile duct endoscopy	0.70	NA	NA	NA	NA	0.20	XXX
74328	26	A	X-ray bile duct endoscopy	0.70	0.26	0.24	0.26	0.24	0.03	XXX
74328	TC	C	X-ray bile duct endoscopy	0.00	NA	NA	NA	NA	0.17	XXX
74329		C	X-ray for pancreas endoscopy	0.70	0.00	1.73	0.00	1.73	0.03	XXX
74329	26	A	X-ray for pancreas endoscopy	0.70	0.27	0.24	0.27	0.24	0.03	XXX
74329	TC	C	X-ray for pancreas endoscopy	0.00	0.00	1.58	0.00	1.58	0.00	XXX
74330		C	X-ray bile/panc endoscopy	0.90	NA	NA	NA	NA	0.21	XXX
74330	26	A	X-ray bile/panc endoscopy	0.90	0.33	0.30	0.33	0.30	0.04	XXX
74330	TC	C	X-ray bile/panc endoscopy	0.00	NA	NA	NA	NA	0.17	XXX
74340		C	X-ray guide for GI tube	0.54	NA	NA	NA	NA	0.16	XXX
74340	26	A	X-ray guide for GI tube	0.54	0.20	0.19	0.20	0.19	0.02	XXX
74340	TC	C	X-ray guide for GI tube	0.00	0.00	1.75	0.00	1.75	0.14	XXX
74350		A	X-ray guide, stomach tube	0.76	2.21	2.78	NA	NA	0.20	XXX
74350	26	A	X-ray guide, stomach tube	0.76	0.28	0.25	0.28	0.25	0.03	XXX
74350	TC	A	X-ray guide, stomach tube	0.00	1.93	2.53	NA	NA	0.17	XXX
74355		C	X-ray guide, intestinal tube	0.76	NA	NA	NA	NA	0.17	XXX
74355	26	A	X-ray guide, intestinal tube	0.76	0.28	0.25	0.28	0.25	0.03	XXX
74355	TC	C	X-ray guide, intestinal tube	0.00	0.00	1.75	0.00	1.75	0.14	XXX
74360		C	X-ray guide, GI dilation	0.54	NA	NA	NA	NA	0.19	XXX
74360	26	A	X-ray guide, GI dilation	0.54	0.24	0.21	0.24	0.21	0.02	XXX
74360	TC	C	X-ray guide, GI dilation	0.00	NA	NA	NA	NA	0.17	XXX
74363		C	X-ray, bile duct dilation	0.88	0.00	0.19	0.00	0.19	0.04	XXX
74363	26	A	X-ray, bile duct dilation	0.88	0.32	0.29	0.32	0.29	0.04	XXX
74363	TC	C	X-ray, bile duct dilation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74400		A	Contrst x-ray, urinary tract	0.49	2.59	2.20	NA	NA	0.13	XXX
74400	26	A	Contrst x-ray, urinary tract	0.49	0.18	0.17	0.18	0.17	0.02	XXX
74400	TC	A	Contrst x-ray, urinary tract	0.00	2.41	2.03	NA	NA	0.11	XXX
74410		A	Contrst x-ray, urinary tract	0.49	2.67	2.38	NA	NA	0.13	XXX
74410	26	A	Contrst x-ray, urinary tract	0.49	0.18	0.17	0.18	0.17	0.02	XXX
74410	TC	A	Contrst x-ray, urinary tract	0.00	2.49	2.21	NA	NA	0.11	XXX
74415		A	Contrst x-ray, urinary tract	0.49	3.25	2.74	NA	NA	0.14	XXX
74415	26	A	Contrst x-ray, urinary tract	0.49	0.18	0.17	0.18	0.17	0.02	XXX
74415	TC	A	Contrst x-ray, urinary tract	0.00	3.07	2.58	NA	NA	0.12	XXX
74420		C	Contrst x-ray, urinary tract	0.36	NA	NA	NA	NA	0.16	XXX
74420	26	A	Contrst x-ray, urinary tract	0.36	0.14	0.13	0.14	0.13	0.02	XXX
74420	TC	C	Contrst x-ray, urinary tract	0.00	NA	NA	NA	NA	0.14	XXX
74425		C	Contrst x-ray, urinary tract	0.36	NA	NA	NA	NA	0.09	XXX
74425	26	A	Contrst x-ray, urinary tract	0.36	0.13	0.12	0.13	0.12	0.02	XXX
74425	TC	C	Contrst x-ray, urinary tract	0.00	NA	NA	NA	NA	0.07	XXX
74430		A	Contrast x-ray, bladder	0.32	1.94	1.53	NA	NA	0.08	XXX
74430	26	A	Contrast x-ray, bladder	0.32	0.12	0.11	0.12	0.11	0.02	XXX
74430	TC	A	Contrast x-ray, bladder	0.00	1.83	1.43	NA	NA	0.06	XXX
74440		A	X-ray, male genital tract	0.38	2.11	1.69	NA	NA	0.08	XXX
74440	26	A	X-ray, male genital tract	0.38	0.15	0.14	0.15	0.14	0.02	XXX
74440	TC	A	X-ray, male genital tract	0.00	1.96	1.55	NA	NA	0.06	XXX
74445		C	X-ray exam of penis	1.14	NA	NA	NA	NA	0.13	XXX
74445	26	A	X-ray exam of penis	1.14	0.46	0.41	0.46	0.41	0.07	XXX
74445	TC	C	X-ray exam of penis	0.00	NA	NA	NA	NA	0.06	XXX
74450		C	X-ray, urethra/bladder	0.33	NA	NA	NA	NA	0.10	XXX
74450	26	A	X-ray, urethra/bladder	0.33	0.12	0.11	0.12	0.11	0.02	XXX
74450	TC	C	X-ray, urethra/bladder	0.00	NA	NA	NA	NA	0.08	XXX
74455		A	X-ray, urethra/bladder	0.33	2.17	1.92	NA	NA	0.12	XXX
74455	26	A	X-ray, urethra/bladder	0.33	0.13	0.12	0.13	0.12	0.02	XXX
74455	TC	A	X-ray, urethra/bladder	0.00	2.04	1.80	NA	NA	0.10	XXX
74470		C	X-ray exam of kidney lesion	0.54	NA	NA	NA	NA	0.09	XXX
74470	26	A	X-ray exam of kidney lesion	0.54	0.17	0.17	0.17	0.17	0.02	XXX
74470	TC	C	X-ray exam of kidney lesion	0.00	NA	NA	NA	NA	0.07	XXX
74475		A	X-ray control, cath insert	0.54	2.10	3.16	NA	NA	0.24	XXX
74475	26	A	X-ray control, cath insert	0.54	0.20	0.19	0.20	0.19	0.02	XXX
74475	TC	A	X-ray control, cath insert	0.00	1.90	2.97	NA	NA	0.22	XXX
74480		A	X-ray control, cath insert	0.54	2.11	3.16	NA	NA	0.24	XXX
74480	26	A	X-ray control, cath insert	0.54	0.20	0.19	0.20	0.19	0.02	XXX
74480	TC	A	X-ray control, cath insert	0.00	1.91	2.98	NA	NA	0.22	XXX
74485		A	X-ray guide, GU dilation	0.54	2.26	2.77	NA	NA	0.20	XXX
74485	26	A	X-ray guide, GU dilation	0.54	0.21	0.18	0.21	0.18	0.03	XXX
74485	TC	A	X-ray guide, GU dilation	0.00	2.06	2.59	NA	NA	0.17	XXX
74710		A	X-ray measurement of pelvis	0.34	0.64	0.90	NA	NA	0.08	XXX
74710	26	A	X-ray measurement of pelvis	0.34	0.12	0.11	0.12	0.11	0.02	XXX
74710	TC	A	X-ray measurement of pelvis	0.00	0.52	0.79	NA	NA	0.06	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
74740		A	X-ray, female genital tract	0.38	1.75	1.58	NA	NA	0.09	XXX
74740	26	A	X-ray, female genital tract	0.38	0.13	0.13	0.13	0.13	0.02	XXX
74740	TC	A	X-ray, female genital tract	0.00	1.62	1.45	NA	NA	0.07	XXX
74742		C	X-ray, fallopian tube	0.61	0.00	0.13	0.00	0.13	0.03	XXX
74742	26	A	X-ray, fallopian tube	0.61	0.19	0.19	0.19	0.19	0.03	XXX
74742	TC	C	X-ray, fallopian tube	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74775		C	X-ray exam of perineum	0.62	NA	NA	NA	NA	0.11	XXX
74775	26	A	X-ray exam of perineum	0.62	0.23	0.21	0.23	0.21	0.03	XXX
74775	TC	C	X-ray exam of perineum	0.00	0.00	0.97	0.00	0.97	0.08	XXX
75552		A	Heart mri for morph w/o dye	1.60	18.93	15.23	NA	NA	0.66	XXX
75552	26	A	Heart mri for morph w/o dye	1.60	0.62	0.56	0.62	0.56	0.07	XXX
75552	TC	A	Heart mri for morph w/o dye	0.00	18.31	14.67	NA	NA	0.59	XXX
75553		A	Heart mri for morph w/dye	2.00	23.11	17.57	NA	NA	0.66	XXX
75553	26	A	Heart mri for morph w/dye	2.00	0.84	0.76	0.84	0.76	0.07	XXX
75553	TC	A	Heart mri for morph w/dye	0.00	22.27	16.81	NA	NA	0.59	XXX
75554		A	Cardiac MRI/function	1.83	26.43	19.14	NA	NA	0.66	XXX
75554	26	A	Cardiac MRI/function	1.83	0.82	0.73	0.82	0.73	0.07	XXX
75554	TC	A	Cardiac MRI/function	0.00	25.61	18.42	NA	NA	0.59	XXX
75555		A	Cardiac MRI/limited study	1.74	25.66	18.98	NA	NA	0.66	XXX
75555	26	A	Cardiac MRI/limited study	1.74	0.76	0.71	0.76	0.71	0.07	XXX
75555	TC	A	Cardiac MRI/limited study	0.00	24.90	18.27	NA	NA	0.59	XXX
75600		A	Contrast x-ray exam of aorta	0.49	6.22	9.54	NA	NA	0.67	XXX
75600	26	A	Contrast x-ray exam of aorta	0.49	0.23	0.22	0.23	0.22	0.02	XXX
75600	TC	A	Contrast x-ray exam of aorta	0.00	5.99	9.32	NA	NA	0.65	XXX
75605		A	Contrast x-ray exam of aorta	1.14	3.47	8.24	NA	NA	0.70	XXX
75605	26	A	Contrast x-ray exam of aorta	1.14	0.48	0.44	0.48	0.44	0.05	XXX
75605	TC	A	Contrast x-ray exam of aorta	0.00	2.98	7.80	NA	NA	0.65	XXX
75625		A	Contrast x-ray exam of aorta	1.14	3.30	8.13	NA	NA	0.71	XXX
75625	26	A	Contrast x-ray exam of aorta	1.14	0.42	0.40	0.42	0.40	0.06	XXX
75625	TC	A	Contrast x-ray exam of aorta	0.00	2.87	7.73	NA	NA	0.65	XXX
75630		A	X-ray aorta, leg arteries	1.79	3.67	8.72	NA	NA	0.80	XXX
75630	26	A	X-ray aorta, leg arteries	1.79	0.70	0.66	0.70	0.66	0.11	XXX
75630	TC	A	X-ray aorta, leg arteries	0.00	2.98	8.06	NA	NA	0.69	XXX
75635		A	Ct angio abdominal arteries	2.40	12.76	14.63	NA	NA	0.50	XXX
75635	26	A	Ct angio abdominal arteries	2.40	0.92	0.83	0.92	0.83	0.11	XXX
75635	TC	A	Ct angio abdominal arteries	0.00	11.84	13.80	NA	NA	0.39	XXX
75650		A	Artery x-rays, head & neck	1.49	3.46	8.26	NA	NA	0.72	XXX
75650	26	A	Artery x-rays, head & neck	1.49	0.57	0.52	0.57	0.52	0.07	XXX
75650	TC	A	Artery x-rays, head & neck	0.00	2.90	7.74	NA	NA	0.65	XXX
75658		A	Artery x-rays, arm	1.31	3.67	8.38	NA	NA	0.72	XXX
75658	26	A	Artery x-rays, arm	1.31	0.44	0.46	0.44	0.46	0.07	XXX
75658	TC	A	Artery x-rays, arm	0.00	3.23	7.92	NA	NA	0.65	XXX
75660		A	Artery x-rays, head & neck	1.31	3.83	8.43	NA	NA	0.71	XXX
75660	26	A	Artery x-rays, head & neck	1.31	0.49	0.46	0.49	0.46	0.06	XXX
75660	TC	A	Artery x-rays, head & neck	0.00	3.33	7.96	NA	NA	0.65	XXX
75662		A	Artery x-rays, head & neck	1.66	4.91	9.06	NA	NA	0.71	XXX
75662	26	A	Artery x-rays, head & neck	1.66	0.69	0.64	0.69	0.64	0.06	XXX
75662	TC	A	Artery x-rays, head & neck	0.00	4.22	8.42	NA	NA	0.65	XXX
75665		A	Artery x-rays, head & neck	1.31	4.04	8.52	NA	NA	0.74	XXX
75665	26	A	Artery x-rays, head & neck	1.31	0.48	0.45	0.48	0.45	0.09	XXX
75665	TC	A	Artery x-rays, head & neck	0.00	3.56	8.07	NA	NA	0.65	XXX
75671		A	Artery x-rays, head & neck	1.66	5.02	9.06	NA	NA	0.72	XXX
75671	26	A	Artery x-rays, head & neck	1.66	0.63	0.58	0.63	0.58	0.07	XXX
75671	TC	A	Artery x-rays, head & neck	0.00	4.38	8.47	NA	NA	0.65	XXX
75676		A	Artery x-rays, neck	1.31	3.81	8.41	NA	NA	0.72	XXX
75676	26	A	Artery x-rays, neck	1.31	0.48	0.45	0.48	0.45	0.07	XXX
75676	TC	A	Artery x-rays, neck	0.00	3.32	7.95	NA	NA	0.65	XXX
75680		A	Artery x-rays, neck	1.66	4.53	8.82	NA	NA	0.72	XXX
75680	26	A	Artery x-rays, neck	1.66	0.65	0.59	0.65	0.59	0.07	XXX
75680	TC	A	Artery x-rays, neck	0.00	3.88	8.23	NA	NA	0.65	XXX
75685		A	Artery x-rays, spine	1.31	3.83	8.41	NA	NA	0.71	XXX
75685	26	A	Artery x-rays, spine	1.31	0.50	0.46	0.50	0.46	0.06	XXX
75685	TC	A	Artery x-rays, spine	0.00	3.33	7.95	NA	NA	0.65	XXX
75705		A	Artery x-rays, spine	2.18	4.15	8.68	NA	NA	0.78	XXX
75705	26	A	Artery x-rays, spine	2.18	0.81	0.74	0.81	0.74	0.13	XXX
75705	TC	A	Artery x-rays, spine	0.00	3.35	7.94	NA	NA	0.65	XXX
75710		A	Artery x-rays, arm/leg	1.14	3.88	8.44	NA	NA	0.72	XXX
75710	26	A	Artery x-rays, arm/leg	1.14	0.42	0.41	0.42	0.41	0.07	XXX
75710	TC	A	Artery x-rays, arm/leg	0.00	3.45	8.03	NA	NA	0.65	XXX
75716		A	Artery x-rays, arms/legs	1.31	4.82	8.91	NA	NA	0.72	XXX
75716	26	A	Artery x-rays, arms/legs	1.31	0.49	0.46	0.49	0.46	0.07	XXX
75716	TC	A	Artery x-rays, arms/legs	0.00	4.33	8.46	NA	NA	0.65	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
75722		A	Artery x-rays, kidney	1.14	3.76	8.39	NA	NA	0.70	XXX
75722	26	A	Artery x-rays, kidney	1.14	0.47	0.44	0.47	0.44	0.05	XXX
75722	TC	A	Artery x-rays, kidney	0.00	3.29	7.95	NA	NA	0.65	XXX
75724		A	Artery x-rays, kidneys	1.49	4.96	9.09	NA	NA	0.70	XXX
75724	26	A	Artery x-rays, kidneys	1.49	0.71	0.64	0.71	0.64	0.05	XXX
75724	TC	A	Artery x-rays, kidneys	0.00	4.25	8.44	NA	NA	0.65	XXX
75726		A	Artery x-rays, abdomen	1.14	3.73	8.32	NA	NA	0.70	XXX
75726	26	A	Artery x-rays, abdomen	1.14	0.43	0.39	0.43	0.39	0.05	XXX
75726	TC	A	Artery x-rays, abdomen	0.00	3.31	7.93	NA	NA	0.65	XXX
75731		A	Artery x-rays, adrenal gland	1.14	4.00	8.44	NA	NA	0.71	XXX
75731	26	A	Artery x-rays, adrenal gland	1.14	0.50	0.42	0.50	0.42	0.06	XXX
75731	TC	A	Artery x-rays, adrenal gland	0.00	3.51	8.02	NA	NA	0.65	XXX
75733		A	Artery x-rays, adrenals	1.31	5.30	9.14	NA	NA	0.71	XXX
75733	26	A	Artery x-rays, adrenals	1.31	0.63	0.53	0.63	0.53	0.06	XXX
75733	TC	A	Artery x-rays, adrenals	0.00	4.66	8.61	NA	NA	0.65	XXX
75736		A	Artery x-rays, pelvis	1.14	3.81	8.38	NA	NA	0.71	XXX
75736	26	A	Artery x-rays, pelvis	1.14	0.43	0.40	0.43	0.40	0.06	XXX
75736	TC	A	Artery x-rays, pelvis	0.00	3.38	7.98	NA	NA	0.65	XXX
75741		A	Artery x-rays, lung	1.31	3.14	8.06	NA	NA	0.71	XXX
75741	26	A	Artery x-rays, lung	1.31	0.49	0.45	0.49	0.45	0.06	XXX
75741	TC	A	Artery x-rays, lung	0.00	2.65	7.61	NA	NA	0.65	XXX
75743		A	Artery x-rays, lungs	1.66	3.53	8.30	NA	NA	0.72	XXX
75743	26	A	Artery x-rays, lungs	1.66	0.62	0.56	0.62	0.56	0.07	XXX
75743	TC	A	Artery x-rays, lungs	0.00	2.90	7.73	NA	NA	0.65	XXX
75746		A	Artery x-rays, lung	1.14	3.49	8.20	NA	NA	0.70	XXX
75746	26	A	Artery x-rays, lung	1.14	0.40	0.38	0.40	0.38	0.05	XXX
75746	TC	A	Artery x-rays, lung	0.00	3.08	7.82	NA	NA	0.65	XXX
75756		A	Artery x-rays, chest	1.14	4.21	8.66	NA	NA	0.69	XXX
75756	26	A	Artery x-rays, chest	1.14	0.56	0.51	0.56	0.51	0.04	XXX
75756	TC	A	Artery x-rays, chest	0.00	3.65	8.14	NA	NA	0.65	XXX
75774		A	Artery x-ray, each vessel	0.36	2.46	7.59	2.46	7.59	0.67	ZZZ
75774	26	A	Artery x-ray, each vessel	0.36	0.14	0.13	0.14	0.13	0.02	ZZZ
75774	TC	A	Artery x-ray, each vessel	0.00	2.32	7.46	2.32	7.46	0.65	ZZZ
75790		A	Visualize A–V shunt	1.84	3.10	2.50	NA	NA	0.17	XXX
75790	26	A	Visualize A–V shunt	1.84	0.60	0.59	0.60	0.59	0.09	XXX
75790	TC	A	Visualize A–V shunt	0.00	2.50	1.91	NA	NA	0.08	XXX
75801		C	Lymph vessel x-ray, arm/leg	0.81	0.00	0.17	0.00	0.17	0.37	XXX
75801	26	A	Lymph vessel x-ray, arm/leg	0.81	0.22	0.25	0.22	0.25	0.08	XXX
75801	TC	C	Lymph vessel x-ray, arm/leg	0.00	0.00	3.62	0.00	3.62	0.29	XXX
75803		C	Lymph vessel x-ray,arms/legs	1.17	NA	NA	NA	NA	0.34	XXX
75803	26	A	Lymph vessel x-ray,arms/legs	1.17	0.42	0.38	0.42	0.38	0.05	XXX
75803	TC	C	Lymph vessel x-ray,arms/legs	0.00	0.00	3.62	0.00	3.62	0.29	XXX
75805		C	Lymph vessel x-ray, trunk	0.81	0.00	0.17	0.00	0.17	0.38	XXX
75805	26	A	Lymph vessel x-ray, trunk	0.81	0.28	0.27	0.28	0.27	0.05	XXX
75805	TC	C	Lymph vessel x-ray, trunk	0.00	0.00	4.08	0.00	4.08	0.33	XXX
75807		C	Lymph vessel x-ray, trunk	1.17	0.00	0.25	0.00	0.25	0.05	XXX
75807	26	A	Lymph vessel x-ray, trunk	1.17	0.40	0.38	0.40	0.38	0.05	XXX
75807	TC	C	Lymph vessel x-ray, trunk	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75809		A	Nonvascular shunt, x-ray	0.47	2.15	1.53	NA	NA	0.07	XXX
75809	26	A	Nonvascular shunt, x-ray	0.47	0.16	0.15	0.16	0.15	0.02	XXX
75809	TC	A	Nonvascular shunt, x-ray	0.00	1.99	1.38	NA	NA	0.05	XXX
75810		C	Vein x-ray, spleen/liver	1.14	NA	NA	NA	NA	0.70	XXX
75810	26	A	Vein x-ray, spleen/liver	1.14	0.41	0.38	0.41	0.38	0.05	XXX
75810	TC	C	Vein x-ray, spleen/liver	0.00	0.00	8.43	0.00	8.43	0.65	XXX
75820		A	Vein x-ray, arm/leg	0.70	2.95	2.06	NA	NA	0.09	XXX
75820	26	A	Vein x-ray, arm/leg	0.70	0.28	0.25	0.28	0.25	0.03	XXX
75820	TC	A	Vein x-ray, arm/leg	0.00	2.66	1.81	NA	NA	0.06	XXX
75822		A	Vein x-ray, arms/legs	1.06	3.15	2.46	NA	NA	0.13	XXX
75822	26	A	Vein x-ray, arms/legs	1.06	0.38	0.35	0.38	0.35	0.05	XXX
75822	TC	A	Vein x-ray, arms/legs	0.00	2.77	2.11	NA	NA	0.08	XXX
75825		A	Vein x-ray, trunk	1.14	2.91	7.92	NA	NA	0.72	XXX
75825	26	A	Vein x-ray, trunk	1.14	0.39	0.37	0.39	0.37	0.07	XXX
75825	TC	A	Vein x-ray, trunk	0.00	2.52	7.55	NA	NA	0.65	XXX
75827		A	Vein x-ray, chest	1.14	2.93	7.93	NA	NA	0.70	XXX
75827	26	A	Vein x-ray, chest	1.14	0.38	0.37	0.38	0.37	0.05	XXX
75827	TC	A	Vein x-ray, chest	0.00	2.56	7.57	NA	NA	0.65	XXX
75831		A	Vein x-ray, kidney	1.14	3.03	7.98	NA	NA	0.71	XXX
75831	26	A	Vein x-ray, kidney	1.14	0.38	0.37	0.38	0.37	0.06	XXX
75831	TC	A	Vein x-ray, kidney	0.00	2.64	7.61	NA	NA	0.65	XXX
75833		A	Vein x-ray, kidneys	1.49	3.65	8.35	NA	NA	0.74	XXX
75833	26	A	Vein x-ray, kidneys	1.49	0.51	0.49	0.51	0.49	0.09	XXX
75833	TC	A	Vein x-ray, kidneys	0.00	3.14	7.86	NA	NA	0.65	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
75840		A	Vein x-ray, adrenal gland	1.14	2.92	7.99	NA	NA	0.72	XXX
75840	26	A	Vein x-ray, adrenal gland	1.14	0.36	0.38	0.36	0.38	0.07	XXX
75840	TC	A	Vein x-ray, adrenal gland	0.00	2.56	7.61	NA	NA	0.65	XXX
75842		A	Vein x-ray, adrenal glands	1.49	3.73	8.36	NA	NA	0.72	XXX
75842	26	A	Vein x-ray, adrenal glands	1.49	0.56	0.50	0.56	0.50	0.07	XXX
75842	TC	A	Vein x-ray, adrenal glands	0.00	3.17	7.86	NA	NA	0.65	XXX
75860		A	Vein x-ray, neck	1.14	3.32	8.17	NA	NA	0.69	XXX
75860	26	A	Vein x-ray, neck	1.14	0.48	0.44	0.48	0.44	0.04	XXX
75860	TC	A	Vein x-ray, neck	0.00	2.84	7.73	NA	NA	0.65	XXX
75870		A	Vein x-ray, skull	1.14	3.27	8.10	NA	NA	0.70	XXX
75870	26	A	Vein x-ray, skull	1.14	0.41	0.40	0.41	0.40	0.05	XXX
75870	TC	A	Vein x-ray, skull	0.00	2.86	7.71	NA	NA	0.65	XXX
75872		A	Vein x-ray, skull	1.14	4.02	8.47	NA	NA	0.79	XXX
75872	26	A	Vein x-ray, skull	1.14	0.45	0.41	0.45	0.41	0.14	XXX
75872	TC	A	Vein x-ray, skull	0.00	3.57	8.06	NA	NA	0.65	XXX
75880		A	Vein x-ray, eye socket	0.70	3.16	2.13	NA	NA	0.09	XXX
75880	26	A	Vein x-ray, eye socket	0.70	0.27	0.24	0.27	0.24	0.03	XXX
75880	TC	A	Vein x-ray, eye socket	0.00	2.89	1.88	NA	NA	0.06	XXX
75885		A	Vein x-ray, liver	1.44	3.16	8.08	NA	NA	0.71	XXX
75885	26	A	Vein x-ray, liver	1.44	0.52	0.48	0.52	0.48	0.06	XXX
75885	TC	A	Vein x-ray, liver	0.00	2.63	7.60	NA	NA	0.65	XXX
75887		A	Vein x-ray, liver	1.44	3.40	8.20	NA	NA	0.71	XXX
75887	26	A	Vein x-ray, liver	1.44	0.57	0.50	0.57	0.50	0.06	XXX
75887	TC	A	Vein x-ray, liver	0.00	2.83	7.70	NA	NA	0.65	XXX
75889		A	Vein x-ray, liver	1.14	3.06	7.98	NA	NA	0.70	XXX
75889	26	A	Vein x-ray, liver	1.14	0.42	0.38	0.42	0.38	0.05	XXX
75889	TC	A	Vein x-ray, liver	0.00	2.64	7.60	NA	NA	0.65	XXX
75891		A	Vein x-ray, liver	1.14	3.05	7.98	NA	NA	0.70	XXX
75891	26	A	Vein x-ray, liver	1.14	0.42	0.38	0.42	0.38	0.05	XXX
75891	TC	A	Vein x-ray, liver	0.00	2.63	7.60	NA	NA	0.65	XXX
75893		A	Venous sampling by catheter	0.54	2.83	7.79	NA	NA	0.67	XXX
75893	26	A	Venous sampling by catheter	0.54	0.20	0.19	0.20	0.19	0.02	XXX
75893	TC	A	Venous sampling by catheter	0.00	2.64	7.61	NA	NA	0.65	XXX
75894		C	X-rays, transcath therapy	1.31	NA	NA	NA	NA	1.35	XXX
75894	26	A	X-rays, transcath therapy	1.31	0.46	0.43	0.46	0.43	0.08	XXX
75894	TC	C	X-rays, transcath therapy	0.00	NA	NA	NA	NA	1.27	XXX
75896		C	X-rays, transcath therapy	1.31	NA	NA	NA	NA	1.15	XXX
75896	26	A	X-rays, transcath therapy	1.31	0.51	0.48	0.51	0.48	0.05	XXX
75896	TC	C	X-rays, transcath therapy	0.00	NA	NA	NA	NA	1.10	XXX
75898		C	Follow-up angiography	1.65	NA	NA	NA	NA	0.13	XXX
75898	26	A	Follow-up angiography	1.65	0.63	0.58	0.63	0.58	0.07	XXX
75898	TC	C	Follow-up angiography	0.00	NA	NA	NA	NA	0.06	XXX
75900		C	Intravascular cath exchange	0.49	0.00	10.60	0.00	10.60	0.03	XXX
75900	26	A	Intravascular cath exchange	0.49	0.17	0.16	0.17	0.16	0.03	XXX
75900	TC	C	Intravascular cath exchange	0.00	0.00	10.49	0.00	10.49	0.00	XXX
75901		A	Remove cva device obstruct	0.49	4.11	2.76	NA	NA	0.85	XXX
75901	26	A	Remove cva device obstruct	0.49	0.17	0.16	0.17	0.16	0.02	XXX
75901	TC	A	Remove cva device obstruct	0.00	3.94	2.60	NA	NA	0.83	XXX
75902		A	Remove cva lumen obstruct	0.39	1.62	1.52	NA	NA	0.85	XXX
75902	26	A	Remove cva lumen obstruct	0.39	0.14	0.13	0.14	0.13	0.02	XXX
75902	TC	A	Remove cva lumen obstruct	0.00	1.49	1.39	NA	NA	0.83	XXX
75940		C	X-ray placement, vein filter	0.54	NA	NA	NA	NA	0.69	XXX
75940	26	A	X-ray placement, vein filter	0.54	0.19	0.18	0.19	0.18	0.04	XXX
75940	TC	C	X-ray placement, vein filter	0.00	NA	NA	NA	NA	0.65	XXX
75945		C	Intravascular us	0.40	NA	NA	NA	NA	0.28	XXX
75945	26	A	Intravascular us	0.40	0.14	0.14	0.14	0.14	0.04	XXX
75945	TC	C	Intravascular us	0.00	NA	NA	NA	NA	0.24	XXX
75946		C	Intravascular us add-on	0.40	0.00	0.09	0.00	0.09	0.05	ZZZ
75946	26	A	Intravascular us add-on	0.40	0.12	0.13	0.12	0.13	0.05	ZZZ
75946	TC	C	Intravascular us add-on	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
75952		C	Endovasc repair abdom aorta	4.49	0.00	0.96	0.00	0.96	0.43	XXX
75952	26	A	Endovasc repair abdom aorta	4.49	1.30	1.39	1.30	1.39	0.43	XXX
75952	TC	C	Endovasc repair abdom aorta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75953		C	Abdom aneurysm endovas rpr	1.36	0.00	0.29	0.00	0.29	0.13	XXX
75953	26	A	Abdom aneurysm endovas rpr	1.36	0.40	0.43	0.40	0.43	0.13	XXX
75953	TC	C	Abdom aneurysm endovas rpr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75954		C	Iliac aneurysm endovas rpr	2.25	0.00	0.50	0.00	0.50	0.15	XXX
75954	26	A	Iliac aneurysm endovas rpr	2.25	0.63	0.71	0.63	0.71	0.15	XXX
75954	TC	C	Iliac aneurysm endovas rpr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75956		C	Xray, endovasc thor ao repr	7.00	0.00	1.65	0.00	1.65	0.69	XXX
75956	26	A	Xray, endovasc thor ao repr	7.00	1.87	2.27	1.87	2.27	0.69	XXX
75956	TC	C	Xray, endovasc thor ao repr	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
75957		C	Xray, endovasc thor ao repr	6.00	0.00	1.41	0.00	1.41	0.59	XXX
75957	26	A	Xray, endovasc thor ao repr	6.00	1.64	1.96	1.64	1.96	0.59	XXX
75957	TC	C	Xray, endovasc thor ao repr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75958		C	Xray, place prox ext thor ao	4.00	0.00	0.94	0.00	0.94	0.39	XXX
75958	26	A	Xray, place prox ext thor ao	4.00	1.05	1.29	1.05	1.29	0.39	XXX
75958	TC	C	Xray, place prox ext thor ao	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75959		C	Xray, place dist ext thor ao	3.50	0.00	0.83	0.00	0.83	0.34	XXX
75959	26	A	Xray, place dist ext thor ao	3.50	0.91	1.13	0.91	1.13	0.34	XXX
75959	TC	C	Xray, place dist ext thor ao	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75960		C	Transcath iv stent rs&i	0.82	0.00	0.19	0.00	0.19	0.82	XXX
75960	26	A	Transcath iv stent rs&i	0.82	0.31	0.30	0.31	0.30	0.05	XXX
75960	TC	C	Transcath iv stent rs&i	0.00	0.00	9.96	0.00	9.96	0.77	XXX
75961		A	Retrieval, broken catheter	4.24	4.64	8.21	NA	NA	0.73	XXX
75961	26	A	Retrieval, broken catheter	4.24	1.50	1.41	1.50	1.41	0.18	XXX
75961	TC	A	Retrieval, broken catheter	0.00	3.15	6.80	NA	NA	0.55	XXX
75962		A	Repair arterial blockage	0.54	3.43	9.68	NA	NA	0.86	XXX
75962	26	A	Repair arterial blockage	0.54	0.20	0.19	0.20	0.19	0.03	XXX
75962	TC	A	Repair arterial blockage	0.00	3.23	9.49	NA	NA	0.83	XXX
75964		A	Repair artery blockage, each	0.36	2.31	5.41	2.31	5.41	0.46	ZZZ
75964	26	A	Repair artery blockage, each	0.36	0.13	0.12	0.13	0.12	0.03	ZZZ
75964	TC	A	Repair artery blockage, each	0.00	2.18	5.29	2.18	5.29	0.43	ZZZ
75966		A	Repair arterial blockage	1.31	4.06	10.14	NA	NA	0.89	XXX
75966	26	A	Repair arterial blockage	1.31	0.55	0.51	0.55	0.51	0.06	XXX
75966	TC	A	Repair arterial blockage	0.00	3.50	9.63	NA	NA	0.83	XXX
75968		A	Repair artery blockage, each	0.36	2.35	5.44	2.35	5.44	0.45	ZZZ
75968	26	A	Repair artery blockage, each	0.36	0.15	0.14	0.15	0.14	0.02	ZZZ
75968	TC	A	Repair artery blockage, each	0.00	2.19	5.30	2.19	5.30	0.43	ZZZ
75970		C	Vascular biopsy	0.83	NA	NA	NA	NA	0.64	XXX
75970	26	A	Vascular biopsy	0.83	0.31	0.29	0.31	0.29	0.04	XXX
75970	TC	C	Vascular biopsy	0.00	NA	NA	NA	NA	0.60	XXX
75978		A	Repair venous blockage	0.54	3.23	9.56	NA	NA	0.85	XXX
75978	26	A	Repair venous blockage	0.54	0.18	0.18	0.18	0.18	0.02	XXX
75978	TC	A	Repair venous blockage	0.00	3.05	9.38	NA	NA	0.83	XXX
75980		C	Contrast xray exam bile duct	1.44	NA	NA	NA	NA	0.35	XXX
75980	26	A	Contrast xray exam bile duct	1.44	0.53	0.48	0.53	0.48	0.06	XXX
75980	TC	C	Contrast xray exam bile duct	0.00	0.00	3.62	0.00	3.62	0.29	XXX
75982		C	Contrast xray exam bile duct	1.44	0.00	0.31	0.00	0.31	0.06	XXX
75982	26	A	Contrast xray exam bile duct	1.44	0.53	0.48	0.53	0.48	0.06	XXX
75982	TC	C	Contrast xray exam bile duct	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75984		A	Xray control catheter change	0.72	2.30	2.22	NA	NA	0.14	XXX
75984	26	A	Xray control catheter change	0.72	0.26	0.24	0.26	0.24	0.03	XXX
75984	TC	A	Xray control catheter change	0.00	2.03	1.98	NA	NA	0.11	XXX
75989		A	Abscess drainage under x-ray	1.19	2.23	2.86	NA	NA	0.22	XXX
75989	26	A	Abscess drainage under x-ray	1.19	0.43	0.40	0.43	0.40	0.05	XXX
75989	TC	A	Abscess drainage under x-ray	0.00	1.80	2.47	NA	NA	0.17	XXX
75992		C	Atherectomy, x-ray exam	0.54	NA	NA	NA	NA	0.86	XXX
75992	26	A	Atherectomy, x-ray exam	0.54	0.22	0.21	0.22	0.21	0.03	XXX
75992	TC	C	Atherectomy, x-ray exam	0.00	0.00	10.53	0.00	10.53	0.83	XXX
75993		C	Atherectomy, x-ray exam	0.36	0.00	4.29	0.00	4.29	0.02	ZZZ
75993	26	A	Atherectomy, x-ray exam	0.36	0.14	0.14	0.14	0.14	0.02	ZZZ
75993	TC	C	Atherectomy, x-ray exam	0.00	0.00	4.20	0.00	4.20	0.00	ZZZ
75994		C	Atherectomy, x-ray exam	1.31	0.00	8.21	0.00	8.21	0.07	XXX
75994	26	A	Atherectomy, x-ray exam	1.31	0.52	0.51	0.52	0.51	0.07	XXX
75994	TC	C	Atherectomy, x-ray exam	0.00	0.00	7.87	0.00	7.87	0.00	XXX
75995		C	Atherectomy, x-ray exam	1.31	0.00	8.19	0.00	8.19	0.05	XXX
75995	26	A	Atherectomy, x-ray exam	1.31	0.47	0.48	0.47	0.48	0.05	XXX
75995	TC	C	Atherectomy, x-ray exam	0.00	0.00	7.87	0.00	7.87	0.00	XXX
75996		C	Atherectomy, x-ray exam	0.36	0.00	4.29	0.00	4.29	0.02	ZZZ
75996	26	A	Atherectomy, x-ray exam	0.36	0.12	0.13	0.12	0.13	0.02	ZZZ
75996	TC	C	Atherectomy, x-ray exam	0.00	0.00	4.20	0.00	4.20	0.00	ZZZ
76000		A	Fluoroscope examination	0.17	2.74	2.03	NA	NA	0.08	XXX
76000	26	A	Fluoroscope examination	0.17	0.06	0.05	0.06	0.05	0.01	XXX
76000	TC	A	Fluoroscope examination	0.00	2.68	1.98	NA	NA	0.07	XXX
76001		C	Fluoroscope exam, extensive	0.67	NA	NA	NA	NA	0.19	XXX
76001	26	A	Fluoroscope exam, extensive	0.67	0.24	0.23	0.24	0.23	0.05	XXX
76001	TC	C	Fluoroscope exam, extensive	0.00	NA	NA	NA	NA	0.14	XXX
76010		A	X-ray, nose to rectum	0.18	0.54	0.56	NA	NA	0.03	XXX
76010	26	A	X-ray, nose to rectum	0.18	0.06	0.06	0.06	0.06	0.01	XXX
76010	TC	A	X-ray, nose to rectum	0.00	0.47	0.50	NA	NA	0.02	XXX
76080		A	X-ray exam of fistula	0.54	1.09	1.15	NA	NA	0.08	XXX
76080	26	A	X-ray exam of fistula	0.54	0.20	0.19	0.20	0.19	0.02	XXX
76080	TC	A	X-ray exam of fistula	0.00	0.89	0.96	NA	NA	0.06	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
76098		A	X-ray exam, breast specimen	0.16	0.32	0.39	NA	NA	0.03	XXX
76098	26	A	X-ray exam, breast specimen	0.16	0.06	0.05	0.06	0.05	0.01	XXX
76098	TC	A	X-ray exam, breast specimen	0.00	0.27	0.34	NA	NA	0.02	XXX
76100		A	X-ray exam of body section	0.58	3.53	2.46	NA	NA	0.10	XXX
76100	26	A	X-ray exam of body section	0.58	0.21	0.20	0.21	0.20	0.03	XXX
76100	TC	A	X-ray exam of body section	0.00	3.33	2.27	NA	NA	0.07	XXX
76101		A	Complex body section x-ray	0.58	5.44	3.48	NA	NA	0.11	XXX
76101	26	A	Complex body section x-ray	0.58	0.19	0.19	0.19	0.19	0.03	XXX
76101	TC	A	Complex body section x-ray	0.00	5.25	3.29	NA	NA	0.08	XXX
76102		A	Complex body section x-rays	0.58	7.60	4.77	NA	NA	0.14	XXX
76102	26	A	Complex body section x-rays	0.58	0.18	0.19	0.18	0.19	0.03	XXX
76102	TC	A	Complex body section x-rays	0.00	7.41	4.58	NA	NA	0.11	XXX
76120		A	Cine/video x-rays	0.38	1.84	1.51	NA	NA	0.08	XXX
76120	26	A	Cine/video x-rays	0.38	0.13	0.13	0.13	0.13	0.02	XXX
76120	TC	A	Cine/video x-rays	0.00	1.71	1.38	NA	NA	0.06	XXX
76125		C	Cine/video x-rays add-on	0.27	NA	NA	NA	NA	0.06	ZZZ
76125	26	A	Cine/video x-rays add-on	0.27	0.11	0.10	0.11	0.10	0.01	ZZZ
76125	TC	C	Cine/video x-rays add-on	0.00	0.00	0.52	0.00	0.52	0.05	ZZZ
76150		A	X-ray exam, dry process	0.00	0.67	0.54	NA	NA	0.02	XXX
76350		C	Special x-ray contrast study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76376		A	3d render w/o postprocess	0.20	1.39	2.43	NA	NA	0.10	XXX
76376	26	A	3d render w/o postprocess	0.20	0.07	0.07	0.07	0.07	0.02	XXX
76376	TC	A	3d render w/o postprocess	0.00	1.32	2.36	NA	NA	0.08	XXX
76377		A	3d rendering w/postprocess	0.79	1.40	2.53	NA	NA	0.39	XXX
76377	26	A	3d rendering w/postprocess	0.79	0.28	0.27	0.28	0.27	0.08	XXX
76377	TC	A	3d rendering w/postprocess	0.00	1.11	2.26	NA	NA	0.31	XXX
76380		A	CAT scan follow-up study	0.98	4.68	4.21	NA	NA	0.22	XXX
76380	26	A	CAT scan follow-up study	0.98	0.34	0.32	0.34	0.32	0.04	XXX
76380	TC	A	CAT scan follow-up study	0.00	4.33	3.89	NA	NA	0.18	XXX
76390		N	Mr spectroscopy	1.40	9.31	10.40	NA	NA	0.66	XXX
76390	26	N	Mr spectroscopy	1.40	0.32	0.39	0.32	0.39	0.07	XXX
76390	TC	N	Mr spectroscopy	0.00	8.99	10.00	NA	NA	0.59	XXX
76496		C	Fluoroscopic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76496	26	C	Fluoroscopic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76496	TC	C	Fluoroscopic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76497		C	Ct procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76497	26	C	Ct procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76497	TC	C	Ct procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76498		C	Mri procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76498	26	C	Mri procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76498	TC	C	Mri procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499		C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76506		A	Echo exam of head	0.63	2.75	2.20	NA	NA	0.14	XXX
76506	26	A	Echo exam of head	0.63	0.21	0.22	0.21	0.22	0.06	XXX
76506	TC	A	Echo exam of head	0.00	2.54	1.97	NA	NA	0.08	XXX
76510		A	Ophth us, b & quant a	1.55	2.25	2.57	NA	NA	0.10	XXX
76510	26	A	Ophth us, b & quant a	1.55	0.56	0.63	0.56	0.63	0.03	XXX
76510	TC	A	Ophth us, b & quant a	0.00	1.69	1.94	NA	NA	0.07	XXX
76511		A	Ophth us, quant a only	0.94	1.35	1.90	NA	NA	0.10	XXX
76511	26	A	Ophth us, quant a only	0.94	0.33	0.37	0.33	0.37	0.03	XXX
76511	TC	A	Ophth us, quant a only	0.00	1.01	1.52	NA	NA	0.07	XXX
76512		A	Ophth us, b w/non-quant a	0.94	1.16	1.70	NA	NA	0.12	XXX
76512	26	A	Ophth us, b w/non-quant a	0.94	0.33	0.38	0.33	0.38	0.02	XXX
76512	TC	A	Ophth us, b w/non-quant a	0.00	0.82	1.32	NA	NA	0.10	XXX
76513		A	Echo exam of eye, water bath	0.66	1.52	1.67	NA	NA	0.12	XXX
76513	26	A	Echo exam of eye, water bath	0.66	0.24	0.27	0.24	0.27	0.02	XXX
76513	TC	A	Echo exam of eye, water bath	0.00	1.29	1.41	NA	NA	0.10	XXX
76514		A	Echo exam of eye, thickness	0.17	0.16	0.15	NA	NA	0.02	XXX
76514	26	A	Echo exam of eye, thickness	0.17	0.06	0.07	0.06	0.07	0.01	XXX
76514	TC	A	Echo exam of eye, thickness	0.00	0.10	0.08	NA	NA	0.01	XXX
76516		A	Echo exam of eye	0.54	1.16	1.31	NA	NA	0.08	XXX
76516	26	A	Echo exam of eye	0.54	0.19	0.22	0.19	0.22	0.01	XXX
76516	TC	A	Echo exam of eye	0.00	0.97	1.10	NA	NA	0.07	XXX
76519		A	Echo exam of eye	0.54	1.29	1.42	NA	NA	0.08	XXX
76519	26	A	Echo exam of eye	0.54	0.20	0.22	0.20	0.22	0.01	XXX
76519	TC	A	Echo exam of eye	0.00	1.09	1.20	NA	NA	0.07	XXX
76529		A	Echo exam of eye	0.57	1.16	1.27	NA	NA	0.10	XXX
76529	26	A	Echo exam of eye	0.57	0.20	0.22	0.20	0.22	0.02	XXX
76529	TC	A	Echo exam of eye	0.00	0.95	1.04	NA	NA	0.08	XXX
76536		A	Us exam of head and neck	0.56	2.65	2.10	NA	NA	0.10	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
76536	26	A	Us exam of head and neck	0.56	0.18	0.17	0.18	0.17	0.02	XXX
76536	TC	A	Us exam of head and neck	0.00	2.47	1.93	NA	NA	0.08	XXX
76604		A	Us exam, chest	0.55	1.82	1.63	NA	NA	0.09	XXX
76604	26	A	Us exam, chest	0.55	0.19	0.18	0.19	0.18	0.02	XXX
76604	TC	A	Us exam, chest	0.00	1.63	1.46	NA	NA	0.07	XXX
76645		A	Us exam, breast(s)	0.54	2.10	1.64	NA	NA	0.08	XXX
76645	26	A	Us exam, breast(s)	0.54	0.19	0.18	0.19	0.18	0.02	XXX
76645	TC	A	Us exam, breast(s)	0.00	1.91	1.46	NA	NA	0.06	XXX
76700		A	Us exam, abdom, complete	0.81	3.00	2.59	NA	NA	0.15	XXX
76700	26	A	Us exam, abdom, complete	0.81	0.28	0.27	0.28	0.27	0.04	XXX
76700	TC	A	Us exam, abdom, complete	0.00	2.72	2.33	NA	NA	0.11	XXX
76705		A	Echo exam of abdomen	0.59	2.33	1.96	NA	NA	0.11	XXX
76705	26	A	Echo exam of abdomen	0.59	0.21	0.20	0.21	0.20	0.03	XXX
76705	TC	A	Echo exam of abdomen	0.00	2.13	1.76	NA	NA	0.08	XXX
76770		A	Us exam abdo back wall, comp	0.74	2.91	2.54	NA	NA	0.14	XXX
76770	26	A	Us exam abdo back wall, comp	0.74	0.26	0.25	0.26	0.25	0.03	XXX
76770	TC	A	Us exam abdo back wall, comp	0.00	2.65	2.30	NA	NA	0.11	XXX
76775		A	Us exam abdo back wall, lim	0.58	2.40	1.98	NA	NA	0.11	XXX
76775	26	A	Us exam abdo back wall, lim	0.58	0.21	0.20	0.21	0.20	0.03	XXX
76775	TC	A	Us exam abdo back wall, lim	0.00	2.19	1.78	NA	NA	0.08	XXX
76776		A	Us exam k transpl w/doppler	0.76	3.41	2.62	NA	NA	0.14	XXX
76776	26	A	Us exam k transpl w/doppler	0.76	0.27	0.25	0.27	0.25	0.03	XXX
76776	TC	A	Us exam k transpl w/doppler	0.00	3.13	2.36	NA	NA	0.11	XXX
76800		A	Us exam, spinal canal	1.13	2.30	2.03	NA	NA	0.13	XXX
76800	26	A	Us exam, spinal canal	1.13	0.29	0.32	0.29	0.32	0.05	XXX
76800	TC	A	Us exam, spinal canal	0.00	2.01	1.71	NA	NA	0.08	XXX
76801		A	Ob us < 14 wks, single fetus	0.99	2.45	2.44	NA	NA	0.16	XXX
76801	26	A	Ob us < 14 wks, single fetus	0.99	0.31	0.32	0.31	0.32	0.04	XXX
76801	TC	A	Ob us < 14 wks, single fetus	0.00	2.14	2.11	NA	NA	0.12	XXX
76802		A	Ob us < 14 wks, add⊥l fetus	0.83	0.97	1.15	0.97	1.15	0.16	ZZZ
76802	26	A	Ob us < 14 wks, add⊥l fetus	0.83	0.27	0.28	0.27	0.28	0.04	ZZZ
76802	TC	A	Ob us < 14 wks, add⊥l fetus	0.00	0.70	0.87	0.70	0.87	0.12	ZZZ
76805		A	Ob us >/= 14 wks, sngl fetus	0.99	3.02	2.71	NA	NA	0.16	XXX
76805	26	A	Ob us >/= 14 wks, sngl fetus	0.99	0.31	0.32	0.31	0.32	0.04	XXX
76805	TC	A	Ob us >/= 14 wks, sngl fetus	0.00	2.71	2.39	NA	NA	0.12	XXX
76810		A	Ob us >/= 14 wks, addl fetus	0.98	1.64	1.51	1.64	1.51	0.26	ZZZ
76810	26	A	Ob us >/= 14 wks, addl fetus	0.98	0.30	0.31	0.30	0.31	0.04	ZZZ
76810	TC	A	Ob us >/= 14 wks, addl fetus	0.00	1.34	1.19	1.34	1.19	0.22	ZZZ
76811		A	Ob us, detailed, sngl fetus	1.90	3.04	3.63	NA	NA	0.52	XXX
76811	26	A	Ob us, detailed, sngl fetus	1.90	0.55	0.63	0.55	0.63	0.09	XXX
76811	TC	A	Ob us, detailed, sngl fetus	0.00	2.49	3.00	NA	NA	0.43	XXX
76812		A	Ob us, detailed, addl fetus	1.78	3.96	2.82	3.96	2.82	0.49	ZZZ
76812	26	A	Ob us, detailed, addl fetus	1.78	0.51	0.58	0.51	0.58	0.08	ZZZ
76812	TC	A	Ob us, detailed, addl fetus	0.00	3.45	2.24	3.45	2.24	0.41	ZZZ
76813		A	Ob us nuchal meas, 1 gest	1.18	2.20	2.11	NA	NA	0.19	XXX
76813	26	A	Ob us nuchal meas, 1 gest	1.18	0.40	0.35	0.40	0.35	0.05	XXX
76813	TC	A	Ob us nuchal meas, 1 gest	0.00	1.80	1.75	NA	NA	0.14	XXX
76814		A	Ob us nuchal meas, add-on	0.99	1.15	1.12	NA	NA	0.19	XXX
76814	26	A	Ob us nuchal meas, add-on	0.99	0.29	0.28	0.29	0.28	0.05	XXX
76814	TC	A	Ob us nuchal meas, add-on	0.00	0.85	0.84	NA	NA	0.14	XXX
76815		A	Ob us, limited, fetus(s)	0.65	1.79	1.71	NA	NA	0.11	XXX
76815	26	A	Ob us, limited, fetus(s)	0.65	0.20	0.21	0.20	0.21	0.03	XXX
76815	TC	A	Ob us, limited, fetus(s)	0.00	1.59	1.50	NA	NA	0.08	XXX
76816		A	Ob us, follow-up, per fetus	0.85	2.36	1.89	NA	NA	0.10	XXX
76816	26	A	Ob us, follow-up, per fetus	0.85	0.25	0.28	0.25	0.28	0.04	XXX
76816	TC	A	Ob us, follow-up, per fetus	0.00	2.11	1.61	NA	NA	0.06	XXX
76817		A	Transvaginal us, obstetric	0.75	2.01	1.88	NA	NA	0.09	XXX
76817	26	A	Transvaginal us, obstetric	0.75	0.23	0.24	0.23	0.24	0.03	XXX
76817	TC	A	Transvaginal us, obstetric	0.00	1.78	1.64	NA	NA	0.06	XXX
76818		A	Fetal biophys profile w/nst	1.05	2.21	2.10	NA	NA	0.15	XXX
76818	26	A	Fetal biophys profile w/nst	1.05	0.31	0.35	0.31	0.35	0.05	XXX
76818	TC	A	Fetal biophys profile w/nst	0.00	1.90	1.75	NA	NA	0.10	XXX
76819		A	Fetal biophys profil w/o nst	0.77	1.62	1.75	NA	NA	0.13	XXX
76819	26	A	Fetal biophys profil w/o nst	0.77	0.23	0.25	0.23	0.25	0.03	XXX
76819	TC	A	Fetal biophys profil w/o nst	0.00	1.39	1.50	NA	NA	0.10	XXX
76820		A	Umbilical artery echo	0.50	0.56	1.18	NA	NA	0.15	XXX
76820	26	A	Umbilical artery echo	0.50	0.14	0.17	0.14	0.17	0.03	XXX
76820	TC	A	Umbilical artery echo	0.00	0.42	1.01	NA	NA	0.12	XXX
76821		A	Middle cerebral artery echo	0.70	1.86	1.87	NA	NA	0.15	XXX
76821	26	A	Middle cerebral artery echo	0.70	0.21	0.24	0.21	0.24	0.03	XXX
76821	TC	A	Middle cerebral artery echo	0.00	1.65	1.63	NA	NA	0.12	XXX
76825		A	Echo exam of fetal heart	1.67	4.31	3.44	NA	NA	0.18	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
76825	26	A	Echo exam of fetal heart	1.67	0.50	0.55	0.50	0.55	0.07	XXX
76825	TC	A	Echo exam of fetal heart	0.00	3.82	2.89	NA	NA	0.11	XXX
76826		A	Echo exam of fetal heart	0.83	2.73	1.86	NA	NA	0.08	XXX
76826	26	A	Echo exam of fetal heart	0.83	0.24	0.27	0.24	0.27	0.03	XXX
76826	TC	A	Echo exam of fetal heart	0.00	2.48	1.59	NA	NA	0.05	XXX
76827		A	Echo exam of fetal heart	0.58	1.06	1.49	NA	NA	0.14	XXX
76827	26	A	Echo exam of fetal heart	0.58	0.17	0.19	0.17	0.19	0.02	XXX
76827	TC	A	Echo exam of fetal heart	0.00	0.89	1.30	NA	NA	0.12	XXX
76828		A	Echo exam of fetal heart	0.56	0.63	0.98	NA	NA	0.11	XXX
76828	26	A	Echo exam of fetal heart	0.56	0.16	0.19	0.16	0.19	0.03	XXX
76828	TC	A	Echo exam of fetal heart	0.00	0.47	0.79	NA	NA	0.08	XXX
76830		A	Transvaginal us, non-ob	0.69	2.74	2.23	NA	NA	0.13	XXX
76830	26	A	Transvaginal us, non-ob	0.69	0.23	0.22	0.23	0.22	0.03	XXX
76830	TC	A	Transvaginal us, non-ob	0.00	2.52	2.01	NA	NA	0.10	XXX
76831		A	Echo exam, uterus	0.72	2.71	2.24	NA	NA	0.13	XXX
76831	26	A	Echo exam, uterus	0.72	0.21	0.23	0.21	0.23	0.03	XXX
76831	TC	A	Echo exam, uterus	0.00	2.50	2.01	NA	NA	0.10	XXX
76856		A	Us exam, pelvic, complete	0.69	2.77	2.25	NA	NA	0.13	XXX
76856	26	A	Us exam, pelvic, complete	0.69	0.24	0.23	0.24	0.23	0.03	XXX
76856	TC	A	Us exam, pelvic, complete	0.00	2.53	2.02	NA	NA	0.10	XXX
76857		A	Us exam, pelvic, limited	0.38	2.48	2.15	NA	NA	0.08	XXX
76857	26	A	Us exam, pelvic, limited	0.38	0.15	0.14	0.15	0.14	0.02	XXX
76857	TC	A	Us exam, pelvic, limited	0.00	2.33	2.02	NA	NA	0.06	XXX
76870		A	Us exam, scrotum	0.64	2.80	2.25	NA	NA	0.13	XXX
76870	26	A	Us exam, scrotum	0.64	0.23	0.22	0.23	0.22	0.03	XXX
76870	TC	A	Us exam, scrotum	0.00	2.57	2.03	NA	NA	0.10	XXX
76872		A	Us, transrectal	0.69	3.39	2.81	NA	NA	0.14	XXX
76872	26	A	Us, transrectal	0.69	0.27	0.24	0.27	0.24	0.04	XXX
76872	TC	A	Us, transrectal	0.00	3.12	2.57	NA	NA	0.10	XXX
76873		A	Echograp trans r, pros study	1.55	3.39	3.00	NA	NA	0.25	XXX
76873	26	A	Echograp trans r, pros study	1.55	0.56	0.53	0.56	0.53	0.09	XXX
76873	TC	A	Echograp trans r, pros study	0.00	2.83	2.47	NA	NA	0.16	XXX
76880		A	Us exam, extremity	0.59	3.14	2.36	NA	NA	0.11	XXX
76880	26	A	Us exam, extremity	0.59	0.18	0.18	0.18	0.18	0.03	XXX
76880	TC	A	Us exam, extremity	0.00	2.96	2.18	NA	NA	0.08	XXX
76885		A	Us exam infant hips, dynamic	0.74	3.23	2.46	NA	NA	0.13	XXX
76885	26	A	Us exam infant hips, dynamic	0.74	0.25	0.24	0.25	0.24	0.03	XXX
76885	TC	A	Us exam infant hips, dynamic	0.00	2.98	2.23	NA	NA	0.10	XXX
76886		A	Us exam infant hips, static	0.62	2.24	1.92	NA	NA	0.11	XXX
76886	26	A	Us exam infant hips, static	0.62	0.22	0.20	0.22	0.20	0.03	XXX
76886	TC	A	Us exam infant hips, static	0.00	2.02	1.72	NA	NA	0.08	XXX
76930		A	Echo guide, cardiocentesis	0.67	2.01	1.90	NA	NA	0.12	XXX
76930	26	A	Echo guide, cardiocentesis	0.67	0.33	0.29	0.33	0.29	0.02	XXX
76930	TC	A	Echo guide, cardiocentesis	0.00	1.68	1.61	NA	NA	0.10	XXX
76932		C	Echo guide for heart biopsy	0.67	NA	NA	NA	NA	0.12	XXX
76932	26	A	Echo guide for heart biopsy	0.67	0.33	0.30	0.33	0.30	0.02	XXX
76932	TC	C	Echo guide for heart biopsy	0.00	NA	NA	NA	NA	0.10	XXX
76936		A	Echo guide for artery repair	1.99	6.03	6.46	NA	NA	0.47	XXX
76936	26	A	Echo guide for artery repair	1.99	0.71	0.68	0.71	0.68	0.13	XXX
76936	TC	A	Echo guide for artery repair	0.00	5.33	5.78	NA	NA	0.34	XXX
76937		A	Us guide, vascular access	0.30	0.61	0.54	0.61	0.54	0.13	ZZZ
76937	26	A	Us guide, vascular access	0.30	0.10	0.10	0.10	0.10	0.03	ZZZ
76937	TC	A	Us guide, vascular access	0.00	0.51	0.44	0.51	0.44	0.10	ZZZ
76940		C	Us guide, tissue ablation	2.00	NA	NA	NA	NA	0.60	XXX
76940	26	A	Us guide, tissue ablation	2.00	0.65	0.64	0.65	0.64	0.31	XXX
76940	TC	C	Us guide, tissue ablation	0.00	NA	NA	NA	NA	0.29	XXX
76941		C	Echo guide for transfusion	1.34	NA	NA	NA	NA	0.15	XXX
76941	26	A	Echo guide for transfusion	1.34	0.39	0.44	0.39	0.44	0.07	XXX
76941	TC	C	Echo guide for transfusion	0.00	0.00	1.02	0.00	1.02	0.08	XXX
76942		A	Echo guide for biopsy	0.67	4.76	3.87	NA	NA	0.13	XXX
76942	26	A	Echo guide for biopsy	0.67	0.24	0.23	0.24	0.23	0.03	XXX
76942	TC	A	Echo guide for biopsy	0.00	4.52	3.65	NA	NA	0.10	XXX
76945		C	Echo guide, villus sampling	0.67	NA	NA	NA	NA	0.11	XXX
76945	26	A	Echo guide, villus sampling	0.67	0.20	0.21	0.20	0.21	0.03	XXX
76945	TC	C	Echo guide, villus sampling	0.00	0.00	1.02	0.00	1.02	0.08	XXX
76946		A	Echo guide for amniocentesis	0.38	0.45	1.05	NA	NA	0.12	XXX
76946	26	A	Echo guide for amniocentesis	0.38	0.11	0.12	0.11	0.12	0.02	XXX
76946	TC	A	Echo guide for amniocentesis	0.00	0.34	0.93	NA	NA	0.10	XXX
76948		A	Echo guide, ova aspiration	0.38	0.44	1.04	NA	NA	0.12	XXX
76948	26	A	Echo guide, ova aspiration	0.38	0.10	0.11	0.10	0.11	0.02	XXX
76948	TC	A	Echo guide, ova aspiration	0.00	0.34	0.93	NA	NA	0.10	XXX
76950		A	Echo guidance radiotherapy	0.58	1.21	1.36	NA	NA	0.10	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
76950	26	A	Echo guidance radiotherapy	0.58	0.19	0.19	0.19	0.19	0.03	XXX
76950	TC	A	Echo guidance radiotherapy	0.00	1.01	1.16	NA	NA	0.07	XXX
76965		A	Echo guidance radiotherapy	1.34	1.20	3.60	NA	NA	0.37	XXX
76965	26	A	Echo guidance radiotherapy	1.34	0.50	0.47	0.50	0.47	0.08	XXX
76965	TC	A	Echo guidance radiotherapy	0.00	0.70	3.13	NA	NA	0.29	XXX
76970		A	Ultrasound exam follow-up	0.40	1.96	1.59	NA	NA	0.08	XXX
76970	26	A	Ultrasound exam follow-up	0.40	0.11	0.12	0.11	0.12	0.02	XXX
76970	TC	A	Ultrasound exam follow-up	0.00	1.85	1.47	NA	NA	0.06	XXX
76975		C	GI endoscopic ultrasound	0.81	NA	NA	NA	NA	0.14	XXX
76975	26	A	GI endoscopic ultrasound	0.81	0.31	0.29	0.31	0.29	0.04	XXX
76975	TC	C	GI endoscopic ultrasound	0.00	NA	NA	NA	NA	0.10	XXX
76977		A	Us bone density measure	0.05	0.10	0.47	NA	NA	0.06	XXX
76977	26	A	Us bone density measure	0.05	0.01	0.02	0.01	0.02	0.01	XXX
76977	TC	A	Us bone density measure	0.00	0.09	0.46	NA	NA	0.05	XXX
76998		C	Us guide, intraop	0.00	NA	NA	NA	NA	0.13	XXX
76998	26	A	Us guide, intraop	1.20	0.35	0.38	0.35	0.38	0.13	XXX
76998	TC	C	Us guide, intraop	0.00	0.00	1.75	0.00	1.75	0.00	XXX
76999		C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77001		A	Fluoroguide for vein device	0.38	2.70	1.86	NA	NA	0.11	ZZZ
77001	26	A	Fluoroguide for vein device	0.38	0.13	0.13	0.13	0.13	0.01	ZZZ
77001	TC	A	Fluoroguide for vein device	0.00	2.57	1.73	NA	NA	0.10	ZZZ
77002		A	Needle localization by xray	0.54	1.21	1.39	NA	NA	0.09	XXX
77002	26	A	Needle localization by xray	0.54	0.16	0.17	0.16	0.17	0.02	XXX
77002	TC	A	Needle localization by xray	0.00	1.06	1.23	NA	NA	0.07	XXX
77003		A	Fluoroguide for spine inject	0.60	0.75	1.22	NA	NA	0.10	XXX
77003	26	A	Fluoroguide for spine inject	0.60	0.14	0.15	0.14	0.15	0.03	XXX
77003	TC	A	Fluoroguide for spine inject	0.00	0.61	1.08	NA	NA	0.07	XXX
77011		A	Ct scan for localization	1.21	20.09	12.48	NA	NA	0.47	XXX
77011	26	A	Ct scan for localization	1.21	0.40	0.40	0.40	0.40	0.05	XXX
77011	TC	A	Ct scan for localization	0.00	19.68	12.08	NA	NA	0.42	XXX
77012		A	Ct scan for needle biopsy	1.16	2.31	6.54	NA	NA	0.47	XXX
77012	26	A	Ct scan for needle biopsy	1.16	0.42	0.39	0.42	0.39	0.05	XXX
77012	TC	A	Ct scan for needle biopsy	0.00	1.90	6.15	NA	NA	0.42	XXX
77013		C	Ct guide for tissue ablation	0.00	NA	NA	NA	NA	0.18	XXX
77013	26	A	Ct guide for tissue ablation	3.99	1.43	1.34	1.43	1.34	0.18	XXX
77013	TC	C	Ct guide for tissue ablation	0.00	0.00	5.52	0.00	5.52	0.00	XXX
77014		A	Ct scan for therapy guide	0.85	4.44	3.64	NA	NA	0.20	XXX
77014	26	A	Ct scan for therapy guide	0.85	0.29	0.28	0.29	0.28	0.04	XXX
77014	TC	A	Ct scan for therapy guide	0.00	4.16	3.36	NA	NA	0.16	XXX
77021		A	Mr guidance for needle place	1.50	9.63	11.03	NA	NA	0.64	XXX
77021	26	A	Mr guidance for needle place	1.50	0.53	0.51	0.53	0.51	0.09	XXX
77021	TC	A	Mr guidance for needle place	0.00	9.10	10.52	NA	NA	0.55	XXX
77022		C	Mri for tissue ablation	0.00	NA	NA	NA	NA	0.24	XXX
77022	26	A	Mri for tissue ablation	4.24	1.61	1.46	1.61	1.46	0.24	XXX
77022	TC	C	Mri for tissue ablation	0.00	0.00	7.49	0.00	7.49	0.00	XXX
77031		A	Stereotact guide for brst bx	1.59	1.86	5.75	NA	NA	0.46	XXX
77031	26	A	Stereotact guide for brst bx	1.59	0.54	0.53	0.54	0.53	0.09	XXX
77031	TC	A	Stereotact guide for brst bx	0.00	1.32	5.23	NA	NA	0.37	XXX
77032		A	Guidance for needle, breast	0.56	0.62	1.20	NA	NA	0.09	XXX
77032	26	A	Guidance for needle, breast	0.56	0.20	0.19	0.20	0.19	0.02	XXX
77032	TC	A	Guidance for needle, breast	0.00	0.42	1.01	NA	NA	0.07	XXX
77051		A	Computer dx mammogram add-on	0.06	0.20	0.36	0.20	0.36	0.02	ZZZ
77051	26	A	Computer dx mammogram add-on	0.06	0.02	0.02	0.02	0.02	0.01	ZZZ
77051	TC	A	Computer dx mammogram add-on	0.00	0.18	0.34	0.18	0.34	0.01	ZZZ
77052		A	Comp screen mammogram add-on	0.06	0.20	0.36	0.20	0.36	0.02	ZZZ
77052	26	A	Comp screen mammogram add-on	0.06	0.02	0.02	0.02	0.02	0.01	ZZZ
77052	TC	A	Comp screen mammogram add-on	0.00	0.18	0.34	0.18	0.34	0.01	ZZZ
77053		A	X-ray of mammary duct	0.36	0.65	2.05	NA	NA	0.16	XXX
77053	26	A	X-ray of mammary duct	0.36	0.13	0.12	0.13	0.12	0.02	XXX
77053	TC	A	X-ray of mammary duct	0.00	0.52	1.93	NA	NA	0.14	XXX
77054		A	X-ray of mammary ducts	0.45	1.66	3.10	NA	NA	0.21	XXX
77054	26	A	X-ray of mammary ducts	0.45	0.16	0.15	0.16	0.15	0.02	XXX
77054	TC	A	X-ray of mammary ducts	0.00	1.50	2.95	NA	NA	0.19	XXX
77055		A	Mammogram, one breast	0.70	1.64	1.40	NA	NA	0.09	XXX
77055	26	A	Mammogram, one breast	0.70	0.25	0.24	0.25	0.24	0.03	XXX
77055	TC	A	Mammogram, one breast	0.00	1.39	1.16	NA	NA	0.06	XXX
77056		A	Mammogram, both breasts	0.87	2.13	1.77	NA	NA	0.11	XXX
77056	26	A	Mammogram, both breasts	0.87	0.31	0.29	0.31	0.29	0.04	XXX
77056	TC	A	Mammogram, both breasts	0.00	1.82	1.48	NA	NA	0.07	XXX
77057		A	Mammogram, screening	0.70	1.44	1.45	NA	NA	0.10	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
77057	26	A	Mammogram, screening	0.70	0.25	0.24	0.25	0.24	0.03	XXX
77057	TC	A	Mammogram, screening	0.00	1.19	1.22	NA	NA	0.07	XXX
77058		A	Mri, one breast	1.63	21.44	19.28	NA	NA	0.99	XXX
77058	26	A	Mri, one breast	1.63	0.57	0.54	0.57	0.54	0.07	XXX
77058	TC	A	Mri, one breast	0.00	20.87	18.74	NA	NA	0.92	XXX
77059		A	Mri, both breasts	1.63	21.37	23.46	NA	NA	1.31	XXX
77059	26	A	Mri, both breasts	1.63	0.57	0.54	0.57	0.54	0.07	XXX
77059	TC	A	Mri, both breasts	0.00	20.80	22.92	NA	NA	1.24	XXX
77071		A	X-ray stress view	0.41	0.76	0.37	0.76	0.37	0.06	XXX
77072		A	X-rays for bone age	0.19	0.42	0.18	NA	NA	0.03	XXX
77072	26	A	X-rays for bone age	0.19	0.07	0.06	0.07	0.06	0.01	XXX
77072	TC	A	X-rays for bone age	0.00	0.36	0.35	NA	NA	0.02	XXX
77073		A	X-rays, bone length studies	0.27	0.67	0.80	NA	NA	0.06	XXX
77073	26	A	X-rays, bone length studies	0.27	0.10	0.09	0.10	0.09	0.01	XXX
77073	TC	A	X-rays, bone length studies	0.00	0.57	0.71	NA	NA	0.05	XXX
77074		A	X-rays, bone survey, limited	0.45	1.44	1.25	NA	NA	0.08	XXX
77074	26	A	X-rays, bone survey, limited	0.45	0.16	0.15	0.16	0.15	0.02	XXX
77074	TC	A	X-rays, bone survey, limited	0.00	1.27	1.09	NA	NA	0.06	XXX
77075		A	X-rays, bone survey complete	0.54	2.28	1.84	NA	NA	0.10	XXX
77075	26	A	X-rays, bone survey complete	0.54	0.20	0.19	0.20	0.19	0.02	XXX
77075	TC	A	X-rays, bone survey complete	0.00	2.08	1.65	NA	NA	0.08	XXX
77076		A	X-rays, bone survey, infant	0.70	2.12	1.35	NA	NA	0.08	XXX
77076	26	A	X-rays, bone survey, infant	0.70	0.23	0.23	0.23	0.23	0.03	XXX
77076	TC	A	X-rays, bone survey, infant	0.00	1.89	1.12	NA	NA	0.05	XXX
77077		A	Joint survey, single view	0.31	0.65	1.02	NA	NA	0.08	XXX
77077	26	A	Joint survey, single view	0.31	0.11	0.10	0.11	0.10	0.02	XXX
77077	TC	A	Joint survey, single view	0.00	0.54	0.92	NA	NA	0.06	XXX
77078		A	Ct bone density, axial	0.25	4.69	3.59	NA	NA	0.17	XXX
77078	26	A	Ct bone density, axial	0.25	0.09	0.08	0.09	0.08	0.01	XXX
77078	TC	A	Ct bone density, axial	0.00	4.61	3.51	NA	NA	0.16	XXX
77079		A	Ct bone density, peripheral	0.22	0.81	2.29	NA	NA	0.06	XXX
77079	26	A	Ct bone density, peripheral	0.22	0.08	0.07	0.08	0.07	0.01	XXX
77079	TC	A	Ct bone density, peripheral	0.00	0.73	2.22	NA	NA	0.05	XXX
77080		A	Dxa bone density, axial	0.20	0.87	2.42	NA	NA	0.18	XXX
77080	26	A	Dxa bone density, axial	0.20	0.06	0.09	0.06	0.09	0.01	XXX
77080	TC	A	Dxa bone density, axial	0.00	0.81	2.34	NA	NA	0.17	XXX
77081		A	Dxa bone density/peripheral	0.22	0.47	0.71	NA	NA	0.06	XXX
77081	26	A	Dxa bone density/peripheral	0.22	0.06	0.07	0.06	0.07	0.01	XXX
77081	TC	A	Dxa bone density/peripheral	0.00	0.40	0.63	NA	NA	0.05	XXX
77082		A	Dxa bone density, vert fx	0.17	0.52	0.71	NA	NA	0.06	XXX
77082	26	A	Dxa bone density, vert fx	0.17	0.05	0.06	0.05	0.06	0.01	XXX
77082	TC	A	Dxa bone density, vert fx	0.00	0.47	0.66	NA	NA	0.05	XXX
77083		A	Radiographic absorptiometry	0.20	0.36	0.67	NA	NA	0.06	XXX
77083	26	A	Radiographic absorptiometry	0.20	0.05	0.06	0.05	0.06	0.01	XXX
77083	TC	A	Radiographic absorptiometry	0.00	0.31	0.60	NA	NA	0.05	XXX
77084		A	Magnetic image, bone marrow	1.60	13.43	12.31	NA	NA	0.66	XXX
77084	26	A	Magnetic image, bone marrow	1.60	0.53	0.52	0.53	0.52	0.07	XXX
77084	TC	A	Magnetic image, bone marrow	0.00	12.90	11.79	NA	NA	0.59	XXX
77261		A	Radiation therapy planning	1.39	0.49	0.50	0.49	0.50	0.07	XXX
77262		A	Radiation therapy planning	2.11	0.70	0.73	0.70	0.73	0.11	XXX
77263		A	Radiation therapy planning	3.14	1.05	1.08	1.05	1.08	0.16	XXX
77280		A	Set radiation therapy field	0.70	4.40	4.06	NA	NA	0.22	XXX
77280	26	A	Set radiation therapy field	0.70	0.23	0.23	0.23	0.23	0.04	XXX
77280	TC	A	Set radiation therapy field	0.00	4.16	3.83	NA	NA	0.18	XXX
77285		A	Set radiation therapy field	1.05	7.96	6.95	NA	NA	0.35	XXX
77285	26	A	Set radiation therapy field	1.05	0.35	0.34	0.35	0.34	0.05	XXX
77285	TC	A	Set radiation therapy field	0.00	7.61	6.61	NA	NA	0.30	XXX
77290		A	Set radiation therapy field	1.56	13.31	10.19	NA	NA	0.43	XXX
77290	26	A	Set radiation therapy field	1.56	0.52	0.51	0.52	0.51	0.08	XXX
77290	TC	A	Set radiation therapy field	0.00	12.79	9.68	NA	NA	0.35	XXX
77295		A	Set radiation therapy field	4.56	7.42	18.42	NA	NA	1.71	XXX
77295	26	A	Set radiation therapy field	4.56	1.52	1.49	1.52	1.49	0.23	XXX
77295	TC	A	Set radiation therapy field	0.00	5.90	16.93	NA	NA	1.48	XXX
77299		C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77300		A	Radiation therapy dose plan	0.62	1.18	1.36	NA	NA	0.10	XXX
77300	26	A	Radiation therapy dose plan	0.62	0.21	0.20	0.21	0.20	0.03	XXX
77300	TC	A	Radiation therapy dose plan	0.00	0.97	1.16	NA	NA	0.07	XXX
77301		A	Radiotherapy dose plan, imrt	7.99	57.00	43.83	NA	NA	1.88	XXX
77301	26	A	Radiotherapy dose plan, imrt	7.99	2.66	2.61	2.66	2.61	0.40	XXX
77301	TC	A	Radiotherapy dose plan, imrt	0.00	54.35	41.22	NA	NA	1.48	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
77305		A	Teletx isodose plan simple	0.70	0.90	1.49	NA	NA	0.15	XXX
77305	26	A	Teletx isodose plan simple	0.70	0.23	0.23	0.23	0.23	0.04	XXX
77305	TC	A	Teletx isodose plan simple	0.00	0.66	1.26	NA	NA	0.11	XXX
77310		A	Teletx isodose plan intermed	1.05	1.25	1.96	NA	NA	0.18	XXX
77310	26	A	Teletx isodose plan intermed	1.05	0.35	0.34	0.35	0.34	0.05	XXX
77310	TC	A	Teletx isodose plan intermed	0.00	0.90	1.62	NA	NA	0.13	XXX
77315		A	Teletx isodose plan complex	1.56	2.08	2.63	NA	NA	0.22	XXX
77315	26	A	Teletx isodose plan complex	1.56	0.52	0.51	0.52	0.51	0.08	XXX
77315	TC	A	Teletx isodose plan complex	0.00	1.56	2.11	NA	NA	0.14	XXX
77321		A	Special teletx port plan	0.95	1.50	2.93	NA	NA	0.26	XXX
77321	26	A	Special teletx port plan	0.95	0.32	0.31	0.32	0.31	0.05	XXX
77321	TC	A	Special teletx port plan	0.00	1.19	2.62	NA	NA	0.21	XXX
77326		A	Brachytx isodose calc simp	0.93	2.97	2.82	NA	NA	0.18	XXX
77326	26	A	Brachytx isodose calc simp	0.93	0.31	0.31	0.31	0.31	0.05	XXX
77326	TC	A	Brachytx isodose calc simp	0.00	2.66	2.51	NA	NA	0.13	XXX
77327		A	Brachytx isodose calc interm	1.39	4.07	4.00	NA	NA	0.25	XXX
77327	26	A	Brachytx isodose calc interm	1.39	0.46	0.45	0.46	0.45	0.07	XXX
77327	TC	A	Brachytx isodose calc interm	0.00	3.61	3.55	NA	NA	0.18	XXX
77328		A	Brachytx isodose plan compl	2.09	5.22	5.43	NA	NA	0.36	XXX
77328	26	A	Brachytx isodose plan compl	2.09	0.70	0.69	0.70	0.69	0.11	XXX
77328	TC	A	Brachytx isodose plan compl	0.00	4.53	4.75	NA	NA	0.25	XXX
77331		A	Special radiation dosimetry	0.87	0.80	0.79	NA	NA	0.06	XXX
77331	26	A	Special radiation dosimetry	0.87	0.29	0.28	0.29	0.28	0.04	XXX
77331	TC	A	Special radiation dosimetry	0.00	0.51	0.51	NA	NA	0.02	XXX
77332		A	Radiation treatment aid(s)	0.54	1.54	1.53	NA	NA	0.10	XXX
77332	26	A	Radiation treatment aid(s)	0.54	0.18	0.18	0.18	0.18	0.03	XXX
77332	TC	A	Radiation treatment aid(s)	0.00	1.36	1.35	NA	NA	0.07	XXX
77333		A	Radiation treatment aid(s)	0.84	0.52	1.34	NA	NA	0.15	XXX
77333	26	A	Radiation treatment aid(s)	0.84	0.28	0.27	0.28	0.27	0.04	XXX
77333	TC	A	Radiation treatment aid(s)	0.00	0.24	1.07	NA	NA	0.11	XXX
77334		A	Radiation treatment aid(s)	1.24	2.70	3.19	NA	NA	0.23	XXX
77334	26	A	Radiation treatment aid(s)	1.24	0.41	0.41	0.41	0.41	0.06	XXX
77334	TC	A	Radiation treatment aid(s)	0.00	2.29	2.78	NA	NA	0.17	XXX
77336		A	Radiation physics consult	0.00	1.13	2.06	NA	NA	0.16	XXX
77370		A	Radiation physics consult	0.00	3.02	3.26	NA	NA	0.18	XXX
77371		A	Srs, multisource	0.00	29.82	30.11	NA	NA	0.13	XXX
77372		A	Srs, linear based	0.00	22.61	22.82	NA	NA	0.13	XXX
77373		A	Sbrt delivery	0.00	42.26	42.67	NA	NA	0.13	XXX
77399		C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77401		A	Radiation treatment delivery	0.00	0.47	1.12	NA	NA	0.11	XXX
77402		A	Radiation treatment delivery	0.00	4.30	3.01	NA	NA	0.11	XXX
77403		A	Radiation treatment delivery	0.00	3.72	2.75	NA	NA	0.11	XXX
77404		A	Radiation treatment delivery	0.00	4.17	2.98	NA	NA	0.11	XXX
77406		A	Radiation treatment delivery	0.00	4.20	2.99	NA	NA	0.11	XXX
77407		A	Radiation treatment delivery	0.00	5.75	3.87	NA	NA	0.12	XXX
77408		A	Radiation treatment delivery	0.00	5.14	3.63	NA	NA	0.12	XXX
77409		A	Radiation treatment delivery	0.00	5.71	3.92	NA	NA	0.12	XXX
77411		A	Radiation treatment delivery	0.00	5.68	3.90	NA	NA	0.12	XXX
77412		A	Radiation treatment delivery	0.00	6.72	4.55	NA	NA	0.13	XXX
77413		A	Radiation treatment delivery	0.00	6.79	4.57	NA	NA	0.13	XXX
77414		A	Radiation treatment delivery	0.00	7.64	5.00	NA	NA	0.13	XXX
77416		A	Radiation treatment delivery	0.00	7.65	5.00	NA	NA	0.13	XXX
77417		A	Radiology port film(s)	0.00	0.36	0.47	NA	NA	0.04	XXX
77418		A	Radiation tx delivery, imrt	0.00	13.04	15.55	NA	NA	0.13	XXX
77421		A	Stereoscopic x-ray guidance	0.39	1.98	2.73	NA	NA	0.12	XXX
77421	26	A	Stereoscopic x-ray guidance	0.39	0.13	0.13	0.13	0.13	0.02	XXX
77421	TC	A	Stereoscopic x-ray guidance	0.00	1.85	2.60	NA	NA	0.10	XXX
77422		A	Neutron beam tx, simple	0.00	5.37	4.84	NA	NA	0.13	XXX
77423		A	Neutron beam tx, complex	0.00	7.41	5.03	NA	NA	0.13	XXX
77427		A	Radiation tx management, x5	3.70	1.40	1.23	1.40	1.23	0.17	XXX
77431		A	Radiation therapy management	1.81	0.79	0.74	0.79	0.74	0.09	XXX
77432		A	Stereotactic radiation trmt	7.92	2.64	2.78	2.64	2.78	0.41	XXX
77435		A	Sbrt management	13.00	4.75	4.75	NA	NA	0.67	XXX
77470		A	Special radiation treatment	2.09	1.93	6.88	NA	NA	0.70	XXX
77470	26	A	Special radiation treatment	2.09	0.69	0.68	0.69	0.68	0.11	XXX
77470	TC	A	Special radiation treatment	0.00	1.23	6.19	NA	NA	0.59	XXX
77499		C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77520		C	Proton trmt, simple w/o comp	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
77522		C	Proton trmt, simple w/comp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77523		C	Proton trmt, intermediate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77525		C	Proton treatment, complex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77600		R	Hyperthermia treatment	1.56	10.16	6.78	NA	NA	0.24	XXX
77600	26	R	Hyperthermia treatment	1.56	0.51	0.49	0.51	0.49	0.08	XXX
77600	TC	R	Hyperthermia treatment	0.00	9.65	6.29	NA	NA	0.16	XXX
77605		R	Hyperthermia treatment	2.09	18.23	11.32	NA	NA	0.38	XXX
77605	26	R	Hyperthermia treatment	2.09	0.55	0.62	0.55	0.62	0.16	XXX
77605	TC	R	Hyperthermia treatment	0.00	17.68	10.71	NA	NA	0.22	XXX
77610		R	Hyperthermia treatment	1.56	17.70	10.52	NA	NA	0.24	XXX
77610	26	R	Hyperthermia treatment	1.56	0.36	0.46	0.36	0.46	0.08	XXX
77610	TC	R	Hyperthermia treatment	0.00	17.34	10.06	NA	NA	0.16	XXX
77615		R	Hyperthermia treatment	2.09	25.69	15.24	NA	NA	0.33	XXX
77615	26	R	Hyperthermia treatment	2.09	0.65	0.66	0.65	0.66	0.11	XXX
77615	TC	R	Hyperthermia treatment	0.00	25.04	14.58	NA	NA	0.22	XXX
77620		R	Hyperthermia treatment	1.56	10.38	6.83	NA	NA	0.36	XXX
77620	26	R	Hyperthermia treatment	1.56	0.40	0.46	0.40	0.46	0.20	XXX
77620	TC	R	Hyperthermia treatment	0.00	9.97	6.36	NA	NA	0.16	XXX
77750		A	Infuse radioactive materials	4.94	4.56	3.74	4.56	3.74	0.32	090
77750	26	A	Infuse radioactive materials	4.94	1.65	1.62	1.65	1.62	0.25	090
77750	TC	A	Infuse radioactive materials	0.00	2.91	2.12	2.91	2.12	0.07	090
77761		A	Apply intrcav radiat simple	3.82	6.33	4.96	6.33	4.96	0.33	090
77761	26	A	Apply intrcav radiat simple	3.82	1.27	1.18	1.27	1.18	0.19	090
77761	TC	A	Apply intrcav radiat simple	0.00	5.06	3.78	5.06	3.78	0.14	090
77762		A	Apply intrcav radiat interm	5.73	7.60	6.54	7.60	6.54	0.48	090
77762	26	A	Apply intrcav radiat interm	5.73	1.90	1.87	1.90	1.87	0.29	090
77762	TC	A	Apply intrcav radiat interm	0.00	5.70	4.67	5.70	4.67	0.19	090
77763		A	Apply intrcav radiat compl	8.60	10.33	8.80	10.33	8.80	0.66	090
77763	26	A	Apply intrcav radiat compl	8.60	2.86	2.81	2.86	2.81	0.43	090
77763	TC	A	Apply intrcav radiat compl	0.00	7.46	5.99	7.46	5.99	0.23	090
77776		A	Apply interstit radiat simpl	4.67	7.45	5.30	7.45	5.30	0.57	090
77776	26	A	Apply interstit radiat simpl	4.67	1.70	1.33	1.70	1.33	0.44	090
77776	TC	A	Apply interstit radiat simpl	0.00	5.75	3.98	5.75	3.98	0.13	090
77777		A	Apply interstit radiat inter	7.49	7.91	7.25	7.91	7.25	0.61	090
77777	26	A	Apply interstit radiat inter	7.49	2.48	2.43	2.48	2.43	0.39	090
77777	TC	A	Apply interstit radiat inter	0.00	5.43	4.82	5.43	4.82	0.22	090
77778		A	Apply interstit radiat compl	11.23	11.32	10.03	11.32	10.03	0.84	090
77778	26	A	Apply interstit radiat compl	11.23	3.75	3.67	3.75	3.67	0.57	090
77778	TC	A	Apply interstit radiat compl	0.00	7.57	6.36	7.57	6.36	0.27	090
77781		A	High intensity brachytherapy	1.21	4.37	12.61	NA	NA	1.14	XXX
77781	26	A	High intensity brachytherapy	1.21	0.40	0.47	0.40	0.47	0.08	XXX
77781	TC	A	High intensity brachytherapy	0.00	3.97	12.14	NA	NA	1.06	XXX
77782		A	High intensity brachytherapy	2.04	12.31	16.73	NA	NA	1.19	XXX
77782	26	A	High intensity brachytherapy	2.04	0.68	0.74	0.68	0.74	0.13	XXX
77782	TC	A	High intensity brachytherapy	0.00	11.64	15.99	NA	NA	1.06	XXX
77783		A	High intensity brachytherapy	3.27	24.00	22.80	NA	NA	1.25	XXX
77783	26	A	High intensity brachytherapy	3.27	1.08	1.14	1.08	1.14	0.19	XXX
77783	TC	A	High intensity brachytherapy	0.00	22.92	21.66	NA	NA	1.06	XXX
77784		A	High intensity brachytherapy	5.15	45.31	33.80	NA	NA	1.35	XXX
77784	26	A	High intensity brachytherapy	5.15	1.71	1.76	1.71	1.76	0.29	XXX
77784	TC	A	High intensity brachytherapy	0.00	43.60	32.04	NA	NA	1.06	XXX
77789		A	Apply surface radiation	1.14	2.02	1.43	2.02	1.43	0.08	000
77789	26	A	Apply surface radiation	1.14	0.39	0.38	0.39	0.38	0.06	000
77789	TC	A	Apply surface radiation	0.00	1.63	1.05	1.63	1.05	0.02	000
77790		A	Radiation handling	1.05	1.47	1.16	NA	NA	0.07	XXX
77790	26	A	Radiation handling	1.05	0.35	0.34	0.35	0.34	0.05	XXX
77790	TC	A	Radiation handling	0.00	1.11	0.81	NA	NA	0.02	XXX
77799		C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78000		A	Thyroid, single uptake	0.19	1.83	1.42	NA	NA	0.07	XXX
78000	26	A	Thyroid, single uptake	0.19	0.06	0.06	0.06	0.06	0.01	XXX
78000	TC	A	Thyroid, single uptake	0.00	1.77	1.36	NA	NA	0.06	XXX
78001		A	Thyroid, multiple uptakes	0.26	2.28	1.82	NA	NA	0.08	XXX
78001	26	A	Thyroid, multiple uptakes	0.26	0.09	0.09	0.09	0.09	0.01	XXX
78001	TC	A	Thyroid, multiple uptakes	0.00	2.19	1.73	NA	NA	0.07	XXX
78003		A	Thyroid suppress/stimul	0.33	1.92	1.48	NA	NA	0.07	XXX
78003	26	A	Thyroid suppress/stimul	0.33	0.12	0.11	0.12	0.11	0.01	XXX
78003	TC	A	Thyroid suppress/stimul	0.00	1.81	1.37	NA	NA	0.06	XXX
78006		A	Thyroid imaging with uptake	0.49	6.16	4.31	NA	NA	0.15	XXX
78006	26	A	Thyroid imaging with uptake	0.49	0.17	0.16	0.17	0.16	0.02	XXX
78006	TC	A	Thyroid imaging with uptake	0.00	5.99	4.14	NA	NA	0.13	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
78007		A	Thyroid image, mult uptakes	0.50	3.03	2.85	NA	NA	0.16	XXX
78007	26	A	Thyroid image, mult uptakes	0.50	0.17	0.16	0.17	0.16	0.02	XXX
78007	TC	A	Thyroid image, mult uptakes	0.00	2.86	2.69	NA	NA	0.14	XXX
78010		A	Thyroid imaging	0.39	4.14	3.01	NA	NA	0.13	XXX
78010	26	A	Thyroid imaging	0.39	0.13	0.13	0.13	0.13	0.02	XXX
78010	TC	A	Thyroid imaging	0.00	4.01	2.88	NA	NA	0.11	XXX
78011		A	Thyroid imaging with flow	0.45	4.48	3.49	NA	NA	0.15	XXX
78011	26	A	Thyroid imaging with flow	0.45	0.16	0.15	0.16	0.15	0.02	XXX
78011	TC	A	Thyroid imaging with flow	0.00	4.32	3.33	NA	NA	0.13	XXX
78015		A	Thyroid met imaging	0.67	5.28	4.01	NA	NA	0.17	XXX
78015	26	A	Thyroid met imaging	0.67	0.23	0.22	0.23	0.22	0.03	XXX
78015	TC	A	Thyroid met imaging	0.00	5.06	3.79	NA	NA	0.14	XXX
78016		A	Thyroid met imaging/studies	0.82	8.42	6.04	NA	NA	0.21	XXX
78016	26	A	Thyroid met imaging/studies	0.82	0.28	0.27	0.28	0.27	0.03	XXX
78016	TC	A	Thyroid met imaging/studies	0.00	8.14	5.77	NA	NA	0.18	XXX
78018		A	Thyroid met imaging, body	0.86	7.84	6.72	NA	NA	0.33	XXX
78018	26	A	Thyroid met imaging, body	0.86	0.30	0.29	0.30	0.29	0.04	XXX
78018	TC	A	Thyroid met imaging, body	0.00	7.54	6.43	NA	NA	0.29	XXX
78020		A	Thyroid met uptake	0.60	1.78	1.63	1.78	1.63	0.16	ZZZ
78020	26	A	Thyroid met uptake	0.60	0.20	0.20	0.20	0.20	0.02	ZZZ
78020	TC	A	Thyroid met uptake	0.00	1.57	1.43	1.57	1.43	0.14	ZZZ
78070		A	Parathyroid nuclear imaging	0.82	3.45	3.96	NA	NA	0.15	XXX
78070	26	A	Parathyroid nuclear imaging	0.82	0.28	0.27	0.28	0.27	0.04	XXX
78070	TC	A	Parathyroid nuclear imaging	0.00	3.17	3.68	NA	NA	0.11	XXX
78075		A	Adrenal nuclear imaging	0.74	11.47	8.50	NA	NA	0.32	XXX
78075	26	A	Adrenal nuclear imaging	0.74	0.25	0.25	0.25	0.25	0.03	XXX
78075	TC	A	Adrenal nuclear imaging	0.00	11.22	8.25	NA	NA	0.29	XXX
78099		C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78102		A	Bone marrow imaging, ltd	0.55	4.13	3.14	NA	NA	0.14	XXX
78102	26	A	Bone marrow imaging, ltd	0.55	0.19	0.18	0.19	0.18	0.02	XXX
78102	TC	A	Bone marrow imaging, ltd	0.00	3.94	2.96	NA	NA	0.12	XXX
78103		A	Bone marrow imaging, mult	0.75	5.37	4.36	NA	NA	0.20	XXX
78103	26	A	Bone marrow imaging, mult	0.75	0.26	0.25	0.26	0.25	0.03	XXX
78103	TC	A	Bone marrow imaging, mult	0.00	5.11	4.10	NA	NA	0.17	XXX
78104		A	Bone marrow imaging, body	0.80	6.15	5.22	NA	NA	0.25	XXX
78104	26	A	Bone marrow imaging, body	0.80	0.30	0.28	0.30	0.28	0.03	XXX
78104	TC	A	Bone marrow imaging, body	0.00	5.86	4.94	NA	NA	0.22	XXX
78110		A	Plasma volume, single	0.19	2.10	1.55	NA	NA	0.07	XXX
78110	26	A	Plasma volume, single	0.19	0.07	0.07	0.07	0.07	0.01	XXX
78110	TC	A	Plasma volume, single	0.00	2.04	1.49	NA	NA	0.06	XXX
78111		A	Plasma volume, multiple	0.22	2.11	2.37	NA	NA	0.15	XXX
78111	26	A	Plasma volume, multiple	0.22	0.07	0.08	0.07	0.08	0.01	XXX
78111	TC	A	Plasma volume, multiple	0.00	2.04	2.29	NA	NA	0.14	XXX
78120		A	Red cell mass, single	0.23	2.07	1.92	NA	NA	0.12	XXX
78120	26	A	Red cell mass, single	0.23	0.08	0.08	0.08	0.08	0.01	XXX
78120	TC	A	Red cell mass, single	0.00	1.99	1.84	NA	NA	0.11	XXX
78121		A	Red cell mass, multiple	0.32	2.17	2.58	NA	NA	0.15	XXX
78121	26	A	Red cell mass, multiple	0.32	0.10	0.11	0.10	0.11	0.01	XXX
78121	TC	A	Red cell mass, multiple	0.00	2.07	2.48	NA	NA	0.14	XXX
78122		A	Blood volume	0.45	2.22	3.47	NA	NA	0.26	XXX
78122	26	A	Blood volume	0.45	0.15	0.15	0.15	0.15	0.02	XXX
78122	TC	A	Blood volume	0.00	2.07	3.32	NA	NA	0.24	XXX
78130		A	Red cell survival study	0.61	3.47	3.24	NA	NA	0.17	XXX
78130	26	A	Red cell survival study	0.61	0.21	0.20	0.21	0.20	0.03	XXX
78130	TC	A	Red cell survival study	0.00	3.26	3.03	NA	NA	0.14	XXX
78135		A	Red cell survival kinetics	0.64	8.59	6.76	NA	NA	0.28	XXX
78135	26	A	Red cell survival kinetics	0.64	0.22	0.21	0.22	0.21	0.03	XXX
78135	TC	A	Red cell survival kinetics	0.00	8.37	6.54	NA	NA	0.25	XXX
78140		A	Red cell sequestration	0.61	2.92	3.49	NA	NA	0.24	XXX
78140	26	A	Red cell sequestration	0.61	0.22	0.20	0.22	0.20	0.03	XXX
78140	TC	A	Red cell sequestration	0.00	2.70	3.29	NA	NA	0.21	XXX
78185		A	Spleen imaging	0.40	5.13	3.78	NA	NA	0.15	XXX
78185	26	A	Spleen imaging	0.40	0.14	0.13	0.14	0.13	0.02	XXX
78185	TC	A	Spleen imaging	0.00	4.99	3.64	NA	NA	0.13	XXX
78190		A	Platelet survival, kinetics	1.09	8.27	7.27	NA	NA	0.38	XXX
78190	26	A	Platelet survival, kinetics	1.09	0.25	0.34	0.25	0.34	0.08	XXX
78190	TC	A	Platelet survival, kinetics	0.00	8.02	6.93	NA	NA	0.30	XXX
78191		A	Platelet survival	0.61	3.49	5.47	NA	NA	0.40	XXX
78191	26	A	Platelet survival	0.61	0.22	0.20	0.22	0.20	0.03	XXX
78191	TC	A	Platelet survival	0.00	3.27	5.27	NA	NA	0.37	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
78195		A	Lymph system imaging	1.20	8.60	6.47	NA	NA	0.28	XXX
78195	26	A	Lymph system imaging	1.20	0.42	0.40	0.42	0.40	0.06	XXX
78195	TC	A	Lymph system imaging	0.00	8.18	6.07	NA	NA	0.22	XXX
78199		C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78201		A	Liver imaging	0.44	4.55	3.52	NA	NA	0.15	XXX
78201	26	A	Liver imaging	0.44	0.13	0.14	0.13	0.14	0.02	XXX
78201	TC	A	Liver imaging	0.00	4.42	3.38	NA	NA	0.13	XXX
78202		A	Liver imaging with flow	0.51	5.28	4.13	NA	NA	0.16	XXX
78202	26	A	Liver imaging with flow	0.51	0.17	0.16	0.17	0.16	0.02	XXX
78202	TC	A	Liver imaging with flow	0.00	5.10	3.96	NA	NA	0.14	XXX
78205		A	Liver imaging (3D)	0.71	5.21	5.64	NA	NA	0.34	XXX
78205	26	A	Liver imaging (3D)	0.71	0.25	0.24	0.25	0.24	0.03	XXX
78205	TC	A	Liver imaging (3D)	0.00	4.96	5.40	NA	NA	0.31	XXX
78206		A	Liver image (3d) with flow	0.96	8.52	8.25	NA	NA	0.15	XXX
78206	26	A	Liver image (3d) with flow	0.96	0.34	0.33	0.34	0.33	0.04	XXX
78206	TC	A	Liver image (3d) with flow	0.00	8.18	7.93	NA	NA	0.11	XXX
78215		A	Liver and spleen imaging	0.49	4.78	3.90	NA	NA	0.16	XXX
78215	26	A	Liver and spleen imaging	0.49	0.17	0.16	0.17	0.16	0.02	XXX
78215	TC	A	Liver and spleen imaging	0.00	4.60	3.73	NA	NA	0.14	XXX
78216		A	Liver & spleen image/flow	0.57	2.82	3.21	NA	NA	0.20	XXX
78216	26	A	Liver & spleen image/flow	0.57	0.20	0.19	0.20	0.19	0.02	XXX
78216	TC	A	Liver & spleen image/flow	0.00	2.62	3.03	NA	NA	0.18	XXX
78220		A	Liver function study	0.49	3.05	3.44	NA	NA	0.21	XXX
78220	26	A	Liver function study	0.49	0.17	0.16	0.17	0.16	0.02	XXX
78220	TC	A	Liver function study	0.00	2.88	3.27	NA	NA	0.19	XXX
78223		A	Hepatobiliary imaging	0.84	8.43	6.11	NA	NA	0.23	XXX
78223	26	A	Hepatobiliary imaging	0.84	0.30	0.28	0.30	0.28	0.04	XXX
78223	TC	A	Hepatobiliary imaging	0.00	8.13	5.83	NA	NA	0.19	XXX
78230		A	Salivary gland imaging	0.45	4.13	3.19	NA	NA	0.15	XXX
78230	26	A	Salivary gland imaging	0.45	0.16	0.15	0.16	0.15	0.02	XXX
78230	TC	A	Salivary gland imaging	0.00	3.97	3.04	NA	NA	0.13	XXX
78231		A	Serial salivary imaging	0.52	2.75	3.03	NA	NA	0.19	XXX
78231	26	A	Serial salivary imaging	0.52	0.16	0.17	0.16	0.17	0.02	XXX
78231	TC	A	Serial salivary imaging	0.00	2.58	2.86	NA	NA	0.17	XXX
78232		A	Salivary gland function exam	0.47	2.74	3.19	NA	NA	0.20	XXX
78232	26	A	Salivary gland function exam	0.47	0.15	0.15	0.15	0.15	0.02	XXX
78232	TC	A	Salivary gland function exam	0.00	2.59	3.04	NA	NA	0.18	XXX
78258		A	Esophageal motility study	0.74	5.48	4.32	NA	NA	0.17	XXX
78258	26	A	Esophageal motility study	0.74	0.27	0.26	0.27	0.26	0.03	XXX
78258	TC	A	Esophageal motility study	0.00	5.21	4.06	NA	NA	0.14	XXX
78261		A	Gastric mucosa imaging	0.69	5.94	5.10	NA	NA	0.25	XXX
78261	26	A	Gastric mucosa imaging	0.69	0.24	0.23	0.24	0.23	0.03	XXX
78261	TC	A	Gastric mucosa imaging	0.00	5.70	4.87	NA	NA	0.22	XXX
78262		A	Gastroesophageal reflux exam	0.68	5.89	5.14	NA	NA	0.25	XXX
78262	26	A	Gastroesophageal reflux exam	0.68	0.22	0.22	0.22	0.22	0.03	XXX
78262	TC	A	Gastroesophageal reflux exam	0.00	5.67	4.92	NA	NA	0.22	XXX
78264		A	Gastric emptying study	0.78	7.10	5.69	NA	NA	0.25	XXX
78264	26	A	Gastric emptying study	0.78	0.28	0.26	0.28	0.26	0.03	XXX
78264	TC	A	Gastric emptying study	0.00	6.82	5.43	NA	NA	0.22	XXX
78270		A	Vit B–12 absorption exam	0.20	1.92	1.75	NA	NA	0.11	XXX
78270	26	A	Vit B–12 absorption exam	0.20	0.07	0.07	0.07	0.07	0.01	XXX
78270	TC	A	Vit B–12 absorption exam	0.00	1.85	1.68	NA	NA	0.10	XXX
78271		A	Vit b–12 absrp exam, int fac	0.20	1.87	1.79	NA	NA	0.11	XXX
78271	26	A	Vit b–12 absrp exam, int fac	0.20	0.05	0.06	0.05	0.06	0.01	XXX
78271	TC	A	Vit b–12 absrp exam, int fac	0.00	1.81	1.72	NA	NA	0.10	XXX
78272		A	Vit B–12 absorp, combined	0.27	2.04	2.21	NA	NA	0.14	XXX
78272	26	A	Vit B–12 absorp, combined	0.27	0.07	0.08	0.07	0.08	0.01	XXX
78272	TC	A	Vit B–12 absorp, combined	0.00	1.96	2.13	NA	NA	0.13	XXX
78278		A	Acute GI blood loss imaging	0.99	8.52	6.79	NA	NA	0.29	XXX
78278	26	A	Acute GI blood loss imaging	0.99	0.35	0.33	0.35	0.33	0.04	XXX
78278	TC	A	Acute GI blood loss imaging	0.00	8.17	6.46	NA	NA	0.25	XXX
78282		C	GI protein loss exam	0.38	0.00	0.08	NA	NA	0.02	XXX
78282	26	A	GI protein loss exam	0.38	0.13	0.12	0.13	0.12	0.02	XXX
78282	TC	C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78290		A	Meckel⊥s divert exam	0.68	8.44	5.78	NA	NA	0.19	XXX
78290	26	A	Meckel⊥s divert exam	0.68	0.24	0.23	0.24	0.23	0.03	XXX
78290	TC	A	Meckel⊥s divert exam	0.00	8.19	5.55	NA	NA	0.16	XXX
78291		A	Leveen/shunt patency exam	0.88	6.09	4.68	NA	NA	0.20	XXX
78291	26	A	Leveen/shunt patency exam	0.88	0.31	0.30	0.31	0.30	0.04	XXX
78291	TC	A	Leveen/shunt patency exam	0.00	5.78	4.39	NA	NA	0.16	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
78299		C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	26	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	TC	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78300		A	Bone imaging, limited area	0.62	4.19	3.40	NA	NA	0.17	XXX
78300	26	A	Bone imaging, limited area	0.62	0.22	0.21	0.22	0.21	0.03	XXX
78300	TC	A	Bone imaging, limited area	0.00	3.97	3.19	NA	NA	0.14	XXX
78305		A	Bone imaging, multiple areas	0.83	5.42	4.63	NA	NA	0.23	XXX
78305	26	A	Bone imaging, multiple areas	0.83	0.28	0.27	0.28	0.27	0.04	XXX
78305	TC	A	Bone imaging, multiple areas	0.00	5.14	4.36	NA	NA	0.19	XXX
78306		A	Bone imaging, whole body	0.86	6.01	5.23	NA	NA	0.26	XXX
78306	26	A	Bone imaging, whole body	0.86	0.30	0.29	0.30	0.29	0.04	XXX
78306	TC	A	Bone imaging, whole body	0.00	5.71	4.94	NA	NA	0.22	XXX
78315		A	Bone imaging, 3 phase	1.02	8.51	6.74	NA	NA	0.29	XXX
78315	26	A	Bone imaging, 3 phase	1.02	0.36	0.34	0.36	0.34	0.04	XXX
78315	TC	A	Bone imaging, 3 phase	0.00	8.15	6.40	NA	NA	0.25	XXX
78320		A	Bone imaging (3D)	1.04	5.29	5.73	NA	NA	0.35	XXX
78320	26	A	Bone imaging (3D)	1.04	0.36	0.35	0.36	0.35	0.04	XXX
78320	TC	A	Bone imaging (3D)	0.00	4.93	5.38	NA	NA	0.31	XXX
78350		N	Bone mineral, single photon	0.22	0.51	0.72	NA	NA	0.06	XXX
78350	26	N	Bone mineral, single photon	0.22	0.05	0.06	0.05	0.06	0.01	XXX
78350	TC	N	Bone mineral, single photon	0.00	0.46	0.65	NA	NA	0.05	XXX
78351		N	Bone mineral, dual photon	0.30	0.07	0.96	0.07	0.10	0.01	XXX
78399		C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414		C	Non-imaging heart function	0.45	0.00	0.11	NA	NA	0.02	XXX
78414	26	A	Non-imaging heart function	0.45	0.16	0.16	0.16	0.16	0.02	XXX
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78428		A	Cardiac shunt imaging	0.78	5.11	3.85	NA	NA	0.16	XXX
78428	26	A	Cardiac shunt imaging	0.78	0.35	0.32	0.35	0.32	0.03	XXX
78428	TC	A	Cardiac shunt imaging	0.00	4.76	3.53	NA	NA	0.13	XXX
78445		A	Vascular flow imaging	0.49	4.42	3.21	NA	NA	0.13	XXX
78445	26	A	Vascular flow imaging	0.49	0.17	0.17	0.17	0.17	0.02	XXX
78445	TC	A	Vascular flow imaging	0.00	4.25	3.04	NA	NA	0.11	XXX
78456		A	Acute venous thrombus image	1.00	9.10	6.84	NA	NA	0.33	XXX
78456	26	A	Acute venous thrombus image	1.00	0.42	0.39	0.42	0.39	0.04	XXX
78456	TC	A	Acute venous thrombus image	0.00	8.68	6.45	NA	NA	0.29	XXX
78457		A	Venous thrombosis imaging	0.77	4.60	3.75	NA	NA	0.17	XXX
78457	26	A	Venous thrombosis imaging	0.77	0.25	0.25	0.25	0.25	0.03	XXX
78457	TC	A	Venous thrombosis imaging	0.00	4.35	3.50	NA	NA	0.14	XXX
78458		A	Ven thrombosis images, bilat	0.90	4.44	4.37	NA	NA	0.25	XXX
78458	26	A	Ven thrombosis images, bilat	0.90	0.29	0.30	0.29	0.30	0.04	XXX
78458	TC	A	Ven thrombosis images, bilat	0.00	4.15	4.07	NA	NA	0.21	XXX
78459		C	Heart muscle imaging (PET)	1.50	0.00	0.37	0.00	0.37	0.05	XXX
78459	26	A	Heart muscle imaging (PET)	1.50	0.59	0.57	0.59	0.57	0.05	XXX
78459	TC	C	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78460		A	Heart muscle blood, single	0.86	4.60	3.60	NA	NA	0.17	XXX
78460	26	A	Heart muscle blood, single	0.86	0.32	0.30	0.32	0.30	0.04	XXX
78460	TC	A	Heart muscle blood, single	0.00	4.29	3.30	NA	NA	0.13	XXX
78461		A	Heart muscle blood, multiple	1.23	4.02	4.55	NA	NA	0.30	XXX
78461	26	A	Heart muscle blood, multiple	1.23	0.46	0.43	0.46	0.43	0.05	XXX
78461	TC	A	Heart muscle blood, multiple	0.00	3.56	4.11	NA	NA	0.25	XXX
78464		A	Heart image (3d), single	1.09	5.71	6.59	NA	NA	0.41	XXX
78464	26	A	Heart image (3d), single	1.09	0.49	0.44	0.49	0.44	0.04	XXX
78464	TC	A	Heart image (3d), single	0.00	5.22	6.15	NA	NA	0.37	XXX
78465		A	Heart image (3d), multiple	1.46	11.11	11.76	NA	NA	0.67	XXX
78465	26	A	Heart image (3d), multiple	1.46	0.69	0.61	0.69	0.61	0.05	XXX
78465	TC	A	Heart image (3d), multiple	0.00	10.42	11.15	NA	NA	0.62	XXX
78466		A	Heart infarct image	0.69	4.47	3.64	NA	NA	0.17	XXX
78466	26	A	Heart infarct image	0.69	0.28	0.25	0.28	0.25	0.03	XXX
78466	TC	A	Heart infarct image	0.00	4.19	3.39	NA	NA	0.14	XXX
78468		A	Heart infarct image (ef)	0.80	5.70	4.87	NA	NA	0.22	XXX
78468	26	A	Heart infarct image (ef)	0.80	0.39	0.34	0.39	0.34	0.03	XXX
78468	TC	A	Heart infarct image (ef)	0.00	5.31	4.53	NA	NA	0.19	XXX
78469		A	Heart infarct image (3D)	0.92	6.09	5.83	NA	NA	0.31	XXX
78469	26	A	Heart infarct image (3D)	0.92	0.43	0.37	0.43	0.37	0.03	XXX
78469	TC	A	Heart infarct image (3D)	0.00	5.66	5.46	NA	NA	0.28	XXX
78472		A	Gated heart, planar, single	0.98	5.90	5.88	NA	NA	0.34	XXX
78472	26	A	Gated heart, planar, single	0.98	0.40	0.37	0.40	0.37	0.04	XXX
78472	TC	A	Gated heart, planar, single	0.00	5.50	5.51	NA	NA	0.30	XXX
78473		A	Gated heart, multiple	1.47	7.56	8.16	NA	NA	0.48	XXX
78473	26	A	Gated heart, multiple	1.47	0.63	0.56	0.63	0.56	0.06	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
78473	TC	A	Gated heart, multiple	0.00	6.93	7.60	NA	NA	0.42	XXX
78478		A	Heart wall motion add-on	0.50	0.78	1.29	NA	NA	0.12	XXX
78478	26	A	Heart wall motion add-on	0.50	0.23	0.23	0.23	0.23	0.02	XXX
78478	TC	A	Heart wall motion add-on	0.00	0.54	1.05	NA	NA	0.10	XXX
78480		A	Heart function add-on	0.30	0.68	1.23	NA	NA	0.12	XXX
78480	26	A	Heart function add-on	0.30	0.14	0.18	0.14	0.18	0.02	XXX
78480	TC	A	Heart function add-on	0.00	0.54	1.05	NA	NA	0.10	XXX
78481		A	Heart first pass, single	0.98	4.90	5.27	NA	NA	0.31	XXX
78481	26	A	Heart first pass, single	0.98	0.47	0.42	0.47	0.42	0.03	XXX
78481	TC	A	Heart first pass, single	0.00	4.43	4.85	NA	NA	0.28	XXX
78483		A	Heart first pass, multiple	1.47	6.64	7.56	NA	NA	0.46	XXX
78483	26	A	Heart first pass, multiple	1.47	0.75	0.65	0.75	0.65	0.05	XXX
78483	TC	A	Heart first pass, multiple	0.00	5.89	6.91	NA	NA	0.41	XXX
78491		C	Heart image (pet), single	1.50	0.00	0.39	0.00	0.39	0.06	XXX
78491	26	A	Heart image (pet), single	1.50	0.62	0.60	0.62	0.60	0.06	XXX
78491	TC	C	Heart image (pet), single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78492		C	Heart image (pet), multiple	1.87	0.00	0.52	0.00	0.52	0.07	XXX
78492	26	A	Heart image (pet), multiple	1.87	0.88	0.81	0.88	0.81	0.07	XXX
78492	TC	C	Heart image (pet), multiple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78494		A	Heart image, spect	1.19	6.05	6.80	NA	NA	0.35	XXX
78494	26	A	Heart image, spect	1.19	0.53	0.48	0.53	0.48	0.05	XXX
78494	TC	A	Heart image, spect	0.00	5.52	6.32	NA	NA	0.30	XXX
78496		A	Heart first pass add-on	0.50	0.86	4.07	0.86	4.07	0.32	ZZZ
78496	26	A	Heart first pass add-on	0.50	0.22	0.21	0.22	0.21	0.02	ZZZ
78496	TC	A	Heart first pass add-on	0.00	0.63	3.86	0.63	3.86	0.30	ZZZ
78499		C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78580		A	Lung perfusion imaging	0.74	5.08	4.34	NA	NA	0.21	XXX
78580	26	A	Lung perfusion imaging	0.74	0.26	0.25	0.26	0.25	0.03	XXX
78580	TC	A	Lung perfusion imaging	0.00	4.81	4.09	NA	NA	0.18	XXX
78584		A	Lung V/Q image single breath	0.99	3.00	3.23	NA	NA	0.21	XXX
78584	26	A	Lung V/Q image single breath	0.99	0.35	0.33	0.35	0.33	0.04	XXX
78584	TC	A	Lung V/Q image single breath	0.00	2.65	2.90	NA	NA	0.17	XXX
78585		A	Lung V/Q imaging	1.09	8.55	7.20	NA	NA	0.35	XXX
78585	26	A	Lung V/Q imaging	1.09	0.39	0.36	0.39	0.36	0.05	XXX
78585	TC	A	Lung V/Q imaging	0.00	8.16	6.84	NA	NA	0.30	XXX
78586		A	Aerosol lung image, single	0.40	4.13	3.39	NA	NA	0.16	XXX
78586	26	A	Aerosol lung image, single	0.40	0.14	0.13	0.14	0.13	0.02	XXX
78586	TC	A	Aerosol lung image, single	0.00	3.99	3.26	NA	NA	0.14	XXX
78587		A	Aerosol lung image, multiple	0.49	5.37	4.13	NA	NA	0.16	XXX
78587	26	A	Aerosol lung image, multiple	0.49	0.17	0.16	0.17	0.16	0.02	XXX
78587	TC	A	Aerosol lung image, multiple	0.00	5.20	3.97	NA	NA	0.14	XXX
78588		A	Perfusion lung image	1.09	8.58	5.99	NA	NA	0.23	XXX
78588	26	A	Perfusion lung image	1.09	0.38	0.36	0.38	0.36	0.05	XXX
78588	TC	A	Perfusion lung image	0.00	8.19	5.63	NA	NA	0.18	XXX
78591		A	Vent image, 1 breath, 1 proj	0.40	4.13	3.52	NA	NA	0.16	XXX
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.14	0.13	0.14	0.13	0.02	XXX
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	3.99	3.38	NA	NA	0.14	XXX
78593		A	Vent image, 1 proj, gas	0.49	4.77	4.15	NA	NA	0.20	XXX
78593	26	A	Vent image, 1 proj, gas	0.49	0.17	0.16	0.17	0.16	0.02	XXX
78593	TC	A	Vent image, 1 proj, gas	0.00	4.60	3.99	NA	NA	0.18	XXX
78594		A	Vent image, mult proj, gas	0.53	5.22	5.15	NA	NA	0.27	XXX
78594	26	A	Vent image, mult proj, gas	0.53	0.18	0.17	0.18	0.17	0.02	XXX
78594	TC	A	Vent image, mult proj, gas	0.00	5.05	4.98	NA	NA	0.25	XXX
78596		A	Lung differential function	1.27	8.59	8.00	NA	NA	0.42	XXX
78596	26	A	Lung differential function	1.27	0.39	0.40	0.39	0.40	0.05	XXX
78596	TC	A	Lung differential function	0.00	8.19	7.60	NA	NA	0.37	XXX
78599		C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78600		A	Brain imaging, ltd static	0.44	4.33	4.10	NA	NA	0.16	XXX
78600	26	A	Brain imaging, ltd static	0.44	0.15	0.14	0.15	0.14	0.02	XXX
78600	TC	A	Brain imaging, ltd static	0.00	4.18	3.95	NA	NA	0.14	XXX
78601		A	Brain imaging, ltd w/flow	0.51	5.33	4.40	NA	NA	0.20	XXX
78601	26	A	Brain imaging, ltd w/flow	0.51	0.18	0.17	0.18	0.17	0.02	XXX
78601	TC	A	Brain imaging, ltd w/flow	0.00	5.15	4.23	NA	NA	0.18	XXX
78605		A	Brain imaging, complete	0.53	4.79	4.13	NA	NA	0.20	XXX
78605	26	A	Brain imaging, complete	0.53	0.19	0.18	0.19	0.18	0.02	XXX
78605	TC	A	Brain imaging, complete	0.00	4.60	3.95	NA	NA	0.18	XXX
78606		A	Brain imaging, compl w/flow	0.64	8.44	6.20	NA	NA	0.24	XXX
78606	26	A	Brain imaging, compl w/flow	0.64	0.22	0.21	0.22	0.21	0.03	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
78606	TC	A	Brain imaging, compl w/flow	0.00	8.22	5.99	NA	NA	0.21	XXX
78607		A	Brain imaging (3D)	1.23	8.53	8.73	NA	NA	0.40	XXX
78607	26	A	Brain imaging (3D)	1.23	0.41	0.41	0.41	0.41	0.05	XXX
78607	TC	A	Brain imaging (3D)	0.00	8.12	8.32	NA	NA	0.35	XXX
78608		C	Brain imaging (PET)	1.50	0.00	0.33	0.00	0.33	0.06	XXX
78608	26	A	Brain imaging (PET)	1.50	0.50	0.49	0.50	0.49	0.06	XXX
78608	TC	C	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78609		C	Brain imaging (PET)	1.50	0.00	0.33	0.00	0.33	0.06	XXX
78609	26	A	Brain imaging (PET)	1.50	0.52	0.50	0.52	0.50	0.06	XXX
78609	TC	C	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78610		A	Brain flow imaging only	0.30	4.36	3.00	NA	NA	0.11	XXX
78610	26	A	Brain flow imaging only	0.30	0.10	0.11	0.10	0.11	0.01	XXX
78610	TC	A	Brain flow imaging only	0.00	4.25	2.89	NA	NA	0.10	XXX
78615		A	Cerebral vascular flow image	0.42	5.44	4.65	NA	NA	0.23	XXX
78615	26	A	Cerebral vascular flow image	0.42	0.15	0.14	0.15	0.14	0.02	XXX
78615	TC	A	Cerebral vascular flow image	0.00	5.29	4.51	NA	NA	0.21	XXX
78630		A	Cerebrospinal fluid scan	0.68	8.57	6.84	NA	NA	0.30	XXX
78630	26	A	Cerebrospinal fluid scan	0.68	0.24	0.23	0.24	0.23	0.03	XXX
78630	TC	A	Cerebrospinal fluid scan	0.00	8.33	6.62	NA	NA	0.27	XXX
78635		A	CSF ventriculography	0.61	8.70	5.63	NA	NA	0.16	XXX
78635	26	A	CSF ventriculography	0.61	0.21	0.22	0.21	0.22	0.02	XXX
78635	TC	A	CSF ventriculography	0.00	8.49	5.42	NA	NA	0.14	XXX
78645		A	CSF shunt evaluation	0.57	8.38	5.93	NA	NA	0.20	XXX
78645	26	A	CSF shunt evaluation	0.57	0.20	0.19	0.20	0.19	0.02	XXX
78645	TC	A	CSF shunt evaluation	0.00	8.18	5.75	NA	NA	0.18	XXX
78647		A	Cerebrospinal fluid scan	0.90	8.41	8.18	NA	NA	0.35	XXX
78647	26	A	Cerebrospinal fluid scan	0.90	0.29	0.29	0.29	0.29	0.04	XXX
78647	TC	A	Cerebrospinal fluid scan	0.00	8.12	7.89	NA	NA	0.31	XXX
78650		A	CSF leakage imaging	0.61	8.47	6.61	NA	NA	0.27	XXX
78650	26	A	CSF leakage imaging	0.61	0.21	0.20	0.21	0.20	0.03	XXX
78650	TC	A	CSF leakage imaging	0.00	8.26	6.41	NA	NA	0.24	XXX
78660		A	Nuclear exam of tear flow	0.53	4.22	3.23	NA	NA	0.14	XXX
78660	26	A	Nuclear exam of tear flow	0.53	0.19	0.18	0.19	0.18	0.02	XXX
78660	TC	A	Nuclear exam of tear flow	0.00	4.03	3.05	NA	NA	0.12	XXX
78699		C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78700		A	Kidney imaging, morphol	0.45	4.35	3.76	NA	NA	0.18	XXX
78700	26	A	Kidney imaging, morphol	0.45	0.16	0.15	0.16	0.15	0.02	XXX
78700	TC	A	Kidney imaging, morphol	0.00	4.19	3.61	NA	NA	0.16	XXX
78701		A	Kidney imaging with flow	0.49	5.33	4.48	NA	NA	0.20	XXX
78701	26	A	Kidney imaging with flow	0.49	0.17	0.16	0.17	0.16	0.02	XXX
78701	TC	A	Kidney imaging with flow	0.00	5.16	4.32	NA	NA	0.18	XXX
78707		A	K flow/funct image w/o drug	0.96	5.43	5.06	NA	NA	0.27	XXX
78707	26	A	K flow/funct image w/o drug	0.96	0.34	0.32	0.34	0.32	0.04	XXX
78707	TC	A	K flow/funct image w/o drug	0.00	5.09	4.74	NA	NA	0.23	XXX
78708		A	K flow/funct image w/drug	1.21	3.45	4.12	NA	NA	0.28	XXX
78708	26	A	K flow/funct image w/drug	1.21	0.43	0.40	0.43	0.40	0.05	XXX
78708	TC	A	K flow/funct image w/drug	0.00	3.02	3.71	NA	NA	0.23	XXX
78709		A	K flow/funct image, multiple	1.41	8.80	6.79	NA	NA	0.29	XXX
78709	26	A	K flow/funct image, multiple	1.41	0.50	0.47	0.50	0.47	0.06	XXX
78709	TC	A	K flow/funct image, multiple	0.00	8.30	6.33	NA	NA	0.23	XXX
78710		A	Kidney imaging (3D)	0.66	5.22	5.64	NA	NA	0.34	XXX
78710	26	A	Kidney imaging (3D)	0.66	0.22	0.21	0.22	0.21	0.03	XXX
78710	TC	A	Kidney imaging (3D)	0.00	5.00	5.43	NA	NA	0.31	XXX
78725		A	Kidney function study	0.38	2.33	2.11	NA	NA	0.13	XXX
78725	26	A	Kidney function study	0.38	0.13	0.13	0.13	0.13	0.02	XXX
78725	TC	A	Kidney function study	0.00	2.20	1.98	NA	NA	0.11	XXX
78730		A	Urinary bladder retention	0.15	1.97	1.78	NA	NA	0.10	ZZZ
78730	26	A	Urinary bladder retention	0.15	0.06	0.09	0.06	0.09	0.02	ZZZ
78730	TC	A	Urinary bladder retention	0.00	1.92	1.69	NA	NA	0.08	ZZZ
78740		A	Ureteral reflux study	0.57	5.61	3.88	NA	NA	0.15	XXX
78740	26	A	Ureteral reflux study	0.57	0.20	0.19	0.20	0.19	0.03	XXX
78740	TC	A	Ureteral reflux study	0.00	5.42	3.70	NA	NA	0.12	XXX
78761		A	Testicular imaging w/flow	0.71	5.01	4.16	NA	NA	0.20	XXX
78761	26	A	Testicular imaging w/flow	0.71	0.25	0.24	0.25	0.24	0.03	XXX
78761	TC	A	Testicular imaging w/flow	0.00	4.76	3.92	NA	NA	0.17	XXX
78799		C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78800		A	Tumor imaging, limited area	0.66	4.29	3.92	NA	NA	0.22	XXX
78800	26	A	Tumor imaging, limited area	0.66	0.21	0.21	0.21	0.21	0.04	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
78800	TC	A	Tumor imaging, limited area	0.00	4.08	3.71	NA	NA	0.18	XXX
78801		A	Tumor imaging, mult areas	0.79	5.99	5.20	NA	NA	0.27	XXX
78801	26	A	Tumor imaging, mult areas	0.79	0.27	0.26	0.27	0.26	0.05	XXX
78801	TC	A	Tumor imaging, mult areas	0.00	5.72	4.94	NA	NA	0.22	XXX
78802		A	Tumor imaging, whole body	0.86	8.05	6.88	NA	NA	0.34	XXX
78802	26	A	Tumor imaging, whole body	0.86	0.30	0.29	0.30	0.29	0.04	XXX
78802	TC	A	Tumor imaging, whole body	0.00	7.75	6.59	NA	NA	0.30	XXX
78803		A	Tumor imaging (3D)	1.09	8.44	8.63	NA	NA	0.40	XXX
78803	26	A	Tumor imaging (3D)	1.09	0.38	0.37	0.38	0.37	0.05	XXX
78803	TC	A	Tumor imaging (3D)	0.00	8.06	8.27	NA	NA	0.35	XXX
78804		A	Tumor imaging, whole body	1.07	14.68	12.95	NA	NA	0.34	XXX
78804	26	A	Tumor imaging, whole body	1.07	0.37	0.36	0.37	0.36	0.04	XXX
78804	TC	A	Tumor imaging, whole body	0.00	14.31	12.59	NA	NA	0.30	XXX
78805		A	Abscess imaging, ltd area	0.73	4.18	3.88	NA	NA	0.21	XXX
78805	26	A	Abscess imaging, ltd area	0.73	0.25	0.24	0.25	0.24	0.03	XXX
78805	TC	A	Abscess imaging, ltd area	0.00	3.93	3.64	NA	NA	0.18	XXX
78806		A	Abscess imaging, whole body	0.86	8.27	7.43	NA	NA	0.39	XXX
78806	26	A	Abscess imaging, whole body	0.86	0.30	0.29	0.30	0.29	0.04	XXX
78806	TC	A	Abscess imaging, whole body	0.00	7.97	7.14	NA	NA	0.35	XXX
78807		A	Nuclear localization/abscess	1.09	8.40	8.51	NA	NA	0.39	XXX
78807	26	A	Nuclear localization/abscess	1.09	0.37	0.37	0.37	0.37	0.04	XXX
78807	TC	A	Nuclear localization/abscess	0.00	8.03	8.14	NA	NA	0.35	XXX
78811		C	Tumor imaging (pet), limited	1.54	0.00	0.34	NA	NA	0.11	XXX
78811	26	A	Tumor imaging (pet), limited	1.54	0.54	0.52	0.54	0.52	0.11	XXX
78811	TC	C	Tumor imaging (pet), limited	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78812		C	Tumor image (pet)/skul-thigh	1.93	0.00	0.43	NA	NA	0.11	XXX
78812	26	A	Tumor image (pet)/skul-thigh	1.93	0.67	0.65	0.67	0.65	0.11	XXX
78812	TC	C	Tumor image (pet)/skul-thigh	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78813		C	Tumor image (pet) full body	2.00	0.00	0.44	NA	NA	0.11	XXX
78813	26	A	Tumor image (pet) full body	2.00	0.69	0.67	0.69	0.67	0.11	XXX
78813	TC	C	Tumor image (pet) full body	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78814		C	Tumor image pet/ct, limited	2.20	0.00	0.49	NA	NA	0.11	XXX
78814	26	A	Tumor image pet/ct, limited	2.20	0.74	0.73	0.74	0.73	0.11	XXX
78814	TC	C	Tumor image pet/ct, limited	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78815		C	Tumorimage pet/ct skul-thigh	2.44	0.00	0.54	NA	NA	0.11	XXX
78815	26	A	Tumorimage pet/ct skul-thigh	2.44	0.84	0.82	0.84	0.82	0.11	XXX
78815	TC	C	Tumorimage pet/ct skul-thigh	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78816		C	Tumor image pet/ct full body	2.50	0.00	0.55	NA	NA	0.11	XXX
78816	26	A	Tumor image pet/ct full body	2.50	0.86	0.84	0.86	0.84	0.11	XXX
78816	TC	C	Tumor image pet/ct full body	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78890		B	Nuclear medicine data proc	0.05	0.38	0.86	NA	NA	0.07	XXX
78890	26	B	Nuclear medicine data proc	0.05	0.01	0.02	0.01	0.02	0.01	XXX
78890	TC	B	Nuclear medicine data proc	0.00	0.37	0.84	NA	NA	0.06	XXX
78891		B	Nuclear med data proc	0.10	0.87	1.77	NA	NA	0.14	XXX
78891	26	B	Nuclear med data proc	0.10	0.02	0.03	0.02	0.03	0.01	XXX
78891	TC	B	Nuclear med data proc	0.00	0.85	1.74	NA	NA	0.13	XXX
78999		C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79005		A	Nuclear rx, oral admin	1.80	1.84	2.51	NA	NA	0.22	XXX
79005	26	A	Nuclear rx, oral admin	1.80	0.59	0.58	0.59	0.58	0.08	XXX
79005	TC	A	Nuclear rx, oral admin	0.00	1.25	1.93	NA	NA	0.14	XXX
79101		A	Nuclear rx, iv admin	1.96	2.14	2.70	NA	NA	0.22	XXX
79101	26	A	Nuclear rx, iv admin	1.96	0.74	0.69	0.74	0.69	0.08	XXX
79101	TC	A	Nuclear rx, iv admin	0.00	1.41	2.01	NA	NA	0.14	XXX
79200		A	Nuclear rx, intracav admin	1.99	2.21	2.74	NA	NA	0.23	XXX
79200	26	A	Nuclear rx, intracav admin	1.99	0.66	0.66	0.66	0.66	0.09	XXX
79200	TC	A	Nuclear rx, intracav admin	0.00	1.55	2.08	NA	NA	0.14	XXX
79300		C	Nuclr rx, interstit colloid	1.60	0.00	0.37	NA	NA	0.13	XXX
79300	26	A	Nuclr rx, interstit colloid	1.60	0.52	0.55	0.52	0.55	0.13	XXX
79300	TC	C	Nuclr rx, interstit colloid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79403		A	Hematopoietic nuclear tx	2.25	2.90	4.01	NA	NA	0.24	XXX
79403	26	A	Hematopoietic nuclear tx	2.25	0.76	0.81	0.76	0.81	0.10	XXX
79403	TC	A	Hematopoietic nuclear tx	0.00	2.14	3.20	NA	NA	0.14	XXX
79440		A	Nuclear rx, intra-articular	1.99	1.82	2.55	NA	NA	0.22	XXX
79440	26	A	Nuclear rx, intra-articular	1.99	0.68	0.68	0.68	0.68	0.08	XXX
79440	TC	A	Nuclear rx, intra-articular	0.00	1.14	1.87	NA	NA	0.14	XXX
79445		C	Nuclear rx, intra-arterial	2.40	0.00	0.53	0.00	0.53	0.12	XXX
79445	26	A	Nuclear rx, intra-arterial	2.40	0.87	0.82	0.87	0.82	0.12	XXX
79445	TC	C	Nuclear rx, intra-arterial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999		C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80500		A	Lab pathology consultation	0.37	0.20	0.21	0.12	0.14	0.01	XXX
80502		A	Lab pathology consultation	1.33	0.31	0.42	0.25	0.40	0.04	XXX
83020	26	A	Hemoglobin electrophoresis	0.37	0.12	0.13	0.12	0.13	0.01	XXX
83912	26	A	Genetic examination	0.37	0.11	0.12	0.11	0.12	0.01	XXX
84165	26	A	Protein e-phoresis, serum	0.37	0.12	0.13	0.12	0.13	0.01	XXX
84166	26	A	Protein e-phoresis/urine/csf	0.37	0.12	0.13	0.12	0.13	0.01	XXX
84181	26	A	Western blot test	0.37	0.12	0.13	0.12	0.13	0.01	XXX
84182	26	A	Protein, western blot test	0.37	0.12	0.14	0.12	0.14	0.02	XXX
85060		A	Blood smear interpretation	0.45	0.14	0.16	0.14	0.16	0.02	XXX
85097		A	Bone marrow interpretation	0.94	1.24	1.59	0.27	0.34	0.04	XXX
85390	26	A	Fibrinolysins screen	0.37	0.13	0.13	0.13	0.13	0.01	XXX
85396		A	Clotting assay, whole blood	0.37	NA	NA	0.10	0.12	0.04	XXX
85576	26	A	Blood platelet aggregation	0.37	0.12	0.14	0.12	0.14	0.01	XXX
86077		A	Physician blood bank service	0.94	0.39	0.39	0.30	0.35	0.03	XXX
86078		A	Physician blood bank service	0.94	0.39	0.42	0.30	0.35	0.03	XXX
86079		A	Physician blood bank service	0.94	0.39	0.42	0.31	0.36	0.03	XXX
86255	26	A	Fluorescent antibody, screen	0.37	0.12	0.13	0.12	0.13	0.01	XXX
86256	26	A	Fluorescent antibody, titer	0.37	0.12	0.13	0.12	0.13	0.01	XXX
86320	26	A	Serum immunoelectrophoresis	0.37	0.12	0.13	0.12	0.13	0.01	XXX
86325	26	A	Other immunoelectrophoresis	0.37	0.12	0.13	0.12	0.13	0.01	XXX
86327	26	A	Immunoelectrophoresis assay	0.42	0.13	0.16	0.13	0.16	0.02	XXX
86334	26	A	Immunofix e-phoresis, serum	0.37	0.12	0.13	0.12	0.13	0.01	XXX
86335	26	A	Immunfix e-phorsis/urine/csf	0.37	0.12	0.13	0.12	0.13	0.01	XXX
86485		C	Skin test, candida	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86490		A	Coccidioidomycosis skin test	0.00	0.13	0.21	NA	NA	0.02	XXX
86510		A	Histoplasmosis skin test	0.00	0.12	0.23	NA	NA	0.02	XXX
86580		A	TB intradermal test	0.00	0.16	0.21	NA	NA	0.02	XXX
87164	26	A	Dark field examination	0.37	0.12	0.12	0.12	0.12	0.01	XXX
87207	26	A	Smear, special stain	0.37	0.12	0.14	0.12	0.14	0.01	XXX
88104		A	Cytopath fl nongyn, smears	0.56	1.18	1.01	NA	NA	0.04	XXX
88104	26	A	Cytopath fl nongyn, smears	0.56	0.16	0.20	0.16	0.20	0.02	XXX
88104	TC	A	Cytopath fl nongyn, smears	0.00	1.02	0.81	NA	NA	0.02	XXX
88106		A	Cytopath fl nongyn, filter	0.56	1.52	1.43	NA	NA	0.04	XXX
88106	26	A	Cytopath fl nongyn, filter	0.56	0.15	0.20	0.15	0.20	0.02	XXX
88106	TC	A	Cytopath fl nongyn, filter	0.00	1.36	1.23	NA	NA	0.02	XXX
88107		A	Cytopath fl nongyn, sm/fltr	0.76	1.98	1.77	NA	NA	0.05	XXX
88107	26	A	Cytopath fl nongyn, sm/fltr	0.76	0.23	0.28	0.23	0.28	0.03	XXX
88107	TC	A	Cytopath fl nongyn, sm/fltr	0.00	1.75	1.48	NA	NA	0.02	XXX
88108		A	Cytopath, concentrate tech	0.56	1.46	1.33	NA	NA	0.04	XXX
88108	26	A	Cytopath, concentrate tech	0.56	0.16	0.20	0.16	0.20	0.02	XXX
88108	TC	A	Cytopath, concentrate tech	0.00	1.31	1.14	NA	NA	0.02	XXX
88112		A	Cytopath, cell enhance tech	1.18	1.47	1.72	NA	NA	0.04	XXX
88112	26	A	Cytopath, cell enhance tech	1.18	0.30	0.41	0.30	0.41	0.02	XXX
88112	TC	A	Cytopath, cell enhance tech	0.00	1.17	1.32	NA	NA	0.02	XXX
88125		A	Forensic cytopathology	0.26	0.29	0.28	NA	NA	0.02	XXX
88125	26	A	Forensic cytopathology	0.26	0.07	0.09	0.07	0.09	0.01	XXX
88125	TC	A	Forensic cytopathology	0.00	0.22	0.19	NA	NA	0.01	XXX
88141		A	Cytopath, c/v, interpret	0.42	0.37	0.26	0.37	0.26	0.02	XXX
88160		A	Cytopath smear, other source	0.50	0.90	0.87	NA	NA	0.04	XXX
88160	26	A	Cytopath smear, other source	0.50	0.13	0.17	0.13	0.17	0.02	XXX
88160	TC	A	Cytopath smear, other source	0.00	0.77	0.70	NA	NA	0.02	XXX
88161		A	Cytopath smear, other source	0.50	1.07	1.02	NA	NA	0.04	XXX
88161	26	A	Cytopath smear, other source	0.50	0.15	0.18	0.15	0.18	0.02	XXX
88161	TC	A	Cytopath smear, other source	0.00	0.92	0.83	NA	NA	0.02	XXX
88162		A	Cytopath smear, other source	0.76	1.58	1.23	NA	NA	0.05	XXX
88162	26	A	Cytopath smear, other source	0.76	0.24	0.27	0.24	0.27	0.03	XXX
88162	TC	A	Cytopath smear, other source	0.00	1.34	0.95	NA	NA	0.02	XXX
88172		A	Cytopathology eval of fna	0.60	0.81	0.78	NA	NA	0.04	XXX
88172	26	A	Cytopathology eval of fna	0.60	0.17	0.22	0.17	0.22	0.02	XXX
88172	TC	A	Cytopathology eval of fna	0.00	0.63	0.56	NA	NA	0.02	XXX
88173		A	Cytopath eval, fna, report	1.39	2.19	2.18	NA	NA	0.07	XXX
88173	26	A	Cytopath eval, fna, report	1.39	0.39	0.49	0.39	0.49	0.05	XXX
88173	TC	A	Cytopath eval, fna, report	0.00	1.80	1.69	NA	NA	0.02	XXX
88182		A	Cell marker study	0.77	1.99	1.98	NA	NA	0.07	XXX
88182	26	A	Cell marker study	0.77	0.14	0.23	0.14	0.23	0.03	XXX
88182	TC	A	Cell marker study	0.00	1.85	1.74	NA	NA	0.04	XXX
88184		A	Flowcytometry/ tc, 1 marker	0.00	2.44	1.88	NA	NA	0.02	XXX
88185		A	Flowcytometry/tc, add-on	0.00	1.48	1.06	NA	NA	0.02	ZZZ
88187		A	Flowcytometry/read, 2–8	1.36	0.40	0.43	0.40	0.43	0.01	XXX
88188		A	Flowcytometry/read, 9–15	1.69	0.45	0.51	0.45	0.51	0.01	XXX
88189		A	Flowcytometry/read, 16 & >	2.23	0.48	0.61	0.48	0.61	0.01	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
88199		C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88291		A	Cyto/molecular report	0.52	0.27	0.22	0.27	0.22	0.02	XXX
88299		C	Cytogenetic study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88300		A	Surgical path, gross	0.08	0.56	0.51	NA	NA	0.02	XXX
88300	26	A	Surgical path, gross	0.08	0.02	0.03	0.02	0.03	0.01	XXX
88300	TC	A	Surgical path, gross	0.00	0.53	0.48	NA	NA	0.01	XXX
88302		A	Tissue exam by pathologist	0.13	1.28	1.16	NA	NA	0.03	XXX
88302	26	A	Tissue exam by pathologist	0.13	0.04	0.05	0.04	0.05	0.01	XXX
88302	TC	A	Tissue exam by pathologist	0.00	1.24	1.11	NA	NA	0.02	XXX
88304		A	Tissue exam by pathologist	0.22	1.45	1.40	NA	NA	0.03	XXX
88304	26	A	Tissue exam by pathologist	0.22	0.06	0.07	0.06	0.07	0.01	XXX
88304	TC	A	Tissue exam by pathologist	0.00	1.39	1.32	NA	NA	0.02	XXX
88305		A	Tissue exam by pathologist	0.75	2.03	1.99	NA	NA	0.07	XXX
88305	26	A	Tissue exam by pathologist	0.75	0.20	0.27	0.20	0.27	0.03	XXX
88305	TC	A	Tissue exam by pathologist	0.00	1.83	1.72	NA	NA	0.04	XXX
88307		A	Tissue exam by pathologist	1.59	4.38	3.78	NA	NA	0.12	XXX
88307	26	A	Tissue exam by pathologist	1.59	0.48	0.58	0.48	0.58	0.06	XXX
88307	TC	A	Tissue exam by pathologist	0.00	3.90	3.20	NA	NA	0.06	XXX
88309		A	Tissue exam by pathologist	2.80	6.13	5.28	NA	NA	0.14	XXX
88309	26	A	Tissue exam by pathologist	2.80	0.83	0.90	0.83	0.90	0.08	XXX
88309	TC	A	Tissue exam by pathologist	0.00	5.29	4.38	NA	NA	0.06	XXX
88311		A	Decalcify tissue	0.24	0.24	0.23	NA	NA	0.02	XXX
88311	26	A	Decalcify tissue	0.24	0.07	0.08	0.07	0.08	0.01	XXX
88311	TC	A	Decalcify tissue	0.00	0.17	0.15	NA	NA	0.01	XXX
88312		A	Special stains	0.54	2.27	1.93	NA	NA	0.03	XXX
88312	26	A	Special stains	0.54	0.14	0.19	0.14	0.19	0.02	XXX
88312	TC	A	Special stains	0.00	2.13	1.74	NA	NA	0.01	XXX
88313		A	Special stains	0.24	1.93	1.59	NA	NA	0.02	XXX
88313	26	A	Special stains	0.24	0.06	0.08	0.06	0.08	0.01	XXX
88313	TC	A	Special stains	0.00	1.87	1.51	NA	NA	0.01	XXX
88314		A	Histochemical stain	0.45	1.94	2.01	NA	NA	0.04	XXX
88314	26	A	Histochemical stain	0.45	0.14	0.17	0.14	0.17	0.02	XXX
88314	TC	A	Histochemical stain	0.00	1.80	1.84	NA	NA	0.02	XXX
88318		A	Chemical histochemistry	0.42	2.93	2.30	NA	NA	0.03	XXX
88318	26	A	Chemical histochemistry	0.42	0.12	0.15	0.12	0.15	0.02	XXX
88318	TC	A	Chemical histochemistry	0.00	2.80	2.14	NA	NA	0.01	XXX
88319		A	Enzyme histochemistry	0.53	3.20	3.31	NA	NA	0.04	XXX
88319	26	A	Enzyme histochemistry	0.53	0.15	0.18	0.15	0.18	0.02	XXX
88319	TC	A	Enzyme histochemistry	0.00	3.04	3.12	NA	NA	0.02	XXX
88321		A	Microslide consultation	1.63	0.72	0.76	0.47	0.52	0.05	XXX
88323		A	Microslide consultation	1.83	2.20	1.99	NA	NA	0.07	XXX
88323	26	A	Microslide consultation	1.83	0.47	0.52	0.47	0.52	0.05	XXX
88323	TC	A	Microslide consultation	0.00	1.73	1.47	NA	NA	0.02	XXX
88325		A	Comprehensive review of data	2.50	2.39	2.64	0.70	0.81	0.07	XXX
88329		A	Path consult introp	0.67	0.66	0.66	0.20	0.25	0.02	XXX
88331		A	Path consult intraop, 1 bloc	1.19	1.20	1.16	NA	NA	0.08	XXX
88331	26	A	Path consult intraop, 1 bloc	1.19	0.37	0.44	0.37	0.44	0.04	XXX
88331	TC	A	Path consult intraop, 1 bloc	0.00	0.83	0.72	NA	NA	0.04	XXX
88332		A	Path consult intraop, add⊥l	0.59	0.48	0.47	NA	NA	0.04	XXX
88332	26	A	Path consult intraop, add⊥l	0.59	0.18	0.21	0.18	0.21	0.02	XXX
88332	TC	A	Path consult intraop, add⊥l	0.00	0.29	0.25	NA	NA	0.02	XXX
88333		A	Intraop cyto path consult, 1	1.20	1.31	1.20	NA	NA	0.08	XXX
88333	26	A	Intraop cyto path consult, 1	1.20	0.37	0.45	0.37	0.45	0.04	XXX
88333	TC	A	Intraop cyto path consult, 1	0.00	0.94	0.75	NA	NA	0.04	XXX
88334		A	Intraop cyto path consult, 2	0.73	0.78	0.69	NA	NA	0.04	XXX
88334	26	A	Intraop cyto path consult, 2	0.73	0.22	0.24	0.22	0.24	0.02	XXX
88334	TC	A	Intraop cyto path consult, 2	0.00	0.56	0.45	NA	NA	0.02	XXX
88342		A	Immunohistochemistry	0.85	1.98	1.73	NA	NA	0.05	XXX
88342	26	A	Immunohistochemistry	0.85	0.23	0.30	0.23	0.30	0.03	XXX
88342	TC	A	Immunohistochemistry	0.00	1.75	1.43	NA	NA	0.02	XXX
88346		A	Immunofluorescent study	0.86	1.89	1.74	NA	NA	0.05	XXX
88346	26	A	Immunofluorescent study	0.86	0.23	0.30	0.23	0.30	0.03	XXX
88346	TC	A	Immunofluorescent study	0.00	1.66	1.45	NA	NA	0.02	XXX
88347		A	Immunofluorescent study	0.86	1.31	1.29	NA	NA	0.05	XXX
88347	26	A	Immunofluorescent study	0.86	0.19	0.27	0.19	0.27	0.03	XXX
88347	TC	A	Immunofluorescent study	0.00	1.12	1.02	NA	NA	0.02	XXX
88348		A	Electron microscopy	1.51	18.10	13.69	NA	NA	0.13	XXX
88348	26	A	Electron microscopy	1.51	0.42	0.53	0.42	0.53	0.06	XXX
88348	TC	A	Electron microscopy	0.00	17.68	13.16	NA	NA	0.07	XXX
88349		A	Scanning electron microscopy	0.76	9.38	6.38	NA	NA	0.09	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
88349	26	A	Scanning electron microscopy	0.76	0.23	0.28	0.23	0.28	0.03	XXX
88349	TC	A	Scanning electron microscopy	0.00	9.15	6.10	NA	NA	0.06	XXX
88355		A	Analysis, skeletal muscle	1.85	3.19	6.00	NA	NA	0.13	XXX
88355	26	A	Analysis, skeletal muscle	1.85	0.37	0.58	0.37	0.58	0.07	XXX
88355	TC	A	Analysis, skeletal muscle	0.00	2.82	5.42	NA	NA	0.06	XXX
88356		A	Analysis, nerve	3.02	5.33	4.97	NA	NA	0.19	XXX
88356	26	A	Analysis, nerve	3.02	0.59	0.96	0.59	0.96	0.12	XXX
88356	TC	A	Analysis, nerve	0.00	4.74	4.01	NA	NA	0.07	XXX
88358		A	Analysis, tumor	0.95	1.09	0.97	NA	NA	0.17	XXX
88358	26	A	Analysis, tumor	0.95	0.16	0.28	0.16	0.28	0.10	XXX
88358	TC	A	Analysis, tumor	0.00	0.93	0.69	NA	NA	0.07	XXX
88360		A	Tumor immunohistochem/manual	1.10	2.21	1.98	NA	NA	0.08	XXX
88360	26	A	Tumor immunohistochem/manual	1.10	0.27	0.37	0.27	0.37	0.06	XXX
88360	TC	A	Tumor immunohistochem/manual	0.00	1.93	1.61	NA	NA	0.02	XXX
88361		A	Tumor immunohistochem/comput	1.18	2.77	2.88	NA	NA	0.17	XXX
88361	26	A	Tumor immunohistochem/comput	1.18	0.27	0.38	0.27	0.38	0.10	XXX
88361	TC	A	Tumor immunohistochem/comput	0.00	2.50	2.51	NA	NA	0.07	XXX
88362		A	Nerve teasing preparations	2.17	4.95	4.87	NA	NA	0.15	XXX
88362	26	A	Nerve teasing preparations	2.17	0.58	0.75	0.58	0.75	0.09	XXX
88362	TC	A	Nerve teasing preparations	0.00	4.37	4.12	NA	NA	0.06	XXX
88365		A	Insitu hybridization (fish)	1.20	3.30	2.65	NA	NA	0.05	XXX
88365	26	A	Insitu hybridization (fish)	1.20	0.30	0.39	0.30	0.39	0.03	XXX
88365	TC	A	Insitu hybridization (fish)	0.00	3.00	2.25	NA	NA	0.02	XXX
88367		A	Insitu hybridization, auto	1.30	5.11	4.58	NA	NA	0.12	XXX
88367	26	A	Insitu hybridization, auto	1.30	0.23	0.38	0.23	0.38	0.06	XXX
88367	TC	A	Insitu hybridization, auto	0.00	4.88	4.19	NA	NA	0.06	XXX
88368		A	Insitu hybridization, manual	1.40	4.93	3.62	NA	NA	0.12	XXX
88368	26	A	Insitu hybridization, manual	1.40	0.26	0.42	0.26	0.42	0.06	XXX
88368	TC	A	Insitu hybridization, manual	0.00	4.67	3.20	NA	NA	0.06	XXX
88371	26	A	Protein, western blot tissue	0.37	0.10	0.11	0.10	0.11	0.01	XXX
88372	26	A	Protein analysis w/probe	0.37	0.12	0.14	0.12	0.14	0.01	XXX
88380		C	Microdissection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88380	26	C	Microdissection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88380	TC	C	Microdissection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88384		C	Eval molecular probes, 11–50	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88384	26	C	Eval molecular probes, 11–50	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88384	TC	C	Eval molecular probes, 11–50	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88385		A	Eval molecul probes, 51–250	1.50	15.07	10.96	NA	NA	0.12	XXX
88385	26	A	Eval molecul probes, 51–250	1.50	0.27	0.45	0.27	0.45	0.06	XXX
88385	TC	A	Eval molecul probes, 51–250	0.00	14.79	10.50	NA	NA	0.06	XXX
88386		A	Eval molecul probes, 251–500	1.88	14.98	10.89	NA	NA	0.16	XXX
88386	26	A	Eval molecul probes, 251–500	1.88	0.35	0.58	0.35	0.58	0.08	XXX
88386	TC	A	Eval molecul probes, 251–500	0.00	14.63	10.31	NA	NA	0.08	XXX
88399		C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89049		A	Chct for mal hyperthermia	1.40	3.53	3.57	0.20	0.24	0.06	XXX
89060	26	A	Exam,synovial fluid crystals	0.37	0.12	0.14	0.12	0.14	0.01	XXX
89100		A	Sample intestinal contents	0.60	7.87	5.01	0.54	0.39	0.03	XXX
89105		A	Sample intestinal contents	0.50	7.78	4.97	0.46	0.31	0.02	XXX
89130		A	Sample stomach contents	0.45	6.47	4.17	0.37	0.26	0.02	XXX
89132		A	Sample stomach contents	0.19	8.30	4.62	0.38	0.21	0.01	XXX
89135		A	Sample stomach contents	0.79	8.74	5.33	0.67	0.46	0.04	XXX
89136		A	Sample stomach contents	0.21	5.87	3.99	0.26	0.19	0.01	XXX
89140		A	Sample stomach contents	0.94	6.14	4.21	0.43	0.36	0.04	XXX
89141		A	Sample stomach contents	0.85	6.30	4.39	0.49	0.39	0.03	XXX
89220		A	Sputum specimen collection	0.00	0.37	0.40	NA	NA	0.02	XXX
89230		A	Collect sweat for test	0.00	0.07	0.09	NA	NA	0.02	XXX
89240		C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90465		A	Immune admin 1 inj, < 8 yrs	0.17	0.44	0.38	NA	NA	0.01	XXX
90466		A	Immune admin addl inj, < 8 y	0.15	0.11	0.12	0.04	0.09	0.01	ZZZ
90467		R	Immune admin o or n, < 8 yrs	0.17	0.17	0.17	0.07	0.08	0.01	XXX
90468		R	Immune admin o/n, addl < 8 y	0.15	0.11	0.11	0.04	0.05	0.01	ZZZ
90471		A	Immunization admin	0.17	0.44	0.38	NA	NA	0.01	XXX
90472		A	Immunization admin, each add	0.15	0.12	0.13	0.04	0.09	0.01	ZZZ
90473		R	Immune admin oral/nasal	0.17	0.17	0.18	0.04	0.05	0.01	XXX
90474		R	Immune admin oral/nasal addl	0.15	0.08	0.09	0.04	0.05	0.01	ZZZ
90760		A	Hydration iv infusion, init	0.17	1.31	1.37	NA	NA	0.07	XXX
90761		A	Hydrate iv infusion, add-on	0.09	0.31	0.36	NA	NA	0.04	ZZZ
90765		A	Ther/proph/diag iv inf, init	0.21	1.60	1.68	NA	NA	0.07	XXX
90766		A	Ther/proph/dg iv inf, add-on	0.18	0.37	0.42	NA	NA	0.04	ZZZ
90767		A	Tx/proph/dg addl seq iv inf	0.19	0.68	0.79	NA	NA	0.04	ZZZ

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90768		A	Ther/diag concurrent inf	0.17	0.33	0.38	NA	NA	0.04	ZZZ
90772		A	Ther/proph/diag inj, sc/im	0.17	0.44	0.38	NA	NA	0.01	XXX
90773		A	Ther/proph/diag inj, ia	0.17	0.30	0.31	NA	NA	0.02	XXX
90774		A	Ther/proph/diag inj, iv push	0.18	1.32	1.31	NA	NA	0.04	XXX
90775		A	Ther/proph/diag inj add-on	0.10	0.51	0.54	NA	NA	0.04	ZZZ
90779		C	Ther/prop/diag inj/inf proc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90801		A	Psy dx interview	2.80	1.49	1.33	0.60	0.77	0.06	XXX
90802		A	Intac psy dx interview	3.01	1.53	1.36	0.68	0.83	0.07	XXX
90804		A	Psytx, office, 20–30 min	1.21	0.56	0.53	0.22	0.30	0.03	XXX
90805		A	Psytx, off, 20–30 min w/e&m	1.37	0.60	0.55	0.24	0.33	0.03	XXX
90806		A	Psytx, off, 45–50 min	1.86	0.53	0.62	0.33	0.46	0.04	XXX
90807		A	Psytx, off, 45–50 min w/e&m	2.02	0.70	0.70	0.36	0.49	0.05	XXX
90808		A	Psytx, office, 75–80 min	2.79	0.69	0.86	0.50	0.70	0.06	XXX
90809		A	Psytx, off, 75–80, w/e&m	2.95	0.86	0.93	0.53	0.72	0.07	XXX
90810		A	Intac psytx, off, 20–30 min	1.32	0.53	0.52	0.23	0.33	0.04	XXX
90811		A	Intac psytx, 20–30, w/e&m	1.48	0.72	0.65	0.26	0.36	0.04	XXX
90812		A	Intac psytx, off, 45–50 min	1.97	0.65	0.72	0.35	0.50	0.04	XXX
90813		A	Intac psytx, 45–50 min w/e&m	2.13	0.83	0.80	0.37	0.52	0.05	XXX
90814		A	Intac psytx, off, 75–80 min	2.90	0.82	0.95	0.54	0.76	0.06	XXX
90815		A	Intac psytx, 75–80 w/e&m	3.06	1.00	1.03	0.54	0.75	0.07	XXX
90816		A	Psytx, hosp, 20–30 min	1.25	NA	NA	0.33	0.40	0.03	XXX
90817		A	Psytx, hosp, 20–30 min w/e&m	1.41	NA	NA	0.35	0.41	0.03	XXX
90818		A	Psytx, hosp, 45–50 min	1.89	NA	NA	0.44	0.57	0.04	XXX
90819		A	Psytx, hosp, 45–50 min w/e&m	2.05	NA	NA	0.46	0.56	0.05	XXX
90821		A	Psytx, hosp, 75–80 min	2.83	NA	NA	0.60	0.81	0.06	XXX
90822		A	Psytx, hosp, 75–80 min w/e&m	2.99	NA	NA	0.63	0.79	0.08	XXX
90823		A	Intac psytx, hosp, 20–30 min	1.36	NA	NA	0.35	0.42	0.03	XXX
90824		A	Intac psytx, hsp 20–30 w/e&m	1.52	NA	NA	0.37	0.43	0.04	XXX
90826		A	Intac psytx, hosp, 45–50 min	2.01	NA	NA	0.46	0.59	0.05	XXX
90827		A	Intac psytx, hsp 45–50 w/e&m	2.16	NA	NA	0.48	0.58	0.05	XXX
90828		A	Intac psytx, hosp, 75–80 min	2.94	NA	NA	0.63	0.84	0.06	XXX
90829		A	Intac psytx, hsp 75–80 w/e&m	3.10	NA	NA	0.65	0.82	0.07	XXX
90845		A	Psychoanalysis	1.79	0.39	0.48	0.32	0.43	0.04	XXX
90846		R	Family psytx w/o patient	1.83	0.51	0.58	0.43	0.54	0.04	XXX
90847		R	Family psytx w/patient	2.21	0.74	0.78	0.50	0.63	0.05	XXX
90849		R	Multiple family group psytx	0.59	0.33	0.30	0.21	0.22	0.02	XXX
90853		A	Group psychotherapy	0.59	0.26	0.26	0.20	0.21	0.01	XXX
90857		A	Intac group psytx	0.63	0.38	0.33	0.21	0.23	0.01	XXX
90862		A	Medication management	0.95	0.62	0.51	0.27	0.30	0.02	XXX
90865		A	Narcosynthesis	2.84	1.17	1.27	0.63	0.78	0.12	XXX
90870		A	Electroconvulsive therapy	1.88	1.91	1.92	0.38	0.49	0.04	000
90875		N	Psychophysiological therapy	1.20	0.52	0.71	0.28	0.37	0.04	XXX
90876		N	Psychophysiological therapy	1.90	0.67	0.92	0.44	0.59	0.05	XXX
90880		A	Hypnotherapy	2.19	0.58	0.81	0.39	0.54	0.05	XXX
90885		B	Psy evaluation of records	0.97	0.22	0.29	0.22	0.29	0.02	XXX
90887		B	Consultation with family	1.48	0.61	0.72	0.34	0.45	0.04	XXX
90899		C	Psychiatric service/therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90901		A	Biofeedback train, any meth	0.41	0.46	0.56	0.10	0.12	0.02	000
90911		A	Biofeedback peri/uro/rectal	0.89	1.37	1.46	0.30	0.31	0.06	000
90918		I	ESRD related services, month	11.16	4.68	5.39	3.73	4.92	0.36	XXX
90919		I	ESRD related services, month	8.53	3.02	3.51	2.55	3.28	0.29	XXX
90920		I	ESRD related services, month	7.26	2.73	3.24	2.26	3.01	0.23	XXX
90921		I	ESRD related services, month	4.46	1.70	2.07	1.61	2.02	0.14	XXX
90922		I	ESRD related services, day	0.37	0.16	0.19	0.12	0.17	0.01	XXX
90923		I	Esrd related services, day	0.28	0.10	0.11	0.08	0.11	0.01	XXX
90924		I	Esrd related services, day	0.24	0.09	0.10	0.07	0.10	0.01	XXX
90925		I	Esrd related services, day	0.15	0.05	0.06	0.05	0.06	0.01	XXX
90935		A	Hemodialysis, one evaluation	1.22	NA	NA	0.54	0.61	0.04	000
90937		A	Hemodialysis, repeated eval	2.11	NA	NA	0.77	0.88	0.07	000
90945		A	Dialysis, one evaluation	1.28	NA	NA	0.55	0.62	0.04	000
90947		A	Dialysis, repeated eval	2.16	NA	NA	0.79	0.89	0.07	000
90997		A	Hemoperfusion	1.84	NA	NA	0.50	0.58	0.06	000
90999		C	Dialysis procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91000		A	Esophageal intubation	0.73	2.11	1.24	2.11	1.24	0.04	000
91000	26	A	Esophageal intubation	0.73	0.22	0.24	0.22	0.24	0.03	000
91000	TC	A	Esophageal intubation	0.00	1.88	0.99	1.88	0.99	0.01	000
91010		A	Esophagus motility study	1.25	3.64	4.03	3.64	4.03	0.12	000
91010	26	A	Esophagus motility study	1.25	0.55	0.50	0.55	0.50	0.06	000
91010	TC	A	Esophagus motility study	0.00	3.09	3.53	3.09	3.53	0.06	000
91011		A	Esophagus motility study	1.50	5.33	5.28	5.33	5.28	0.13	000
91011	26	A	Esophagus motility study	1.50	0.72	0.63	0.72	0.63	0.07	000
91011	TC	A	Esophagus motility study	0.00	4.60	4.65	4.60	4.65	0.06	000

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
91012		A	Esophagus motility study	1.46	5.41	5.60	5.41	5.60	0.13	000
91012	26	A	Esophagus motility study	1.46	0.69	0.60	0.69	0.60	0.06	000
91012	TC	A	Esophagus motility study	0.00	4.72	4.99	4.72	4.99	0.07	000
91020		A	Gastric motility studies	1.44	4.77	4.64	4.77	4.64	0.13	000
91020	26	A	Gastric motility studies	1.44	0.61	0.55	0.61	0.55	0.07	000
91020	TC	A	Gastric motility studies	0.00	4.16	4.09	4.16	4.09	0.06	000
91022		A	Duodenal motility study	1.44	3.11	3.76	3.11	3.76	0.13	000
91022	26	A	Duodenal motility study	1.44	0.62	0.57	0.62	0.57	0.07	000
91022	TC	A	Duodenal motility study	0.00	2.49	3.19	2.49	3.19	0.06	000
91030		A	Acid perfusion of esophagus	0.91	2.87	2.66	2.87	2.66	0.06	000
91030	26	A	Acid perfusion of esophagus	0.91	0.42	0.37	0.42	0.37	0.04	000
91030	TC	A	Acid perfusion of esophagus	0.00	2.45	2.28	2.45	2.28	0.02	000
91034		A	Gastroesophageal reflux test	0.97	4.12	4.68	4.12	4.68	0.12	000
91034	26	A	Gastroesophageal reflux test	0.97	0.43	0.38	0.43	0.38	0.06	000
91034	TC	A	Gastroesophageal reflux test	0.00	3.69	4.30	3.69	4.30	0.06	000
91035		A	G-esoph reflx tst w/electrod	1.59	11.28	11.04	11.28	11.04	0.12	000
91035	26	A	G-esoph reflx tst w/electrod	1.59	0.71	0.64	0.71	0.64	0.06	000
91035	TC	A	G-esoph reflx tst w/electrod	0.00	10.57	10.40	10.57	10.40	0.06	000
91037		A	Esoph imped function test	0.97	3.45	3.18	3.45	3.18	0.12	000
91037	26	A	Esoph imped function test	0.97	0.45	0.39	0.45	0.39	0.06	000
91037	TC	A	Esoph imped function test	0.00	3.00	2.79	3.00	2.79	0.06	000
91038		A	Esoph imped funct test > 1h	1.10	2.79	2.50	2.79	2.50	0.12	000
91038	26	A	Esoph imped funct test > 1h	1.10	0.51	0.45	0.51	0.45	0.06	000
91038	TC	A	Esoph imped funct test > 1h	0.00	2.28	2.05	2.28	2.05	0.06	000
91040		A	Esoph balloon distension tst	0.97	7.63	9.66	7.63	9.66	0.12	000
91040	26	A	Esoph balloon distension tst	0.97	0.28	0.33	0.28	0.33	0.06	000
91040	TC	A	Esoph balloon distension tst	0.00	7.35	9.33	7.35	9.33	0.06	000
91052		A	Gastric analysis test	0.79	2.93	2.70	2.93	2.70	0.05	000
91052	26	A	Gastric analysis test	0.79	0.37	0.33	0.37	0.33	0.03	000
91052	TC	A	Gastric analysis test	0.00	2.56	2.37	2.56	2.37	0.02	000
91055		A	Gastric intubation for smear	0.94	2.56	2.73	2.56	2.73	0.07	000
91055	26	A	Gastric intubation for smear	0.94	0.29	0.28	0.29	0.28	0.05	000
91055	TC	A	Gastric intubation for smear	0.00	2.27	2.45	2.27	2.45	0.02	000
91065		A	Breath hydrogen test	0.20	1.33	1.39	1.33	1.39	0.03	000
91065	26	A	Breath hydrogen test	0.20	0.06	0.07	0.06	0.07	0.01	000
91065	TC	A	Breath hydrogen test	0.00	1.26	1.32	1.26	1.32	0.02	000
91100		A	Pass intestine bleeding tube	1.08	2.12	2.46	0.32	0.31	0.07	000
91105		A	Gastric intubation treatment	0.37	1.65	1.89	0.07	0.08	0.03	000
91110		A	Gi tract capsule endoscopy	3.64	20.46	21.33	NA	NA	0.16	XXX
91110	26	A	Gi tract capsule endoscopy	3.64	1.68	1.49	1.68	1.49	0.09	XXX
91110	TC	A	Gi tract capsule endoscopy	0.00	18.78	19.85	NA	NA	0.07	XXX
91111		A	Esophageal capsule endoscopy	1.00	18.64	18.65	NA	NA	0.05	XXX
91111	26	A	Esophageal capsule endoscopy	1.00	0.45	0.46	0.45	0.46	0.03	XXX
91111	TC	A	Esophageal capsule endoscopy	0.00	18.19	18.19	NA	NA	0.02	XXX
91120		A	Rectal sensation test	0.97	8.81	9.93	8.81	9.93	0.11	XXX
91120	26	A	Rectal sensation test	0.97	0.28	0.31	0.28	0.31	0.07	XXX
91120	TC	A	Rectal sensation test	0.00	8.53	9.62	8.53	9.62	0.04	XXX
91122		A	Anal pressure record	1.77	4.29	4.60	4.29	4.60	0.21	000
91122	26	A	Anal pressure record	1.77	0.63	0.60	0.63	0.60	0.13	000
91122	TC	A	Anal pressure record	0.00	3.66	4.01	3.66	4.01	0.08	000
91132		C	Electrogastrography	0.52	0.00	0.13	NA	NA	0.02	XXX
91132	26	A	Electrogastrography	0.52	0.26	0.22	0.26	0.22	0.02	XXX
91132	TC	C	Electrogastrography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91133		C	Electrogastrography w/test	0.66	0.00	0.17	NA	NA	0.03	XXX
91133	26	A	Electrogastrography w/test	0.66	0.32	0.27	0.32	0.27	0.03	XXX
91133	TC	C	Electrogastrography w/test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299		C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92002		A	Eye exam, new patient	0.88	0.94	0.96	0.26	0.31	0.02	XXX
92004		A	Eye exam, new patient	1.82	1.58	1.64	0.56	0.62	0.04	XXX
92012		A	Eye exam established pat	0.92	0.99	1.00	0.32	0.29	0.02	XXX
92014		A	Eye exam & treatment	1.42	1.38	1.39	0.47	0.46	0.03	XXX
92015		N	Refraction	0.38	0.10	0.79	0.09	0.12	0.01	XXX
92018		A	New eye exam & treatment	2.50	NA	NA	0.87	0.98	0.07	XXX
92019		A	Eye exam & treatment	1.31	NA	NA	0.36	0.47	0.03	XXX
92020		A	Special eye evaluation	0.37	0.25	0.30	0.13	0.14	0.01	XXX
92025		A	Corneal topography	0.35	0.43	0.44	0.43	0.44	0.02	XXX
92025	26	A	Corneal topography	0.35	0.12	0.12	0.12	0.12	0.01	XXX
92025	TC	A	Corneal topography	0.00	0.31	0.32	0.31	0.32	0.01	XXX
92060		A	Special eye evaluation	0.69	0.77	0.76	NA	NA	0.03	XXX
92060	26	A	Special eye evaluation	0.69	0.23	0.26	0.23	0.26	0.02	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
92060	TC	A	Special eye evaluation	0.00	0.54	0.49	NA	NA	0.01	XXX
92065		A	Orthoptic/pleoptic training	0.37	0.85	0.70	NA	NA	0.02	XXX
92065	26	A	Orthoptic/pleoptic training	0.37	0.09	0.12	0.09	0.12	0.01	XXX
92065	TC	A	Orthoptic/pleoptic training	0.00	0.76	0.57	NA	NA	0.01	XXX
92070		A	Fitting of contact lens	0.70	0.90	0.99	0.23	0.28	0.02	XXX
92081		A	Visual field examination(s)	0.36	0.95	0.95	NA	NA	0.02	XXX
92081	26	A	Visual field examination(s)	0.36	0.11	0.13	0.11	0.13	0.01	XXX
92081	TC	A	Visual field examination(s)	0.00	0.84	0.82	NA	NA	0.01	XXX
92082		A	Visual field examination(s)	0.44	1.31	1.28	NA	NA	0.02	XXX
92082	26	A	Visual field examination(s)	0.44	0.14	0.17	0.14	0.17	0.01	XXX
92082	TC	A	Visual field examination(s)	0.00	1.18	1.11	NA	NA	0.01	XXX
92083		A	Visual field examination(s)	0.50	1.51	1.48	NA	NA	0.02	XXX
92083	26	A	Visual field examination(s)	0.50	0.17	0.20	0.17	0.20	0.01	XXX
92083	TC	A	Visual field examination(s)	0.00	1.34	1.28	NA	NA	0.01	XXX
92100		A	Serial tonometry exam(s)	0.92	1.24	1.30	0.28	0.33	0.02	XXX
92120		A	Tonography & eye evaluation	0.81	0.97	1.02	0.25	0.29	0.02	XXX
92130		A	Water provocation tonography	0.81	1.18	1.23	0.28	0.33	0.02	XXX
92135		A	Opthalmic dx imaging	0.35	0.79	0.79	NA	NA	0.02	XXX
92135	26	A	Opthalmic dx imaging	0.35	0.12	0.13	0.12	0.13	0.01	XXX
92135	TC	A	Opthalmic dx imaging	0.00	0.67	0.66	NA	NA	0.01	XXX
92136		A	Ophthalmic biometry	0.54	1.42	1.54	NA	NA	0.08	XXX
92136	26	A	Ophthalmic biometry	0.54	0.20	0.22	0.20	0.22	0.01	XXX
92136	TC	A	Ophthalmic biometry	0.00	1.22	1.32	NA	NA	0.07	XXX
92140		A	Glaucoma provocative tests	0.50	0.88	0.94	0.14	0.18	0.01	XXX
92225		A	Special eye exam, initial	0.38	0.24	0.23	0.13	0.14	0.01	XXX
92226		A	Special eye exam, subsequent	0.33	0.23	0.22	0.12	0.13	0.01	XXX
92230		A	Eye exam with photos	0.60	0.68	1.11	0.19	0.20	0.02	XXX
92235		A	Eye exam with photos	0.81	2.25	2.44	NA	NA	0.08	XXX
92235	26	A	Eye exam with photos	0.81	0.29	0.34	0.29	0.34	0.02	XXX
92235	TC	A	Eye exam with photos	0.00	1.96	2.11	NA	NA	0.06	XXX
92240		A	Icg angiography	1.10	4.37	5.26	NA	NA	0.09	XXX
92240	26	A	Icg angiography	1.10	0.40	0.45	0.40	0.45	0.03	XXX
92240	TC	A	Icg angiography	0.00	3.97	4.80	NA	NA	0.06	XXX
92250		A	Eye exam with photos	0.44	1.29	1.42	NA	NA	0.02	XXX
92250	26	A	Eye exam with photos	0.44	0.14	0.17	0.14	0.17	0.01	XXX
92250	TC	A	Eye exam with photos	0.00	1.15	1.25	NA	NA	0.01	XXX
92260		A	Ophthalmoscopy/dynamometry	0.20	0.23	0.24	0.07	0.08	0.01	XXX
92265		A	Eye muscle evaluation	0.81	0.99	1.24	NA	NA	0.06	XXX
92265	26	A	Eye muscle evaluation	0.81	0.24	0.26	0.24	0.26	0.04	XXX
92265	TC	A	Eye muscle evaluation	0.00	0.75	0.98	NA	NA	0.02	XXX
92270		A	Electro-oculography	0.81	1.31	1.44	NA	NA	0.05	XXX
92270	26	A	Electro-oculography	0.81	0.23	0.28	0.23	0.28	0.03	XXX
92270	TC	A	Electro-oculography	0.00	1.08	1.15	NA	NA	0.02	XXX
92275		A	Electroretinography	1.01	2.41	2.19	NA	NA	0.05	XXX
92275	26	A	Electroretinography	1.01	0.35	0.40	0.35	0.40	0.03	XXX
92275	TC	A	Electroretinography	0.00	2.06	1.79	NA	NA	0.02	XXX
92283		A	Color vision examination	0.17	0.98	0.92	NA	NA	0.02	XXX
92283	26	A	Color vision examination	0.17	0.05	0.06	0.05	0.06	0.01	XXX
92283	TC	A	Color vision examination	0.00	0.93	0.86	NA	NA	0.01	XXX
92284		A	Dark adaptation eye exam	0.24	1.12	1.52	NA	NA	0.02	XXX
92284	26	A	Dark adaptation eye exam	0.24	0.07	0.08	0.07	0.08	0.01	XXX
92284	TC	A	Dark adaptation eye exam	0.00	1.05	1.44	NA	NA	0.01	XXX
92285		A	Eye photography	0.20	0.79	0.90	NA	NA	0.02	XXX
92285	26	A	Eye photography	0.20	0.07	0.08	0.07	0.08	0.01	XXX
92285	TC	A	Eye photography	0.00	0.72	0.81	NA	NA	0.01	XXX
92286		A	Internal eye photography	0.66	2.08	2.58	NA	NA	0.04	XXX
92286	26	A	Internal eye photography	0.66	0.22	0.26	0.22	0.26	0.02	XXX
92286	TC	A	Internal eye photography	0.00	1.85	2.32	NA	NA	0.02	XXX
92287		A	Internal eye photography	0.81	1.90	2.15	0.28	0.30	0.02	XXX
92310		N	Contact lens fitting	1.17	1.05	1.08	0.27	0.36	0.04	XXX
92311		A	Contact lens fitting	1.08	1.27	1.18	0.31	0.34	0.03	XXX
92312		A	Contact lens fitting	1.26	1.45	1.28	0.34	0.43	0.03	XXX
92313		A	Contact lens fitting	0.92	1.42	1.25	0.31	0.30	0.02	XXX
92314		N	Prescription of contact lens	0.69	1.12	1.03	0.16	0.21	0.01	XXX
92315		A	Prescription of contact lens	0.45	1.30	1.08	0.13	0.15	0.01	XXX
92316		A	Prescription of contact lens	0.68	1.63	1.28	0.23	0.26	0.02	XXX
92317		A	Prescription of contact lens	0.45	1.30	1.15	0.11	0.14	0.01	XXX
92325		A	Modification of contact lens	0.00	0.83	0.62	NA	NA	0.01	XXX
92326		A	Replacement of contact lens	0.00	0.72	1.18	NA	NA	0.06	XXX
92340		N	Fitting of spectacles	0.37	0.44	0.57	0.09	0.12	0.01	XXX
92341		N	Fitting of spectacles	0.47	0.46	0.60	0.11	0.14	0.01	XXX
92342		N	Fitting of spectacles	0.53	0.47	0.62	0.12	0.17	0.01	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
92352		B	Special spectacles fitting	0.37	0.56	0.62	0.09	0.12	0.01	XXX
92353		B	Special spectacles fitting	0.50	0.59	0.66	0.12	0.15	0.02	XXX
92354		B	Special spectacles fitting	0.00	0.28	4.57	NA	NA	0.10	XXX
92355		B	Special spectacles fitting	0.00	0.44	2.39	NA	NA	0.01	XXX
92358		B	Eye prosthesis service	0.00	0.23	0.60	NA	NA	0.05	XXX
92370		N	Repair & adjust spectacles	0.32	0.39	0.47	0.07	0.10	0.02	XXX
92371		B	Repair & adjust spectacles	0.00	0.24	0.43	NA	NA	0.02	XXX
92499		C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92502		A	Ear and throat examination	1.51	NA	NA	0.91	0.99	0.05	000
92504		A	Ear microscopy examination	0.18	0.59	0.54	0.06	0.07	0.01	XXX
92506		A	Speech/hearing evaluation	0.86	3.47	3.00	0.28	0.33	0.03	XXX
92507		A	Speech/hearing therapy	0.52	1.22	1.16	0.16	0.19	0.02	XXX
92508		A	Speech/hearing therapy	0.26	0.55	0.52	0.09	0.10	0.01	XXX
92511		A	Nasopharyngoscopy	0.84	3.10	3.17	0.67	0.72	0.03	000
92512		A	Nasal function studies	0.55	0.99	1.06	0.18	0.18	0.02	XXX
92516		A	Facial nerve function test	0.43	1.23	1.20	0.14	0.18	0.01	XXX
92520		A	Laryngeal function studies	0.75	0.93	0.71	0.24	0.31	0.03	XXX
92526		A	Oral function therapy	0.55	1.69	1.66	0.17	0.18	0.02	XXX
92541		A	Spontaneous nystagmus test	0.40	1.14	1.08	NA	NA	0.04	XXX
92541	26	A	Spontaneous nystagmus test	0.40	0.11	0.15	0.11	0.15	0.02	XXX
92541	TC	A	Spontaneous nystagmus test	0.00	1.03	0.93	NA	NA	0.02	XXX
92542		A	Positional nystagmus test	0.33	1.28	1.20	NA	NA	0.03	XXX
92542	26	A	Positional nystagmus test	0.33	0.09	0.12	0.09	0.12	0.01	XXX
92542	TC	A	Positional nystagmus test	0.00	1.19	1.08	NA	NA	0.02	XXX
92543		A	Caloric vestibular test	0.10	0.64	0.61	NA	NA	0.02	XXX
92543	26	A	Caloric vestibular test	0.10	0.03	0.04	0.03	0.04	0.01	XXX
92543	TC	A	Caloric vestibular test	0.00	0.62	0.57	NA	NA	0.01	XXX
92544		A	Optokinetic nystagmus test	0.26	1.02	0.96	NA	NA	0.03	XXX
92544	26	A	Optokinetic nystagmus test	0.26	0.07	0.10	0.07	0.10	0.01	XXX
92544	TC	A	Optokinetic nystagmus test	0.00	0.95	0.86	NA	NA	0.02	XXX
92545		A	Oscillating tracking test	0.23	0.99	0.90	NA	NA	0.03	XXX
92545	26	A	Oscillating tracking test	0.23	0.06	0.09	0.06	0.09	0.01	XXX
92545	TC	A	Oscillating tracking test	0.00	0.93	0.81	NA	NA	0.02	XXX
92546		A	Sinusoidal rotational test	0.29	1.79	1.89	NA	NA	0.03	XXX
92546	26	A	Sinusoidal rotational test	0.29	0.08	0.11	0.08	0.11	0.01	XXX
92546	TC	A	Sinusoidal rotational test	0.00	1.72	1.79	NA	NA	0.02	XXX
92547		A	Supplemental electrical test	0.00	0.11	0.10	0.11	0.10	0.06	ZZZ
92548		A	Posturography	0.50	1.68	1.96	NA	NA	0.15	XXX
92548	26	A	Posturography	0.50	0.14	0.20	0.14	0.20	0.02	XXX
92548	TC	A	Posturography	0.00	1.55	1.76	NA	NA	0.13	XXX
92551		N	Pure tone hearing test, air	0.00	0.25	0.25	NA	NA	0.01	XXX
92552		A	Pure tone audiometry, air	0.00	0.60	0.51	NA	NA	0.04	XXX
92553		A	Audiometry, air & bone	0.00	0.76	0.70	NA	NA	0.06	XXX
92555		A	Speech threshold audiometry	0.00	0.41	0.39	NA	NA	0.04	XXX
92556		A	Speech audiometry, complete	0.00	0.51	0.54	NA	NA	0.06	XXX
92557		A	Comprehensive hearing test	0.60	0.30	0.91	0.30	0.91	0.12	XXX
92561		A	Bekesy audiometry, diagnosis	0.00	0.69	0.70	NA	NA	0.06	XXX
92562		A	Loudness balance test	0.00	0.61	0.52	NA	NA	0.04	XXX
92563		A	Tone decay hearing test	0.00	0.54	0.45	NA	NA	0.04	XXX
92564		A	Sisi hearing test	0.00	0.48	0.47	NA	NA	0.05	XXX
92565		A	Stenger test, pure tone	0.00	0.25	0.32	NA	NA	0.04	XXX
92567		A	Tympanometry	0.20	0.13	0.38	0.13	0.38	0.06	XXX
92568		A	Acoustic refl threshold tst	0.29	0.10	0.25	0.10	0.25	0.04	XXX
92569		A	Acoustic reflex decay test	0.20	0.07	0.26	0.07	0.26	0.04	XXX
92571		A	Filtered speech hearing test	0.00	0.44	0.41	NA	NA	0.04	XXX
92572		A	Staggered spondaic word test	0.00	0.58	0.34	NA	NA	0.01	XXX
92575		A	Sensorineural acuity test	0.00	1.14	0.71	NA	NA	0.02	XXX
92576		A	Synthetic sentence test	0.00	0.58	0.51	NA	NA	0.05	XXX
92577		A	Stenger test, speech	0.00	0.26	0.49	NA	NA	0.07	XXX
92579		A	Visual audiometry (vra)	0.70	0.35	0.62	0.35	0.62	0.06	XXX
92582		A	Conditioning play audiometry	0.00	1.16	0.93	NA	NA	0.06	XXX
92583		A	Select picture audiometry	0.00	0.73	0.80	NA	NA	0.08	XXX
92584		A	Electrocochleography	0.00	1.35	1.88	NA	NA	0.21	XXX
92585		A	Auditor evoke potent, compre	0.50	2.09	2.04	NA	NA	0.17	XXX
92585	26	A	Auditor evoke potent, compre	0.50	0.15	0.18	0.15	0.18	0.03	XXX
92585	TC	A	Auditor evoke potent, compre	0.00	1.93	1.86	NA	NA	0.14	XXX
92586		A	Auditor evoke potent, limit	0.00	1.40	1.63	NA	NA	0.14	XXX
92587		A	Evoked auditory test	0.13	0.65	1.01	NA	NA	0.12	XXX
92587	26	A	Evoked auditory test	0.13	0.04	0.05	0.04	0.05	0.01	XXX
92587	TC	A	Evoked auditory test	0.00	0.61	0.96	NA	NA	0.11	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
92588		A	Evoked auditory test	0.36	1.11	1.36	NA	NA	0.14	XXX
92588	26	A	Evoked auditory test	0.36	0.11	0.14	0.11	0.14	0.01	XXX
92588	TC	A	Evoked auditory test	0.00	1.00	1.22	NA	NA	0.13	XXX
92596		A	Ear protector evaluation	0.00	1.01	0.79	NA	NA	0.06	XXX
92597		A	Oral speech device eval	0.86	1.81	1.73	0.29	0.36	0.03	XXX
92601		A	Cochlear implt f/up exam < 7	2.30	4.87	3.84	NA	NA	0.07	XXX
92602		A	Reprogram cochlear implt < 7	1.30	0.89	2.04	NA	NA	0.07	XXX
92603		A	Cochlear implt f/up exam 7 >	2.25	1.19	2.00	0.74	1.85	0.07	XXX
92604		A	Reprogram cochlear implt 7 >	1.25	0.78	1.29	0.41	1.16	0.07	XXX
92607		A	Ex for speech device rx, 1hr	0.00	4.59	3.78	NA	NA	0.05	XXX
92608		A	Ex for speech device rx addl	0.00	0.87	0.71	NA	NA	0.05	XXX
92609		A	Use of speech device service	0.00	2.43	1.99	NA	NA	0.04	XXX
92610		A	Evaluate swallowing function	0.00	1.69	2.55	NA	NA	0.08	XXX
92611		A	Motion fluoroscopy/swallow	0.00	1.93	2.67	NA	NA	0.08	XXX
92612		A	Endoscopy swallow tst (fees)	1.27	2.95	2.81	0.42	0.53	0.04	XXX
92613		A	Endoscopy swallow tst (fees)	0.71	0.24	0.32	0.24	0.31	0.05	XXX
92614		A	Laryngoscopic sensory test	1.27	2.41	2.43	0.42	0.53	0.04	XXX
92615		A	Eval laryngoscopy sense tst	0.63	0.21	0.28	0.21	0.28	0.05	XXX
92616		A	Fees w/laryngeal sense test	1.88	3.15	3.23	0.62	0.79	0.06	XXX
92617		A	Interprt fees/laryngeal test	0.79	0.27	0.35	0.26	0.35	0.05	XXX
92620		A	Auditory function, 60 min	0.00	1.92	1.52	NA	NA	0.06	XXX
92621		A	Auditory function, + 15 min	0.00	0.43	0.34	NA	NA	0.06	ZZZ
92625		A	Tinnitus assessment	0.00	1.92	1.51	1.92	1.51	0.06	XXX
92626		A	Eval aud rehab status	0.00	1.99	2.07	NA	NA	0.06	XXX
92627		A	Eval aud status rehab add-on	0.00	0.45	0.50	0.45	0.50	0.02	ZZZ
92640		A	Aud brainstem implt programg	0.00	1.32	1.37	1.32	1.37	0.01	XXX
92700		C	Ent procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92950		A	Heart/lung resuscitation cpr	3.79	3.21	3.71	0.77	0.88	0.28	000
92953		A	Temporary external pacing	0.23	NA	NA	0.07	0.07	0.02	000
92960		A	Cardioversion electric, ext	2.25	4.22	5.29	1.39	1.30	0.07	000
92961		A	Cardioversion, electric, int	4.59	NA	NA	2.35	2.24	0.29	000
92970		A	Cardioassist, internal	3.51	NA	NA	1.44	1.28	0.16	000
92971		A	Cardioassist, external	1.77	NA	NA	1.06	0.96	0.06	000
92973		A	Percut coronary thrombectomy	3.28	NA	NA	1.69	1.51	0.23	ZZZ
92974		A	Cath place, cardio brachytx	3.00	NA	NA	1.55	1.39	0.21	ZZZ
92975		A	Dissolve clot, heart vessel	7.24	NA	NA	3.68	3.29	0.50	000
92977		A	Dissolve clot, heart vessel	0.00	1.68	4.87	NA	NA	0.46	XXX
92978		C	Intravasc us, heart add-on	1.80	NA	NA	NA	NA	0.30	ZZZ
92978	26	A	Intravasc us, heart add-on	1.80	0.92	0.83	0.92	0.83	0.06	ZZZ
92978	TC	C	Intravasc us, heart add-on	0.00	NA	NA	NA	NA	0.24	ZZZ
92979		C	Intravasc us, heart add-on	1.44	NA	NA	NA	NA	0.19	ZZZ
92979	26	A	Intravasc us, heart add-on	1.44	0.74	0.66	0.74	0.66	0.06	ZZZ
92979	TC	C	Intravasc us, heart add-on	0.00	NA	NA	NA	NA	0.13	ZZZ
92980		A	Insert intracoronary stent	14.82	NA	NA	7.80	7.03	1.03	000
92981		A	Insert intracoronary stent	4.16	NA	NA	2.14	1.91	0.29	ZZZ
92982		A	Coronary artery dilation	10.96	NA	NA	5.82	5.25	0.76	000
92984		A	Coronary artery dilation	2.97	NA	NA	1.52	1.36	0.21	ZZZ
92986		A	Revision of aortic valve	22.70	NA	NA	14.75	13.48	1.51	090
92987		A	Revision of mitral valve	23.48	NA	NA	15.33	13.94	1.59	090
92990		A	Revision of pulmonary valve	18.12	NA	NA	10.98	10.44	1.20	090
92992		C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	090
92993		C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	090
92995		A	Coronary atherectomy	12.07	NA	NA	6.38	5.76	0.84	000
92996		A	Coronary atherectomy add-on	3.26	NA	NA	1.68	1.50	0.10	ZZZ
92997		A	Pul art balloon repr, percut	11.98	NA	NA	5.52	5.13	0.40	000
92998		A	Pul art balloon repr, percut	5.99	NA	NA	2.91	2.54	0.28	ZZZ
93000		A	Electrocardiogram, complete	0.17	0.33	0.42	0.33	0.42	0.03	XXX
93005		A	Electrocardiogram, tracing	0.00	0.27	0.36	NA	NA	0.02	XXX
93010		A	Electrocardiogram report	0.17	0.07	0.06	0.07	0.06	0.01	XXX
93012		A	Transmission of ecg	0.00	4.10	5.07	NA	NA	0.18	XXX
93014		A	Report on transmitted ecg	0.52	0.22	0.21	0.22	0.21	0.02	XXX
93015		A	Cardiovascular stress test	0.75	1.84	1.91	1.84	1.91	0.14	XXX
93016		A	Cardiovascular stress test	0.45	0.22	0.20	0.22	0.20	0.02	XXX
93017		A	Cardiovascular stress test	0.00	1.48	1.59	NA	NA	0.11	XXX
93018		A	Cardiovascular stress test	0.30	0.14	0.13	0.14	0.13	0.01	XXX
93024		A	Cardiac drug stress test	1.17	2.31	1.96	NA	NA	0.12	XXX
93024	26	A	Cardiac drug stress test	1.17	0.55	0.51	0.55	0.51	0.04	XXX
93024	TC	A	Cardiac drug stress test	0.00	1.75	1.45	NA	NA	0.08	XXX
93025		A	Microvolt t-wave assess	0.75	3.81	5.72	NA	NA	0.14	XXX
93025	26	A	Microvolt t-wave assess	0.75	0.37	0.33	0.37	0.33	0.03	XXX
93025	TC	A	Microvolt t-wave assess	0.00	3.44	5.39	NA	NA	0.11	XXX
93040		A	Rhythm ECG with report	0.16	0.19	0.20	0.19	0.20	0.02	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
93041		A	Rhythm ECG, tracing	0.00	0.14	0.15	NA	NA	0.01	XXX
93042		A	Rhythm ECG, report	0.16	0.05	0.05	0.05	0.05	0.01	XXX
93224		A	ECG monitor/report, 24 hrs	0.52	1.88	2.82	1.88	2.82	0.24	XXX
93225		A	ECG monitor/record, 24 hrs	0.00	0.83	1.04	NA	NA	0.08	XXX
93226		A	ECG monitor/report, 24 hrs	0.00	1.15	1.67	NA	NA	0.14	XXX
93227		A	ECG monitor/review, 24 hrs	0.52	0.26	0.23	0.26	0.23	0.02	XXX
93230		A	ECG monitor/report, 24 hrs	0.52	1.70	2.89	1.70	2.89	0.26	XXX
93231		A	Ecg monitor/record, 24 hrs	0.00	0.70	1.11	NA	NA	0.11	XXX
93232		A	ECG monitor/report, 24 hrs	0.00	1.31	1.75	NA	NA	0.13	XXX
93233		A	ECG monitor/review, 24 hrs	0.52	0.22	0.21	0.22	0.21	0.02	XXX
93235		C	ECG monitor/report, 24 hrs	0.45	0.00	1.43	NA	NA	0.16	XXX
93236		C	ECG monitor/report, 24 hrs	0.00	0.00	1.31	NA	NA	0.14	XXX
93237		A	ECG monitor/review, 24 hrs	0.45	0.21	0.19	0.21	0.19	0.02	XXX
93268		A	ECG record/review	0.52	0.75	4.93	0.75	4.93	0.28	XXX
93270		A	ECG recording	0.00	0.28	0.76	NA	NA	0.08	XXX
93271		A	Ecg/monitoring and analysis	0.00	5.15	5.60	NA	NA	0.18	XXX
93272		A	Ecg/review, interpret only	0.52	0.21	0.20	0.21	0.20	0.02	XXX
93278		A	ECG/signal-averaged	0.25	0.61	0.93	NA	NA	0.12	XXX
93278	26	A	ECG/signal-averaged	0.25	0.10	0.10	0.10	0.10	0.01	XXX
93278	TC	A	ECG/signal-averaged	0.00	0.51	0.83	NA	NA	0.11	XXX
93303		A	Echo transthoracic	1.30	4.37	4.40	NA	NA	0.27	XXX
93303	26	A	Echo transthoracic	1.30	0.52	0.51	0.52	0.51	0.04	XXX
93303	TC	A	Echo transthoracic	0.00	3.86	3.89	NA	NA	0.23	XXX
93304		A	Echo transthoracic	0.75	3.02	2.65	NA	NA	0.15	XXX
93304	26	A	Echo transthoracic	0.75	0.29	0.29	0.29	0.29	0.02	XXX
93304	TC	A	Echo transthoracic	0.00	2.73	2.36	NA	NA	0.13	XXX
93307		A	Echo exam of heart	0.92	3.61	3.94	NA	NA	0.26	XXX
93307	26	A	Echo exam of heart	0.92	0.44	0.40	0.44	0.40	0.03	XXX
93307	TC	A	Echo exam of heart	0.00	3.18	3.54	NA	NA	0.23	XXX
93308		A	Echo exam of heart	0.53	2.53	2.35	NA	NA	0.15	XXX
93308	26	A	Echo exam of heart	0.53	0.26	0.23	0.26	0.23	0.02	XXX
93308	TC	A	Echo exam of heart	0.00	2.28	2.12	NA	NA	0.13	XXX
93312		A	Echo transesophageal	2.20	7.17	5.93	NA	NA	0.37	XXX
93312	26	A	Echo transesophageal	2.20	0.94	0.88	0.94	0.88	0.08	XXX
93312	TC	A	Echo transesophageal	0.00	6.23	5.05	NA	NA	0.29	XXX
93313		A	Echo transesophageal	0.95	NA	NA	0.13	0.17	0.06	XXX
93314		A	Echo transesophageal	1.25	7.00	5.66	NA	NA	0.33	XXX
93314	26	A	Echo transesophageal	1.25	0.54	0.51	0.54	0.51	0.04	XXX
93314	TC	A	Echo transesophageal	0.00	6.46	5.15	NA	NA	0.29	XXX
93315		C	Echo transesophageal	2.78	NA	NA	NA	NA	0.09	XXX
93315	26	A	Echo transesophageal	2.78	1.26	1.15	1.26	1.15	0.09	XXX
93315	TC	C	Echo transesophageal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93316		A	Echo transesophageal	0.95	NA	NA	0.25	0.25	0.05	XXX
93317		C	Echo transesophageal	1.83	NA	NA	NA	NA	0.08	XXX
93317	26	A	Echo transesophageal	1.83	0.60	0.66	0.60	0.66	0.08	XXX
93317	TC	C	Echo transesophageal	0.00	0.00	1.79	0.00	1.79	0.00	XXX
93318		C	Echo transesophageal intraop	2.20	0.00	0.39	0.00	0.39	0.14	XXX
93318	26	A	Echo transesophageal intraop	2.20	0.83	0.67	0.83	0.67	0.14	XXX
93318	TC	C	Echo transesophageal intraop	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93320		A	Doppler echo exam, heart	0.38	1.62	1.75	1.62	1.75	0.13	ZZZ
93320	26	A	Doppler echo exam, heart	0.38	0.18	0.17	0.18	0.17	0.01	ZZZ
93320	TC	A	Doppler echo exam, heart	0.00	1.44	1.59	1.44	1.59	0.12	ZZZ
93321		A	Doppler echo exam, heart	0.15	0.59	0.89	0.59	0.89	0.09	ZZZ
93321	26	A	Doppler echo exam, heart	0.15	0.07	0.07	0.07	0.07	0.01	ZZZ
93321	TC	A	Doppler echo exam, heart	0.00	0.52	0.82	0.52	0.82	0.08	ZZZ
93325		B	Doppler color flow add-on	0.07	0.64	1.79	0.64	1.79	0.22	ZZZ
93325	26	B	Doppler color flow add-on	0.07	0.03	0.03	0.03	0.03	0.01	ZZZ
93325	TC	B	Doppler color flow add-on	0.00	0.61	1.76	0.61	1.76	0.21	ZZZ
93350		A	Echo transthoracic	1.48	4.92	3.66	NA	NA	0.18	XXX
93350	26	A	Echo transthoracic	1.48	0.73	0.66	0.73	0.66	0.05	XXX
93350	TC	A	Echo transthoracic	0.00	4.19	3.00	NA	NA	0.13	XXX
93501		A	Right heart catheterization	3.02	18.09	15.33	NA	NA	1.26	000
93501	26	A	Right heart catheterization	3.02	1.51	1.35	1.51	1.35	0.21	000
93501	TC	A	Right heart catheterization	0.00	16.58	13.98	NA	NA	1.05	000
93503		A	Insert/place heart catheter	2.91	NA	NA	0.43	0.56	0.20	000
93505		A	Biopsy of heart lining	4.37	20.23	8.97	NA	NA	0.46	000
93505	26	A	Biopsy of heart lining	4.37	2.19	1.96	2.19	1.96	0.30	000
93505	TC	A	Biopsy of heart lining	0.00	18.03	7.00	NA	NA	0.16	000
93508		A	Cath placement, angiography	4.09	27.89	17.02	NA	NA	0.93	000
93508	26	A	Cath placement, angiography	4.09	2.09	2.12	2.09	2.12	0.28	000
93508	TC	A	Cath placement, angiography	0.00	25.80	14.90	NA	NA	0.65	000
93510		A	Left heart catheterization	4.32	27.22	29.03	NA	NA	2.62	000

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
93510	26	A	Left heart catheterization	4.32	2.19	2.21	2.19	2.21	0.30	000
93510	TC	A	Left heart catheterization	0.00	25.03	26.82	NA	NA	2.32	000
93511		A	Left heart catheterization	5.02	NA	NA	NA	NA	2.60	000
93511	26	A	Left heart catheterization	5.02	2.53	2.51	2.53	2.51	0.35	000
93511	TC	A	Left heart catheterization	0.00	NA	NA	NA	NA	2.25	000
93514		A	Left heart catheterization	7.04	NA	NA	NA	NA	0.49	000
93514	26	A	Left heart catheterization	7.04	2.72	3.00	2.72	3.00	0.49	000
93524		A	Left heart catheterization	6.94	NA	NA	NA	NA	3.44	000
93524	26	A	Left heart catheterization	6.94	3.60	3.42	3.60	3.42	0.48	000
93524	TC	A	Left heart catheterization	0.00	NA	NA	NA	NA	2.96	000
93526		A	Rt & Lt heart catheters	5.98	33.97	37.42	NA	NA	3.47	000
93526	26	A	Rt & Lt heart catheters	5.98	3.04	2.97	3.04	2.97	0.42	000
93526	TC	A	Rt & Lt heart catheters	0.00	30.93	34.46	NA	NA	3.05	000
93527		A	Rt & Lt heart catheters	7.27	NA	NA	NA	NA	3.47	000
93527	26	A	Rt & Lt heart catheters	7.27	3.70	3.56	3.70	3.56	0.51	000
93527	TC	A	Rt & Lt heart catheters	0.00	NA	NA	NA	NA	2.96	000
93528		A	Rt & Lt heart catheters	8.99	NA	NA	NA	NA	3.58	000
93528	26	A	Rt & Lt heart catheters	8.99	4.26	4.21	4.26	4.21	0.62	000
93528	TC	A	Rt & Lt heart catheters	0.00	NA	NA	NA	NA	2.96	000
93529		A	Rt, lt heart catheterization	4.79	NA	NA	NA	NA	3.29	000
93529	26	A	Rt, lt heart catheterization	4.79	2.44	2.39	2.44	2.39	0.33	000
93529	TC	A	Rt, lt heart catheterization	0.00	NA	NA	NA	NA	2.96	000
93530		A	Rt heart cath, congenital	4.22	NA	NA	NA	NA	1.34	000
93530	26	A	Rt heart cath, congenital	4.22	1.77	1.87	1.77	1.87	0.29	000
93530	TC	A	Rt heart cath, congenital	0.00	NA	NA	NA	NA	1.05	000
93531		A	R & l heart cath, congenital	8.34	NA	NA	NA	NA	3.63	000
93531	26	A	R & l heart cath, congenital	8.34	2.76	3.34	2.76	3.34	0.58	000
93531	TC	A	R & l heart cath, congenital	0.00	NA	NA	NA	NA	3.05	000
93532		A	R & l heart cath, congenital	9.99	NA	NA	NA	NA	0.69	000
93532	26	A	R & l heart cath, congenital	9.99	3.41	3.94	3.41	3.94	0.69	000
93533		A	R & l heart cath, congenital	6.69	NA	NA	NA	NA	0.47	000
93533	26	A	R & l heart cath, congenital	6.69	2.96	2.90	2.96	2.90	0.47	000
93539		A	Injection, cardiac cath	0.40	2.39	0.92	NA	NA	0.01	000
93540		A	Injection, cardiac cath	0.43	0.67	0.35	NA	NA	0.01	000
93541		A	Injection for lung angiogram	0.29	NA	NA	0.15	0.13	0.01	000
93542		A	Injection for heart x-rays	0.29	0.46	0.23	NA	NA	0.01	000
93543		A	Injection for heart x-rays	0.29	2.54	0.93	NA	NA	0.01	000
93544		A	Injection for aortography	0.25	1.78	0.67	NA	NA	0.01	000
93545		A	Inject for coronary x-rays	0.40	5.67	2.01	NA	NA	0.01	000
93555		A	Imaging, cardiac cath	0.81	0.57	3.56	NA	NA	0.37	XXX
93555	26	A	Imaging, cardiac cath	0.81	0.41	0.37	0.41	0.37	0.03	XXX
93555	TC	A	Imaging, cardiac cath	0.00	0.16	3.19	NA	NA	0.34	XXX
93556		A	Imaging, cardiac cath	0.83	0.84	5.47	NA	NA	0.54	XXX
93556	26	A	Imaging, cardiac cath	0.83	0.42	0.38	0.42	0.38	0.03	XXX
93556	TC	A	Imaging, cardiac cath	0.00	0.42	5.09	NA	NA	0.51	XXX
93561		A	Cardiac output measurement	0.50	NA	NA	NA	NA	0.08	000
93561	26	A	Cardiac output measurement	0.50	0.14	0.15	0.14	0.15	0.02	000
93561	TC	A	Cardiac output measurement	0.00	NA	NA	NA	NA	0.06	000
93562		A	Cardiac output measurement	0.16	NA	NA	NA	NA	0.05	000
93562	26	A	Cardiac output measurement	0.16	0.03	0.04	0.03	0.04	0.01	000
93562	TC	A	Cardiac output measurement	0.00	NA	NA	NA	NA	0.04	000
93571		A	Heart flow reserve measure	1.80	NA	NA	NA	NA	0.30	ZZZ
93571	26	A	Heart flow reserve measure	1.80	0.92	0.81	0.92	0.81	0.06	ZZZ
93571	TC	A	Heart flow reserve measure	0.00	.	4.57	.	4.57	0.24	ZZZ
93572		A	Heart flow reserve measure	1.44	0.71	0.61	0.71	0.61	0.04	ZZZ
93572	26	A	Heart flow reserve measure	1.44	0.71	0.61	0.71	0.61	0.04	ZZZ
93580		A	Transcath closure of asd	17.97	NA	NA	9.05	8.33	1.25	000
93581		A	Transcath closure of vsd	24.39	NA	NA	10.89	10.56	1.72	000
93600		C	Bundle of His recording	2.12	NA	NA	NA	NA	0.29	000
93600	26	A	Bundle of His recording	2.12	1.04	0.95	1.04	0.95	0.16	000
93600	TC	C	Bundle of His recording	0.00	0.00	1.31	0.00	1.31	0.13	000
93602		C	Intra-atrial recording	2.12	NA	NA	NA	NA	0.24	000
93602	26	A	Intra-atrial recording	2.12	1.01	0.93	1.01	0.93	0.17	000
93602	TC	C	Intra-atrial recording	0.00	0.00	0.74	0.00	0.74	0.07	000
93603		C	Right ventricular recording	2.12	NA	NA	NA	NA	0.29	000
93603	26	A	Right ventricular recording	2.12	1.00	0.92	1.00	0.92	0.18	000
93603	TC	C	Right ventricular recording	0.00	0.00	1.12	0.00	1.12	0.11	000
93609		C	Map tachycardia, add-on	4.99	NA	NA	NA	NA	0.52	ZZZ
93609	26	A	Map tachycardia, add-on	4.99	2.51	2.27	2.51	2.27	0.35	ZZZ
93609	TC	C	Map tachycardia, add-on	0.00	0.00	1.82	0.00	1.82	0.17	ZZZ
93610		C	Intra-atrial pacing	3.02	NA	NA	NA	NA	0.34	000
93610	26	A	Intra-atrial pacing	3.02	1.41	1.30	1.41	1.30	0.24	000

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
93610	TC	C	Intra-atrial pacing	0.00	NA	NA	NA	NA	0.10	000
93612		C	Intraventricular pacing	3.02	NA	NA	NA	NA	0.36	000
93612	26	A	Intraventricular pacing	3.02	1.37	1.28	1.37	1.28	0.25	000
93612	TC	C	Intraventricular pacing	0.00	0.00	1.07	0.00	1.07	0.11	000
93613		A	Electrophys map 3d, add-on	6.99	NA	NA	3.54	3.20	0.49	ZZZ
93615		C	Esophageal recording	0.99	NA	NA	NA	NA	0.05	000
93615	26	A	Esophageal recording	0.99	0.51	0.39	0.51	0.39	0.03	000
93615	TC	C	Esophageal recording	0.00	0.00	0.21	0.00	0.21	0.02	000
93616		C	Esophageal recording	1.49	0.00	0.45	0.00	0.45	0.09	000
93616	26	A	Esophageal recording	1.49	0.26	0.37	0.26	0.37	0.09	000
93616	TC	C	Esophageal recording	0.00	0.00	0.16	0.00	0.16	0.00	000
93618		C	Heart rhythm pacing	4.25	NA	NA	NA	NA	0.54	000
93618	26	A	Heart rhythm pacing	4.25	2.19	1.96	2.19	1.96	0.30	000
93618	TC	C	Heart rhythm pacing	0.00	0.00	2.65	0.00	2.65	0.24	000
93619		C	Electrophysiology evaluation	7.31	NA	NA	NA	NA	0.98	000
93619	26	A	Electrophysiology evaluation	7.31	3.71	3.48	3.71	3.48	0.51	000
93619	TC	C	Electrophysiology evaluation	0.00	0.00	5.15	0.00	5.15	0.47	000
93620		C	Electrophysiology evaluation	11.57	NA	NA	0.00	7.91	0.80	000
93620	26	A	Electrophysiology evaluation	11.57	5.84	5.43	5.84	5.43	0.80	000
93620	TC	C	Electrophysiology evaluation	0.00	0.00	4.43	0.00	4.43	0.00	000
93621		C	Electrophysiology evaluation	2.10	0.00	0.60	0.00	0.60	0.15	ZZZ
93621	26	A	Electrophysiology evaluation	2.10	1.06	0.95	1.06	0.95	0.15	ZZZ
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93622		C	Electrophysiology evaluation	3.10	0.00	0.89	0.00	0.89	0.22	ZZZ
93622	26	A	Electrophysiology evaluation	3.10	1.50	1.39	1.50	1.39	0.22	ZZZ
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93623		C	Stimulation, pacing heart	2.85	0.00	0.81	0.00	0.81	0.20	ZZZ
93623	26	A	Stimulation, pacing heart	2.85	1.43	1.29	1.43	1.29	0.20	ZZZ
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93624		C	Electrophysiologic study	4.80	NA	NA	0.00	1.54	0.46	000
93624	26	A	Electrophysiologic study	4.80	2.49	2.37	2.49	2.37	0.33	000
93624	TC	C	Electrophysiologic study	0.00	0.00	1.33	0.00	1.33	0.13	000
93631		C	Heart pacing, mapping	7.59	0.00	4.92	0.00	4.92	0.97	000
93631	26	A	Heart pacing, mapping	7.59	2.75	2.76	2.75	2.76	0.97	000
93631	TC	C	Heart pacing, mapping	0.00	0.00	3.07	0.00	3.07	0.00	000
93640		C	Evaluation heart device	3.51	NA	NA	NA	NA	0.66	000
93640	26	A	Evaluation heart device	3.51	1.74	1.58	1.74	1.58	0.24	000
93640	TC	C	Evaluation heart device	0.00	0.00	4.79	0.00	4.79	0.42	000
93641		C	Electrophysiology evaluation	5.92	NA	NA	NA	NA	0.83	000
93641	26	A	Electrophysiology evaluation	5.92	2.99	2.69	2.99	2.69	0.41	000
93641	TC	C	Electrophysiology evaluation	0.00	0.00	4.79	0.00	4.79	0.42	000
93642		A	Electrophysiology evaluation	4.88	7.08	8.29	7.08	8.29	0.57	000
93642	26	A	Electrophysiology evaluation	4.88	2.48	2.38	2.48	2.38	0.15	000
93642	TC	A	Electrophysiology evaluation	0.00	4.60	5.91	4.60	5.91	0.42	000
93650		A	Ablate heart dysrhythm focus	10.49	NA	NA	5.58	5.09	0.73	000
93651		A	Ablate heart dysrhythm focus	16.23	NA	NA	8.19	7.37	1.13	000
93652		A	Ablate heart dysrhythm focus	17.65	NA	NA	8.47	7.88	1.23	000
93660		A	Tilt table evaluation	1.89	2.90	2.69	2.90	2.69	0.08	000
93660	26	A	Tilt table evaluation	1.89	0.94	0.85	0.94	0.85	0.06	000
93660	TC	A	Tilt table evaluation	0.00	1.97	1.84	1.97	1.84	0.02	000
93662		C	Intracardiac ecg (ice)	2.80	0.00	0.81	0.00	0.81	0.09	ZZZ
93662	26	A	Intracardiac ecg (ice)	2.80	1.41	1.28	1.41	1.28	0.09	ZZZ
93662	TC	C	Intracardiac ecg (ice)	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93668		N	Peripheral vascular rehab	0.00	0.40	0.40	NA	NA	0.01	XXX
93701		A	Bioimpedance, thoracic	0.17	0.68	0.83	NA	NA	0.02	XXX
93701	26	A	Bioimpedance, thoracic	0.17	0.06	0.07	0.06	0.07	0.01	XXX
93701	TC	A	Bioimpedance, thoracic	0.00	0.62	0.77	NA	NA	0.01	XXX
93720		A	Total body plethysmography	0.17	1.26	1.00	1.26	1.00	0.07	XXX
93721		A	Plethysmography tracing	0.00	1.12	0.92	NA	NA	0.06	XXX
93722		A	Plethysmography report	0.17	0.04	0.05	0.04	0.05	0.01	XXX
93724		A	Analyze pacemaker system	4.88	3.04	4.54	3.04	4.54	0.39	000
93724	26	A	Analyze pacemaker system	4.88	2.21	2.13	2.21	2.13	0.15	000
93724	TC	A	Analyze pacemaker system	0.00	0.84	2.41	0.84	2.41	0.24	000
93727		A	Analyze ilr system	0.52	0.61	0.41	0.61	0.41	0.02	XXX
93731		A	Analyze pacemaker system	0.45	0.76	0.72	NA	NA	0.05	XXX
93731	26	A	Analyze pacemaker system	0.45	0.23	0.20	0.23	0.20	0.01	XXX
93731	TC	A	Analyze pacemaker system	0.00	0.53	0.52	NA	NA	0.04	XXX
93732		A	Analyze pacemaker system	0.92	1.11	1.00	NA	NA	0.07	XXX
93732	26	A	Analyze pacemaker system	0.92	0.46	0.41	0.46	0.41	0.03	XXX
93732	TC	A	Analyze pacemaker system	0.00	0.64	0.58	NA	NA	0.04	XXX
93733		A	Telephone analy, pacemaker	0.17	0.90	0.85	NA	NA	0.07	XXX
93733	26	A	Telephone analy, pacemaker	0.17	0.08	0.07	0.08	0.07	0.01	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
93733	TC	A	Telephone analy, pacemaker	0.00	0.82	0.78	NA	NA	0.06	XXX
93734		A	Analyze pacemaker system	0.38	0.68	0.59	NA	NA	0.03	XXX
93734	26	A	Analyze pacemaker system	0.38	0.19	0.17	0.19	0.17	0.01	XXX
93734	TC	A	Analyze pacemaker system	0.00	0.48	0.42	NA	NA	0.02	XXX
93735		A	Analyze pacemaker system	0.74	0.92	0.83	NA	NA	0.06	XXX
93735	26	A	Analyze pacemaker system	0.74	0.37	0.33	0.37	0.33	0.02	XXX
93735	TC	A	Analyze pacemaker system	0.00	0.55	0.50	NA	NA	0.04	XXX
93736		A	Telephonic analy, pacemaker	0.15	0.88	0.79	NA	NA	0.07	XXX
93736	26	A	Telephonic analy, pacemaker	0.15	0.07	0.06	0.07	0.06	0.01	XXX
93736	TC	A	Telephonic analy, pacemaker	0.00	0.82	0.73	NA	NA	0.06	XXX
93740		B	Temperature gradient studies	0.16	0.04	0.11	NA	NA	0.02	XXX
93740	26	B	Temperature gradient studies	0.16	0.04	0.04	0.04	0.04	0.01	XXX
93740	TC	B	Temperature gradient studies	0.00	0.00	0.07	NA	NA	0.01	XXX
93741		A	Analyze ht pace device sngl	0.80	0.98	0.99	NA	NA	0.07	XXX
93741	26	A	Analyze ht pace device sngl	0.80	0.41	0.36	0.41	0.36	0.03	XXX
93741	TC	A	Analyze ht pace device sngl	0.00	0.57	0.62	NA	NA	0.04	XXX
93742		A	Analyze ht pace device sngl	0.91	1.11	1.08	NA	NA	0.07	XXX
93742	26	A	Analyze ht pace device sngl	0.91	0.46	0.42	0.46	0.42	0.03	XXX
93742	TC	A	Analyze ht pace device sngl	0.00	0.65	0.66	NA	NA	0.04	XXX
93743		A	Analyze ht pace device dual	1.03	1.15	1.15	NA	NA	0.07	XXX
93743	26	A	Analyze ht pace device dual	1.03	0.52	0.47	0.52	0.47	0.03	XXX
93743	TC	A	Analyze ht pace device dual	0.00	0.62	0.68	NA	NA	0.04	XXX
93744		A	Analyze ht pace device dual	1.18	1.29	1.22	NA	NA	0.08	XXX
93744	26	A	Analyze ht pace device dual	1.18	0.60	0.54	0.60	0.54	0.04	XXX
93744	TC	A	Analyze ht pace device dual	0.00	0.69	0.68	NA	NA	0.04	XXX
93745		C	Set-up cardiovert-defibrill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93745	26	C	Set-up cardiovert-defibrill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93745	TC	C	Set-up cardiovert-defibrill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93770		B	Measure venous pressure	0.16	0.04	0.06	NA	NA	0.02	XXX
93770	26	B	Measure venous pressure	0.16	0.04	0.05	0.04	0.05	0.01	XXX
93770	TC	B	Measure venous pressure	0.00	0.00	0.01	NA	NA	0.01	XXX
93784		A	Ambulatory BP monitoring	0.38	1.13	1.40	1.13	1.40	0.03	XXX
93786		A	Ambulatory BP recording	0.00	0.86	0.89	NA	NA	0.01	XXX
93788		A	Ambulatory BP analysis	0.00	0.51	0.51	NA	NA	0.01	XXX
93790		A	Review/report BP recording	0.38	0.14	0.13	0.14	0.13	0.01	XXX
93797		I	Cardiac rehab	0.00	0.00	0.00	0.00	0.00	0.00	000
93798		I	Cardiac rehab/monitor	0.00	0.00	0.00	0.00	0.00	0.00	000
93799		C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93875		A	Extracranial study	0.22	2.50	2.42	NA	NA	0.12	XXX
93875	26	A	Extracranial study	0.22	0.07	0.08	0.07	0.08	0.01	XXX
93875	TC	A	Extracranial study	0.00	2.44	2.35	NA	NA	0.11	XXX
93880		A	Extracranial study	0.60	6.05	5.80	NA	NA	0.39	XXX
93880	26	A	Extracranial study	0.60	0.21	0.20	0.21	0.20	0.04	XXX
93880	TC	A	Extracranial study	0.00	5.84	5.59	NA	NA	0.35	XXX
93882		A	Extracranial study	0.40	4.06	3.77	NA	NA	0.26	XXX
93882	26	A	Extracranial study	0.40	0.11	0.12	0.11	0.12	0.04	XXX
93882	TC	A	Extracranial study	0.00	3.94	3.65	NA	NA	0.22	XXX
93886		A	Intracranial study	0.94	6.94	6.83	NA	NA	0.45	XXX
93886	26	A	Intracranial study	0.94	0.28	0.33	0.28	0.33	0.06	XXX
93886	TC	A	Intracranial study	0.00	6.66	6.50	NA	NA	0.39	XXX
93888		A	Intracranial study	0.62	4.83	4.52	NA	NA	0.32	XXX
93888	26	A	Intracranial study	0.62	0.20	0.21	0.20	0.21	0.05	XXX
93888	TC	A	Intracranial study	0.00	4.63	4.30	NA	NA	0.27	XXX
93890		A	Tcd, vasoreactivity study	1.00	6.35	5.58	NA	NA	0.45	XXX
93890	26	A	Tcd, vasoreactivity study	1.00	0.31	0.36	0.31	0.36	0.06	XXX
93890	TC	A	Tcd, vasoreactivity study	0.00	6.04	5.23	NA	NA	0.39	XXX
93892		A	Tcd, emboli detect w/o inj	1.15	6.77	5.94	NA	NA	0.45	XXX
93892	26	A	Tcd, emboli detect w/o inj	1.15	0.32	0.39	0.32	0.39	0.06	XXX
93892	TC	A	Tcd, emboli detect w/o inj	0.00	6.44	5.54	NA	NA	0.39	XXX
93893		A	Tcd, emboli detect w/inj	1.15	6.92	5.87	NA	NA	0.45	XXX
93893	26	A	Tcd, emboli detect w/inj	1.15	0.33	0.40	0.33	0.40	0.06	XXX
93893	TC	A	Tcd, emboli detect w/inj	0.00	6.59	5.47	NA	NA	0.39	XXX
93922		A	Extremity study	0.25	3.05	2.87	NA	NA	0.15	XXX
93922	26	A	Extremity study	0.25	0.08	0.08	0.08	0.08	0.02	XXX
93922	TC	A	Extremity study	0.00	2.97	2.79	NA	NA	0.13	XXX
93923		A	Extremity study	0.45	4.60	4.32	NA	NA	0.26	XXX
93923	26	A	Extremity study	0.45	0.14	0.15	0.14	0.15	0.04	XXX
93923	TC	A	Extremity study	0.00	4.46	4.17	NA	NA	0.22	XXX
93924		A	Extremity study	0.50	5.82	5.31	NA	NA	0.30	XXX
93924	26	A	Extremity study	0.50	0.16	0.17	0.16	0.17	0.05	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
93924	TC	A	Extremity study	0.00	5.66	5.14	NA	NA	0.25	XXX
93925		A	Lower extremity study	0.58	7.88	7.33	NA	NA	0.39	XXX
93925	26	A	Lower extremity study	0.58	0.19	0.20	0.19	0.20	0.04	XXX
93925	TC	A	Lower extremity study	0.00	7.70	7.13	NA	NA	0.35	XXX
93926		A	Lower extremity study	0.39	5.07	4.56	NA	NA	0.27	XXX
93926	26	A	Lower extremity study	0.39	0.11	0.12	0.11	0.12	0.04	XXX
93926	TC	A	Lower extremity study	0.00	4.96	4.44	NA	NA	0.23	XXX
93930		A	Upper extremity study	0.46	6.16	5.75	NA	NA	0.41	XXX
93930	26	A	Upper extremity study	0.46	0.15	0.16	0.15	0.16	0.04	XXX
93930	TC	A	Upper extremity study	0.00	6.01	5.59	NA	NA	0.37	XXX
93931		A	Upper extremity study	0.31	4.11	3.80	NA	NA	0.27	XXX
93931	26	A	Upper extremity study	0.31	0.10	0.10	0.10	0.10	0.03	XXX
93931	TC	A	Upper extremity study	0.00	4.02	3.70	NA	NA	0.24	XXX
93965		A	Extremity study	0.35	2.96	2.87	NA	NA	0.14	XXX
93965	26	A	Extremity study	0.35	0.11	0.12	0.11	0.12	0.02	XXX
93965	TC	A	Extremity study	0.00	2.86	2.76	NA	NA	0.12	XXX
93970		A	Extremity study	0.68	6.13	5.67	NA	NA	0.46	XXX
93970	26	A	Extremity study	0.68	0.21	0.22	0.21	0.22	0.06	XXX
93970	TC	A	Extremity study	0.00	5.92	5.45	NA	NA	0.40	XXX
93971		A	Extremity study	0.45	4.02	3.79	NA	NA	0.30	XXX
93971	26	A	Extremity study	0.45	0.15	0.15	0.15	0.15	0.03	XXX
93971	TC	A	Extremity study	0.00	3.88	3.64	NA	NA	0.27	XXX
93975		A	Vascular study	1.80	8.32	7.96	NA	NA	0.56	XXX
93975	26	A	Vascular study	1.80	0.62	0.61	0.62	0.61	0.13	XXX
93975	TC	A	Vascular study	0.00	7.69	7.35	NA	NA	0.43	XXX
93976		A	Vascular study	1.21	4.53	4.40	NA	NA	0.35	XXX
93976	26	A	Vascular study	1.21	0.43	0.40	0.43	0.40	0.05	XXX
93976	TC	A	Vascular study	0.00	4.11	4.00	NA	NA	0.30	XXX
93978		A	Vascular study	0.65	5.92	5.21	NA	NA	0.43	XXX
93978	26	A	Vascular study	0.65	0.21	0.22	0.21	0.22	0.06	XXX
93978	TC	A	Vascular study	0.00	5.71	4.99	NA	NA	0.37	XXX
93979		A	Vascular study	0.44	4.09	3.67	NA	NA	0.27	XXX
93979	26	A	Vascular study	0.44	0.14	0.15	0.14	0.15	0.03	XXX
93979	TC	A	Vascular study	0.00	3.95	3.52	NA	NA	0.24	XXX
93980		A	Penile vascular study	1.25	3.45	3.16	NA	NA	0.42	XXX
93980	26	A	Penile vascular study	1.25	0.47	0.44	0.47	0.44	0.08	XXX
93980	TC	A	Penile vascular study	0.00	2.99	2.72	NA	NA	0.34	XXX
93981		A	Penile vascular study	0.44	2.82	2.84	NA	NA	0.33	XXX
93981	26	A	Penile vascular study	0.44	0.16	0.15	0.16	0.15	0.02	XXX
93981	TC	A	Penile vascular study	0.00	2.66	2.69	NA	NA	0.31	XXX
93990		A	Doppler flow testing	0.25	5.16	4.57	NA	NA	0.26	XXX
93990	26	A	Doppler flow testing	0.25	0.06	0.07	0.06	0.07	0.03	XXX
93990	TC	A	Doppler flow testing	0.00	5.09	4.50	NA	NA	0.23	XXX
94002		A	Vent mgmt inpat, init day	1.99	NA	NA	0.36	0.33	0.09	XXX
94003		A	Vent mgmt inpat, subq day	1.37	NA	NA	0.32	0.33	0.06	XXX
94004		A	Vent mgmt nf per day	1.00	NA	NA	0.23	0.24	0.04	XXX
94005		B	Home vent mgmt supervision	1.50	0.69	0.69	NA	NA	0.06	XXX
94010		A	Breathing capacity test	0.17	0.73	0.70	NA	NA	0.03	XXX
94010	26	A	Breathing capacity test	0.17	0.04	0.05	0.04	0.05	0.01	XXX
94010	TC	A	Breathing capacity test	0.00	0.69	0.66	NA	NA	0.02	XXX
94014		A	Patient recorded spirometry	0.52	0.80	0.78	0.80	0.78	0.03	XXX
94015		A	Patient recorded spirometry	0.00	0.66	0.63	NA	NA	0.01	XXX
94016		A	Review patient spirometry	0.52	0.14	0.15	0.14	0.15	0.02	XXX
94060		A	Evaluation of wheezing	0.31	1.30	1.19	1.30	1.19	0.07	XXX
94060	26	A	Evaluation of wheezing	0.31	0.08	0.09	0.08	0.09	0.01	XXX
94060	TC	A	Evaluation of wheezing	0.00	1.22	1.10	1.22	1.10	0.06	XXX
94070		A	Evaluation of wheezing	0.60	0.99	0.90	NA	NA	0.13	XXX
94070	26	A	Evaluation of wheezing	0.60	0.15	0.16	0.15	0.16	0.03	XXX
94070	TC	A	Evaluation of wheezing	0.00	0.84	0.74	NA	NA	0.10	XXX
94150		B	Vital capacity test	0.07	0.47	0.48	NA	NA	0.02	XXX
94150	26	B	Vital capacity test	0.07	0.02	0.03	0.02	0.03	0.01	XXX
94150	TC	B	Vital capacity test	0.00	0.46	0.45	NA	NA	0.01	XXX
94200		A	Lung function test (MBC/MVV)	0.11	0.50	0.47	NA	NA	0.03	XXX
94200	26	A	Lung function test (MBC/MVV)	0.11	0.03	0.03	0.03	0.03	0.01	XXX
94200	TC	A	Lung function test (MBC/MVV)	0.00	0.47	0.44	NA	NA	0.02	XXX
94240		A	Residual lung capacity	0.26	0.81	0.74	NA	NA	0.06	XXX
94240	26	A	Residual lung capacity	0.26	0.06	0.07	0.06	0.07	0.01	XXX
94240	TC	A	Residual lung capacity	0.00	0.75	0.66	NA	NA	0.05	XXX
94250		A	Expired gas collection	0.11	0.51	0.58	NA	NA	0.02	XXX
94250	26	A	Expired gas collection	0.11	0.03	0.03	0.03	0.03	0.01	XXX
94250	TC	A	Expired gas collection	0.00	0.48	0.55	NA	NA	0.01	XXX
94260		A	Thoracic gas volume	0.13	0.75	0.67	NA	NA	0.05	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
94260	26	A	Thoracic gas volume	0.13	0.03	0.04	0.03	0.04	0.01	XXX
94260	TC	A	Thoracic gas volume	0.00	0.72	0.63	NA	NA	0.04	XXX
94350		A	Lung nitrogen washout curve	0.26	0.61	0.69	NA	NA	0.05	XXX
94350	26	A	Lung nitrogen washout curve	0.26	0.06	0.07	0.06	0.07	0.01	XXX
94350	TC	A	Lung nitrogen washout curve	0.00	0.55	0.62	NA	NA	0.04	XXX
94360		A	Measure airflow resistance	0.26	0.94	0.83	NA	NA	0.07	XXX
94360	26	A	Measure airflow resistance	0.26	0.06	0.07	0.06	0.07	0.01	XXX
94360	TC	A	Measure airflow resistance	0.00	0.88	0.75	NA	NA	0.06	XXX
94370		A	Breath airway closing volume	0.26	0.60	0.66	NA	NA	0.03	XXX
94370	26	A	Breath airway closing volume	0.26	0.07	0.08	0.07	0.08	0.01	XXX
94370	TC	A	Breath airway closing volume	0.00	0.53	0.58	NA	NA	0.02	XXX
94375		A	Respiratory flow volume loop	0.31	0.71	0.66	NA	NA	0.03	XXX
94375	26	A	Respiratory flow volume loop	0.31	0.08	0.09	0.08	0.09	0.01	XXX
94375	TC	A	Respiratory flow volume loop	0.00	0.64	0.57	NA	NA	0.02	XXX
94400		A	CO2 breathing response curve	0.40	1.02	0.93	NA	NA	0.09	XXX
94400	26	A	CO2 breathing response curve	0.40	0.10	0.11	0.10	0.11	0.03	XXX
94400	TC	A	CO2 breathing response curve	0.00	0.92	0.82	NA	NA	0.06	XXX
94450		A	Hypoxia response curve	0.40	1.00	0.93	NA	NA	0.04	XXX
94450	26	A	Hypoxia response curve	0.40	0.09	0.10	0.09	0.10	0.02	XXX
94450	TC	A	Hypoxia response curve	0.00	0.91	0.82	NA	NA	0.02	XXX
94452		A	Hast w/report	0.31	1.26	1.12	NA	NA	0.04	XXX
94452	26	A	Hast w/report	0.31	0.07	0.08	0.07	0.08	0.02	XXX
94452	TC	A	Hast w/report	0.00	1.18	1.03	NA	NA	0.02	XXX
94453		A	Hast w/oxygen titrate	0.40	1.67	1.58	NA	NA	0.04	XXX
94453	26	A	Hast w/oxygen titrate	0.40	0.10	0.11	0.10	0.11	0.02	XXX
94453	TC	A	Hast w/oxygen titrate	0.00	1.57	1.46	NA	NA	0.02	XXX
94610		A	Surfactant admin thru tube	1.16	0.34	0.35	0.34	0.35	0.26	XXX
94620		A	Pulmonary stress test/simple	0.64	0.79	1.64	NA	NA	0.13	XXX
94620	26	A	Pulmonary stress test/simple	0.64	0.17	0.18	0.17	0.18	0.03	XXX
94620	TC	A	Pulmonary stress test/simple	0.00	0.62	1.45	NA	NA	0.10	XXX
94621		A	Pulm stress test/complex	1.42	3.11	2.67	NA	NA	0.16	XXX
94621	26	A	Pulm stress test/complex	1.42	0.44	0.45	0.44	0.45	0.06	XXX
94621	TC	A	Pulm stress test/complex	0.00	2.67	2.22	NA	NA	0.10	XXX
94640		A	Airway inhalation treatment	0.00	0.37	0.34	NA	NA	0.02	XXX
94642		C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94644		A	Cbt, 1st hour	0.00	0.95	0.93	NA	NA	0.02	XXX
94645		A	Cbt, each addl hour	0.00	0.34	0.34	NA	NA	0.02	XXX
94660		A	Pos airway pressure, CPAP	0.76	0.80	0.73	0.19	0.21	0.04	XXX
94662		A	Neg press ventilation, cnp	0.76	NA	NA	0.20	0.21	0.03	XXX
94664		A	Evaluate pt use of inhaler	0.00	0.40	0.35	NA	NA	0.04	XXX
94667		A	Chest wall manipulation	0.00	0.53	0.53	NA	NA	0.05	XXX
94668		A	Chest wall manipulation	0.00	0.50	0.47	NA	NA	0.02	XXX
94680		A	Exhaled air analysis, o2	0.26	1.05	1.46	1.05	1.46	0.07	XXX
94680	26	A	Exhaled air analysis, o2	0.26	0.07	0.08	0.07	0.08	0.01	XXX
94680	TC	A	Exhaled air analysis, o2	0.00	0.98	1.39	0.98	1.39	0.06	XXX
94681		A	Exhaled air analysis, o2/co2	0.20	1.06	1.79	NA	NA	0.13	XXX
94681	26	A	Exhaled air analysis, o2/co2	0.20	0.05	0.06	0.05	0.06	0.01	XXX
94681	TC	A	Exhaled air analysis, o2/co2	0.00	1.01	1.74	NA	NA	0.12	XXX
94690		A	Exhaled air analysis	0.07	1.03	1.51	NA	NA	0.05	XXX
94690	26	A	Exhaled air analysis	0.07	0.02	0.02	0.02	0.02	0.01	XXX
94690	TC	A	Exhaled air analysis	0.00	1.01	1.49	NA	NA	0.04	XXX
94720		A	Monoxide diffusing capacity	0.26	1.14	1.07	NA	NA	0.07	XXX
94720	26	A	Monoxide diffusing capacity	0.26	0.06	0.07	0.06	0.07	0.01	XXX
94720	TC	A	Monoxide diffusing capacity	0.00	1.08	1.00	NA	NA	0.06	XXX
94725		A	Membrane diffusion capacity	0.26	0.97	1.94	NA	NA	0.13	XXX
94725	26	A	Membrane diffusion capacity	0.26	0.07	0.08	0.07	0.08	0.01	XXX
94725	TC	A	Membrane diffusion capacity	0.00	0.90	1.87	NA	NA	0.12	XXX
94750		A	Pulmonary compliance study	0.23	1.75	1.54	NA	NA	0.05	XXX
94750	26	A	Pulmonary compliance study	0.23	0.06	0.07	0.06	0.07	0.01	XXX
94750	TC	A	Pulmonary compliance study	0.00	1.69	1.47	NA	NA	0.04	XXX
94760		T	Measure blood oxygen level	0.00	0.06	0.05	NA	NA	0.02	XXX
94761		T	Measure blood oxygen level	0.00	0.11	0.09	NA	NA	0.06	XXX
94762		A	Measure blood oxygen level	0.00	0.84	0.65	NA	NA	0.10	XXX
94770		A	Exhaled carbon dioxide test	0.15	0.80	0.77	NA	NA	0.08	XXX
94770	26	A	Exhaled carbon dioxide test	0.15	0.04	0.04	0.04	0.04	0.01	XXX
94770	TC	A	Exhaled carbon dioxide test	0.00	0.76	0.73	NA	NA	0.07	XXX
94772		C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94774		C	Ped home apnea rec, compl	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94775		C	Ped home apnea rec, hk-up	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94776		C	Ped home apnea rec, downld	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
94777		C	Ped home apnea rec, report	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94799		C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95004		A	Percut allergy skin tests	0.00	0.15	0.13	NA	NA	0.01	XXX
95010		A	Percut allergy titrate test	0.15	0.31	0.31	0.05	0.06	0.01	XXX
95012		A	Exhaled nitric oxide meas	0.00	0.48	0.48	NA	NA	0.01	XXX
95015		A	Id allergy titrate-drug/bug	0.15	0.21	0.18	0.05	0.06	0.01	XXX
95024		A	Id allergy test, drug/bug	0.00	0.17	0.17	NA	NA	0.01	XXX
95027		A	Id allergy titrate-airborne	0.00	0.10	0.15	NA	NA	0.01	XXX
95028		A	Id allergy test-delayed type	0.00	0.31	0.27	NA	NA	0.01	XXX
95044		A	Allergy patch tests	0.00	0.15	0.18	NA	NA	0.01	XXX
95052		A	Photo patch test	0.00	0.15	0.20	NA	NA	0.01	XXX
95056		A	Photosensitivity tests	0.00	1.24	0.70	NA	NA	0.01	XXX
95060		A	Eye allergy tests	0.00	0.72	0.53	0.72	0.53	0.02	XXX
95065		A	Nose allergy test	0.00	0.68	0.43	0.68	0.43	0.01	XXX
95070		A	Bronchial allergy tests	0.00	0.80	1.54	NA	NA	0.02	XXX
95071		A	Bronchial allergy tests	0.00	0.96	1.93	NA	NA	0.02	XXX
95075		A	Ingestion challenge test	0.95	0.66	0.74	0.26	0.32	0.03	XXX
95115		A	Immunotherapy, one injection	0.00	0.22	0.31	0.00	0.19	0.02	XXX
95117		A	Immunotherapy injections	0.00	0.28	0.39	0.00	0.25	0.02	XXX
95144		A	Antigen therapy services	0.06	0.26	0.23	0.02	0.02	0.01	XXX
95145		A	Antigen therapy services	0.06	0.35	0.34	0.02	0.02	0.01	XXX
95146		A	Antigen therapy services	0.06	0.66	0.55	0.02	0.03	0.01	XXX
95147		A	Antigen therapy services	0.06	0.64	0.53	0.02	0.02	0.01	XXX
95148		A	Antigen therapy services	0.06	0.95	0.76	0.02	0.03	0.01	XXX
95149		A	Antigen therapy services	0.06	1.26	1.03	0.02	0.03	0.01	XXX
95165		A	Antigen therapy services	0.06	0.26	0.23	0.02	0.02	0.01	XXX
95170		A	Antigen therapy services	0.06	0.20	0.17	0.02	0.03	0.01	XXX
95180		A	Rapid desensitization	2.01	1.61	1.82	0.74	0.83	0.04	XXX
95199		C	Allergy immunology services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95250		A	Glucose monitoring, cont	0.00	3.46	3.79	NA	NA	0.01	XXX
95251		A	Gluc monitor, cont, phys i&r	0.85	0.26	0.23	0.26	0.23	0.02	XXX
95805		A	Multiple sleep latency test	1.88	6.93	12.11	NA	NA	0.43	XXX
95805	26	A	Multiple sleep latency test	1.88	0.51	0.58	0.51	0.58	0.09	XXX
95805	TC	A	Multiple sleep latency test	0.00	6.42	11.53	NA	NA	0.34	XXX
95806		A	Sleep study, unattended	1.66	3.87	3.60	NA	NA	0.39	XXX
95806	26	A	Sleep study, unattended	1.66	0.47	0.51	0.47	0.51	0.08	XXX
95806	TC	A	Sleep study, unattended	0.00	3.40	3.09	NA	NA	0.31	XXX
95807		A	Sleep study, attended	1.66	12.21	11.95	NA	NA	0.50	XXX
95807	26	A	Sleep study, attended	1.66	0.41	0.48	0.41	0.48	0.08	XXX
95807	TC	A	Sleep study, attended	0.00	11.80	11.47	NA	NA	0.42	XXX
95808		A	Polysomnography, 1–3	2.65	15.60	14.39	NA	NA	0.55	XXX
95808	26	A	Polysomnography, 1–3	2.65	0.71	0.82	0.71	0.82	0.13	XXX
95808	TC	A	Polysomnography, 1–3	0.00	14.89	13.58	NA	NA	0.42	XXX
95810		A	Polysomnography, 4 or more	3.52	17.52	17.53	NA	NA	0.59	XXX
95810	26	A	Polysomnography, 4 or more	3.52	0.90	1.05	0.90	1.05	0.17	XXX
95810	TC	A	Polysomnography, 4 or more	0.00	16.62	16.49	NA	NA	0.42	XXX
95811		A	Polysomnography w/cpap	3.79	19.51	19.38	NA	NA	0.61	XXX
95811	26	A	Polysomnography w/cpap	3.79	0.96	1.12	0.96	1.12	0.18	XXX
95811	TC	A	Polysomnography w/cpap	0.00	18.54	18.26	NA	NA	0.43	XXX
95812		A	Eeg, 41–60 minutes	1.08	5.84	4.94	NA	NA	0.17	XXX
95812	26	A	Eeg, 41–60 minutes	1.08	0.30	0.38	0.30	0.38	0.06	XXX
95812	TC	A	Eeg, 41–60 minutes	0.00	5.54	4.56	NA	NA	0.11	XXX
95813		A	Eeg, over 1 hour	1.73	6.46	5.75	NA	NA	0.20	XXX
95813	26	A	Eeg, over 1 hour	1.73	0.49	0.60	0.49	0.60	0.09	XXX
95813	TC	A	Eeg, over 1 hour	0.00	5.97	5.16	NA	NA	0.11	XXX
95816		A	Eeg, awake and drowsy	1.08	5.23	4.48	NA	NA	0.16	XXX
95816	26	A	Eeg, awake and drowsy	1.08	0.30	0.38	0.30	0.38	0.06	XXX
95816	TC	A	Eeg, awake and drowsy	0.00	4.92	4.09	NA	NA	0.10	XXX
95819		A	Eeg, awake and asleep	1.08	6.07	4.53	NA	NA	0.16	XXX
95819	26	A	Eeg, awake and asleep	1.08	0.30	0.38	0.30	0.38	0.06	XXX
95819	TC	A	Eeg, awake and asleep	0.00	5.77	4.15	NA	NA	0.10	XXX
95822		A	Eeg, coma or sleep only	1.08	5.47	5.04	NA	NA	0.19	XXX
95822	26	A	Eeg, coma or sleep only	1.08	0.30	0.38	0.30	0.38	0.06	XXX
95822	TC	A	Eeg, coma or sleep only	0.00	5.16	4.65	NA	NA	0.13	XXX
95824		C	Eeg, cerebral death only	0.74	0.00	0.23	0.00	0.23	0.04	XXX
95824	26	A	Eeg, cerebral death only	0.74	0.21	0.26	0.21	0.26	0.04	XXX
95824	TC	C	Eeg, cerebral death only	0.00	0.00	0.03	0.00	0.03	0.00	XXX
95827		A	Eeg, all night recording	1.08	11.40	7.06	NA	NA	0.19	XXX
95827	26	A	Eeg, all night recording	1.08	0.30	0.35	0.30	0.35	0.05	XXX
95827	TC	A	Eeg, all night recording	0.00	11.10	6.71	NA	NA	0.14	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
95829		A	Surgery electrocorticogram	6.20	20.92	26.68	NA	NA	0.50	XXX
95829	26	A	Surgery electrocorticogram	6.20	1.59	1.99	1.59	1.99	0.48	XXX
95829	TC	A	Surgery electrocorticogram	0.00	19.32	24.69	NA	NA	0.02	XXX
95830		A	Insert electrodes for EEG	1.70	2.94	3.12	0.42	0.58	0.11	XXX
95831		A	Limb muscle testing, manual	0.28	0.40	0.43	0.09	0.11	0.01	XXX
95832		A	Hand muscle testing, manual	0.29	0.37	0.35	0.10	0.11	0.02	XXX
95833		A	Body muscle testing, manual	0.47	0.49	0.53	0.14	0.19	0.02	XXX
95834		A	Body muscle testing, manual	0.60	0.54	0.59	0.17	0.23	0.03	XXX
95851		A	Range of motion measurements	0.16	0.26	0.31	0.04	0.06	0.01	XXX
95852		A	Range of motion measurements	0.11	0.23	0.24	0.04	0.05	0.01	XXX
95857		A	Tensilon test	0.53	0.58	0.59	0.16	0.20	0.02	XXX
95860		A	Muscle test, one limb	0.96	1.15	1.29	NA	NA	0.07	XXX
95860	26	A	Muscle test, one limb	0.96	0.32	0.37	0.32	0.37	0.05	XXX
95860	TC	A	Muscle test, one limb	0.00	0.83	0.92	NA	NA	0.02	XXX
95861		A	Muscle test, 2 limbs	1.54	1.65	1.54	NA	NA	0.13	XXX
95861	26	A	Muscle test, 2 limbs	1.54	0.51	0.60	0.51	0.60	0.07	XXX
95861	TC	A	Muscle test, 2 limbs	0.00	1.14	0.94	NA	NA	0.06	XXX
95863		A	Muscle test, 3 limbs	1.87	1.91	1.83	NA	NA	0.15	XXX
95863	26	A	Muscle test, 3 limbs	1.87	0.57	0.69	0.57	0.69	0.09	XXX
95863	TC	A	Muscle test, 3 limbs	0.00	1.34	1.14	NA	NA	0.06	XXX
95864		A	Muscle test, 4 limbs	1.99	2.14	2.40	NA	NA	0.21	XXX
95864	26	A	Muscle test, 4 limbs	1.99	0.62	0.75	0.62	0.75	0.09	XXX
95864	TC	A	Muscle test, 4 limbs	0.00	1.52	1.65	NA	NA	0.12	XXX
95865		A	Muscle test, larynx	1.57	1.40	1.42	NA	NA	0.11	XXX
95865	26	A	Muscle test, larynx	1.57	0.50	0.63	0.50	0.63	0.08	XXX
95865	TC	A	Muscle test, larynx	0.00	0.90	0.79	NA	NA	0.03	XXX
95866		A	Muscle test, hemidiaphragm	1.25	1.31	1.04	NA	NA	0.10	XXX
95866	26	A	Muscle test, hemidiaphragm	1.25	0.39	0.48	0.39	0.48	0.07	XXX
95866	TC	A	Muscle test, hemidiaphragm	0.00	0.92	0.56	NA	NA	0.03	XXX
95867		A	Muscle test cran nerv unilat	0.79	1.15	1.04	NA	NA	0.07	XXX
95867	26	A	Muscle test cran nerv unilat	0.79	0.24	0.29	0.24	0.29	0.03	XXX
95867	TC	A	Muscle test cran nerv unilat	0.00	0.90	0.74	NA	NA	0.04	XXX
95868		A	Muscle test cran nerve bilat	1.18	1.47	1.33	NA	NA	0.10	XXX
95868	26	A	Muscle test cran nerve bilat	1.18	0.37	0.44	0.37	0.44	0.05	XXX
95868	TC	A	Muscle test cran nerve bilat	0.00	1.10	0.89	NA	NA	0.05	XXX
95869		A	Muscle test, thor paraspinal	0.37	1.02	0.69	NA	NA	0.04	XXX
95869	26	A	Muscle test, thor paraspinal	0.37	0.12	0.14	0.12	0.14	0.02	XXX
95869	TC	A	Muscle test, thor paraspinal	0.00	0.90	0.55	NA	NA	0.02	XXX
95870		A	Muscle test, nonparaspinal	0.37	0.98	0.68	NA	NA	0.04	XXX
95870	26	A	Muscle test, nonparaspinal	0.37	0.12	0.14	0.12	0.14	0.02	XXX
95870	TC	A	Muscle test, nonparaspinal	0.00	0.86	0.54	NA	NA	0.02	XXX
95872		A	Muscle test, one fiber	2.88	1.63	1.44	NA	NA	0.13	XXX
95872	26	A	Muscle test, one fiber	2.88	0.88	0.77	0.88	0.77	0.08	XXX
95872	TC	A	Muscle test, one fiber	0.00	0.75	0.68	NA	NA	0.05	XXX
95873		A	Guide nerv destr, elec stim	0.37	1.01	0.68	1.01	0.68	0.04	ZZZ
95873	26	A	Guide nerv destr, elec stim	0.37	0.14	0.15	0.14	0.15	0.02	ZZZ
95873	TC	A	Guide nerv destr, elec stim	0.00	0.87	0.53	0.87	0.53	0.02	ZZZ
95874		A	Guide nerv destr, needle emg	0.37	0.95	0.66	0.95	0.66	0.04	ZZZ
95874	26	A	Guide nerv destr, needle emg	0.37	0.12	0.15	0.12	0.15	0.02	ZZZ
95874	TC	A	Guide nerv destr, needle emg	0.00	0.83	0.52	0.83	0.52	0.02	ZZZ
95875		A	Limb exercise test	1.10	1.46	1.43	NA	NA	0.11	XXX
95875	26	A	Limb exercise test	1.10	0.39	0.42	0.39	0.42	0.05	XXX
95875	TC	A	Limb exercise test	0.00	1.07	1.01	NA	NA	0.06	XXX
95900		A	Motor nerve conduction test	0.42	0.91	1.09	NA	NA	0.04	XXX
95900	26	A	Motor nerve conduction test	0.42	0.14	0.16	0.14	0.16	0.02	XXX
95900	TC	A	Motor nerve conduction test	0.00	0.77	0.93	NA	NA	0.02	XXX
95903		A	Motor nerve conduction test	0.60	0.99	1.10	NA	NA	0.05	XXX
95903	26	A	Motor nerve conduction test	0.60	0.17	0.22	0.17	0.22	0.03	XXX
95903	TC	A	Motor nerve conduction test	0.00	0.82	0.88	NA	NA	0.02	XXX
95904		A	Sense nerve conduction test	0.34	0.84	0.97	NA	NA	0.04	XXX
95904	26	A	Sense nerve conduction test	0.34	0.10	0.13	0.10	0.13	0.02	XXX
95904	TC	A	Sense nerve conduction test	0.00	0.74	0.84	NA	NA	0.02	XXX
95920		A	Intraop nerve test add-on	2.11	1.72	1.99	1.72	1.99	0.23	ZZZ
95920	26	A	Intraop nerve test add-on	2.11	0.63	0.79	0.63	0.79	0.16	ZZZ
95920	TC	A	Intraop nerve test add-on	0.00	1.09	1.20	1.09	1.20	0.07	ZZZ
95921		A	Autonomic nerv function test	0.90	1.14	0.93	NA	NA	0.06	XXX
95921	26	A	Autonomic nerv function test	0.90	0.24	0.29	0.24	0.29	0.04	XXX
95921	TC	A	Autonomic nerv function test	0.00	0.90	0.64	NA	NA	0.02	XXX
95922		A	Autonomic nerv function test	0.96	1.59	1.20	NA	NA	0.07	XXX
95922	26	A	Autonomic nerv function test	0.96	0.26	0.33	0.26	0.33	0.05	XXX
95922	TC	A	Autonomic nerv function test	0.00	1.33	0.86	NA	NA	0.02	XXX
95923		A	Autonomic nerv function test	0.90	2.31	2.10	NA	NA	0.07	XXX

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
95923	26	A	Autonomic nerv function test	0.90	0.26	0.32	0.26	0.32	0.05	XXX
95923	TC	A	Autonomic nerv function test	0.00	2.06	1.78	NA	NA	0.02	XXX
95925		A	Somatosensory testing	0.54	3.04	2.10	NA	NA	0.10	XXX
95925	26	A	Somatosensory testing	0.54	0.15	0.19	0.15	0.19	0.04	XXX
95925	TC	A	Somatosensory testing	0.00	2.88	1.91	NA	NA	0.06	XXX
95926		A	Somatosensory testing	0.54	2.96	2.05	NA	NA	0.09	XXX
95926	26	A	Somatosensory testing	0.54	0.15	0.19	0.15	0.19	0.03	XXX
95926	TC	A	Somatosensory testing	0.00	2.81	1.86	NA	NA	0.06	XXX
95927		A	Somatosensory testing	0.54	3.10	2.12	NA	NA	0.10	XXX
95927	26	A	Somatosensory testing	0.54	0.17	0.21	0.17	0.21	0.04	XXX
95927	TC	A	Somatosensory testing	0.00	2.93	1.91	NA	NA	0.06	XXX
95928		A	C motor evoked, uppr limbs	1.50	3.90	3.47	NA	NA	0.09	XXX
95928	26	A	C motor evoked, uppr limbs	1.50	0.44	0.55	0.44	0.55	0.06	XXX
95928	TC	A	C motor evoked, uppr limbs	0.00	3.46	2.92	NA	NA	0.03	XXX
95929		A	C motor evoked, lwr limbs	1.50	4.22	3.73	NA	NA	0.09	XXX
95929	26	A	C motor evoked, lwr limbs	1.50	0.45	0.56	0.45	0.56	0.06	XXX
95929	TC	A	C motor evoked, lwr limbs	0.00	3.78	3.17	NA	NA	0.03	XXX
95930		A	Visual evoked potential test	0.35	2.62	2.43	NA	NA	0.03	XXX
95930	26	A	Visual evoked potential test	0.35	0.10	0.13	0.10	0.13	0.02	XXX
95930	TC	A	Visual evoked potential test	0.00	2.52	2.31	NA	NA	0.01	XXX
95933		A	Blink reflex test	0.59	1.10	1.06	NA	NA	0.10	XXX
95933	26	A	Blink reflex test	0.59	0.17	0.20	0.17	0.20	0.04	XXX
95933	TC	A	Blink reflex test	0.00	0.93	0.86	NA	NA	0.06	XXX
95934		A	H-reflex test	0.51	0.85	0.65	NA	NA	0.04	XXX
95934	26	A	H-reflex test	0.51	0.16	0.19	0.16	0.19	0.02	XXX
95934	TC	A	H-reflex test	0.00	0.70	0.46	NA	NA	0.02	XXX
95936		A	H-reflex test	0.55	0.59	0.52	NA	NA	0.05	XXX
95936	26	A	H-reflex test	0.55	0.16	0.20	0.16	0.20	0.03	XXX
95936	TC	A	H-reflex test	0.00	0.42	0.32	NA	NA	0.02	XXX
95937		A	Neuromuscular junction test	0.65	0.91	0.76	NA	NA	0.10	XXX
95937	26	A	Neuromuscular junction test	0.65	0.20	0.23	0.20	0.23	0.08	XXX
95937	TC	A	Neuromuscular junction test	0.00	0.71	0.52	NA	NA	0.02	XXX
95950		A	Ambulatory eeg monitoring	1.51	4.88	4.41	NA	NA	0.51	XXX
95950	26	A	Ambulatory eeg monitoring	1.51	0.43	0.54	0.43	0.54	0.08	XXX
95950	TC	A	Ambulatory eeg monitoring	0.00	4.45	3.88	NA	NA	0.43	XXX
95951		C	EEG monitoring/videorecord	5.99	0.00	20.01	0.00	20.01	0.32	XXX
95951	26	A	EEG monitoring/videorecord	5.99	1.69	2.12	1.69	2.12	0.32	XXX
95951	TC	C	EEG monitoring/videorecord	0.00	0.00	18.45	0.00	18.45	0.00	XXX
95953		A	EEG monitoring/computer	3.30	7.16	7.40	NA	NA	0.60	XXX
95953	26	A	EEG monitoring/computer	3.30	0.93	1.12	0.93	1.12	0.17	XXX
95953	TC	A	EEG monitoring/computer	0.00	6.23	6.28	NA	NA	0.43	XXX
95954		A	EEG monitoring/giving drugs	2.45	4.34	4.37	NA	NA	0.19	XXX
95954	26	A	EEG monitoring/giving drugs	2.45	0.43	0.75	0.43	0.75	0.13	XXX
95954	TC	A	EEG monitoring/giving drugs	0.00	3.91	3.62	NA	NA	0.06	XXX
95955		A	EEG during surgery	1.01	2.73	2.53	2.73	2.53	0.22	XXX
95955	26	A	EEG during surgery	1.01	0.28	0.32	0.28	0.32	0.05	XXX
95955	TC	A	EEG during surgery	0.00	2.45	2.21	2.45	2.21	0.17	XXX
95956		A	Eeg monitoring, cable/radio	3.08	16.14	15.69	NA	NA	0.59	XXX
95956	26	A	Eeg monitoring, cable/radio	3.08	0.87	1.09	0.87	1.09	0.16	XXX
95956	TC	A	Eeg monitoring, cable/radio	0.00	15.27	14.60	NA	NA	0.43	XXX
95957		A	EEG digital analysis	1.98	5.80	4.18	NA	NA	0.23	XXX
95957	26	A	EEG digital analysis	1.98	0.56	0.71	0.56	0.71	0.11	XXX
95957	TC	A	EEG digital analysis	0.00	5.24	3.47	NA	NA	0.12	XXX
95958		A	EEG monitoring/function test	4.24	6.66	5.05	NA	NA	0.34	XXX
95958	26	A	EEG monitoring/function test	4.24	1.24	1.49	1.24	1.49	0.21	XXX
95958	TC	A	EEG monitoring/function test	0.00	5.42	3.57	NA	NA	0.13	XXX
95961		A	Electrode stimulation, brain	2.97	3.04	2.85	NA	NA	0.55	XXX
95961	26	A	Electrode stimulation, brain	2.97	0.88	1.11	0.88	1.11	0.48	XXX
95961	TC	A	Electrode stimulation, brain	0.00	2.16	1.74	NA	NA	0.07	XXX
95962		A	Electrode stim, brain add-on	3.21	2.20	2.46	2.20	2.46	0.39	ZZZ
95962	26	A	Electrode stim, brain add-on	3.21	0.91	1.16	0.91	1.16	0.32	ZZZ
95962	TC	A	Electrode stim, brain add-on	0.00	1.28	1.30	1.28	1.30	0.07	ZZZ
95965		C	Meg, spontaneous	7.99	0.00	2.09	0.00	2.09	0.46	XXX
95965	26	A	Meg, spontaneous	7.99	2.31	2.86	2.31	2.86	0.46	XXX
95965	TC	C	Meg, spontaneous	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95966		C	Meg, evoked, single	3.99	0.00	1.05	0.00	1.05	0.19	XXX
95966	26	A	Meg, evoked, single	3.99	1.17	1.44	1.17	1.44	0.19	XXX
95966	TC	C	Meg, evoked, single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95967		C	Meg, evoked, each add⊔l	3.49	0.00	0.75	0.00	0.75	0.16	ZZZ
95967	26	A	Meg, evoked, each add⊔l	3.49	1.01	1.09	1.01	1.09	0.16	ZZZ
95967	TC	C	Meg, evoked, each add⊔l	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
95970		A	Analyze neurostim, no prog	0.45	0.89	0.87	0.13	0.14	0.03	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
95971		A	Analyze neurostim, simple	0.78	0.58	0.63	0.19	0.21	0.07	XXX
95972		A	Analyze neurostim, complex	1.50	1.15	1.19	0.45	0.47	0.14	XXX
95973		A	Analyze neurostim, complex	0.92	0.49	0.57	0.22	0.29	0.07	ZZZ
95974		A	Cranial neurostim, complex	3.00	1.44	1.58	0.79	1.06	0.16	XXX
95975		A	Cranial neurostim, complex	1.70	0.73	0.82	0.47	0.60	0.12	ZZZ
95978		A	Analyze neurostim brain/1h	3.50	1.86	1.89	1.04	1.17	0.18	XXX
95979		A	Analyz neurostim brain add-on	1.64	0.73	0.80	0.47	0.58	0.08	ZZZ
95990		A	Spin/brain pump refil & main	0.00	1.61	1.56	NA	NA	0.06	XXX
95991		A	Spin/brain pump refil & main	0.77	1.60	1.55	0.18	0.17	0.06	XXX
95999		C	Neurological procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96000		A	Motion analysis, video/3d	1.80	NA	NA	0.44	0.51	0.11	XXX
96001		A	Motion test w/ft press meas	2.15	NA	NA	0.55	0.60	0.10	XXX
96002		A	Dynamic surface emg	0.41	NA	NA	0.10	0.13	0.02	XXX
96003		A	Dynamic fine wire emg	0.37	NA	NA	0.09	0.12	0.02	XXX
96004		A	Phys review of motion tests	2.14	0.65	0.78	0.65	0.78	0.11	XXX
96020		C	Functional brain mapping	0.00	NA	NA	NA	NA	0.17	XXX
96020	26	A	Functional brain mapping	3.43	1.05	0.92	1.05	0.92	0.17	XXX
96020	TC	C	Functional brain mapping	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96040		B	Genetic counseling, 30 min	0.00	0.97	0.97	NA	NA	0.01	XXX
96101		A	Psycho testing by psych/phys	1.86	0.35	0.50	0.33	0.48	0.05	XXX
96102		A	Psycho testing by technician	0.50	1.09	0.90	0.10	0.13	0.01	XXX
96103		A	Psycho testing admin by comp	0.51	0.91	0.63	0.10	0.13	0.02	XXX
96105		A	Assessment of aphasia	0.00	1.64	1.77	NA	NA	0.18	XXX
96110		A	Developmental test, lim	0.00	0.18	0.18	NA	NA	0.18	XXX
96111		A	Developmental test, extend	2.60	0.69	0.87	0.58	0.81	0.18	XXX
96116		A	Neurobehavioral status exam	1.86	0.53	0.68	0.41	0.53	0.18	XXX
96118		A	Neuropsych tst by psych/phys	1.86	0.83	1.11	0.33	0.48	0.18	XXX
96119		A	Neuropsych testing by tec	0.55	1.51	1.27	0.10	0.15	0.18	XXX
96120		A	Neuropsych tst admin w/comp	0.51	1.67	1.25	0.10	0.13	0.02	XXX
96150		A	Assess hlth/behave, init	0.50	0.10	0.14	0.09	0.14	0.01	XXX
96151		A	Assess hlth/behave, subseq	0.48	0.10	0.14	0.09	0.13	0.01	XXX
96152		A	Intervene hlth/behave, indiv	0.46	0.09	0.13	0.08	0.12	0.01	XXX
96153		A	Intervene hlth/behave, group	0.10	0.02	0.03	0.02	0.03	0.01	XXX
96154		A	Interv hlth/behav, fam w/pt	0.45	0.09	0.13	0.08	0.12	0.01	XXX
96155		N	Interv hlth/behav fam no pt	0.44	0.10	0.14	0.10	0.13	0.02	XXX
96401		A	Chemo, anti-neopl, sq/im	0.21	1.84	1.51	NA	NA	0.01	XXX
96402		A	Chemo hormon antineopl sq/im	0.19	0.77	0.88	NA	NA	0.01	XXX
96405		A	Chemo intralesional, up to 7	0.52	3.67	3.03	0.24	0.24	0.03	000
96406		A	Chemo intralesional over 7	0.80	3.58	3.25	0.33	0.30	0.03	000
96409		A	Chemo, iv push, sngl drug	0.24	2.77	2.84	NA	NA	0.06	XXX
96411		A	Chemo, iv push, addl drug	0.20	1.49	1.55	NA	NA	0.06	ZZZ
96413		A	Chemo, iv infusion, 1 hr	0.28	3.61	3.90	NA	NA	0.08	XXX
96415		A	Chemo, iv infusion, addl hr	0.19	0.65	0.71	NA	NA	0.07	ZZZ
96416		A	Chemo prolong infuse w/pump	0.21	4.05	4.33	NA	NA	0.08	XXX
96417		A	Chemo iv infus each addl seq	0.21	1.71	1.83	NA	NA	0.07	ZZZ
96420		A	Chemo, ia, push tecnique	0.17	2.77	2.70	NA	NA	0.08	XXX
96422		A	Chemo ia infusion up to 1 hr	0.17	4.46	4.53	NA	NA	0.08	XXX
96423		A	Chemo ia infuse each addl hr	0.17	1.98	1.92	NA	NA	0.02	ZZZ
96425		A	Chemotherapy, infusion method	0.17	4.64	4.53	NA	NA	0.08	XXX
96440		A	Chemotherapy, intracavitary	2.37	5.46	6.81	0.97	1.10	0.17	000
96445		A	Chemotherapy, intracavitary	2.20	5.39	6.72	0.97	1.07	0.14	000
96450		A	Chemotherapy, into CNS	1.53	4.95	5.95	0.84	1.07	0.09	000
96521		A	Refill/maint, portable pump	0.21	3.13	3.44	NA	NA	0.06	XXX
96522		A	Refill/maint pump/resvr syst	0.21	2.76	2.69	NA	NA	0.06	XXX
96523		T	Irrig drug delivery device	0.04	0.64	0.67	NA	NA	0.01	XXX
96542		A	Chemotherapy injection	0.75	3.53	3.89	0.33	0.50	0.07	XXX
96549		C	Chemotherapy, unspecified	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96567		A	Photodynamic tx, skin	0.00	3.72	2.84	NA	NA	0.04	XXX
96570		A	Photodynamic tx, 30 min	1.10	0.40	0.39	0.40	0.39	0.11	ZZZ
96571		A	Photodynamic tx, addl 15 min	0.55	0.20	0.19	0.20	0.19	0.03	ZZZ
96900		A	Ultraviolet light therapy	0.00	0.56	0.50	NA	NA	0.02	XXX
96902		B	Trichogram	0.41	0.11	0.14	0.09	0.13	0.01	XXX
96904		R	Whole body photography	0.00	1.89	1.89	NA	NA	0.01	XXX
96910		A	Photochemotherapy with UV–B	0.00	2.00	1.49	NA	NA	0.04	XXX
96912		A	Photochemotherapy with UV–A	0.00	2.57	1.92	NA	NA	0.05	XXX
96913		A	Photochemotherapy, UV–A or B	0.00	3.45	2.60	NA	NA	0.10	XXX
96920		A	Laser tx, skin < 250 sq cm	1.15	3.57	3.06	0.57	0.57	0.02	000
96921		A	Laser tx, skin 250–500 sq cm	1.17	3.32	2.99	0.52	0.55	0.03	000
96922		A	Laser tx, skin > 500 sq cm	2.10	4.63	4.06	1.05	0.84	0.04	000
96999		C	Dermatological procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97001		A	Pt evaluation	1.20	0.66	0.71	NA	NA	0.05	XXX
97002		A	Pt re-evaluation	0.60	0.41	0.42	NA	NA	0.02	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
97003		A	Ot evaluation	1.20	0.76	0.83	NA	NA	0.06	XXX
97004		A	Ot re-evaluation	0.60	0.54	0.61	NA	NA	0.02	XXX
97010		B	Hot or cold packs therapy	0.06	0.07	0.06	NA	NA	0.01	XXX
97012		A	Mechanical traction therapy	0.25	0.14	0.13	NA	NA	0.01	XXX
97014		I	Electric stimulation therapy	0.18	0.18	0.19	NA	NA	0.01	XXX
97016		A	Vasopneumatic device therapy	0.18	0.24	0.21	NA	NA	0.01	XXX
97018		A	Paraffin bath therapy	0.06	0.16	0.13	NA	NA	0.01	XXX
97022		A	Whirlpool therapy	0.17	0.33	0.27	NA	NA	0.01	XXX
97024		A	Diathermy eg, microwave	0.06	0.08	0.07	NA	NA	0.01	XXX
97026		A	Infrared therapy	0.06	0.07	0.06	NA	NA	0.01	XXX
97028		A	Ultraviolet therapy	0.08	0.08	0.07	NA	NA	0.01	XXX
97032		A	Electrical stimulation	0.25	0.20	0.18	NA	NA	0.01	XXX
97033		A	Electric current therapy	0.26	0.44	0.35	NA	NA	0.01	XXX
97034		A	Contrast bath therapy	0.21	0.20	0.17	NA	NA	0.01	XXX
97035		A	Ultrasound therapy	0.21	0.10	0.10	NA	NA	0.01	XXX
97036		A	Hydrotherapy	0.28	0.44	0.38	NA	NA	0.01	XXX
97039		C	Physical therapy treatment	0.00	0.00	0.05	NA	NA	0.00	XXX
97110		A	Therapeutic exercises	0.45	0.32	0.29	NA	NA	0.02	XXX
97112		A	Neuromuscular reeducation	0.45	0.34	0.33	NA	NA	0.01	XXX
97113		A	Aquatic therapy/exercises	0.44	0.53	0.46	NA	NA	0.01	XXX
97116		A	Gait training therapy	0.40	0.28	0.26	NA	NA	0.01	XXX
97124		A	Massage therapy	0.35	0.27	0.25	NA	NA	0.01	XXX
97139		C	Physical medicine procedure	0.00	0.00	0.10	NA	NA	0.00	XXX
97140		A	Manual therapy	0.43	0.29	0.27	NA	NA	0.01	XXX
97150		A	Group therapeutic procedures	0.27	0.22	0.20	NA	NA	0.01	XXX
97530		A	Therapeutic activities	0.44	0.38	0.35	NA	NA	0.01	XXX
97532		A	Cognitive skills development	0.44	0.22	0.21	NA	NA	0.01	XXX
97533		A	Sensory integration	0.44	0.27	0.26	NA	NA	0.01	XXX
97535		A	Self care mngment training	0.45	0.37	0.35	NA	NA	0.01	XXX
97537		A	Community/work reintegration	0.45	0.28	0.27	NA	NA	0.01	XXX
97542		A	Wheelchair mngment training	0.45	0.29	0.28	NA	NA	0.01	XXX
97597		A	Active wound care/20 cm or <	0.58	1.09	0.88	0.12	0.39	0.05	XXX
97598		A	Active wound care > 20 cm	0.80	1.27	1.03	0.17	0.48	0.05	XXX
97605		A	Neg press wound tx, < 50 cm	0.55	0.40	0.37	0.12	0.17	0.02	XXX
97606		A	Neg press wound tx, > 50 cm	0.60	0.42	0.39	0.13	0.18	0.03	XXX
97750		A	Physical performance test	0.45	0.33	0.32	NA	NA	0.02	XXX
97755		A	Assistive technology assess	0.62	0.28	0.28	NA	NA	0.02	XXX
97760		A	Orthotic mgmt and training	0.45	0.42	0.38	NA	NA	0.03	XXX
97761		A	Prosthetic training	0.45	0.33	0.30	NA	NA	0.02	XXX
97762		A	C/o for orthotic/prosth use	0.25	0.73	0.58	NA	NA	0.02	XXX
97799		C	Physical medicine procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97802		A	Medical nutrition, indiv, in	0.45	0.14	0.31	0.11	0.29	0.01	XXX
97803		A	Med nutrition, indiv, subseq	0.37	0.12	0.29	0.09	0.28	0.01	XXX
97804		A	Medical nutrition, group	0.25	0.08	0.13	0.07	0.12	0.01	XXX
97810		N	Acupunct w/o stimul 15 min	0.60	0.26	0.32	0.14	0.19	0.03	XXX
97811		N	Acupunct w/o stimul addl 15m	0.50	0.15	0.20	0.12	0.15	0.03	ZZZ
97813		N	Acupunct w/stimul 15 min	0.65	0.27	0.34	0.15	0.20	0.03	XXX
97814		N	Acupunct w/stimul addl 15m	0.55	0.19	0.24	0.13	0.17	0.03	ZZZ
98925		A	Osteopathic manipulation	0.45	0.29	0.30	0.12	0.13	0.02	000
98926		A	Osteopathic manipulation	0.65	0.37	0.39	0.17	0.21	0.03	000
98927		A	Osteopathic manipulation	0.87	0.45	0.48	0.22	0.26	0.03	000
98928		A	Osteopathic manipulation	1.03	0.51	0.55	0.26	0.30	0.04	000
98929		A	Osteopathic manipulation	1.19	0.57	0.62	0.30	0.33	0.05	000
98940		A	Chiropractic manipulation	0.45	0.21	0.22	0.12	0.12	0.01	000
98941		A	Chiropractic manipulation	0.65	0.27	0.28	0.18	0.17	0.01	000
98942		A	Chiropractic manipulation	0.87	0.34	0.35	0.24	0.23	0.02	000
98943		N	Chiropractic manipulation	0.40	0.17	0.20	0.09	0.12	0.01	XXX
98960		B	Self-mgmt educ & train, 1 pt	0.00	0.58	0.57	NA	NA	0.01	XXX
98961		B	Self-mgmt educ/train, 2–4 pt	0.00	0.28	0.27	NA	NA	0.01	XXX
98962		B	Self-mgmt educ/train, 5–8 pt	0.00	0.20	0.20	NA	NA	0.01	XXX
99082		C	Unusual physician travel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99091		B	Collect/review data from pt	1.10	0.25	0.25	NA	NA	0.04	XXX
99143		C	Mod cs by same phys, < 5 yrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99144		C	Mod cs by same phys, 5 yrs +	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99145		C	Mod cs by same phys add-on	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99148		C	Mod cs diff phys < 5 yrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99149		C	Mod cs diff phys 5 yrs +	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99150		C	Mod cs diff phys add-on	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99170		A	Anogenital exam, child	1.75	1.82	1.74	0.61	0.56	0.08	000
99173		N	Visual acuity screen	0.00	0.06	0.06	NA	NA	0.01	XXX
99175		A	Induction of vomiting	0.00	0.37	0.88	NA	NA	0.10	XXX
99183		A	Hyperbaric oxygen therapy	2.34	2.58	2.91	0.58	0.65	0.16	XXX

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99185		A	Regional hypothermia	0.00	1.63	1.14	NA	NA	0.04	XXX
99186		A	Total body hypothermia	0.00	1.61	1.66	NA	NA	0.45	XXX
99195		A	Phlebotomy	0.00	2.54	1.50	NA	NA	0.02	XXX
99199		C	Special service/proc/report	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99201		A	Office/outpatient visit, new	0.45	0.55	0.52	0.16	0.15	0.03	XXX
99202		A	Office/outpatient visit, new	0.88	0.84	0.81	0.30	0.31	0.05	XXX
99203		A	Office/outpatient visit, new	1.34	1.10	1.12	0.43	0.46	0.09	XXX
99204		A	Office/outpatient visit, new	2.30	1.48	1.49	0.71	0.71	0.12	XXX
99205		A	Office/outpatient visit, new	3.00	1.77	1.78	0.91	0.94	0.15	XXX
99211		A	Office/outpatient visit, est	0.17	0.32	0.35	0.06	0.06	0.01	XXX
99212		A	Office/outpatient visit, est	0.45	0.55	0.54	0.15	0.16	0.03	XXX
99213		A	Office/outpatient visit, est	0.92	0.76	0.73	0.28	0.26	0.03	XXX
99214		A	Office/outpatient visit, est	1.42	1.09	1.06	0.44	0.43	0.05	XXX
99215		A	Office/outpatient visit, est	2.00	1.37	1.35	0.61	0.63	0.08	XXX
99217		A	Observation care discharge	1.28	NA	NA	0.49	0.52	0.06	XXX
99218		A	Observation care	1.28	NA	NA	0.38	0.41	0.06	XXX
99219		A	Observation care	2.14	NA	NA	0.59	0.66	0.10	XXX
99220		A	Observation care	2.99	NA	NA	0.84	0.94	0.14	XXX
99221		A	Initial hospital care	1.88	NA	NA	0.54	0.50	0.07	XXX
99222		A	Initial hospital care	2.56	NA	NA	0.71	0.73	0.10	XXX
99223		A	Initial hospital care	3.78	NA	NA	1.07	1.06	0.13	XXX
99231		A	Subsequent hospital care	0.76	NA	NA	0.24	0.23	0.03	XXX
99232		A	Subsequent hospital care	1.39	NA	NA	0.43	0.40	0.04	XXX
99233		A	Subsequent hospital care	2.00	NA	NA	0.59	0.56	0.06	XXX
99234		A	Observ/hosp same date	2.56	NA	NA	0.78	0.84	0.13	XXX
99235		A	Observ/hosp same date	3.41	NA	NA	0.98	1.07	0.16	XXX
99236		A	Observ/hosp same date	4.26	NA	NA	1.21	1.34	0.19	XXX
99238		A	Hospital discharge day	1.28	NA	NA	0.49	0.52	0.05	XXX
99239		A	Hospital discharge day	1.90	NA	NA	0.67	0.70	0.07	XXX
99241		A	Office consultation	0.64	0.66	0.65	0.22	0.22	0.05	XXX
99242		A	Office consultation	1.34	1.08	1.06	0.48	0.47	0.10	XXX
99243		A	Office consultation	1.88	1.45	1.42	0.67	0.65	0.13	XXX
99244		A	Office consultation	3.02	1.92	1.88	1.08	1.01	0.16	XXX
99245		A	Office consultation	3.77	2.24	2.27	1.31	1.28	0.21	XXX
99251		A	Inpatient consultation	1.00	NA	NA	0.31	0.28	0.05	XXX
99252		A	Inpatient consultation	1.50	NA	NA	0.49	0.50	0.09	XXX
99253		A	Inpatient consultation	2.27	NA	NA	0.80	0.75	0.11	XXX
99254		A	Inpatient consultation	3.29	NA	NA	1.18	1.09	0.13	XXX
99255		A	Inpatient consultation	4.00	NA	NA	1.38	1.37	0.18	XXX
99281		A	Emergency dept visit	0.45	NA	NA	0.09	0.09	0.02	XXX
99282		A	Emergency dept visit	0.88	NA	NA	0.17	0.16	0.04	XXX
99283		A	Emergency dept visit	1.34	NA	NA	0.25	0.28	0.09	XXX
99284		A	Emergency dept visit	2.56	NA	NA	0.47	0.47	0.14	XXX
99285		A	Emergency dept visit	3.80	NA	NA	0.67	0.70	0.23	XXX
99289		A	Ped crit care transport	4.79	NA	NA	1.08	1.27	0.24	XXX
99290		A	Ped crit care transport addl	2.40	NA	NA	0.87	0.80	0.12	ZZZ
99291		A	Critical care, first hour	4.50	2.24	2.41	1.10	1.20	0.21	XXX
99292		A	Critical care, add⊥l 30 min	2.25	0.79	0.86	0.56	0.61	0.11	ZZZ
99293		A	Ped critical care, initial	15.98	NA	NA	3.78	4.25	1.12	XXX
99294		A	Ped critical care, subseq	7.99	NA	NA	1.66	2.05	0.45	XXX
99295		A	Neonate crit care, initial	18.46	NA	NA	4.61	4.96	1.16	XXX
99296		A	Neonate critical care subseq	7.99	NA	NA	2.07	2.26	0.32	XXX
99298		A	Ic for lbw infant < 1500 gm	2.75	NA	NA	0.68	0.81	0.17	XXX
99299		A	Ic, lbw infant 1500–2500 gm	2.50	NA	NA	0.59	0.76	0.16	XXX
99300		A	Ic, infant pbw 2501–5000 gm	2.40	NA	NA	0.71	0.78	0.15	XXX
99304		A	Nursing facility care, init	1.61	0.57	0.51	0.57	0.51	0.05	XXX
99305		A	Nursing facility care, init	2.30	0.74	0.66	0.74	0.66	0.07	XXX
99306		A	Nursing facility care, init	3.00	0.91	0.79	0.91	0.79	0.09	XXX
99307		A	Nursing fac care, subseq	0.76	0.31	0.28	0.31	0.28	0.03	XXX
99308		A	Nursing fac care, subseq	1.16	0.47	0.46	0.47	0.46	0.04	XXX
99309		A	Nursing fac care, subseq	1.55	0.61	0.61	0.61	0.61	0.06	XXX
99310		A	Nursing fac care, subseq	2.35	0.87	0.80	0.87	0.80	0.08	XXX
99315		A	Nursing fac discharge day	1.13	0.41	0.43	0.41	0.43	0.05	XXX
99316		A	Nursing fac discharge day	1.50	0.51	0.55	0.51	0.55	0.06	XXX
99318		A	Annual nursing fac assessmnt	1.71	0.56	0.51	0.56	0.51	0.05	XXX
99324		A	Domicil/r-home visit new pat	1.01	0.42	0.46	NA	NA	0.05	XXX
99325		A	Domicil/r-home visit new pat	1.52	0.54	0.62	NA	NA	0.07	XXX
99326		A	Domicil/r-home visit new pat	2.27	0.73	0.83	NA	NA	0.10	XXX
99327		A	Domicil/r-home visit new pat	3.03	0.92	1.05	NA	NA	0.13	XXX
99328		A	Domicil/r-home visit new pat	3.78	1.09	1.26	NA	NA	0.16	XXX
99334		A	Domicil/r-home visit est pat	0.76	0.35	0.38	NA	NA	0.04	XXX
99335		A	Domicil/r-home visit est pat	1.26	0.47	0.53	NA	NA	0.06	XXX

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ADDENDUM B.—2008 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2008—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs [3]	Year 2008 transitional non-facility PE RVUs [3]	Fully implemented facility PE RVUs [3]	Year 2008 transitional facility PE RVUs [3]	Malpractice RVUs [3]	Global
99336		A	Domicil/r-home visit est pat	2.02	0.66	0.74	NA	NA	0.09	XXX
99337		A	Domicil/r-home visit est pat	3.03	0.90	1.03	NA	NA	0.13	XXX
99339		B	Domicil/r-home care supervis	1.25	0.58	0.58	NA	NA	0.06	XXX
99340		B	Domicil/r-home care supervis	1.80	0.76	0.76	NA	NA	0.07	XXX
99341		A	Home visit, new patient	1.01	0.42	0.45	NA	NA	0.05	XXX
99342		A	Home visit, new patient	1.52	0.54	0.62	NA	NA	0.07	XXX
99343		A	Home visit, new patient	2.27	0.74	0.85	NA	NA	0.10	XXX
99344		A	Home visit, new patient	3.03	0.91	1.05	NA	NA	0.13	XXX
99345		A	Home visit, new patient	3.78	1.08	1.26	NA	NA	0.16	XXX
99347		A	Home visit, est patient	0.76	0.35	0.38	NA	NA	0.04	XXX
99348		A	Home visit, est patient	1.26	0.48	0.53	NA	NA	0.06	XXX
99349		A	Home visit, est patient	2.02	0.66	0.75	NA	NA	0.09	XXX
99350		A	Home visit, est patient	3.03	0.90	1.05	NA	NA	0.13	XXX
99354		A	Prolonged service, office	1.77	0.65	0.71	0.50	0.58	0.08	ZZZ
99355		A	Prolonged service, office	1.77	0.62	0.69	0.47	0.56	0.07	ZZZ
99356		A	Prolonged service, inpatient	1.71	NA	NA	0.50	0.57	0.07	ZZZ
99357		A	Prolonged service, inpatient	1.71	NA	NA	0.50	0.57	0.08	ZZZ
99358		B	Prolonged serv, w/o contact	2.10	0.51	0.51	0.51	0.51	0.09	ZZZ
99359		B	Prolonged serv, w/o contact	1.00	0.26	0.26	0.26	0.26	0.04	ZZZ
99360		X	Physician standby services	1.20	0.28	0.28	0.28	0.28	0.05	XXX
99363		B	Anticoag mgmt, init	1.65	1.29	1.29	0.38	0.38	0.07	XXX
99364		B	Anticoag mgmt, subseq	0.63	0.38	0.38	0.15	0.15	0.04	XXX
99374		B	Home health care supervision	1.10	0.54	0.62	0.25	0.34	0.05	XXX
99375		I	Home health care supervision	1.73	0.75	1.15	0.40	0.97	0.07	XXX
99377		B	Hospice care supervision	1.10	0.54	0.62	0.25	0.34	0.05	XXX
99378		I	Hospice care supervision	1.73	0.75	1.34	0.40	1.17	0.07	XXX
99379		B	Nursing fac care supervision	1.10	0.54	0.62	0.25	0.34	0.04	XXX
99380		B	Nursing fac care supervision	1.73	0.75	0.87	0.40	0.53	0.06	XXX
99381		N	Init pm e/m, new pat, inf	1.19	0.99	1.24	0.27	0.36	0.05	XXX
99382		N	Init pm e/m, new pat 1–4 yrs	1.36	1.03	1.28	0.31	0.42	0.05	XXX
99383		N	Prev visit, new, age 5–11	1.36	1.02	1.25	0.31	0.42	0.05	XXX
99384		N	Prev visit, new, age 12–17	1.53	1.06	1.31	0.35	0.47	0.06	XXX
99385		N	Prev visit, new, age 18–39	1.53	1.06	1.31	0.35	0.47	0.06	XXX
99386		N	Prev visit, new, age 40–64	1.88	1.14	1.44	0.43	0.58	0.07	XXX
99387		N	Init pm e/m, new pat 65+ yrs	2.06	1.27	1.57	0.48	0.63	0.07	XXX
99391		N	Per pm reeval, est pat, inf	1.02	0.85	0.94	0.24	0.31	0.04	XXX
99392		N	Prev visit, est, age 1–4	1.19	0.89	0.99	0.27	0.36	0.05	XXX
99393		N	Prev visit, est, age 5–11	1.19	0.89	0.98	0.27	0.36	0.05	XXX
99394		N	Prev visit, est, age 12–17	1.36	0.93	1.03	0.31	0.42	0.05	XXX
99395		N	Prev visit, est, age 18–39	1.36	0.93	1.04	0.31	0.42	0.05	XXX
99396		N	Prev visit, est, age 40–64	1.53	0.97	1.11	0.35	0.47	0.06	XXX
99397		N	Per pm reeval est pat 65+ yr	1.71	1.11	1.24	0.39	0.53	0.06	XXX
99401		N	Preventive counseling, indiv	0.48	0.36	0.49	0.11	0.15	0.01	XXX
99402		N	Preventive counseling, indiv	0.98	0.47	0.67	0.22	0.30	0.02	XXX
99403		N	Preventive counseling, indiv	1.46	0.58	0.83	0.34	0.45	0.04	XXX
99404		N	Preventive counseling, indiv	1.95	0.70	1.01	0.45	0.60	0.05	XXX
99411		N	Preventive counseling, group	0.15	0.22	0.20	0.03	0.04	0.01	XXX
99412		N	Preventive counseling, group	0.25	0.24	0.25	0.06	0.08	0.01	XXX
99420		N	Health risk assessment test	0.00	0.22	0.22	NA	NA	0.01	XXX
99431		A	Initial care, normal newborn	1.17	NA	NA	0.27	0.32	0.05	XXX
99432		A	Newborn care, not in hosp	1.26	1.00	0.97	0.29	0.34	0.07	XXX
99433		A	Normal newborn care/hospital	0.62	NA	NA	0.17	0.18	0.02	XXX
99435		A	Newborn discharge day hosp	1.50	NA	NA	0.50	0.54	0.06	XXX
99436		A	Attendance, birth	1.50	NA	NA	0.33	0.40	0.06	XXX
99440		A	Newborn resuscitation	2.93	NA	NA	0.67	0.80	0.12	XXX
99499		C	Unlisted e&m service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0101		A	CA screen;pelvic/breast exam	0.45	0.48	0.50	NA	NA	0.02	XXX
G0102		A	Prostate ca screening; dre	0.17	0.32	0.35	0.06	0.06	0.01	XXX
G0104		A	CA screen;flexi sigmoidscope	0.96	2.50	2.39	0.62	0.56	0.08	000
G0105		A	Colorectal scrn; hi risk ind	3.69	6.35	6.25	1.83	1.66	0.30	000
G0105	53	A	Colorectal scrn; hi risk ind	0.96	2.50	2.39	0.62	0.56	0.08	000
G0106		A	Colon CA screen;barium enema	0.99	4.91	3.68	NA	NA	0.17	XXX
G0106	26	A	Colon CA screen;barium enema	0.99	0.35	0.32	0.35	0.32	0.04	XXX
G0106	TC	A	Colon CA screen;barium enema	0.00	4.55	3.36	NA	NA	0.13	XXX
G0108		A	Diab manage trn per indiv	0.00	0.58	0.71	NA	NA	0.01	XXX
G0109		A	Diab manage trn ind/group	0.00	0.31	0.40	NA	NA	0.01	XXX
G0117		T	Glaucoma scrn hgh risk direc	0.45	0.76	0.75	NA	NA	0.01	XXX
G0118		T	Glaucoma scrn hgh risk direc	0.17	0.71	0.64	NA	NA	0.01	XXX
G0120		A	Colon ca scrn; barium enema	0.99	4.91	3.68	NA	NA	0.17	XXX
G0120	26	A	Colon ca scrn; barium enema	0.99	0.35	0.32	0.35	0.32	0.04	XXX
G0120	TC	A	Colon ca scrn; barium enema	0.00	4.55	3.36	NA	NA	0.13	XXX
G0121		A	Colon ca scrn not hi rsk ind	3.69	6.35	6.25	1.83	1.66	0.30	000

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G0121	53	A	Colon ca scrn not hi rsk ind	0.96	2.50	2.39	0.62	0.56	0.08	000
G0122		N	Colon ca scrn; barium enema	0.99	5.57	4.07	NA	NA	0.18	XXX
G0122	26	N	Colon ca scrn; barium enema	0.99	0.23	0.30	0.23	0.30	0.05	XXX
G0122	TC	N	Colon ca scrn; barium enema	0.00	5.34	3.77	NA	NA	0.13	XXX
G0124		A	Screen c/v thin layer by MD	0.42	0.37	0.26	0.37	0.26	0.02	XXX
G0127		R	Trim nail(s)	0.17	0.37	0.31	0.04	0.06	0.01	000
G0128		R	CORF skilled nursing service	0.08	0.02	0.03	0.02	0.03	0.01	XXX
G0130		A	Single energy x-ray study	0.22	0.55	0.71	NA	NA	0.06	XXX
G0130	26	A	Single energy x-ray study	0.22	0.06	0.07	0.06	0.07	0.01	XXX
G0130	TC	A	Single energy x-ray study	0.00	0.49	0.64	NA	NA	0.05	XXX
G0141		A	Scr c/v cyto,autosys and md	0.42	0.37	0.26	0.37	0.26	0.02	XXX
G0166		A	Extrnl counterpulse, per tx	0.07	4.35	3.99	NA	NA	0.01	XXX
G0168		A	Wound closure by adhesive	0.45	1.56	1.75	0.21	0.22	0.03	000
G0179		A	MD recertification HHA PT	0.45	0.47	0.75	NA	NA	0.02	XXX
G0180		A	MD certification HHA patient	0.67	0.55	0.91	NA	NA	0.03	XXX
G0181		A	Home health care supervision	1.73	0.80	1.15	NA	NA	0.07	XXX
G0182		A	Hospice care supervision	1.73	0.82	1.25	NA	NA	0.07	XXX
G0186		C	Dstry eye lesn,fdr vssl tech	0.00	0.00	0.00	0.00	0.00	0.00	YYY
G0202		A	Screeningmammographydigital	0.70	2.81	2.76	NA	NA	0.10	XXX
G0202	26	A	Screeningmammographydigital	0.70	0.24	0.23	0.24	0.23	0.03	XXX
G0202	TC	A	Screeningmammographydigital	0.00	2.57	2.54	NA	NA	0.07	XXX
G0204		A	Diagnosticmammographydigital	0.87	3.41	3.05	NA	NA	0.11	XXX
G0204	26	A	Diagnosticmammographydigital	0.87	0.30	0.28	0.30	0.28	0.04	XXX
G0204	TC	A	Diagnosticmammographydigital	0.00	3.11	2.77	NA	NA	0.07	XXX
G0206		A	Diagnosticmammographydigital	0.70	2.67	2.43	NA	NA	0.09	XXX
G0206	26	A	Diagnosticmammographydigital	0.70	0.24	0.23	0.24	0.23	0.03	XXX
G0206	TC	A	Diagnosticmammographydigital	0.00	2.43	2.20	NA	NA	0.06	XXX
G0237		A	Therapeutic procd strg endur	0.00	0.21	0.34	NA	NA	0.02	XXX
G0238		A	Oth resp proc, indiv	0.00	0.23	0.36	NA	NA	0.02	XXX
G0239		A	Oth resp proc, group	0.00	0.31	0.32	NA	NA	0.02	XXX
G0245		R	Initial foot exam pt lops	0.88	0.84	0.81	0.30	0.31	0.04	XXX
G0246		R	Followup eval of foot pt lop	0.45	0.55	0.54	0.15	0.16	0.02	XXX
G0247		R	Routine footcare pt w lops	0.50	0.66	0.59	0.16	0.19	0.02	ZZZ
G0248		R	Demonstrate use home inr mon	0.00	3.37	4.99	NA	NA	0.01	XXX
G0249		R	Provide test material,equipm	0.00	2.72	3.29	NA	NA	0.01	XXX
G0250		R	MD review interpret of test	0.18	0.08	0.07	NA	NA	0.01	XXX
G0252	26	N	PET imaging initial dx	1.50	0.35	0.52	0.35	0.52	0.04	XXX
G0268		A	Removal of impacted wax md	0.61	0.66	0.64	0.20	0.22	0.02	000
G0270		A	MNT subs tx for change dx	0.37	0.12	0.29	0.09	0.28	0.01	XXX
G0271		A	Group MNT 2 or more 30 mins	0.25	0.08	0.13	0.07	0.12	0.01	XXX
G0275		A	Renal angio, cardiac cath	0.25	NA	NA	0.13	0.12	0.01	ZZZ
G0278		A	Iliac art angio,cardiac cath	0.25	NA	NA	0.13	0.12	0.01	ZZZ
G0281		A	Elec stim unattend for press	0.18	0.14	0.13	NA	NA	0.01	XXX
G0283		A	Elec stim other than wound	0.18	0.14	0.13	NA	NA	0.01	XXX
G0288		A	Recon, CTA for surg plan	0.00	1.02	5.81	NA	NA	0.18	XXX
G0289		A	Arthro, loose body + chondro	1.48	NA	NA	0.59	0.70	0.26	ZZZ
G0308		A	ESRD related svc 4+mo < 2yrs	12.74	5.62	7.07	5.62	7.07	0.42	XXX
G0309		A	ESRD related svc 2–3mo <2yrs	10.61	4.16	5.75	4.16	5.75	0.36	XXX
G0310		A	ESRD related svc 1 vst <2yrs	8.49	2.78	4.25	2.78	4.25	0.28	XXX
G0311		A	ESRD related svs 4+mo 2–11yr	9.73	3.55	4.15	3.55	4.15	0.34	XXX
G0312		A	ESRD relate svs 2–3 mo 2–11y	8.11	2.71	3.32	2.71	3.32	0.29	XXX
G0313		A	ESRD related svs 1 mon 2–11y	6.49	1.84	2.50	1.84	2.50	0.22	XXX
G0314		A	ESRD related svs 4+ mo 12–19	8.28	3.39	3.92	3.39	3.92	0.27	XXX
G0315		A	ESRD related svs 2–3mo/12–19	6.90	2.56	3.13	2.56	3.13	0.23	XXX
G0316		A	ESRD related svs 1vis/12–19y	5.52	1.67	2.31	1.67	2.31	0.17	XXX
G0317		A	ESRD related svs 4+mo 20+yrs	5.09	2.25	2.56	2.25	2.56	0.17	XXX
G0318		A	ESRD related svs 2–3 mo 20+y	4.24	1.70	2.05	1.70	2.05	0.14	XXX
G0319		A	ESRD related svs 1visit 20+y	3.39	1.14	1.53	1.14	1.53	0.11	XXX
G0320		A	ESD related svs home undr 2	10.61	2.71	4.91	2.71	4.91	0.36	XXX
G0321		A	ESRDrelatedsvs home mo 2–11y	8.11	2.00	2.97	2.00	2.97	0.29	XXX
G0322		A	ESRD related svs hom mo12–19	6.90	1.72	2.70	1.72	2.70	0.23	XXX
G0323		A	ESRD related svs home mo 20+	4.24	1.15	1.77	1.15	1.77	0.14	XXX
G0324		A	ESRD relate svs home/dy <2yr	0.35	0.16	0.20	0.16	0.20	0.01	XXX
G0325		A	ESRD relate home/day/ 2–11yr	0.23	0.09	0.10	0.09	0.10	0.01	XXX
G0326		A	ESRD relate home/dy 12–19yr	0.27	0.10	0.11	0.10	0.11	0.01	XXX
G0327		A	ESRD relate home/dy 20+yrs	0.14	0.06	0.07	0.06	0.07	0.01	XXX
G0329		A	Electromagntic tx for ulcers	0.06	0.15	0.14	NA	NA	0.01	XXX
G0337		X	Hospice evaluation preelecti	1.34	0.31	0.41	0.31	0.41	0.09	XXX
G0339		C	Robot lin-radsurg com, first	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0340		C	Robt lin-radsurg fractx 2–5	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0341		A	Percutaneous islet celltrans	6.98	NA	NA	2.35	2.42	0.48	000
G0342		A	Laparoscopy islet cell trans	11.92	NA	NA	5.05	5.18	1.46	090

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G0343		A	Laparotomy islet cell transp	19.85	NA	NA	8.53	8.66	2.07	090
G0344		A	Initial preventive exam	1.34	1.10	1.12	0.43	0.46	0.10	XXX
G0364		A	Bone marrow aspirate &biopsy	0.16	0.16	0.15	0.07	0.06	0.04	ZZZ
G0365		A	Vessel mapping hemo access	0.25	5.16	4.57	NA	NA	0.25	XXX
G0365	26	A	Vessel mapping hemo access	0.25	0.06	0.07	0.06	0.07	0.02	XXX
G0365	TC	A	Vessel mapping hemo access	0.00	5.09	4.50	NA	NA	0.23	XXX
G0366		A	EKG for initial prevent exam	0.17	0.33	0.42	0.33	0.42	0.03	XXX
G0367		A	EKG tracing for initial prev	0.00	0.27	0.36	NA	NA	0.02	XXX
G0368		A	EKG interpret & report preve	0.17	0.07	0.06	0.07	0.06	0.01	XXX
G0372		A	MD service required for PMD	0.17	0.05	0.22	0.05	0.06	0.01	XXX
G0375		A	Smoke/tobacco counselng 3–10	0.24	0.07	0.08	0.07	0.08	0.01	XXX
G0376		A	Smoke/tobacco counseling >10	0.48	0.13	0.16	0.13	0.15	0.01	XXX
G0389		A	Ultrasound exam AAA screen	0.58	2.40	1.98	NA	NA	0.11	XXX
G0389	26	A	Ultrasound exam AAA screen	0.58	0.21	0.20	0.21	0.20	0.03	XXX
G0389	TC	A	Ultrasound exam AAA screen	0.00	2.19	1.78	NA	NA	0.08	XXX
G0392		A	AV fistula or graft arterial	9.48	48.02	51.97	NA	NA	0.62	000
G0393		A	AV fistula or graft venous	6.03	36.79	40.56	NA	NA	0.34	000
G9041		A	Low vision rehab occupationa	0.44	0.10	0.19	0.10	0.19	0.01	XXX
G9042		A	Low vision rehab orient/mobi	0.10	0.02	0.15	0.02	0.15	0.01	XXX
G9043		A	Low vision lowvision therapi	0.10	0.02	0.15	0.02	0.15	0.01	XXX
G9044		A	Low vision rehabilate teache	0.10	0.02	0.13	0.02	0.13	0.01	XXX
Gxxx1		A	MD serv cardiac rehab wo ECG	0.18	0.31	0.31	0.09	0.08	0.01	000
Gxxx2		A	MD serv cardiac rehab w ECG	0.28	0.43	0.45	0.13	0.12	0.01	000
M0064		A	Visit for drug monitoring	0.37	0.90	0.62	0.07	0.10	0.01	XXX
P3001		A	Screening pap smear by phys	0.42	0.37	0.26	0.37	0.26	0.02	XXX
Q0035		A	Cardiokymography	0.17	0.30	0.38	NA	NA	0.03	XXX
Q0035	26	A	Cardiokymography	0.17	0.05	0.06	0.05	0.06	0.01	XXX
Q0035	TC	A	Cardiokymography	0.00	0.25	0.32	NA	NA	0.02	XXX
Q0091		A	Obtaining screen pap smear	0.37	0.75	0.71	0.10	0.12	0.02	XXX
Q0092		A	Set up port xray equipment	0.00	0.47	0.39	0.47	0.39	0.01	XXX
Q3001		C	Brachytherapy Radioelements	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0070		C	Transport portable x-ray	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0075		C	Transport port x-ray multipl	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 2007 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.
[2] Copyright 2007 American Dental Association. All rights reserved.
[3] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

ADDENDUM C.—CODES FOR WHICH WE RECEIVED PERC RECOMMENDATIONS ON PE DIRECT INPUTS

CPT [1] code	Description	CPT [1] code	Description
37205	Transcath iv stent, percut	58542	Lsh w/t/o ut 250 g or less.
37206	Transcath iv stent/perc addl	58543	Lsh uterus above 250 g.
38570	Laparoscopy, lymph node biop	58544	Lsh w/t/o uterus above 250 g.
38571	Laparoscopy, lymphadenectomy	58545	Laparoscopic myomectomy.
38572	Laparoscopy, lymphadenectomy	58546	Laparo-myomectomy, complex.
51840	Attach bladder/urethra	58548	Lap radical hyst.
51841	Attach bladder/urethra	58550	Laparo-asst vag hysterectomy.
51925	Hysterectomy/bladder repair	58552	Laparo-vag hyst incl t/o.
56405	I & D of vulva/perineum	58553	Laparo-vag hyst, complex.
56420	Drainage of gland abscess	58554	Laparo-vag hyst w/t/o, compl.
56441	Lysis of labial lesion(s)	58555	Hysteroscopy, dx, sep proc.
56501	Destroy, vulva lesions, sim	58558	Hysteroscopy, biopsy.
56515	Destroy vulva lesion/s compl	58562	Hysteroscopy, remove fb.
56605	Biopsy of vulva/perineum	58563	Hysteroscopy, ablation.
56606	Biopsy of vulva/perineum	58565	Hysteroscopy, sterilization.
56620	Partial removal of vulva	58600	Division of fallopian tube.
56625	Complete removal of vulva	58605	Division of fallopian tube.
56630	Extensive vulva surgery	58615	Occlude fallopian tube(s).
56631	Extensive vulva surgery	58660	Laparoscopy, lysis.
56632	Extensive vulva surgery	58661	Laparoscopy, remove adnexa.
56633	Extensive vulva surgery	58662	Laparoscopy, excise lesions.
56634	Extensive vulva surgery	58670	Laparoscopy, tubal cautery.
56637	Extensive vulva surgery	58671	Laparoscopy, tubal block.
56640	Extensive vulva surgery	58672	Laparoscopy, fimbrioplasty.
56700	Partial removal of hymen	58673	Laparoscopy, salpingostomy.
56740	Remove vagina gland lesion	58700	Removal of fallopian tube.
56800	Repair of vagina	58720	Removal of ovary/tube(s).
56805	Repair clitoris	58740	Revise fallopian tube(s).
56810	Repair of perineum	58750	Repair oviduct.
56820	Exam of vulva w/scope	58752	Revise ovarian tube(s).
56821	Exam/biopsy of vulva w/scope	58760	Remove tubal obstruction.
57000	Exploration of vagina	58770	Create new tubal opening.
57010	Drainage of pelvic abscess	58800	Drainage of ovarian cyst(s).
57020	Drainage of pelvic fluid	58805	Drainage of ovarian cyst(s).
57022	I & vaginal hematoma, pp	58820	Drain ovary abscess, open.
57023	I & vag hematoma, non-ob	58822	Drain ovary abscess, percut.
57061	Destroy vag lesions, simple	58825	Transposition, ovary(s).
57065	Destroy vag lesions, complex	58900	Biopsy of ovary(s).
57100	Biopsy of vagina	58920	Partial removal of ovary(s).
57105	Biopsy of vagina	58925	Removal of ovarian cyst(s).
57106	Remove vagina wall, partial	58940	Removal of ovary(s).
57107	Remove vagina tissue, part	58943	Removal of ovary(s).
57109	Vaginectomy partial w/nodes	58950	Resect ovarian malignancy.
57110	Remove vagina wall, complete	58951	Resect ovarian malignancy.
57111	Remove vagina tissue, compl	58952	Resect ovarian malignancy.
57112	Vaginectomy w/nodes, compl	58953	Tah, rad dissect for debulk.
57120	Closure of vagina	58954	Tah rad debulk/lymph remove.
57130	Remove vagina lesion	58956	Bso, omentectomy w/tah.
57135	Remove vagina lesion	58957	Resect recurrent gyn mal.
57150	Treat vagina infection	58958	Resect recur gyn mal w/lym.
57155	Insert uteri tandems/ovoids	58960	Exploration of abdomen.
57160	Insert pessary/other device	58970	Retrieval of oocyte.
57170	Fitting of diaphragm/cap	58974	Transfer of embryo.
57180	Treat vaginal bleeding	58976	Transfer of embryo.
57200	Repair of vagina	59000	Amniocentesis, diagnostic.
57210	Repair vagina/perineum	59015	Chorion biopsy.
57220	Revision of urethra	59100	Remove uterus lesion.
57230	Repair of urethral lesion	59120	Treat ectopic pregnancy.
57240	Repair bladder & vagina	59121	Treat ectopic pregnancy.
57250	Repair rectum & vagina	59130	Treat ectopic pregnancy.
57260	Repair of vagina	59135	Treat ectopic pregnancy.
57265	Extensive repair of vagina	59136	Treat ectopic pregnancy.
57268	Repair of bowel bulge	59140	Treat ectopic pregnancy.
57270	Repair of bowel pouch	59150	Treat ectopic pregnancy.
57280	Suspension of vagina	59151	Treat ectopic pregnancy.
57282	Colpopexy, extraperitoneal	59160	D & c after delivery.
57283	Colpopexy, intraperitoneal	59200	Insert cervical dilator.
57284	Repair paravaginal defect	59300	Episiotomy or vaginal repair.
57287	Revise/remove sling repair	59400	Obstetrical care.
57288	Repair bladder defect	59410	Obstetrical care.
57289	Repair bladder & vagina	59425	Antepartum care only.
57291	Construction of vagina	59426	Antepartum care only.

ADDENDUM C.—CODES FOR WHICH WE RECEIVED PERC RECOMMENDATIONS ON PE DIRECT INPUTS—Continued

CPT [1] code	Description	CPT [1] code	Description
57292	Construct vagina with graft	59430	Care after delivery.
57295	Revise vag graft via vagina	59510	Cesarean delivery.
57296	Revise vag graft, open abd	59515	Cesarean delivery.
57300	Repair rectum-vagina fistula	59610	Vbac delivery.
57305	Repair rectum-vagina fistula	59614	Vbac care after delivery.
57307	Fistula repair & colostomy	59618	Attempted vbac delivery.
57310	Repair urethrovaginal lesion	59622	Attempted vbac after care.
57311	Repair urethrovaginal lesion	59812	Vbac delivery only.
57320	Repair bladder-vagina lesion	59820	Care of miscarriage.
57330	Repair bladder-vagina lesion	59821	Treatment of miscarriage.
57335	Repair vagina	59830	Treat uterus infection.
57415	Remove vaginal foreign body	59840	Abortion.
57420	Exam of vagina w/scope	59841	Abortion.
57421	Exam/biopsy of vag w/scope	59850	Abortion.
57425	Laparoscopy, surg, colpopexy	59851	Abortion.
57452	Exam of cervix w/scope	59852	Abortion.
57454	Bx/curett of cervix w/scope	59855	Abortion.
57455	Biopsy of cervix w/scope	59856	Abortion.
57456	Endocerv curettage w/scope	59857	Abortion.
57460	Bx of cervix w/scope, leep	59870	Evacuate mole of uterus.
57461	Conz of cervix w/scope, leep	64430	N block inj, pudendal.
57500	Biopsy of cervix	64435	N block inj, paracervical.
57505	Endocervical curettage	64360	Injection treatment of nerve.
57510	Cauterization of cervix	75960	Transcath iv stent rs&i.
57511	Cryocautery of cervix	77051	Computer dx mammogram add-on.
57513	Laser surgery of cervix	77052	Comp screen mammogram add-on.
57520	Conization of cervix	77080	Dxa bone density, axial.
57522	Conization of cervix	77081	Dxa bone density/peripheral.
57530	Removal of cervix	77082	Dxa bone density, vert fx.
57531	Removal of cervix, radical	78206	Liver image (3d) with flow.
57540	Removal of residual cervix	78600	Brain imaging, ltd static.
57545	Remove cervix/repair pelvis	78601	Brain imaging, ltd w/flow.
57550	Removal of residual cervix	78605	Brain imaging, complete.
57555	Remove cervix/repair vagina	78606	Brain imaging, compl w/flow.
57556	Remove cervix, repair bowel	78607	Brain imaging (3D).
57558	D&c of cervical stump	78610	Brain flow imaging only.
57700	Revision of cervix	78615	Cerebral vascular flow image.
57720	Revision of cervix	78647	Cerebrospinal fluid scan.
57800	Dilation of cervical canal	78803	Tumor imaging (3D).
58100	Biopsy of uterus lining	78807	Nuclear localization/abscess.
58110	Bx done w/colposcopy add-on	93501	Right heart catheterization.
58120	Dilation and curettage	93503	Insert/place heart catheter.
58140	Myomectomy abdom method	93505	Biopsy of heart lining.
58145	Myomectomy vag method	93508	Cath placement, angiography.
58146	Myomectomy abdom complex	93510	Left heart catheterization.
58150	Total hysterectomy	93511	Left heart catheterization.
58152	Total hysterectomy	93514	Left heart catheterization.
58180	Partial hysterectomy	93524	Left heart catheterization.
58200	Extensive hysterectomy	93526	Rt & Lt heart catheters.
58210	Extensive hysterectomy	93527	Rt & Lt heart catheters.
58240	Removal of pelvis contents	93528	Rt & Lt heart catheters.
58260	Vaginal hysterectomy	93529	Rt, lt heart catheterization.
58262	Vag hyst including t/o	93530	Rt heart cath, congenital.
58263	Vag hyst w/t/o & vag repair	93531	R & l heart cath, congenital.
58267	Vag hyst w/urinary repair	93532	R & l heart cath, congenital.
58270	Vag hyst w/enterocele repair	93533	R & l heart cath, congenital.
58275	Hysterectomy/revise vagina	93539	Injection, cardiac cath.
58280	Hysterectomy/revise vagina	93540	Injection, cardiac cath.
58285	Extensive hysterectomy	93541	Injection for lung angiogram.
58290	Vag hyst complex	93542	Injection for heart x-rays.
58291	Vag hyst incl t/o, complex	93543	Injection for heart x-rays.
58292	Vag hyst t/o & repair, compl	93544	Injection for aortography.
58293	Vag hyst w/uro repair, compl	93545	Inject for coronary x-rays.
58294	Vag hyst w/enterocele, compl	93555	Imaging, cardiac cath.
58340	Catheter for hysterography	93556	Imaging, cardiac cath.
58345	Reopen fallopian tube	93561	Cardiac output measurement.
58346	Insert heyman uteri capsule	93562	Cardiac output measurement.
58350	Reopen fallopian tube	93571	Heart flow reserve measure.
58353	Endometr ablate, thermal	93572	Heart flow reserve measure.
58555	Hysteroscopy, dx, sep proc.		
58356	Endometrial cryoablation.		
58400	Suspension of uterus.		

ADDENDUM C.—CODES FOR WHICH WE RECEIVED PERC RECOMMENDATIONS ON PE DIRECT INPUTS—Continued

CPT [1] code	Description	CPT [1] code	Description
58410	Suspension of uterus.		
58520	Repair of ruptured uterus.		
58540	Revision of uterus.		
58541	Lsh, uterus 250 g or less.		

ADDENDUM D.—PROPOSED 2008 GEOGRAPHIC ADJUSTMENT FACTORS (GAFS)

Carrier	Locality	Locality name	2008 GAF	2007 GAF	% change
31140	06	San Mateo, CA	1.231	1.259	−2.19%
31140	05	San Francisco, CA	1.228	1.256	−2.19%
31140	09	Santa Clara, CA	1.206	1.265	−4.63%
00803	01	Manhattan, NY	1.174	1.184	−0.84%
00803	02	NYC Suburbs/Long I., NY	1.171	1.18	−0.73%
31140	07	Oakland/Berkley, CA	1.154	1.177	−1.94%
31143	01	Metropolitan Boston	1.143	1.153	−0.85%
14330	04	Queens, NY	1.137	1.144	−0.62%
31140	03	Marin/Napa/Solano, CA	1.133	1.154	−1.84%
00805	01	Northern NJ	1.130	1.126	0.39%
00903	01	DC + MD/VA Suburbs	1.127	1.132	−0.47%
31146	26	Anaheim/Santa Ana, CA	1.124	1.12	0.35%
31146	17	Ventura, CA	1.102	1.084	1.69%
31146	18	Los Angeles, CA	1.100	1.088	1.14%
00591	00	Connecticut	1.096	1.091	0.42%
00952	12	Chicago, IL	1.093	1.102	−0.78%
00590	04	Miami, FL	1.092	1.069	2.17%
00953	01	Detroit, MI	1.091	1.11	−1.71%
00805	99	Rest of New Jersey	1.078	1.074	0.37%
00952	16	Suburban Chicago, IL	1.074	1.085	−0.99%
00865	01	Metropolitan Philadelphia, PA	1.072	1.069	0.30%
00836	02	Seattle (King Cnty), WA	1.046	1.058	−1.17%
00831	01	Alaska	1.045	1.055	−0.94%
00833	01	Hawaii/Guam	1.044	1.044	−0.03%
31143	99	Rest of Massachusetts	1.042	1.042	−0.03%
00803	03	Poughkpsie/N NYC Suburbs, NY	1.040	1.046	−0.54%
00901	01	Baltimore/Surr. Cntys, MD	1.037	1.039	−0.21%
00590	03	Fort Lauderdale, FL	1.033	1.015	1.79%
00524	01	Rhode Island	1.031	1.016	1.44%
00511	01	Atlanta, GA	1.024	1.043	−1.82%
00900	11	Dallas, TX	1.022	1.035	−1.24%
00900	18	Houston, TX	1.021	1.026	−0.49%
00834	00	Nevada	1.020	1.023	−0.32%
31140	99	Rest of California*	1.014	1.017	−0.28%
31146	99	Rest of California*	1.014	1.017	−0.28%
00902	01	Delaware	1.012	1.011	0.10%
00900	31	Austin, TX	1.001	1.015	−1.40%
00835	01	Portland, OR	0.996	1.005	−0.88%
00900	09	Brazoria, TX	0.995	1.005	−0.98%
00528	01	New Orleans, LA	0.993	0.976	1.76%
31144	40	New Hampshire	0.993	1	−0.69%
00952	15	East St. Louis, IL	0.993	0.995	−0.24%
00900	28	Fort Worth, TX	0.989	0.996	−0.65%
00973	50	Virgin Islands	0.989	0.989	−0.03%
00900	15	Galveston, TX	0.986	0.985	0.07%
00824	01	Colorado	0.983	0.991	−0.81%
00901	99	Rest of Maryland	0.981	0.978	0.31%
31142	03	Southern Maine	0.981	0.981	−0.03%
03102	00	Arizona	0.980	0.993	−1.29%
00523	01	Metropolitan Kansas City, MO	0.980	0.982	−0.23%
00590	99	Rest of Florida	0.978	0.968	0.98%
00953	99	Rest of Michigan	0.976	0.984	−0.81%
00836	99	Rest of Washington	0.973	0.977	−0.37%
00740	02	Metropolitan St. Louis, MO	0.971	0.974	−0.27%
00883	00	Ohio	0.969	0.965	0.46%
00954	00	Minnesota	0.967	0.975	−0.85%
00865	99	Rest of Pennsylvania	0.956	0.946	1.08%
31145	50	Vermont	0.953	0.951	0.22%
00904	00	Virginia	0.950	0.948	0.19%
03502	09	Utah	0.948	0.947	0.08%
00900	20	Beaumont, TX	0.946	0.942	0.44%
00801	99	Rest of New York	0.946	0.95	−0.45%
00884	16	Wisconsin	0.943	0.95	−0.77%
00952	99	Rest of Illinois	0.941	0.938	0.29%
05535	00	North Carolina	0.937	0.936	0.13%
00521	05	New Mexico	0.937	0.932	0.49%
00630	00	Indiana	0.935	0.93	0.58%
00511	99	Rest of Georgia	0.932	0.932	−0.03%
00900	99	Rest of Texas	0.931	0.929	0.23%
00835	99	Rest of Oregon	0.930	0.929	0.09%
00951	00	West Virginia	0.926	0.927	−0.09%

ADDENDUM D.—PROPOSED 2008 GEOGRAPHIC ADJUSTMENT FACTORS (GAFS)—Continued

Carrier	Locality	Locality name	2008 GAF	2007 GAF	% change
00528	99	Rest of Louisiana	0.923	0.919	0.45%
05440	35	Tennessee	0.923	0.921	0.20%
00880	01	South Carolina	0.920	0.917	0.37%
00650	00	Kansas*	0.917	0.919	−0.20%
00740	04	Kansas*	0.917	0.919	−0.20%
31142	99	Rest of Maine	0.915	0.916	−0.15%
00660	00	Kentucky	0.912	0.915	−0.31%
00510	00	Alabama	0.910	0.914	−0.41%
05130	00	Idaho	0.909	0.905	0.47%
03602	21	Wyoming	0.907	0.91	−0.32%
00826	00	Iowa	0.906	0.905	0.10%
00512	00	Mississippi	0.903	0.898	0.54%
00655	00	Nebraska	0.902	0.903	−0.15%
03202	01	Montana	0.898	0.902	−0.45%
00522	00	Oklahoma	0.898	0.894	0.40%
00740	99	Rest of Missouri*	0.890	0.883	0.78%
03402	02	South Dakota	0.890	0.891	−0.17%
00523	99	Rest of Missouri*	0.889	0.883	0.71%
03302	01	North Dakota	0.888	0.895	−0.82%
00520	13	Arkansas	0.887	0.884	0.39%
00973	20	Puerto Rico	0.789	0.79	−0.18%

GAF equation: (0.52466*work GPCI)+(0.43669*pe GPCI)+(0.03865*mp GPCI)
* designates multiple carriers
GAF values do not contain a 1.000 floor on physician work GPCI.

ADDENDUM E.—PROPOSED 2008*** GEOGRAPHIC PRACTICE COST INDICES (GPCIs) BY STATE AND MEDICARE LOCALITY

Carrier	Locality	Locality name	2007 Work GPCI**	2008 Work GPCI	2009 Work GPCI	2007 PE GPCI	2008 PE GPCI	2009 PE GPCI	2007 MP GPCI	2008 MP GPCI	2009 MP GPCI
00510	00	Alabama	0.982	0.982	0.982	0.847	0.850	0.852	0.740	0.622	0.504
00831	01	Alaska	1.017	1.018	1.018	1.105	1.097	1.088	1.013	0.835	0.657
03102	00	Arizona	0.987	0.988	0.988	0.994	0.975	0.955	1.052	0.944	0.836
00520	13	Arkansas	0.961	0.961	0.961	0.832	0.839	0.845	0.431	0.443	0.454
31146	26	Anaheim/Santa Ana, CA	1.034	1.035	1.035	1.238	1.253	1.267	0.939	0.882	0.825
31146	18	Los Angeles, CA	1.041	1.042	1.042	1.158	1.191	1.223	0.939	0.879	0.818
31140	03	Marin/Napa/Solano, CA	1.035	1.035	1.035	1.342	1.303	1.263	0.640	0.540	0.439
31140	07	Oakland/Berkley, CA	1.054	1.055	1.055	1.373	1.329	1.284	0.640	0.536	0.432
31140	05	San Francisco, CA	1.060	1.060	1.060	1.546	1.493	1.439	0.640	0.531	0.421
31140	06	San Mateo, CA	1.073	1.073	1.073	1.539	1.485	1.431	0.629	0.515	0.401
31140	09	Santa Clara, CA	1.083	1.084	1.084	1.543	1.418	1.292	0.595	0.489	0.383
31146	17	Ventura, CA	1.028	1.028	1.028	1.181	1.222	1.263	0.732	0.756	0.779
31140	99	Rest of California*	1.007	1.008	1.008	1.054	1.055	1.056	0.721	0.640	0.558
31146	99	Rest of California*	1.007	1.008	1.008	1.054	1.055	1.056	0.721	0.640	0.558
00824	01	Colorado	0.986	0.986	0.986	1.015	1.003	0.990	0.790	0.721	0.652
00591	00	Connecticut	1.038	1.039	1.039	1.172	1.178	1.183	0.886	0.942	0.997
00903	01	DC + MD/VA Suburbs	1.048	1.048	1.048	1.252	1.234	1.216	0.911	0.981	1.050
00902	01	Delaware	1.012	1.012	1.012	1.020	1.032	1.044	0.877	0.784	0.690
00590	03	Fort Lauderdale, FL	0.988	0.989	0.989	0.990	1.003	1.016	1.675	1.982	2.288
00590	04	Miami, FL	1.000	1.001	1.001	1.048	1.058	1.067	2.233	2.727	3.221
00590	99	Rest of Florida	0.973	0.973	0.973	0.936	0.937	0.937	1.251	1.502	1.753
00511	01	Atlanta, GA	1.010	1.010	1.010	1.091	1.052	1.012	0.950	0.900	0.850
00511	99	Rest of Georgia	0.979	0.979	0.979	0.874	0.878	0.882	0.950	0.897	0.843
00833	01	Hawaii/Guam	1.005	0.990	0.975	1.113	1.136	1.158	0.787	0.732	0.676
05130	00	Idaho	0.968	0.967	0.967	0.869	0.876	0.882	0.452	0.504	0.555
00952	12	Chicago, IL	1.025	1.026	1.026	1.128	1.103	1.078	1.837	1.905	1.973
00952	15	East St. Louis, IL	0.988	0.989	0.989	0.940	0.929	0.917	1.722	1.773	1.824
00952	16	Suburban Chicago, IL	1.018	1.018	1.018	1.117	1.092	1.066	1.626	1.642	1.657
00952	99	Rest of Illinois	0.974	0.975	0.975	0.874	0.877	0.879	1.174	1.207	1.240
00630	00	Indiana	0.985	0.986	0.986	0.908	0.912	0.916	0.429	0.519	0.609
00826	00	Iowa	0.967	0.966	0.965	0.869	0.869	0.869	0.579	0.510	0.441
00650	00	Kansas*	0.968	0.968	0.969	0.880	0.881	0.881	0.709	0.638	0.567
00740	04	Kansas*	0.968	0.968	0.969	0.880	0.881	0.881	0.709	0.638	0.567
00660	00	Kentucky	0.970	0.969	0.969	0.855	0.857	0.859	0.859	0.761	0.663
00528	01	New Orleans, LA	0.986	0.986	0.986	0.947	0.995	1.042	1.178	1.075	0.972
00528	99	Rest of Louisiana	0.970	0.970	0.970	0.848	0.863	0.877	1.041	0.974	0.907
31142	03	Southern Maine	0.980	0.980	0.980	1.014	1.019	1.023	0.626	0.563	0.500
31142	99	Rest of Maine	0.962	0.962	0.962	0.887	0.889	0.891	0.626	0.563	0.500
00901	01	Baltimore/Surr. Cntys, MD	1.012	1.013	1.013	1.080	1.068	1.055	0.932	1.019	1.105
00901	99	Rest of Maryland	0.993	0.994	0.994	0.981	0.981	0.980	0.748	0.819	0.889
31143	01	Metropolitan Boston	1.030	1.030	1.030	1.331	1.310	1.289	0.810	0.794	0.777
31143	99	Rest of Massachusetts	1.007	1.008	1.008	1.105	1.105	1.104	0.810	0.794	0.777
00953	01	Detroit, MI	1.037	1.037	1.037	1.056	1.047	1.038	2.700	2.320	1.939
00953	99	Rest of Michigan	0.997	0.998	0.998	0.922	0.922	0.921	1.494	1.298	1.101
00954	00	Minnesota	0.991	0.992	0.992	1.006	0.994	0.981	0.404	0.327	0.249
00512	00	Mississippi	0.960	0.959	0.959	0.841	0.847	0.853	0.711	0.767	0.822
00523	01	Metropolitan Kansas City, MO	0.989	0.990	0.990	0.977	0.960	0.943	0.931	1.070	1.208
00740	02	Metropolitan St. Louis, MO	0.992	0.993	0.993	0.956	0.943	0.929	0.926	1.010	1.093
00523	99	Rest of Missouri*	0.950	0.950	0.950	0.803	0.812	0.820	0.878	0.946	1.014
00740	99	Rest of Missouri*	0.950	0.951	0.952	0.803	0.812	0.820	0.878	0.946	1.014
03202	01	Montana	0.950	0.950	0.950	0.845	0.846	0.846	0.889	0.787	0.685
00655	00	Nebraska	0.959	0.959	0.959	0.876	0.882	0.888	0.447	0.348	0.249
00834	00	Nevada	1.003	1.003	1.003	1.045	1.035	1.024	1.050	1.076	1.102
31144	40	New Hampshire	0.981	0.982	0.982	1.029	1.033	1.037	0.927	0.699	0.470
00805	01	Northern NJ	1.058	1.059	1.059	1.222	1.224	1.226	0.958	1.047	1.135
00805	99	Rest of New Jersey	1.043	1.043	1.043	1.121	1.123	1.124	0.958	1.047	1.135
00521	05	New Mexico	0.972	0.973	0.973	0.888	0.888	0.888	0.880	0.998	1.115
00803	01	Manhattan, NY	1.065	1.065	1.065	1.300	1.298	1.296	1.480	1.254	1.027
00803	02	NYC Suburbs/Long I., NY	1.052	1.052	1.052	1.283	1.285	1.287	1.756	1.506	1.256
00803	03	Poughkpsie/N NYC Suburbs, NY	1.014	1.015	1.015	1.076	1.076	1.075	1.148	0.992	0.836
14330	04	Queens, NY	1.032	1.033	1.033	1.230	1.234	1.237	1.682	1.462	1.241
00801	99	Rest of New York	0.997	0.997	0.997	0.919	0.919	0.919	0.666	0.549	0.432
05535	00	North Carolina	0.971	0.972	0.972	0.922	0.923	0.923	0.630	0.638	0.645
03302	01	North Dakota	0.946	0.946	0.947	0.861	0.852	0.843	0.593	0.494	0.394
00883	00	Ohio	0.992	0.993	0.993	0.934	0.930	0.925	0.960	1.107	1.253
00522	00	Oklahoma	0.964	0.964	0.964	0.856	0.853	0.849	0.376	0.507	0.638
00835	01	Portland, OR	1.002	1.003	1.003	1.059	1.036	1.013	0.434	0.457	0.480
00835	99	Rest of Oregon	0.968	0.968	0.968	0.927	0.926	0.925	0.434	0.457	0.480
00865	01	Metropolitan Philadelphia, PA	1.016	1.017	1.017	1.106	1.101	1.095	1.364	1.505	1.645
00865	99	Rest of Pennsylvania	0.992	0.993	0.993	0.904	0.914	0.923	0.793	0.946	1.099
00973	20	Puerto Rico	0.906	0.905	0.904	0.699	0.696	0.693	0.257	0.256	0.254
00524	01	Rhode Island	1.045	1.030	1.014	0.991	1.039	1.086	0.895	0.954	1.013
00880	01	South Carolina	0.975	0.975	0.975	0.894	0.899	0.904	0.388	0.421	0.454
03402	02	South Dakota	0.943	0.942	0.942	0.877	0.870	0.863	0.359	0.393	0.427
05440	35	Tennessee	0.977	0.978	0.978	0.881	0.884	0.887	0.621	0.620	0.618
00900	31	Austin, TX	0.991	0.991	0.991	1.048	1.015	0.981	0.970	0.978	0.986
00900	20	Beaumont, TX	0.983	0.984	0.984	0.862	0.868	0.874	1.277	1.323	1.369
00900	09	Brazoria, TX	1.020	1.020	1.020	0.963	0.942	0.920	1.277	1.261	1.244
00900	11	Dallas, TX	1.009	1.010	1.010	1.064	1.032	0.999	1.044	1.087	1.129
00900	28	Fort Worth, TX	0.997	0.998	0.998	0.991	0.971	0.951	1.044	1.087	1.129

ADDENDUM E.—PROPOSED 2008 *** GEOGRAPHIC PRACTICE COST INDICES (GPCIS) BY STATE AND MEDICARE LOCALITY—Continued

Carrier	Locality	Locality name	2007 Work GPCI **	2008 Work GPCI	2009 Work GPCI	2007 PE GPCI	2008 PE GPCI	2009 PE GPCI	2007 MP GPCI	2008 MP GPCI	2009 MP GPCI
00900	15	Galveston, TX	0.990	0.991	0.991	0.954	0.956	0.957	1.277	1.261	1.244
00900	18	Houston, TX	1.016	1.017	1.017	1.016	1.000	0.983	1.276	1.322	1.368
00900	99	Rest of Texas	0.968	0.968	0.968	0.866	0.872	0.878	1.120	1.102	1.083
03502	09	Utah	0.977	0.977	0.977	0.938	0.922	0.905	0.651	0.848	1.044
31145	50	Vermont	0.968	0.968	0.968	0.970	0.976	0.981	0.505	0.501	0.497
00904	00	Virginia	0.981	0.982	0.982	0.942	0.941	0.940	0.569	0.619	0.668
00973	50	Virgin Islands	0.967	0.982	0.997	1.015	0.996	0.976	0.987	1.007	1.026
00836	02	Seattle (King Cnty), WA	1.014	1.015	1.015	1.133	1.108	1.083	0.805	0.762	0.718
00836	99	Rest of Washington	0.987	0.987	0.988	0.980	0.976	0.972	0.805	0.755	0.705
00951	00	West Virginia	0.973	0.974	0.974	0.820	0.823	0.826	1.522	1.449	1.376
00884	16	Wisconsin	0.987	0.988	0.988	0.920	0.920	0.919	0.777	0.597	0.416
03602	21	Wyoming	0.956	0.956	0.956	0.855	0.848	0.841	0.920	0.912	0.904

* Indicates multiple carriers.
** 2007 work GPCI does not reflect the 1.000 floor.
*** 2008 GPCIs are the first year of the update transition, 2009 GPCIs are the fully implemented updated GPCI.
2008 GPCIs: ½ the difference between 2007 and 2009 GPCIs.

ADDENDUM F—CPT/HCPCS IMAGING CODES DEFINED BY SECTION 5102(B) OF THE DRA

HCPCS/ CPT*	Short Descriptor
31620	Endobronchial us add-on.
37250	Iv us first vessel add-on.
37251	Iv us each add vessel add-on.
51798	Us urine capacity measure.
70010	Contrast x-ray of brain.
70015	Contrast x-ray of brain.
70030	X-ray eye for foreign body.
70100	X-ray exam of jaw.
70110	X-ray exam of jaw.
70120	X-ray exam of mastoids.
70130	X-ray exam of mastoids.
70134	X-ray exam of middle ear.
70140	X-ray exam of facial bones.
70150	X-ray exam of facial bones.
70160	X-ray exam of nasal bones.
70170	X-ray exam of tear duct.
70190	X-ray exam of eye sockets.
70200	X-ray exam of eye sockets.
70210	X-ray exam of sinuses.
70220	X-ray exam of sinuses.
70240	X-ray exam, pituitary saddle.
70250	X-ray exam of skull.
70260	X-ray exam of skull.
70300	X-ray exam of teeth.
70310	X-ray exam of teeth.
70320	Full mouth x-ray of teeth.
70328	X-ray exam of jaw joint.
70330	X-ray exam of jaw joints.
70332	X-ray exam of jaw joint.
70336	Magnetic image, jaw joint.
70350	X-ray head for orthodontia.
70355	Panoramic x-ray of jaws.
70360	X-ray exam of neck.
70370	Throat x-ray & fluoroscopy.
70371	Speech evaluation, complex.
70373	Contrast x-ray of larynx.
70380	X-ray exam of salivary gland.
70390	X-ray exam of salivary duct.
70450	Ct head/brain w/o dye.
70460	Ct head/brain w/dye.
70470	Ct head/brain w/o & w/dye.
70480	Ct orbit/ear/fossa w/o dye.
70481	Ct orbit/ear/fossa w/dye.
70482	Ct orbit/ear/fossa w/o&w/dye.
70486	Ct maxillofacial w/o dye.
70487	Ct maxillofacial w/dye.
70488	Ct maxillofacial w/o & w/dye.
70490	Ct soft tissue neck w/o dye.
70491	Ct soft tissue neck w/dye.
70492	Ct sft tsue nck w/o & w/dye.
70496	Ct angiography, head.
70498	Ct angiography, neck.
70540	Mri orbit/face/neck w/o dye.
70542	Mri orbit/face/neck w/dye.
70543	Mri orbt/fac/nck w/o & w/dye.
70544	Mr angiography head w/o dye.
70545	Mr angiography head w/dye.
70546	Mr angiograph head w/o&w/ dye.
70547	Mr angiography neck w/o dye.
70548	Mr angiography neck w/dye.
70549	Mr angiograph neck w/o&w/ dye.
70551	Mri brain w/o dye.
70552	Mri brain w/dye.
70553	Mri brain w/o & w/dye.
70557	Mri brain w/o dye.
70558	Mri brain w/dye.
70559	Mri brain w/o & w/dye.

ADDENDUM F—CPT/HCPCS IMAGING CODES DEFINED BY SECTION 5102(B) OF THE DRA—Continued

HCPCS/ CPT*	Short Descriptor
71010	Chest x-ray.
71015	Chest x-ray.
71020	Chest x-ray.
71021	Chest x-ray.
71022	Chest x-ray.
71023	Chest x-ray and fluoroscopy.
71030	Chest x-ray.
71034	Chest x-ray and fluoroscopy.
71035	Chest x-ray.
71040	Contrast x-ray of bronchi.
71060	Contrast x-ray of bronchi.
71090	X-ray & pacemaker insertion.
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.
71120	X-ray exam of breastbone.
71130	X-ray exam of breastbone.
71250	Ct thorax w/o dye.
71260	Ct thorax w/dye.
71270	Ct thorax w/o & w/dye.
71275	Ct angiography, chest.
71550	Mri chest w/o dye.
71551	Mri chest w/dye.
71552	Mri chest w/o & w/dye.
71555	Mri angio chest w or w/o dye.
72010	X-ray exam of spine.
72020	X-ray exam of spine.
72040	X-ray exam of neck spine.
72050	X-ray exam of neck spine.
72052	X-ray exam of neck spine.
72069	X-ray exam of trunk 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.
72126	Ct neck spine w/dye.
72127	Ct neck spine w/o & w/dye.
72128	Ct chest spine w/o dye.
72129	Ct chest spine w/dye.
72130	Ct chest spine w/o & w/dye.
72131	Ct lumbar spine w/o dye.
72132	Ct lumbar spine w/dye.
72133	Ct lumbar spine w/o & w/dye.
72141	Mri neck spine w/o dye.
72142	Mri neck spine w/dye.
72146	Mri chest spine w/o dye.
72147	Mri chest spine w/dye.
72148	Mri lumbar spine w/o dye.
72149	Mri lumbar spine w/dye.
72156	Mri neck spine w/o & w/dye.
72157	Mri chest spine w/o & w/dye.
72158	Mri lumbar spine w/o & w/dye.
72159	Mr angio spine w/o&w/dye.
72170	X-ray exam of pelvis.
72190	X-ray exam of pelvis.
72191	Ct angiograph pelv w/o&w/dye.
72192	Ct pelvis w/o dye.
72193	Ct pelvis w/dye.
72194	Ct pelvis w/o & w/dye.
72195	Mri pelvis w/o dye.
72196	Mri pelvis w/dye.
72197	Mri pelvis w/o & w/dye.

ADDENDUM F—CPT/HCPCS IMAGING CODES DEFINED BY SECTION 5102(B) OF THE DRA—Continued

HCPCS/ CPT*	Short Descriptor
72198	Mr angio pelvis w/o & w/dye.
72200	X-ray exam sacroiliac joints.
72202	X-ray exam sacroiliac joints.
72220	X-ray exam of tailbone.
72240	Contrast x-ray of neck spine.
72255	Contrast x-ray, thorax spine.
72265	Contrast x-ray, lower spine.
72270	Contrast x-ray, spine.
72275	Epidurography.
72285	X-ray c/t spine disk.
72291	Percut vertebroplasty fluor.
72293	Percut vertebroplasty, ct.
72295	X-ray of lower spine disk.
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.
73040	Contrast x-ray 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.
73085	Contrast x-ray of elbow.
73090	X-ray exam of forearm.
73092	X-ray exam of arm, infant.
73100	X-ray exam of wrist.
73110	X-ray exam of wrist.
73115	Contrast x-ray of wrist.
73120	X-ray exam of hand.
73130	X-ray exam of hand.
73140	X-ray exam of finger(s).
73200	Ct upper extremity w/o dye.
73201	Ct upper extremity w/dye.
73202	Ct uppr extremity w/o&w/dye.
73206	Ct angio upr extrm w/o&w/dye.
73218	Mri upper extremity w/o dye.
73219	Mri upper extremity w/dye.
73220	Mri uppr extremity w/o&w/dye.
73221	Mri joint upr extrem w/o dye.
73222	Mri joint upr extrem w/dye.
73223	Mri joint upr extr w/o&w/dye.
73225	Mr angio upr extr w/o&w/dye.
73500	X-ray exam of hip.
73510	X-ray exam of hip.
73520	X-ray exam of hips.
73525	Contrast x-ray of hip.
73530	X-ray exam of hip.
73540	X-ray exam of pelvis & hips.
73542	X-ray exam, sacroiliac joint.
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.
73580	Contrast x-ray of knee joint.
73590	X-ray exam of lower leg.
73592	X-ray exam of leg, infant.
73600	X-ray exam of ankle.
73610	X-ray exam of ankle.
73615	Contrast x-ray 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.
73701	Ct lower extremity w/dye.
73702	Ct lwr extremity w/o&w/dye.
73706	Ct angio lwr extr w/o&w/dye.
73718	Mri lower extremity w/o dye.

ADDENDUM F—CPT/HCPCS IMAGING CODES DEFINED BY SECTION 5102(B) OF THE DRA—Continued

HCPCS/ CPT*	Short Descriptor
73719	Mri lower extremity w/dye.
73720	Mri lwr extremity w/o&w/dye.
73721	Mri jnt of lwr extre w/o dye.
73722	Mri joint of lwr extr w/dye.
73723	Mri joint lwr extr w/o&w/dye.
73725	Mr ang lwr ext w or w/o dye.
74000	X-ray exam of abdomen.
74010	X-ray exam of abdomen.
74020	X-ray exam of abdomen.
74022	X-ray exam series, abdomen.
74150	Ct abdomen w/o dye.
74160	Ct abdomen w/dye.
74170	Ct abdomen w/o & w/dye.
74175	Ct angio abdom w/o & w/dye.
74181	Mri abdomen w/o dye.
74182	Mri abdomen w/dye.
74183	Mri abdomen w/o & w/dye.
74185	Mri angio, abdom w orw/o dye.
74190	X-ray exam of peritoneum.
74210	Contrst x-ray exam of throat.
74220	Contrast x-ray, esophagus.
74230	Cine/vid x-ray, throat/esoph.
74235	Remove esophagus obstruction.
74240	X-ray exam, upper gi tract.
74241	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.
74251	X-ray exam of small bowel.
74260	X-ray exam of small bowel.
74270	Contrast x-ray exam of colon.
74280	Contrast x-ray exam of colon.
74283	Contrast x-ray exam of colon.
74290	Contrast x-ray, gallbladder.
74291	Contrast x-rays, gallbladder.
74300	X-ray bile ducts/pancreas.
74301	X-rays at surgery add-on.
74305	X-ray bile ducts/pancreas.
74320	Contrast x-ray of bile ducts.
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.
74400	Contrst x-ray, urinary tract.
74410	Contrst x-ray, urinary tract.
74415	Contrst x-ray, urinary tract.
74420	Contrst x-ray, urinary tract.
74425	Contrst x-ray, urinary tract.
74430	Contrast x-ray, bladder.
74440	X-ray, male genital tract.
74445	X-ray exam of penis.
74450	X-ray, urethra/bladder.
74455	X-ray, urethra/bladder.
74470	X-ray exam of kidney lesion.
74475	X-ray control, cath insert.
74480	X-ray control, cath insert.
74485	X-ray guide, GU dilation.
74710	X-ray measurement of pelvis.
74740	X-ray, female genital tract.
74742	X-ray, fallopian tube.
74775	X-ray exam of perineum.

ADDENDUM F—CPT/HCPCS IMAGING CODES DEFINED BY SECTION 5102(B) OF THE DRA—Continued

HCPCS/ CPT*	Short Descriptor
75552	Heart mri for morph w/o dye.
75553	Heart mri for morph w/dye.
75554	Cardiac MRI/function.
75555	Cardiac MRI/limited study.
75556	Cardiac MRI/flow mapping.
75600	Contrast x-ray exam of aorta.
75605	Contrast x-ray exam of aorta.
75625	Contrast x-ray exam of aorta.
75630	X-ray aorta, leg arteries.
75635	Ct angio abdominal arteries.
75650	Artery x-rays, head & neck.
75658	Artery x-rays, arm.
75660	Artery x-rays, head & neck.
75662	Artery x-rays, head & neck.
75665	Artery x-rays, head & neck.
75671	Artery x-rays, head & neck.
75676	Artery x-rays, neck.
75680	Artery x-rays, neck.
75685	Artery x-rays, spine.
75705	Artery x-rays, spine.
75710	Artery x-rays, arm/leg.
75716	Artery x-rays, arms/legs.
75722	Artery x-rays, kidney.
75724	Artery x-rays, kidneys.
75726	Artery x-rays, abdomen.
75731	Artery x-rays, adrenal gland.
75733	Artery x-rays, adrenals.
75736	Artery x-rays, pelvis.
75741	Artery x-rays, lung.
75743	Artery x-rays, lungs.
75746	Artery x-rays, lung.
75756	Artery x-rays, chest.
75774	Artery x-ray, each vessel.
75790	Visualize A-V shunt.
75801	Lymph vessel x-ray, arm/leg.
75803	Lymph vessel x-ray,arms/legs.
75805	Lymph vessel x-ray, trunk.
75807	Lymph vessel x-ray, trunk.
75809	Nonvascular shunt, x-ray.
75810	Vein x-ray, spleen/liver.
75820	Vein x-ray, arm/leg.
75822	Vein x-ray, arms/legs.
75825	Vein x-ray, trunk.
75827	Vein x-ray, chest.
75831	Vein x-ray, kidney.
75833	Vein x-ray, kidneys.
75840	Vein x-ray, adrenal gland.
75842	Vein x-ray, adrenal glands.
75860	Vein x-ray, neck.
75870	Vein x-ray, skull.
75872	Vein x-ray, skull.
75880	Vein x-ray, eye socket.
75885	Vein x-ray, liver.
75887	Vein x-ray, liver.
75889	Vein x-ray, liver.
75891	Vein x-ray, liver.
75893	Venous sampling by catheter.
75894	X-rays, transcath therapy.
75896	X-rays, transcath therapy.
75898	Follow-up angiography.
75900	Intravascular cath exchange.
75901	Remove cva device obstruct.
75902	Remove cva lumen obstruct.
75940	X-ray placement, vein filter.
75945	Intravascular us.
75946	Intravascular us add-on.
75953	Abdom aneurysm endovas rpr.
75956	Xray, endovasc thor ao repr.
75957	Xray, endovasc thor ao repr.

ADDENDUM F—CPT/HCPCS IMAGING CODES DEFINED BY SECTION 5102(B) OF THE DRA—Continued

HCPCS/ CPT*	Short Descriptor
75958	Xray, place prox ext thor ao.
75959	Xray, place dist ext thor ao.
75960	Transcath iv stent rs&i.
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 xray exam bile duct.
75982	Contrast xray exam bile duct.
75984	Xray control catheter change.
75989	Abscess drainage under x-ray.
75992	Atherectomy, x-ray exam.
76000	Fluoroscope examination.
76001	Fluoroscope exam, extensive.
76010	X-ray, nose to rectum.
76080	X-ray exam of fistula.
76098	X-ray exam, breast specimen.
76100	X-ray exam of body section.
76101	Complex body section x-ray.
76102	Complex body section x-rays.
76120	Cine/video x-rays.
76125	Cine/video x-rays add-on.
76140	X-ray consultation.
76150	X-ray exam, dry process.
76350	Special x-ray contrast study.
76376	3d render w/o postprocess.
76377	3d rendering w/postprocess.
76380	CAT scan follow-up study.
76390	Mr spectroscopy.
76496	Fluoroscopic procedure.
76497	Ct procedure.
76498	Mri procedure.
76506	Echo exam of head.
76510	Ophth us, b & quant a.
76511	Ophth us, quant a only.
76512	Ophth us, b w/non-quant a.
76513	Echo exam of eye, water bath.
76514	Echo exam of eye, thickness.
76516	Echo exam of eye.
76519	Echo exam of eye.
76529	Echo exam of eye.
76536	Us exam of head and neck.
76604	Us exam, chest, b-scan.
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.
76778	Us exam kidney transplant.
76800	Us exam, spinal canal.
76801	Ob us < 14 wks, single fetus.
76802	Ob us < 14 wks, add?l fetus.
76805	Ob us ≥ 14 wks, sngl fetus.
76810	Ob us ≥ 14 wks, addl fetus.
76811	Ob us, detailed, sngl fetus.
76812	Ob us, detailed, addl fetus.
76815	Ob us, limited, fetus(s).
76816	Ob us, follow-up, per fetus.
76817	Transvaginal us, obstetric.
76818	Fetal biophys profile w/nst.
76819	Fetal biophys profil w/o nst.
76820	Umbilical artery echo.
76821	Middle cerebral artery echo.
76825	Echo exam of fetal heart.
76826	Echo exam of fetal heart.

ADDENDUM F—CPT/HCPCS IMAGING CODES DEFINED BY SECTION 5102(B) OF THE DRA—Continued

HCPCS/ CPT*	Short Descriptor
76827	Echo exam of fetal heart.
76828	Echo exam of fetal heart.
76830	Transvaginal us, non-ob.
76831	Echo exam, uterus.
76856	Us exam, pelvic, complete.
76857	Us exam, pelvic, limited.
76870	Us exam, scrotum.
76872	Us, transrectal.
76873	Echograp trans r, pros study.
76880	Us exam, extremity.
76885	Us exam infant hips, dynamic.
76886	Us exam infant hips, static.
76930	Echo guide, cardiocentesis.
76932	Echo guide for heart biopsy.
76936	Echo guide for artery repair.
76937	Us guide, vascular access.
76940	Us guide, tissue ablation.
76941	Echo guide for transfusion.
76942	Echo guide for biopsy.
76945	Echo guide, villus sampling.
76946	Echo guide for amniocentesis.
76948	Echo guide, ova aspiration.
76950	Echo guidance radiotherapy.
76965	Echo guidance radiotherapy.
76970	Ultrasound exam follow-up.
76975	GI endoscopic ultrasound.
76977	Us bone density measure.
76998	Ultrasound guide intraoper.
77001	Fluoroguide for vein device.
77002	Needle localization by x-ray.
77003	Fluoroguide for spine inject.
77011	Ct scan for localization.
77012	Ct scan for needle biopsy.
77013	Ct guide for tissue ablation.
77014	Ct scan for therapy guide.
77021	Mr guidance for needle place.
77022	Mri for tissue ablation.
77031	Stereotactic breast biopsy.
77032	X-ray of needle wire, breast.
77053	X-ray of mammary duct.
77054	X-ray of mammary ducts.
77058	Magnetic image, breast.
77059	Magnetic image, both breasts.
77071	X-ray stress view.
77072	X-rays for bone age.
77073	X-rays, bone evaluation.
77074	X-rays, bone survey.
77075	X-rays, bone survey.
77076	X-rays, bone evaluation.
77077	Joint survey, single view.
77078	Ct bone density, axial.
77079	Ct bone density, peripheral.
77080	Dxa bone density, axial.
77081	Dxa bone density/peripheral.
77082	Dxa bone density/v-fracture.
77083	Radiographic absorptiometry.
77084	Magnetic image, bone marrow.
77417	Radiology port film(s).
77421	Stereoscopic x-ray guidance.
78006	Thyroid imaging with uptake.
78007	Thyroid image, mult uptakes.
78010	Thyroid imaging.
78011	Thyroid imaging with flow.
78015	Thyroid met imaging.
78016	Thyroid met imaging/studies.
78018	Thyroid met imaging, body.
78020	Thyroid met uptake.
78070	Parathyroid nuclear imaging.
78075	Adrenal nuclear imaging.

ADDENDUM F—CPT/HCPCS IMAGING CODES DEFINED BY SECTION 5102(B) OF THE DRA—Continued

HCPCS/ CPT*	Short Descriptor
78102	Bone marrow imaging, ltd.
78103	Bone marrow imaging, mult.
78104	Bone marrow imaging, body.
78135	Red cell survival kinetics.
78140	Red cell sequestration.
78185	Spleen imaging.
78190	Platelet survival, kinetics.
78195	Lymph system imaging.
78201	Liver imaging.
78202	Liver imaging with flow.
78205	Liver imaging (3D).
78206	Liver image (3d) with flow.
78215	Liver and spleen imaging.
78216	Liver & spleen image/flow.
78220	Liver function study.
78223	Hepatobiliary imaging.
78230	Salivary gland imaging.
78231	Serial salivary imaging.
78232	Salivary gland function exam.
78258	Esophageal motility study.
78261	Gastric mucosa imaging.
78262	Gastroesophageal reflux exam.
78264	Gastric emptying study.
78278	Acute GI blood loss imaging.
78282	GI protein loss exam.
78290	Meckel?s divert exam.
78291	Leveen/shunt patency exam.
78300	Bone imaging, limited area.
78305	Bone imaging, multiple areas.
78306	Bone imaging, whole body.
78315	Bone imaging, 3 phase.
78320	Bone imaging (3D).
78350	Bone mineral, single photon.
78351	Bone mineral, dual photon.
78428	Cardiac shunt imaging.
78445	Vascular flow imaging.
78456	Acute venous thrombus image.
78457	Venous thrombosis imaging.
78458	Ven thrombosis images, bilat.
78459	Heart muscle imaging (PET).
78460	Heart muscle blood, single.
78461	Heart muscle blood, multiple.
78464	Heart image (3d), single.
78465	Heart image (3d), multiple.
78466	Heart infarct image.
78468	Heart infarct image (ef).
78469	Heart infarct image (3D).
78472	Gated heart, planar, single.
78473	Gated heart, multiple.
78478	Heart wall motion add-on.
78480	Heart function add-on.
78481	Heart first pass, single.
78483	Heart first pass, multiple.
78491	Heart image (pet), single.
78492	Heart image (pet), multiple.
78494	Heart image, spect.
78496	Heart first pass add-on.
78580	Lung perfusion imaging.
78584	Lung V/Q image single breath.
78585	Lung V/Q imaging.
78586	Aerosol lung image, single.
78587	Aerosol lung image, multiple.
78588	Perfusion lung image.
78591	Vent image, 1 breath, 1 proj.
78593	Vent image, 1 proj, gas.
78594	Vent image, mult proj, gas.
78596	Lung differential function.
78600	Brain imaging, ltd static.
78601	Brain imaging, ltd w/flow.

ADDENDUM F—CPT/HCPCS IMAGING CODES DEFINED BY SECTION 5102(B) OF THE DRA—Continued

HCPCS/ CPT*	Short Descriptor
78605	Brain imaging, complete.
78606	Brain imaging, compl w/flow.
78607	Brain imaging (3D).
78608	Brain imaging (PET).
78609	Brain imaging (PET).
78610	Brain flow imaging only.
78615	Cerebral vascular flow image.
78630	Cerebrospinal fluid scan.
78635	CSF ventriculography.
78645	CSF shunt evaluation.
78647	Cerebrospinal fluid scan.
78650	CSF leakage imaging.
78660	Nuclear exam of tear flow.
78700	Kidney imaging, static.
78701	Kidney imaging with flow.
78704	Imaging renogram.
78707	Kidney flow/function image.
78708	Kidney flow/function image.
78709	Kidney flow/function image.
78710	Kidney imaging (3D).
78715	Renal vascular flow exam.
78730	Urinary bladder retention.
78740	Ureteral reflux study.
78760	Testicular imaging.
78761	Testicular imaging/flow.
78800	Tumor imaging, limited area.
78801	Tumor imaging, mult areas.
78802	Tumor imaging, whole body.
78803	Tumor imaging (3D).
78804	Tumor imaging, whole body.
78805	Abscess imaging, ltd area.
78806	Abscess imaging, whole body.
78807	Nuclear localization/abscess.
78811	Tumor imaging (pet), limited.
78812	Tumor image (pet)/skul-thigh.
78813	Tumor image (pet) full body.
78814	Tumor image pet/ct, limited.
78815	Tumorimage pet/ct skul-thigh.
78816	Tumor image pet/ct full body.
78890	Nuclear medicine data proc.
78891	Nuclear med data proc.
92135	Opthalmic dx imagingt.
92235	Eye exam with photos.
92240	Icg angiography.
92250	Eye exam with photos.
92285	Eye photography.
92286	Internal eye photography.
93303	Echo transthoracic.
93304	Echo transthoracic.
93307	Echo exam of heart.
93308	Echo exam of heart.
93312	Echo transesophageal.
93313	Echo transesophageal.
93314	Echo transesophageal.
93315	Echo transesophageal.
93316	Echo transesophageal.
93317	Echo transesophageal.
93318	Echo transesophageal intraop.
93320	Doppler echo exam, heart.
93321	Doppler echo exam, heart.
93325	Doppler color flow add-on.
93350	Echo transthoracic.
93555	Imaging, cardiac cath.
93556	Imaging, cardiac cath.
93571	Heart flow reserve measure.
93572	Heart flow reserve measure.
93880	Extracranial study.
93882	Extracranial study.
93886	Intracranial study.

ADDENDUM F—CPT/HCPCS IMAGING CODES DEFINED BY SECTION 5102(B) OF THE DRA—Continued

HCPCS/ CPT*	Short Descriptor
93888	Intracranial study.
93890	Tcd, vasoreactivity study.
93892	Tcd, emboli detect w/o inj.
93893	Tcd, emboli detect w/inj.
93925	Lower extremity study.
93926	Lower extremity study.
93930	Upper extremity study.
93931	Upper extremity study.
93970	Extremity study.
93971	Extremity study.
93975	Vascular study.
93976	Vascular study.
93978	Vascular study.
93979	Vascular study.
93980	Penile vascular study.
93981	Penile vascular study.

ADDENDUM F—CPT/HCPCS IMAGING CODES DEFINED BY SECTION 5102(B) OF THE DRA—Continued

HCPCS/ CPT*	Short Descriptor
93990	Doppler flow testing.
0028T	Dexa body composition study.
0042T	Ct perfusion w/contrast, cbf.
0066T	Ct colonography;screen.
0067T	Ct colonography;dx.
0080T	Endovasc aort repr rad s&i.
0081T	Endovasc visc extnsn s&i.
0144T	CT heart wo dye; qual calc.
0145T	CT heart w/wo dye funct.
0146T	CCTA w/wo dye.
0147T	CCTA w/wo, quan calcium.
0148T	CCTA w/wo, strxr.
0149T	CCTA w/wo, strxr quan calc.
0150T	CCTA w/wo, disease strxr.
0151T	CT heart funct add-on.
0152T	Computer chest add-on.

ADDENDUM F—CPT/HCPCS IMAGING CODES DEFINED BY SECTION 5102(B) OF THE DRA—Continued

HCPCS/ CPT*	Short Descriptor
G0120	Colon ca scrn; barium enema.
G0122	Colon ca scrn; barium enema.
G0130	Single energy x-ray study.
G0219	PET img wholbod melano nonco.
G0235	PET not otherwise specified.
G0275	Renal angio, cardiac cath.
G0278	Iliac art angio,cardiac cath.
G0288	Recon, CTA for surg plan.
G0365	Vessel mapping hemo access.

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ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS

CBSA code	Urban area (constituent counties)	Wage index
10180	Abilene, TX	0.8395
	Callahan County, TX.	
	Jones County, TX.	
	Taylor County, TX.	
10380	Aguadilla-Isabela-San Sebastián, PR	0.7912
	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.	
10420	Akron, OH	0.9278
	Portage County, OH.	
	Summit County, OH.	
10500	Albany, GA	0.8983
	Baker County, GA.	
	Dougherty County, GA.	
	Lee County, GA.	
	Terrell County, GA.	
	Worth County, GA.	
10580	Albany-Schenectady-Troy, NY	0.9061
	Albany County, NY.	
	Rensselaer County, NY.	
	Saratoga County, NY.	
	Schenectady County, NY.	
	Schoharie County, NY.	
10740	Albuquerque, NM	1.0095
	Bernalillo County, NM.	
	Sandoval County, NM.	
	Torrance County, NM.	
	Valencia County, NM.	
10780	Alexandria, LA	0.8420
	Grant Parish, LA.	
	Rapides Parish, LA.	
10900	Allentown-Bethlehem-Easton, PA-NJ	1.0410
	Warren County, NJ.	
	Carbon County, PA.	
	Lehigh County, PA.	
	Northampton County, PA.	
11020	Altoona, PA	0.9094
	Blair County, PA.	
11100	Amarillo, TX	0.9601
	Armstrong County, TX.	
	Carson County, TX.	
	Potter County, TX.	
	Randall County, TX.	
11180	Ames, IA	1.0600
	Story County, IA.	
11260	Anchorage, AK	1.2570
	Anchorage Municipality, AK.	
	Matanuska-Susitna Borough, AK.	
11300	Anderson, IN	0.9313
	Madison County, IN.	
11340	Anderson, SC	0.9587
	Anderson County, SC.	
11460	Ann Arbor, MI	1.1120
	Washtenaw County, MI.	
11500	Anniston-Oxford, AL	0.8363
	Calhoun County, AL.	
11540	Appleton, WI	1.0161
	Calumet County, WI.	
	Outagamie County, WI.	
11700	Asheville, NC	0.9695
	Buncombe County, NC.	
	Haywood County, NC.	
	Henderson County, NC.	
	Madison County, NC.	
12020	Athens-Clarke County, GA	1.1695
	Clarke County, GA.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	Madison County, GA.	
	Oconee County, GA.	
	Oglethorpe County, GA.	
12060	Atlanta-Sandy Springs-Marietta, GA	1.0401
	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.	
12100	Atlantic City, NJ	1.2870
	Atlantic County, NJ.	
12220	Auburn-Opelika, AL	0.8544
	Lee County, AL.	
12260	Augusta-Richmond County, GA-SC	1.0173
	Burke County, GA.	
	Columbia County, GA.	
	McDuffie County, GA.	
	Richmond County, GA.	
	Aiken County, SC.	
	Edgefield County, SC.	
12420	Austin-Round Rock, TX	1.0082
	Bastrop County, TX.	
	Caldwell County, TX.	
	Hays County, TX.	
	Travis County, TX.	
	Williamson County, TX.	
12540	Bakersfield, CA	1.1840
	Kern County, CA.	
12580	Baltimore-Towson, MD	1.0770
	Anne Arundel County, MD.	
	Baltimore County, MD.	
	Carroll County, MD.	
	Harford County, MD.	
	Howard County, MD.	
	Queen Anne's County, MD.	
	Baltimore City, MD.	
12620	Bangor, ME	1.0499
	Penobscot County, ME.	
12700	Barnstable Town, MA	1.3298
	Barnstable County, MA.	
12940	Baton Rouge, LA	0.8478
	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.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	West Baton Rouge Parish, LA.	
	West Feliciana Parish, LA.	
12980	Battle Creek, MI	1.0723
	Calhoun County, MI.	
13020	Bay City, MI	0.9388
	Bay County, MI.	
13140	Beaumont-Port Arthur, TX	0.8966
	Hardin County, TX.	
	Jefferson County, TX.	
	Orange County, TX.	
13380	Bellingham, WA	1.2107
	Whatcom County, WA.	
13460	Bend, OR	1.1545
	Deschutes County, OR.	
13644	Bethesda-Frederick-Gaithersburg, MD	1.1091
	Frederick County, MD.	
	Montgomery County, MD.	
13740	Billings, MT	0.9146
	Carbon County, MT.	
	Yellowstone County, MT.	
13780	Binghamton, NY	0.9443
	Broome County, NY.	
	Tioga County, NY.	
13820	Birmingham-Hoover, AL	0.9401
	Bibb County, AL.	
	Blount County, AL.	
	Chilton County, AL.	
	Jefferson County, AL.	
	St. Clair County, AL.	
	Shelby County, AL.	
	Walker County, AL.	
13900	Bismarck, ND	0.7912
	Burleigh County, ND.	
	Morton County, ND.	
13980	Blacksburg-Christiansburg-Radford, VA	0.8583
	Giles County, VA.	
	Montgomery County, VA.	
	Pulaski County, VA.	
	Radford City, VA.	
14020	Bloomington, IN	0.9406
	Greene County, IN.	
	Monroe County, IN.	
	Owen County, IN.	
14060	Bloomington-Normal, IL	0.9839
	McLean County, IL.	
14260	Boise City-Nampa, ID	0.9987
	Ada County, ID.	
	Boise County, ID.	
	Canyon County, ID.	
	Gem County, ID.	
	Owyhee County, ID.	
14484	Boston-Quincy, MA	1.2289
	Norfolk County, MA.	
	Plymouth County, MA.	
	Suffolk County, MA.	
14500	Boulder, CO	1.1004
	Boulder County, CO.	
14540	Bowling Green, KY	0.8608
	Edmonson County, KY.	
	Warren County, KY.	
14740	Bremerton-Silverdale, WA	1.1505
	Kitsap County, WA.	
14860	Bridgeport-Stamford-Norwalk, CT	1.3544
	Fairfield County, CT.	
15180	Brownsville-Harlingen, TX	0.9794
	Cameron County, TX.	
15260	Brunswick, GA	0.9997
	Brantley County, GA.	
	Glynn County, GA.	
	McIntosh County, GA.	
15380	Buffalo-Niagara Falls, NY	1.0089

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	Erie County, NY.	
	Niagara County, NY.	
15500	Burlington, NC	0.9229
	Alamance County, NC.	
15540	Burlington-South Burlington, VT	1.0193
	Chittenden County, VT.	
	Franklin County, VT.	
	Grand Isle County, VT.	
15764	Cambridge-Newton-Framingham, MA	1.1783
	Middlesex County, MA.	
15804	Camden, NJ	1.0967
	Burlington County, NJ.	
	Camden County, NJ.	
	Gloucester County, NJ.	
15940	Canton-Massillon, OH	0.9426
	Carroll County, OH.	
	Stark County, OH.	
15980	Cape Coral-Fort Myers, FL	0.9913
	Lee County, FL.	
16180	Carson City, NV	0.9868
	Carson City, NV.	
16220	Casper, WY	0.9902
	Natrona County, WY.	
16300	Cedar Rapids, IA	0.9340
	Benton County, IA.	
	Jones County, IA.	
	Linn County, IA.	
16580	Champaign-Urbana, IL	0.9908
	Champaign County, IL.	
	Ford County, IL.	
	Piatt County, IL.	
16620	Charleston, WV	0.8746
	Boone County, WV.	
	Clay County, WV.	
	Kanawha County, WV.	
	Lincoln County, WV.	
	Putnam County, WV.	
16700	Charleston-North Charleston, SC	0.9662
	Berkeley County, SC.	
	Charleston County, SC.	
	Dorchester County, SC.	
16740	Charlotte-Gastonia-Concord, NC-SC	1.0046
	Anson County, NC.	
	Cabarrus County, NC.	
	Gaston County, NC.	
	Mecklenburg County, NC.	
	Union County, NC.	
	York County, SC.	
16820	Charlottesville, VA	1.0206
	Albemarle County, VA.	
	Fluvanna County, VA.	
	Greene County, VA.	
	Nelson County, VA.	
	Charlottesville City, VA.	
16860	Chattanooga, TN-GA	0.9489
	Catoosa County, GA.	
	Dade County, GA.	
	Walker County, GA.	
	Hamilton County, TN.	
	Marion County, TN.	
	Sequatchie County, TN.	
16940	Cheyenne, WY	0.9821
	Laramie County, WY.	
16974	Chicago-Naperville-Joliet, IL	1.1156
	Cook County, IL.	
	DeKalb County, IL.	
	DuPage County, IL.	
	Grundy County, IL.	
	Kane County, IL.	
	Kendall County, IL.	
	McHenry County, IL.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	Will County, IL.	
17020	Chico, CA	1.1911
	Butte County, CA.	
17140	Cincinnati-Middletown, OH-KY-IN	1.0310
	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.	
17300	Clarksville, TN-KY	0.8705
	Christian County, KY.	
	Trigg County, KY.	
	Montgomery County, TN.	
	Stewart County, TN.	
17420	Cleveland, TN	0.8497
	Bradley County, TN.	
	Polk County, TN.	
17460	Cleveland-Elyria-Mentor, OH	0.9869
	Cuyahoga County, OH.	
	Geauga County, OH.	
	Lake County, OH.	
	Lorain County, OH.	
	Medina County, OH.	
17660	Coeur d'Alene, ID	1.0057
	Kootenai County, ID.	
17780	College Station-Bryan, TX	0.9873
	Brazos County, TX.	
	Burleson County, TX.	
	Robertson County, TX.	
17820	Colorado Springs, CO	1.0255
	El Paso County, CO.	
	Teller County, CO.	
17860	Columbia, MO	0.9138
	Boone County, MO.	
	Howard County, MO.	
17900	Columbia, SC	0.9239
	Calhoun County, SC.	
	Fairfield County, SC.	
	Kershaw County, SC.	
	Lexington County, SC.	
	Richland County, SC.	
	Saluda County, SC.	
17980	Columbus, GA-AL	0.9211
	Russell County, AL.	
	Chattahoochee County, GA.	
	Harris County, GA.	
	Marion County, GA.	
	Muscogee County, GA.	
18020	Columbus, IN	1.0063
	Bartholomew County, IN.	
18140	Columbus, OH	1.0660
	Delaware County, OH.	
	Fairfield County, OH.	
	Franklin County, OH.	
	Licking County, OH.	
	Madison County, OH.	
	Morrow County, OH.	
	Pickaway County, OH.	
	Union County, OH.	
18580	Corpus Christi, TX	0.9061
	Aransas County, TX.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	Nueces County, TX.	
	San Patricio County, TX.	
18700	Corvallis, OR	1.1563
	Benton County, OR.	
19060	Cumberland, MD-WV	0.8752
	Allegany County, MD.	
	Mineral County, WV.	
19124	Dallas-Plano-Irving, TX	1.0467
	Collin County, TX.	
	Dallas County, TX.	
	Delta County, TX.	
	Denton County, TX.	
	Ellis County, TX.	
	Hunt County, TX.	
	Kaufman County, TX.	
	Rockwall County, TX.	
19140	Dalton, GA	0.9242
	Murray County, GA.	
	Whitfield County, GA.	
19180	Danville, IL	0.9452
	Vermilion County, IL.	
19260	Danville, VA	0.8889
	Pittsylvania County, VA.	
	Danville City, VA.	
19340	Davenport-Moline-Rock Island, IA-IL	0.9316
	Henry County, IL.	
	Mercer County, IL.	
	Rock Island County, IL.	
	Scott County, IA.	
19380	Dayton, OH	0.9697
	Greene County, OH.	
	Miami County, OH.	
	Montgomery County, OH.	
	Preble County, OH.	
19460	Decatur, AL	0.8431
	Lawrence County, AL.	
	Morgan County, AL.	
19500	Decatur, IL	0.8519
	Macon County, IL.	
19660	Deltona-Daytona Beach-Ormond Beach, FL	0.9529
	Volusia County, FL.	
19740	Denver-Aurora, CO	1.1340
	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.	
19780	Des Moines-West Des Moines, IA	0.9735
	Dallas County, IA.	
	Guthrie County, IA.	
	Madison County, IA.	
	Polk County, IA.	
	Warren County, IA.	
19804	Detroit-Livonia-Dearborn, MI	1.0539
	Wayne County, MI.	
20020	Dothan, AL	0.7912
	Geneva County, AL.	
	Henry County, AL.	
	Houston County, AL.	
20100	Dover, DE	1.0656
	Kent County, DE.	
20220	Dubuque, IA	0.9551
	Dubuque County, IA.	
20260	Duluth, MN-WI	1.0592
	Carlton County, MN.	
	St. Louis County, MN.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	Douglas County, WI.	
20500	Durham, NC	1.0432
	Chatham County, NC.	
	Durham County, NC.	
	Orange County, NC.	
	Person County, NC.	
20740	Eau Claire, WI	0.9982
	Chippewa County, WI.	
	Eau Claire County, WI.	
20764	Edison, NJ	1.1789
	Middlesex County, NJ.	
	Monmouth County, NJ.	
	Ocean County, NJ.	
	Somerset County, NJ.	
20940	El Centro, CA	0.9405
	Imperial County, CA.	
21060	Elizabethtown, KY	0.9191
	Hardin County, KY.	
	Larue County, KY.	
21140	Elkhart-Goshen, IN	1.0026
	Elkhart County, IN.	
21300	Elmira, NY	0.8719
	Chemung County, NY.	
21340	El Paso, TX	0.9485
	El Paso County, TX.	
21500	Erie, PA	0.8964
	Erie County, PA.	
21660	Eugene-Springfield, OR	1.1535
	Lane County, OR.	
21780	Evansville, IN-KY	0.9139
	Gibson County, IN.	
	Posey County, IN.	
	Vanderburgh County, IN.	
	Warrick County, IN.	
	Henderson County, KY.	
	Webster County, KY.	
21820	Fairbanks, AK	1.1659
	Fairbanks North Star Borough, AK.	
21940	Fajardo, PR	0.7912
	Ceiba Municipio, PR.	
	Fajardo Municipio, PR.	
	Luquillo Municipio, PR.	
22020	Fargo, ND-MN	0.8485
	Cass County, ND.	
	Clay County, MN.	
22140	Farmington, NM	1.0118
	San Juan County, NM.	
22180	Fayetteville, NC	0.9889
	Cumberland County, NC.	
	Hoke County, NC.	
22220	Fayetteville-Springdale-Rogers, AR-MO	0.9225
	Benton County, AR.	
	Madison County, AR.	
	Washington County, AR.	
	McDonald County, MO.	
22380	Flagstaff, AZ	1.2330
	Coconino County, AZ.	
22420	Flint, MI	1.1903
	Genesee County, MI.	
22500	Florence, SC	0.8689
	Darlington County, SC.	
	Florence County, SC.	
22520	Florence-Muscle Shoals, AL	0.8433
	Colbert County, AL.	
	Lauderdale County, AL.	
22540	Fond du Lac, WI	1.0200
	Fond du Lac County, WI.	
22660	Fort Collins-Loveland, CO	1.0442
	Larimer County, CO.	
22744	Fort Lauderdale-Pompano Beach-Deerfield Beach, FL	1.0793
	Broward County, FL.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
22900	Fort Smith, AR-OK	0.8370
	Crawford County, AR.	
	Franklin County, AR.	
	Sebastian County, AR.	
	Le Flore County, OK.	
	Sequoyah County, OK.	
23020	Fort Walton Beach-Crestview-Destin, FL	0.9222
	Okaloosa County, FL.	
23060	Fort Wayne, IN	0.9795
	Allen County, IN.	
	Wells County, IN.	
	Whitley County, IN.	
23104	Fort Worth-Arlington, TX	1.0232
	Johnson County, TX.	
	Parker County, TX.	
	Tarrant County, TX.	
	Wise County, TX.	
23420	Fresno, CA	1.1597
	Fresno County, CA.	
23460	Gadsden, AL	0.8590
	Etowah County, AL.	
23540	Gainesville, FL	0.9702
	Alachua County, FL.	
	Gilchrist County, FL.	
23580	Gainesville, GA	0.9725
	Hall County, GA.	
23844	Gary, IN	0.9732
	Jasper County, IN.	
	Lake County, IN.	
	Newton County, IN.	
	Porter County, IN.	
24020	Glens Falls, NY	0.8711
	Warren County, NY.	
	Washington County, NY.	
24140	Goldsboro, NC	0.9801
	Wayne County, NC.	
24220	Grand Forks, ND-MN	0.8316
	Polk County, MN.	
	Grand Forks County, ND.	
24300	Grand Junction, CO	1.0407
	Mesa County, CO.	
24340	Grand Rapids-Wyoming, MI	0.9828
	Barry County, MI.	
	Ionia County, MI.	
	Kent County, MI.	
	Newaygo County, MI.	
24500	Great Falls, MT	0.9151
	Cascade County, MT.	
24540	Greeley, CO	1.0191
	Weld County, CO.	
24580	Green Bay, WI	1.0263
	Brown County, WI.	
	Kewaunee County, WI.	
	Oconto County, WI.	
24660	Greensboro-High Point, NC	0.9507
	Guilford County, NC.	
	Randolph County, NC.	
	Rockingham County, NC.	
24780	Greenville, NC	0.9920
	Greene County, NC.	
	Pitt County, NC.	
24860	Greenville, SC	1.0456
	Greenville County, SC.	
	Laurens County, SC.	
	Pickens County, SC.	
25020	Guayama, PR	0.7912
	Arroyo Municipio, PR.	
	Guayama Municipio, PR.	
	Patillas Municipio, PR.	
25060	Gulfport-Biloxi, MS	0.9263
	Hancock County, MS.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	Harrison County, MS.	
	Stone County, MS.	
25180	Hagerstown-Martinsburg, MD-WV	0.9510
	Washington County, MD.	
	Berkeley County, WV.	
	Morgan County, WV.	
25260	Hanford-Corcoran, CA	1.1074
	Kings County, CA.	
25420	Harrisburg-Carlisle, PA	0.9797
	Cumberland County, PA.	
	Dauphin County, PA.	
	Perry County, PA.	
25500	Harrisonburg, VA	0.9436
	Rockingham County, VA.	
	Harrisonburg City, VA.	
25540	Hartford-West Hartford-East Hartford, CT	1.1487
	Hartford County, CT.	
	Litchfield County, CT.	
	Middlesex County, CT.	
	Tolland County, CT.	
25620	Hattiesburg, MS	0.7912
	Forrest County, MS.	
	Lamar County, MS.	
	Perry County, MS.	
25860	Hickory-Lenoir-Morganton, NC	0.9526
	Alexander County, NC.	
	Burke County, NC.	
	Caldwell County, NC.	
	Catawba County, NC.	
25980	Hinesville-Fort Stewart, GA [1]	0.9745
	Liberty County, GA.	
	Long County, GA.	
26100	Holland-Grand Haven, MI	0.9501
	Ottawa County, MI.	
26180	Honolulu, HI	1.2169
	Honolulu County, HI.	
26300	Hot Springs, AR	0.9611
	Garland County, AR.	
26380	Houma-Bayou Cane-Thibodaux, LA	0.8327
	Lafourche Parish, LA.	
	Terrebonne Parish, LA.	
26420	Houston-Sugar Land-Baytown, TX	1.0536
	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.	
26580	Huntington-Ashland, WV-KY-OH	0.9499
	Boyd County, KY.	
	Greenup County, KY.	
	Lawrence County, OH.	
	Cabell County, WV.	
	Wayne County, WV.	
26620	Huntsville, AL	0.9814
	Limestone County, AL.	
	Madison County, AL.	
26820	Idaho Falls, ID	0.9774
	Bonneville County, ID.	
	Jefferson County, ID.	
26900	Indianapolis-Carmel, IN	1.0387
	Boone County, IN.	
	Brown County, IN.	
	Hamilton County, IN.	
	Hancock County, IN.	
	Hendricks County, IN.	
	Johnson County, IN.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	Marion County, IN.	
	Morgan County, IN.	
	Putnam County, IN.	
	Shelby County, IN.	
26980	Iowa City, IA	1.0095
	Johnson County, IA.	
	Washington County, IA.	
27060	Ithaca, NY	1.0149
	Tompkins County, NY.	
27100	Jackson, MI	0.9844
	Jackson County, MI.	
27140	Jackson, MS	0.8546
	Copiah County, MS.	
	Hinds County, MS.	
	Madison County, MS.	
	Rankin County, MS.	
	Simpson County, MS.	
27180	Jackson, TN	0.9149
	Chester County, TN.	
	Madison County, TN.	
27260	Jacksonville, FL	0.9535
	Baker County, FL.	
	Clay County, FL.	
	Duval County, FL.	
	Nassau County, FL.	
	St. Johns County, FL.	
27340	Jacksonville, NC	0.8525
	Onslow County, NC.	
27500	Janesville, WI	1.0190
	Rock County, WI.	
27620	Jefferson City, MO	0.8945
	Callaway County, MO.	
	Cole County, MO.	
	Moniteau County, MO.	
	Osage County, MO.	
27740	Johnson City, TN	0.8152
	Carter County, TN.	
	Unicoi County, TN.	
	Washington County, TN.	
27780	Johnstown, PA	0.7959
	Cambria County, PA.	
27860	Jonesboro, AR	0.8219
	Craighead County, AR.	
	Poinsett County, AR.	
27900	Joplin, MO	0.9547
	Jasper County, MO.	
	Newton County, MO.	
28020	Kalamazoo-Portage, MI	1.1008
	Kalamazoo County, MI.	
	Van Buren County, MI.	
28100	Kankakee-Bradley, IL	1.2428
	Kankakee County, IL.	
28140	Kansas City, MO-KS	1.0025
	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.	
28420	Kennewick-Richland-Pasco, WA	1.0630
	Benton County, WA.	
	Franklin County, WA.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
28660	Killeen-Temple-Fort Hood, TX	0.8703
	Bell County, TX.	
	Coryell County, TX.	
	Lampasas County, TX.	
28700	Kingsport-Bristol-Bristol, TN-VA	0.8099
	Hawkins County, TN.	
	Sullivan County, TN.	
	Bristol City, VA.	
	Scott County, VA.	
	Washington County, VA.	
28740	Kingston, NY	1.0014
	Ulster County, NY.	
28940	Knoxville, TN	0.8508
	Anderson County, TN.	
	Blount County, TN.	
	Knox County, TN.	
	Loudon County, TN.	
	Union County, TN.	
29020	Kokomo, IN	1.0119
	Howard County, IN.	
	Tipton County, IN.	
29100	La Crosse, WI-MN	1.0218
	Houston County, MN.	
	La Crosse County, WI.	
29140	Lafayette, IN	0.9357
	Benton County, IN.	
	Carroll County, IN.	
	Tippecanoe County, IN.	
29180	Lafayette, LA	0.8698
	Lafayette Parish, LA.	
	St. Martin Parish, LA.	
29340	Lake Charles, LA	0.8205
	Calcasieu Parish, LA.	
	Cameron Parish, LA.	
29404	Lake County-Kenosha County, IL-WI	1.0857
	Lake County, IL.	
	Kenosha County, WI.	
29420	Lake Havasu City—Kingman, AZ	0.9847
	Mohave, County, AZ.	
29460	Lakeland, FL	0.9139
	Polk County, FL.	
29540	Lancaster, PA	0.9768
	Lancaster County, PA.	
29620	Lansing-East Lansing, MI	1.0676
	Clinton County, MI.	
	Eaton County, MI.	
	Ingham County, MI.	
29700	Laredo, TX	0.8520
	Webb County, TX.	
29740	Las Cruces, NM	0.9154
	Dona Ana County, NM.	
29820	Las Vegas-Paradise, NV	1.2426
	Clark County, NV.	
29940	Lawrence, KS	0.8716
	Douglas County, KS.	
30020	Lawton, OK	0.8465
	Comanche County, OK.	
30140	Lebanon, PA	0.8644
	Lebanon County, PA.	
30300	Lewiston, ID-WA	0.9976
	Nez Perce County, ID.	
	Asotin County, WA.	
30340	Lewiston-Auburn, ME	0.9700
	Androscoggin County, ME.	
30460	Lexington-Fayette, KY	0.9719
	Bourbon County, KY.	
	Clark County, KY.	
	Fayette County, KY.	
	Jessamine County, KY.	
	Scott County, KY.	
	Woodford County, KY.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
30620	Lima, OH	0.9944
	Allen County, OH.	
30700	Lincoln, NE	1.0560
	Lancaster County, NE.	
	Seward County, NE.	
30780	Little Rock-North Little Rock, AR	0.9351
	Faulkner County, AR.	
	Grant County, AR.	
	Lonoke County, AR.	
	Perry County, AR.	
	Pulaski County, AR.	
	Saline County, AR.	
30860	Logan, UT-ID	0.9689
	Franklin County, ID.	
	Cache County, UT.	
30980	Longview, TX	0.9196
	Gregg County, TX.	
	Rusk County, TX.	
	Upshur County, TX.	
31020	Longview, WA	1.1424
	Cowlitz County, WA.	
31084	Los Angeles-Long Beach-Glendale, CA	1.2399
	Los Angeles County, CA.	
31140	Louisville, KY-IN	0.9576
	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.	
31180	Lubbock, TX	0.9193
	Crosby County, TX.	
	Lubbock County, TX.	
31340	Lynchburg, VA	0.9065
	Amherst County, VA.	
	Appomattox County, VA.	
	Bedford County, VA.	
	Campbell County, VA.	
	Bedford City, VA.	
	Lynchburg City, VA.	
31420	Macon, GA	1.0064
	Bibb County, GA.	
	Crawford County, GA.	
	Jones County, GA.	
	Monroe County, GA.	
	Twiggs County, GA.	
31460	Madera, CA	0.8515
	Madera County, CA.	
31540	Madison, WI	1.1538
	Columbia County, WI.	
	Dane County, WI.	
	Iowa County, WI.	
31700	Manchester-Nashua, NH	1.0622
	Hillsborough County, NH.	
	Merrimack County, NH.	
31900	Mansfield, OH [1]	0.9783
	Richland County, OH.	
32420	Mayaguáez, PR	0.7912
	Hormigueros Municipio, PR.	
	Mayagüez Municipio, PR.	
32580	McAllen-Edinburg-Pharr, TX	0.9625
	Hidalgo County, TX.	
32780	Medford, OR	1.0887
	Jackson County, OR.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
32820	Memphis, TN-MS-AR	0.9731
	Crittenden County, AR.	
	DeSoto County, MS.	
	Marshall County, MS.	
	Tate County, MS.	
	Tunica County, MS.	
	Fayette County, TN.	
	Shelby County, TN.	
	Tipton County, TN.	
32900	Merced, CA	1.2766
	Merced County, CA.	
33124	Miami-Miami Beach-Kendall, FL	1.0553
	Miami-Dade County, FL.	
33140	Michigan City-La Porte, IN	0.9406
	LaPorte County, IN.	
33260	Midland, TX	1.0893
	Midland County, TX.	
33340	Milwaukee-Waukesha-West Allis, WI	1.0772
	Milwaukee County, WI.	
	Ozaukee County, WI.	
	Washington County, WI.	
	Waukesha County, WI.	
33460	Minneapolis-St. Paul-Bloomington, MN-WI	1.1767
	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.	
33540	Missoula, MT	0.9439
	Missoula County, MT.	
33660	Mobile, AL	0.8473
	Mobile County, AL.	
33700	Modesto, CA	1.2581
	Stanislaus County, CA.	
33740	Monroe, LA	0.8263
	Ouachita Parish, LA.	
	Union Parish, LA.	
33780	Monroe, MI	0.9932
	Monroe County, MI.	
33860	Montgomery, AL	0.8793
	Autauga County, AL.	
	Elmore County, AL.	
	Lowndes County, AL.	
	Montgomery County, AL.	
34060	Morgantown, WV	0.8779
	Monongalia County, WV.	
	Preston County, WV.	
34100	Morristown, TN	0.7912
	Grainger County, TN.	
	Hamblen County, TN.	
	Jefferson County, TN.	
34580	Mount Vernon-Anacortes, WA	1.1110
	Skagit County, WA.	
34620	Muncie, IN	0.8666
	Delaware County, IN.	
34740	Muskegon-Norton Shores, MI	1.0338
	Muskegon County, MI.	
34820	Myrtle Beach-Conway-North Myrtle Beach, SC	0.9112
	Horry County, SC.	
34900	Napa, CA	1.5120
	Napa County, CA.	
34940	Naples-Marco Island, FL	1.0148
	Collier County, FL.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
34980	Nashville-Davidson-Murfreesboro, TN	1.0278
	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.	
35004	Nassau-Suffolk, NY	1.3260
	Nassau County, NY.	
	Suffolk County, NY.	
35084	Newark-Union, NJ-PA	1.2516
	Essex County, NJ.	
	Hunterdon County, NJ.	
	Morris County, NJ.	
	Sussex County, NJ.	
	Union County, NJ.	
	Pike County, PA.	
35300	New Haven-Milford, CT	1.2530
	New Haven County, CT.	
35380	New Orleans-Metairie-Kenner, LA	0.9405
	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.	
35644	New York-Wayne-White Plains, NY-NJ	1.3817
	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.	
35660	Niles-Benton Harbor, MI	0.9645
	Berrien County, MI.	
35980	Norwich-New London, CT	1.2125
	New London County, CT.	
36084	Oakland-Fremont-Hayward, CA	1.6478
	Alameda County, CA.	
	Contra Costa County, CA.	
36100	Ocala, FL	0.9102
	Marion County, FL.	
36140	Ocean City, NJ	1.1246
	Cape May County, NJ.	
36220	Odessa, TX	1.0596
	Ector County, TX.	
36260	Ogden-Clearfield, UT	0.9501
	Davis County, UT.	
	Morgan County, UT.	
	Weber County, UT.	
36420	Oklahoma City, OK	0.9307
	Canadian County, OK.	
	Cleveland County, OK.	
	Grady County, OK.	
	Lincoln County, OK.	
	Logan County, OK.	
	McClain County, OK.	
	Oklahoma County, OK.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
36500	Olympia, WA	1.2187
	Thurston County, WA.	
36540	Omaha-Council Bluffs, NE-IA	1.0025
	Harrison County, IA.	
	Mills County, IA.	
	Pottawattamie County, IA.	
	Cass County, NE.	
	Douglas County, NE.	
	Sarpy County, NE.	
	Saunders County, NE.	
	Washington County, NE.	
36740	Orlando, FL	0.9832
	Lake County, FL.	
	Orange County, FL.	
	Osceola County, FL.	
	Seminole County, FL.	
36780	Oshkosh-Neenah, WI	1.0094
	Winnebago County, WI.	
36980	Owensboro, KY	0.9233
	Daviess County, KY.	
	Hancock County, KY.	
	McLean County, KY.	
37100	Oxnard-Thousand Oaks-Ventura, CA	1.2478
	Ventura County, CA.	
37340	Palm Bay-Melbourne-Titusville, FL	0.9839
	Brevard County, FL.	
37380	Palm Coast, FL	0.9438
	Flagler County, FL.	
37460	Panama City-Lynn Haven, FL	0.8620
	Bay County, FL.	
37620	Parkersburg-Marietta, WV-OH	0.8548
	Washington County, OH.	
	Pleasants County, WV.	
	Wirt County, WV.	
	Wood County, WV.	
37700	Pascagoula, MS	0.9124
	George County, MS.	
	Jackson County, MS.	
37764	Peabody, MA	1.0822
	Essex County, MA.	
37860	Pensacola-Ferry Pass-Brent, FL	0.8738
	Escambia County, FL.	
	Santa Rosa County, FL.	
37900	Peoria, IL	0.9795
	Marshall County, IL.	
	Peoria County, IL.	
	Stark County, IL.	
	Tazewell County, IL.	
	Woodford County, IL.	
37964	Philadelphia, PA	1.1536
	Bucks County, PA.	
	Chester County, PA.	
	Delaware County, PA.	
	Montgomery County, PA.	
	Philadelphia County, PA.	
38060	Phoenix-Mesa-Scottsdale, AZ	1.0832
	Maricopa County, AZ.	
	Pinal County, AZ.	
38220	Pine Bluff, AR	0.8271
	Cleveland County, AR.	
	Jefferson County, AR.	
	Lincoln County, AR.	
38300	Pittsburgh, PA	0.8988
	Allegheny County, PA.	
	Armstrong County, PA.	
	Beaver County, PA.	
	Butler County, PA.	
	Fayette County, PA.	
	Washington County, PA.	
	Westmoreland County, PA.	
38340	Pittsfield, MA	1.0661

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	Berkshire County, MA.	
38540	Pocatello, ID	0.9946
	Bannock County, ID.	
	Power County, ID.	
38660	Ponce, PR	0.7912
	Juana Díaz Municipio, PR.	
	Ponce Municipio, PR.	
	Villalba Municipio, PR.	
38860	Portland-South Portland-Biddeford, ME	1.0596
	Cumberland County, ME.	
	Sagadahoc County, ME.	
	York County, ME.	
38900	Portland-Vancouver-Beaverton, OR-WA	1.2132
	Clackamas County, OR.	
	Columbia County, OR.	
	Multnomah County, OR.	
	Washington County, OR.	
	Yamhill County, OR.	
	Clark County, WA.	
	Skamania County, WA.	
38940	Port St. Lucie-Fort Pierce, FL	1.0569
	Martin County, FL.	
	St. Lucie County, FL.	
39100	Poughkeepsie-Newburgh-Middletown, NY	1.1445
	Dutchess County, NY.	
	Orange County, NY.	
39140	Prescott, AZ	1.0572
	Yavapai County, AZ.	
39300	Providence-New Bedford-Fall River, RI-MA	1.1314
	Bristol County, MA.	
	Bristol County, RI.	
	Kent County, RI.	
	Newport County, RI.	
	Providence County, RI.	
	Washington County, RI.	
39340	Provo-Orem, UT	1.0083
	Juab County, UT.	
	Utah County, UT.	
39380	Pueblo, CO	0.9338
	Pueblo County, CO.	
39460	Punta Gorda, FL	0.9764
	Charlotte County, FL.	
39540	Racine, WI	1.0022
	Racine County, WI.	
39580	Raleigh-Cary, NC	1.0060
	Franklin County, NC.	
	Johnston County, NC.	
	Wake County, NC.	
39660	Rapid City, SD	0.9296
	Meade County, SD.	
	Pennington County, SD.	
39740	Reading, PA	0.9871
	Berks County, PA.	
39820	Redding, CA	1.4298
	Shasta County, CA.	
39900	Reno-Sparks, NV	1.1556
	Storey County, NV.	
	Washoe County, NV.	
40060	Richmond, VA	0.9945
	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.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	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.	
40140	Riverside-San Bernardino-Ontario, CA	1.1532
	Riverside County, CA.	
	San Bernardino County, CA.	
40220	Roanoke, VA	0.9092
	Botetourt County, VA.	
	Craig County, VA.	
	Franklin County, VA.	
	Roanoke County, VA.	
	Roanoke City, VA.	
	Salem City, VA.	
40340	Rochester, MN	1.1639
	Dodge County, MN.	
	Olmsted County, MN.	
	Wabasha County, MN.	
40380	Rochester, NY	0.9322
	Livingston County, NY.	
	Monroe County, NY.	
	Ontario County, NY.	
	Orleans County, NY.	
	Wayne County, NY.	
40420	Rockford, IL	1.0191
	Boone County, IL.	
	Winnebago County, IL.	
40484	Rockingham County-Strafford County, NH	1.0669
	Rockingham County, NH.	
	Strafford County, NH.	
40580	Rocky Mount, NC	0.9503
	Edgecombe County, NC.	
	Nash County, NC.	
40660	Rome, GA	0.9537
	Floyd County, GA.	
40900	Sacramento-Arden-Arcade-Roseville, CA	1.4166
	El Dorado County, CA.	
	Placer County, CA.	
	Sacramento County, CA.	
	Yolo County, CA.	
40980	Saginaw-Saginaw Township North, MI	0.9297
	Saginaw County, MI.	
41060	St. Cloud, MN	1.1131
	Benton County, MN.	
	Stearns County, MN.	
41100	St. George, UT	0.9880
	Washington County, UT.	
41140	St. Joseph, MO-KS	0.9246
	Doniphan County, KS.	
	Andrew County, MO.	
	Buchanan County, MO.	
	DeKalb County, MO.	
41180	St. Louis, MO-IL	0.9413
	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.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	Warren County, MO.	
	Washington County, MO.	
	St. Louis City, MO.	
41420	Salem, OR	1.1154
	Marion County, OR.	
	Polk County, OR.	
41500	Salinas, CA	1.5382
	Monterey County, CA.	
41540	Salisbury, MD	0.9489
	Somerset County, MD.	
	Wicomico County, MD.	
41620	Salt Lake City, UT	0.9921
	Salt Lake County, UT.	
	Summit County, UT.	
	Tooele County, UT.	
41660	San Angelo, TX	0.9053
	Irion County, TX.	
	Tom Green County, TX.	
41700	San Antonio, TX	0.9337
	Atascosa County, TX.	
	Bandera County, TX.	
	Bexar County, TX.	
	Comal County, TX.	
	Guadalupe County, TX.	
	Kendall County, TX.	
	Medina County, TX.	
	Wilson County, TX.	
41740	San Diego-Carlsbad-San Marcos, CA	1.2045
	San Diego County, CA.	
41780	Sandusky, OH	0.9309
	Erie County, OH.	
41884	San Francisco-San Mateo-Redwood City, CA	1.5987
	Marin County, CA.	
	San Francisco County, CA.	
	San Mateo County, CA.	
41900	San Germaán-Cabo Rojo, PR	0.7912
	Cabo Rojo Municipio, PR.	
	Lajas Municipio, PR.	
	Sabana Grande Municipio, PR.	
	San Germín Municipio, PR.	
41940	San Jose-Sunnyvale-Santa Clara, CA	1.6498
	San Benito County, CA.	
	Santa Clara County, CA.	
41980	San Juan-Caguas-Guaynabo, PR	0.7912
	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.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	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.	
42020	San Luis Obispo-Paso Robles, CA	1.3126
	San Luis Obispo County, CA.	
42044	Santa Ana-Anaheim-Irvine, CA	1.2390
	Orange County, CA.	
42060	Santa Barbara-Santa Maria-Goleta, CA	1.2340
	Santa Barbara County, CA.	
42100	Santa Cruz-Watsonville, CA	1.7003
	Santa Cruz County, CA.	
42140	Santa Fe, NM	1.1325
	Santa Fe County, NM.	
42220	Santa Rosa-Petaluma, CA	1.5278
	Sonoma County, CA.	
42260	Sarasota-Bradenton-Venice, FL	1.0462
	Manatee County, FL.	
	Sarasota County, FL.	
42340	Savannah, GA	0.9733
	Bryan County, GA.	
	Chatham County, GA.	
	Effingham County, GA.	
42540	Scranton–Wilkes-Barre, PA	0.8924
	Lackawanna County, PA.	
	Luzerne County, PA.	
	Wyoming County, PA.	
42644	Seattle-Bellevue-Everett, WA	1.2191
	King County, WA.	
	Snohomish County, WA.	
42680	Sebastian-Vero Beach, FL	0.9931
	Indian River County, FL.	
43100	Sheboygan, WI	0.9470
	Sheboygan County, WI.	
43300	Sherman-Denison, TX	0.8778
	Grayson County, TX.	
43340	Shreveport-Bossier City, LA	0.9004
	Bossier Parish, LA.	
	Caddo Parish, LA.	
	De Soto Parish, LA.	
43580	Sioux City, IA-NE-SD	0.9899
	Woodbury County, IA.	
	Dakota County, NE.	
	Dixon County, NE.	
	Union County, SD.	
43620	Sioux Falls, SD	1.0091
	Lincoln County, SD.	
	McCook County, SD.	
	Minnehaha County, SD.	
	Turner County, SD.	
43780	South Bend-Mishawaka, IN-MI	1.0147
	St. Joseph County, IN.	
	Cass County, MI.	
43900	Spartanburg, SC	0.9942
	Spartanburg County, SC.	
44060	Spokane, WA	1.1018
	Spokane County, WA.	
44100	Springfield, IL	0.9437
	Menard County, IL.	
	Sangamon County, IL.	
44140	Springfield, MA	1.0709

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	Franklin County, MA.	
	Hampden County, MA.	
	Hampshire County, MA.	
44180	Springfield, MO	0.9595
	Christian County, MO.	
	Dallas County, MO.	
	Greene County, MO.	
	Polk County, MO.	
	Webster County, MO.	
44220	Springfield, OH	0.9141
	Clark County, OH.	
44300	State College, PA	0.9252
	Centre County, PA.	
44700	Stockton, CA	1.2422
	San Joaquin County, CA.	
44940	Sumter, SC	0.9073
	Sumter County, SC.	
45060	Syracuse, NY	1.0410
	Madison County, NY.	
	Onondaga County, NY.	
	Oswego County, NY.	
45104	Tacoma, WA	1.1664
	Pierce County, WA.	
45220	Tallahassee, FL	0.9522
	Gadsden County, FL.	
	Jefferson County, FL.	
	Leon County, FL.	
	Wakulla County, FL.	
45300	Tampa-St. Petersburg-Clearwater, FL	0.9516
	Hernando County, FL.	
	Hillsborough County, FL.	
	Pasco County, FL.	
	Pinellas County, FL.	
45460	Terre Haute, IN	0.9290
	Clay County, IN.	
	Sullivan County, IN.	
	Vermillion County, IN.	
	Vigo County, IN.	
45500	Texarkana, TX-Texarkana, AR	0.8574
	Miller County, AR.	
	Bowie County, TX.	
45780	Toledo, OH	0.9954
	Fulton County, OH.	
	Lucas County, OH.	
	Ottawa County, OH.	
	Wood County, OH.	
45820	Topeka, KS	0.9009
	Jackson County, KS.	
	Jefferson County, KS.	
	Osage County, KS.	
	Shawnee County, KS.	
	Wabaunsee County, KS.	
45940	Trenton-Ewing, NJ	1.1288
	Mercer County, NJ.	
46060	Tucson, AZ	0.9824
	Pima County, AZ.	
46140	Tulsa, OK	0.8801
	Creek County, OK.	
	Okmulgee County, OK.	
	Osage County, OK.	
	Pawnee County, OK.	
	Rogers County, OK.	
	Tulsa County, OK.	
	Wagoner County, OK.	
46220	Tuscaloosa, AL	0.8760
	Greene County, AL.	
	Hale County, AL.	
	Tuscaloosa County, AL.	
46340	Tyler, TX	0.9261
	Smith County, TX.	
46540	Utica-Rome, NY	0.8949

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	Herkimer County, NY.	
	Oneida County, NY.	
46660	Valdosta, GA	0.8544
	Brooks County, GA.	
	Echols County, GA.	
	Lanier County, GA.	
	Lowndes County, GA.	
46700	Vallejo-Fairfield, CA	1.5432
	Solano County, CA.	
47020	Victoria, TX	0.8762
	Calhoun County, TX.	
	Goliad County, TX.	
	Victoria County, TX.	
47220	Vineland-Millville-Bridgeton, NJ	1.0691
	Cumberland County, NJ.	
47260	Virginia Beach-Norfolk-Newport News, VA-NC	0.9308
	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.	
47300	Visalia-Porterville, CA	1.0647
	Tulare County, CA.	
47380	Waco, TX	0.8988
	McLennan County, TX.	
47580	Warner Robins, GA	0.9632
	Houston County, GA.	
47644	Warren-Troy-Farmington Hills, MI	1.0554
	Lapeer County, MI.	
	Livingston County, MI.	
	Macomb County, MI.	
	Oakland County, MI.	
	St. Clair County, MI.	
47894	Washington-Arlington-Alexandria, DC-VA-MD-WV	1.1441
	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.	
47940	Waterloo-Cedar Falls, IA	0.8988
	Black Hawk County, IA.	
	Bremer County, IA.	
	Grundy County, IA.	
48140	Wausau, WI	1.0212
	Marathon County, WI.	

ADDENDUM G.—FY 2008 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
48260	Weirton-Steubenville, WV-OH	0.8361
	Jefferson County, OH.	
	Brooke County, WV.	
	Hancock County, WV.	
48300	Wenatchee, WA	1.2101
	Chelan County, WA.	
	Douglas County, WA.	
48424	West Palm Beach-Boca Raton-Boynton Beach, FL	1.0270
	Palm Beach County, FL.	
48540	Wheeling, WV-OH	0.7912
	Belmont County, OH.	
	Marshall County, WV.	
	Ohio County, WV.	
48620	Wichita, KS	0.9631
	Butler County, KS.	
	Harvey County, KS.	
	Sedgwick County, KS.	
	Sumner County, KS.	
48660	Wichita Falls, TX	0.8642
	Archer County, TX.	
	Clay County, TX.	
	Wichita County, TX.	
48700	Williamsport, PA	0.8486
	Lycoming County, PA.	
48864	Wilmington, DE-MD-NJ	1.1419
	New Castle County, DE.	
	Cecil County, MD.	
	Salem County, NJ.	
48900	Wilmington, NC	0.9937
	Brunswick County, NC.	
	New Hanover County, NC.	
	Pender County, NC.	
49020	Winchester, VA-WV	1.0459
	Frederick County, VA.	
	Winchester City, VA.	
	Hampshire County, WV.	
49180	Winston-Salem, NC	0.9621
	Davie County, NC.	
	Forsyth County, NC.	
	Stokes County, NC.	
	Yadkin County, NC.	
49340	Worcester, MA	1.1887
	Worcester County, MA.	
49420	Yakima, WA	1.0832
	Yakima County, WA.	
49500	Yauco, PR	0.7912
	Guínica Municipio, PR.	
	Guayanilla Municipio, PR.	
	Peñuelas Municipio, PR.	
	Yauco Municipio, PR.	
49620	York-Hanover, PA	0.9499
	York County, PA.	
	0.9745.	
49660	Youngstown-Warren-Boardman, OH-PA	0.9499
	Mahoning County, OH.	
	Trumbull County, OH.	
	Mercer County, PA.	
49700	Yuba City, CA	1.1349
	Sutter County, CA.	
	Yuba County, CA.	
49740	Yuma, AZ	1.0010
	Yuma County, AZ.	

[1]At this time, there are no hospitals located in this urban area on which to base a wage index.

ADDENDUM H.— FY 2008 WAGE INDEX BASED ON CBSA LABOR MARKET AREAS FOR RURAL AREAS

CBSA code	Nonurban area	Wage index
1	Alabama	0.7975
2	Alaska	1.2476
3	Arizona	0.9131
4	Arkansas	0.7912
5	California	1.2540
6	Colorado	1.0236
7	Connecticut	1.2106
8	Delaware	1.0190
10	Florida	0.8935
11	Georgia	0.8080
12	Hawaii	1.1202
13	Idaho	0.8420
14	Illinois	0.8800
15	Indiana	0.9077
16	Iowa	0.9039
17	Kansas	0.8423
18	Kentucky	0.8220
19	Louisiana	0.7912
20	Maine	0.8942
21	Maryland	0.9532
22	Massachusetts[1]	1.2306
23	Michigan	0.9432
24	Minnesota	0.9690

ADDENDUM H.— FY 2008 WAGE INDEX BASED ON CBSA LABOR MARKET AREAS FOR RURAL AREAS—Continued

CBSA code	Nonurban area	Wage index
25	Mississippi	0.8305
26	Missouri	0.8319
27	Montana	0.8838
28	Nebraska	0.9334
29	Nevada	0.9763
30	New Hampshire	1.1462
31	New Jersey[1]	------
32	New Mexico	0.9428
33	New York	0.8715
34	North Carolina	0.9077
35	North Dakota	0.7912
36	Ohio	0.9194
37	Oklahoma	0.7912
38	Oregon	1.0439
39	Pennsylvania	0.8852
40	Puerto Rico[1]	0.7912
41	Rhode Island[1]	------
42	South Carolina	0.9225
43	South Dakota	0.9007
44	Tennessee	0.8142
45	Texas	0.8408

ADDENDUM H.— FY 2008 WAGE INDEX BASED ON CBSA LABOR MARKET AREAS FOR RURAL AREAS—Continued

CBSA code	Nonurban area	Wage index
46	Utah	0.8635
47	Vermont	1.0463
48	Virgin Islands	0.7912
49	Virginia	0.8350
50	Washington	1.0826
51	West Virginia	0.7912
52	Wisconsin	1.0142
53	Wyoming	0.9798
65	Guam	0.9611

[1] All counties within the State are classified as urban, with the exception of Massachusetts and Puerto Rico. Massachusetts and Puerto Rico have areas designated as rural; however, no short-term, acute care hospitals are located in the area(s) for FY 2008. The rural Massachusetts wage index is calculated as the average of all contiguous CBSAs. The Puerto Rico wage index is the same as FY 2007.

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Federal Register

Thursday,
July 12, 2007

Part III

Department of Housing and Urban Development

Proposed Fair Market Rents for Fiscal Year 2008 for the Housing Choice Voucher Program and Moderate Rehabilitation Single Room Occupancy Program; Notice

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–5152–N–01]

Proposed Fair Market Rents for Fiscal Year 2008 for the Housing Choice Voucher Program and Moderate Rehabilitation Single Room Occupancy Program

AGENCY: Office of the Assistant Secretary for Policy Development and Research, HUD.

ACTION: Notice of Proposed Fiscal Year (FY) 2008 Fair Market Rents (FMRs).

SUMMARY: Section 8(c)(1) of the United States Housing Act of 1937 (USHA) requires the Secretary to publish FMRs periodically, but not less than annually, adjusted to be effective on October 1 of each year. Today's notice proposes FMRs for FY2008. The proposed numbers amend FMR schedules used to determine payment standard amounts for the Housing Choice Voucher program, to determine initial renewal rents for some expiring project-based Section 8 contracts, and to determine initial rents for housing assistance payment (HAP) contracts in the Moderate Rehabilitation Single Room Occupancy program. Other programs may require use of FMRs for other purposes.

The proposed FY2008 FMR areas are based on current Office of Management and Budget (OMB) metropolitan area definitions and include HUD modifications, that were first used in the determination of FY2006 FMR areas. The changes OMB made to the metropolitan area definitions in December 2006 are also incorporated. This means that there are two new one-county Metropolitan Statistical Areas (MSAs), and a few areas where MSA name changes add or delete a primary city name.

Proposed FY2008 FMRs are based on 2000 Census data updated with more current survey data. For the first time, HUD is using data from the Census Bureau's American Community Survey (ACS). HUD is largely replacing the accumulated 2001-through-2005 FMR update factors from various sources with data from ACS's first full implementation year, 2005. HUD uses ACS data in different ways according to how many 2-bedroom standard quality and recent mover sample cases are available in the FMR area or in its Core-Based Statistical Area (CBSA), as described in detail later in this notice. Random digit dialing (RDD) surveys performed between 2001 and 2005 may also be used under certain conditions. Revised 2005 FMRs based on 2000 Census and 2005 ACS data have been updated with Consumer Price Index (CPI) data through the end of 2006 and then trended to April 2008, the mid-point of FY2008. Proposed FY2008 FMRs are the first to be able to take advantage of the full-implementation ACS, a major new Census survey that is being conducted annually and that will replace the Decennial Census ''long-form'' sample survey that is the source of the Decennial Census rent information. The ACS will permit more accurate FMR estimates each year than were possible using the Decennial Census trending techniques of previous FMR estimates.

DATES: Comment Due Date: August 13, 2007.

ADDRESSES: Interested persons are invited to submit comments regarding HUD's estimates of the FMRs, as published in this notice, to the Office of General Counsel, Rules Docket Clerk, Department of Housing and Urban Development, 451 Seventh Street, SW., Room 10276, Washington, DC 20410–0001. Communications should refer to the above docket number and title and should contain the information specified in the ''Request for Comments'' section.

Submission of Hard Copy Comments. To ensure that the information is fully considered by all of the reviewers, each commenter that is submitting hard copy comments, by mail or hand delivery, is requested to submit two copies of its comments to the address above, one addressed to the attention of the Rules Docket Clerk and the other addressed to the attention of Economic and Market Analysis Division staff in the appropriate HUD field office. Due to security measures at all federal agencies, submission of comments by mail often results in delayed delivery. To ensure timely receipt of comments, HUD recommends that any comments submitted by mail be submitted at least 2 weeks in advance of the public comment deadline to ensure timely receipt by HUD.

Electronic Submission of Comments. Since July 2004, HUD has been able to receive comments electronically. Interested persons may now submit comments electronically through the Federal eRulemaking Portal at *http://www.regulations.gov*. HUD strongly encourages commenters to submit comments electronically, because doing so allows the commenter maximum time to prepare and submit a comment, ensures timely receipt by HUD, and enables HUD to make comments immediately available for viewing by other commenters and interested members of the public. Commenters should follow instructions provided on that site to submit comments electronically.

No Facsimile Comments. Facsimile (FAX) comments are not acceptable.

Public Inspection of Comments. All comments and communications submitted to HUD will be available, without charge, for public inspection and copying between 8 a.m. and 5 p.m. weekdays at the above address. Due to security measures at the HUD Headquarters building, an advance appointment to review the public comments must be scheduled by calling the Regulations Division at (202) 708–3055 (this is not a toll-free number). Copies of all comments submitted are available for inspection and downloading at *http://www.regulations.gov*.

FOR FURTHER INFORMATION CONTACT: For technical information on the methodology used to develop FMRs or a listing of all FMRs, please call the HUD USER information line at (800) 245–2691 or access the information at the following link on the HUD Web site: *http://www.huduser.org/datasets/fmr.html.* FMRs are listed at the 40th or 50th percentile in Schedule B. For informational purposes, 40th percentile recent mover rents for the areas with 50th percentile FMRs will be provided in the HUD FY2008 FMR documentation system at *http://www.huduser.org/datasets/fmr/fmrs/index.asp?data=fmr08.*

Questions related to use of FMRs or voucher payment standards should be directed to the respective local HUD program staff. Questions on how to conduct FMR surveys or further methodological explanations may be addressed to Marie L. Lihn or Lynn A. Rodgers, Economic and Market Analysis Division, Office of Economic Affairs, Office of Policy Development and Research, telephone number (202) 708–0590. Persons with hearing or speech impairments may access this number through TTY by calling the toll-free Federal Information Relay Service at (800) 877–8339. (Other than the HUD USER information line and TTY numbers, telephone numbers are not toll-free.)

SUPPLEMENTARY INFORMATION:

I. Background

Section 8 of the USHA (42 U.S.C. 1437f) authorizes housing assistance to aid lower-income families in renting safe and decent housing. Housing assistance payments are limited by FMRs established by HUD for different areas. In the Housing Choice Voucher

program, the FMR is the basis for determining the ''payment standard amount'' used to calculate the maximum monthly subsidy for an assisted family (see 24 CFR 982.503). In general, the FMR for an area is the amount that would be needed to pay the gross rent (shelter rent plus utilities) of privately owned, decent, and safe rental housing of a modest (nonluxury) nature with suitable amenities. In addition, all rents subsidized under the Housing Choice Voucher program must meet reasonable rent standards. The interim rule published on October 2, 2000 (65 FR 58870), established 50th percentile FMRs for certain areas.

Electronic Data Availability: This **Federal Register** notice is available electronically from the HUD Web site at *http://www.hudclips.org.* **Federal Register** notices also are available electronically from the U.S. Government Printing Office Web site, *http://www.gpoaccess.gov/fr/index.html.* Complete documentation of the methodology and data used to compute each area's Proposed FY2008 FMRs is available at *http://www.huduser.org/datasets/fmr/fmrs/index.asp?data=fmr08.*

II. Procedures for the Development of FMRs

Section 8(c) of the USHA requires the Secretary of HUD to publish FMRs periodically, but not less frequently than annually. Section 8(c) states in part, as follows:

> Proposed fair market rentals for an area shall be published in the **Federal Register** with reasonable time for public comment and shall become effective upon the date of publication in final form in the **Federal Register**. Each fair market rental in effect under this subsection shall be adjusted to be effective on October 1 of each year to reflect changes—based on the most recent available data trended so the rentals will be current for the year to which they apply—of rents for existing or newly constructed rental dwelling units, as the case may be, of various sizes and types in this section.

HUD's regulations at 24 CFR 888 provide that HUD will develop proposed FMRs, publish them for public comment, provide a public comment period of at least 30 days, analyze the comments, and publish final FMRs (see 24 CFR 888.115).

In addition, HUD's regulations at 24 CFR 888.113 set out procedures for HUD to assess whether areas are eligible for FMRs at the 50th percentile. For FY2008, no new areas have become eligible for 50th percentile rents. Areas that qualified for 50th percentile FMRs and were at this FMR for 3 years were reviewed in FY2006. The 14 areas that were allowed to continue to use the 50th percentile rents will be reviewed again in FY2009, to measure their continued progress towards deconcentration. These areas are listed in the table [1] below:

Albuquerque, NM MSA
Chicago-Naperville-Joliet, IL HMFA
Fort Worth-Arlington, TX HMFA
Houston-Baytown-Sugar Land, TX HMFA
Las Vegas-Paradise, NV MSA
Phoenix-Mesa-Scottsdale, AZ MSA
Virginia Beach-Norfolk-Newport News, VA–NC MSA
Austin-Round Rock, TX MSA.
Denver-Aurora, CO MSA.
Grand Rapids-Wyoming, MI HMFA.
Kansas City, MO–KS HMFA.
Orange County, CA HMFA.
Richmond, VA HMFA.
Washington-Arlington-Alexandria, DC–VA–MD HMFA.

Ten areas that became 50th percentile FMR areas in FY2006, along with the above 14 areas allowed to continue, will be evaluated for the first time in FY2009. These 10 new areas are:

Baltimore-Towson, MD MSA
Honolulu, HI MSA
New Haven-Meriden, CT HMFA
Riverside-San Bernardino-Ontario, CA MSA
Tacoma, WA HMFA
Hartford-West–Hartford-East–Hartford, CT HMFA.
Milwaukee-Waukesha-West Allis, WI MSA.
Providence-Fall River, RI–MA HMFA.
Sarasota-Bradenton-Venice, FL MSA.
Tucson, AZ MSA.

Four newly eligible 50th percentile areas in FY2007 will be evaluated in FY2010. These four areas are:

Dallas, TX HMFA
San Diego-Carlsbad-San Marcos, CA MSA
Fort Lauderdale, FL HMFA.
West Palm Beach-Boca Raton, FL HMFA.

III. FMR Methodology

The FY2008 FMRs are based on current OMB metropolitan area definitions that were first used in the FY2006 FMRs. The changes OMB made to the Metropolitan Area Definitions in December 2006 are incorporated. This means there are two new one-county MSAs, and a few areas where MSA name changes add or delete a primary city name. These definitions have the advantages that they are based on more current (2000 Census) data, use a more relevant commuting interchange standard, and generally provide a better measure of current housing market relationships. HUD had three objectives in defining FMR areas for FY2006: (1) To incorporate new OMB metropolitan area definitions so the FMR estimation system can employ new data released according to those definitions; (2) to better reflect current housing markets; and (3) to minimize the number of large changes in FMRs due to use of the new OMB definitions. These objectives continue to apply to the proposed FY2008 FMRs, and area definitions were developed to achieve these objectives as follows:

- FMR Census Base Rents and Median Family Incomes were calculated for each of the new OMB metropolitan areas using 2000 Census data.
- Subparts of any of the new areas that had separate FMRs under the old OMB definitions, and that had a sufficiently large 2000 Census count of recent mover renter households in standard quality units, were identified, and 2000 Census Base Rents and

[1] As shown in the table, HMFA is an acronym for HUD Metro FMR Area, which is a MSA sub-area, or the remaining portions of a MSA after sub-areas have been determined.

Median Family Incomes for these subparts were calculated. Only the subparts within the new OMB metropolitan area were included in these calculations (e.g., counties that had been excluded from the new OMB metropolitan areas were not included).

• Metropolitan subparts of new areas that had previously had separate FMRs were assigned their own FMRs if their 2000 Census Base Rents differed by more than 5 percent from the new OMB area 2000 Census Base Rent, or if their 2000 Census Median Family Income differed by more than 5 percent from the new OMB area 2000 Census Median Family Income.

• Former metropolitan counties removed from metropolitan areas get their own FMRs.

At HUD's request, the Census Bureau prepared a special publicly releasable census file that permits almost exact replication of HUD's 2000 Base Rent calculations, except for areas with few rental units. This data set is located on HUD's HUD USER Web site at *http://www.huduser.org/datasets/fmr/CensusRentData/.*

A. Data Sources—2000 Census and 2005 American Community Survey

Proposed FY2008 FMRs are based on 2000 Census data updated with more current survey data. For the first time, HUD is using data from the Census Bureau's ACS; the ACS data are from 2005, the full survey's first implementation year. While the Census Bureau intends for the ACS to replace the decennial census sample ''long form'' for collecting detailed socio-economic data, the ACS has several important distinctions from the decennial long form. These include:

• The ACS is conducted on a continuous ''rolling'' basis throughout the year. As a result, survey responses do not correspond to a particular date, whereas the long form responses are as of the census date of April 1. This has implications for the as-of date assumed for ACS-based rents. The ''as of'' date for ACS-based rents is set at June 30, 2005.

• The ACS has about one-fifth the sample size of the decennial long form, which surveyed approximately one out of every six households. This means that an adequate sample size for one-year ACS data will be available only for very large population geographic areas, and that data for smaller areas will be accumulated over 3 or 5 years to form the basis of decennial long form equivalent estimates.

In the proposed FY2008 FMRs, HUD is largely replacing the accumulated 2001-through-2005 FMR update factors from various sources with 2005 ACS data (RDDs performed between 2001 and 2005 will be used under certain conditions described below). HUD uses ACS data in different ways according to how many two-bedroom standard quality and recent mover sample cases are available in the FMR area or the CBSA. FMR areas are classified into four ACS data availability categories:

ACS–1. FMR Areas that have at least 200 sample cases of two-bedroom standard quality rents. ACS–1 areas may be entire MSAs, sub-areas that are assigned the CBSA base rents, other sub-areas, or large nonmetropolitan counties.

ACS–2. FMR Areas that are sub-areas of CBSAs where the sub-area is not assigned the CBSA base rent, and the sub-area does not have at least 200 sample cases of two-bedroom standard quality rents, but the CBSA containing the sub-area does have at least 200 sample cases of two-bedroom standard quality rents.

ACS–3. FMR Areas that are MSAs or nonmetropolitan counties that have fewer than 200 sample cases of two-bedroom standard quality rents, or sub-areas of CBSAs that have fewer than 200 sample cases of two-bedroom standard quality rents.

ACS–4. FMR Areas that have at least 200 sample cases of two-bedroom recent mover rents. ACS–4 areas may be entire MSAs, sub-areas that are assigned CBSA rents, other sub-areas, or large nonmetropolitan counties. By definition, these areas are a subset of ACS–1 areas.

In ACS–1 FMR areas, the 2000 Census-to-2005 ACS update factor is the ratio of the 2005 ACS two-bedroom standard quality rent to the 2000 Census two-bedroom standard quality rent for the FMR Area.

In ACS–2 FMR areas, the 2000 Census-to-2005 ACS update factor is either (1) the ratio of the 2005 ACS two-bedroom standard quality rent to the 2000 Census two-bedroom standard quality rent for the CBSA containing the FMR Area, or (2) the ratio of the 2005 ACS two-bedroom standard quality rent to the 2000 Census two-bedroom standard quality rent for the entire state (or population-weighted average of states) containing the FMR area, whichever brings its 2005 updated rent closer to the value of its CBSA 2005 updated rent.

In ACS–3 FMR areas, the 2000 Census-to-2005 ACS update factor is the ratio of the 2005 ACS two-bedroom standard quality rent to the 2000 Census two-bedroom standard quality rent for the parts of the state not in ACS–1 or ACS–2 FMR areas, or the population-weighted average factor across such parts of the states containing each multi-state FMR area. In cases where there are fewer than 200 sample cases of 2005 ACS two-bedroom standard quality rents in the parts of the state not in ACS–1 or ACS–2 areas, HUD uses the ratio of the 2005 ACS two-bedroom standard quality rent to the 2000 Census two-bedroom standard quality rent for the entire state containing the FMR area as the update factor.

In ACS–4 FMR areas, the local 2005 ACS recent mover rent becomes a new base rent for 2005, if the updated 2000 Census base rent is outside its 90 percent confidence interval and the recent mover rent is greater than the local standard quality rent. This means that the ACS is used to replace the updated 2000 base rent with a 2005 local ACS base rent.

B. Data Sources—Legacy RDDs

The Department regularly obtains additional rent survey data to update the FMRs in the form of RDD telephone rent surveys meeting the Department's statistical criteria for updating FMRs. HUD conducted numerous RDD surveys between 2001 and 2005, and also accepted a number of non-HUD RDD surveys to update FMRs during this time period. Since these RDDs were performed according to the FMR area geography in place at the time, they may not provide usable coverage of FY2008 FMR areas. RDD surveys performed between 2001 and 2005 are used to update or replace 2000 Census base rents in ACS–2 and ACS–3 FMR areas under the following conditions (in ACS–1 and ACS–4 FMR areas the ACS results are deemed superior to legacy RDD results and legacy RDDs are not evaluated [2]):

• The RDD was the most recent RDD performed for the area.

• The RDD is ''Accepted,'' meaning the updated 2000 Census base rent for the RDD area (prorated to the RDD month) is outside the 95 percent confidence interval of the RDD.

• If the Accepted RDD area covers at least 75 percent of the population of the FMR area, and the FMR area's population in the Accepted RDD area is at least 75 percent of the Accepted RDD area, the new base rent is the Accepted RDD result. If these conditions do not hold, the RDD is not used.

[2] The results of certain special case RDDs performed in ACS–1, ACS–2, and ACS–4 areas that, for example, adjusted bedroom rent ratios derived from the 2000 Census, may still be used on a case-by-case basis as noted in the FY2008 FMR Documentation System; see *http://www.huduser.org/datasets/fmr/fmrs/index.asp?data-fmr08.*

FMR area base rents affected by Legacy RDDs from 2001 to 2005 are updated to 2005 using the prorated 2000 Census to 2005 ACS update factor (from the RDD month to June 2005) for the area.

C. FMR Updates from 2005 to 2006

Local CPI data is used to move rents from June 2005 to the end of 2006 for FMR areas with at least 75 percent of their population within Class A metropolitan areas covered by local CPI data. Census region CPI data is used for FMR areas in Class B and C size metropolitan areas and nonmetropolitan areas without local CPI update factors.

D. FMR Updates from 2006 to 2008

The national 1990 to 2000 average annual rent increase trend of 1.03 is applied for 1.25 years.

E. Additional Rent Surveys and Other Data

Post-2005 RDDs are evaluated against the 2005 ACS-based rent trended to the RDD month by the appropriate proportion (root) of the 2005-to-2008 update factors. For example, if the RDD was conducted in August 2006, then the appropriate root (14/18) of the 2005-to-2006 CPI-based update is used to update the 2005 ACS rent. If the RDD was conducted in February 2007, then the entire CPI update factor is applied to the 2005 rent, and the appropriate root (2/15) of the December 2006-to-April 2008 update is applied. If the updated 2005 rent is outside the 95 percent confidence interval of the RDD, then the RDD is ''Accepted.'' Accepted RDD results are trended to April 2008 using the remainder of the 2005-to-2008 update factors.

The FMR bonuses related to the impact of Hurricane Katrina for Baton Rouge, Louisiana, and New Orleans, first applied on March 6, 2006, are proposed to continue to be applied in the FY2008 FMRs. The 2005 ACS was conducted largely before the impact of Hurricane Katrina or before its effects on the rental market could be detected in the survey. Because the ACS indicates that the 2000-to-2005 FMR update factors for these areas should be lower than for other data sources used in FY2007 and earlier FMRs, HUD is adjusting the bonus percentages to 15 percent in Baton Rouge and 35 percent in New Orleans, as subsequent research shows that the tight rental market conditions in both areas indicate that FMRs should not be reduced.

The area-specific data and computations used to calculate proposed FY2008 FMRs and FMR area definitions can be found at *http://www.huduser.org/datasets/fmr/fmrs/index.asp?data=fmr08.*

F. Large Bedroom Rents

FMR estimates are calculated for two-bedroom units. This generally is the most common size of rental units, and therefore the most reliable to survey and analyze. After each decennial census, rent relationships between two-bedroom units and other unit sizes are calculated and used to set FMRs for other units. This is done because it is much easier to update two-bedroom estimates and to use pre-established cost relationships with other bedroom sizes than it is to develop independent FMR estimates for each bedroom size. This was last done using 2000 Census data. A publicly releasable version of the data file used that permits derivations of rent ratios is available at *http://www.huduser.org/datasets/fmr/CensusRentData/index.html.*

The rents for three-bedroom and larger units continue to reflect HUD's policy to set higher rents for these units than would result from using normal market rents. This adjustment is intended to increase the likelihood that the largest families, who have the most difficulty in leasing units, will be successful in finding eligible program units. The adjustment adds bonuses of 8.7 percent to the unadjusted three-bedroom FMR estimates and adds 7.7 percent to the unadjusted four-bedroom FMR estimates. The FMRs for unit sizes larger than four bedrooms are calculated by adding 15 percent to the four-bedroom FMR for each extra bedroom. For example, the FMR for a five-bedroom unit is 1.15 times the four-bedroom FMR, and the FMR for a six-bedroom unit is 1.30 times the four-bedroom FMR. FMRs for single-room occupancy units are 0.75 times the zero-bedroom (efficiency) FMR.

A further adjustment was made using 2000 Census data in establishing rent ratios for areas with local bedroom-size intervals above or below what are considered to be reasonable ranges or where sample sizes are inadequate to accurately measure bedroom rent differentials. HUD's experience has shown that highly unusual bedroom ratios typically reflect inadequate sample sizes or peculiar local circumstances that HUD would not want to utilize in setting FMRs (*e.g.*, luxury efficiency apartments that rent for more than typical one-bedroom units). Bedroom interval ranges were established based on an analysis of the range of such intervals for all areas with large enough samples to permit accurate bedroom ratio determinations. The ranges used were: efficiency units are constrained to fall between 0.65 and 0.83 of the two-bedroom FMR; one-bedroom units must be between 0.76 and 0.90 of the two-bedroom unit; three-bedroom units must be between 1.10 and 1.34 of the two-bedroom unit; and four-bedroom units must be between 1.14 and 1.63 of the two-bedroom unit. Bedroom rents for a given FMR area were then adjusted if the differentials between bedroom-size FMRs were inconsistent with normally observed patterns (*i.e.*, efficiency rents were not allowed to be higher than one-bedroom rents and four-bedroom rents were not allowed to be lower than three-bedroom rents).

For low-population, nonmetropolitan counties with small census recent-mover rent samples, census-defined county group data were used in determining rents for each bedroom size. This adjustment was made to protect against unrealistically high or low FMRs due to insufficient sample sizes. The areas covered by this new estimation method had less than the HUD standard of 200 two-bedroom census-tabulated observations.

IV. Manufactured Home Space Surveys

The FMR used to establish payment standard amounts for the rental of manufactured home spaces in the Housing Choice Voucher program is 40 percent of the FMR for a two-bedroom unit. HUD will consider modification of the manufactured home space FMRs where public comments present statistically valid survey data showing the 40th percentile manufactured home space rent (including the cost of utilities) for the entire FMR area.

All approved exceptions to these rents that were in effect in FY2007 were updated to FY2008 using the same data used to estimate the Housing Choice Voucher program FMRs if the respective FMR area's definition had remained the same. If the result of this computation was higher than 40 percent of the re-benchmarked two-bedroom rent, the exception remains and is listed in Schedule D. The FMR area definitions used for the rental of manufactured home spaces are the same as the area definitions used for the other FMRs. Areas with definitional changes that previously had exceptions to their manufactured housing space rental FMRs are requested to submit new surveys to justify higher-than-standard space rental FMRs if they believe higher space rental allowances are needed.

V. Request for Public Comments

HUD seeks public comments on FMR levels for specific areas. Comments on FMR levels must include sufficient

information (including local data and a full description of the rental housing survey methodology used) to justify any proposed changes. Changes may be proposed in all or any one or more of the unit-size categories on the schedule. Recommendations and supporting data must reflect the rent levels that exist within the entire FMR area.

For the supporting data, HUD recommends the use of professionally conducted RDD telephone surveys to test the accuracy of FMRs for areas where there is a sufficient number of Section 8 units to justify the survey cost of approximately $35,000. Areas with 2,000 or more program units usually meet this cost criterion, and areas with fewer units may meet it if actual rents for two-bedroom units are significantly different from the FMRs proposed by HUD. In addition, HUD has developed a version of the RDD survey methodology for smaller, nonmetropolitan PHAs. This methodology is designed to be simple enough to be done by the PHA itself, rather than by professional survey organizations, at a cost of $5,000 or less.

PHAs in nonmetropolitan areas may, in certain circumstances, conduct surveys of groups of counties. HUD must approve all county-grouped surveys in advance. PHAs are cautioned that the resulting FMRs will not be identical for the counties surveyed. Each individual FMR area will have a separate FMR based on the relationship of rents in that area to the combined rents in the cluster of FMR areas. In addition, PHAs are advised that counties where FMRs are based on the combined rents in the cluster of FMR areas will not have their FMRs revised unless the grouped survey results show a revised FMR above the combined rent level.

PHAs that plan to use the RDD survey technique should obtain a copy of the appropriate survey guide. Larger PHAs should request HUD's survey guide entitled ''Random Digit Dialing Surveys; A Guide to Assist Larger Public Housing Agencies in Preparing Fair Market Rent Comments.'' Smaller PHAs should obtain the guide entitled ''Rental Housing Surveys: A Guide to Assist Smaller Public Housing Agencies in Preparing Fair Market Rent Comments.'' These guides are available from HUD USER at HUD's Web site, in Microsoft Word format, at the following address: *http://www.huduser.org/datasets/fmr.html.*

Other survey methodologies are acceptable in providing data to support comments, if the survey methodology can provide statistically reliable, unbiased estimates of the gross rent. Survey samples should preferably be randomly drawn from a complete list of rental units for the FMR area. If this is not feasible, the selected sample must be drawn to be statistically representative of the entire rental housing stock of the FMR area. Surveys must include units at all rent levels and be representative by structure type (including single-family, duplex, and other small rental properties), age of housing unit, and geographic location. The decennial census should be used as a means of verifying if a sample is representative of the FMR area's rental housing stock.

Most surveys of FMR areas cover only one- and two-bedroom units. If the survey is statistically acceptable, HUD will estimate FMRs for other bedroom sizes using ratios based on the decennial census. A PHA or contractor that cannot obtain the recommended number of sample responses after reasonable efforts should consult with HUD before abandoning its survey; in such situations, HUD may find it appropriate to relax normal sample size requirements.

HUD will consider increasing manufactured home space FMRs where public comment demonstrates that 40 percent of the two-bedroom FMR is not adequate. In order to be accepted as a basis for revising the manufactured home space FMRs, comments must include a pad rental survey of the mobile home parks in the area, identify the utilities included in each park's rental fee, and provide a copy of the applicable public housing authority's utility schedule.

Accordingly, the Fair Market Rent Schedules, which will not be codified in 24 CFR Part 888, are proposed to be amended as shown in the Appendix to this notice.

Dated: June 27, 2007.

Darlene F. Williams,

Assistant Secretary for Policy, Development and Research.

Fair Market Rents for the Housing Choice Voucher Program

Schedules B and D—General Explanatory Notes

1. Geographic Coverage

a. Metropolitan Areas—FMRs are market-wide rent estimates that are intended to provide housing opportunities throughout the geographic area in which rental-housing units are in direct competition. The proposed FY2008 FMRs reflect a change in metropolitan area definitions. HUD is using the metropolitan CBSAs, which are made up of one or more counties, as defined by the OMB, with some modifications. HUD is generally assigning separate FMRs to the component counties of CBSA Micropolitan Areas.

b. Modifications to OMB Definitions—Following OMB guidance, the estimation procedure for the FY2008 proposed FMRs incorporates the current OMB definitions of metropolitan areas based on the CBSA standards as implemented with 2000 Census data, but makes adjustments to the definitions to separate subparts of these areas where FMRs or median incomes would otherwise change significantly if the new area definitions were used without modification. In CBSAs where sub-areas are established, it is HUD's view that the geographic extent of the housing markets are not yet the same as the geographic extent of the CBSAs, but may become so in the future as the social and economic integration of the CBSA component areas increases. Modifications to metropolitan CBSA definitions are made according to a formula as described below.

Metropolitan area CBSAs (referred to as Metropolitan Statistical Areas or MSAs) may be modified to allow for sub-area FMRs within MSAs based on the boundaries of old FMR areas (OFAs) within the boundaries of new MSAs. (OFAs are the FMR areas defined for the FY2005 FMRs. Collectively, they include 1999 definition MSAs/PMSAs, metropolitan counties deleted from 1999 definition MSAs/PMSAs by HUD for FMR purposes, and counties and county parts outside of 1999 definition MSAs/PMSAs referred to as nonmetropolitan counties.) Sub-areas of MSAs are assigned their own FMRs when the sub-area 2000 Census Base Rent differs by at least 5 percent from the MSA 2000 Census Base Rent (i.e., by at most 95 percent or at least 105 percent), or when the 2000 Census Median Family Income for the sub-area differs by at least 5 percent from the MSA 2000 Census Median Family Income. MSA sub-areas, and the remaining portions of MSAs after sub-areas have been determined, are referred to as HUD Metro FMR Areas (HMFAs) to distinguish these areas from OMB's official definition of MSAs.

The specific counties and New England towns and cities within each state in MSAs and HMFAs are listed in Schedule B.

2. Bedroom Size Adjustments

Schedule B shows the FMRs for zero-bedroom through four-bedroom units. The FMRs for unit sizes larger than four bedrooms are calculated by adding 15 percent to the four-bedroom FMR for

each extra bedroom. For example, the FMR for a five-bedroom unit is 1.15 times the four-bedroom FMR, and the FMR for a six-bedroom unit is 1.30 times the four-bedroom FMR. FMRs for single-room-occupancy (SRO) units are 0.75 times the zero-bedroom FMR.

3. Arrangement of FMR Areas and Identification of Constituent Parts

a. The FMR areas in Schedule B are listed alphabetically by metropolitan FMR area and by nonmetropolitan county within each state. The exception rents for manufactured home spaces FMRs are listed alphabetically in Schedule D.

b. The constituent counties (and New England towns and cities) included in each metropolitan FMR area are listed immediately following the listings of the FMR dollar amounts. All constituent parts of a metropolitan FMR area that are in more than one state can be identified by consulting the listings for each applicable state.

c. Two nonmetropolitan counties are listed alphabetically on each line of the nonmetropolitan county listings.

d. The New England towns and cities included in a nonmetropolitan part of a county are listed immediately following the county name.

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SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 1

ALABAMA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Anniston-Oxford, AL MSA	383	423	526	695	817	Calhoun
Auburn-Opelika, AL MSA	378	450	580	763	784	Lee
Birmingham-Hoover, AL HMFA	557	619	690	876	901	Bibb, Blount, Jefferson, St. Clair, Shelby
Chilton County, AL HMFA	353	488	543	682	781	Chilton
Columbus, GA-AL MSA	513	541	619	823	974	Russell
Decatur, AL MSA	419	470	541	708	734	Lawrence, Morgan
Dothan, AL HMFA	373	439	497	635	726	Geneva, Houston
Florence-Muscle Shoals, AL MSA	440	442	537	685	849	Colbert, Lauderdale
Gadsden, AL MSA	348	439	534	684	706	Etowah
Henry County, AL HMFA	314	433	481	575	593	Henry
Huntsville, AL MSA	464	506	597	817	897	Limestone, Madison
Mobile, AL MSA	520	556	628	823	971	Mobile
Montgomery, AL MSA	496	586	660	875	1156	Autauga, Elmore, Lowndes, Montgomery
Tuscaloosa, AL MSA	434	501	649	834	860	Greene, Hale, Tuscaloosa
Walker County, AL HMFA	440	441	529	661	722	Walker

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Baldwin	480	577	686	910	1041	Barbour	403	404	485	600	618
Bullock	356	403	494	592	637	Butler	356	403	494	592	637
Chambers	399	433	481	653	673	Cherokee	418	419	504	600	619
Choctaw	399	421	481	610	815	Clarke	312	432	481	576	846
Clay	400	402	481	595	740	Cleburne	405	406	487	597	743
Coffee	383	438	496	679	870	Conecuh	399	421	481	610	815
Coosa	391	432	481	652	732	Covington	400	401	481	656	676
Crenshaw	356	403	494	592	637	Cullman	417	430	503	677	696
Dale	372	429	481	695	842	Dallas	319	442	491	619	664
DeKalb	359	381	481	640	658	Escambia	399	405	481	600	737
Fayette	316	366	481	701	847	Franklin	314	405	481	648	845
Jackson	400	433	481	613	845	Lamar	322	400	481	642	843
Macon	358	385	496	662	683	Marengo	399	424	481	623	640
Marion	312	365	481	611	845	Marshall	425	456	514	694	764
Monroe	399	433	481	666	735	Perry	399	424	481	623	640
Pickens	322	400	481	642	843	Pike	383	413	481	618	637
Randolph	400	402	481	595	740	Sumter	322	411	481	642	843
Talladega	407	408	489	660	862	Tallapoosa	385	394	483	681	791
Washington	399	421	481	610	815	Wilcox	399	421	481	610	815
Winston	321	366	481	576	593						

ALASKA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Anchorage, AK HMFA	652	741	930	1339	1631	Anchorage
Fairbanks, AK MSA	607	730	934	1352	1428	Fairbanks North Star
Matanuska-Susitna Borough, AK HMFA	592	689	879	1250	1518	Matanuska-Susitna

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 2

ALASKA continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Aleutians East	759	862	1093	1351	1392	Aleutians West	759	862	1093	1351	1392
Bethel	868	1087	1319	1578	2316	Bristol Bay	759	862	1093	1351	1392
Denali	639	788	984	1382	1556	Dillingham	759	862	1093	1351	1392
Haines	639	788	984	1382	1556	Juneau	774	948	1192	1610	2007
Kenai Peninsula	572	653	795	1089	1396	Ketchikan Gateway	683	871	1047	1525	1839
Kodiak Island	731	856	1126	1618	1713	Lake and Peninsula	759	862	1093	1351	1392
Nome	760	976	1121	1353	1393	North Slope	783	915	1202	1438	1480
Northwest Arctic	759	862	1093	1351	1392	Prince of Wales-Outer Ketchikan	759	862	1093	1351	1392
Sitka	726	837	999	1456	1753	Skagway-Hoonah-Angoon	759	862	1093	1351	1392
Southeast Fairbanks	639	788	984	1382	1556	Valdez-Cordova	639	788	984	1382	1556
Wade Hampton	759	862	1093	1351	1392	Wrangell-Petersburg	759	862	1093	1351	1392
Yakutat	759	862	1093	1351	1392	Yukon-Koyukuk	759	862	1093	1351	1392

ARIZONA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Flagstaff, AZ MSA	753	896	1012	1301	1641	Coconino
Lake Havasu City-Kingman, AZ MSA	564	620	723	1000	1116	Mohave
*Phoenix-Mesa-Scottsdale, AZ MSA	609	715	862	1256	1498	Maricopa, Pinal
Prescott, AZ MSA	627	648	818	1192	1228	Yavapai
*Tucson, AZ MSA	501	588	769	1110	1246	Pima
Yuma, AZ MSA	527	622	743	1054	1291	Yuma

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Apache	397	486	574	796	1009	Cochise	466	540	678	936	1151
Gila	509	596	784	1076	1109	Graham	528	569	637	880	1013
Greenlee	483	537	674	926	1048	La Paz	542	544	652	923	950
Navajo	474	506	668	900	1066	Santa Cruz	557	558	707	1031	1061

ARKANSAS

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Fayetteville-Springdale-Rogers, AR HMFA	478	504	630	917	943	Benton, Madison, Washington
Fort Smith, AR-OK HMFA	378	430	535	713	776	Crawford, Sebastian
Franklin County, AR HMFA	335	437	514	651	795	Franklin
Grant County, AR HMFA	429	442	540	782	806	Grant
Hot Springs, AR MSA	401	498	619	773	797	Garland
Jonesboro, AR HMFA	468	488	563	792	816	Craighead
Little Rock-North Little Rock-Conway, AR HMFA	535	608	678	908	937	Faulkner, Lonoke, Perry, Pulaski, Saline
Memphis, TN-MS-AR HMFA	615	669	743	990	1021	Crittenden
Pine Bluff, AR MSA	397	471	590	708	840	Cleveland, Jefferson, Lincoln
Poinsett County, AR HMFA	334	432	514	684	819	Poinsett
Texarkana, TX-Texarkana, AR MSA	476	481	592	722	786	Miller

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 3

ARKANSAS continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Arkansas	392	413	514	746	767
Baxter	394	457	553	743	937
Bradley	382	389	514	637	675
Carroll	450	451	541	682	950
Clark	409	415	534	688	709
Cleburne	465	466	559	766	984
Conway	427	440	514	708	770
Dallas	333	462	514	655	833
Drew	367	472	567	713	994
Greene	333	464	514	752	774
Hot Spring	428	429	514	674	695
Independence	357	426	514	665	722
Jackson	346	454	514	725	748
Lafayette	405	463	532	636	761
Lee	365	413	514	685	796
Logan	334	432	514	735	822
Mississippi	362	404	529	698	842
Montgomery	398	462	582	732	754
Newton	428	429	516	666	748
Phillips	426	430	514	669	690
Polk	427	463	514	668	813
Prairie	428	429	514	644	665
St. Francis	435	452	527	744	923
Searcy	428	429	516	666	748
Sharp	428	429	514	655	676
Union	439	462	528	684	888
White	440	441	530	720	740
Yell	425	448	514	705	727

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Ashley	400	413	543	651	716
Boone	433	434	522	669	751
Calhoun	333	462	514	655	833
Chicot	382	389	514	637	675
Clay	414	416	514	658	701
Columbia	337	433	519	637	729
Cross	429	431	517	754	823
Desha	382	389	514	654	675
Fulton	409	411	514	675	754
Hempstead	402	451	527	631	725
Howard	393	456	514	662	684
Izard	409	411	514	675	754
Johnson	333	457	514	685	819
Lawrence	335	410	514	632	836
Little River	405	463	532	649	761
Marion	427	428	514	676	745
Monroe	428	429	514	644	665
Nevada	405	463	532	636	761
Ouachita	333	463	514	707	829
Pike	405	463	532	636	761
Pope	386	414	536	755	777
Randolph	334	418	514	615	902
Scott	427	429	514	711	901
Sevier	429	443	514	710	823
Stone	409	411	514	675	754
Van Buren	334	390	514	637	821
Woodruff	428	429	514	644	665

CALIFORNIA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Bakersfield, CA MSA	528	570	679	981	1176	Kern
Chico, CA MSA	551	655	790	1114	1330	Butte
El Centro, CA MSA	562	636	784	1079	1374	Imperial
Fresno, CA MSA	619	682	805	1171	1261	Fresno
Hanford-Corcoran, CA MSA	592	630	732	1067	1286	Kings
Los Angeles-Long Beach, CA HMFA	863	1041	1300	1746	2101	Los Angeles
Madera, CA MSA	595	625	797	1159	1195	Madera
Merced, CA MSA	534	609	740	1055	1232	Merced
Modesto, CA MSA	664	734	864	1239	1431	Stanislaus
Napa, CA MSA	834	935	1214	1679	1907	Napa
Oakland-Fremont, CA HMFA	866	1046	1239	1680	2080	Alameda, Contra Costa
*Orange County, CA HMFA	1185	1330	1595	2282	2622	Orange

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 4

CALIFORNIA continued

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Oxnard-Thousand Oaks-Ventura, CA MSA	1012	1118	1422	2038	2331	Ventura
Redding, CA MSA	541	630	766	1118	1347	Shasta
*Riverside-San Bernardino-Ontario, CA MSA	896	979	1142	1622	1896	Riverside, San Bernardino
Sacramento--Arden-Arcade--Roseville, CA HMFA	708	805	982	1417	1624	El Dorado, Placer, Sacramento
Salinas, CA MSA	860	968	1111	1570	1644	Monterey
San Benito County, CA HMFA	694	939	1045	1481	1833	San Benito
*San Diego-Carlsbad-San Marcos, CA MSA	978	1117	1355	1976	2382	San Diego
San Francisco, CA HMFA	1035	1272	1592	2125	2246	Marin, San Francisco, San Mateo
San Jose-Sunnyvale-Santa Clara, CA HMFA	928	1076	1293	1859	2047	Santa Clara
San Luis Obispo-Paso Robles, CA MSA	746	883	1075	1566	1611	San Luis Obispo
Santa Barbara-Santa Maria-Goleta, CA MSA	1065	1189	1334	1757	2005	Santa Barbara
Santa Cruz-Watsonville, CA MSA	970	1145	1493	2148	2214	Santa Cruz
Santa Rosa-Petaluma, CA MSA	740	901	1137	1613	1886	Sonoma
Stockton, CA MSA	650	741	914	1255	1580	San Joaquin
Vallejo-Fairfield, CA MSA	883	950	1090	1528	1882	Solano
Visalia-Porterville, CA MSA	471	526	612	875	899	Tulare
Yolo, CA HMFA	783	829	1013	1476	1570	Yolo
Yuba City, CA MSA	510	575	707	1029	1101	Sutter, Yuba

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Alpine	594	666	850	1212	1248	Amador	642	752	987	1434	1478
Calaveras	655	656	788	1149	1267	Colusa	597	599	779	1006	1367
Del Norte	585	593	767	1117	1151	Glenn	511	524	690	898	922
Humboldt	543	636	837	1200	1329	Inyo	538	564	733	1068	1259
Lake	538	631	821	1190	1324	Lassen	522	612	804	1169	1204
Mariposa	594	666	850	1212	1248	Mendocino	600	740	899	1227	1577
Modoc	518	571	748	1066	1106	Mono	700	843	1077	1475	1892
Nevada	673	786	1035	1495	1818	Plumas	533	624	822	1199	1443
Sierra	629	734	968	1372	1698	Siskiyou	465	558	713	1015	1045
Tehama	486	552	721	1048	1258	Trinity	526	552	725	995	1103
Tuolumne	579	688	889	1229	1266						

COLORADO

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Boulder, CO MSA	688	797	1000	1458	1748	Boulder
Colorado Springs, CO HMFA	563	631	797	1137	1345	El Paso
*Denver-Aurora, CO MSA	607	692	876	1244	1450	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park
Fort Collins-Loveland, CO MSA	555	666	807	1175	1369	Larimer
Grand Junction, CO MSA	505	506	608	885	1070	Mesa
Greeley, CO MSA	503	533	652	951	1122	Weld
Pueblo, CO MSA	475	500	657	861	974	Pueblo
Teller County, CO HMFA	577	675	888	1293	1558	Teller

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 5

COLORADO continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Alamosa	404	500	555	754	975
Baca	425	498	555	790	853
Chaffee	423	534	650	947	975
Conejos	425	498	555	790	853
Crowley	442	456	555	728	894
Delta	497	508	598	820	846
Eagle	841	982	1292	1625	2220
Garfield	645	734	814	1004	1035
Gunnison	522	573	745	1031	1308
Huerfano	425	498	555	790	853
Kiowa	442	456	555	728	894
Lake	637	802	969	1206	1701
Las Animas	382	507	562	724	748
Logan	436	437	557	725	839
Moffat	409	447	561	735	985
Montrose	428	562	651	864	1071
Otero	433	457	555	769	791
Phillips	442	456	555	728	894
Prowers	426	500	555	753	976
Rio Grande	426	498	555	805	855
Saguache	425	498	555	790	853
San Miguel	685	823	1051	1532	1579
Summit	736	864	1130	1609	1983
Yuma	442	456	555	728	894

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Archuleta	508	598	752	914	1181
Bent	442	456	555	728	894
Cheyenne	442	456	555	728	894
Costilla	425	498	555	790	853
Custer	452	528	696	974	1121
Dolores	508	595	689	912	1178
Fremont	403	481	618	887	1017
Grand	504	576	732	1065	1097
Hinsdale	637	802	969	1206	1701
Jackson	566	654	726	936	1130
Kit Carson	442	456	555	728	894
La Plata	556	679	777	1090	1241
Lincoln	442	456	555	728	894
Mineral	637	802	969	1206	1701
Montezuma	445	520	601	718	959
Morgan	482	522	582	775	936
Ouray	637	802	969	1206	1701
Pitkin	889	1039	1367	1899	2400
Rio Blanco	566	654	726	936	1130
Routt	655	775	1008	1206	1770
San Juan	508	595	689	912	1178
Sedgwick	442	456	555	728	894
Washington	442	456	555	728	894

CONNECTICUT

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Components of FMR AREA within STATE
Bridgeport, CT HMFA	760	982	1171	1399	1699	Fairfield County towns of Bridgeport town, Easton town, Fairfield town, Monroe town, Shelton town, Stratford town, Trumbull town
Colchester-Lebanon, CT HMFA	674	792	1039	1243	1282	New London County towns of Colchester town, Lebanon town
Danbury, CT HMFA	942	1143	1451	1737	2153	Fairfield County towns of Bethel town, Brookfield town, Danbury town, New Fairfield town, Newtown town, Redding town, Ridgefield town, Sherman town
*Hartford-West Hartford-East Hartford, CT HMFA	673	806	985	1183	1469	Hartford County towns of Avon town, Berlin town, Bloomfield town, Bristol town, Burlington town, Canton town, East Granby town, East Hartford town, East Windsor town, Enfield town, Farmington town, Glastonbury town, Granby town, Hartford town, Hartland town, Manchester town, Marlborough town, New Britain town, Newington town, Plainville town, Rocky Hill town, Simsbury town, Southington town, South Windsor town, Suffield town, West Hartford town, Wethersfield town, Windsor town, Windsor Locks town

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 6

CONNECTICUT continued

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Components of FMR AREA within STATE
						Middlesex County towns of Chester town, Cromwell town, Durham town, East Haddam town, East Hampton town, Haddam town, Middlefield town, Middletown town, Portland town Tolland County towns of Andover town, Bolton town, Columbia town, Coventry town, Ellington town, Hebron town, Mansfield town, Somers town, Stafford town, Tolland town, Union town, Vernon town, Willington town
Milford-Ansonia-Seymour, CT HMFA	829	961	1075	1368	1503	New Haven County towns of Ansonia town, Beacon Falls town, Derby town, Milford town, Oxford town, Seymour town
*New Haven-Meriden, CT HMFA	834	946	1142	1367	1562	New Haven County towns of Bethany town, Branford town, Cheshire town, East Haven town, Guilford town, Hamden town, Madison town, Meriden town, New Haven town, North Branford town, North Haven town, Orange town, Wallingford town, West Haven town, Woodbridge town
Norwich-New London, CT HMFA	674	800	926	1133	1252	New London County towns of Bozrah town, East Lyme town, Franklin town, Griswold town, Groton town, Ledyard town, Lisbon town, Lyme town, Montville town, New London town, North Stonington town, Norwich town, Old Lyme town, Preston town, Salem town, Sprague town, Stonington town, Voluntown town, Waterford town
Southern Middlesex County, CT HMFA	794	836	1064	1365	1557	Middlesex County towns of Clinton town, Deep River town, Essex town, Killingworth town, Old Saybrook town, Westbrook town
Stamford-Norwalk, CT HMFA	1079	1314	1642	2140	2585	Fairfield County towns of Darien town, Greenwich town, New Canaan town, Norwalk town, Stamford town, Weston town, Westport town, Wilton town
Waterbury, CT HMFA	561	726	863	1033	1075	New Haven County towns of Middlebury town, Naugatuck town, Prospect town, Southbury town, Waterbury town, Wolcott town

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	Towns within nonmetropolitan counties
Litchfield County, CT	609	794	937	1203	1353	Barkhamsted town, Bethlehem town, Bridgewater town, Canaan town, Colebrook town, Cornwall town, Goshen town, Harwinton town, Kent town, Litchfield town, Morris town, New Hartford town, New Milford town, Norfolk town, North Canaan town, Plymouth town, Roxbury town, Salisbury town, Sharon town, Thomaston town, Torrington town, Warren town, Washington town, Watertown town, Winchester town, Woodbury town
Windham County, CT	563	681	820	1032	1095	Ashford town, Brooklyn town, Canterbury town, Chaplin town, Eastford town, Hampton town, Killingly town, Plainfield town, Pomfret town, Putnam town, Scotland town, Sterling town, Thompson town, Windham town, Woodstock town

DELAWARE

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Dover, DE MSA	617	671	743	972	1305	Kent

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 7

DELAWARE continued

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA...	682	781	932	1116	1327	New Castle

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Sussex.....	566	617	685	937	964						

DISTRICT OF COLUMBIA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
*Washington-Arlington-Alexandria, DC-VA-MD HMFA...	1025	1168	1324	1708	2235	District of Columbia

FLORIDA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Baker County, FL HMFA.....	361	500	555	811	833	Baker
Cape Coral-Fort Myers, FL MSA.....	720	778	886	1204	1240	Lee
Deltona-Daytona Beach-Ormond Beach, FL MSA.....	581	679	845	1093	1125	Volusia
*Fort Lauderdale, FL HMFA.....	908	1016	1221	1689	2144	Broward
Fort Walton Beach-Crestview-Destin, FL MSA.....	584	684	769	1122	1232	Okaloosa
Gainesville, FL MSA.....	591	651	742	1085	1118	Alachua, Gilchrist
Jacksonville, FL HMFA.....	616	701	816	1024	1173	Clay, Duval, Nassau, St. Johns
Lakeland, FL MSA.....	586	647	745	945	1109	Polk
Miami-Miami Beach-Kendall, FL HMFA.....	753	853	1035	1324	1547	Miami-Dade
Naples-Marco Island, FL MSA.....	818	938	1056	1313	1366	Collier
Ocala, FL MSA.....	584	602	706	927	955	Marion
Orlando-Kissimmee, FL MSA.....	737	801	915	1146	1349	Lake, Orange, Osceola, Seminole
Palm Bay-Melbourne-Titusville, FL MSA.....	566	692	815	1098	1224	Brevard
Palm Coast, FL MSA.....	623	719	904	1266	1350	Flagler
Panama City-Lynn Haven, FL MSA.....	602	635	727	1004	1117	Bay
Pensacola-Ferry Pass-Brent, FL MSA.....	589	641	711	1030	1246	Escambia, Santa Rosa
Port St. Lucie, FL MSA.....	680	682	864	1142	1177	Martin, St. Lucie
Punta Gorda, FL MSA.....	609	638	827	1207	1453	Charlotte
*Sarasota-Bradenton-Venice, FL MSA.....	761	833	1002	1280	1406	Manatee, Sarasota
Sebastian-Vero Beach, FL MSA.....	560	675	861	1072	1103	Indian River
Tallahassee, FL HMFA.....	612	680	840	1121	1153	Gadsden, Jefferson, Leon
Tampa-St. Petersburg-Clearwater, FL MSA.....	658	730	883	1119	1351	Hernando, Hillsborough, Pasco, Pinellas
Wakulla County, FL HMFA.....	575	625	695	914	942	Wakulla
*West Palm Beach-Boca Raton, FL HMFA.....	859	1006	1188	1680	1731	Palm Beach

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Bradford.....	376	522	579	717	740	Calhoun.....	485	486	582	733	836
Citrus.....	520	565	626	908	1093	Columbia.....	452	523	618	771	1084
DeSoto.....	511	523	615	742	763	Dixie.....	458	500	555	693	773
Franklin.....	485	486	583	734	835	Glades.....	537	572	650	794	848
Gulf.....	485	486	582	733	836	Hamilton.....	458	500	555	693	773
Hardee.....	511	555	615	755	776	Hendry.....	487	582	649	780	962

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 8

FLORIDA continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Highlands	552	554	664	859	1027	Holmes	463	492	558	726	762
Jackson	389	498	555	687	802	Lafayette	458	500	555	693	773
Levy	460	493	555	709	729	Liberty	485	486	582	733	836
Madison	485	486	582	733	836	Monroe	812	988	1217	1771	1896
Okeechobee	548	567	660	889	915	Putnam	461	500	555	666	686
Sumter	460	500	555	729	975	Suwannee	368	501	555	699	766
Taylor	494	536	596	713	732	Union	451	519	583	771	795
Walton	543	559	655	810	834	Washington	370	420	555	795	818

GEORGIA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Albany, GA MSA	486	519	609	817	843	Baker, Dougherty, Lee, Terrell, Worth
Athens-Clarke County, GA MSA	521	579	726	967	998	Clarke, Madison, Oconee, Oglethorpe
Atlanta-Sandy Springs-Marietta, GA HMFA	684	741	824	1003	1094	Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Heard, Henry, Jasper, Newton, Paulding, Pickens, Pike, Rockdale, Spalding, Walton
Augusta-Richmond County, GA-SC MSA	537	582	654	876	921	Burke, Columbia, McDuffie, Richmond
Brunswick, GA MSA	488	531	589	839	1034	Brantley, Glynn, McIntosh
Butts County, GA HMFA	380	508	587	856	1020	Butts
Chattanooga, TN-GA MSA	513	543	639	787	925	Catoosa, Dade, Walker
Columbus, GA-AL MSA	513	541	619	823	974	Chattahoochee, Harris, Marion, Muscogee
Dalton, GA HMFA	498	541	598	740	762	Whitfield
Gainesville, GA MSA	680	713	822	1009	1171	Hall
Haralson County, GA HMFA	431	452	518	754	914	Haralson
Hinesville-Fort Stewart, GA HMFA	492	534	595	837	953	Liberty
Lamar County, GA HMFA	443	445	534	704	937	Lamar
Long County, GA HMFA	439	476	530	726	748	Long
Macon, GA MSA	511	555	617	761	793	Bibb, Crawford, Jones, Twiggs
Meriwether County, GA HMFA	435	440	525	633	653	Meriwether
Monroe County, GA HMFA	493	537	595	713	737	Monroe
Murray County, GA HMFA	465	503	560	670	689	Murray
Rome, GA MSA	470	479	618	758	783	Floyd
Savannah, GA MSA	638	691	769	1020	1054	Bryan, Chatham, Effingham
Valdosta, GA MSA	502	504	606	822	847	Brooks, Echols, Lanier, Lowndes
Warner Robins, GA MSA	557	567	673	977	1123	Houston

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Appling	429	467	518	631	651	Atkinson	430	450	518	660	751
Bacon	430	450	518	660	751	Baldwin	403	486	603	720	742
Banks	447	484	537	652	927	Ben Hill	339	437	522	632	649
Berrien	425	426	518	642	661	Bleckley	364	425	518	641	735
Bulloch	477	493	584	701	719	Calhoun	430	466	518	665	816
Camden	532	534	643	936	1128	Candler	429	467	518	631	651
Charlton	430	450	518	660	751	Chattooga	338	413	518	621	904

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 9

GEORGIA continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Clay	430	466	518	665	816	Clinch	430	450	518	660	751
Coffee	429	444	518	645	789	Colquitt	431	465	518	620	780
Cook	430	439	518	704	911	Crisp	430	434	518	654	674
Decatur	384	447	588	703	781	Dodge	409	410	518	693	713
Dooly	430	445	518	653	882	Early	430	466	518	665	816
Elbert	430	449	518	651	671	Emanuel	338	393	518	631	807
Evans	429	467	518	631	651	Fannin	350	487	540	646	775
Franklin	447	484	537	652	927	Gilmer	506	548	611	806	973
Glascock	371	393	518	620	728	Gordon	506	510	655	783	808
Grady	337	465	518	718	742	Greene	430	449	518	651	671
Habersham	510	513	614	736	1078	Hancock	430	449	518	651	671
Hart	430	466	518	618	908	Irwin	430	456	518	657	801
Jackson	533	579	644	782	1021	Jeff Davis	429	467	518	631	651
Jefferson	371	413	518	620	728	Jenkins	371	393	518	620	728
Johnson	389	477	532	687	718	Laurens	430	468	518	696	844
Lincoln	430	449	518	651	671	Lumpkin	454	589	700	945	1048
Macon	430	445	518	653	882	Miller	399	465	518	649	773
Mitchell	338	428	518	621	862	Montgomery	393	459	518	693	793
Morgan	465	466	575	688	708	Peach	469	470	567	811	853
Pierce	430	450	518	660	751	Polk	425	473	577	711	735
Pulaski	393	459	518	754	791	Putnam	391	395	518	753	774
Quitman	430	466	518	665	816	Rabun	508	527	612	789	952
Randolph	430	466	518	665	816	Schley	430	445	518	653	882
Screven	371	393	518	620	728	Seminole	399	465	518	649	773
Stephens	345	479	532	637	657	Stewart	430	466	518	665	816
Sumter	404	454	558	668	980	Talbot	495	497	599	738	760
Taliaferro	430	449	518	651	671	Tattnall	431	466	518	683	747
Taylor	430	445	518	653	882	Telfair	393	459	518	693	793
Thomas	474	514	571	733	1002	Tift	451	489	541	691	799
Toombs	337	466	518	722	799	Towns	508	527	612	786	952
Treutlen	393	459	518	693	793	Troup	496	502	629	796	821
Turner	430	456	518	657	801	Union	508	527	612	786	952
Upson	364	493	561	670	691	Ware	429	463	518	664	696
Warren	430	449	518	651	671	Washington	371	426	518	633	728
Wayne	371	420	518	684	909	Webster	430	445	518	653	882
Wheeler	393	459	518	693	793	White	453	565	628	793	954
Wilcox	393	459	518	693	793	Wilkes	430	449	518	651	671
Wilkinson	389	477	532	687	718						

HAWAII

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
*Honolulu, HI MSA	1131	1348	1630	2377	2799	Honolulu

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 10

HAWAII continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Hawaii	741	889	998	1407	1542	Kalawao	830	957	1125	1422	1619
Kauai	797	898	1183	1485	1616	Maui	1021	1132	1316	1761	1886

IDAHO

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Boise City-Nampa, ID HMFA	472	560	660	960	1020	Ada, Boise, Canyon, Owyhee
Coeur d'Alene, ID MSA	526	568	683	993	1111	Kootenai
Gem County, ID HMFA	440	533	592	861	886	Gem
Idaho Falls, ID MSA	446	470	600	823	1033	Bonneville, Jefferson
Lewiston, ID-WA MSA	461	479	599	851	1036	Nez Perce
Logan, UT-ID MSA	454	490	613	822	1015	Franklin
Pocatello, ID MSA	383	445	574	829	972	Bannock, Power

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Adams	449	468	589	798	950	Bear Lake	382	440	563	800	944
Benewah	516	525	660	943	972	Bingham	391	433	555	764	789
Blaine	745	810	899	1277	1576	Bonner	521	546	670	948	976
Boundary	516	525	660	943	972	Butte	427	456	583	824	979
Camas	457	500	623	821	878	Caribou	382	440	563	800	944
Cassia	457	500	623	821	878	Clark	427	456	583	824	979
Clearwater	457	472	585	844	974	Custer	427	456	583	824	979
Elmore	389	454	597	757	927	Fremont	427	456	583	824	979
Gooding	457	500	623	821	878	Idaho	447	478	630	753	891
Jerome	457	500	623	821	878	Latah	459	479	579	844	977
Lemhi	427	456	583	824	979	Lewis	457	472	585	844	974
Lincoln	457	500	623	821	878	Madison	431	432	555	806	877
Minidoka	360	473	555	735	756	Oneida	382	440	563	800	944
Payette	386	465	591	748	977	Shoshone	459	460	555	731	774
Teton	427	456	583	824	979	Twin Falls	412	500	634	817	967
Valley	449	468	589	798	950	Washington	449	468	589	798	950

ILLINOIS

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Bloomington-Normal, IL MSA	483	533	673	900	1125	McLean
Bond County, IL HMFA	381	407	528	768	903	Bond
Champaign-Urbana, IL MSA	463	563	662	831	1141	Champaign, Ford, Piatt
*Chicago-Naperville-Joliet, IL HMFA	734	840	944	1154	1304	Cook, DuPage, Kane, Lake, McHenry, Will
Danville, IL MSA	365	437	562	673	714	Vermilion
Davenport-Moline-Rock Island, IA-IL MSA	458	511	643	820	855	Henry, Mercer, Rock Island
DeKalb County, IL HMFA	528	597	784	1017	1247	DeKalb
Decatur, IL MSA	382	455	577	769	793	Macon
Grundy County, IL HMFA	532	623	817	1029	1385	Grundy

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 11

ILLINOIS continued

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Kankakee-Bradley, IL MSA	469	511	674	874	937	Kankakee
Kendall County, IL HMFA	762	763	917	1289	1397	Kendall
Macoupin County, IL HMFA	485	486	584	728	753	Macoupin
Peoria, IL MSA	423	500	623	802	911	Marshall, Peoria, Stark, Tazewell, Woodford
Rockford, IL MSA	466	525	666	871	897	Boone, Winnebago
Springfield, IL MSA	410	482	623	813	908	Menard, Sangamon
St. Louis, MO-IL HMFA	528	572	711	916	958	Calhoun, Clinton, Jersey, Madison, Monroe, St. Clair

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Adams	344	408	528	686	708	Alexander	430	438	528	695	766
Brown	342	416	528	705	727	Bureau	374	435	574	707	775
Carroll	401	453	571	711	731	Cass	417	419	528	671	692
Christian	345	442	528	682	798	Clark	342	477	528	768	793
Clay	346	431	528	705	725	Coles	365	468	562	792	987
Crawford	344	407	528	694	728	Cumberland	366	455	550	732	965
De Witt	434	435	530	692	810	Douglas	357	448	550	783	807
Edgar	343	402	528	664	684	Edwards	430	438	528	695	766
Effingham	464	465	560	707	748	Fayette	438	450	528	731	753
Franklin	342	419	528	655	926	Fulton	367	438	528	675	837
Gallatin	430	438	528	695	766	Greene	363	405	531	673	707
Hamilton	430	438	528	695	766	Hancock	440	441	528	635	656
Hardin	430	438	528	695	766	Henderson	364	426	528	667	797
Iroquois	393	436	528	664	779	Jackson	357	436	549	748	930
Jasper	342	425	528	695	715	Jefferson	451	463	552	694	715
Jo Daviess	414	444	528	704	725	Johnson	430	438	528	695	766
Knox	363	425	559	742	765	La Salle	437	471	621	784	1008
Lawrence	343	401	528	702	724	Lee	380	467	561	749	872
Livingston	392	481	605	722	752	Logan	453	454	543	746	855
McDonough	356	419	528	677	885	Marion	385	441	528	675	743
Mason	342	434	528	742	765	Massac	439	440	528	769	793
Montgomery	439	440	528	633	784	Morgan	372	433	570	707	768
Moultrie	352	416	542	683	829	Ogle	449	479	628	821	877
Perry	343	448	528	638	819	Pike	342	419	528	710	731
Pope	430	438	528	695	766	Pulaski	430	438	528	695	766
Putnam	357	417	549	694	759	Randolph	344	401	528	700	858
Richland	393	476	528	727	871	Saline	344	443	528	715	926
Schuyler	342	419	528	710	731	Scott	363	405	531	673	707
Shelby	438	439	528	688	779	Stephenson	397	464	611	731	754
Union	439	440	528	647	804	Wabash	430	438	528	695	766
Warren	343	402	528	659	751	Washington	365	419	528	678	699
Wayne	342	416	528	672	692	White	430	438	528	695	766
Whiteside	404	475	586	725	745	Williamson	345	403	528	761	784

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 12

INDIANA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Anderson, IN MSA	535	536	644	828	862	Madison
Bloomington, IN HMFA	455	527	643	914	944	Monroe
Carroll County, IN HMFA	389	458	600	790	813	Carroll
Cincinnati-Middleton, OH-KY-IN HMFA	473	560	726	972	1009	Dearborn, Franklin, Ohio
Columbus, IN MSA	618	620	744	912	976	Bartholomew
Elkhart-Goshen, IN MSA	511	570	704	885	927	Elkhart
Evansville, IN-KY HMFA	415	484	602	743	807	Posey, Vanderburgh, Warrick
Fort Wayne, IN MSA	479	509	636	793	815	Allen, Wells, Whitley
Gary, IN HMFA	490	611	745	890	919	Lake, Newton, Porter
Gibson County, IN HMFA	465	466	557	712	980	Gibson
Greene County, IN HMFA	431	432	555	805	833	Greene
Indianapolis, IN HMFA	528	611	726	939	994	Boone, Brown, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Shelby
Jasper County, IN HMFA	541	543	674	879	906	Jasper
Kokomo, IN MSA	516	522	662	844	869	Howard, Tipton
Lafayette, IN HMFA	511	604	742	966	1105	Benton, Tippecanoe
Louisville, KY-IN HMFA	483	559	663	926	984	Clark, Floyd, Harrison
Michigan City-La Porte, IN MSA	443	511	649	862	887	LaPorte
Muncie, IN MSA	528	540	653	880	923	Delaware
Owen County, IN HMFA	474	476	570	722	1001	Owen
Putnam County, IN HMFA	526	528	635	759	855	Putnam
South Bend-Mishawaka, IN HMFA	510	568	683	876	902	St. Joseph
Sullivan County, IN HMFA	360	422	555	664	683	Sullivan
Terre Haute, IN HMFA	396	451	580	715	823	Clay, Vermillion, Vigo
Washington County, IN HMFA	422	472	555	683	909	Washington

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Adams	461	500	555	726	856	Blackford	472	475	569	724	782
Cass	402	433	569	725	748	Clinton	492	521	637	796	834
Crawford	396	451	555	686	727	Daviess	461	464	555	722	885
Decatur	532	535	642	832	858	DeKalb	455	487	618	850	873
Dubois	371	445	571	779	802	Fayette	378	468	581	769	791
Fountain	408	490	555	743	776	Fulton	472	490	569	803	828
Grant	483	484	585	738	861	Henry	502	504	604	777	869
Huntington	432	515	609	760	920	Jackson	517	518	630	810	982
Jay	360	442	555	752	776	Jefferson	411	440	580	694	859
Jennings	398	470	614	744	1024	Knox	386	440	555	687	857
Kosciusko	419	489	642	817	951	LaGrange	509	510	612	737	819
Lawrence	401	474	618	739	760	Marshall	437	504	626	825	851
Martin	396	436	555	684	799	Miami	360	423	555	808	871
Montgomery	408	480	611	832	876	Noble	543	544	654	782	804
Orange	359	421	555	698	762	Parke	462	464	555	699	880
Perry	361	422	555	720	744	Pike	360	426	555	718	741
Pulaski	477	478	575	763	788	Randolph	461	462	555	791	816
Ripley	527	529	637	767	878	Rush	499	500	601	720	789
Scott	417	467	591	764	884	Spencer	360	426	555	718	741

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 13

INDIANA continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Starke	479	505	578	764	803	Steuben	462	527	693	836	860
Switzerland	436	473	622	779	868	Union	391	478	603	751	775
Wabash	362	422	555	759	864	Warren	393	483	605	744	864
Wayne	395	464	582	790	814	White	419	578	642	767	1084

IOWA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Ames, IA MSA	538	568	702	1005	1188	Story
Benton County, IA HMFA	342	404	527	656	879	Benton
Bremer County, IA HMFA	347	427	532	637	861	Bremer
Cedar Rapids, IA HMFA	413	481	634	898	1021	Linn
Davenport-Moline-Rock Island, IA-IL MSA	458	511	643	820	855	Scott
Des Moines-West Des Moines, IA MSA	503	600	732	938	1045	Dallas, Guthrie, Madison, Polk, Warren
Dubuque, IA MSA	397	427	561	754	821	Dubuque
Iowa City, IA HMFA	471	561	708	1032	1207	Johnson
Jones County, IA HMFA	438	440	527	739	762	Jones
Omaha-Council Bluffs, NE-IA HMFA	501	569	710	948	975	Harrison, Mills, Pottawattamie
Sioux City, IA-NE-SD MSA	413	485	636	801	824	Woodbury
Washington County, IA HMFA	349	420	534	681	819	Washington
Waterloo-Cedar Falls, IA HMFA	398	489	585	718	879	Black Hawk, Grundy

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Adair	360	401	527	643	719	Adams	360	401	527	643	719
Allamakee	374	411	527	683	727	Appanoose	342	400	527	666	729
Audubon	394	404	527	693	725	Boone	394	475	605	787	848
Buchanan	437	438	527	680	698	Buena Vista	411	415	543	652	748
Butler	374	411	527	683	727	Calhoun	417	418	527	677	708
Carroll	358	417	550	656	677	Cass	394	480	604	741	797
Cedar	373	412	543	702	760	Cerro Gordo	398	442	582	723	743
Cherokee	394	404	527	693	725	Chickasaw	374	411	527	683	727
Clarke	360	411	540	646	720	Clay	342	399	527	640	802
Clayton	374	411	527	683	727	Clinton	342	401	527	672	767
Crawford	394	416	527	693	725	Davis	360	401	527	643	719
Decatur	360	401	527	643	719	Delaware	373	412	543	702	760
Des Moines	409	447	566	711	801	Dickinson	341	422	527	667	924
Emmet	370	399	527	645	757	Fayette	374	411	527	683	727
Floyd	370	399	527	659	679	Franklin	380	419	527	674	706
Fremont	394	480	604	741	797	Greene	394	404	527	693	725
Hamilton	409	411	527	664	694	Hancock	380	419	527	674	706
Hardin	451	453	542	648	689	Henry	444	446	534	764	787
Howard	374	411	527	683	727	Humboldt	417	418	527	677	708
Ida	394	404	527	693	725	Iowa	408	431	535	700	722
Jackson	373	412	543	702	760	Jasper	411	448	589	749	782

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 14

IOWA continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Jefferson	440	448	530	667	811
Kossuth	380	419	527	674	706
Louisa	404	452	559	723	765
Lyon	370	399	527	645	757
Marion	394	484	604	746	768
Mitchell	380	419	527	674	706
Monroe	360	401	527	643	719
Muscatine	402	496	617	760	819
Osceola	370	399	527	645	757
Palo Alto	370	399	527	645	757
Pocahontas	417	418	527	677	708
Ringgold	360	401	527	643	719
Shelby	394	480	604	741	797
Tama	408	431	535	700	722
Union	360	401	527	643	719
Wapello	376	437	577	688	717
Webster	401	409	531	734	758
Winneshiek	343	401	527	685	928
Wright	417	418	527	677	708

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Keokuk	360	401	527	643	719
Lee	384	447	527	668	687
Lucas	360	401	527	643	719
Mahaska	390	442	563	674	890
Marshall	402	466	582	748	859
Monona	394	404	527	693	725
Montgomery	394	480	604	741	797
O'Brien	370	399	527	645	757
Page	340	401	527	629	647
Plymouth	437	438	527	710	731
Poweshiek	367	429	564	721	743
Sac	394	404	527	693	725
Sioux	428	434	527	713	733
Taylor	360	401	527	643	719
Van Buren	360	401	527	643	719
Wayne	360	401	527	643	719
Winnebago	380	419	527	674	706
Worth	380	419	527	674	706

KANSAS

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Franklin County, KS HMFA	475	476	590	752	804	Franklin
*Kansas City, MO-KS HMFA	547	657	754	1020	1073	Johnson, Leavenworth, Linn, Miami, Wyandotte
Lawrence, KS MSA	517	531	683	997	1199	Douglas
St. Joseph, MO-KS MSA	361	446	555	699	829	Doniphan
Sumner County, KS HMFA	340	400	525	707	822	Sumner
Topeka, KS MSA	454	494	605	767	806	Jackson, Jefferson, Osage, Shawnee, Wabaunsee
Wichita, KS HMFA	423	473	622	796	894	Butler, Harvey, Sedgwick

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Allen	395	400	525	696	757
Atchison	413	459	563	820	989
Barton	341	411	525	698	904
Brown	413	459	563	820	989
Chautauqua	380	422	525	676	736
Cheyenne	393	399	525	672	691
Clay	408	447	550	706	869
Coffey	366	400	525	668	689
Cowley	351	429	525	665	685
Decatur	393	399	525	672	691
Edwards	341	402	525	684	806

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Anderson	380	422	525	676	736
Barber	341	402	525	684	806
Bourbon	381	405	525	759	855
Chase	366	400	525	668	689
Cherokee	438	454	525	735	902
Clark	454	459	558	679	745
Cloud	407	415	525	689	712
Comanche	341	402	525	684	806
Crawford	373	436	574	773	862
Dickinson	342	398	525	632	779
Elk	380	422	525	676	736

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 15

KANSAS continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Ellis	377	427	562	777	814	Ellsworth	407	415	525	689	712
Finney	462	463	597	725	918	Ford	481	482	580	714	763
Geary	373	442	543	719	804	Gove	393	399	525	672	691
Graham	393	399	525	672	691	Grant	454	459	558	679	745
Gray	454	459	558	679	745	Greeley	454	459	558	679	745
Greenwood	366	400	525	668	689	Hamilton	454	459	558	679	745
Harper	341	402	525	684	806	Haskell	454	459	558	679	745
Hodgeman	454	459	558	679	745	Jewell	407	415	525	689	712
Kearny	454	459	558	679	745	Kingman	341	402	525	684	806
Kiowa	341	402	525	684	806	Labette	341	408	525	711	732
Lane	454	459	558	679	745	Lincoln	407	415	525	689	712
Logan	393	399	525	672	691	Lyon	342	400	525	701	830
McPherson	437	438	525	687	707	Marion	366	400	525	668	689
Marshall	408	447	550	706	869	Meade	454	459	558	679	745
Mitchell	407	415	525	689	712	Montgomery	376	420	525	646	804
Morris	408	447	550	706	869	Morton	454	459	558	679	745
Nemaha	413	459	563	820	989	Neosho	340	409	525	625	918
Ness	454	459	558	679	745	Norton	393	399	525	672	691
Osborne	393	399	525	672	691	Ottawa	407	415	525	689	712
Pawnee	341	402	525	684	806	Phillips	393	399	525	672	691
Pottawatomie	355	492	546	695	801	Pratt	342	400	525	680	803
Rawlins	393	399	525	672	691	Reno	374	416	546	748	770
Republic	407	415	525	689	712	Rice	380	415	525	696	718
Riley	429	463	575	837	1009	Rooks	393	399	525	672	691
Rush	341	402	525	684	806	Russell	393	399	525	672	691
Saline	435	436	574	765	788	Scott	454	459	558	679	745
Seward	394	484	560	688	833	Sheridan	393	399	525	672	691
Sherman	386	399	525	659	679	Smith	393	399	525	672	691
Stafford	341	402	525	684	806	Stanton	454	459	558	679	745
Stevens	454	459	558	679	745	Thomas	391	398	525	667	687
Trego	393	399	525	672	691	Wallace	393	399	525	672	691
Washington	407	415	525	689	712	Wichita	454	459	558	679	745
Wilson	379	421	525	675	734	Woodson	380	422	525	676	736

KENTUCKY

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Bowling Green, KY MSA	447	533	649	865	1020	Edmonson, Warren
Cincinnati-Middleton, OH-KY-IN HMFA	473	560	726	972	1009	Boone, Bracken, Campbell, Gallatin, Kenton, Pendleton
Clarksville, TN-KY HMFA	518	539	626	905	931	Christian, Trigg
Elizabethtown, KY MSA	413	460	555	790	972	Hardin, Larue
Evansville, IN-KY HMFA	415	484	602	743	807	Henderson, Webster
Grant County, KY HMFA	443	534	680	837	938	Grant

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 16

KENTUCKY continued

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Huntington-Ashland, WV-KY-OH MSA	396	468	562	693	716	Boyd, Greenup
Lexington-Fayette, KY MSA	461	554	683	918	947	Bourbon, Clark, Fayette, Jessamine, Scott, Woodford
Louisville, KY-IN HMFA	483	559	663	926	984	Bullitt, Henry, Jefferson, Oldham, Spencer, Trimble
Meade County, KY HMFA	458	459	550	706	791	Meade
Nelson County, KY HMFA	392	473	572	833	901	Nelson
Owensboro, KY MSA	402	447	588	816	864	Daviess, Hancock, McLean
Shelby County, KY HMFA	549	551	665	875	901	Shelby

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Adair	371	412	490	597	666	Allen	320	417	490	654	847
Anderson	473	506	668	966	1152	Ballard	402	444	548	702	791
Barren	338	396	513	640	704	Bath	384	416	513	641	662
Bell	322	440	490	585	717	Boyle	412	456	599	718	741
Breathitt	407	427	490	609	637	Breckinridge	401	403	518	693	714
Butler	439	521	634	834	858	Caldwell	407	408	490	620	705
Calloway	488	489	588	724	1033	Carlisle	402	444	548	702	791
Carroll	482	483	600	793	862	Carter	321	427	495	590	667
Casey	371	412	490	597	666	Clay	318	440	490	585	602
Clinton	371	412	490	597	666	Crittenden	407	408	490	640	727
Cumberland	371	412	490	597	666	Elliott	429	430	518	658	778
Estill	407	408	490	626	825	Fleming	384	416	513	641	662
Floyd	371	416	490	643	741	Franklin	485	515	677	918	944
Fulton	402	444	548	702	791	Garrard	414	463	556	664	974
Graves	393	395	490	585	713	Grayson	408	409	490	639	750
Green	369	409	490	592	661	Harlan	406	437	490	603	762
Harrison	422	425	555	728	751	Hart	365	398	490	625	728
Hickman	402	444	548	702	791	Hopkins	406	407	490	614	859
Jackson	406	427	490	592	610	Johnson	319	417	490	668	687
Knott	407	427	490	613	637	Knox	321	388	490	691	714
Laurel	407	441	490	602	823	Lawrence	318	371	490	654	674
Lee	407	427	490	613	637	Leslie	407	427	490	613	637
Letcher	407	427	490	609	637	Lewis	384	416	513	641	662
Lincoln	354	484	537	643	850	Livingston	406	407	490	630	716
Logan	435	472	525	719	796	Lyon	478	486	577	748	775
McCracken	367	462	568	762	785	McCreary	407	440	490	632	648
Madison	421	447	572	807	946	Magoffin	407	411	490	603	630
Marion	401	403	518	693	714	Marshall	439	441	531	692	900
Martin	407	411	490	603	630	Mason	331	423	511	746	856
Menifee	384	416	513	641	662	Mercer	447	476	540	711	837
Metcalfe	365	398	490	625	728	Monroe	365	398	490	625	728
Montgomery	395	460	607	724	747	Morgan	384	416	513	641	662
Muhlenberg	404	405	490	622	639	Nicholas	503	503	659	807	890
Ohio	405	430	490	650	713	Owen	537	612	699	941	1225

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 17

KENTUCKY continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Owsley	407	427	490	613	637
Pike	416	417	502	602	620
Pulaski	348	385	490	605	640
Rockcastle	406	427	490	592	610
Russell	371	412	490	597	666
Taylor	322	441	490	632	830
Union	433	435	524	638	671
Wayne	320	392	490	635	654
Wolfe	407	427	490	613	637
Perry	407	428	490	586	718
Powell	373	470	575	688	709
Robertson	384	416	513	641	662
Rowan	433	480	534	670	692
Simpson	439	516	678	843	869
Todd	478	486	577	748	775
Washington	401	403	518	693	714
Whitley	375	395	520	621	640

LOUISIANA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Alexandria, LA MSA	421	456	543	706	727	Grant, Rapides
Baton Rouge, LA HMFA	603	656	758	966	1063	Ascension, East Baton Rouge, East Feliciana, Livingston, Pointe Coupee, St. Helena, West Baton Rouge, West Feliciana
Houma-Bayou Cane-Thibodaux, LA MSA	467	471	584	767	874	Lafourche, Terrebonne
Iberville Parish, LA HMFA	406	407	490	663	684	Iberville
Lafayette, LA MSA	486	557	618	793	1005	Lafayette, St. Martin
Lake Charles, LA MSA	455	513	624	770	1084	Calcasieu, Cameron
Monroe, LA MSA	413	468	581	771	795	Ouachita, Union
New Orleans-Metairie-Kenner, LA MSA	764	846	990	1271	1314	Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Tammany
Shreveport-Bossier City, LA MSA	472	543	634	805	830	Bossier, Caddo, De Soto

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Acadia	390	390	474	599	687
Assumption	444	446	535	653	671
Beauregard	403	414	487	709	853
Caldwell	374	400	474	600	669
Claiborne	436	444	525	627	687
East Carroll	374	400	474	600	669
Franklin	374	400	474	600	669
Jackson	374	400	474	600	669
La Salle	359	387	474	601	726
Madison	374	400	474	600	669
Natchitoches	455	456	547	655	846
Richland	374	400	474	600	669
St. James	454	530	649	796	821
St. Mary	431	438	527	689	711
Tensas	374	400	474	600	669
Vernon	388	428	474	688	821
Webster	381	382	483	651	672
Winn	394	427	474	598	637
Allen	393	394	474	689	765
Avoyelles	307	418	474	645	771
Bienville	436	444	525	627	687
Catahoula	359	387	474	601	726
Concordia	359	387	474	614	726
Evangeline	392	394	474	607	624
Iberia	450	461	544	672	783
Jefferson Davis	393	395	474	600	616
Lincoln	467	482	561	730	754
Morehouse	403	404	503	603	653
Red River	436	444	525	627	687
Sabine	436	444	525	627	687
St. Landry	310	371	474	640	681
Tangipahoa	410	477	600	719	853
Vermilion	394	395	474	650	672
Washington	393	397	474	631	650
West Carroll	374	400	474	600	669

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 18

MAINE

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Components of FMR AREA within STATE
Bangor, ME HMFA	506	590	753	957	1081	Penobscot County towns of Bangor city, Brewer city, Eddington town, Glenburn town, Hampden town, Hermon town, Holden town, Kenduskeag town, Milford town, Old Town city, Orono town, Orrington town, Penobscot Indian Island Reservation, Veazie town
Cumberland County, ME (part) HMFA	553	660	850	1015	1301	Cumberland County towns of Baldwin town, Bridgton town, Brunswick town, Harpswell town, Harrison town, Naples town, New Gloucester town, Pownal town, Sebago town
Lewiston-Auburn, ME MSA	417	523	639	810	897	Androscoggin County towns of Auburn city, Durham town, Greene town, Leeds town, Lewiston city, Lisbon town, Livermore town, Livermore Falls town, Mechanic Falls town, Minot town, Poland town, Sabattus town, Turner town, Wales town
Penobscot County, ME (part) HMFA	517	518	623	779	955	Penobscot County towns of Alton town, Argyle UT, Bradford town, Bradley town, Burlington town, Carmel town, Carroll plantation, Charleston town, Chester town, Clifton town, Corinna town, Corinth town, Dexter town, Dixmont town, Drew plantation, East Central Penobscot UT, East Millinocket town, Edinburg town, Enfield town, Etna town, Exeter town, Garland town, Greenbush town, Howland town, Hudson town, Kingman UT, Lagrange town, Lakeville town, Lee town, Levant town, Lincoln town, Lowell town, Mattawamkeag town, Maxfield town, Medway town, Millinocket town, Mount Chase town, Newburgh town, Newport town, North Penobscot UT, Passadumkeag town, Patten town, Plymouth town, Prentiss UT, Seboeis plantation, Springfield town, Stacyville town, Stetson town, Twombly UT, Webster plantation, Whitney UT, Winn town, Woodville town
Portland, ME HMFA	673	800	1036	1305	1399	Cumberland County towns of Cape Elizabeth town, Casco town, Cumberland town, Falmouth town, Freeport town, Frye Island town, Gorham town, Gray town, Long Island town, North Yarmouth town, Portland city, Raymond town, Scarborough town, South Portland city, Standish town, Westbrook city, Windham town, Yarmouth town York County towns of Buxton town, Hollis town, Limington town, Old Orchard Beach town
Sagadahoc County, ME HMFA	666	667	800	966	1386	Sagadahoc County towns of Arrowsic town, Bath city, Bowdoin town, Bowdoinham town, Georgetown town, Perkins UT, Phippsburg town, Richmond town, Topsham town, West Bath town, Woolwich town
York County, ME (part) HMFA	609	633	805	963	1051	York County towns of Acton town, Alfred town, Arundel town, Biddeford city, Cornish town, Dayton town, Kennebunk town, Kennebunkport town, Lebanon town, Limerick town, Lyman town, Newfield town, North Berwick town, Ogunquit town, Parsonsfield town, Saco city, Sanford town, Shapleigh town, Waterboro town, Wells town
York-Kittery-South Berwick, ME HMFA	783	787	944	1374	1498	York County towns of Berwick town, Eliot town, Kittery town, South Berwick town, York town

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 19

MAINE continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	Towns within nonmetropolitan counties
Aroostook County, ME	394	485	582	760	837	Allagash town, Amity town, Ashland town, Bancroft town, Blaine town, Bridgewater town, Caribou city, Cary plantation, Castle Hill town, Caswell town, Central Aroostook UT, Chapman town, Connor UT, Crystal town, Cyr plantation, Dyer Brook town, Eagle Lake town, Easton town, Fort Fairfield town, Fort Kent town, Frenchville town, Garfield plantation, Glenwood plantation, Grand Isle town, Hamlin town, Hammond town, Haynesville town, Hersey town, Hodgdon town, Houlton town, Island Falls town, Limestone town, Linneus town, Littleton town, Ludlow town, Macwahoc plantation, Madawaska town, Mapleton town, Mars Hill town, Masardis town, Merrill town, Monticello town, Moro plantation, Nashville plantation, New Canada town, New Limerick town, New Sweden town, Northwest Aroostook UT, Oakfield town, Orient town, Oxbow plantation, Penobscot Indian Island Reservation, Perham town, Portage Lake town, Presque Isle city, Reed plantation, St. Agatha town, St. Francis town, St. John plantation, Sherman town, Smyrna town, South Aroostook UT, Square Lake UT, Stockholm town, Van Buren town, Wade town, Wallagrass town, Washburn town, Westfield town, Westmanland town, Weston town, Winterville plantation, Woodland town
Franklin County, ME	489	527	642	767	995	Avon town, Carrabassett Valley town, Carthage town, Chesterville town, Coplin plantation, Dallas plantation, East Central Franklin UT, Eustis town, Farmington town, Industry town, Jay town, Kingfield town, Madrid town, New Sharon town, New Vineyard town, North Franklin UT, Phillips town, Rangeley town, Rangeley plantation, Sandy River plantation, South Franklin UT, Strong town, Temple town, Weld town, West Central Franklin UT, Wilton town, Wyman UT
Hancock County, ME	534	615	716	1008	1037	Amherst town, Aurora town, Bar Harbor town, Blue Hill town, Brooklin town, Brooksville town, Bucksport town, Castine town, Central Hancock UT, Cranberry Isles town, Dedham town, Deer Isle town, Eastbrook town, East Hancock UT, Ellsworth city, Franklin town, Frenchboro town, Gouldsboro town, Great Pond town, Hancock town, Lamoine town, Mariaville town, Mount Desert town, Northwest Hancock UT, Orland town, Osborn town, Otis town, Penobscot town, Sedgwick town, Sorrento town, Southwest Harbor town, Stonington town, Sullivan town, Surry town, Swans Island town, Tremont town, Trenton town, Verona town, Waltham town, Winter Harbor town
Kennebec County, ME	423	507	631	861	920	Albion town, Augusta city, Belgrade town, Benton town, Chelsea town, China town, Clinton town, Farmingdale town, Fayette town, Gardiner city, Hallowell city, Litchfield town, Manchester town, Monmouth town, Mount Vernon town, Oakland town, Pittston town, Randolph town, Readfield town,

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 20

MAINE continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	Towns within nonmetropolitan counties
						Rome town, Sidney town, Unity UT, Vassalboro town, Vienna town, Waterville city, Wayne town, West Gardiner town, Windsor town, Winslow town, Winthrop town
Knox County, ME	483	639	729	987	1139	Appleton town, Camden town, Criehaven UT, Cushing town, Friendship town, Hope town, Isle au Haut town, Matinicus Isle plantation, North Haven town, Owls Head town, Rockland city, Rockport town, St. George town, South Thomaston town, Thomaston town, Union town, Vinalhaven town, Warren town, Washington town
Lincoln County, ME	584	628	757	914	942	Alna town, Boothbay town, Boothbay Harbor town, Bremen town, Bristol town, Damariscotta town, Dresden town, Edgecomb town, Hibberts gore, Jefferson town, Monhegan plantation, Newcastle town, Nobleboro town, Somerville town, South Bristol town, Southport town, Waldoboro town, Westport town, Whitefield town, Wiscasset town
Oxford County, ME	407	542	624	831	1042	Andover town, Bethel town, Brownfield town, Buckfield town, Byron town, Canton town, Denmark town, Dixfield town, Fryeburg town, Gilead town, Greenwood town, Hanover town, Hartford town, Hebron town, Hiram town, Lincoln plantation, Lovell town, Magalloway plantation, Mexico town, Milton UT, Newry town, North Oxford UT, Norway town, Otisfield town, Oxford town, Paris town, Peru town, Porter town, Roxbury town, Rumford town, South Oxford UT, Stoneham town, Stow town, Sumner town, Sweden town, Upton town, Waterford town, West Paris town, Woodstock town
Piscataquis County, ME	507	578	715	907	971	Abbot town, Atkinson town, Beaver Cove town, Blanchard UT, Bowerbank town, Brownville town, Dover-Foxcroft town, Greenville town, Guilford town, Kingsbury plantation, Lake View plantation, Medford town, Milo town, Monson town, Northeast Piscataquis UT, Northwest Piscataquis UT, Parkman town, Sangerville town, Sebec town, Shirley town, Southeast Piscataquis UT, Wellington town, Willimantic town
Somerset County, ME	406	504	597	843	894	Anson town, Athens town, Bingham town, Brighton plantation, Cambridge town, Canaan town, Caratunk town, Central Somerset UT, Cornville town, Dennistown plantation, Detroit town, Embden town, Fairfield town, Harmony town, Hartland town, Highland plantation, Jackman town, Madison town, Mercer town, Moose River town, Moscow town, New Portland town, Norridgewock town, Northeast Somerset UT, Northwest Somerset UT, Palmyra town, Pittsfield town, Pleasant Ridge plantation, Ripley town, St. Albans town, Seboomook Lake UT, Skowhegan town, Smithfield town, Solon town, Starks town, The Forks plantation, West Forks plantation
Waldo County, ME	569	610	736	902	960	Belfast city, Belmont town, Brooks town, Burnham town, Frankfort town, Freedom town, Islesboro town, Jackson town, Knox town, Liberty town, Lincolnville town, Monroe town, Montville town, Morrill town, Northport town, Palermo town, Prospect town, Searsmont town, Searsport town,

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 21

MAINE continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	Towns within nonmetropolitan counties
Washington County, ME	489	528	630	781	851	Stockton Springs town, Swanville town, Thorndike town, Troy town, Unity town, Waldo town, Winterport town Addison town, Alexander town, Baileyville town, Baring plantation, Beals town, Beddington town, Calais city, Centerville town, Charlotte town, Cherryfield town, Codyville plantation, Columbia town, Columbia Falls town, Cooper town, Crawford town, Cutler town, Danforth town, Deblois town, Dennysville town, East Central Washington UT, East Machias town, Eastport city, Grand Lake Stream plantation, Harrington town, Jonesboro town, Jonesport town, Lubec town, Machias town, Machiasport town, Marshfield town, Meddybemps town, Milbridge town, Northfield town, North Washington UT, Passamaquoddy Indian Township Reservation, Passamaquoddy Pleasant Point Reservation, Pembroke town, Perry town, Princeton town, Robbinston town, Roque Bluffs town, Steuben town, Talmadge town, Topsfield town, Vanceboro town, Waite town, Wesley town, Whiting town, Whitneyville town

MARYLAND

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
*Baltimore-Towson, MD HMFA	747	844	1013	1301	1607	Anne Arundel, Baltimore, Carroll, Harford, Howard, Queen Anne's, Baltimore city
Columbia city, MD HMFA	1165	1211	1405	1909	2224	Columbia city
Cumberland, MD-WV MSA	391	473	555	749	874	Allegany
Hagerstown, MD HMFA	486	558	713	1029	1062	Washington
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA	682	781	932	1116	1327	Cecil
Salisbury, MD HMFA	527	655	770	954	1094	Wicomico
Somerset County, MD HMFA	520	554	652	807	1060	Somerset
*Washington-Arlington-Alexandria, DC-VA-MD HMFA	1025	1168	1324	1708	2235	Calvert, Charles, Frederick, Montgomery, Prince George's

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Caroline	590	610	714	965	992
Garrett	371	460	571	737	976
St. Mary's	747	775	1009	1326	1746
Worcester	635	660	765	1117	1189
Dorchester	444	534	680	917	944
Kent	664	665	800	982	1318
Talbot	692	694	835	1130	1193

MASSACHUSETTS

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Components of FMR AREA within STATE
Barnstable Town, MA MSA	743	870	1145	1366	1409	Barnstable County towns of Barnstable Town city, Bourne town, Brewster town, Chatham town, Dennis town, Eastham town, Falmouth town, Harwich town, Mashpee town, Orleans town, Provincetown town, Sandwich town, Truro town, Wellfleet town,

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 22

MASSACHUSETTS continued

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Components of FMR AREA within STATE
						Yarmouth town
Berkshire County, MA (part) HMFA.....	590	662	764	1046	1076	Berkshire County towns of Alford town, Becket town, Clarksburg town, Egremont town, Florida town, Great Barrington town, Hancock town, Monterey town, Mount Washington town, New Ashford town, New Marlborough town, North Adams city, Otis town, Peru town, Sandisfield town, Savoy town, Sheffield town, Tyringham town, Washington town, West Stockbridge town, Williamstown town, Windsor town
Boston-Cambridge-Quincy, MA-NH HMFA.....	1086	1153	1353	1618	1778	Essex County towns of Amesbury town, Beverly city, Danvers town, Essex town, Gloucester city, Hamilton town, Ipswich town, Lynn city, Lynnfield town, Manchester-by-the-Sea town, Marblehead town, Middleton town, Nahant town, Newbury town, Newburyport city, Peabody city, Rockport town, Rowley town, Salem city, Salisbury town, Saugus town, Swampscott town, Topsfield town, Wenham town Middlesex County towns of Acton town, Arlington town, Ashby town, Ashland town, Ayer town, Bedford town, Belmont town, Boxborough town, Burlington town, Cambridge city, Carlisle town, Concord town, Everett city, Framingham town, Holliston town, Hopkinton town, Hudson town, Lexington town, Lincoln town, Littleton town, Malden city, Marlborough city, Maynard town, Medford city, Melrose city, Natick town, Newton city, North Reading town, Reading town, Sherborn town, Shirley town, Somerville city, Stoneham town, Stow town, Sudbury town, Townsend town, Wakefield town, Waltham city, Watertown city, Wayland town, Weston town, Wilmington town, Winchester town, Woburn city Norfolk County towns of Bellingham town, Braintree town, Brookline town, Canton town, Cohasset town, Dedham town, Dover town, Foxborough town, Franklin city, Holbrook town, Medfield town, Medway town, Millis town, Milton town, Needham town, Norfolk town, Norwood town, Plainville town, Quincy city, Randolph town, Sharon town, Stoughton town, Walpole town, Wellesley town, Westwood town, Weymouth town, Wrentham town Plymouth County towns of Carver town, Duxbury town, Hanover town, Hingham town, Hull town, Kingston town, Marshfield town, Norwell town, Pembroke town, Plymouth town, Rockland town, Scituate town, Wareham town Suffolk County towns of Boston city, Chelsea city, Revere city, Winthrop town
Brockton, MA HMFA.....	926	963	1213	1451	1818	Norfolk County towns of Avon town Plymouth County towns of Abington town, Bridgewater town, Brockton city, East Bridgewater town, Halifax town, Hanson town, Lakeville town, Marion town, Mattapoisett town, Middleborough town, Plympton town, Rochester town, West Bridgewater town, Whitman town
Eastern Worcester County, MA HMFA.....	747	835	1099	1313	1929	Worcester County towns of Berlin town, Blackstone town, Bolton town, Harvard town, Hopedale town, Lancaster town,

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 23

MASSACHUSETTS continued

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Components of FMR AREA within STATE
						Mendon town, Milford town, Millville town, Southborough town, Upton town
Easton-Raynham, MA HMFA	811	1074	1249	1494	2160	Bristol County towns of Easton town, Raynham town
Fitchburg-Leominster, MA HMFA	634	728	913	1118	1214	Worcester County towns of Ashburnham town, Fitchburg city, Gardner city, Leominster city, Lunenburg town, Templeton town, Westminster town, Winchendon town
Franklin County, MA (part) HMFA	567	662	820	1094	1321	Franklin County towns of Ashfield town, Bernardston town, Buckland town, Charlemont town, Colrain town, Conway town, Deerfield town, Erving town, Gill town, Greenfield town, Hawley town, Heath town, Leverett town, Leyden town, Monroe town, Montague town, New Salem town, Northfield town, Orange town, Rowe town, Shelburne town, Shutesbury town, Warwick town, Wendell town, Whately town
Lawrence, MA-NH HMFA	733	932	1127	1346	1387	Essex County towns of Andover town, Boxford town, Georgetown town, Groveland town, Haverhill city, Lawrence city, Merrimac town, Methuen city, North Andover town, West Newbury town
Lowell, MA HMFA	801	958	1232	1471	1614	Middlesex County towns of Billerica town, Chelmsford town, Dracut town, Dunstable town, Groton town, Lowell city, Pepperell town, Tewksbury town, Tyngsborough town, Westford town
New Bedford, MA HMFA	559	716	819	981	1324	Bristol County towns of Acushnet town, Dartmouth town, Fairhaven town, Freetown town, New Bedford city
Pittsfield, MA HMFA	556	650	806	1036	1067	Berkshire County towns of Adams town, Cheshire town, Dalton town, Hinsdale town, Lanesborough town, Lee town, Lenox town, Pittsfield city, Richmond town, Stockbridge town
*Providence-Fall River, RI-MA HMFA	800	874	1020	1221	1556	Bristol County towns of Attleboro city, Fall River city, North Attleborough town, Rehoboth town, Seekonk town, Somerset town, Swansea town, Westport town
Springfield, MA HMFA	559	664	844	1010	1172	Franklin County towns of Sunderland town Hampden County towns of Agawam city, Blandford town, Brimfield town, Chester town, Chicopee city, East Longmeadow town, Granville town, Hampden town, Holland town, Holyoke city, Longmeadow town, Ludlow town, Monson town, Montgomery town, Palmer town, Russell town, Southwick town, Springfield city, Tolland town, Wales town, Westfield city, West Springfield town, Wilbraham town Hampshire County towns of Amherst town, Belchertown town, Chesterfield town, Cummington town, Easthampton city, Goshen town, Granby town, Hadley town, Hatfield town, Huntington town, Middlefield town, Northampton city, Pelham town, Plainfield town, Southampton town, South Hadley town, Ware town, Westhampton town, Williamsburg town, Worthington town
Taunton-Mansfield-Norton, MA HMFA	699	882	1077	1321	1426	Bristol County towns of Berkley town, Dighton town, Mansfield town, Norton town, Taunton city
Western Worcester County, MA HMFA	509	700	785	937	1203	Worcester County towns of Athol town, Hardwick town, Hubbardston town, New Braintree town, Petersham town, Phillipston town, Royalston town, Warren town
Worcester, MA HMFA	689	792	965	1154	1224	Worcester County towns of Auburn town, Barre town,

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 24

MASSACHUSETTS continued

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Components of FMR AREA within STATE
						Boylston town, Brookfield town, Charlton town, Clinton town, Douglas town, Dudley town, East Brookfield town, Grafton town, Holden town, Leicester town, Millbury town, Northborough town, Northbridge town, North Brookfield town, Oakham town, Oxford town, Paxton town, Princeton town, Rutland town, Shrewsbury town, Southbridge town, Spencer town, Sterling town, Sturbridge town, Sutton town, Uxbridge town, Webster town, Westborough town, West Boylston town, West Brookfield town, Worcester city

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	Towns within nonmetropolitan counties
Dukes County, MA	892	1132	1348	1611	1661	Aquinnah town, Chilmark town, Edgartown town, Gosnold town, Oak Bluffs town, Tisbury town, West Tisbury town
Nantucket County, MA	1044	1445	1604	1918	1976	Nantucket town

MICHIGAN

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Ann Arbor, MI MSA	690	774	942	1185	1220	Washtenaw
Barry County, MI HMFA	411	519	634	914	1006	Barry
Battle Creek, MI MSA	471	541	662	806	830	Calhoun
Bay City, MI MSA	435	486	591	789	812	Bay
Cass County, MI HMFA	457	523	578	766	890	Cass
Detroit-Warren-Livonia, MI HMFA	591	673	805	963	993	Lapeer, Macomb, Oakland, St. Clair, Wayne
Flint, MI MSA	495	522	627	777	801	Genesee
*Grand Rapids-Wyoming, MI HMFA	545	583	702	896	939	Kent
Holland-Grand Haven, MI MSA	592	601	722	999	1079	Ottawa
Ionia County, MI HMFA	438	508	619	741	825	Ionia
Jackson, MI MSA	492	549	655	814	838	Jackson
Kalamazoo-Portage, MI MSA	507	541	657	873	911	Kalamazoo, Van Buren
Lansing-East Lansing, MI MSA	550	597	739	936	1015	Clinton, Eaton, Ingham
Livingston County, MI HMFA	721	760	894	1289	1569	Livingston
Monroe, MI MSA	645	647	779	1017	1120	Monroe
Muskegon-Norton Shores, MI MSA	438	457	594	785	808	Muskegon
Newaygo County, MI HMFA	482	510	582	787	810	Newaygo
Niles-Benton Harbor, MI MSA	463	518	632	773	992	Berrien
Saginaw-Saginaw Township North, MI MSA	455	520	657	787	809	Saginaw

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Alcona	395	458	560	754	799	Alger	367	465	555	684	770
Allegan	471	567	680	852	914	Alpena	438	498	555	766	847
Antrim	489	490	591	821	1037	Arenac	441	465	555	743	822
Baraga	367	465	555	684	770	Benzie	605	606	734	917	943
Branch	468	500	658	789	811	Charlevoix	513	555	615	884	913
Cheboygan	395	458	566	760	799	Chippewa	374	465	574	696	779

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 25

MICHIGAN continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Clare	407	422	555	748	770
Delta	385	458	555	730	774
Emmet	430	529	659	888	940
Gogebic	383	458	555	679	807
Gratiot	463	464	555	740	826
Houghton	395	462	555	722	827
Iosco	453	480	555	807	837
Isabella	461	498	555	799	872
Keweenaw	383	458	555	679	807
Leelanau	605	606	734	917	943
Luce	383	468	555	728	794
Manistee	450	466	611	731	820
Mason	361	424	555	726	798
Menominee	461	462	555	732	976
Missaukee	434	522	615	808	888
Montmorency	395	459	574	756	800
Ogemaw	427	448	555	717	793
Osceola	461	462	555	760	957
Otsego	462	539	709	850	893
Roscommon	461	463	555	721	887
Sanilac	464	500	557	784	806
Shiawassee	403	495	617	850	947
Wexford	395	522	608	804	886

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Crawford	395	460	573	756	800
Dickinson	361	438	555	669	912
Gladwin	441	465	555	743	822
Grand Traverse	618	619	776	1016	1048
Hillsdale	396	487	580	815	891
Huron	461	464	555	736	894
Iron	383	458	555	679	807
Kalkaska	485	527	585	710	732
Lake	428	468	559	732	880
Lenawee	452	567	696	888	969
Mackinac	374	465	575	693	756
Marquette	360	467	555	698	759
Mecosta	412	491	594	789	1041
Midland	459	522	644	887	948
Montcalm	436	505	578	780	805
Oceana	408	472	563	681	726
Ontonagon	383	458	555	679	807
Oscoda	395	458	560	754	799
Presque Isle	395	458	560	754	799
St. Joseph	466	520	613	756	848
Schoolcraft	383	468	555	728	794
Tuscola	406	464	589	707	845

MINNESOTA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Duluth, MN-WI MSA	394	480	605	760	968	Carlton, St. Louis
Fargo, ND-MN MSA	394	468	595	859	992	Clay
Grand Forks, ND-MN MSA	382	480	589	746	1014	Polk
La Crosse, WI-MN MSA	398	466	613	813	999	Houston
Minneapolis-St. Paul-Bloomington, MN-WI MSA	593	699	848	1110	1247	Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright
Rochester, MN HMFA	586	626	822	1066	1113	Dodge, Olmsted
St. Cloud, MN MSA	482	531	636	899	1044	Benton, Stearns
Wabasha County, MN HMFA	401	446	572	716	1004	Wabasha

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Aitkin	405	476	625	780	844
Beltrami	392	463	589	810	1034
Blue Earth	462	578	668	961	1175
Cass	362	463	558	704	724
Clearwater	391	442	560	707	982

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Becker	360	426	555	695	722
Big Stone	360	438	555	709	734
Brown	418	476	571	683	703
Chippewa	425	462	555	664	685
Cook	365	463	562	704	725

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 26

MINNESOTA continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Cottonwood	406	444	555	708	740
Douglas	399	475	597	865	946
Fillmore	389	468	584	762	956
Goodhue	452	530	696	886	958
Hubbard	391	442	560	707	982
Jackson	406	444	555	708	740
Kandiyohi	454	466	578	779	803
Koochiching	362	463	558	704	724
Lake	365	463	562	704	725
Le Sueur	502	518	623	867	895
Lyon	432	485	596	743	765
Mahnomen	391	442	560	707	982
Martin	460	461	555	806	830
Mille Lacs	450	463	610	756	839
Mower	371	435	555	689	710
Nicollet	523	537	631	827	854
Norman	365	437	555	707	828
Pennington	362	427	555	701	765
Pipestone	406	444	555	708	740
Red Lake	365	437	555	707	828
Renville	454	473	583	762	784
Rock	406	444	555	708	740
Sibley	454	473	583	762	784
Stevens	364	457	560	675	911
Todd	408	458	566	683	908
Wadena	408	458	566	683	908
Watonwan	406	444	555	708	740
Winona	412	487	635	878	1114

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Crow Wing	417	488	644	826	966
Faribault	406	444	555	708	740
Freeborn	360	422	555	662	872
Grant	360	438	555	709	734
Itasca	382	472	588	712	835
Kanabec	406	476	625	780	843
Kittson	365	437	555	707	828
Lac qui Parle	425	462	555	664	685
Lake of the Woods	391	442	560	707	982
Lincoln	425	462	555	664	685
McLeod	525	526	652	934	964
Marshall	365	437	555	707	828
Meeker	454	503	583	762	784
Morrison	378	449	581	695	1020
Murray	406	444	555	708	740
Nobles	365	457	555	736	759
Otter Tail	362	430	555	677	697
Pine	453	491	634	828	855
Pope	360	438	555	709	734
Redwood	425	462	555	664	685
Rice	550	574	755	902	1049
Roseau	365	433	562	701	820
Steele	439	533	673	847	1104
Swift	360	438	555	709	734
Traverse	360	438	555	709	734
Waseca	405	476	625	748	781
Wilkin	360	438	555	709	734
Yellow Medicine	425	462	555	664	685

MISSISSIPPI

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Gulfport-Biloxi, MS MSA	546	579	676	881	905	Hancock, Harrison, Stone
Hattiesburg, MS MSA	428	488	581	846	873	Forrest, Lamar, Perry
Jackson, MS HMFA	570	644	747	899	926	Copiah, Hinds, Madison, Rankin
Marshall County, MS HMFA	327	408	504	736	759	Marshall
Memphis, TN-MS-AR HMFA	615	669	743	990	1021	DeSoto
Pascagoula, MS MSA	469	536	644	887	951	George, Jackson
Simpson County, MS HMFA	435	459	525	629	908	Simpson
Tate County, MS HMFA	414	480	534	748	938	Tate
Tunica County, MS HMFA	454	546	699	839	1030	Tunica

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 27

MISSISSIPPI continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Adams	344	476	528	633	907	Alcorn	414	446	498	692	875
Amite	398	447	498	602	684	Attala	408	421	498	667	836
Benton	455	509	564	677	695	Bolivar	406	459	528	633	928
Calhoun	408	421	498	667	836	Carroll	336	377	498	661	692
Chickasaw	377	463	542	649	682	Choctaw	408	421	498	667	836
Claiborne	414	415	498	624	732	Clarke	415	461	530	694	718
Clay	413	414	498	726	748	Coahoma	424	439	579	692	1017
Covington	414	415	498	624	732	Franklin	398	447	498	602	684
Greene	377	404	498	650	685	Grenada	388	426	498	701	835
Holmes	421	487	542	648	679	Humphreys	336	377	498	661	692
Issaquena	421	487	542	648	679	Itawamba	323	440	498	658	777
Jasper	391	423	498	599	637	Jefferson	414	415	498	624	732
Jefferson Davis	414	415	498	624	732	Jones	337	391	498	656	677
Kemper	415	461	530	694	718	Lafayette	447	528	651	780	803
Lauderdale	420	471	552	758	782	Lawrence	414	415	498	624	732
Leake	391	423	498	599	637	Lee	453	473	545	744	839
Leflore	323	379	498	661	778	Lincoln	363	448	498	683	874
Lowndes	437	448	525	763	786	Marion	392	444	498	654	744
Monroe	413	440	498	623	666	Montgomery	408	421	498	667	836
Neshoba	322	435	498	593	871	Newton	415	461	530	694	718
Noxubee	419	435	506	693	739	Oktibbeha	396	481	586	764	786
Panola	323	447	498	597	688	Pearl River	439	440	527	643	907
Pike	413	448	498	655	676	Pontotoc	413	414	498	677	697
Prentiss	324	377	498	597	615	Quitman	408	436	514	616	772
Scott	414	440	498	596	642	Sharkey	421	487	542	648	679
Smith	391	423	498	599	637	Sunflower	362	445	498	710	732
Tallahatchie	336	377	498	661	692	Tippah	413	449	498	648	807
Tishomingo	323	421	498	625	646	Union	338	470	521	624	755
Walthall	398	447	498	602	684	Warren	507	556	621	742	764
Washington	344	448	528	685	838	Wayne	377	404	498	650	685
Webster	408	421	498	667	836	Wilkinson	398	447	498	602	684
Winston	377	463	542	649	682	Yalobusha	408	421	498	667	836
Yazoo	412	437	498	595	615						

MISSOURI

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Bates County, MO HMFA	337	397	518	727	751	Bates
Calloway County, MO HMFA	426	430	544	743	765	Callaway
Columbia, MO MSA	413	494	614	894	997	Boone, Howard
Dallas County, MO HMFA	326	423	501	684	706	Dallas
Jefferson City, MO HMFA	384	423	549	778	865	Cole, Osage
Joplin, MO MSA	360	433	551	701	722	Jasper, Newton

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 28

MISSOURI continued

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
*Kansas City, MO-KS HMFA	547	657	754	1020	1073	Caldwell, Cass, Clay, Clinton, Jackson, Lafayette, Platte, Ray
McDonald County, MO HMFA	400	401	503	716	739	McDonald
Moniteau County, MO HMFA	329	384	507	613	817	Moniteau
Polk County, MO HMFA	326	381	501	730	837	Polk
Springfield, MO HMFA	377	445	569	811	926	Christian, Greene, Webster
St. Joseph, MO-KS MSA	361	446	555	699	829	Andrew, Buchanan, DeKalb
St. Louis, MO-IL HMFA	528	572	711	916	958	Sullivan city part of Crawford, Franklin, Jefferson, Lincoln, St. Charles, St. Louis, Warren, St. Louis city
Washington County, MO HMFA	383	446	501	659	735	Washington

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Adair	361	419	553	726	802	Atchison	402	403	501	624	772
Audrain	415	416	501	632	803	Barry	327	412	501	653	675
Barton	326	411	501	607	666	Benton	326	388	501	695	720
Bollinger	366	412	541	691	800	Butler	414	415	501	694	742
Camden	457	464	570	830	854	Cape Girardeau	371	432	570	737	928
Carroll	436	437	552	692	773	Carter	415	416	501	696	748
Cedar	326	388	501	695	720	Chariton	436	437	552	692	773
Clark	369	380	501	620	730	Cooper	399	420	546	728	848
Crawford	326	413	501	667	879	Dade	383	403	530	678	732
Daviess	402	403	501	624	772	Dent	375	408	501	661	840
Douglas	370	415	501	663	768	Dunklin	388	422	501	640	715
Gasconade	356	387	501	627	798	Gentry	402	403	501	624	772
Grundy	402	403	501	624	772	Harrison	402	403	501	624	772
Henry	361	419	553	664	684	Hickory	326	388	501	695	720
Holt	402	403	501	624	772	Howell	345	396	501	621	879
Iron	366	412	541	691	800	Johnson	439	468	567	758	853
Knox	369	380	501	620	730	Laclede	411	412	501	655	859
Lawrence	415	416	501	682	787	Lewis	369	380	501	620	730
Linn	369	380	501	620	730	Livingston	394	395	501	669	876
Macon	405	406	501	600	645	Madison	366	412	541	691	800
Maries	375	408	501	661	840	Marion	329	383	505	657	676
Mercer	402	403	501	624	772	Miller	418	419	501	669	697
Mississippi	351	382	501	661	763	Monroe	329	384	507	651	670
Montgomery	329	384	507	651	670	Morgan	425	426	511	694	808
New Madrid	357	410	501	668	688	Nodaway	443	444	552	660	771
Oregon	370	415	501	663	768	Ozark	370	415	501	663	768
Pemiscot	327	383	501	630	648	Perry	372	404	530	635	932
Pettis	437	438	567	707	847	Phelps	371	399	501	693	853
Pike	325	380	501	656	716	Pulaski	429	463	515	748	819
Putnam	369	380	501	620	730	Ralls	329	384	507	651	670
Randolph	338	397	520	659	678	Reynolds	415	416	501	696	748

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 29

MISSOURI continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Ripley	415	416	501	696	748
Ste. Genevieve	366	412	541	691	800
Saline	332	389	512	664	779
Scotland	369	380	501	620	730
Shannon	370	415	501	663	768
Stoddard	388	403	501	683	738
Sullivan	369	380	501	620	730
Texas	395	417	501	690	795
Wayne	415	416	501	696	748
Wright	367	385	501	632	651

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
St. Clair	326	388	501	695	720
St. Francois	433	436	524	732	761
Schuyler	369	380	501	620	730
Scott	415	416	521	650	768
Shelby	369	380	501	620	730
Stone	370	431	569	746	821
Taney	475	476	601	717	912
Vernon	349	415	502	703	725
Worth	402	403	501	624	772

MONTANA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Billings, MT MSA	413	490	634	855	1030	Carbon, Yellowstone
Great Falls, MT MSA	376	453	581	786	946	Cascade
Missoula, MT MSA	487	561	708	918	1098	Missoula

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Beaverhead	456	531	698	903	1094
Blaine	368	439	557	742	848
Carter	451	467	555	748	796
Custer	362	502	555	808	836
Dawson	451	467	555	748	796
Fallon	451	467	555	748	796
Flathead	411	505	634	896	1099
Garfield	451	467	555	748	796
Golden Valley	451	467	555	748	796
Hill	361	445	555	800	850
Judith Basin	368	439	557	742	848
Lewis and Clark	438	501	626	909	938
Lincoln	393	482	603	835	935
Madison	456	531	698	903	1094
Mineral	487	552	692	887	1062
Park	434	506	665	795	1051
Phillips	451	467	555	748	796
Powder River	451	467	555	748	796
Prairie	451	467	555	748	796
Richland	451	467	555	748	796
Rosebud	412	428	555	685	730
Sheridan	451	467	555	748	796
Stillwater	451	467	555	748	796
Teton	368	439	557	742	848

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Big Horn	414	431	555	688	733
Broadwater	406	466	592	800	860
Chouteau	368	439	557	742	848
Daniels	451	467	555	748	796
Deer Lodge	406	466	592	800	860
Fergus	405	422	555	672	716
Gallatin	464	552	718	959	1258
Glacier	368	439	557	742	848
Granite	406	466	592	800	860
Jefferson	406	466	592	800	860
Lake	484	486	589	794	855
Liberty	368	439	557	742	848
McCone	451	467	555	748	796
Meagher	456	531	698	903	1094
Musselshell	451	467	555	748	796
Petroleum	451	467	555	748	796
Pondera	368	439	557	742	848
Powell	406	466	592	800	860
Ravalli	462	503	646	846	1001
Roosevelt	451	467	555	748	796
Sanders	393	482	603	835	935
Silver Bow	401	431	555	725	794
Sweet Grass	451	467	555	748	796
Toole	368	439	557	742	848

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 30

MONTANA continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Treasure	451	467	555	748	796	Valley	451	467	555	748	796
Wheatland	451	467	555	748	796	Wibaux	451	467	555	748	796

NEBRASKA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Lincoln, NE HMFA	450	505	643	902	1093	Lancaster
Omaha-Council Bluffs, NE-IA HMFA	501	569	710	948	975	Cass, Douglas, Sarpy, Washington
Saunders County, NE HMFA	518	521	625	911	939	Saunders
Seward County, NE HMFA	341	422	527	700	889	Seward
Sioux City, IA-NE-SD MSA	413	485	636	801	824	Dakota, Dixon

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Adams	367	428	563	712	733	Antelope	438	439	527	660	682
Arthur	398	460	527	696	717	Banner	394	400	527	684	820
Blaine	440	441	529	654	762	Boone	438	439	527	660	682
Box Butte	394	400	527	690	820	Boyd	394	400	527	684	820
Brown	394	400	527	684	820	Buffalo	397	464	611	831	966
Burt	438	439	527	660	682	Butler	437	438	527	668	700
Cedar	438	439	527	660	682	Chase	398	460	527	696	717
Cherry	394	400	527	684	820	Cheyenne	394	400	527	684	820
Clay	371	434	571	730	848	Colfax	438	439	527	660	682
Cuming	438	439	527	660	682	Custer	440	441	529	654	762
Dawes	341	402	527	631	785	Dawson	455	493	549	668	688
Deuel	394	400	527	684	820	Dodge	417	489	643	768	937
Dundy	398	460	527	696	717	Fillmore	437	438	527	668	700
Franklin	371	434	571	730	848	Frontier	398	460	527	696	717
Furnas	398	460	527	696	717	Gage	438	439	527	643	662
Garden	394	400	527	684	820	Garfield	440	441	529	654	762
Gosper	398	460	527	696	717	Grant	398	460	527	696	717
Greeley	440	441	529	654	762	Hall	445	446	559	699	904
Hamilton	440	441	529	654	762	Harlan	371	434	571	730	848
Hayes	398	460	527	696	717	Hitchcock	398	460	527	696	717
Holt	394	400	527	684	820	Hooker	398	460	527	696	717
Howard	440	441	529	654	762	Jefferson	437	438	527	668	700
Johnson	437	438	527	668	700	Kearney	371	434	571	730	848
Keith	398	460	527	696	717	Keya Paha	394	400	527	684	820
Kimball	394	400	527	684	820	Knox	438	439	527	660	682
Lincoln	385	433	551	676	851	Logan	398	460	527	696	717
Loup	440	441	529	654	762	McPherson	398	460	527	696	717
Madison	390	412	541	737	761	Merrick	440	441	529	654	762
Morrill	394	400	527	684	820	Nance	438	439	527	660	682
Nemaha	437	438	527	668	700	Nuckolls	371	434	571	730	848

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 31

NEBRASKA continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Otoe	437	440	527	653	685
Perkins	398	460	527	696	717
Pierce	438	439	527	660	682
Polk	437	438	527	668	700
Richardson	437	438	527	668	700
Saline	466	491	561	686	708
Sheridan	394	400	527	684	820
Sioux	394	400	527	684	820
Thayer	437	438	527	668	700
Thurston	438	439	527	660	682
Wayne	438	439	527	660	682
Wheeler	440	441	529	654	762

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Pawnee	437	438	527	668	700
Phelps	371	434	571	730	848
Platte	438	440	527	769	792
Red Willow	364	475	527	767	791
Rock	394	400	527	684	820
Scotts Bluff	437	438	527	671	886
Sherman	440	441	529	654	762
Stanton	438	439	527	660	682
Thomas	398	460	527	696	717
Valley	440	441	529	654	762
Webster	371	434	571	730	848
York	371	439	574	696	837

NEVADA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Carson City, NV MSA	567	683	823	1199	1446	Carson
*Las Vegas-Paradise, NV MSA	719	843	996	1382	1680	Clark
Reno-Sparks, NV MSA	638	763	943	1370	1656	Storey, Washoe

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Churchill	612	614	771	975	1146
Elko	552	601	779	971	1250
Eureka	481	555	708	940	1040
Lander	481	555	708	940	1040
Lyon	507	570	750	1093	1126
Nye	429	596	662	965	994
White Pine	481	555	708	940	1040

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Douglas	640	788	957	1332	1477
Esmeralda	481	555	708	940	1040
Humboldt	484	568	745	892	918
Lincoln	481	555	708	940	1040
Mineral	481	555	708	940	1040
Pershing	481	555	708	940	1040

NEW HAMPSHIRE

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Components of FMR AREA within STATE
Boston-Cambridge-Quincy, MA-NH HMFA	1086	1153	1353	1618	1778	Rockingham County towns of Seabrook town, South Hampton town
Hillsborough County, NH (part) HMFA	737	748	982	1431	1724	Hillsborough County towns of Antrim town, Bennington town, Deering town, Francestown town, Greenfield town, Hancock town, Hillsborough town, Lyndeborough town, New Boston town, Peterborough town, Sharon town, Temple town, Windsor town
Lawrence, MA-NH HMFA	733	932	1127	1346	1387	Rockingham County towns of Atkinson town, Chester town, Danville town, Derry town, Fremont town, Hampstead town, Kingston town, Newton town, Plaistow town, Raymond town, Salem town, Sandown town, Windham town
Manchester, NH HMFA	710	871	1042	1245	1283	Hillsborough County towns of Bedford town, Goffstown town, Manchester city, Weare town

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NEW HAMPSHIRE continued

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Components of FMR AREA within STATE
Nashua, NH HMFA	785	924	1155	1544	1653	Hillsborough County towns of Amherst town, Brookline town, Greenville town, Hollis town, Hudson town, Litchfield town, Mason town, Merrimack town, Milford town, Mont Vernon town, Nashua city, New Ipswich town, Pelham town, Wilton town
Portsmouth-Rochester, NH HMFA	684	808	1008	1331	1501	Rockingham County towns of Brentwood town, East Kingston town, Epping town, Exeter town, Greenland town, Hampton town, Hampton Falls town, Kensington town, New Castle town, Newfields town, Newington town, Newmarket town, North Hampton town, Portsmouth city, Rye town, Stratham town Strafford County towns of Barrington town, Dover city, Durham town, Farmington town, Lee town, Madbury town, Middleton town, Milton town, New Durham town, Rochester city, Rollinsford town, Somersworth city, Strafford town
Western Rockingham County, NH HMFA	891	892	1073	1419	1462	Rockingham County towns of Auburn town, Candia town, Deerfield town, Londonderry town, Northwood town, Nottingham town

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	Towns within nonmetropolitan counties
Belknap County, NH	584	718	897	1184	1522	Alton town, Barnstead town, Belmont town, Center Harbor town, Gilford town, Gilmanton town, Laconia city, Meredith town, New Hampton town, Sanbornton town, Tilton town
Carroll County, NH	647	683	901	1225	1505	Albany town, Bartlett town, Brookfield town, Chatham town, Conway town, Eaton town, Effingham town, Freedom town, Hale's location, Hart's Location town, Jackson town, Madison town, Moultonborough town, Ossipee town, Sandwich town, Tamworth town, Tuftonboro town, Wakefield town, Wolfeboro town
Cheshire County, NH	716	765	959	1157	1408	Alstead town, Chesterfield town, Dublin town, Fitzwilliam town, Gilsum town, Harrisville town, Hinsdale town, Jaffrey town, Keene city, Marlborough town, Marlow town, Nelson town, Richmond town, Rindge town, Roxbury town, Stoddard town, Sullivan town, Surry town, Swanzey town, Troy town, Walpole town, Westmoreland town, Winchester town
Coos County, NH	420	549	645	905	1016	Atkinson and Gilmanton Academy grant, Beans grant, Beans purchase, Berlin city, Cambridge township, Carroll town, Chandlers purchase, Clarksville town, Colebrook town, Columbia town, Crawfords purchase, Cutts grant, Dalton town, Dixs grant, Dixville township, Dummer town, Errol town, Ervings location, Gorham town, Greens grant, Hadleys purchase, Jefferson town, Kilkenny township, Lancaster town, Low and Burbanks grant, Martins location, Milan town, Millsfield township, Northumberland town, Odell township, Pinkhams grant, Pittsburg town, Randolph town, Sargents purchase, Second College grant, Shelburne town, Stark town, Stewartstown town, Stratford town, Success township,

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NEW HAMPSHIRE continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	Towns within nonmetropolitan counties
						Thompson and Meserves purchase, Wentworth location, Whitefield town
Grafton County, NH	636	700	887	1193	1258	Alexandria town, Ashland town, Bath town, Benton town, Bethlehem town, Bridgewater town, Bristol town, Campton town, Canaan town, Dorchester town, Easton town, Ellsworth town, Enfield town, Franconia town, Grafton town, Groton town, Hanover town, Haverhill town, Hebron town, Holderness town, Landaff town, Lebanon city, Lincoln town, Lisbon town, Littleton town, Livermore town, Lyman town, Lyme town, Monroe town, Orange town, Orford town, Piermont town, Plymouth town, Rumney town, Sugar Hill town, Thornton town, Warren town, Waterville Valley town, Wentworth town, Woodstock town
Merrimack County, NH	639	755	986	1218	1561	Allenstown town, Andover town, Boscawen town, Bow town, Bradford town, Canterbury town, Chichester town, Concord city, Danbury town, Dunbarton town, Epsom town, Franklin city, Henniker town, Hill town, Hooksett town, Hopkinton town, Loudon town, Newbury town, New London town, Northfield town, Pembroke town, Pittsfield town, Salisbury town, Sutton town, Warner town, Webster town, Wilmot town
Sullivan County, NH	540	655	834	1130	1221	Acworth town, Charlestown town, Claremont city, Cornish town, Croydon town, Goshen town, Grantham town, Langdon town, Lempster town, Newport town, Plainfield town, Springfield town, Sunapee town, Unity town, Washington town

NEW JERSEY

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Atlantic City, NJ MSA	786	866	1033	1310	1469	Atlantic
Bergen-Passaic, NJ HMFA	1001	1120	1256	1551	1786	Bergen, Passaic
Jersey City, NJ HMFA	967	1022	1192	1445	1556	Hudson
Middlesex-Somerset-Hunterdon, NJ HMFA	1099	1139	1340	1682	1983	Hunterdon, Middlesex, Somerset
Monmouth-Ocean, NJ HMFA	887	1025	1251	1630	1769	Monmouth, Ocean
Newark, NJ HMFA	790	965	1103	1320	1460	Essex, Morris, Sussex, Union
Ocean City, NJ MSA	697	712	895	1172	1207	Cape May
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA	682	781	932	1116	1327	Burlington, Camden, Gloucester, Salem
Trenton-Ewing, NJ MSA	810	932	1120	1338	1502	Mercer
Vineland-Millville-Bridgeton, NJ MSA	756	759	956	1162	1224	Cumberland
Warren County, NJ HMFA	769	861	1007	1205	1241	Warren

NEW MEXICO

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
*Albuquerque, NM MSA	511	602	760	1107	1327	Bernalillo, Sandoval, Torrance, Valencia
Farmington, NM MSA	455	481	579	765	863	San Juan
Las Cruces, NM MSA	438	473	527	727	807	Dona Ana

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NEW MEXICO continued

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Santa Fe, NM MSA	586	727	884	1157	1383	Santa Fe

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Catron	355	400	479	698	719	Chaves	382	384	490	641	661
Cibola	399	430	479	696	756	Colfax	423	453	509	642	668
Curry	399	413	479	649	843	De Baca	398	410	479	646	787
Eddy	319	408	479	643	781	Grant	383	444	504	710	730
Guadalupe	469	475	566	711	741	Harding	398	410	479	646	787
Hidalgo	355	400	479	698	719	Lea	397	432	479	630	663
Lincoln	374	470	573	721	1007	Los Alamos	596	694	911	1093	1126
Luna	398	432	479	611	733	McKinley	377	443	583	697	902
Mora	469	475	566	711	741	Otero	366	433	479	700	843
Quay	398	410	479	646	787	Rio Arriba	427	435	514	665	738
Roosevelt	397	408	479	664	821	San Miguel	401	432	532	707	821
Sierra	310	386	479	700	842	Socorro	399	399	479	574	813
Taos	569	619	685	820	845	Union	398	410	479	646	787

NEW YORK

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Albany-Schenectady-Troy, NY MSA	672	697	851	1019	1113	Albany, Rensselaer, Saratoga, Schenectady, Schoharie
Binghamton, NY MSA	561	563	674	880	1032	Broome, Tioga
Buffalo-Niagara Falls, NY MSA	585	586	704	871	962	Erie, Niagara
Elmira, NY MSA	614	616	739	950	990	Chemung
Glens Falls, NY MSA	584	617	776	979	1103	Warren, Washington
Ithaca, NY MSA	741	763	893	1081	1121	Tompkins
Kingston, NY MSA	718	779	933	1182	1469	Ulster
Nassau-Suffolk, NY HMFA	1121	1295	1529	2029	2211	Nassau, Suffolk
New York, NY HMFA	1095	1185	1318	1621	1823	Bronx, Kings, New York, Putnam, Queens, Richmond, Rockland
Poughkeepsie-Newburgh-Middletown, NY MSA	767	901	1103	1352	1441	Dutchess, Orange
Rochester, NY MSA	572	632	773	928	983	Livingston, Monroe, Ontario, Orleans, Wayne
Syracuse, NY MSA	590	592	713	913	988	Madison, Onondaga, Oswego
Utica-Rome, NY MSA	579	581	699	857	973	Herkimer, Oneida
Westchester County, NY Statutory Exception Area	1095	1306	1519	1832	2259	Westchester

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Allegany	534	537	643	801	984	Cattaraugus	542	543	654	859	986
Cayuga	582	583	699	930	1080	Chautauqua	549	551	661	853	931
Chenango	546	550	659	830	1157	Clinton	617	619	742	942	1225
Columbia	674	688	811	980	1045	Cortland	587	589	719	914	1122
Delaware	554	556	667	824	1085	Essex	581	582	699	930	1011
Franklin	533	534	638	819	907	Fulton	456	557	704	843	895
Genesee	636	637	766	950	1075	Greene	582	629	766	996	1085
Hamilton	587	588	706	880	1019	Jefferson	606	607	730	941	988

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NEW YORK continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Lewis	540	543	651	814	909	Montgomery	540	580	651	824	892
Otsego	573	586	689	916	952	St. Lawrence	541	543	653	827	903
Schuyler	589	592	710	946	978	Seneca	624	626	750	987	1249
Steuben	576	577	694	890	983	Sullivan	594	658	845	1011	1185
Wyoming	559	574	674	981	1071	Yates	573	581	690	894	920

NORTH CAROLINA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Anson County, NC HMFA	462	496	555	780	824	Anson
Asheville, NC HMFA	521	609	695	931	1220	Buncombe, Henderson, Madison
Burlington, NC MSA	599	619	722	980	1010	Alamance
Charlotte-Gastonia-Concord, NC-SC HMFA	615	667	740	932	1085	Cabarrus, Gaston, Mecklenburg, Union
Durham, NC HMFA	518	710	796	1040	1122	Chatham, Durham, Orange
Fayetteville, NC HMFA	546	591	660	937	1109	Cumberland
Goldsboro, NC MSA	423	501	587	735	982	Wayne
Greene County, NC HMFA	461	462	555	784	810	Greene
Greensboro-High Point, NC HMFA	565	645	719	911	974	Guilford, Randolph
Greenville, NC HMFA	488	506	624	865	893	Pitt
Haywood County, NC HMFA	494	495	617	799	1034	Haywood
Hickory-Lenoir-Morganton, NC MSA	495	520	598	767	893	Alexander, Burke, Caldwell, Catawba
Hoke County, NC HMFA	507	551	610	835	1018	Hoke
Jacksonville, NC MSA	501	537	603	847	994	Onslow
Pender County, NC HMFA	501	503	605	796	818	Pender
Person County, NC HMFA	485	487	587	701	804	Person
Raleigh-Cary, NC MSA	639	717	797	1002	1038	Franklin, Johnston, Wake
Rockingham County, NC HMFA	454	480	569	707	729	Rockingham
Rocky Mount, NC MSA	361	436	555	689	710	Edgecombe, Nash
*Virginia Beach-Norfolk-Newport News, VA-NC MSA	749	787	904	1247	1561	Currituck
Wilmington, NC HMFA	575	635	767	1075	1105	Brunswick, New Hanover
Winston-Salem, NC MSA	494	563	652	889	1045	Davie, Forsyth, Stokes, Yadkin

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Alleghany	413	485	555	728	750	Ashe	460	461	555	734	867
Avery	432	533	630	753	890	Beaufort	361	471	555	668	687
Bertie	380	482	555	664	685	Bladen	361	438	555	809	874
Camden	415	541	639	863	884	Carteret	514	514	618	900	1084
Caswell	471	472	577	705	736	Cherokee	361	467	555	806	972
Chowan	415	541	639	863	884	Clay	461	463	555	728	848
Cleveland	552	553	665	876	984	Columbus	389	500	555	665	684
Craven	470	535	614	828	1034	Dare	636	637	781	1032	1062
Davidson	483	484	583	760	868	Duplin	461	498	555	702	724
Gates	415	541	639	863	884	Graham	461	463	555	728	848
Granville	518	519	624	779	926	Halifax	361	501	555	706	810
Harnett	479	520	577	779	1013	Hertford	361	498	555	728	749

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 36

NORTH CAROLINA continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Hyde	415	541	639	863	884	Iredell	565	569	681	902	1177
Jackson	486	504	599	786	812	Jones	473	512	612	847	1077
Lee	411	563	635	780	1114	Lenoir	422	424	557	666	956
Lincoln	391	541	602	727	748	McDowell	404	482	623	769	791
Macon	426	463	597	725	1047	Martin	461	489	555	719	739
Mitchell	432	533	630	753	890	Montgomery	460	500	555	692	975
Moore	516	517	651	936	1142	Northampton	362	489	555	706	726
Pamlico	371	472	555	699	719	Pasquotank	411	531	631	916	943
Perquimans	415	541	639	863	884	Polk	520	522	640	800	825
Richmond	399	500	555	698	719	Robeson	396	478	555	666	741
Rowan	533	578	641	915	977	Rutherford	509	511	625	748	771
Sampson	461	471	555	771	977	Scotland	464	466	590	717	893
Stanly	437	472	577	786	855	Surry	415	499	555	741	763
Swain	461	463	555	728	848	Transylvania	369	514	569	718	757
Tyrrell	415	541	639	863	884	Vance	464	465	560	671	692
Warren	477	478	573	700	720	Washington	392	528	602	722	742
Watauga	467	571	718	873	1127	Wilkes	406	465	555	712	741
Wilson	530	531	644	771	817	Yancey	460	461	555	663	683

NORTH DAKOTA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Bismarck, ND MSA	409	428	532	770	792	Burleigh, Morton
Fargo, ND-MN MSA	394	468	595	859	992	Cass
Grand Forks, ND-MN MSA	382	480	589	746	1014	Grand Forks

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Adams	341	397	487	645	674	Barnes	404	406	487	681	856
Benson	398	400	487	672	847	Billings	341	397	487	645	674
Bottineau	371	408	507	714	778	Bowman	341	397	487	645	674
Burke	371	408	507	714	778	Cavalier	398	400	487	672	847
Dickey	398	400	487	672	847	Divide	341	397	487	645	674
Dunn	341	397	487	645	674	Eddy	398	400	487	672	847
Emmons	371	408	507	714	778	Foster	398	400	487	672	847
Golden Valley	341	397	487	645	674	Grant	341	397	487	645	674
Griggs	398	400	487	672	847	Hettinger	341	397	487	645	674
Kidder	371	408	507	714	778	LaMoure	398	400	487	672	847
Logan	371	408	507	714	778	McHenry	371	408	507	714	778
McIntosh	371	408	507	714	778	McKenzie	341	397	487	645	674
McLean	371	408	507	714	778	Mercer	341	397	487	645	674
Mountrail	371	408	507	714	778	Nelson	378	469	560	758	841
Oliver	341	397	487	645	674	Pembina	378	469	560	758	841

NORTH DAKOTA continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Pierce	371	408	507	714	778
Ransom	398	400	487	672	847
Richland	330	397	503	653	775
Sargent	398	400	487	672	847
Sioux	341	397	487	645	674
Stark	346	421	487	709	856
Stutsman	405	407	487	674	856
Traill	378	469	560	758	841
Ward	318	396	487	673	798
Williams	317	387	487	641	680

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Ramsey	361	372	489	609	771
Renville	371	408	507	714	778
Rolette	371	408	507	714	778
Sheridan	371	408	507	714	778
Slope	341	397	487	645	674
Steele	378	469	560	758	841
Towner	398	400	487	672	847
Walsh	378	469	560	758	841
Wells	398	400	487	672	847

OHIO

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Akron, OH MSA	496	580	743	945	974	Portage, Summit
Brown County, OH HMFA	432	453	598	771	930	Brown
Canton-Massillon, OH MSA	446	495	625	789	836	Carroll, Stark
Cincinnati-Middleton, OH-KY-IN HMFA	473	560	726	972	1009	Butler, Clermont, Hamilton, Warren
Cleveland-Elyria-Mentor, OH MSA	518	602	725	929	987	Cuyahoga, Geauga, Lake, Lorain, Medina
Columbus, OH HMFA	488	568	718	903	982	Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway
Dayton, OH HMFA	482	551	678	913	1089	Greene, Miami, Montgomery
Huntington-Ashland, WV-KY-OH MSA	396	468	562	693	716	Lawrence
Lima, OH MSA	466	472	584	720	739	Allen
Mansfield, OH MSA	384	468	590	766	797	Richland
Parkersburg-Marietta-Vienna, WV-OH MSA	407	435	557	740	798	Washington
Preble County, OH HMFA	503	519	630	816	845	Preble
Sandusky, OH MSA	420	506	646	843	887	Erie
Springfield, OH MSA	469	522	628	812	1043	Clark
Toledo, OH MSA	476	530	656	846	922	Fulton, Lucas, Ottawa, Wood
Union County, OH HMFA	612	613	736	881	908	Union
Weirton-Steubenville, WV-OH MSA	367	450	555	693	753	Jefferson
Wheeling, WV-OH MSA	361	435	555	698	814	Belmont
Youngstown-Warren-Boardman, OH HMFA	433	485	587	739	797	Mahoning, Trumbull

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Adams	451	468	555	735	776
Ashtabula	418	491	626	796	927
Auglaize	417	448	587	763	784
Clinton	442	546	605	881	1035
Coshocton	386	466	555	718	819
Darke	360	461	555	739	760
Fayette	456	525	641	772	1029
Guernsey	390	482	555	733	754
Hardin	461	501	555	695	911
Henry	389	477	577	743	765

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Ashland	402	479	621	801	824
Athens	472	513	569	732	761
Champaign	397	485	611	753	810
Columbiana	455	480	580	717	872
Crawford	458	465	555	715	783
Defiance	429	492	597	753	917
Gallia	377	501	555	706	927
Hancock	426	497	645	877	931
Harrison	370	442	555	710	731
Highland	471	472	567	764	789

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 38

OHIO continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Hocking	360	501	555	792	815
Huron	418	506	618	857	944
Knox	502	506	607	777	890
Marion	411	519	634	804	978
Mercer	362	470	555	748	770
Morgan	461	462	555	682	762
Noble	461	462	555	682	762
Perry	471	472	567	709	730
Putnam	399	441	581	721	752
Sandusky	505	517	608	756	826
Seneca	420	440	569	715	736
Tuscarawas	381	445	587	743	765
Vinton	405	500	555	760	946
Williams	471	477	592	784	866

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Holmes	461	462	555	732	776
Jackson	481	483	579	694	716
Logan	518	523	622	782	808
Meigs	461	500	555	760	783
Monroe	461	462	555	682	762
Muskingum	450	461	555	711	896
Paulding	408	446	555	724	746
Pike	370	476	569	682	709
Ross	426	483	564	697	800
Scioto	444	465	555	729	871
Shelby	474	484	630	786	871
Van Wert	361	432	555	675	698
Wayne	424	527	649	776	848
Wyandot	461	462	555	761	784

OKLAHOMA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Fort Smith, AR-OK HMFA	378	430	535	713	776	Sequoyah
Grady County, OK HMFA	379	422	525	710	816	Grady
Lawton, OK MSA	425	458	576	842	1012	Comanche
Le Flore County, OK HMFA	355	414	525	649	795	Le Flore
Lincoln County, OK HMFA	434	436	525	691	713	Lincoln
Oklahoma City, OK HMFA	483	528	641	865	928	Canadian, Cleveland, Logan, McClain, Oklahoma
Okmulgee County, OK HMFA	354	398	525	712	757	Okmulgee
Pawnee County, OK HMFA	438	452	525	680	700	Pawnee
Tulsa, OK HMFA	501	545	666	880	908	Creek, Osage, Rogers, Tulsa, Wagoner

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Adair	438	439	525	626	645
Atoka	380	426	525	683	796
Beckham	437	473	525	687	921
Bryan	426	428	525	679	809
Carter	463	493	558	694	743
Choctaw	434	470	525	744	767
Coal	380	426	525	683	796
Craig	355	414	545	653	958
Delaware	377	424	525	705	727
Ellis	437	452	525	713	735
Garvin	340	397	525	690	841
Greer	407	422	525	706	739
Harper	437	452	525	713	735
Hughes	424	483	576	734	755
Jefferson	399	431	544	787	922

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Alfalfa	437	452	525	713	735
Beaver	437	452	525	713	735
Blaine	437	452	525	713	735
Caddo	361	400	525	628	785
Cherokee	425	457	529	664	764
Cimarron	437	452	525	713	735
Cotton	399	431	544	787	922
Custer	405	406	525	751	773
Dewey	437	452	525	713	735
Garfield	431	454	546	756	778
Grant	437	452	525	713	735
Harmon	407	422	525	706	739
Haskell	341	410	525	661	725
Jackson	361	469	526	738	761
Johnston	380	426	525	683	796

OKLAHOMA continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Kay	356	441	548	757	782
Kiowa	407	422	525	706	739
Love	380	426	525	683	796
McIntosh	388	440	526	658	746
Marshall	380	426	525	683	796
Murray	437	438	525	706	904
Noble	383	445	536	745	768
Okfuskee	424	483	576	734	755
Payne	465	533	653	925	952
Pontotoc	369	412	525	716	738
Pushmataha	341	410	525	661	725
Seminole	341	421	525	631	649
Texas	408	489	551	697	834
Washington	434	435	530	742	817
Woods	390	417	525	763	787

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Kingfisher	437	452	525	738	759
Latimer	341	410	525	661	725
McCurtain	341	397	525	681	704
Major	437	452	525	713	735
Mayes	341	473	525	657	751
Muskogee	397	468	555	702	775
Nowata	400	423	525	700	790
Ottawa	438	439	525	716	738
Pittsburg	358	418	551	694	846
Pottawatomie	456	518	576	730	847
Roger Mills	407	422	525	706	739
Stephens	344	398	525	717	740
Tillman	399	431	544	787	922
Washita	407	422	525	706	739
Woodward	364	426	525	655	675

OREGON

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Bend, OR MSA	529	614	732	1067	1099	Deschutes
Corvallis, OR MSA	496	601	749	1088	1252	Benton
Eugene-Springfield, OR MSA	495	600	760	1063	1183	Lane
Medford, OR MSA	489	581	730	1062	1094	Jackson
Portland-Vancouver-Beaverton, OR-WA MSA	565	655	757	1102	1324	Clackamas, Columbia, Multnomah, Washington, Yamhill
Salem, OR MSA	478	531	635	923	1113	Marion, Polk

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Baker	387	450	594	864	890
Coos	422	512	649	861	992
Curry	477	548	647	945	1141
Gilliam	448	524	633	858	1003
Harney	400	466	586	810	861
Jefferson	497	530	600	872	982
Klamath	398	467	595	832	925
Lincoln	497	567	723	1002	1131
Malheur	424	484	589	852	876
Sherman	448	524	633	858	1003
Umatilla	416	475	607	852	951
Wallowa	394	459	605	866	930
Wheeler	448	524	633	858	1003

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Clatsop	437	544	672	972	1003
Crook	416	535	640	866	1014
Douglas	412	491	634	860	1064
Grant	448	524	633	858	1003
Hood River	449	556	692	985	1016
Josephine	482	552	667	948	1053
Lake	400	466	586	810	861
Linn	475	576	718	990	1226
Morrow	448	524	633	858	1003
Tillamook	460	550	707	988	1018
Union	397	462	610	890	916
Wasco	461	516	643	914	1131

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PENNSYLVANIA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Allentown-Bethlehem-Easton, PA HMFA	566	690	816	1056	1117	Carbon, Lehigh, Northampton
Altoona, PA MSA	439	480	581	761	786	Blair
Armstrong County, PA HMFA	454	494	546	699	917	Armstrong
Erie, PA MSA	433	489	631	755	858	Erie
Harrisburg-Carlisle, PA MSA	502	573	722	911	944	Cumberland, Dauphin, Perry
Johnstown, PA MSA	437	444	546	687	787	Cambria
Lancaster, PA MSA	489	581	715	907	953	Lancaster
Lebanon, PA MSA	418	499	643	873	900	Lebanon
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA	682	781	932	1116	1327	Bucks, Chester, Delaware, Montgomery, Philadelphia
Pike County, PA HMFA	766	797	923	1250	1530	Pike
Pittsburgh, PA HMFA	507	557	666	828	894	Allegheny, Beaver, Butler, Fayette, Washington, Westmoreland
Reading, PA MSA	519	580	715	956	986	Berks
Scranton--Wilkes-Barre, PA MSA	438	522	627	795	840	Lackawanna, Luzerne, Wyoming
Sharon, PA HMFA	457	478	583	714	785	Mercer
State College, PA MSA	600	669	788	942	971	Centre
Williamsport, PA MSA	424	487	587	771	792	Lycoming
York-Hanover, PA MSA	489	562	713	861	893	York

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Adams	513	560	670	902	1000	Bedford	416	472	546	652	867
Bradford	355	476	546	683	836	Cameron	456	473	548	727	781
Clarion	454	493	546	697	728	Clearfield	416	459	546	783	923
Clinton	493	495	596	713	733	Columbia	441	484	589	753	893
Crawford	435	482	546	725	828	Elk	455	475	546	708	856
Forest	455	483	546	708	728	Franklin	425	483	610	803	984
Fulton	364	464	546	673	787	Greene	453	483	546	652	672
Huntingdon	355	440	546	705	726	Indiana	485	505	584	697	763
Jefferson	371	459	546	723	745	Juniata	421	456	549	746	770
Lawrence	397	519	610	730	856	McKean	459	483	551	738	794
Mifflin	384	445	546	709	887	Monroe	559	690	862	1101	1232
Montour	488	561	645	771	796	Northumberland	375	489	546	676	701
Potter	454	492	546	723	744	Schuylkill	364	474	546	682	750
Snyder	380	498	586	733	791	Somerset	454	454	546	671	710
Sullivan	361	483	554	694	827	Susquehanna	444	483	566	680	750
Tioga	468	514	572	752	803	Union	524	546	631	829	892
Venango	419	458	546	690	782	Warren	355	456	546	709	750
Wayne	531	533	670	837	943						

RHODE ISLAND

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Components of FMR AREA within STATE
Newport-Middleton-Portsmouth, RI HMFA	774	945	1168	1586	2050	Newport County towns of Middletown town, Newport city, Portsmouth town
*Providence-Fall River, RI-MA HMFA	800	874	1020	1221	1556	Bristol County towns of Barrington town, Bristol town, Warren town

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 41

RHODE ISLAND continued

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Components of FMR AREA within STATE
						Kent County towns of Coventry town, East Greenwich town, Warwick city, West Greenwich town, West Warwick town Newport County towns of Jamestown town, Little Compton town, Tiverton town Providence County towns of Burrillville town, Central Falls city, Cranston city, Cumberland town, East Providence city, Foster town, Glocester town, Johnston town, Lincoln town, North Providence town, North Smithfield town, Pawtucket city, Providence city, Scituate town, Smithfield town, Woonsocket city Washington County towns of Charlestown town, Exeter town, Narragansett town, North Kingstown town, Richmond town, South Kingstown town
Westerly-Hopkinton-New Shoreham, RI HMFA.....	656	825	965	1153	1505	Washington County towns of Hopkinton town, New Shoreham town, Westerly town

SOUTH CAROLINA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Anderson, SC MSA.....	408	530	602	762	784	Anderson
Augusta-Richmond County, GA-SC MSA.....	537	582	654	876	921	Aiken, Edgefield
Charleston-North Charleston, SC MSA.....	657	728	823	1072	1248	Berkeley, Charleston, Dorchester
Charlotte-Gastonia-Concord, NC-SC HMFA.....	615	667	740	932	1085	York
Columbia, SC HMFA.....	570	621	692	855	882	Calhoun, Fairfield, Lexington, Richland, Saluda
Darlington County, SC HMFA.....	352	452	543	652	703	Darlington
Florence, SC HMFA.....	421	473	548	658	825	Florence
Greenville-Mauldin-Easley, SC MSA.....	537	583	649	857	881	Greenville, Pickens
Kershaw County, SC HMFA.....	366	460	566	711	826	Kershaw
Laurens County, SC HMFA.....	482	524	580	733	856	Laurens
Myrtle Beach-Conway-North Myrtle Beach, SC MSA....	603	663	774	925	1121	Horry
Spartanburg, SC MSA.....	522	540	631	794	817	Spartanburg
Sumter, SC MSA.....	468	508	563	723	766	Sumter

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Abbeville.....	352	489	543	659	679	Allendale.....	452	489	543	674	872
Bamberg.....	451	452	543	724	746	Barnwell.....	450	473	543	654	845
Beaufort.....	639	768	869	1059	1125	Cherokee.....	445	446	544	651	691
Chester.....	465	466	559	668	710	Chesterfield.....	384	478	543	649	953
Clarendon.....	472	473	568	680	775	Colleton.....	352	439	543	768	788
Dillon.....	451	459	543	679	746	Georgetown.....	531	532	641	830	1003
Greenwood.....	478	499	574	833	859	Hampton.....	451	459	543	670	760
Jasper.....	499	541	603	719	816	Lancaster.....	368	464	543	747	822
Lee.....	371	454	543	668	836	McCormick.....	455	477	548	758	783
Marion.....	449	450	543	659	677	Marlboro.....	451	452	543	685	812
Newberry.....	449	489	543	690	850	Oconee.....	356	417	547	678	963
Orangeburg.....	451	489	543	674	836	Union.....	451	452	543	750	842

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SOUTH CAROLINA continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Williamsburg	472	473	568	680	775

SOUTH DAKOTA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Meade County, SD HMFA	338	404	523	760	849	Meade
Rapid City, SD HMFA	477	556	700	927	953	Pennington
Sioux City, IA-NE-SD MSA	413	485	636	801	824	Union
Sioux Falls, SD MSA	486	511	653	853	944	Lincoln, McCook, Minnehaha, Turner

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Aurora	335	390	513	657	702
Bennett	387	402	513	686	763
Brookings	334	419	515	727	905
Brule	335	390	513	657	702
Butte	387	402	513	686	763
Charles Mix	335	390	513	657	702
Clay	391	416	547	754	960
Corson	387	402	513	686	763
Davison	352	414	543	697	749
Deuel	343	399	513	694	818
Douglas	335	390	513	657	702
Fall River	380	396	520	674	750
Grant	343	399	513	694	818
Haakon	387	402	513	686	763
Hand	373	390	513	677	805
Harding	387	402	513	686	763
Hutchinson	335	390	513	657	702
Jackson	387	402	513	686	763
Jones	387	402	513	686	763
Lake	343	399	513	694	818
Lyman	335	390	513	657	702
Marshall	373	390	513	677	805
Miner	343	399	513	694	818
Perkins	387	402	513	686	763
Roberts	373	390	513	677	805
Shannon	387	402	513	686	763
Stanley	335	390	513	657	702
Todd	387	402	513	686	763
Walworth	373	390	513	677	805
Ziebach	387	402	513	686	763

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Beadle	427	428	513	746	846
Bon Homme	335	390	513	657	702
Brown	375	402	529	671	798
Buffalo	335	390	513	657	702
Campbell	373	390	513	677	805
Clark	343	399	513	694	818
Codington	379	442	582	752	859
Custer	387	402	513	686	763
Day	373	390	513	677	805
Dewey	387	402	513	686	763
Edmunds	373	390	513	677	805
Faulk	373	390	513	677	805
Gregory	335	390	513	657	702
Hamlin	343	399	513	694	818
Hanson	335	390	513	657	702
Hughes	341	428	528	662	683
Hyde	335	390	513	657	702
Jerauld	373	390	513	677	805
Kingsbury	343	399	513	694	818
Lawrence	363	440	542	755	806
McPherson	373	390	513	677	805
Mellette	387	402	513	686	763
Moody	343	399	513	694	818
Potter	387	402	513	686	763
Sanborn	335	390	513	657	702
Spink	373	390	513	677	805
Sully	335	390	513	657	702
Tripp	335	390	513	657	702
Yankton	360	427	555	728	748

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 43

TENNESSEE

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Chattanooga, TN-GA MSA	513	543	639	787	925	Hamilton, Marion, Sequatchie
Clarksville, TN-KY HMFA	518	539	626	905	931	Montgomery
Cleveland, TN MSA	439	448	577	724	920	Bradley, Polk
Hickman County, TN HMFA	337	468	519	757	780	Hickman
Jackson, TN MSA	472	515	650	870	894	Chester, Madison
Johnson City, TN MSA	365	441	547	679	847	Carter, Unicoi, Washington
Kingsport-Bristol-Bristol, TN-VA MSA	401	431	535	717	857	Hawkins, Sullivan
Knoxville, TN MSA	457	525	633	848	875	Anderson, Blount, Knox, Loudon, Union
Macon County, TN HMFA	326	396	501	597	663	Macon
Memphis, TN-MS-AR HMFA	615	669	743	990	1021	Fayette, Shelby, Tipton
Morristown, TN MSA	429	431	517	678	764	Grainger, Hamblen, Jefferson
Nashville-Davidson--Murfreesboro--Franklin, TN MSA	551	629	723	938	965	Cannon, Cheatham, Davidson, Dickson, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson
Smith County, TN HMFA	432	433	519	692	715	Smith
Stewart County, TN HMFA	329	429	506	690	711	Stewart

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Bedford	410	501	630	789	812	Benton	395	396	501	619	680
Bledsoe	328	411	501	658	678	Campbell	416	417	501	645	768
Carroll	415	416	501	618	690	Claiborne	326	415	501	670	752
Clay	405	406	501	650	669	Cocke	327	403	501	600	818
Coffee	449	450	540	732	800	Crockett	416	452	501	653	674
Cumberland	415	416	501	710	879	Decatur	375	412	501	644	733
DeKalb	416	417	501	723	747	Dyer	339	398	522	696	760
Fentress	405	406	501	650	669	Franklin	344	413	531	772	930
Gibson	410	420	501	629	696	Giles	353	415	548	659	678
Greene	325	410	501	679	697	Grundy	328	411	501	658	678
Hancock	415	416	501	641	772	Hardeman	362	449	501	678	879
Hardin	367	409	501	664	684	Haywood	421	436	571	682	750
Henderson	352	466	544	648	669	Henry	328	384	505	604	735
Houston	395	396	501	619	680	Humphreys	416	451	501	714	737
Jackson	405	406	501	650	669	Johnson	325	404	501	672	704
Lake	372	416	501	650	689	Lauderdale	440	441	531	645	666
Lawrence	345	387	501	620	707	Lewis	335	390	503	641	660
Lincoln	415	416	501	612	630	McMinn	442	443	533	637	850
McNairy	326	383	501	723	745	Marshall	405	430	564	678	851
Maury	433	540	666	848	873	Meigs	328	411	501	658	678
Monroe	395	396	503	602	768	Moore	440	441	528	697	719
Morgan	413	414	501	627	730	Obion	344	415	501	661	696
Overton	327	411	501	612	630	Perry	335	390	503	641	660
Pickett	405	406	501	650	669	Putnam	418	419	522	751	806
Rhea	325	401	501	665	684	Roane	440	455	528	706	725
Scott	416	424	501	663	882	Sevier	504	546	615	740	1081
Van Buren	405	406	501	650	669	Warren	406	411	529	709	843

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 44

TENNESSEE continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Wayne	335	390	503	641	660
White	375	381	501	708	727
Weakley	364	447	501	733	883

TEXAS

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Abilene, TX MSA	452	476	600	781	988	Callahan, Jones, Taylor
Amarillo, TX MSA	462	501	625	861	965	Armstrong, Carson, Potter, Randall
Aransas County, TX HMFA	412	512	609	888	915	Aransas
Atascosa County, TX HMFA	358	417	550	695	715	Atascosa
Austin County, TX HMFA	549	550	662	878	906	Austin
*Austin-Round Rock, TX MSA	672	766	935	1272	1471	Bastrop, Caldwell, Hays, Travis, Williamson
Beaumont-Port Arthur, TX MSA	481	539	645	800	829	Hardin, Jefferson, Orange
Brazoria County, TX HMFA	537	599	688	949	1019	Brazoria
Brownsville-Harlingen, TX MSA	423	488	559	691	781	Cameron
Calhoun County, TX HMFA	391	463	594	748	1002	Calhoun
College Station-Bryan, TX MSA	563	637	778	986	1016	Brazos, Burleson, Robertson
Corpus Christi, TX HMFA	595	612	759	1042	1135	Nueces, San Patricio
*Dallas, TX HMFA	645	718	871	1156	1401	Collin, Dallas, Delta, Denton, Ellis, Hunt, Kaufman, Rockwall
El Paso, TX MSA	444	476	567	813	964	El Paso
*Fort Worth-Arlington, TX HMFA	653	699	861	1168	1312	Johnson, Parker, Tarrant
*Houston-Baytown-Sugar Land, TX HMFA	631	702	852	1136	1428	Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, San Jacinto, Waller
Kendall County, TX HMFA	729	730	878	1278	1542	Kendall
Killeen-Temple-Fort Hood, TX HMFA	493	545	692	1007	1213	Bell, Coryell
Lampasas County, TX HMFA	358	455	550	802	940	Lampasas
Laredo, TX MSA	475	521	623	814	1067	Webb
Longview, TX HMFA	504	530	608	832	856	Gregg, Upshur
Lubbock, TX MSA	437	532	672	952	982	Crosby, Lubbock
McAllen-Edinburg-Mission, TX MSA	470	516	609	730	839	Hidalgo
Medina County, TX HMFA	486	540	635	759	924	Medina
Midland, TX MSA	427	462	608	886	1049	Midland
Odessa, TX MSA	396	420	550	793	921	Ector
Rusk County, TX HMFA	471	472	566	678	697	Rusk
San Angelo, TX MSA	428	494	629	899	983	Irion, Tom Green
San Antonio, TX HMFA	568	632	780	1006	1222	Bandera, Bexar, Comal, Guadalupe, Wilson
Sherman-Denison, TX MSA	555	585	687	903	1044	Grayson
Texarkana, TX-Texarkana, AR MSA	476	481	592	722	786	Bowie
Tyler, TX MSA	504	592	667	914	998	Smith
Victoria, TX HMFA	452	521	667	830	983	Goliad, Victoria
Waco, TX MSA	551	552	686	859	887	McLennan
Wichita Falls, TX MSA	496	522	621	872	897	Archer, Clay, Wichita
Wise County, TX HMFA	502	503	605	739	822	Wise

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Anderson	490	514	592	779	1022
Angelina	469	535	598	774	798
Baylor	373	442	550	701	832
Andrews	456	469	550	736	822
Bailey	424	472	550	716	907
Bee	458	459	550	739	827

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 45

TEXAS continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Blanco	437	470	594	780	893
Bosque	457	458	550	668	801
Briscoe	448	450	550	733	756
Brown	437	475	599	761	874
Camp	460	462	567	774	798
Castro	448	450	550	733	756
Childress	448	450	550	733	756
Coke	429	494	628	904	985
Collingsworth	448	450	550	733	756
Comanche	445	478	566	721	786
Cooke	505	507	639	789	812
Crane	456	483	550	714	848
Culberson	456	483	550	714	848
Dawson	454	455	550	710	733
DeWitt	407	422	550	718	777
Dimmit	451	453	550	749	888
Duval	380	477	550	733	780
Edwards	451	453	550	749	888
Falls	362	494	556	709	736
Fayette	454	515	624	775	798
Floyd	424	472	550	716	907
Franklin	412	474	572	701	843
Frio	442	542	659	834	992
Garza	424	472	550	716	907
Glasscock	454	455	550	710	733
Gray	425	426	550	690	712
Hale	370	468	550	674	752
Hamilton	437	470	594	780	893
Hardeman	373	442	550	701	832
Hartley	448	450	550	733	756
Hemphill	448	450	550	733	756
Hill	358	496	550	779	850
Hood	548	594	661	873	1159
Houston	529	568	637	762	826
Hudspeth	456	483	550	714	848
Jack	373	442	550	701	832
Jasper	457	458	550	680	787
Jim Hogg	457	491	550	786	875
Karnes	408	420	550	720	779
Kent	425	426	550	787	854
Kimble	454	455	550	710	733
Kinney	451	453	550	749	888

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Borden	454	455	550	710	733
Brewster	400	418	550	658	713
Brooks	457	491	550	786	875
Burnet	447	523	687	864	889
Cass	359	495	550	755	889
Cherokee	447	490	550	735	765
Cochran	424	472	550	716	907
Coleman	437	470	594	780	893
Colorado	439	485	550	727	747
Concho	454	455	550	710	733
Cottle	373	442	550	701	832
Crockett	454	455	550	710	733
Dallam	410	450	594	710	728
Deaf Smith	358	456	550	799	910
Dickens	424	472	550	716	907
Donley	448	450	550	733	756
Eastland	445	478	566	721	786
Erath	443	481	600	732	754
Fannin	478	482	574	716	737
Fisher	425	426	550	787	854
Foard	373	442	550	701	832
Freestone	362	494	556	727	749
Gaines	457	487	550	714	855
Gillespie	465	543	714	989	1018
Gonzales	377	430	550	800	823
Grimes	488	535	596	776	799
Hall	448	450	550	733	756
Hansford	448	450	550	733	756
Harrison	440	444	584	755	777
Haskell	425	426	550	787	854
Henderson	453	468	616	808	833
Hockley	428	455	550	763	787
Hopkins	410	473	578	733	1014
Howard	456	460	550	772	794
Hutchinson	458	460	551	660	820
Jackson	358	463	550	670	967
Jeff Davis	456	483	550	714	848
Jim Wells	368	494	550	731	754
Kenedy	457	491	550	786	875
Kerr	552	597	672	867	894
King	424	472	550	716	907
Kleberg	471	504	566	826	996

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 46

TEXAS continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Knox	373	442	550	701	832
Lamb	424	472	550	716	907
Lavaca	439	485	550	727	747
Leon	488	535	596	776	799
Lipscomb	448	450	550	733	756
Llano	567	571	751	898	925
Lynn	424	472	550	716	907
McMullen	380	477	550	733	780
Marion	460	462	567	774	798
Mason	454	455	550	710	733
Maverick	458	459	550	799	824
Milam	358	442	550	712	756
Mitchell	425	426	550	787	854
Moore	388	477	550	801	824
Motley	424	472	550	716	907
Navarro	513	522	631	767	791
Nolan	427	428	550	709	964
Oldham	448	450	550	733	756
Panola	458	496	550	669	966
Pecos	454	496	550	667	807
Presidio	456	483	550	714	848
Reagan	454	455	550	710	733
Red River	412	474	572	701	843
Refugio	380	477	550	733	780
Runnels	454	455	550	710	733
San Augustine	455	457	550	715	964
Schleicher	454	455	550	710	733
Shackelford	425	426	550	787	854
Sherman	448	450	550	733	756
Starr	457	497	550	802	969
Sterling	454	455	550	710	733
Sutton	454	455	550	710	733
Terrell	456	483	550	714	848
Throckmorton	425	426	550	787	854
Trinity	529	568	637	762	826
Upton	454	455	550	710	733
Val Verde	391	468	552	687	800
Walker	543	581	702	903	1170
Washington	521	592	656	920	950
Wheeler	448	450	550	733	756
Willacy	457	496	550	800	891
Wood	413	417	550	801	964

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Lamar	412	477	599	755	843
La Salle	451	453	550	749	888
Lee	440	501	556	761	785
Limestone	358	498	550	704	729
Live Oak	380	477	550	733	780
Loving	456	483	550	714	848
McCulloch	457	458	550	801	826
Madison	488	535	596	776	799
Martin	454	455	550	710	733
Matagorda	358	470	550	801	966
Menard	454	455	550	710	733
Mills	437	470	594	780	893
Montague	416	531	592	747	1038
Morris	412	474	572	701	843
Nacogdoches	445	557	657	784	1075
Newton	455	457	550	715	964
Ochiltree	448	450	550	768	791
Palo Pinto	465	466	578	798	821
Parmer	448	450	550	733	756
Polk	457	463	550	658	678
Rains	462	463	576	776	800
Real	451	453	550	749	888
Reeves	457	487	550	705	855
Roberts	448	450	550	733	756
Sabine	455	457	550	715	964
San Saba	437	470	594	780	893
Scurry	363	430	550	800	879
Shelby	457	458	550	790	964
Somervell	445	478	566	723	786
Stephens	409	418	550	757	823
Stonewall	425	426	550	787	854
Swisher	448	450	550	733	756
Terry	423	471	550	723	905
Titus	430	510	605	727	1062
Tyler	457	458	550	708	917
Uvalde	359	488	550	717	964
Van Zandt	485	488	596	833	858
Ward	457	463	550	685	813
Wharton	441	496	550	728	750
Wilbarger	357	426	550	706	788
Winkler	456	483	550	714	848
Yoakum	424	472	550	716	907

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TEXAS continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Young	359	417	550	698	812
Zavala	451	453	550	749	888
Zapata	457	491	550	786	875

UTAH

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Logan, UT-ID MSA	454	490	613	822	1015	Cache
Ogden-Clearfield, UT MSA	467	562	692	952	1125	Davis, Morgan, Weber
Provo-Orem, UT MSA	519	571	667	970	1169	Juab, Utah
Salt Lake City, UT HMFA	575	625	754	1061	1235	Salt Lake
St. George, UT MSA	517	542	644	936	1053	Washington
Summit County, UT HMFA	636	884	982	1375	1722	Summit
Tooele County, UT HMFA	479	537	638	806	1118	Tooele

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Beaver	495	497	607	860	915
Carbon	461	462	555	729	856
Duchesne	461	501	555	717	975
Garfield	495	497	607	860	915
Iron	457	482	555	809	975
Millard	495	497	607	860	915
Rich	461	489	612	823	998
Sanpete	495	497	607	860	915
Uintah	461	501	555	729	820
Wayne	495	497	607	860	915
Box Elder	385	472	594	785	914
Daggett	461	501	555	720	975
Emery	461	501	555	720	975
Grand	460	501	555	715	974
Kane	495	497	607	860	914
Piute	495	497	607	860	915
San Juan	461	501	555	720	975
Sevier	495	497	607	860	915
Wasatch	511	598	788	942	1131

VERMONT

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Components of FMR AREA within STATE
Burlington-South Burlington, VT MSA	729	807	1013	1297	1454	Chittenden County towns of Bolton town, Buels gore, Burlington city, Charlotte town, Colchester town, Essex town, Hinesburg town, Huntington town, Jericho town, Milton town, Richmond town, St. George town, Shelburne town, South Burlington city, Underhill town, Westford town, Williston town, Winooski city Franklin County towns of Bakersfield town, Berkshire town, Enosburg town, Fairfax town, Fairfield town, Fletcher town, Franklin town, Georgia town, Highgate town, Montgomery town, Richford town, St. Albans city, St. Albans town, Sheldon town, Swanton town Grand Isle County towns of Alburg town, Grand Isle town, Isle La Motte town, North Hero town, South Hero town

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 48

VERMONT continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	Towns within nonmetropolitan counties
Addison County, VT	527	659	793	1043	1391	Addison town, Bridport town, Bristol town, Cornwall town, Ferrisburg town, Goshen town, Granville town, Hancock town, Leicester town, Lincoln town, Middlebury town, Monkton town, New Haven town, Orwell town, Panton town, Ripton town, Salisbury town, Shoreham town, Starksboro town, Vergennes city, Waltham town, Weybridge town, Whiting town
Bennington County, VT	525	658	766	998	1173	Arlington town, Bennington town, Dorset town, Glastenbury town, Landgrove town, Manchester town, Peru town, Pownal town, Readsboro town, Rupert town, Sandgate town, Searsburg town, Shaftsbury town, Stamford town, Sunderland town, Winhall town, Woodford town
Caledonia County, VT	496	516	647	819	848	Barnet town, Burke town, Danville town, Groton town, Hardwick town, Kirby town, Lyndon town, Newark town, Peacham town, Ryegate town, St. Johnsbury town, Sheffield town, Stannard town, Sutton town, Walden town, Waterford town, Wheelock town
Essex County, VT	512	575	699	891	1045	Averill town, Avery's gore, Bloomfield town, Brighton town, Brunswick town, Canaan town, Concord town, East Haven town, Ferdinand town, Granby town, Guildhall town, Lemington town, Lewis town, Lunenburg town, Maidstone town, Norton town, Victory town, Warner's grant, Warren's gore
Lamoille County, VT	518	623	725	1010	1273	Belvidere town, Cambridge town, Eden town, Elmore town, Hyde Park town, Johnson town, Morristown town, Stowe town, Waterville town, Wolcott town
Orange County, VT	553	624	727	1012	1043	Bradford town, Braintree town, Brookfield town, Chelsea town, Corinth town, Fairlee town, Newbury town, Orange town, Randolph town, Strafford town, Thetford town, Topsham town, Tunbridge town, Vershire town, Washington town, West Fairlee town, Williamstown town
Orleans County, VT	373	516	576	727	915	Albany town, Barton town, Brownington town, Charleston town, Coventry town, Craftsbury town, Derby town, Glover town, Greensboro town, Holland town, Irasburg town, Jay town, Lowell town, Morgan town, Newport city, Newport town, Troy town, Westfield town, Westmore town
Rutland County, VT	474	620	721	953	1220	Benson town, Brandon town, Castleton town, Chittenden town, Clarendon town, Danby town, Fair Haven town, Hubbardton town, Ira town, Killington town, Mendon town, Middletown Springs town, Mount Holly town, Mount Tabor town, Pawlet town, Pittsfield town, Pittsford town, Poultney town, Proctor town, Rutland city, Rutland town, Shrewsbury town, Sudbury town, Tinmouth town, Wallingford town, Wells town, West Haven town, West Rutland town
Washington County, VT	521	610	763	1031	1154	Barre city, Barre town, Berlin town, Cabot town, Calais town, Duxbury town, East Montpelier town, Fayston town, Marshfield town, Middlesex town, Montpelier city, Moretown town, Northfield town, Plainfield town, Roxbury town, Waitsfield town, Warren town, Waterbury town, Woodbury town, Worcester town
Windham County, VT	617	643	845	1021	1053	Athens town, Brattleboro town, Brookline town, Dover town,

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 49

VERMONT continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	Towns within nonmetropolitan counties
						Dummerston town, Grafton town, Guilford town, Halifax town, Jamaica town, Londonderry town, Marlboro town, Newfane town, Putney town, Rockingham town, Somerset town, Stratton town, Townshend town, Vernon town, Wardsboro town, Westminster town, Whitingham town, Wilmington town, Windham town
Windsor County, VT	581	651	766	1043	1240	Andover town, Baltimore town, Barnard town, Bethel town, Bridgewater town, Cavendish town, Chester town, Hartford town, Hartland town, Ludlow town, Norwich town, Plymouth town, Pomfret town, Reading town, Rochester town, Royalton town, Sharon town, Springfield town, Stockbridge town, Weathersfield town, Weston town, West Windsor town, Windsor town, Woodstock town

VIRGINIA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Blacksburg-Christiansburg-Radford, VA HMFA	521	571	639	877	1123	Montgomery, Radford city
Charlottesville, VA MSA	595	716	847	1098	1215	Albemarle, Fluvanna, Greene, Nelson, Charlottesville city
Danville, VA MSA	379	435	561	700	751	Pittsylvania, Danville city
Franklin County, VA HMFA	347	416	535	640	682	Franklin
Giles County, VA HMFA	348	452	535	682	941	Giles
Harrisonburg, VA MSA	480	533	649	909	934	Rockingham, Harrisonburg city
Kingsport-Bristol-Bristol, TN-VA MSA	401	431	535	717	857	Scott, Washington, Bristol city
Louisa County, VA HMFA	570	647	737	881	907	Louisa
Lynchburg, VA MSA	481	494	595	734	819	Amherst, Appomattox, Bedford, Campbell, Bedford city, Lynchburg city
Pulaski County, VA HMFA	406	429	535	767	824	Pulaski
*Richmond, VA HMFA	719	779	870	1161	1386	Amelia, Caroline, Charles, Chesterfield, Cumberland, Dinwiddie, Goochland, Hanover, Henrico, King and Queen, King William, New Kent, Powhatan, Prince George, Sussex, Colonial Heights city, Hopewell city, Petersburg city, Richmond city
Roanoke, VA HMFA	477	508	656	832	909	Botetourt, Craig, Roanoke, Roanoke city, Salem city
*Virginia Beach-Norfolk-Newport News, VA-NC MSA	749	787	904	1247	1561	Gloucester, Isle of Wight, James, Mathews, Surry, York, Chesapeake city, Hampton city, Newport News city, Norfolk city, Poquoson city, Portsmouth city, Suffolk city, Virginia Beach city, Williamsburg city
Warren County, VA HMFA	496	577	719	1011	1042	Warren
*Washington-Arlington-Alexandria, DC-VA-MD HMFA	1025	1168	1324	1708	2235	Arlington, Clarke, Fairfax, Fauquier, Loudoun, Prince William, Spotsylvania, Stafford, Alexandria city, Fairfax city, Falls Church city, Fredericksburg city, Manassas city, Manassas Park city
Winchester, VA-WV MSA	524	544	718	991	1020	Frederick, Winchester city

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 50

VIRGINIA continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Accomack	366	501	563	684	842
Augusta	467	481	627	897	1031
Bland	446	461	535	682	758
Buchanan	446	461	535	682	758
Carroll	445	483	535	641	713
Culpeper	604	615	728	941	1000
Essex	430	531	654	890	918
Grayson	446	461	535	682	758
Halifax	348	483	535	719	940
Highland	458	477	592	817	986
Lancaster	430	530	645	793	854
Lunenburg	461	476	555	692	958
Mecklenburg	351	438	540	663	883
Northampton	430	530	645	786	854
Nottoway	445	480	535	760	870
Page	364	425	558	720	742
Prince Edward	520	521	626	749	1003
Richmond	430	530	645	786	854
Russell	349	462	535	655	675
Smyth	442	480	535	679	880
Tazewell	446	447	535	687	777
Wise	445	454	535	696	877
Buena Vista city	427	480	535	779	938
Covington city	348	446	535	650	678
Franklin city	388	537	595	736	1047
Lexington city	427	480	535	779	938
Norton city	445	454	535	696	877
Waynesboro city	467	481	627	897	1031

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Alleghany	348	446	535	650	678
Bath	458	477	592	817	986
Brunswick	461	476	555	692	958
Buckingham	445	480	535	687	870
Charlotte	445	480	535	687	870
Dickenson	446	477	535	698	718
Floyd	492	536	594	826	1046
Greensville	462	501	556	672	834
Henry	412	429	535	686	786
King George	611	612	736	1070	1102
Lee	347	418	535	687	728
Madison	473	528	638	883	911
Middlesex	430	530	645	786	854
Northumberland	430	530	645	786	854
Orange	429	590	657	956	1153
Patrick	444	483	535	663	683
Rappahannock	473	528	638	883	911
Rockbridge	427	480	535	779	938
Shenandoah	440	472	577	770	853
Southampton	388	537	595	736	1047
Westmoreland	435	530	669	918	945
Wythe	348	440	535	701	941
Clifton Forge city	348	446	535	650	678
Emporia city	462	501	556	672	834
Galax city	445	483	535	641	713
Martinsville city	412	429	535	686	786
Staunton city	467	481	627	897	1031

WASHINGTON

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Bellingham, WA MSA	549	606	760	1109	1249	Whatcom
Bremerton-Silverdale, WA MSA	577	647	797	1141	1246	Kitsap
Kennewick-Richland-Pasco, WA MSA	484	528	662	895	1061	Benton, Franklin
Lewiston, ID-WA MSA	461	479	599	851	1036	Asotin
Longview, WA MSA	430	541	628	915	1043	Cowlitz
Mount Vernon-Anacortes, WA MSA	551	682	846	1157	1444	Skagit
Olympia, WA MSA	542	609	778	1130	1366	Thurston
Portland-Vancouver-Beaverton, OR-WA MSA	565	655	757	1102	1324	Clark, Skamania
Seattle-Bellevue, WA HMFA	684	779	938	1325	1619	King, Snohomish
Spokane, WA MSA	437	512	674	925	1049	Spokane
*Tacoma, WA HMFA	581	678	845	1231	1385	Pierce
Wenatchee, WA MSA	500	529	669	902	1039	Chelan, Douglas

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 51

WASHINGTON continued

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Yakima, WA MSA	461	541	700	922	972	Yakima

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Adams	390	465	596	800	825	Clallam	491	544	707	1033	1065
Columbia	402	469	619	836	998	Ferry	390	461	596	800	825
Garfield	402	469	619	836	998	Grant	397	472	611	825	847
Grays Harbor	404	473	622	876	900	Island	702	704	849	1235	1491
Jefferson	503	617	754	1096	1128	Kittitas	450	524	691	926	961
Klickitat	521	529	628	882	908	Lewis	435	556	668	892	933
Lincoln	390	461	596	800	825	Mason	489	575	690	943	1116
Okanogan	393	473	556	761	837	Pacific	427	460	603	855	889
Pend Oreille	390	461	596	800	825	San Juan	615	662	818	1175	1436
Stevens	387	466	595	815	890	Wahkiakum	433	538	629	916	1050
Walla Walla	402	469	619	890	917	Whitman	435	480	622	878	1075

WEST VIRGINIA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Boone County, WV HMFA	335	435	515	637	706	Boone
Charleston, WV HMFA	444	485	606	772	795	Clay, Kanawha, Lincoln, Putnam
Cumberland, MD-WV MSA	391	473	555	749	874	Mineral
Huntington-Ashland, WV-KY-OH MSA	396	468	562	693	716	Cabell, Wayne
Jefferson County, WV HMFA	445	601	684	999	1202	Jefferson
Martinsburg, WV HMFA	475	536	644	862	1034	Berkeley, Morgan
Morgantown, WV MSA	467	485	574	744	883	Monongalia, Preston
Parkersburg-Marietta-Vienna, WV-OH MSA	407	435	557	740	798	Pleasants, Wirt, Wood
Weirton-Steubenville, WV-OH MSA	367	450	555	693	753	Brooke, Hancock
Wheeling, WV-OH MSA	361	435	555	698	814	Marshall, Ohio
Winchester, VA-WV MSA	524	544	718	991	1020	Hampshire

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Barbour	397	414	515	675	710	Braxton	397	414	515	675	710
Calhoun	376	447	543	705	811	Doddridge	355	452	534	643	760
Fayette	429	430	515	637	685	Gilmer	397	414	515	675	710
Grant	449	518	582	762	946	Greenbrier	409	466	515	619	814
Hardy	449	518	582	762	946	Harrison	441	442	531	665	743
Jackson	376	447	543	705	811	Lewis	406	440	515	646	664
Logan	359	436	515	633	650	McDowell	430	444	515	702	892
Marion	367	470	564	675	822	Mason	427	437	515	653	697
Mercer	428	444	515	696	882	Mingo	335	452	515	649	843
Monroe	428	465	515	642	664	Nicholas	428	464	515	655	717
Pendleton	449	517	584	762	945	Pocahontas	428	444	515	630	748
Raleigh	433	460	519	663	682	Randolph	406	407	524	676	695

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 52

WEST VIRGINIA continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Ritchie	376	447	543	705	811	Roane	376	447	543	705	811
Summers	428	465	515	642	664	Taylor	355	452	534	640	760
Tucker	397	414	515	675	710	Tyler	376	447	543	705	811
Upshur	335	418	515	692	714	Webster	428	444	515	630	748
Wetzel	336	458	515	656	746	Wyoming	430	444	515	702	892

WISCONSIN

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Appleton, WI MSA	509	523	649	936	962	Calumet, Outagamie
Columbia County, WI HMFA	449	524	690	932	961	Columbia
Duluth, MN-WI MSA	394	480	605	760	968	Douglas
Eau Claire, WI MSA	402	480	600	813	847	Chippewa, Eau Claire
Fond du Lac, WI MSA	485	520	626	823	892	Fond du Lac
Green Bay, WI HMFA	521	533	671	943	972	Brown, Kewaunee
Iowa County, WI HMFA	432	505	664	793	816	Iowa
Janesville, WI MSA	477	557	694	908	935	Rock
Kenosha County, WI HMFA	598	623	773	1063	1223	Kenosha
La Crosse, WI-MN MSA	398	466	613	813	999	La Crosse
Madison, WI HMFA	547	683	807	1083	1341	Dane
*Milwaukee-Waukesha-West Allis, WI MSA	558	665	795	1002	1032	Milwaukee, Ozaukee, Washington, Waukesha
Minneapolis-St. Paul-Bloomington, MN-WI MSA	593	699	848	1110	1247	Pierce, St. Croix
Oconto County, WI HMFA	412	500	555	719	749	Oconto
Oshkosh-Neenah, WI MSA	450	530	627	823	1066	Winnebago
Racine, WI MSA	487	569	714	888	975	Racine
Sheboygan, WI MSA	404	519	613	758	930	Sheboygan
Wausau, WI MSA	401	500	617	824	911	Marathon

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Adams	427	469	580	755	778	Ashland	428	431	555	705	955
Barron	369	465	555	708	729	Bayfield	379	442	555	710	737
Buffalo	395	449	574	728	759	Burnett	379	442	555	710	737
Clark	359	424	555	759	781	Crawford	461	493	555	689	849
Dodge	565	566	682	863	932	Door	417	533	641	861	965
Dunn	432	465	584	851	875	Florence	371	448	555	706	741
Forest	427	469	580	755	778	Grant	461	462	555	719	974
Green	416	448	588	747	872	Green Lake	422	484	561	734	896
Iron	379	442	555	710	737	Jackson	395	449	574	728	759
Jefferson	486	569	750	899	1133	Juneau	375	462	576	758	782
Lafayette	413	435	559	716	802	Langlade	461	462	555	732	798
Lincoln	462	463	555	808	833	Manitowoc	378	442	582	696	866
Marinette	462	500	555	727	749	Marquette	437	490	596	768	852
Menominee	437	490	596	768	852	Monroe	390	455	600	761	832
Oneida	423	463	607	776	1068	Pepin	395	449	574	728	759

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 53

WISCONSIN continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Polk	432	505	663	815	841
Price	379	442	555	710	737
Rusk	379	442	555	710	737
Sawyer	379	446	555	710	737
Taylor	379	442	555	710	737
Vernon	441	443	555	702	765
Walworth	501	590	769	960	990
Waupaca	384	482	586	765	788
Wood	376	462	573	697	764
Portage	496	503	600	794	817
Richland	390	436	555	712	734
Sauk	429	570	654	879	907
Shawano	382	451	555	693	796
Trempealeau	436	438	555	758	781
Vilas	427	469	580	790	814
Washburn	379	442	555	710	737
Waushara	437	490	596	768	852

WYOMING

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Casper, WY MSA	401	439	555	808	973	Natrona
Cheyenne, WY MSA	492	519	658	896	1153	Laramie

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Albany	449	514	652	895	948
Campbell	498	537	601	814	886
Converse	361	446	555	757	976
Fremont	438	441	560	702	894
Hot Springs	445	465	556	726	868
Lincoln	491	519	591	789	934
Park	416	478	562	706	930
Sheridan	447	482	592	757	924
Sweetwater	366	445	558	780	810
Uinta	386	487	555	758	900
Weston	445	465	556	726	868
Big Horn	445	465	556	726	868
Carbon	361	432	555	695	845
Crook	445	465	556	726	868
Goshen	460	461	555	684	942
Johnson	446	464	572	726	868
Niobrara	445	465	556	726	868
Platte	445	465	556	726	868
Sublette	494	520	603	789	935
Teton	764	852	1072	1413	1455
Washakie	445	465	556	726	868

GUAM

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Pacific Islands	740	794	970	1413	1690

PUERTO RICO

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Aguadilla-Isabela-San Sebastián, PR MSA	325	352	391	502	563	Aguada, Aguadilla, Añasco, Isabela, Lares, Moca, Rincón, San Sebastián
Arecibo, PR HMFA	343	373	414	565	662	Arecibo, Camuy, Hatillo
Barranquitas-Aibonito-Quebradillas, PR HMFA	338	365	406	517	594	Aibonito, Barranquitas, Ciales, Maunabo, Orocovis, Quebradillas
Caguas, PR HMFA	377	408	454	629	758	Caguas, Cayey, Cidra, Gurabo, San Lorenzo

SCHEDULE B - FY 2008 PROPOSED FAIR MARKET RENTS FOR EXISTING HOUSING PAGE 54

PUERTO RICO continued

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Fajardo, PR MSA	390	424	471	685	826	Ceiba, Fajardo, Luquillo
Guayama, PR MSA	343	370	412	585	725	Arroyo, Guayama, Patillas
Mayagüez, PR MSA	369	401	445	532	734	Hormigueros, Mayagüez
Ponce, PR MSA	399	433	479	665	759	Juana Díaz, Ponce, Villalba
San Germán-Cabo Rojo, PR MSA	321	334	386	505	544	Cabo Rojo, Lajas, Sabana Grande, San Germán
San Juan-Guaynabo, PR HMFA	429	465	517	685	810	Aguas Buenas, Barceloneta, Bayamón, Canóvanas, Carolina, Cataño, Comerío, Corozal, Dorado, Florida, Guaynabo, Humacao, Juncos, Las Piedras, Loíza, Manatí, Morovis, Naguabo, Naranjito, Río Grande, San Juan, Toa Alta, Toa Baja, Trujillo Alto, Vega Alta, Vega Baja, Yabucoa
Yauco, PR MSA	318	336	382	481	613	Guánica, Guayanilla, Peñuelas, Yauco

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Adjuntas	317	343	382	523	568	Coamo	317	343	382	523	568
Culebra	317	343	382	523	568	Jayuya	317	343	382	523	568
Las Marías	317	343	382	523	568	Maricao	317	343	382	523	568
Salinas	317	343	382	523	568	Santa Isabel	317	343	382	523	568
Utuado	317	343	382	523	568	Vieques	317	343	382	523	568

VIRGIN ISLANDS

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
St. Criox	543	565	685	856	979	St. John	616	736	947	1173	1226
St. Thomas	616	736	947	1173	1226						

Note1: The FMRs for unit sizes larger then 4 BRs are calculated by adding 15% to the 4 BR FMR for each extra bedroom.
Note2: 50th percentile FMRs are indicated by an * before the FMR Area name. 06/26/2007

SCHEDULE D - FY 2008 FAIR MARKET RENTS FOR MANUFACTURED HOME SPACES IN THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

State	Area Name	Space Rent
California	*Orange County, CA HMFA	$704
	*Riverside-San Bernardino-Ontario, CA MSA	$457
	*San Diego-Carlsbad-San Marcos, CA MSA	$711
	Los Angeles-Long Beach, CA HMFA	$579
	Napa, CA MSA	$497
	Santa Rosa-Petaluma, CA MSA	$619
	Vallejo-Fairfield, CA MSA	$498
Colorado	Boulder, CO MSA	$422
Maryland	St. Mary's	$434
New York	Utica-Rome, NY MSA	$272
Oregon	Bend, OR MSA	$317
	Salem, OR MSA	$420
Pennsylvania	Adams	$487
Washington	Olympia, WA MSA	$495
West Virginia	Logan	$393
	McDowell	$393
	Mercer	$393
	Mingo	$393
	Wyoming	$393

* 50th percentile FMR areas.

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Federal Register

Thursday,
July 12, 2007

Part IV

The President

Proclamation 8160—Captive Nations Week, 2007

Federal Register
Vol. 72, No. 133
Thursday, July 12, 2007

Presidential Documents

Title 3—

The President

Proclamation 8160 of July 10, 2007

Captive Nations Week, 2007

By the President of the United States of America

A Proclamation

Liberty is the path to lasting peace and the unalienable right of every man, woman, and child. During Captive Nations Week, we underscore our commitment to protecting human rights, advancing democracy and freedom, and ending tyranny across the globe.

Expanding freedom is a moral imperative, and today more people are free than ever before. Freedom is reaching around the world, and America is working side-by-side with new democracies in Liberia, Mauritania, Ukraine, Georgia, and Kyrgyzstan. The people of Kuwait held elections in which women were able to vote and run for office for the first time, and the elected parliament is exercising real influence with the government. We continue to stand firmly behind the citizens of Lebanon, Afghanistan, and Iraq as they defend their democratic gains against extremist enemies. Many are making great sacrifices for liberty, and they deserve our steadfast support.

While there is progress in freedom's advance, nations such as Belarus, Burma, Cuba, North Korea, Syria, Iran, Sudan, and Zimbabwe still oppress their citizens. My Administration recently created the Human Rights Defenders Fund to provide grants for the legal defense and medical expenses of democratic dissidents arrested or beaten by repressive governments. In addition, we have nearly doubled funding for democracy projects throughout the world. The American people believe that the flame for freedom burns in every human heart, and that light cannot be extinguished by governments, terrorists, or tyrants. During Captive Nations Week, we remember that human freedom is the key to achieving respect for all human rights.

The Congress, by Joint Resolution approved July 17, 1959 (73 Stat. 212), has authorized and requested the President to issue a proclamation designating the third week in July of each year as ''Captive Nations Week.''

NOW, THEREFORE, I, GEORGE W. BUSH, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim July 15 through 21, 2007, as Captive Nations Week. I call upon the people of the United States to reaffirm our commitment to all those seeking liberty, justice, and self-determination.

IN WITNESS WHEREOF, I have hereunto set my hand this tenth day of July, in the year of our Lord two thousand seven, and of the Independence of the United States of America the two hundred and thirty-second.

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LIST OF PUBLIC LAWS

This is a continuing list of public bills from the current session of Congress which have become Federal laws. It may be used in conjunction with "P L U S" (Public Laws Update Service) on 202–741–6043. This list is also available online at *http://www.archives.gov/federal-register/laws.html*.

The text of laws is not published in the **Federal Register** but may be ordered in "slip law" (individual pamphlet) form from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 (phone, 202–512–1808). The text will also be made available on the Internet from GPO Access at *http://www.gpoaccess.gov/plaws/index.html*. Some laws may not yet be available.

S. 1704/P.L. 110–44

First Higher Education Extension Act of 2007 (July 3, 2007; 121 Stat. 238)

S. 229/P.L. 110–45

To redesignate a Federal building in Albuquerque, New Mexico, as the "Raymond G. Murphy Department of Veterans Affairs Medical Center". (July 5, 2007; 121 Stat. 239)

S. 801/P.L. 110–46

To designate a United States courthouse located in Fresno, California, as the "Robert E. Coyle United States Courthouse". (July 5, 2007; 121 Stat. 240)

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